
INSTITUTIONAL CHILD ABUSE IN RESIDENTIAL CHILDHOOD PROTECTION CARE CENTERS IN NORTHERN CHILE: PERSPECTIVES AND MEANINGS OF PROFESSIONALS / CAREGIVERS

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SUMMARY

The present study aimed at the issue of institutional child abuse (ICA) in residential child protection centers in northern Chile. The objective was to describe, from the point of view of the professionals/caregivers of these centers, the situations of child abuse suffered by children and adolescents in these protective contexts and also to identify the institutional components that favor and maintain this type of institutional violence. Data were obtained from 16 semi-structured interviews with professionals/caregivers who worked at any point in their professional careers in these protection centers. A qualitative analysis was carried out to capture the perspec-

tives of professionals/caregivers and to elaborate the content analysis. The results indicate that children and adolescents have experienced various types of physical, psychological, and sexual abuse within these centers, in addition to exposure to child sexual exploitation networks and drug use. The infrastructure, the educational project, the institution's characteristics, the professionals, and the care system organization were identified as components that favor and maintain ICA. Aspects that should be considered in public policy for the organization of alternative care for children and adolescents under state protection.

Introduction

Institutional child abuse (ICA) is a problem that has attracted the interest of academic research for approximately four decades. Although this type of violence was recognized late, it is known that it currently affects a significant percentage of the adult population, particularly those who suffered from it as children and adolescents (CA) in institutional care settings (Lueger-Schuter *et al.*,

2018). For this research, ICA will be understood as the violence and abuse that occur in an institution that is intended to provide care to children and adolescents (whether public or private) and which may be exercised by the same officials, caregivers, or professionals who work in the institution, or even the same authorities who are in charge of the programs (Martínez and Sánchez, 1989). Although, traditionally, definitions of institutional child

abuse mention that the offender are adults who work or are related to the care institutions, other authors point out that this type of maltreatment can also be carried out by other children (Wagner *et al.*, 2024; Freyd, 2020).

According to Blakemore *et al.* (2017), ICA refers to a range of abusive acts and behaviors in a variety of spaces or settings such as religious organizations, child care, and education centers, child and youth protection

centers (including foster families, shelters, and residences), health centers, and sports or community organizations (Blakemore *et al.*, 2017). The seriousness of ICA in this context lies in the effect on children and adolescents who have endured multiple forms of violence throughout their lives and have consequently been under the protection of the state. This situation creates a paradoxical effect, as these children and adolescents are

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MALTRATO INFANTIL INSTITUCIONAL EN CENTROS RESIDENCIALES DE PROTECCIÓN A LA INFANCIA DEL NORTE DE CHILE: PERSPECTIVAS Y SIGNIFICADOS DE PROFESIONALES / CUIDADORES

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RESUMEN

El presente estudio aborda el tema del abuso infantil institucional (AII) en los centros residenciales de protección a la infancia en el extremo norte de Chile. El objetivo fue describir, desde la perspectiva de los profesionales/cuidadores de estos centros, las situaciones de abuso infantil que experimentan niños, niñas y adolescentes en estos contextos protectores, y, además, identificar los componentes institucionales que favorecen y mantienen este tipo de violencia institucional. Se obtuvieron los datos de 16 entrevistas semi-estructuradas realizadas a profesionales/cuidadores que se desempeñaron en algún momento de su trayectoria laboral en estos centros de protección. Se realizó un análisis cualitativo para captar las

perspectivas de profesionales/cuidadores y elaborar el análisis de contenido. Los resultados señalan que los niños, niñas y adolescentes han vivido varios tipos de abusos físicos, psicológicos y sexuales, al interior de estos centros, además de la exposición a redes de explotación sexual infantil y consumo de drogas. La infraestructura, el proyecto educativo, las características de la institución y de los profesionales, además de la organización del sistema de cuidados, fueron identificados como componentes que favorecen y mantienen el AII. Aspectos que deben ser considerados en las políticas públicas relacionadas con los cuidados alternativos de los NNA bajo protección del estado.

ABUSO INFANTIL INSTITUCIONAL EM CENTROS RESIDENCIAIS DE PROTEÇÃO À INFÂNCIA NO NORTE DO CHILE: PERSPECTIVAS E SIGNIFICADOS DOS PROFISSIONAIS / CUIDADORES

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RESUMO

Este pesquisa aborda a questão do abuso infantil institucional (AII) em centros residenciais de proteção à criança no extremo norte do Chile. O objetivo foi descrever, a partir da perspectiva dos profissionais/cuidadores desses centros, as situações de abuso infantil vivenciadas por crianças e adolescentes nesses contextos de proteção e também identificar os componentes institucionais que favorecem e mantêm esse tipo de violência institucional. Os dados foram obtidos por meio de 16 entrevistas semiestruturadas com profissionais/cuidadores que trabalharam em algum momento de suas carreiras nesses centros de proteção. Foi realizada uma análise qualitativa para captar

as perspectivas dos profissionais/cuidadores e elaborar a análise de conteúdo. Os resultados indicam que as crianças e os adolescentes sofreram vários tipos de abuso físico, psicológico e sexual nesses centros, além de terem sido expostos a redes de exploração sexual infantil e uso de drogas. A infraestrutura, o projeto educacional, as características da instituição e dos profissionais, bem como a organização do sistema de atendimento, foram identificados como componentes que favorecem e mantêm a AII. Aspectos que devem ser considerados nas políticas públicas relacionadas ao atendimento alternativo de crianças e adolescentes sob proteção do Estado.

supposed to receive specialized protection from the state. However, on the contrary, they are once again subjected to abuse in these residential centers, increasing their traumatization (Pinciotti and Orcut, 2021). Despite decades of formal complaints, little has been done within child protection agencies to prevent and put an end to these abuses. For instance, in Chile, during the year 2020, 4,083 cases of abuse of children and adolescents were reported in agencies of the National Service for Minors (SENAME), 772 of

them were reported to have occurred in residences, 2,854 in outpatient child care centers, 301 in foster families, 106 in communal protection offices, and 50 in outpatient diagnostic centers.

In the northern most part of Chile, where this research was conducted, cases of institutional child abuse came to light in 2013 through court proceedings led by the Family Courts. These proceedings revealed a network of sexual exploitation of children and adolescents within a child and adolescent protection home. Subsequent

reports indicated that two out of the three residences in the region were classified as "high risk", a term defined by the authors of the report as indicating imminent danger to the physical and psychological health of the children residing in these centers (Villegas, 2013). It is noteworthy that these cases were made visible from the investigation, as mentioned earlier; however, it also became evident that these situations were only the tip of the iceberg of a significant underreported number of cases of abuse within these institutions.

Currently, the severity of the problem lies in the recurring nature of these aggressions over time. It appears there is a lack of clarity regarding the factors that contribute to, perpetuate, or hinder the resolution of this problem.

In this context, ICA in residential child protection centers has been addressed at the international level (Blakemore *et al.*, 2017; Carr *et al.*, 2010; Ozanne *et al.*, 2024; Shaughnessy, 1984). However, there has been limited research conducted at the national level, despite it being a

highly impactful and socially significant issue. On one hand, the data presented above and the cases of significant public attention frequently reported in the media highlight this issue. On the other hand, despite the evidence provided by international studies, there are still knowledge gaps that need to be addressed for a better understanding of this problem. Consequently, although the situational crime prevention theory (Clarke, 1995) and the system justification theory (Jost and Banaji, 1994) have referred to the material and infrastructural aspects related to institutional abuse and to the relational systemic aspects of abuse. Respectively, it is still necessary to further explore this problem to find other theoretical elements that can contribute to better explain institutional child abuse, especially when it occurs in residential child protection centers owned or subsidized by the state.

Given the prior information, it is considered pertinent to investigate the issue of institutional child abuse in residential child protection centers in the extreme north of Chile for three main reasons: a) The recent revelation of abuses perpetrated by collaborating agencies and state institutions, along with public demand for accountability within Chilean society. It is an exceptionally sensitive issue as it concerns children and adolescents whose rights have been violated, leading to processes of re-victimization and trauma; b) Despite being a critical issue for the country, there is limited quantitative or qualitative evidence available on this topic. At the end of the literature review for this study, no data on the prevalence or factors associated with this problem could be found; only incidence figures and reports of complaints were available; and c) Institutional abuse is attributed to institutional and organizational factors, which are crucial to uncover for a comprehensive understanding of the problem.

Finally, it is pertinent to address this issue from the perspective of the actors involved, particularly through the voices of professionals and caregivers who have worked in these residential protection centers. Thus, the present research project had two objectives: 1) To describe the experiences of institutional abuse against children and adolescents perceived by the professionals/caregivers who worked in the residential child protection centers in the extreme north of Chile between 1995 and 2023; 2) To identify, from the perspective and interpretations of professionals and caregivers, the institutional components that contribute to or maintain institutional child abuse in residential child protection centers in the north of Chile.

Method

Design

A qualitative research approach was followed in this study, given that its methodology was not linear but rather a circular process in which its phases interacted with each other. An inductive, descriptive, and retrospective logic was followed, and the actions carried out were aimed at deepening the research problem. The data collection and analysis task was permanent, where various conceptions, visions, experiences, meanings, and other subjective aspects of the participants were included. A narrative interpretation design was specifically employed (Cornejo *et al.*, 2008; Legrand, 1993). Subsequently, content analysis was applied, starting with the exploration of the phenomenon, followed by data analysis and the unveiling of elements concealed from the researcher. This approach aimed to describe and capture the essence of the problem, understood as its intimate nature.

Participants

An availability sample of 16 professionals, consisting of

eight men (50%) and eight women (50%), who had worked at some point in residential child protection centers in the far north of Chile was utilized. These centers belonged either to collaborating agencies or were under the direct administration of the Chilean state through the National Service for Minors or the Specialized Protection Service for Children and Adolescents. The professionals participating in the study had worked in these centers between 1995 and 2023. Specifically, they had experience in centers where children and adolescents lived 24 hours a day under state guardianship due to severe infringements of their rights. The sampling technique used for participant selection was snowball sampling. Through this technique, one participant provided the researcher with the name of another participant, who in turn provided the name of a third participant, and so on (Atkinson and Flint, 2001; Vogt, 1999). The inclusion criteria were: (a) having worked for at least one year in residential child protection centers in the extreme north of Chile; (b) having professionally performed child care functions; exclusion criteria were: (a) having worked in other devices of the protection network not linked to the residential protection of children and adolescents.

Data collection

Sociodemographic Questionnaire. A sociodemographic questionnaire was conducted to survey participants regarding their personal data, such as binary gender identification, age, educational level, profession, work experience, and time spent working in residential protection centers (Table I).

Semi-structured interview

A semi-structured format was employed in this research, offering a higher degree of flexibility compared to structured interviews. This format

utilizes planned questions that can be adjusted based on the information provided by the interviewees. Its advantage lies in the ability to adapt to the participants, allowing for motivation of the interviewees, clarification of terms, identification of ambiguities, and reduction of formalities. (Díaz-Bravo *et al.*, 2013).

Data Analysis

The data analysis was conducted using the content analysis strategy. In this strategy, the following was considered: (a) Textual transcription of the interviews and observations followed by a thorough reading of the interviews to gain a general understanding of the obtained information; (b) assigning codes to the interviews to avoid the use of participants' names and to preserve confidentiality. Subsequently, the text was analyzed; (c) grouping of similar codes "concepts or signifiers" for the construction of meanings; (d) description and analysis of the meanings; (e) interpretation of the results. Additionally, quality criteria for qualitative data, validation of the interview situation, communicative validation, and procedural validation were applied (Flick, 2014).

Procedure

The research protocol was first submitted to a University Scientific Ethical Committee for review and was approved on June 14, 2023. Subsequently, and after revising the protocol, participants were contacted through various sources: information collected by the researchers, data from other professionals, or consultations with professionals currently working in protection services. Through these channels, their email and telephone numbers were obtained. Participants were then contacted and briefly briefed about the project via telephone. Following their agreement to collaborate, they were sent the executive summary of the research and the informed

TABLE I
SOCIODEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

Participant	Gender	Age	Profession/occupation	Work experience (years)	Time working at the child protection center (years)
E1	Male	33	Educator/Social worker	10	3
E2	Female	54	Educator	36	2.5
E3	Male	43	Educator/Physical education teacher	9	2.5
E4	Female	35	Educator/Occupational therapist	5.5	2
E5	Male	33	Psychologist		2
E6	Male	48	Educator	22	5
E7	Female	53	Drug rehabilitation technician	30	5
E8	Female	42	Preschool teacher	9	3
E9	Female		Psychologist		
E10	Female	30	Nutritionist	10	1.7
E11	Male		Psychologist	9	2
E12	Female	40	Psychologist	13	1
E13	Male	42	Physical education teacher	6	1
E14	Male	40	Educator/Psychologist	15	5
E15	Female	35	Social worker	7	6.5
E16	Male	38	Social Worker	8	1.5

consent via mail. Once the participant agreed to collaborate, a suitable day and time for the interview were arranged based on their availability. The interviews varied in length, ranging between 45 minutes and 1 hour. They were audio recorded with the informed consent of the participant. After the interview concluded, the interviewee was thanked and invited to raise any doubts about the research. Generally, the interviewees did not have any questions. Emotional support was also offered if necessary, considering that some questions could have potentially caused emotional distress in the participants. However, no one required this assistance or expressed emotional discomfort after the interview. They were also offered any other type of support that the research team could provide to the participant. Additionally, Out of the 18 people contacted, only two did not complete the interview because they did not meet the inclusion criteria. After completing the interviews, participants were asked to provide

information about another potential candidate for this study.

Results

Participants sociodemographic characteristics showed that 50% were female professionals, and the average age was 35. Regarding educational level, 69% had university studies, 19% had professional technical studies, and 12% had high school studies. In relation to professional careers, it was declared that four participants were social workers, three of them were psychologists, two were physical education teachers, one was an occupational therapist, one was a nutritionist, and four did not have a university degree. The participants had an average of 2 years and six months of work experience in residential care centers and 10 years and six months of work experience in general.

After the qualitative analysis of the information and following the methodological framework of content analysis (Bardin, 1996; Mayring, 2000) for developing categories and

sub-categories, the main categories obtained are presented below and grouped according to the sub-categories described below. The categories selected and developed were 1) Types of abuse witnessed and 2) Institutional components that facilitate and maintain institutional child abuse.

Types of abuse perceived

Physical abuse

In this category, particular attention was given to the behavior of the professionals/caregivers in managing children's behavior during emotional crises. However, according to the interviewees, these behaviors often manifested as aggression toward the children through the disproportionate use of force. Interviewee 1 (E1) reported as follows:

"They restrain them as if they were ex-convicts or as if they were in jail because they are thrown to the ground; they put their knees on their heads to calm them down. When the children reach a blow-up position because their mother's or

sister's birthday is coming up and they cannot be with them, they start self-inflicting injuries; they start cutting themselves. Then they start head-butting themselves on the fences or the doors."

Another interesting element was that the interviewees claimed that these behaviors were the only way to control children emotional distress episodes in the residence.

"It was the only way to stop a violent situation. That is (...) having to cut off a kid's breathing for a while so that he would let go of the other kid and stop smashing his face (...) Once, I had to restrain a kid because he was beating and kicking another one (...), and besides, with decompensation, the violence increased (...)" (E1).

Psychological / Emotional Abuse

This classification encompassed both verbal and attitudinal violence perpetrated by adults in charge of the children, as well as behaviors exhibited by other children

toward their peers. This abuse took the form of hurtful comments, generally regarding sensitive, emotional issues such as the bonds between the children and their families, generating emotional destabilization in them. One factor mentioned by the interviewees is that these behaviors were constant, which maintained an abusive climate in the residence, mainly from the adults in the residence towards the children. This issue was mentioned by interviewees E11 and E4, respectively:

"Yes, emotional abuse is what happens the most, it happens between peers, it happens between adults and young people. It is what happens the most, the mean remark, that inappropriate statement like telling the boy "well, you are here because your parents do not love you, they have thrown you out," that is like keeping a grudge, it was always stressful. It was very intense, and it was mostly due to emotional abuse. It is the most frequent occurrence" (E11).

"At one point, there was psychological abuse. I remember a little boy who wanted the gate to be opened; he was about to decompensate because of what another educator mentioned to his mother, asking where his mother was (knowing that the child could not be with his mother). I felt that those words were intended to hurt the little boy" (E4).

Sexual Abuse

This category was related to sexual abusive behaviors usually happening late at night between children and adolescents (CA) living in the residential centers. The interviewees described episodes ranging from sexual touching to rape. These episodes were often perpetuated by adolescents abusing boys or girls. However, participants also reported that these situations happened as a form of sexualized games between children. Particularly, children from the age of 10 years who spent time with the younger children. This issue was

mentioned by interviewee 12 (E12) from this perspective:

"Generally, this happened during nighttime, and (...) in some occasions, it was done by adolescents to the younger ones, and sometimes it happened in the form of games of sexual connotation (...) touching in the private areas. I also know about some types of (...) types of penetration (...) and raping. There were other contexts where children of 10 years old (...) 11 years old, who were in the house where the younger ones lived (...) also did sexualized games to the little ones." (E12).

Sexual exploitation

The category referred to sexually abusive behaviors that took place among the resident children, generally at night. Situations were described ranging from groping to rape, where the perpetrators were generally adolescents abusing younger boys or girls. However, they also reported that this occurred in the form of sexualized play between children, specifically, children as young as ten years old sharing with younger children. Interviewee 12 (E12) expressed it from this perspective:

"... we did not have reports, but we did have contextual evidence; they did not comment on this type of situation (...) because there was an issue of presumption, that there was an exchange of money, so we noticed patterns such as adolescents who went out because of good behavior and then workers began to notice that they left in cars with older people. Afterward, they would arrive with some money, and groups began to emerge." (E12).

Drug abuse

The participants reported that drugs for consumption by children and adolescents inside the centers could have been supplied by adults outside the center, including adults close to them (family), and that surveillance of children and

adolescents at the center entrances was paramount. However, since they could not enter through the formal access points due to the presence of caregivers, they did so using other methods. It is worth mentioning that several children were involved in this type of situation because when professionals/caregivers found drugs, they reacted as a group. This situation was reported by Interviewee 2 (E2):

"(...) many older youngsters would take things away from the younger ones or intimidate them to prevent them from reporting that they were smoking (...) because even the parents would take their supplies to them. When the parents were caught, for example, they would not be allowed to enter, or they would restrict their entry, you know what I mean?"

"Because I did not let them stand near the fence to receive the marijuana (...). Just picture this: once the gardener, there was a woman who tended the gardens (...) She watered everything, even the trees, but we were all surprised because the kids rushed out because they had put marijuana in the trees. A caregiver, who is now a social worker, noticed something because he observed them; they were all looking at a tree, so he went to take a look at the tree (...), and when they checked the tree, there was a huge pack of marijuana that the kids did not want to get wet (...). It is complicated to work with minors" (E2).

Institutional Components

Infrastructure

Prison Infrastructure. This component refers to the design and physical environment of some centers resembling a detention center, including elements such as bars, doors, corridors, padlocks, and security systems in general. These elements hindered caregivers' timely access to the spaces where children and adolescents were located to provide them with assistance in situations of abuse:

"First, the infrastructure is critical for the children to develop well. For example, where I was, there were only bars, so you went out of that courtyard and had to put a double latch on a thick metal fence, climb a ladder, and then another door. It was a jail. You went out of that door, entered a corridor, then three more doors to get to the children. Then they would open, and you would go in. Then, when you wanted to get to a situation, you had to go through all the doors. Just imagine upstairs, they were fighting, or they were abusing a child, and everything was locked because your previous colleague left it that way. As you were so panicky about getting in, you were delayed; those few seconds were eternal. So, when there is a clean space, you can defuse a situation, but in a fight or abuse where you are behind bars with locks, it is complicated to get there in time". (E3).

Inefficient Infrastructure. This category was described as the inadequate distribution of spaces in reduced social environments or in spaces that, although adequate, their distribution prevented adequate monitoring by caregivers. Thus, the interviewees referred to a need for more consideration of the quality in the children and adolescent's lives and the dynamics of the residents related to the arrangement of spaces. This issue was pointed out by Interviewee 10 (E10):

"Regarding the arrangement of the rooms, the beds, the shared spaces within the social environments are restricted, then...For example, a girl goes to take a shower and walks out into the hallway with her towel, and there are four other children, so there are areas conducive to abuse. The issue of the nights where there is no direct supervision in a residence installation also occurs or deserves enough space in terms of quality of life, let us say. In a room perhaps twice the size of this one (6x6m) (referring to the interview room),

there are seven beds or bunk beds, and everyone sleeps there. What happens?" (E10).

Characteristics of the Social Group

Training of the professionals / caregivers

This component focused on the specialized technical or professional training of caregivers when performing their duties, particularly whether they possessed the knowledge necessary to effectively interact with children. This included understanding the individual needs and subjectivities of each child.

"It is the lack of tools of the people in charge of the children. It is assumed that when you have a degree, in my case, Technician X, you are trained when you are studying, even if you are a technician. You are supposed to have the competencies to work with the children, how to reach them, and what strategies to use. It is essential to observe the child and recognize what they need and what they do not need. Based on that, not everyone has the tools or likes the job. They are there for compliance." (E8).

Age gaps

This category refers to a noticeable difference in the stage of development among the children living in the residences, as age influences the behaviors that the group of older children develops over the younger ones. Accordingly, Interviewee 3 (E3) narrated the following:

"The main issue is because they are not separated by age. You cannot have a 10-year-old with a 17-year-old living in the same room. That is the main problem because there will always be the power of the older one over the younger one in clutching and dominating them. So, the children's centers must invest more, in more houses and infrastructure and separate them by age. At least one year of difference, because after two years you can already

see that the 11-year-old is thinking differently from the nine-year-old, the 13-year-old from the 11-year-old, and so on. Those two years influence negatively, because when the children visit their fathers, the uncles in families with complicated circumstances they come back with all the bad things from the outside, especially the older ones".

Educational project

The non-existence of educational project

In this classification, mention is made of the non-existence of a comprehensive socio-educational intervention plan coherent with the status of institutionalized children and adolescents. Furthermore, there is a lack of a structured project for the social and personal development of the children. Interviewee 12 (E12) expressed the following in the interview:

"I think they lacked a socio-educational project in practice; perhaps on paper, it sounded good (...) for the bidding itself, but at the time of implementation, it was quite idyllic. So it was, in fact, like working in emergency containment. You could plan, send reports, and work, but in real practice, it was like solving emergencies daily—every day".

Obstacles from the educational system

This point addressed the unfair, differentiated, or unequal treatment given to children and adolescents based on their home of origin rather than their characteristics. The child or adolescent could have the skills required by the educational center; nevertheless, attention was usually focused on their current situation of alternative care, being ruled by this detail and not by the resources the child had, as Interviewee 11 said:

"For example, the establishments discriminate against children from the residences so they can study. I cannot place the child in a school that might

be right for them because of their aptitudes, because the school authorities will ask who the parents are. The child is not institutionalized, we are the responsible adults, and their faces would change when they were told this, the kids were discriminated" (E11).

Institutional Objectives

Accomplishment of caregiving functions

The tasks assigned to each professional/caregiver were described in this area, which they had to carry out with responsibility and commitment. Nonetheless, there were times when these tasks were not carried out by the decision of the educator in charge, causing the behavior of the children to get out of control due to the abrupt change of routine generated by these decisions, as expressed by Interviewee 11 (E11):

"For example, the routines residents respond to daily routines that are established to be used in the long term. Unfortunately, if an ETD (educator) does not follow the routine, it affects or generates a breach, which can generate an issue. For example, we have a bicycle ride at 10 a.m. This official said, 'No, I do not want to do anything today because I feel bad,' the children will become unregulated because they want to ride a bicycle. They will start quarreling, and that happens. It is a very crude example, but it happens. Alternatively, the other official said, 'No, because I am not a physical education teacher; I am a psychologist, and I prefer to do a workshop.' the kids would say, 'Ah, I am fed up with workshops'. They get frustrated, and all that generates stress".

The Care System

Caregiver selection

The interviewees noted that the selection of caregivers for children in the residences deviated from a process based on assessing applicants' skills and

competencies to provide specialized care for children, considering their specialized training or experience. Instead, inexperienced caregivers were hired for reasons of family or political commitments. This issue also generated a situation of inequity among caregivers since caregivers with training received the same wages as those who lacked training. This fact was pointed out by Interviewee 3 (E3):

"Another issue is the parentage. I have nothing against that, but only when the person is qualified. There were people who only had a high school diploma and were doing the same job as you, making the same money as you. This situation continues in the center because politics is very much involved, so it cannot be changed. So, when a political party enters, there are changes. The whole political party comes in, and they do not look at your CV, and that is the problem".

Caregiving planning

According to the interviews, the professionals described a deficit in planning for adequately caring for children and adolescents in the centers. The children residing in these institutions sometimes presented behavioral disorders or required assistance and supervision. However, they did not have it due to the limited number of staff in the residence, often leaving them vulnerable to situations of abuse. This issue meant that the professionals/caregivers on duty regularly requested help from their colleagues who were not on duty to assist them in ensuring the care of the children under their supervision.

"There were three educators, who were the ones who divided the work in terms of attending the children (...) there were three of them, and each one worked an 8-hour shift to complete a full day. There was also a laundry lady and a bus driver, also with those schedules from 8:00 to 17:00. So you could see that the children (...)

were like (...) at some point (...) unprotected or alone, many times, as I said, the boys would try to escape climbing the wall. Then we had to go to the police station to pick them up, and the male caregiver would call you at two o'clock in the morning (...) on a Saturday to tell you, "Sir, the kids are under arrest, I cannot go to bail them out, I am alone! (...) Then, you would have to go and pick them up at the police station so they could return to the residence." (E6).

Discussion

This research aimed to describe the experiences of child abuse witnessed by professionals who have worked in residential child protection centers in the extreme north of Chile. Additionally, as a second objective, the institutional components that favor and maintain child abuse in these residential child protection centers were investigated from the perspective and meanings of the professionals/caregivers who participated in the study. Regarding the first objective, the professionals reported witnessing different forms of abuse in the residential child protection centers, such as physical, psychological/emotional, sexual abuse, and child sexual exploitation. These issues, to some extent, coincide with previous studies that have been conducted in other countries and have found that victims entering child protection centers may suffer physical, sexual, and psychological violence by staff working in the institution, including negligence or neglect, and violence coming from peers themselves (Carr *et al.*, 2010; Damaskopoulou *et al.*, 2022; Desmond *et al.*, 2020; Lueger-Schuster *et al.*, 2018; Pinheiro, 2006; Wright, 2017).

While studies conducted in other countries have consulted the victims themselves about their experiences, this study has a unique distinction: it was the professionals/caregivers who reported these abusive practices. This implies that the

issue of child abuse in residential protection centers is experienced by various actors, lending validity to the accounts of children and adolescents who are victims of these crimes and are often not believed. Additionally, this approach enhances the understanding of this problem.

After the analysis, there are two significant issues to highlight from the results obtained. The first type of abuse discussed is neglect. Although previous studies have reported a high frequency of neglect as part of institutional abuse in residential care centers (Contreras *et al.*, 2023; Perrigo *et al.*, 2024), in the present study, this type of abuse was mentioned less frequently. This discrepancy may be due to participants more frequently describing experiences of emotional or physical maltreatment, which often involve a more active form of violence rather than passive neglect. However, these findings do not lead us to conclude that children and adolescents living in residential centers in northern Chile do not experience neglect.

Another significant category was substance abuse, which involved adults, whether connected to the center or not, providing drugs to the children. While these acts were conceived by the participants as substance abuse rather than neglect, it is important to note that providing drugs to a minor is considered a form of child abuse. In this context, it can be attributed to negligence, as adequate health and protection conditions are not provided to the child (Brown *et al.*, 2023; Loredó *et al.*, 2010).

Regarding the second objective, there is less evidence on this matter in foreign literature. However, some studies have addressed the influence of institutional and organizational variables as relevant factors in understanding institutional child abuse (García, 2018).

While the findings of the present study converge to some extent with elements of the situational crime prevention theory (Clarke, 1995), to a

lesser extent, with the system justification theory (Jost and Banaji, 1994) from the results, there is qualitative evidence that allows in-depth analysis of the institutional components that favor child abuse in residential protection centers. Concerning the previously mentioned theories, there are descriptions of prison infrastructure and inefficient structure, which, according to the participants of the study, would facilitate or prevent action in the event of situations of child abuse.

Although all participants reported that the abuse they witnessed was reported to the center authorities and superiors or legally denounced when appropriate, there were no descriptions of processes described by the theory as "closing of ranks" concerning disclosures of abuse by children residing in the centers.

However, it is worth reflecting on why the issue of child abuse in residential protection centers has systematic characteristics, despite professionals (who were middle managers) reporting abuses to their hierarchical superiors following established protocols. Sometimes, these abuses were reported to the justice system when warranted. It raises questions about the persistence of such abuses. All professionals interviewed who testified to abuses worked over a period of more than 20 years, spanning from 1995 to 2023, and all reported instances of abuse.

As a complement to the information previously stated, this study, based on the perspectives of professionals and workers, identified contextual elements that contribute to child abuse. While factors associated with the care system itself were recognized, aspects such as education, training, and the selection of professionals were also identified. The novelty and contribution of this study lie in describing these elements, which have not been extensively considered in the few studies addressing the influence of contextual and

organizational variables on child abuse. (Filistrucchi *et al.*, 2023; Wolfe *et al.*, 2003).

One of the strengths of this study is its provision of relevant background information to address the complexities faced by children experiencing rights violations in protection centers on a daily basis. This contributes to a better understanding of the problem and facilitates consideration of potential solutions.

Another strength observed in this study is the significance of the experiences of professionals and caregivers as a crucial tool for understanding the complexities of child abuse situations and the specific dynamics of residential centers. Access to internal information provides an in-depth understanding of the reality of child abuse, facilitated by observations and testimonies from caregivers who are directly involved in interventions with children.

The present study has some limitations that are important to highlight. First, the evidence obtained corresponds to only one geographic area of Chile. Even though the study design does not intend to generalize, it is relevant to emphasize that the descriptions belong to a territorial particularity. Another limitation may be that all of the interviews were conducted in one long session. It might have been beneficial to split them into two sessions to allow participants time to reflect between the first and second parts of the interview.

Future studies could explore a comparison of perspectives and experiences of professionals with other regions of Chile, particularly by incorporating the voices of other stakeholders involved, such as survivors of institutional child abuse, institutional representatives, or those responsible for public policy for children and youth. Finally, the results of this research hold significant practical implications for various stakeholders, including state agencies, health and child welfare professionals (such as psychologists, social workers, and direct care educators),

governmental institutions, and education professionals. By shedding light on the happenings inside residential centers in northern Chile, this study can inform and improve their practices and interventions according to the needs of children and adolescents under state protection. It also underscores the importance of considering these issues in their technical guidelines.

Conclusion

The present study reflects on child abuse occurring in residential child protection centers in northern Chile, as perceived by professionals who have worked in these facilities. In this context, it became evident that children and adolescents living in these residential centers have experienced physical, emotional/psychological, and sexual abuse and have been exposed to child sexual exploitation networks and drug use. Additionally, it was possible to show that the centers exhibit features associated with the infrastructure, the educational project, the institution's characteristics, the professionals working in it, and the organization of the care system in general. Unfortunately, these factors contribute to the persistence of abusive situations. The results have important implications that could be addressed by those developing programmatic orientations at the public policy level for children in the country.

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