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Child maltreatment in Swiss welfare care until 1981: former caregivers' perspectives on the welfare context

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ABSTRACT

Caregivers can provide insight into the welfare aspects of institutional child maltreatment not apparent to children in care. This qualitative study investigated how socio-ecological and contextual aspects of the welfare system were linked to (quality of) care provision and the well-being of minors in care. Semi-structured interviews were conducted with 12 Swiss former caregivers. Welfare aspects included a shortage of resources, poor working conditions, and lack of oversight by the authorities. Social norms also contributed to stigmatization, discrimination, and the normalization of adverse care practices. Potential protective factors included external support and resource provision, caregiver resistance, and (later) social acknowledgment.

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Introduction

Child maltreatment (i.e., physical, sexual, emotional abuse, or physical, emotional neglect) is a global and widespread phenomenon. For instance, a systematic review on violence against children by Hillis, Mercy, Amobi, and Kress (2016) showed that in 96 surveyed countries, 50% or more of the children reported experiences of physical, emotional, or sexual violence in the past year. Child maltreatment has been linked to a multitude of detrimental consequences, with a recent review by Vizard, Gray, and Bentovim (2022) identifying negative effects on physical health (e.g., inflammatory diseases), connections to brain alterations (i.e., smaller prefrontal cortex volume), links to various mental health disorders (e.g., attention deficit hyperactivity disorder, bipolar disorder), as well as a negative impact on children's social development (e.g., drug abuse, suicide attempts). As such, child maltreatment

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constitutes a significant threat to physical, mental, and social health and well-being.

Studies have shown a high risk of child maltreatment in non-familial welfare settings, such as foster care, community-based care, or out-of-home care settings (e.g., Euser, Alink, Tharner, van Ijzendoorn, & Bakermans-Kranenburg, 2013; Lueger-Schuster et al., 2018; Sherr, Roberts, & Gandhi, 2017; Yi, Edwards, & Wildeman, 2020). Due to the different social climate of the last century, such welfare settings often lacked professional supervision and experienced poor organization, understaffing, and few financial means; increasing the risk for child maltreatment (Biehal, 2014; Ferguson, 2007). In recent years, reports of such cases of institutional child abuse have emerged from several countries, including Australia (Daly, 2014), Canada (Wolfe, Francis, & Straatman, 2006), Ireland (Mc Gee, Maercker, Carr, & Thoma, 2020), Austria (Lueger-Schuster et al., 2014), Germany (Dreßing et al., 2021), Switzerland (Hauss, Gabriel, & Lengwiler, 2018; Thoma, Bernays, Eising, Maercker, & Rohner, 2021), France, and Italy (Marotta, 2021).

The current study focuses on the welfare context of Swiss compulsory social measures and placements (CSMP) up to 1981. CSMP refers to the removal of children from their homes by the authorities and their enforced placements in welfare care, often without due process of law (Federal Office of Justice, 2022). On a socio-political level, the goal was to foster a moral society by enforcing corrective or punitive measures for those who did not conform to the socially accepted norms of that time (Federal Office of Justice, 2022; Freisler-Mühlemann, 2011). Violations of social norms included being a single mother, having a child out of wedlock, living in severe poverty, substance abuse, being a traveler or gypsy, and even being considered lazy or work-shy (Federal Office of Justice, 2014; Leuenberger & Seglias, 2008). In addition to reports of abuse and neglect, some individuals were subjected to forced sterilization and medical experimentation during CSMP (Federal Office of Justice, 2022).

Although exact numbers for CSMP remain difficult to obtain, estimates have recently been provided by the Independent Expert Commission (Unabhängigen Expertenkommission; UEK), which was set up by the Federal Council to address the history and mechanisms of administrative detention in Switzerland (UEK, 2019). The UEK identified 648 institutions that operated between 1930 and 1980 in some capacity of administrative detention. From this number, 400–500 were multifunctional facilities (e.g., correctional institutions, reformatories, poorhouses or shelters for the destitute), 140 were prisons or psychiatric clinics, and approximately 24 were forced labor facilities. It was estimated that between 1930 and 1981 approximately 20,000 to 40,000 individuals above the age of 16 were administratively detained, with at least 60,000 individuals placed under administrative measures during the 20th century (UEK, 2019). When including the CSMP of younger children, other research has suggested that the numbers likely

amount to more than 100,000 individuals (Lengwiler, Hauss, Gabriel, Praz, & Germann, 2013). For instance, it was estimated that up to 5% of children in Switzerland under the age of 14 were raised outside their family of origin, with two-thirds involving foster families and one-third institutional placements (Lengwiler, Hauss, Gabriel, Praz, & Germann, 2013). The ratification of the European Convention on Human Rights led to a reform of Swiss CSMP laws in 1981, with a shift away from compulsory social measures and toward child protection measures (Schoch et al., 2020; UEK, 2019). As a result, this form of CSMP (i.e., without due process of law) could no longer be officially enacted by administrative authorities (Bühler et al., 2019).

A report by the Federal Office of Justice in 2014 estimated that between 15,000 to 25,000 affected persons were still alive; with empirical studies on this population identifying lasting negative effects of CSMP, including depressive symptoms (Kuhlman, Maercker, Bachem, Simmen, & Burri, 2013), posttraumatic stress symptoms (Krammer, Kleim, Simmen-Janevska, & Maercker, 2016), and physical health conditions (Thoma, Bernays, Eising, Pfluger, & Rohner, 2021). This is consistent with accumulating international research linking such welfare placements to detrimental physical and mental health outcomes and poor psychosocial adjustment (for a recent review see Carr, Duff, & Craddock, 2020b). However, a non-negligible number of institutional child abuse survivors have also shown evidence of positive outcomes, adaptability, and resilience. For instance, research on indentured child labor and social placements in Switzerland found that 30–50% of survivors show favorable (i.e., resilient) mental health outcomes and trajectories (Maercker, Hilpert, & Burri, 2016; Thoma, Bernays, Eising, Maercker, & Rohner, 2021). Furthermore, previous research on institutional child abuse in Ireland and Switzerland identified personal aspects and individual characteristics linked to resilient outcomes, including strength of character, persistence, goal attainment, coping strategies (Mc Gee, Maercker, Carr, & Thoma, 2020), self-efficacy (Maercker, Hilpert, & Burri, 2016), higher self-esteem, and lower neuroticism (Thoma, Bernays, Eising, Maercker, & Rohner, 2021).

Nevertheless, resilience, or favorable health and well-being, following (institutional) child abuse is not solely reliant on individual characteristics. In fact, the theoretical and empirical considerations underpinning Ungar's (2013) social ecology of resilience suggests that broader socio-ecological and contextual factors must also be assessed in order to adequately comprehend resilience. Defined as resistance to the effects of adversity exposure, resilience not only reflects a child's ability to overcome challenges, but also the capacity of a child's formal and informal social networks to facilitate positive development and well-being under adverse conditions (Ungar, 2011). This social ecological understanding of child development and resilience encompasses individual × environment processes, such as promoting self-worth or a sense of belonging in the community, developing secure attachment with a caregiver, or

facilitating access to education and healthcare (Ungar, 2013). Specific factors involved in these processes can be defined according to the levels of Bronfenbrenner's (1979) ecological model of human development in context: First, the core of the model comprises the personal aspects and individual characteristics of the child (e.g., genetics, personality). Second, the microsystem consists of the activities, roles, and interpersonal relationships in which the child is directly involved (e.g., family, school class). Third, the mesosystem consists of the interactions between microsystems (e.g., communication between family and school). Fourth, the exosystem encompasses the social structures that indirectly influence the child's development (e.g., caregiver's workplace, social services). Fifth, the macrosystem represents the cultural backdrop (e.g., cultural values, norms, and beliefs). Finally, the chronosystem denotes the socio-historical dimension of change (or constancy) over time (Bronfenbrenner, 1979; Ungar, Ghazinour, & Richter, 2013). Thus, positive child development and resilience may be best understood as a complex interplay of factors that influence how an individual responds to stressful life events.

While studies on the impact of institutional child maltreatment have often focused on individual factors of vulnerability and resilience (e.g., Flanagan et al., 2009; Weindl, Knefel, Glück, & Lueger-Schuster, 2020); growing research highlights the importance of socio-ecological and contextual factors, such as the adverse environment and broader welfare context (e.g., Williams & Glisson, 2014). For instance, a recent review on maltreatment in residential child care suggested that in addition to direct maltreatment by caregivers, such institutions also carry the risk of program or system abuse, referring to the acceptance of substandard or abusive practices and systems or structures that fail to protect the children in care (Konstantopoulou & Mantziou, 2020). Regarding adaptive outcomes, research by Moore, Flynn, and Morgan (2019) with survivors of clerical institutional child abuse examined factors across the social ecology that support positive adaption, including a social identity not defined by institutional care and informal instrumental support. Additionally, an interview study by Mc Gee, Maercker, Carr, and Thoma (2020) with Irish survivors of institutional child abuse identified external factors for coping and resilience, including societal acknowledgment, social status, and access to services. Such research suggests that factors in the welfare environment are relevant for understanding health and well-being in the aftermath of institutional child abuse.

However, within the Swiss context of CSMP, there is a lack of an in-depth understanding of the socio-ecological and contextual welfare factors linked to institutional child maltreatment. There is a need for psychosocial research on the welfare setting itself, with existing studies approaching this from a historical perspective (e.g., Federal Office of Justice, 2014; Ferguson, 2007). Furthermore, most studies have been conducted with survivors of

CSMP (e.g., Höltge, Mc Gee, Maercker, & Thoma, 2018; Maercker, Hilpert, & Burri, 2016; Thoma, Bernays, Eising, Maercker, & Rohner, 2021), lacking input from the caregivers involved in the CSMP and institutional child maltreatment. Addressing this gap is crucial, as caregivers can play a major role in shaping the caregiving environment (e.g., Carr et al., 2019; Katz, Lalayants, & Phillips, 2018; White et al., 2021). For instance, a 7-year longitudinal study found that child welfare systems with more engaged organizational climates (i.e., staff who feel personally involved in their work, concerned about the children, and accomplish worthwhile things) was linked to fewer problems in psychosocial functioning in maltreated children (Glisson & Green, 2011). Similarly, a study on quality of care in residential settings showed significantly more positive outcomes in children whose interactions with staff were characterized by positive motivation, appropriate humor, fairness, and helpfulness (Farmer, Murray, Ballentine, Rauktis, & Burns, 2017). Research with former caregivers (e.g., foster families, institution staff) can also provide a unique and previously neglected perspective on CSMP and welfare environmental factors (e.g., welfare practices, financial aspects) that may have had an impact on the children's care experience, health, and well-being. For example, one study assessed care provision in Croatia using open-ended questionnaires with caregivers from residential care institutions (Vejmelka & Sabolić, 2015). Caregivers suggested improvements to the psychosocial climate (e.g., better infrastructure and activities in institutions, cooperation with local community and state services) and working conditions (e.g., reduced caregiver burden, more professional training for staff) in order to enhance the quality of professional care and support provided to the children (Vejmelka & Sabolić, 2015). Addressing the caregiver perspective can provide insight into aspects of the welfare system that may not be apparent to the children in care. Therefore, the application of a qualitative approach with caregivers could provide a more encompassing perspective into the factors of the welfare setting linked to institutional child maltreatment.

It was therefore the aim of this study to examine socio-ecological and contextual welfare factors in the context of CSMP in Switzerland, which may have had an impact on the (quality of) care provision, and ultimately, the experiences and well-being of the children in care. Specifically, this study examines the much-neglected perspective of former caregivers to address the following research questions: (1) In the implementation of CSMP, how were the dynamics of the welfare system and structures linked to the (quality of) welfare care, the potential for institutional child maltreatment, and the health and well-being of affected minors? (2) How was the socio-cultural context in Switzerland at that time linked to the perception and acceptance of CSMP, the (quality of) welfare care, and the well-being of affected minors? The analysis will be informed by the consideration of theoretical models with reference to

socio-ecological and contextual factors (Bronfenbrenner, 1979; Ungar, Ghazinour, & Richter, 2013).

Methods

Study design

This study forms part of the larger project "*Differential aging trajectories in high-risk individuals with past experiences of early adversity*" within the National Research Program 76 "Welfare and Coercion – Past, Present, and Future" (http://www.nrp76.ch/en). The current study was led by a team from the Psychological Institute at the University of Zurich and involved qualitative semi-structured interviews conducted in Switzerland with former caregivers of individuals affected by CSMP. The study design was approved by the Ethics Committee of the Faculty of Arts and Social Sciences in the University of Zurich, Switzerland (ID 20.12.16). All participants provided written informed consent in compliance with the Declaration of Helsinki.

Participants

Recruitment took place from May to October 2021. Study flyers were distributed in and around areas frequented by older adults (e.g., pharmacies, doctors, churches, community departments for older people, senior associations). The study was also advertised on social media, online forums, and in radio announcements. Study details were also shared with key individuals in Switzerland connected to the topic of CSMP (e.g., historians, authors, researchers, journalists, public figures), who distributed the study information within their networks. The eligibility criteria were being a native Swiss-German speaker and having worked as a caregiver of children affected by CSMP before 1981. The exclusion criterion was having a diagnosis of dementia. The study aimed for a minimum of 12 participants, following empirical research recommendations on theoretical saturation for novel information (Guest, Bunce, & Johnson, 2006; Hennink & Kaiser, 2022). For instance, a study by Ando, Cousins, and Young (2014) conducted 39 interviews with the aim of identifying a saturation point and found that 12 interviews provided all themes and 92.2% of codes. Furthermore, research by Fofana, Bazeley, Regnault, and Perzynski (2020) tested a statistical model on an empirical dataset of interviews and found that saturation was achieved on the main themes after 12 interviews. Qualitative studies of a similar nature have also been conducted with comparable participant numbers. For example, two studies with the survivors of welfare-related child maltreatment conducted semi-structured interviews with 12 participants (Höltge, Mc Gee, Maercker, & Thoma, 2018; Mc Gee, Maercker, Carr, & Thoma, 2020). In the current study, interested individuals completed a telephone screening for the inclusion criteria, or via e-mail for those

with hearing difficulties. Eligible candidates were then invited to a face-to-face interview. Fourteen individuals responded to the study advertisement, with two excluded after screening as they did not meet the inclusion criteria. With no dropouts, a total of 12 participants were included in the final study.

Procedure

The interviews took place between June and October 2021 and involved four researchers, including the second and fourth authors, who received extensive interview training from the first author. A semi-structured interview guide was developed and pilot tested to ensure all critical topics were addressed and to provide consistency across interviews (Pedersen, Delmar, Falkmer, & Grønkjær, 2016). The final interview schedule consisted of three sections: (1) general information on the caregiving situation, i.e., care setting type, children in care, tasks, roles (e.g., "*Can you describe the type and conditions of the care-giving environment?*"); (2) the children's development and resilience, i.e., strategies used to promote resilience, factors hindering resilience, caregiving style (e.g., "*What aspects of caregiving, if any, do you think contributed to the (positive) development, or alternatively, the vulnerability of the children?*"); and (3) reflection on the public debate on CSMP in Switzerland, i.e., consequences of the debate (e.g., "*What impact, if any, do you think the public debate about welfare measures has had for affected individuals and/or society?*"). All interviews were conducted in person at the Psychological Institute of the University of Zurich or at the participant's home, depending on participant preference. Before starting the interview, participants completed a short sociodemographic questionnaire. Each interview was conducted with two interviewers, with one leading the interview and the other taking notes. The interviews lasted 60–90 minutes and were audio-recorded. During the whole process, the COVID-19 hygiene regulations of the Federal Office of Public Health (Bundesamt für Gesundheit) and the University of Zurich were followed. After the interview, the participant's emotional state was assessed and an information sheet with options for psychological support organizations was provided. Participants received a financial compensation of 120 Swiss Francs (approximately 120 US dollars) for their participation.

Data analysis

The interviews were first transcribed by native Swiss German speakers using the software f4 (Audiotranskription, 2021). The transcripts were then anonymized and translated into High German and English by bilingual researchers, including the two interviewers. Finally, data analysis was conducted on the High German

transcripts using MAXQDA software, version 2020.4.2 (VERBI Software, 2020). The analysis followed the Framework Analysis method, which generates structured data using the following analytical stages: Familiarization with all interviews and transcripts, identification of the thematic framework for coding, indexing the transcripts by applying the coding framework, charting the data into summaries, and mapping and interpretation in light of the research questions (Gale, Heath, Cameron, Rashid, & Redwood, 2013; Smith & Firth, 2011).

Regarding the validity of the findings, investigator triangulation was applied to increase rigor (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Denzin, 1978; Thurmond, 2001), with several researchers involved in the coding, analysis, and interpretation process. For intercoder reliability, two researchers (who conducted the interviews) independently coded all transcripts. For intercoder agreement, the researchers then came together to compare codes and discuss any coding discrepancies until a high level of consensus was reached (Campbell, Quincy, Osserman, & Pedersen, 2013). Codes and variations were also discussed with a third researcher (the third author) and final discussions with the study lead (first author) (Flick, 2004). The intercoder agreement was also calculated as a measure of reliability, resulting in a high Kappa value of $\kappa = .88$ (McHugh, 2012). Additionally, cross-validation was implemented to increase reliability in the findings, with a sample of transcripts indexed by an additional two researchers who were independent from the study, resulting in high levels of agreement (Flick, 2004). Lastly, to enhance the credibility of the findings, respondent validation was conducted via member checks with selected participants from whom the data was originally obtained to assess the accuracy of the analytical categories, interpretations, and conclusions (Slettebø, 2021). This resulted in minor refinements, with overall corroboration of the findings.

Results

Participant quotes illustrate the results, followed in brackets by the participant ID, gender, and age. The quotes are numbered, with the corresponding original Swiss German and High German quotes presented in Appendix A of the Supplementary Material. The results are also illustrated in Figure s1 (see Appendix B of the Supplementary Material).

Sample characteristics

Interviews were conducted with a total of $N = 12$ participants, consisting of 10 females and 2 males, with a mean age of 74.5 years ($SD = 9.69$; age range = 58–

91 years). The majority of participants ($n = 10$, 83.3%) reported vocational training as the highest level of education, with most participants ($n = 9$, 75%) currently retired. Further sociodemographic information is provided in Table 1.

Dynamics of the welfare setting

Three main welfare setting themes emerged from the data: *The Struggle for Basic Resources*, *The Perpetuation of Detrimental Caregiving Practices*, and *A Welfare System in Disregard of "Social Orphans"*. See Table 2 for an overview of the themes and descriptions.

The struggle for basic resources

The theme *The Struggle for Basic Resources* refers to the role of material and informal resources within the welfare setting during the caregiving time. Independent of the welfare setting (i.e., care homes, foster care), the majority of participants ($n = 10$, 83.3%) described a lack of financial or material resources for adequate care provision. This included having insufficient food for the children in care, with one caregiver being instructed by management that "the children have to live sparsely, they have to be brought up that way"[1] (P12, male, 89). Some participants also reported that the provided food was not nutritious, which hindered the healthy development of the children: "The food was an absolute no-go back then. (...) There was just always such low-quality food. Bad."[2] (P1, female, 67). Due to financial restrictions, some welfare settings could not provide toys or safe spaces to play, which participants felt inhibited the creative and emotional development of the children: "And on the financial side (...) we just didn't have enough resources to take them somewhere or do something together. Uhm... yeah. That's what I think. That sure was a hindrance [to the development]."[3] (P8, female, 73). Similarly, another participant described the struggle for even basic necessities that were crucial for the health and well-being of the children in care: "If you were even luckier, you could sometimes make a request for certain things, clothes, shoes, doctor, dentist, hairdresser, and so on. Like, you always had to fight, back then (...) for every little bit that was needed for the children."[4] (P9, female, 76).

In some cases, resources were obtained through external support. For instance, one caregiver reported a lack of support from the welfare authorities regarding the scarcity of food, only managing to feed the children due to community intervention: "There was the monastery [name anonymized] nearby and every now and then they supplied us with vegetables. (...) And then there was a farmer's family, they brought potatoes, and the others brought apples. That was simply donations. Because with only what we got, we wouldn't have made it."[5] (P5, female, 82).

Table 1. Overview of the sociodemographic characteristics.

ID	Age	Gender	Highest level of education	Employment status	Relationship status	Affected by CSMP during childhood/ Type	Type of welfare care worked in	Income class (per month)	SES
P1	67	Female	University	Retired	Single	No	Children's home	<2,001 SFr.	6
P2	58	Female	Vocational job training	Employed part-time	Married	Yes/unknown	Children's home	2,501 –3,330 SFr.	8
P3	81	Female	Higher vocational training	Retired	Married	No	Foster family	>4,000 SFr.	8
P4	70	Female	Vocational job training	Retired	Married	No	Children's home, Foster family	>4,000 SFr.	6
P5	82	Female	Higher vocational training	Retired	Single	No	Children's home (private)	2,001 – 3,300 SFr.	5
P6	71	Male	Higher vocational training	Retired	In a relationship	No	Psychiatry	–	6
P7	69	Female	Higher vocational training	Retired	Divorced	No	Children's home	>4,000 SFr.	6
P8	73	Female	Higher vocational training	Volunteer	Single	Yes/children's home	Children's home	–	8
P9	76	Female	University	Retired	Single	No	Children's home	–	5
P10	91	Female	Higher vocational training	Retired	Single	No	Children's home	–	5
P11	67	Female	Higher vocational training	Retired	Married	No	Children's home (private)	2,001 – 3,300 SFr.	5
P12	89	Male	Higher vocational training	Volunteer	In a relationship	No	Children's home, Psychiatry	3,001 –4,000 SFr.	3

Note. CSMP = Compulsory social measures and placements; ID = Participant identifier; SES = Subjective evaluation of own socio-economic status: Ranking from 1 (lowest) to 10 (highest); SFr. = Swiss Francs.

Table 2. Overview of themes – socio-ecological and contextual welfare factors.

Theme	Description	Example
Dynamics of the Welfare Setting		
The Struggle for Basic Resources	Role of material and informal resources within the welfare setting during the caregiving time	- Lack of financial/material resources - External support (e.g., food, clothes)
The Perpetuation of Detrimental Caregiving Practices	Internal aspects of the welfare setting itself that had an impact on caregiving	- Bad working conditions, excessive time demands (poor quality of care) - Lack of competence/training, pressure - Acts of micro-resistance
A Welfare System in Disregard of "Social Orphans"	System-level regulations and actions of the public authorities that had an influence on welfare standards and practices	- Indifference and lack of involvement of the authorities, financially motivated decisions - Later improvements/changes to welfare care
Considering the Socio-Cultural Context		
Engrained Social Values and the Normalization of Maltreatment	Social and cultural norms, values, and beliefs at that time that had an impact on welfare care	- Negative view of children - Normalization of strict disciplinary measures
Social Reappraisal and Acknowledgement for Welfare Change	Reflections on the observed socio-cultural changes to welfare care, as well as the influence of the public debate	- Cultural change leading to improved care practices - Social acknowledgment

The perpetuation of detrimental caregiving practices

The theme *The Perpetuation of Detrimental Caregiving Practices* refers to internal aspects of the welfare setting itself that had an impact on caregiving and in turn, the welfare of the children, such as the daily care practices or the working conditions and environment. The majority of the participants ($n = 10$, 83.3%) reported poor working conditions and excessive demands on their time, which impacted the quality of care provided to the children: "Well, of course we looked after the children very, very poorly, we just didn't have the time."[6] (P1, female, 67). With so few caregivers for so many children, participants described difficulties in providing adequate care, instances of physical and emotional neglect, as well as high levels of caregiver burden and stress: "When I imagine about 20 children and one or two caregivers, or even more children. So in some cases there used to be up to 40 children and two nuns (…) you quickly reach the limit. (…) And that was simply often the case in the past, that the caregivers were simply overwhelmed and had too little support."[7] (P5, female, 82). In addition to the reports of neglect, some participants reflected that "a lot happens out of excessive demands"[8] (P3, female, 81), linking the unfavorable working conditions and caregiver stress to harmful caregiving practices and child maltreatment or abuse: "And then you're also, uhm yeah, at a point eventually where you can't go on any longer and you do certain things you wouldn't do otherwise."[9] (P8, female, 73).

Another issue raised by many participants ($n = 8$, 66.7%) was the lack of competence in caring for children, which some participants attributed to the lack of formal education or training in childcare: "A lot of people who were employed there were actually, had no training, but (. . .) 'knew where the devil sits' [know how things work]"[10] (P6, male, 71). Instead, the handing down of (poor) care practices was commonplace, which perpetuated the use of adverse caregiving techniques, such as coercion or maltreatment, to keep the children in line: "They [the children] had to obey me, and somehow I had, yes, a certain discipline you had to have with them."[11] (P10, female, 91). Additionally, many participants ($n = 7$, 58.3%) stated that the pressure to conform to expected roles and the strict hierarchies in the welfare setting sustained harmful care practices, as those in junior positions felt they could not go against the welfare norms and structures. For example, one participant described being unable to prevent or report physical child abuse within the welfare setting during her early career as a caregiver: "I was only an intern, so of course I had no say at all. [. . .] A child was hit almost to the point of unconsciousness. After that, you really had to nurse them back to health. (. . .) you couldn't go anywhere to report that."[12] (P2, female, 58).

However, some participants ($n = 6$, 50%) described small acts of micro-resistance against the harsh regime and (negative) common care practices. For instance, one participant described defying an order to punish a small child after he had wet the bed: "Then . . . I should have done that, and then of course the little boys were crying in the shower, and I said 'I wouldn't give you a cold shower,' although I had been ordered to."[13] (P12, male, 89). One caregiver also took independent measures to procure educational resources to improve her standard of care and better support the development and resilience of the children: "I didn't really have any training for little ones like this, so I just had to look for something myself (. . .) and then I came across the book by Professor [name – anonymized] (. . .) it was a big book with pictures in which he described the development of small children."[14] (P8, female, 73).

A welfare system in disregard of "social orphans"

The theme *A Welfare System in Disregard of "Social Orphans"* refers to the system-level regulations and actions of the public authorities in enforced child welfare, which had an influence on welfare standards and practices, and ultimately, the quality of the care of the children. Some participants ($n = 6$, 50%) stated that enforced removal of the child from the family of origin was the primary solution for perceived welfare problems, with little consideration of what was best for the child: "Today there are many possibilities for help (. . .) There are family supporting programs and before the child is taken away, this is first clarified 'Is there no other solution?.' This was not done in the past. In those days, direct action was taken. This is what led to the hard fates."[15] (P3, female, 81). The decisions about welfare placements were not centered on the

child's well-being, but were instead perceived as arbitrary and based on violations of the accepted social norms of that time, such as being divorced, single parenthood, or being from the traveling community: "And otherwise, of course, they were children from difficult backgrounds, where the parents were separated or divorced, or just couldn't be at home anymore because of social indicators."[16] (P7, female, 69). Such children were labeled "Social Orphans"[17] (P1, female, 67), for whom the welfare system was seen to provide reeducation or corrective measures: "This child here belongs to the travelers, you have to reprogram him."[18] (P3, female, 81).

The majority of participants ($n = 10$, 83.3%) described a sense of indifference from the authorities, with a focus on finding quick solutions rather than the health or welfare of the child: "And that was the problem, that they actually had an administration that just wanted peace and then somehow sought such [fast] solutions (...) the development [of the children], or the goal, and so on ... that only came second."[19] (P6, male, 71). In addition, many participants ($n = 9$, 75%) felt that the maltreatment was overlooked as financial considerations seemed to take precedence over the well-being or treatment of the children: "The authorities could've controlled that [the treatment of the children] a bit more, if they had wanted to. But it was probably just very cheap, and that's why they turned a blind eye to it [the maltreatment]."[20] (P11, female, 67). Furthermore, participants noted that abuse and neglect often went unchecked due to a lack of control visits to the care settings by the authorities, with one participant reporting superficial controls that were more of a formality: "The district authorities rarely asked how things were going. I don't remember anyone coming. It was just the public administrator (...) he came every few weeks at most, according to the sister [name anonymized], and drank coffee in the kitchen. He never came to the department [where the children lived]."[21] (P10, female, 91).

Considering the socio-cultural context

Two main socio-cultural context themes emerged from the data: *Engrained Social Values and the Normalization of Maltreatment*, and *Social Reappraisal and Acknowledgement for Welfare Change*. See Table 2 for an overview of the themes and descriptions.

Engrained social values and the normalization of maltreatment

The theme *Engrained Social Values and the Normalization of Maltreatment* refers to the social and cultural norms, values, and beliefs at that time; specifically, those relating to children affected by enforced child placements and the accepted treatment of these children. As the enforced placements were linked to social norm violations, the children were generally viewed in a negative light within the welfare setting: "One had the feeling that these

are bad children, evil children. (. . .) Before you had the feeling, as always, that to a certain extent it's the children's own fault that they're here [in the children's home]."[22] (P7, female, 69). These social norms were so engrained that they influenced how the children were treated and cared for, including the normalization of strict disciplinary measures to keep the "bad children" in line: "They were beaten. They were mentally abused with really, with vicious words. Afterward, [they were] just left alone."[23] (P2, female, 58). The negative beliefs about these children reinforced punishment as a common and even necessary part of caregiving for many: "These children simply didn't listen sometimes, when we said something, unless we hit them [. . .] the fear of punishment [is] so great."[24] (P11, female, 67).

The beliefs about these children were also linked to negative attitudes and interactions in society. The children were labeled due to being in enforced welfare care and experienced stigmatization and discrimination: "They were exposed, even at school they said 'Ah you're in the box [prison, i.e., the care home],' so you already had a special role. So they had to see how they could endure that."[25] (P7, female, 69). As a result of this stigma, participants reported that the affected children also faced social isolation and exclusion from society: "School friends, that was actually not possible in this village. (. . .) The locals . . . we were not really welcome there."[26] (P5, female, 82).

Social reappraisal and acknowledgement for welfare change

The theme *Social Reappraisal and Acknowledgement for Welfare Change* refers to reflections on the observed socio-cultural changes to welfare care and the treatment of children, as well as the influence of the public debate on enforced child placements. Many participants ($n = 7$, 58.3%) described a change in society's view of children in enforced welfare care as a result of the Home Campaign, which started in Germany and was taken up in Switzerland in the 1970s, with the aim to raise awareness and social visibility about the oppressive welfare conditions. For instance, affected individuals were no longer considered to be "bad children:" "I think that actually brought up the movement of the home revolt, that people started to rethink there."[27] (P7, female, 69). The public debate also led several participants ($n = 8$, 66.7%) to reflect on their own care practices and actions: "I always have a certain guilty conscience, because I have the feeling that I did something wrong with him [former child]."[28] (P12, male, 89). Participants also noted the importance of societal acknowledgment in order to move forward: "You simply have to say 'It was wrong. We have learned.' [You must be] open and give them [formerly affected individuals] a platform."[29] (P3, female, 81).

The introduction of new welfare laws in 1981 was also linked to improvements to the welfare system and a positive change in "the attitude and mindset toward children's homes"[30] (P7, female, 69). For instance, one participant stated that removing a child from their family was no longer the first option,

but rather a last resort: “After eighty [1980] there was a paradigm shift. Suddenly there was no longer the idea that children had to be taken away from their parents. It was the other way round. Just don’t take the children away from the parents.”[31] (P1, female, 67). Some participants ($n = 6$, 50%) also reported improvements in later years to the working conditions and care practices within welfare settings: “Fewer children, with more staff, and simply more conversations with the adolescents, with the children. Punishment, for example, took on a completely different form. We sat down with the adolescents and said ‘How do you feel about this? And what would you consider a consequence?’” [32] (P8, female, 73). Overall, the public debate and subsequent social reappraisal was linked to positive change, so that “nowadays, people have a different perception [of caregiving]”[33] (P12, male, 89). This contrasted with the caregiving practices of their time and instead emphasized “an exchange or cooperation [between children and caregivers]”[34] (P8, female, 73).

Discussion

This study assessed socio-ecological and contextual welfare factors in relation to institutional child abuse in Switzerland until 1981, from the much-neglected perspective of the former caregivers. Three main themes emerged on the level of the welfare setting (i.e., *The Struggle for Basic Resources*, *The Perpetuation of Detrimental Caregiving Practices*, *A Welfare System in Disregard of “Social Orphans”*), with two themes on the level of the socio-cultural context (i.e., *Engrained Social Values and the Normalization of Maltreatment*, *Social Reappraisal and Acknowledgement for Welfare Change*). Findings indicate that a combination of factors within the welfare setting and wider welfare system may have contributed to a poor quality of care provision and the health and well-being of minors affected by CSMP. These factors included a lack of resources (e.g., food), poor working conditions (e.g., no formal education or training in childcare, caregiver burden), and the indifference of the authorities (e.g., lack of oversight or controls by authorities to detect maltreatment). On a broader social level, negative beliefs about children affected by CSMP were also linked to experiences of stigma and discrimination. Potential protective factors were also identified within the welfare system and wider social context, including external support and resource provision (e.g., food donations), and acts of micro-resistance by caregivers (e.g., refusing to punish children, self-education to promote child development). The public acknowledgment of CSMP and related improvements to caregiving practices were also identified as important for current survivors of CSMP and the well-being of future beneficiaries of welfare care.

Regarding the first welfare setting theme (i.e., *The Struggle for Basic Resources*), many participants described a lack of resources in welfare care, consistent with previous historic studies on CSMP in Switzerland

(Lengwiler, Hauss, Gabriel, Praz, & Germann, 2013). Regarding the lack of (nutritious) food, this may not only have been directly connected to the children's physical health and development during their time in care, but may also have had farther-reaching health and well-being consequences in later life. For example, research from a nationally representative sample in the United States found that food insecurity and hunger in childhood was linked to developmental problems, including worse impulse- and self-control, and higher levels of interpersonal violence (Vaughn, Salas-Wright, Naeger, Huang, & Piquero, 2016). Nevertheless, some participants in the current study reported receiving support from the community in the form of food donations (i.e., interactions on the level of the mesosystem; Bronfenbrenner, 1979; Ungar, Ghazinour, & Richter, 2013). The importance of such resource provision for resilience has been previously shown for children from impoverished backgrounds. For example, an interview study by Tatlow-Golden, O'Farrelly, Booth, O'Rourke, and Doyle (2016) assessed 25 children from a disadvantaged suburban community in Ireland. The provision of material resources in school (e.g., food, toys, books) was identified as a salient resilience-supporting factor in children from resource-poor home environments (Tatlow-Golden, O'Farrelly, Booth, O'Rourke, & Doyle, 2016). In line with the socio-ecological understanding of resilience, the findings highlight the role that informal and formal social networks can play in supporting the well-being and positive development of children in times of stress of adversity (Ungar, 2011; Ungar, Ghazinour, & Richter, 2013).

The second welfare setting theme, *The Perpetuation of Detrimental Caregiving Practices*, identified relevant factors on the level of the exosystem (i.e., caregiver's workplace) and the microsystem (i.e., child-caregiver relationship) (Bronfenbrenner, 1979; Ungar, Ghazinour, & Richter, 2013). Factors within this theme were directly linked to the children's well-being and risk of maltreatment, as many caregivers reported poor working conditions (e.g., lack of staff, excessive demands on their time) to be connected to harmful caregiving practices, including physical abuse. This is consistent with a recent study by Mkinga et al. (2022) with 227 caregivers across 24 orphanages, which investigated factors contributing to the maltreatment of children. Results found that orphanages with poor working conditions (e.g., staff with less childcare training, higher levels of dissatisfaction with work, and higher levels of stress and burnout) were associated with higher levels of child maltreatment (Mkinga et al., 2022). Participants in the current study also stated that the working conditions often resulted in a lack of time for meaningful engagement with the children. This may have hindered resilience, as a supportive caregiver relationship has been shown to promote better physical and psychological well-being for minors in welfare care (Chesmore, Weiler, Trump, Landers, & Taussig, 2017). This is

consistent with resilience theory on microsystemic processes, such as promoting child development by establishing secure attachment to a caregiver (Ungar, Ghazinour, & Richter, 2013). For example, a study on residential and foster care in Chile found that lower child-caregiver ratios and an emotional caregiving relationship (i.e., engagement, affection, sensitivity) was associated with higher rates of secure attachment (Garcia Quiroga & Hamilton-Giachritsis, 2017).

The handing down of detrimental care practices instead of formal education or childcare training was also cited as contributing to the poor quality of care and maltreatment. This is supported by recent research on the child welfare system in the United States, which found that a higher caregiver education level was associated with a multidomain resilience profile in children, i.e., positive adaptation in cognitive, emotional, and behavioral domains of functioning (Yoon et al., 2023). It may be that caregivers with higher levels of formal education and training in childcare may be able to draw on greater knowledge and resources to equip the children with the necessary skills to promote their positive development.

The final welfare setting theme (i.e., *A Welfare System in Disregard of "Social Orphans"*), reflected the regulations and actions of the public authorities in enforced child welfare. According to the socio-ecological understanding of resilience (Bronfenbrenner, 1979; Ungar, Ghazinour, & Richter, 2013), the work of the authorities belongs on the level of the exosystem, which can have an indirect connection to children's health and development through the implementation of welfare policies that impact the quality and standard of care. Consistent with early research on the history of CSMP in Switzerland, the current results described financial considerations taking precedence over child welfare and a lack of a support system for caregivers in reporting complaints or abuse (Federal Office of Justice, 2014). Although CSMP in Switzerland has since been abolished (Bühler et al., 2019), the non-reporting of child maltreatment due to system-level factors remains an issue in today's welfare care. Reasons for non-reporting include organizational cultures with norms of obedience to authority that foster silence surrounding misconduct (Palmer & Feldman, 2017), as well as concerns about the professional or career ramifications of reporting (Sedlak, Heaton, & Evans, 2022). System-level barriers to reporting can not only fail to prevent further child maltreatment, but also impact the well-being of affected children through the non-receipt of safety measures and (mental) health care. Furthermore, participants in the current study described a lack of control visits or superficial inspections, which allowed the abuse and neglect to continue undetected. Similar findings were reported in a recent interview study with 17 institutional abuse survivors in Ireland, in which children were given better clothes to wear and were forced to report eating better food during inspections (Rohner et al., 2023). To gain a better understanding of risk in welfare settings, inspections should take

a more hands-on approach that is grounded in the lived experiences of both the caregivers and the minors in their care (Ferguson, 2010).

The first socio-cultural context theme (i.e., *Engrained Social Values and the Normalization of Maltreatment*) reflects the social and cultural norms and beliefs of that time (i.e., macrosystem; Bronfenbrenner, 1979; Ungar, Ghazinour, & Richter, 2013), which were linked to a predominantly negative view of children in welfare care. These children were associated with social norm violations (e.g., born out of wedlock, parents with mental health problems), which often led to stigma or discrimination. This is consistent with previous international studies on institutional abuse in Scotland and Ireland, in which survivors reported experiences of victimization, stigmatization, and even ostracization due to their status as an institutional child (Carr et al., 2019; Mc Gee, Maercker, Carr, & Thoma, 2020). These negative beliefs and social interactions can have implications for the well-being and potential resiliency of children in care. For example, stigmatizing attitudes from caregivers in this study (e.g., the children were bad or evil) were linked to the normalization of child maltreatment in welfare care. Similarly, research by Sheridan and Carr (2020) with adult survivors of institutional child abuse found that the stigmatizing attitudes and behaviors of society were internalized as maladaptive self-beliefs, such as being criminalized or bad children who were shameful and punishable. Former caregivers in the current study also reported instances of stigma, bullying, and exclusion at school, which may have implications for the social, emotional, and educational development of the children (Armitage, 2021; Mc Gee, Maercker, Carr, & Thoma, 2020). The long-term impact of such stigma and discrimination has also been documented by historical and social work research on child welfare in Switzerland. Results found that the children and their care environment were so often stigmatized, that even in adulthood, welfare survivors felt that it was taboo to discuss their life history (Lengwiler & Praz, 2018).

However, the current study also identified positive socio-cultural changes, which were connected to the final socio-cultural context theme of *Social Reappraisal and Acknowledgement for Welfare Change*. The 1981 change in welfare laws and the public debate (i.e., exosystem) was reported to lead to a change in social norms and increased social awareness over time (i.e., macrosystem and chronosystem). This is supported by a recent discourse and document analysis on the pedagogy of residential childcare in Switzerland, which identified the care home campaign, revision of the care laws, and public debate as decisive turning points for society's recognition of the violation of basic social values and the reappraisal of the welfare system (Hauss, 2020). In the current study, participants particularly emphasized the importance of such social acknowledgment to increase support and promote well-being for survivors. This is in line with previous studies on social acknowledgment after (institutional) child abuse (Eising, Voelkle, Rohner,

Maercker, & Thoma, 2021; Mc Gee, Maercker, Carr, & Thoma, 2020). For instance, a longitudinal study with Swiss former indentured child laborers found that perceived social acknowledgment was a key factor for predicting change in resilience indicators over time (Maercker, Hilpert, & Burri, 2016). The above findings highlight the importance of the welfare setting and socio-cultural context in relation to the (quality of) care provision and the health and well-being of those affected by CSMP.

The results of the present study have several implications for research, policy, and practice. This is the first study to provide in-depth insights into child welfare in Switzerland before 1981 from a former caregiver perspective. Input from former caregivers involved in the CSMP and institutional child maltreatment is not only crucial due to their role in (positively or negatively) shaping the caregiving environment and child well-being (e.g., Katz, Lalayants, & Phillips, 2018; White et al., 2021), but they can also provide insight into aspects of the welfare system not evident to children in care. While this study is specific to the Swiss welfare context, the findings also have international relevance, given the emerging reports and investigations across Europe (e.g., Dreßing et al., 2021; Lueger-Schuster et al., 2014; Marotta, 2021), Australia (e.g., Daly, 2014), and Canada (e.g., Wolfe, Francis, & Straatman, 2006). The research often focuses on survivors' experiences of institutional child maltreatment and the organizational and governmental responses, such as national public inquiries and redress schemes (Carr, Duff, & Craddock, 2020b; Wright, 2017). The current study demonstrates the potential of including former caregivers in these international cohorts for a more comprehensive understanding of the circumstances underpinning institutional child maltreatment. To build on these initial observations, future research could also explore the socio-ecological understanding of child development and resilience by focusing on the level of the exosystem and the role of the authorities and policy administration in child welfare (Bronfenbrenner, 1979; Ungar, 2011). Regarding clinical implications, psychotherapeutic interventions to foster positive development should take into consideration the broader social and ecological factors, such as the potential impact of socio-cultural norms and beliefs on the mental health of the individual, e.g., through stigma and negative validation (Carr et al., 2019; Ungar, Ghazinour, & Richter, 2013). On an international level, socio-cultural differences may exist in the societal awareness or acknowledgment of institutional child maltreatment, for instance, due to the socio-political enmeshment of institutions, the transparency of the public inquiry process, or media coverage on the topic (McAlinden, 2013; Powell & Scanlon, 2015). As societal acknowledgment has been shown to influence the well-being and recovery of survivors (Maercker, Hilpert, & Burri, 2016; Mc Gee, Maercker, Carr, & Thoma, 2020), such socio-cultural differences should be taken into account in clinical research and practice with current survivors of institutional child maltreatment. Furthermore, as a result

of the legislative changes and social reappraisal surrounding child welfare, some former caregivers reported having a guilty conscience or rethinking their care practices and actions. Therefore, in addition to the provision of psychosocial and health interventions for the survivors of child welfare-related maltreatment (for an overview see Finch et al., 2023), former caregivers may also represent a target group for psychotherapeutic support as they are confronted with and process their involvement in CSMP. Regarding policy implications, given the high workload and time demands reported by caregivers, attention should be brought to the regulations on working conditions in welfare settings. This is relevant not only in Switzerland, but also internationally, as evidenced by a recent systematic review of reviews by Carr and colleagues (Carr, Duff, & Craddock, 2020a) on severe neglect in childcare institutions. Results indicate the need for prevention policies that adequately resource institutions and caregivers to meet the nutrition, stimulation, and attachment needs of children in care. Additionally, regular supervision and inspection at all levels of the welfare system, preferably by an external or independent regulatory agency, could help to ensure that the children are healthy and safe, provide caregivers with a safe space to share concerns (e.g., regarding the behavior of colleagues), and detect or even prevent child maltreatment (Ferguson, 2010).

Consideration must also be given to the limitations of this study. First, the study design was cross-sectional and retrospective, which may lead to recall bias, distortion, or post-event rationalization (Ritchie & Lewis, 2003). However, this specific institutional abuse in Switzerland is a historical issue and a prospective study would not have been possible or ethically feasible. Second, this study consists of a unique sample of former caregivers embedded in the Swiss cultural and historical context. Therefore, generalizations to other cultural contexts may be limited. Third, there is the potential for social desirability bias in this sample, with the possibility that former caregivers may not disclose fully about child maltreatment (Pauls & Stemmler, 2003). However, it should be noted that most participants did report instances of both witnessed and perpetrated abuse or neglect. In addition, some of the techniques described by Bergen and Labonté (2020) for detecting and circumventing social desirability bias were used in this study. For example, indirect questioning, asking follow-up questions, requesting examples, and rapport building techniques (e.g., humor, expressing interest in respondents). Despite these limitations, this study addresses an important gap in the research by providing the previously missing perspective of former caregivers involved in the welfare system of CSMP. This can help to gain a better understanding of how to improve welfare practices and contribute to the positive development and resilience of minors in care.

Conclusion

By examining the previously neglected perspective of former caregivers and drawing on a broader socio-ecological understanding of human development and resilience, this study identified five main themes on the welfare and socio-cultural contexts of CSMP in Switzerland until 1981. Findings indicate that a combination of factors within the welfare setting and wider welfare system contributed to a poor quality of care provision, which had implications for the health and development of minors in care. For instance, the occurrence and disregard of child maltreatment and neglect was linked to a lack of resources (e.g., food shortages), poor working conditions (e.g., no formal education or training in childcare, high child-caregiver ratio), and the lack of support, over-sight, or welfare controls by the authorities. On a broader socio-ecological level, children in CSMP were associated with social norm violations (e.g., born out of wedlock). This reinforced negative beliefs about the children, resulting in stigma and discrimination by society and the normalization of adverse care practices and maltreatment. Nevertheless, potential protective factors were also identified within the welfare system and wider social context, including external support from local communities (e.g., food donations), independent protective measures by caregivers (e.g., refusing to punish children, self-education to promote child development), as well as the positive impact of society's (later) acknowledgment of CSMP and the associated improvements to the welfare system. The results highlight the potential implications of socio-ecological and contextual factors in the welfare setting (e.g., social and regulatory processes, welfare standards and practices, quality of care) in connection to the health, well-being, and develop-ment of children in care. While the current findings are specific to the Swiss context, the international reports of institutional child maltreatment suggest that the potential for child abuse and neglect may be endemic to any welfare institution, given the cumulation of specific risk factors (Gleeson & Ring, 2020; Smith & Freyd, 2014). This indicates a need to go beyond the individual and interpersonal child-perpetrator focus, with a broader consideration of the socio-cultural, systemic, and structural aspects of institutional child maltreatment. Research and practice targeting socio-ecological factors could foster a better functioning child welfare system that adequately supports and regulates care provision and promotes the well-being of minors in welfare care.

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Authors' contribution statement

Shauna L. Rohner and Myriam V. Thoma were responsible for the conceptualization and methodological design of the project, as well as funding acquisition, project administration, resourcing, and supervising. Shauna L. Rohner was also responsible for the study investigation process and data curation; with Melanie Dorigo, Sarah J. Mäder, and Aileen N. Salas Castillo responsible for the formal analysis. Writing and preparation of the original draft was done by Shauna L. Rohner, together with Melanie Dorigo, Myriam V. Thoma, and Aileen N. Salas Castillo; with critical review and commenting by Sarah J. Mäder. All authors read and approved the final manuscript.

Data availability statement

The data that support the findings of this study are included within the article and its supplementary information files. Further enquiries can be direct to the corresponding author.

Declaration of conflicting interests

The authors declare that there is no conflict of interest.

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