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SURVIVING ETHNICITY AND DISABILITY: MINORITY CHILDREN IN PUBLIC CARE

INTRODUCTION

A common sense belief as well as the assumption of expert knowledge, views children as a guarantee for the continuity of life, personal development and life progress. Since the disabled and some ethnic minority children, are, in many parts of the world, to a large extent dependents of public care suggests, that **in case of minority children there is an investment in the continuity of social institutions**, and not in lives and progressive development of children. In Central and Eastern Europe for instance, the traditional residential care institutions are not being transformed and in some western countries new institutions, filled with children and adolescents, such as juvenile institutions and prisons, are expanding. A recent report reveals that in the American Camp Delta in the Guantanamo Bay some of the prisoners (who started to arrive there in January 2002), were younger than 20 years and one was as young as fifteen at the time he was captured.[1] After the fall of communist regime in the countries of the South Eastern Europe, the rates of children in institutional care have increased dramatically, especially in Bulgaria and

[1] Joseph Lelyveld, "In Guantanamo". The New York Review of Books, Nov. 7, 2002, p.63; pp. 62-67.

Romania.[2] The same is true for the countries with long term wars, like Afganistan, with "an alarming increase in the number of children who are being placed in institutions".[3]

THE DOUBLE STANDARDS OF THE CHILD CENTRED PERSPECTIVE

One of the imperative of the **child centred perspective** is to create such forms of social care that children could stay in the community. Focusing at the Central and Eastern Europe it is obvious, that the child centred perspective has become one of the most important ideas in the research on children and in social work practice, yet minority children experience a denial of "a life" in community. Disabled children, Roma and refugee children[4] face the existence in segregated social service settings. It seems that the child centred perspective does not take into consideration the treatment of minority children to the same extend that majority children and especially not when they live in public care. This fact has historical dimensions since the child-centred approach was originally focused primarily on the private sphere, believing that all children live in nuclear families with both biological parents, a model that was a base for the so called, "nuclear family model of intervention" in social work.[5] Some cynical voices say that the time consuming child-centred approach would not have had a chance in the 1950's if affluence had not made washing machines and vacuum cleaners commonplace in middle-class homes.[6]

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[2] Paul Stubbs, Rights in Crisis and Transition. Developing a Children's Agenda for South Eastern Europe. Save the Children & SEECRAN, Belgrade, 2001. The Bulgarian country report claimes that »the reason for the decrease in the number of children in institutions has not been deinstitutionalisation, but rather the overall decrease of the child population.« Children and residential Care. Children and Residential Care. New Strategies for a New Millennium. 2nd International Conference, Stockholm, May 12-15, 2003. Stockholm University,Department of Social Work, Swedish National Committee for Unicef, Swedsh National Committee of the International Council on Social Welfare. p. 33.

[3] Children and Residential Care. New Strategies for a New Millennium. 2nd International Conference, Stockholm, May 12-15, 2003. Stockholm University,Department of Social Work, Swedish National Committee for Unicef, Swedsh National Committee of the International Council on Social Welfare. p. 3.

[4] There are 420.000 internaly displaced children within the South East Europe, but there are not exact figures how many of them are externaly displaced. Cf. Paul Stubbs, Rights in Crisis and Transition. Developing a Children's Agenda for South Eastern Europe. Save the Children & SEECRAN, Belgrade, 2001.

[5] Lena Dominelli, Introducing International perspectives in Child Wefare.

[6] Patricia Cohen, Visions and revisions of Child-Raising Experts. New York Times, April 5, 2003.

Together with that fact, there was a wide spread belief that public care protects children, and that violence and abuse happens only within the private sphere. The few stories of institutional abuse, that were disclosed, were therefore seen as expressive of the individual pathology, either by peers or paid care-givers, and not symptomatic of institutional violence and structural abuse.

A teenage girl from Slovenia, who lives in a boarding school for children with physical impairments told me her description of a residential care: *"Institutions don't teach us how to live a life, they only teach children how to live within institutions."* Across different societies, the main patterns of residential care remain the same: institutions replicate themselves through institutionalised behaviour (Michel Foucault 1961), construct institutional neurosis (Russell Barton 1959), inflict mortifications of the self (Erving Goffman 1961) and take lives (Kate Millet 1990). One common experience for the disabled children, Roma and refugee minority children in Central and Eastern Europe living in public care is, that **institutions proactively disable their inmates thereby creating civic disability.** In Romania a campaign slogan against children's institutionalisation from 2001 was 'A Children's Home is not a Home', which perfectly targets the limitations of the residential care for disadvantaged children.[7]

From a historic perspective minority children are often residents of public care because of unmet individual specific needs as well as because of cultural stigma. In cases of unmet individual specific needs they do not have access to community based resources and independent living schemes. Gunvor Andersson for instance, found out that immigrant families in Sweden were underrepresented within the 'contact person/contact family' model, which is one of the

[7] Children and Residential Care. New Strategies for a New Millennium. 2nd International Conference, Stockholm, May 12-15, 2003. Stockholm University,Department of Social Work, Swedish National Committee for Unicef, Swedsh National Committee of the International Council on Social Welfare. p. 137.

community based support measures for children.[8] Across Central and Eastern Europe parents of disabled children report that they were forced to send the child into long term large social institutions because of the lack of domestic help and other elements of independent living.[9] In the US, some parents who do not have resources for long-term support of their children with mental health problems are forced to relinquish custody over their children. The state is then responsible for sending the child to a foster care residential treatment.[10] This is an "either-or" social care approach: either children are helped and supported by their biological parents or they are institutionalized. In cases of badly developed and managed foster care, also foster care can be seen as another institution where children are placed and replaced, experiencing abuse and deprivation of respect. This "either-or" social care division replicates the private-public dichotomy and excludes other models of community based- needs and rights driven interventions such as: community services and social parenting which demands an extended notion of family and parenting.[11]

Within this private public polarity disabled and ethnic minority children share mutual fate in their institutionalisation by the system of social care because of their imputed social-cultural-economic "deficits."[12] In Central and Eastern Europe both **disabled and minoritized bodies were historically silenced as deviant bodies** without any legal forms of self-protection.

[8] Andersson, Gunvor (1999): Involving Key Stakeholders in Evaluation - a Swedish Perspective. Social Work in Europe, Vol. 6, no.1, pp. 1- 7.

[9] The SEECRAN Country report from Bulgaria for instance claims that: "the right of many children to a life in a family environment is violated only because of poverty and lack of support for parents in need.", which causes thousands of children to live in institututions. Cf. Paul Stubbs, Rights in Crisis and Transition. Developing a Children's Agenda for South Eastern Europe. Save the Children & SEECRAN, Belgrade, 2001, p. 37.

[10] "Cruelest Choice Faces Parents of Mentally Ill. New York Times, February 16, 2003.

[11] See also Lena Dominelli's notion of the community responsibility for raising a child and her questioning of the biological parenthood. Introducing International perspectives in Child Wefare.

[12] There would be an interesting discussion to analyse the situations in which the model of the private sphere leaks into the model of the public realm (such as the familialization of the institutions, professionals calling the residential care unit a "family" with parents and children), or *vice versa* when the private realm becomes an institution (in Albania for instance where because of the intra-familial violence in the form of blood feuds some 112 children are kept indoors in Northern Albania, because of threats against them, and where many children already died. Cf. Stubbs, 2001, p. 46.

Ethnic minority children, were historically seen as undesirable children within the European nationalist discourses. Current research show that some ethnic minority children are often categorised as intellectually disabled and that a higher percentage of them are sent to special schools compared with the percentage of majority children in special schools. This type of medicalization and pathologization is very common among Roma and Sinti people across Central and East European societies. Roma children are approximately ten times more often categorised as mentally disabled than non-Roma children.[13] In Bulgaria for instance, there are approximately 130 special schools for mentally retarded children, with more then 19,000 pupils, most of whom are Roma.[14] In the Czech republic up to 75% of Roma children receive their primary education in special schools, where they account for more then 50% of all pupils in these schools (ibid.: 136). In Slovenia 1.3% of all children population attend special schools, but of all Roma children in primary schools, 13.9% are in special schools.

Here, cultural practices (violent nationalism, social exclusion, historical prejudices) influence who will be labelled disabled and who will reside in public care. Disability is, in this case, a cultural practice of exclusion for a group that is regarded as invested in symbolism and value systems that deviate from those of the "normal", non-disabled members of society. The image of an uncivilised savage leaks into the imaginary of an ethnic group whose members are regarded as being likely to be mentally retarded.

In Slovenia, for instance the child centred perspective for majority children with mental disabilities means that they are currently being sent more often than not to mainstream 'normal schools'. This was a result of the implementing concepts of deinstitutionalization,

[13] Monitoring the EU Accession Process: Minority protection, 2001.
[14] Monitoring the EU Accession process: Minority protection 2001: 88-89.

inclusion and normalisation. These community-based approaches are not applied in the case of the ethnic minorities. One of the social workers serving on the commission for categorising children said:

In our part of Slovenia, we are lucky we have many Roma and Sinti children whom we can categorise as mentally disabled. If we did not have them, we would have to close the special schools (personal communication, spring 1999).

Also in Bulgaria there are similar cases of "directors' agendas to 'fill their schools' in order to secure funding and staff and the desire of some non-Roma parents to 'cleanse' mainstream schools of Roma pupils. "[15] The pathologising of ethnic minority children means in the long-term that they enter into a parallel educational system which gives them some social benefits, but deprives them from the right to proper education, a paid job, proper housing, respect within the community etc. The experts who belong to the majority culture very often share a racist common sense assumptions that Roma children are intellectually less developed than their majority peers and will never been able to find a paid employment, therefore they need less education. In order to maintain the existing institution-based mental health and disability system, ethnic minority children are (ab)used to fill the institutionalised empty space after the children from the dominant majority have been released and are treated according to the new child friendly community-based social work practices. This differentiated view shows also that not every child will benefit from recent social work changes, as there exists an under-lying **system of double standards that automatically excludes already deprived individuals** and mental health or disability diagnoses are used as gatekeepers for ethnic minority children.

[15] Monitoring the EU Accession process: Minority protection 2001: 88-89. It is important to note that Bulgaria has overall a very low percentage of children with special needs in mainstream education system (only about 1,6%) and that this number stayed the same since 1989. Cf. Stubbs, 2001, p. 42.

A critical point of the child centred perspective is that it does not take into consideration the fact that **the category of children is a flexible socially constructed category**, which positions different children into diverse socially valued locations. Like past state ideologies of child caring also current child centred perspective does not embrace all children to the same extent. Within the 20th century this could be observed throughout the ideologies of biological reproduction. Children from ethnic minorities were believed to belong to those groups who always have too many children and whose fast rate of biological reproduction could threaten the dominant majority (Jewish children before WW2, Muslim children in western societies, Gypsy children after the fall of the communist regimes in Central and Eastern Europe; refugee children across Europe). The stronger the nationalist populism regarding the increased birth rate among members of the dominant majority, the stronger is the preventative discourse against biological reproduction of ethnic minorities, people with disabilities, single mothers or other minorities.[16] The same ideologies of bio-power were applied to disabled children who are still seen as the burden, the sin or a bad omen of a family. A certain ambivalence is already embedded within pre-natal diagnostics, which on the one hand makes possible the woman's right of choice and on the other hand enables the fetal selection. The method of reducing disabled new-borns reproduces the normality and the ideas of undesirability of dependent and working un-capable individuals.

BETWEEN "MODERNISATION" AND "TRADITIONALISATION" OF CHILDHOOD

[16] Darja Zaviršek, Lost in Public Care, 1999.

Another concept which can be questioned in reference to minority children is the idea of the current **modernisation of childhood** according to which children take part in deciding about the organisation of their lives inside and outside the family and educational institutions.[17]
Life becomes, as some writers stress a "biographical project": children are more than ever supposed to be able to seek their own pursuits independently of parental direction, they have to make individual decisions, they have to develop the ability to reflect one's present and future at an early age.[18] For most children there are more educational and leisure opportunities as well as more and more pressure and competitiveness inside and outside the school. These developments offer children more room for choice and autonomy but they also bring a permanent need for decision-making, dealing with risk, stress, uncertainty and status insecurity.

However in Central and Eastern Europe instead of the modernisation of childhood **traditional patterns of childhood** persist. Within the traditional pattern of childhood children were on the one side **infantilized** and seen as the property of the adults and were at the same time treated as **small adults** to whom the right for childhood and child-protected environment were denied.

Minority children today are facing the same ambivalence; they are **infantilized** (they have less advocates which would stress their citizens rights, because very often they even lack formal citizenship rights. They are under custody, they live in a long term residential care where they lack decision making right regarding every day life, the right for personal spaces and sexual life). At the same time, they experience the **deprivation of ordinary childhood** (they live in "no-parent-families", they don't have child's protective environments; they start to work early, sometimes they live on the streets). Those who live in long term public care particularly experience the juxtaposition of infantilization and the deprivation of childhood. They have to

[17] Buechner, du Bois-Reymond, Krueger 1995.
[18] Buechner, du Bois-reymond, Krueger , p. 45, 1995.

leave home and the community early, since most of public care institutions are geographically far from home. They experience spatial segregation and are perceived as the Others. Their parents and siblings often do not have enough resources to visit them continuously over a long period of time, which means that children loose contact with the community as well as with the close relatives. Residential care becomes in such cases a preventative factor of family continuity.[19]

The denial of childhood often occurs in different racial discourses that **infantilise the adults**, like old believes that 'black people are like children', when refugees and new immigrants don't have formal citizenship rights and legal documents, when the state authorities call them with their first name etc. At the same time these **racial discourses withhold the Western conception of childhood from ethnic children.** Roma children for instance are most of the time seen as small adults for whom the common idealised conception of childhood does not apply. They are described rather as sharing the same negative attributes that are generally assigned to Roma grown-ups. In South Africa during the Apartheid regime, black children, who entered the guerilla resistance armed forces during the 1980s, experienced the deprivation of childhood. In addition to that, also their parents were deprived of being seen as competent adults. [20]

These examples show that **when the adults who are biological or social parents are seen as children,** not competent and trustworthy, from the side of a larger community as well as from professional care-givers, **their children have fewer chances to develop the feelings of safety and competency during their childhood**.

Such deprivation of childhood as well as the deprivation of experiencing adults as competent

[19] Gunvor Andersson, 1999.
[20] Allen Feldman, 2002.

grown ups are similarly interrelated in cases of children suicide bombers. During their childhood they experience violence directed towards themselves as well as violence directed toward their parents which produces a low self esteem, self-respect and frustrations. In such arrangement children act out a **double deprivation**: a **deprivation of childhood** which would be free of violence and humiliation, and **their parents' deprivation** of being perceived and treated as competent adults from the side of some western societies, occupation army, etc.

Looking from this perspective we can question the psychological interpretation of the famous psychohistorian Lloyd deMause, who for instance, sees the connection between misogynist Moslem households and the development of the borderline personality structure of young Moslem suicide bombers.[21] According to deMause, Moslem children experience violence from the side of male as well as from female family members. Male family members are absent and at the same time over-present as the instance of morale as well as source of guilt. Women are suppressed and infantilized by men and can only increase their status through their children being seen as heroes. The children who need to repress their traumas and desires, project their anger toward an enemy outside the household and community which are western societies. The enemy is seen as both: as the representative of personal freedom and enjoyment and as a historical exterminator of collective cultural values. The enemy is someone who promises a liberal life and also someone who dominates and humiliates their communities. This ambivalence make them capable to become suicide bombers.

It is obvious, that DeMause diagnose of "borderline personality disorder" is put on Arab children from "above" and from his western standpoint. He sees violent acts as mental disorder which pathologises and individualizes political violence. DeMause takes into consideration violence experienced in the private sphere without recognising that the children's aggression is also a helpless response of the double deprivation in particular political contexts (occupied territories in

Israel, American economic domination of some Arab countries).

Looking from a gender perspective, adult women are even more often seen as persons with limited citizenship rights that has a direct consequences on their children. In Afghanistan for instance, all children who have their mothers but they lost the fathers are defined as orphans and are placed in institution.[22] Within a patriarchal society women are economically dependent from the male breadwinners and are themselves seen as dependent and as persons who need to be protected. When they remarry their children from the first married are seldom accepted by the new husband. The consequences of their social status is that 45 percent to 70 percent of the children in the institutions across the country have a surviving mother.

All these examples show that **the right of a childhood necessarily involves also the right of male as well as female adults to live a respectful life** which is often in a direct opposition of the everyday experiences of minority people.

A double standard within child centred perspective is evident in the ways how social workers judge different sexual practices of some ethnic minority members, such as paid marriage, marriage between a teenage girls and older men, or teenage pregnancies. Many professionals in Slovenia express a 'cultural relativist view', according to which the cultural specificity of a member of the ethnic minority have to be respected. They claimed that for instance Roma people have a different understanding of human rights, equality and freedom, and that the abusive man in this case should be treated according to Roma laws. But the idea of cultural relativism in such cases serves to cover the unconsciously produced denial of childhood of minority children

[21] Lyod de Mauss 2002.
[22] Cf. Children and Residential Care. New Strategies for a New Millennium. 2nd International Conference, Stockholm, May 12-15, 2003. Stockholm University,Department of Social Work, Swedish National Committee for Unicef, Swedsh National Committee of the International Council on Social Welfare. pp. 1-6.

expressed in words like, ‘Roma girls are actually like grown-up women’, ‘they are used to be married early’, etc. There is a danger, that experts who advocate cultural relativism, on another occasion blame the ethnic minority for ‘having a different understanding of human rights and values’ and demand a racist policy. Then the same arguments are turned around into a proof that Roma people are violent, rape children and therefore should not get equal citizenship rights on the level of everyday life within the society.

Disabled children within public care experience a similar sort of **infantilisation.** In Central and Eastern Europe, most of them lived in diverse residential institutions where the former communist regimes subjugated them from an early age in the name of a normative identity, when they were told, that they are "children of the state". Because they lived on state money, the state also defined their identity and personhood. They were infantilized and patronised through the system of care, which prevented them of being s political subject. Being a child of the state was not a temporal but a permanent identity, a long-term stigma, which includes the children into the system of social care but at the same time excludes them from the society.

THE LONG-TERM CONSEQUENCES OF THE CHILDREN’S INSTITUTIONALISATION

Looking form the child centred perspective, the consequences of the institutionalisation within public care are the following:

1.) Beside a lack of different opportunities, minority children in public care are **deprived of the biographisation of their everyday life.** They are deprived of making choices, future plans, and they have little autonomy, individualization and citizenship rights.

2.) Minority children who live in residential care experience little visibility as people and persons in their own rights. Instead of the modernisation of childhood, they experience the **institutionalisation**, which means that children's stories are hidden behind the dominant-case history knowledge of public institution and that the residents are subsumed under a group category of "disabled children", or "Roma children", or "refugee children". The institutional knowledge becomes the public truth. The professionals who most of the time do not belong to minority groups speak on behalf of the children, while children remain invisible, and are deprived to have their own stories. This deprivation can be explored on the level of everyday life as well as on the methodological level, where the public care institutions universalise children as a homogenised category.

3.)The studies on **institutional abuse** show a high prevalence of violence within public care. Disabled children for instance are at least twice as often than non-disabled children victims of sexual abuse, especially vulnerable are girls with the intellectual disabilities.[23] Many authors show that most torture and non-human behaviour towards disabled people are experienced within public institutions such as psychiatric hospitals and in long term residential care. [24] The individuals who are most vulnerable are most often institutionalised and, consequently, more vulnerable to institutional violence. Violence against disabled or ethnic minority children has the characteristics of a hate crime, since a violent act is not only committed against an individual person, but against someone with a symbolical status of the "other" who has to be rejected or

[23] Brown, Craft 1989; Jones, Basser Marks, 1997, s. 189; Committee on the Rehabilitation and Integration of People with Disabilities, Safeguarding Adults and Children with Disabilities against Abuse, Council of Europe, 2001.

[24] Nowak, Suntinger 1995, s.123; Verdugo, Bermejo 1997. The research from Furey, Granfield and Karan from the year 1994 shows that more violence against disable people were done in boarding schools, group homes and other institutions than at home. The main reasons for that the researcher see in the burocratic structure, bad education of the staff and their inability to cope with stress. Cf. Verdugo, Bermejo, 1997, s. 153.

even destroyed.[25] The victimisation of the minority child also has a symbolic meaning for the rest of the society whose members should internalise what is desirable and what is rejected.

Current researches on violence against disabled children and young people rather minimise the fact of the victimisation of disabled children. If the child has an obvious disability the violent behaviour of another person will be described as a consequence of the child's physical characteristics (the child was the victim because she/he is helpless, weak, exposed, or even because she/he is difficult). If the child has milder disability violence is seen as the consequence of his or her personal characteristics such as his or her emotional life and temperament ("the child wanted sexual experience, therefore she/he provoked it"). Many research also suggest that disabled children most often cause violence, and they are not seen as the object of violence.

The majority of disabled children in Central and Eastern Europe have spent most of their childhood in various institutions (hospitals, rehabilitation centres, special institutions, special schools and boarding schools) where they have internalised the message that they are not the same as “normal children”; even more so, that they are of a lesser value because they are “invalids”. Social institutions are places without privacy and also sexual abuse happens often in common rooms: gymnastic halls, dinning rooms, smoking corners, and offices. Such mundane sites construct a false belief that abuse happens unintentionally, suddenly and unplanned, and strengthens the unconscious need to see it as a “mistake” and to normalise it. Abuse occurs not only in a familiar places during times of leisure and pleasure but is also perpetrated by familiar members of the staff, all of which increases the degree of trauma and silence. It is often a collective event since there is usually more than one person who knows about it (other residents and professional staff). Residents who are deprived of personal relationships and have a great

[25] Sobsey 1994, Rommelspacher 1999, Petersilia 2001, Zaviršek 2002.

need for personal closeness with adults often tend to interpret a therapeutic-institutional relationship as a personal one. Violence and abuse become part of the institutional arrangement.

Violence in institutions is associated with the disciplining and intimidation of residents. The behaviour of the staff communicates, either directly or indirectly, to the residents that they are not valued, that they have to be as little demanding as possible, and that they have no choices. The staff, which control the place (possessing the keys to the rooms and bathrooms, surveillance of privacy of the residents etc.), also subjugate the residents' bodies to the administrative power of the institution. This serve to diminish self-esteem, and convey a sense of uncertainty and the lack of personal autonomy. These are precisely the main characteristics of children who are very likely to become victims of sexual abuse.

CONCLUSION : SOCIAL WORK PRINCIPLES AGAINST CHILDREN'S INSTITUTIONALISATION

Understanding childhood as a **permanent social category**,[26] and not only a phase of transition, makes it possible to analyse it as a relational, historical and contextual concept that varies culturally and temporarily due to the economic, political and other changes. Since this is not enough acknowledged in relation to children in public care, social workers and other professionals need to advocate for the following social work models:

1. **Cultural self-reflectivity and a culturally sensitive approach toward minority children**. In this model, 'culture' means a diversity of personal and collective experiences including disability and ethnicity. To develop this approach requires to employ more minority professionals with personal experiences of disability and ethnicity within social services. The existing public care

institutions have to become more aware of their own historically based prejudices against disabled and ethnic minority children and because of the effect of racism, the specific needs of these children should be given extra consideration.

2. **Double advocacy and empowerment of disabled and ethnic minority children as well as their parents**. As it was shown previously, the rights of children from ethnic minorities depend on the extent of citizenship rights of their parents and other minority adults. The more rights their parents have, the better they are able to act as advocates for their children in the sense of strengthening the children's position. In Roma communities and refugee camps in Central and Eastern Europe parents experience everyday subordination by the dominant culture and professional workers. Female biological and social carers are often discriminated from the male members of their own community. The same is true for parents of disabled children, who are very often disqualified as having inadequate parenting skills and, as was shown by many authors, experience lack of influence in childcare proceedings.[27] An additional need for double advocacy is that many ethnic minority households and those with a disabled child, members experience greater economic deprivation than majority households.

3. **Strengthening individual as well as group rights of the disabled and ethnic minority children.** The model demands a shift away from a 'romantic model' of children and childhood which most often excludes a variety of personal and collective experiences of disabled and ethnic minority children such as cultural difference, physical pain, medical procedures, war and discontinuity, long-term coercive residential care, violence and stigma. Many minority children are during their childhood conditioned into life long deprivation and every day exclusion.

[26] Qvortrup 1993, 1995.
[27] Lena Dominelli.

4. **Advocating for the fact that minority children have the right to have life and not institutions.** Social workers have to understand the socially produced processes of making disabled and ethnic minority children invisible in the public sphere, and become more aware of the impact of structural deprivation within public care. Minority children have to have the same rights than majority children to have good services in the community which make possible that they can become **equal citizens with the same respect than majority children during their childhood and when they will grow up.**

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