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Preventing child abuse and neglect in Romania

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Abstract. In this paper we analyze the phenomenon of abuse and neglect in Romania in order to reduce the incidence of this phenomenon. This paper addresses issues regarding: the description of child abuse, types of child abuse (e.g.: physical abuse; sexual abuse; emotional / psychological abuse and child neglect), particularities of children abuse in Romania, and some therapeutic models used in treating the effects of child abuse.

Keywords. child abuse, neglect, cognitive-behavioral therapy

1. Introduction

European integration has raised the pressure on the Romanian government to implement children's rights, develop its social policies and services, and to improve quality of life for its children. "Despite numerous efforts to improve conditions for children, including legislation, raising the child allowance, rethinking minimum wage, and funding foster care staff, there are still numerous categories of at-risk children in Romania". (Roth, Popescu, and Rat, 2006).

"**The National Strategy for the Protection of the Rights of the Child 2014-2020** in Romania was developed through multi-stakeholder consultations, including with civil society organizations and children. A working group on ending violence against children has been set up and met regularly since 2017. In February 2019, the group established strengthening of the social services workforce capacity as its annual priority. This builds upon the November 2018 Regional Conference organized by UNICEF ECARO and NAPRCA on social service workforce development. This high-level event brought together 200 government officials, academics, civil society representatives and other stakeholders from across Europe and Central Asia to further understand and plan for a competent social service workforce as a key pillar of social protection and child protection systems, including effective prevention and response to violence". (Coman G., 2016)

There is a real difficulty in trying to define child abuse, not only because of socio-cultural differences in how it is understood and represented, but also because this concept is used in many dimensions of human life.

Moreover, Leeb et al. (2008) pointed out that the terms "abuse" and "mistreatment" are used in the literature alternately, with the same meaning. But we will follow the model of these authors and use the term "abuse" as an umbrella term that includes both abuse and neglect. The latter are socially defined constructs, being influenced by the culture and the spatio-temporal context in which they are used (Corby, Shemmings, & Wilkins, 2012).

The way child abuse is understood depends on the functions of this concept within the political, sociological, scientific, legislative (legal) and cultural dimensions. In this sense, “there is no universal meaning and implicitly no universally accepted definitions to explain the concept”. (Robert, Oranje, Shwayder, & Hobbs, 2013)

Of course, this does not mean that no attempt has been made to formulate definitions of child abuse that can be used regardless of geographical region or social context. If we refer to abuse as a universal phenomenon, which also affects adults, then we could define it in the sense of mistreating a person, actions that are characterized by lack of interest or concern about their integrity, which leads to the degradation of their well-being.

The World Health Organization (1999, apud. Krug et al., 2002, p. 59) defined **child abuse** as “all forms of physical and / or emotional abuse, sexual abuse, neglect or neglect, commercial or other exploitation, which lead to real threats to the health, survival, development and dignity of the child in the context of a relationship of responsibility, trust and power.” As we can see in this definition, the WHO has conceptualized child abuse in the form of a phenomenon that includes both the abuse and the neglect. That is why we consider it much more useful in order to clarify the terminology to use the term abuse to refer to child abuse and neglect. Leeb et al. (2008, p. 11) considers that child abuse can be defined as those “words or actions that cause real, potential or threatening harm to a child, while neglect is the failure to provide for physical, emotional and educational needs”.

In other words, abuse is an "act of committing". This category includes physical, sexual and emotional / psychological abuse. On the other hand neglect is an "act of omission", which includes physical, emotional, medical and educational neglect (in the form of “failure to provide”), along with inadequate supervision and exposure to violent environments (in the form of “failure to supervise”).

2. Types of child abuse

Depending on the particularities of the manifestation, child abuse can be categorized as follows:

- a) Physical abuse;
- b) Sexual abuse;
- c) Emotional / psychological abuse;
- d) Neglect.

Each of these types of abuse will be explained below.

2.1. Physical abuse

Physical abuse can be defined as “the intentional use of physical force on a child that results (or has the potential to result) in his or her bodily injury” (Leeb et al., 2008, p. 14) or as “those acts of committing performed by caregivers, which causes actual or potential physical harm” (Krug et al., 2002, p. 60). According to Barnett, Manly, & Cichetti (1993, apud. Leeb et al., 2008), we can talk about the existence of physical abuse of the child both in the context in which the acts committed by the caregiver do not cause physical signs of harm, and in the case in which they cause permanent disability, disfigurement or even death of the child.

This type of abuse involves punishments of a physical and disciplinary nature. Physical acts that can be considered abuse are: hitting (with the palm, fist, foot, etc.), stabbing, biting, pushing, throwing, shaking, strangling, suffocating, burning, drowning or poisoning the child. Regarding the prevalence of physical abuse in children, Murphy et al. (2014, apud. Waite & Ryan, 2020) indicates the results of the ACE: "Adverse Childhood Experiences" study conducted in the United States on a sample of 17,000 people. “The study participants were followed during 15 years, 1 in 10 individuals reported having suffered five or more adverse

events in their childhood, of which 28% were related to physical abuse” (Anda & Felitti, 2008, apud. Ibid.).

In a series of meta-analyses covering a total of 244 researches, Stoltenborgh et al. (2015, apud. Buchanan et al., 2020) reported the following results of the prevalence of physical abuse of children: “22.8% in Africa, 16.7% in Asia, 14.3% in Australia, 22.9% in Europe, 24% in North America and 54.8% in South Africa. On the other hand, Lampe (2002) drew attention to the fact that the prevalence of physical abuse of children in Europe is between 5-50%”.

Also, Devries et al. (2018, apud. Buchanan et al., 2020) showed that “out of a sample of 13,830 people from 171 different countries, 50% of them reported that the abusers were part of their families”.

2.2. Sexual abuse

Sexual abuse refers to “any sexual activity that is performed on a child, with or in front of him. Sexual abuse means that the perpetrator uses his or her position of strength and authority, as well as the relationship of trust or dependence, to satisfy his or her own needs to the detriment of the child.” (Raffauf, 2015, pp. 24-25).

Thus, sexual abuse can be defined as any type of activity in which a caregiver uses the child to meet his or her own sexual needs (Krug et al., 2002) or as any “completed or unfinished sexual act, sexual contact, or exploitation. (i.e. non-contact sexual interaction) of a child by a caregiver” (Leeb et al., 2008, p. 14).

However, we can add in this case that oral penetration through the use of limbs or other objects can be considered a form of abusive sexual intercourse. At the same time, we refer to a sexual act both when it is performed by the caregiver on the child, and vice versa, because the caregiver can force the child to commit sexual intercourse with another individual (adult or child).

Abusive sexual contact occurs when the caregiver intentionally touches the child's genital area (penis or vine), anus, groin, breasts, thighs or buttocks, whether this is done indirectly (through clothes) or directly (when the child is naked). On the other hand, non-contact sexual abuse implies that abuse does not involve direct physical contact between the caregiver and the child, but rather:

- ❖ Exposure of the child to sexual activities (eg. pornography);
- ❖ Video recording of the child in a sexual manner;
- ❖ Sexual harassment of the child;
- ❖ Involvement of the child in prostitution or sex trafficking.

Raffauf (2015) stated that for every reported case of sexual abuse, there are between five and twenty unregistered cases. Some sources (World Health Organization, 2006; Pinheiro, 2006, apud. Buchanan et al., 2020) estimate that there are approximately 150 million girls and 73 million boys worldwide who have suffered at least one sexual abuse during their lives. Finkelhor (1994, apud. Ibid.) Showed that the prevalence of sexual abuse in children in 21 countries is between 7-36% in girls and 3-29% in boys.

Anda and Felitti (2008, apud. Waite & Ryan, 2020) identified “a total prevalence of 22% in the case of child sexual abuse in the United States, “where 28% were girls, and in 16% of cases are about boys”. Lampe (2002) showed that “the incidence of sexual abuse in children in Europe is between 6-36% in girls under 16 and 1-15% in boys under 16”.

According to several authors (Finkelhor, 2009; Saunders & Adam, 2014, apud. Buchanan et al., 2020), “girls are 1.5 times more likely to suffer childhood sexual abuse compared to boys”.(Meinck, 2015, apud. Ibid.)

One aspect recognized in the literature is that many of those who commit sexual abuse of children are known to them. Raffauf (2015) stated that three quarters of those who commit such

acts are known to children and only a quarter are unknown. Of those known, about 20% are relatives, 30% are known, and 10% are people with whom the children had a "previous fugitive" relationship. Also, Stoltenborgh et al. (2015, apud. Buchanan et al., 2020) and Finkelhor (1994, apud. Ibid.) Estimated that between 14-56% of females and 25% of males were sexually abused during their lifetime by a relative or stepparent.

Sexual abuse is a phenomenon that also exists in public institutions, such as schools. The results of a survey conducted by UNICEF (2005, apud. Ibid.) Showed that 9% of children in Nepal suffered at least one sexual abuse during their lifetime, and in 18% of these cases the abuse was committed by a teacher. However, there is a clear difference in the sex of those who commit sexual abuse of children: in the case of girls, about 90% of abusers are male and 10% are female, and in the case of boys about 75% of abusers male and 25% female (Raffauf, 2015).

2.3. Emotional / psychological abuse

Emotional and psychological abuse are two related concepts. We consider that they refer, in essence, to the same phenomenon. „Emotional abuse is the inability of a caregiver to provide the child with a suitable and supportive environment, being characterized by actions that have adverse effects on the child's emotional health and healthy development” (Krug et al. 2002), „while psychological abuse can be understood as totality those behaviors that are intentionally performed by a caregiver, which conveys to the child that he is helpless, unloved, unwanted, endangered, flawed, or valuable only in meeting the needs of others” (Leeb et al. , 2008)

According to Kairys & Johnson (2002), „this type of abuse can be continuous (chronic) or episodic (for example, only when the caregiver consumes certain substances). In essence, we believe that emotional and psychological abuse refer to the same phenomenon, as both are characterized by actions such as denigration, ridicule, threats, intimidation, discrimination, rejection, accusation, exploitation, prohibition of child displacement (isolation) and its bullying”.

“The prevalence of emotional abuse in children in Europe is 12.9% in girls and 6.2% in boys” (Moody et al., 2018). In the United States, Anda & Felitti (2008, apud. Waite & Ryan, 2020) identified a total prevalence of emotional abuse of 11%. However, the difference between self-report research and informational research on the prevalence of emotional abuse is extraordinary. Stoltenborgh et al. (2012) showed “that the global prevalence of childhood emotional abuse in self-report research is 36.3%, while estimates made in information research were only 0.3%”.

2.4. Neglect

Neglect is „the caregiver's failure to give the child, when possible, the chance to develop in one of the following dimensions of life: education, nutrition, safe living conditions, health, emotional development, shelter safety.” (Krug et al. , 2002)

Batnett, Manly & Cicchetti (1993, apud. Leeb et al., 2008) distinguish „several types of neglect, as follows:

- a) Physical neglect: refers to the inability of the caregiver to provide the child with nutrition, hygiene and shelter adequate to his needs, but also to the inability to provide the child with clean clothing, size appropriate and adequate to climatic needs.
- b) Emotional neglect: involves ignoring the child or denying his emotional needs, but also access to mental health services.
- c) Medical malpractice: occurs when the caregiver fails to provide the child with access to medical care, by refusing to administer the prescribed medication or by refusing to take them to the doctor when they need to.

d) Educational neglect: is the failure of the caregiver to provide the child with access to adequate education. In the literature, the above typologies are conceived as a "failure to provide (provide / provide)", in the sense that the caregiver fails to provide the child with basic needs of a physical, emotional nature".

On the other hand, the same authors speak of a "failure to supervise", which they consider to be the failure of the caregiver to provide the child with safety both inside and outside the home, according to their needs.

This category includes:

a) Inadequate supervision: occurs when the caregiver does not ensure the safety of the child's activities or the use of tools appropriate to his or her safety needs. We also refer to inadequate supervision when the caregiver does not ensure that the child is safe from possible dangers or when it does not give him or her the opportunity to be supervised by another caregiver.

b) Specific signs of neglect, such as persistent infections, deficiencies in personal hygiene, vitamin deficiency, deficiencies in physiological development and anorexia, obesity, poor school performance, untreated medical conditions, etc .;

- Behavioral problems (in the sense of difficulties in relating to others, outsourcing behaviors, delinquent behaviors, etc.);

- Emotional manifestations;

- Pathophysiological symptoms in the absence of a proper pathology.

- Adverse events during childhood can cause trauma to victims.

3. Particularities of children abuse in Romania

Trying to explain the concept of "trauma" is also problematic, as there are several themes that are used in its definitions. Dalenberg, Straus, & Carlson (2017) provide an exemplification of the themes that are used in defining trauma, as follows:

❖ „unusual events - that are outside the ordinary human experience;

❖ a universal emotional response - a stressor that could cause significant symptoms of distress in almost every person;

❖ a specific cognitive assessment - the event caused the threat of life or physical integrity;

❖ a specific list of events - earthquakes, attacks, other specific events;

❖ specific peritraumatic reactions - fear, helplessness, horror;

❖ intensity of peritraumatic reactions - an event that produces an intense emotional reaction;

❖ shattered assumptions - an event that changed the fundamental beliefs about oneself and the world around;

❖ turning points - events that change the direction of life".

Turliuc & Măirean (2014) consider that "trauma is caused by severe stressors, which have an overwhelming effect on the individual's usual adaptive abilities and are a form of threat to normal psychophysiological functioning, a threat to death or injury to oneself or others around. In this sense, the same authors explain that a traumatic event presupposes that the victim's life or physical integrity is threatened or that he / she faces violence and death, facing feelings of helplessness, terror, etc. inside".

Also, the essence of psychological trauma is the loss of the feeling that in this world (internal / external) there is a safe place where the person can take refuge to cope with emotional experiences of this type, but also in losing confidence in the order and continuity of this world. (van der Kolk, 1989, apud. Ibid.).

Repeated abuse of children causes changes in the structures of the brain and the functions of the neural pathways responsible for learning, memory, self-regulation and coping.

Abused children often experience continuous arousal and increased sensitivity to threatening stimuli. These changes represent a significant risk of negatively affecting emotional, functional and emotional development, which subsequently leads to relationship difficulties characterized by undesirable externalizing behaviors, antisocial or delinquent behaviors that continue over time (Clervil & DeCandia, 2013, apud. Waite & Ryan, 2020).

Raport World Vision Romania mentioned in 2015 that “at least 1.5 milion children are directly exposed to a degrading and violent environment. Poverty creates violence. So does social exclusion. But violence breeds the most violence. Violence is part of the vicious circle of poverty. In Romania, 48.5 % of children are at risk of poverty and material deprivation while 34.1% live in severe material deprivation. At least 1.5 milion Romanian children are directly exposed to a degrading and violent environment. Officially, 14.323 cases of abuse, neglect and exploitation of children were reported in 2016,700 more than in 2015”. (Raport World Vision Romania, 2015)

Romania has undertaken an extensive legislative reform, especially in the field of the criminal law. Hence, the criminal code (Law no. 286/2009), the criminal procedure code (Law no. 135/2010) and the law for the implementation of the new criminal code (Law no. 187/2012) were adopted and the law for the implementation of the new criminal procedure code. An important measure to be mentioned is the criminalization of the grooming in the new criminal code.

The new criminal code and the law for the implementation thereof amend the current legislative framework on child sexual abuse and child pornography. “Moreover, a novelty should be emphasized in the field of statute of limitations: according to the provisions of art. 154 para. 4 of Law no. 286/2009, in case of criminal offences committed against sexual liberty and integrity of a person, if such offences had been committed against a child, the statute of limitations term starts running from the date the child reaches the age of adulthood. If the child died before reaching 18, the statute of limitations runs from the date of his/her death. The two codes as well as the laws for the implementation thereof are due to enter into force on February 1st, 2014. An analysis is undertaken in order to identify the best solution in amending Law no. 211/2004 on certain measures to protect victims of crimes”.

Child abuse is a major public health problem. In order to establish the prevalence of abuse exposure among children, measures need to be age-appropriate, sensitive, reliable and valid.

Number of child abuse cases in Romania in 2018, by type of abuse

“The most common type of child abuse in Romania was neglect, with a total of 10,852 cases recorded in 2018. Other types of child abuse were related to emotional, physical, and sexual abuse” in opinion of research Justina Alexandra Sava.

For the past 20 years, Romania has been undergoing a period of political and economic transition which has greatly weakened it. Nevertheless, Romania strengthened its legislation on sexual abuse in 2000. A new law introduced stiffer penalties for sexual offenses (rape, abuse, violence, incest, etc.)

Attitudes towards sexual abuse are gradually changing. However, childcare professionals are pushing for better training on identifying and flagging cases of abuse.

BICE fights against sexual abuse

In 2014, International Catholic Child Bureau (BICE) began a new partnership with organization Save the Children Romania, to fight against sexual abuse. The programme has “several objectives:

- ❖ to promote resilience and recovery in child victims of sexual abuse,
- ❖ to provide proper counselling support, to aid the resilience and recovery of children,
- ❖ to promote activities against sexual abuse”.

The “**Fight against sexual abuse programme in Romania**” includes various **activities**:

- ❖ implementation of different methods of support for child victims of sexual abuse
- ❖ psychological and therapeutic counselling for child victims of sexual abuse,
- ❖ listening attentively to child victims, taking their age and trauma into account
- ❖ training of professionals who will in turn train other professionals from various sectors (boarding schools, orphanages, social centres, child brigades, police stations, homes).

4. Therapeutic models used in treating the effects of child abuse

Therapeutic models that address the effects of child abuse vary in theoretical approaches and ways of working. Kolko & Berkout (2017) indicate the following methods:

a) „**Cognitive-behavioral therapy of alternatives for families (AF-CBT)** is a therapeutic method for those families suffering from conflicts, those caregivers who exhibit coercive, aggressive or abusive behaviors on their children, but also for children and adolescents who faces behavioral outsourcing problems.

This therapy is structured in three parts:

- ❖ motivating the involvement of the participants in the therapeutic process and achieving the necessary psychoeducation;
- ❖ building individual skills (which refers to the process of cognitive restructuring, the regulation of social affections and skills, parental training, etc.);
- ❖ family applications (such as developing problem-solving or communication skills, etc.

b) **Combined cognitive-behavioral therapy for parent and child (CPC-CBT)**: is intended for the treatment of children and adolescents aged 3 to 17 years, who have PTSD or who have been abused. This form of therapy can be done both individually and in groups.

Multi-systemic therapy for child abuse and neglect (MST-CAN): is a form of therapy that addresses the behavioral difficulties of children / adolescents, from an ecological perspective.

Parent-child interaction therapy (PCIT): is a therapeutic model for children from preschool to puberty. PCIT aims to change the harsh or inefficient patterns of discipline by training parents during the interaction with their children, in order to develop positive relationships between them”.

Trauma-focused cognitive-behavioral therapy (TF-CBT): was initially used to treat sexually abused children, but was later extended to other types of trauma.

This therapy is focused on emotions and behaviors, on the involvement of the family in the therapeutic process and on the identification and resolution of those social problems that may occur at school or in the family environment as a result of abuse”.

Romania is one of the few countries that has banned the institutionalization of children less than three years of age. In 2019 this age increased to seven years old in order to support the de-institutionalization policy and transition to community-based services. Investment in the development of preventive local services was and will continue to be a priority, as well as training provision for the workforce on closing old style institutions, strengthening the foster care network and effective prevention and response to violence, poverty, discrimination and social exclusion in vulnerable families.

Conclusions

Legal, social, health and educational institutions in Romania must continue to promote social policies to prevent child abuse and neglect behaviors. The teams of specialists must use an interdisciplinary approach to the issue of psychological and sexual abuse and constantly monitor disadvantaged groups in case there is a higher incidence of these phenomena. While societal stresses impact the incidence of abuse, the individual makeup of the abuser, the child, and indeed the entire family can also play a part. Parents may find that low self-esteem, loneliness, low frustration tolerance, or depression contribute to their inability to cope with their children. Poor communication between spouses, blurred generation boundaries, or lack of knowledge about child development hampers couples in their efforts to maintain a stable family and to not abuse.

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