

## **Practicing Silence about Staff Violence in Residential Care for Children with Disabilities**

*Friederike Lorenz, Freie University Berlin*

### **1 Introduction**

In this article, I use a case study to discuss how silence about staff violence in educational institutions is performed within social practices. First, I introduce the studied case, contextualize research in the current debate on child maltreatment in institutions, and point to the dominant use of the concept of silence in this debate. Second, I discuss the concept of violence and social functions and forms of silence. Third, I explain the methods, especially the methodological perspective on the team documentation as collective storytelling and its analyses with a narrative approach. Fourth, I present my analyses of three complexes of silent practices. Finally, I draw conclusions for a differentiated understanding of silence when applied to the maltreatment of children in institutions.

#### **1.1 Case study**

The present study focuses on a case of staff violence by a team in a residential care home from the Graf Recke foundation for young people with disabilities that became public in the German media in 2010. The team was responsible for two residential groups, one with five and one with ten children and adolescents aged 9 to 15 years whom professionals had classified as being extremely challenging. Most residents had multiple diagnoses and were unable to articulate themselves comprehensively. Under the veil of a behavioral concept called “IntraActPlus” (Jansen & Streit, 2006), these young people were maltreated and humiliated daily over the course of at least three years. In particular, the team implemented two elements from the behavioral concept in an extremely violent form:

1. A token system in which children had a certain number of symbolic figures. In the event of misconduct, the professionals gradually withdraw them. After the loss of all symbolic figures, they punished the children.
2. Following the so-called body-oriented interaction therapy (KIT) the young residents were held under duress over one to six hours, often by several adults, supposedly to overcome body blockages.

Because the team videotaped daily life in the group, some of the violent practices were well documented. They included, for example, verbal humiliation, withholding food, being forced to sit on a chair for hours, being isolated in a room, and several other forms of physical maltreatment. After a first disclosure in May 2008 initiated by three team members and a final disclosure in August 2009 initiated by one of the victims, the extent of the violence was gradually disclosed. This resulted in the organization’s self-indictment and criminal investigations. The prosecution of five staff members ended after a lawsuit at the district court of Duesseldorf in 2017 with fines and three penal sentences, two of which were suspended.

In 2011, employees of the Graf Recke foundation communicated to the management that an internal organizational and criminal investigation is not sufficient, but an external scientific analysis is needed to understand how the violent constellation developed in the organization and how it could act over at least three years. Therefore, a qualitative research project was initiated, funded by the Graf Recke foundation itself in cooperation with protestant associations and the diakonia and carried out from 2013-2016 at the University of Duisburg-Essen (Kessl & Lorenz, 2016; Lorenz, 2020). The study's qualitative sampling includes 18 narrative interviews with former and current employees from the organization and two expert interviews with professionals from public authorities together with analyses of the behavioral group concept and 164 pages of team documentation. Because the criminal trial was still ongoing during the research project, the young people in the groups and their parents could not be asked for interviews. Therefore, the residents' perspectives and perceptions of the violence remain a blank space in these analyses.

## **1.2 Past and present staff violence in institutions**

In recent years, there has been a growing debate over staff violence against children in residential care in a number of countries. Adults who had childhood experiences of sexual, physical, and psychological violence in educational institutions such as boarding schools and children's homes have organized themselves and attracted public and political attention. Round tables and hearings of victims by national commissions have been set up in, for example, Australia, Canada, Ireland, the United Kingdom, and Germany (Andresen, 2015; Wright, 2017; Demant & Lorenz, 2020). Parallel to this debate, current constellations of violence in contemporary institutions also became public. This makes it clear that violence against children by staff in educational institutions is not a historical topic that has been overcome, but represents a continuity in the history and present day of these institutions.

In relation to other current cases, the case summarized above can be classified as one with specific staff constellations that simultaneously shares certain structural features with numerous other current cases of staff violence in institutions. One similar aspect in all cases in German residential care that became public during the last decade is that they stemmed from groups working according to behavioral concepts. Such concepts are based on using token systems of reward and punishment to change children's behavior and to adjust it to normative expectations. In his study "Asylums", Erving Goffman described how institutions with a therapeutic mandate set ideal behavior models as an orientation for all inhabitants. However, such behavior models remind patients constantly of their personal failure (Goffman, 1961/2014). The goal of modifying and disciplining young people's behavior characterizes numerous present-day group concepts in residential care that are based on reward, punishment, and token systems (Magyar-Haas, 2015). Such concepts do not focus on children's subjective development processes, but on adaptation. They can be interpreted as *shame-based concepts*, because they function only against the background of normative behavior expectations and they punish deviation (Demant & Lorenz, 2020).

## **1.3 The use of the concept of silence in the debate on staff violence**

In the media and professional debate on staff violence in institutions, the use of the term *silence* takes various, often metaphorical forms. For example, authors mention the need to "break the silence" on sexual violence or they illustrate the silencing of violence by pointing metaphorically to the "walls of silence" (e.g., Bergmann, 2011) or the "rings of silence" around institutions that hinder disclosure (e.g., Keupp, 2017). An analysis of the conceptual use of silence in this discourse shows that many publications using the term do not address the

question of how silence on violence is practiced in the daily routines of educational institutions in any depth and they fail to examine how this relates to specific organizational structures (Lorenz, 2020). This is a reflection of a general lack of research on silence and its relations to power and power abuse in educational science (Geiss & Magyar-Haas, 2015). Nevertheless, the question of how employees remain silent about violence in educational institutions is classified as a “key issue” (Kappeler, 2010) in understanding the phenomenon appropriately. A differentiated analysis of silence addressing staff violence in institutional contexts in ways going beyond an everyday understanding of silence is essential not only to understand the social dynamics within organizations but also to process it further and prevent it. The study presented in this article addresses this research gap.

#### 1.4 State of research

The issue of the practice of silence is connected to research discourses on violence in institutions and on staff silence. With regard to earlier phases of social work and psychiatric institutions, it is associated with studies on the reinterpretation and euphemization of violence against clients in the documentation of professionals. One example is Goffman’s (1961) well-known analyses of the reinterpretation of patients’ behavior in the sense of the institutional mandate in American psychiatric institutions of the 1950s. Another is Mathias Zaft’s (2011) study of the self-referential reports that welfare employees documented about young clients in files during National Socialism in Germany. Furthermore, it is linked to research on silencing clients’ voices in professional storytelling (Hall, Sarangi, & Slembrouck, 1997) and to the question of how social work organizations generate narrative practices about “catastrophic events” such as failures in child protection (Klatetzki, 2019). Finally, there are several analyses that contextualize and compare the silence of victims to the silence of perpetrators (see, e.g., Andresen, 2015; Kappeler, 2011; Keupp, 2017).

More generally, silence in organizations is the subject of research on organizational climate and prevention of sexual violence in residential care (Derr et al., 2017), and on employee silence (Knoll & van Dick, 2013). Methodologically, what these studies have in common is that residents and employees in organizations are explicitly asked for the reasons they have for either remaining silent or talking about grievances and what are their underlying intentions. In contrast to this, the present study understands *silence as a social practice* and takes a praxeological perspective that asks *how* silence about staff violence is practiced in organizational routines.

#### 1.5 Praxeological research interest in silence about staff violence

From a praxeological perspective, the intentions to remain silent are not necessarily explicable and cannot be separated in a temporal sense from doing silence. It is more the case that the intentions are part of the practices and their implementation (Schmidt, 2012). The research interest focuses on the collective social practices in which silence about staff violence has been actually performed. This perspective considers that such practices could also be performed by members of the organization who are innocent in a legal sense, who did not know about the extent of the violence, and who would certainly not have agreed to the violence in the groups if asked directly. From a praxeological perspective, the fact that these members of the organization could also be carriers of silence practices can be explained by the socialization into routine practices and their transmission (see Reckwitz, 2002; Schmidt, 2012). Various organization members such as staff who entered the violent team constellation at different times, educational and domestic staff from neighboring groups, and division heads or managers became performers of certain silence practices over years. A range of implicit

and explicit knowledge is involved in such context-specific practices (Schmidt, 2012) such as knowledge about organizational structures, institutionalized power relations, and the legal illegitimacy of violent acts against young people in residential care.

Against the background of the praxeological perspective outlined here, the research interest concerns how the team members' violence against children with disabilities could be concealed in social practices and how conditions and power relations in residential care were implemented in these practices.

## 2 On violence and silence

The aim of this section is a theorization and contextualization of the use of the terms of violence and silence in the study. First, the concept of violence is conceptualized for the analyses of staff violence against children with disabilities in residential care. Then the term of silence is briefly elucidated and those forms of silence are explained, which served as a sensitizing heuristic framework in the data analysis.

### 2.1 Violence against children with disabilities in residential care

Two concepts are brought together when studying *silence* about *violence*. Violence against children can be understood as a continuum including different forms and temporary dimensions of violence (Andresen & Demant, 2017). It can be differentiated into various actions of adults against children that cause harm and which are not in the interest of the child's subjective development. Violence is characterized by an instrumental use of power resources (Arendt, 1970/2014). In residential care, these power resources include physical superiority, material resources, physical and emotional care, or the professional's power to interpret children's behavior in reports (Wolf, 2007).

What different forms of violence against children have in common is that adults can legitimize them by referring to widely recognized concepts of children's behavior. Normative concepts of the "difficult" versus the "functioning" child enable the shaming of children, the undermining of their resistance, and the concealment and justification of violence against them. Such concepts do not just work on a discursive level; they can also be materialized in group concepts in residential care. In the case discussed in this article, the violence was also directed against the children's disabilities, because the team presented certain impairments of the children conceptually only as something that was disturbing and needed to be overcome, instead of creating an educational environment tailored to their needs. (Demant & Lorenz, 2020)

### 2.2 Silence

The use of the *concept of silence* in the debate on staff violence in institutions is the starting point for this research. In terms of method, I approach the concept indirectly, because silence is an empirical challenge and not an object that researchers can observe directly (Geiss & Magyar-Haas, 2015). When trying to grasp silence empirically, there is also the difficulty that all communication is structured by speech restrictions. Silence is part of every communication. Due to its proximity to soundlessness or just being calm, the perception that someone remains silent is initially an attribution. One must recognize, decipher, and understand silence correctly in specific social contexts (Assmann, 2013; Hahn, 2014). Methodologically, I take these challenges into account when exploring silence by not trying to reconstruct it directly from the material, but by asking about social practices that have made it possible to de-thematize and legitimize violence. Silence is the subject of the analyses, but it

is explored indirectly. It is like a “cipher” (Andresen, 2015), under which various social practices can be subsumed that have led, in effect, to the concealment of staff violence.

Regarding the empirical problem of the omnipresence of silence in communication (Hahn, 2014), the study does not ask openly about everything that has been kept secret in the organizational communication, but specifically about silence regarding violent acts on which I have detailed information. There is consistent information about the forms of violence from the data material and from the criminal trial. These prerequisites allow an analysis of the data material in terms of which practices had the effect that the violence could be concealed. Nonetheless, because the victims could not be interviewed, there were probably acts of violence that have not been documented anywhere.

### **2.3 Heuristic frame: Functions and forms of silence**

As mentioned before, the study aims to explore silence practices regarding staff violence with a theorized concept of silence. From a heuristic on silence that I used to frame the data analyses, I shall sketch three relevant aspects for the subsequent presentation of the findings.

### **2.4 Social and institutional functions of silence**

Historically, silence practices have become established in several social and religious contexts in which they have context-specific meanings. Silence has a social order function, because implicit and explicit rules of silence are associated with different social roles and serve the purpose of asserting distinction. Specific rights or prohibitions to remain silent are institutionalized and linked to the given power relations. Silence practices represent an essential element in the construction of the social by ensuring social cohesion and by binding groups. Societies are organized through discussion and concealment; through rules about what should and what should not be addressed. (Assmann, 2013; Hahn, 2014)

When it comes to residential care, one can ask which institutional roles (e.g., residents, parents, professionals, facility management, supervisors from public authorities) are associated with different options or hurdles to speaking about or remaining silent about staff violence. Goffman showed how silence is a constitutive element of institutions with a social-therapeutic mandate. Concealing certain dimensions of the client’s biographies and disregarding the effects of the institutional context on the client’s behavior in files is relevant for the legitimation of psychiatric institutions and the staff’s interventions and decisions (Goffman, 1961/2014). Such given silence practices in organizational routines that are linked to power relations between residents and professionals facilitate concealment in cases of staff violence.

### **2.5 Verbal silence**

Educational institutions are places in which staff speak and write about their work in numerous linguistic settings such as daily documentation, files, case reports, team discussions, or talks with parents. Hence, it is particularly interesting to ask what form the silence about violence takes in such a communicative context. Of the numerous forms of silence, so-called *verbal silence* is especially relevant here. This has also been described as, for example, “wordy silence” (Assmann, 2013), “the silence in speaking, the silence with the word” (von Sass, 2013) or the “secret-preserving speech” (Keppler & Luckmann 1997). In this sense, Hannah Arendt pointed out how words can be misused if they are not used to make action understandable, but to veil action. Such abuse of language to disguise action can be understood as a transition from legitimate power to violence (Arendt, 1958/2005).

Aleida Assmann (2013) explicitly relates the wordy variant of silence to dealing with guilt. This could serve, among other things, to evade criminal consequences through defamation, lies, and justification. The eloquent silence to ward off guilt is an interesting silence differentiation for the case study, because the violent team reacted to actual or anticipated criticism from the outside with eloquent justifications for its actions and by invitations to neighboring groups to ask questions about the team's therapeutic work with the children.

What the explanations about verbal silence have in common is that they do not address the trivial fact that there is something unspoken in every speech, but rather that something significant is not addressed and de-thematized by talking about something else. Understanding that speech is the preferred place of remaining silent on something (Hahn, 2014) helps to understand how silence on violence occurs in educational institutions.

## **2.6 Silence in written documents**

The concealment of the violence in the written team documentation forms an essential part of the analysis. In "The Secret and Secret Society," Georg Simmel (1908/2016) uses the example of the letter to illustrate the role of written communication in relation to silence and speaking. He emphasizes that the possibility of silence is inherent in the written, because what has been written down is momentary, selected, and at the same time definitive. He uses this to derive the connection between certainty and ambiguity that characterizes what is written. Written statements would appear to be more confident and objective. However, because of its uniqueness, the written is more ambiguous than speech. Writing is reduced to just one form of expression in which tone, gestures, and facial expressions are missing. This reduction and materiality of a text would favor the readers' subjective interpretation, reception and misunderstandings. Altogether, Simmel (1908/2016) understands writing as a separate form of expression that differs from speaking and silence and favors the concealment of certain information.

When it comes to written documents, no response is often interpreted as tacit consent. Aleida Assmann illustrates this form of silence by using the example of protocols sent out after meetings. Anyone who deviates from the form of silent consensus here and does not agree will have to invest extra effort, because a contradiction must be formulated and justified. But the nonreaction to protocols is usually understood as a silent consensus about their content (Assmann, 2013). This effect of the silent acceptance of texts raises awareness for the long-term effects of statements in institutional documents such as files, reports, and documentation. Written statements that are not contradicted explicitly seem to receive approval or at least they seem to be legitimate. But what was documented in professional files continues to exist and might influence further professional narratives on young people and their treatment in educational institutions (Zaft, 2011). Drawing on these theoretical sensitizations to silence, I shall now turn to the methodology and results from the data analysis of silence practices.

## **3 Methodology**

### **3.1 Data Analysis**

All data were interpreted according to the paradigm of open and selective data coding and the writing of theoretical memos adopted from grounded theory methodology (Strauss, 1998) supplemented by a narrative analysis of the team documentation (inspired by Hall, Sarangi & Slembrouck, 1997). A cross-material coding system and key categories were developed about phenomena from the material to reconstruct the routine social practices in the organization

and in the team constellation. These categories and the connected memos led to the differentiation of three sets of social practices which were theorized with the heuristic on silence outlined above (see section 2.3). The analysis of the team documentation showed that it can be understood as a collective narration in which the team members legitimize the violence as purported “therapy” in their daily notes to each other. Therefore, I additionally used a narrative approach to analyze the documentation which I shall explain in the next section (3.2).

### 3.2 The team’s documentation as collective storytelling

To clarify the theoretical narrative perspective on the team documentation as collective storytelling, I shall outline characteristic elements of professional narratives. According to Hall, Sarangi & Slembrouck (1997), a relevant part of professional social work is based on “social work talk”, which means the creation of *competent narratives* designed to reach out to and convince clients and other professionals. The interactive production of such narratives is based on the anticipated reactions of the listeners. Professionals as “storytellers” interact with their audience to develop case stories that confirm their professional role (Hall, Sarangi & Slembrouck, 1997). In the team documentation, the other team members adopted this audience role, because they read their colleagues’ notes about certain work shifts and reacted to them.

Characteristic for social work talk is the *narrative establishment of the characters of the professionals and the clients* by portraying a case in a way that makes the actions of the professionals appear meaningful and suggests consensus. The representation of the clients and the construction of their deviation is necessary to legitimize professional interventions. This is created by *contrasts in the narrative*. For example, the voices of the clients are left out entirely or presented as untrustworthy. The voices of the professionals, in contrast, are presented as facts. Such an exclusion of “undesirable voices” can be done in different ways. As Hall, Sarangi & Slembrouck (1997) point out:

A critical analysis of social work performance, for instance, should help us uncover how social workers as story tellers manage to suppress and exclude certain “undesirable” voices (e.g., by keeping certain voices outside the plot, by objectifying certain voices as they are talked about rather than being allowed to talk, by constructing or presupposing voices in antagonistic terms while not letting them speak etc.). (p. 182)

By understanding professionals as storytellers, the team documentation can be analyzed in terms of how the voices of the clients and the violent actions of the staff are concealed in the text, and how residents and professionals are functionally integrated into the story.

However, the *institutional context of residential care* also has to be taken into account when analyzing the documentation. Social work can be seen as an “invisible trade” (Hall, Sarangi & Slembrouck, 1997, see also Pithouse, 1998) due to the high degree of autonomy and privacy in which contacts between clients and professionals often take place. Dealing with this invisibility, social workers *produce institutionally ratified narratives* that make their work visible and audible (Hall, Sarangi & Slembrouck, 1997). In the case studied, the team obtained permission from the managers of the organization to implement their supposedly innovative concept mostly autonomously and without oversight. The team’s self-narration written in their group concept was backed by the management and the public authorities who were highly interested in an innovative group concept and in opening up a new group for so-called “difficult” residents. The team successfully used the institutional possibilities of public

relations and parent work to make their work visible through selective insights into everyday group life for colleagues, parents, and, when it came to certain events, also for the local public and the media.

In the reconstruction, the narrative establishment of the roles of professionals and residents and the justification of violent interventions in the documentation appear as a fragile success story that the team wrote about itself.

## 4 Results

The data analysis shows how the violence was concealed in several practices in the everyday life of the organization. I interpreted these practices with reference to other scholars (Knerich, 2013; Arendt, 1958/2005; Goffman, 1961/2014; Coser, 1974/2015; Simmel, 1908/2016; Klatetzki, 2019). The relevant practices can be summarized into three sets of practices: (1) practices of verbal silence, (2) practices of veiling and unveiling the group work to outsiders, and (3) practices of silence through the (non-)reactions of other members of staff. I shall explain each of these practices with examples. Finally, (4) I shall present a brief outlook on how some silence practices continued after the disclosure.

### 4.1 Verbal silence

The group concept and the underlying IntraActPlus approach were significant for the concealment of violence in the team's communication. Both the approach and the concept reveal numerous terms that the team used to categorize and present its assaults on the residents as pedagogical action or behavioral therapy. I shall illustrate the structural elements of the *verbal silence* about violence among team members in the representation of their work through an exemplary extract from the team documentation in April 2008. The sequence cited is part of a longer entry over two pages in the handwritten documentation book. An employee, who was also the head of the team and initiated the use of the concept, first writes in a flowing text about organizational questions and work shifts. Then she writes in the form of a list about the residents and notes aspects of their individual behavior and the team's interventions.

Ben [...] → Please continue to be totally consistent and limiting; there was a freak out on Monday evening, pretty bad, insults, pinching, kicking, etc. He was held for almost two hours (Paul, Marie, and I)

Maxim → is still very cold and coughs, please always measure temperature, he must get fever juice at a temperature of 38 ° C, because of his epilepsy. Apart from that relaxed and exhausting phases

Hatice → Had fun at the spring festival, danced and laughed a lot, but also provoked a lot. Later KIT-like units and holding, also about 2 hours, then relaxed and exhausted to bed. (team documentation, all names are anonymized)

Both mentions of holding represent a brief narrative resolution of a previous conflict situation or a disturbance by the adolescents: Ben is represented as "*violent freaking out*" and Hatice as "*extremely provocative*" before the so-called "*holding*" is reported. However, the two references to "*holding*" do not appear as a narrative highlight, but are listed under numerous other topics, thereby emphasizing their normality in everyday group life. How exactly Ben and Hatice were held and what happened between them and the employees during "*almost two hours*" or "*also about 2 hours*" of "*holding*" remains undescribed and thus open. This

lack of clarity indicates that it is a form of list construction that acts primarily as a staging (Knerich, 2013). The use of expressions such as “*being totally consequent and setting limits*” or “*relaxed and exhausted to bed*” suggests a level of detail. When reading carefully, in fact, the elements of the list remain rather reduced and empty in terms of content. What actually happened in the residential group during this work shift remains open to the subjective interpretation of the reader.

In addition to the documentation’s lack of clarity about interventions, the sequence shows other structural features of verbal silence about violence. A reversal of perpetrator and victim takes place when Ben’s aggressive behavior is described in detail (“*pretty bad, insults, pinching, kicking, etc.*”), whereas the staff’s violence against Ben is veiled in the euphemism of “*holding.*” Actions and words do not match (see Arendt, 1958/2005), because the violence is made incomprehensible to outsiders. What happened between staff and residents can be understood only if the reader has context knowledge.

#### **4.2 Veiling and unveiling of the group life to the parents**

The second complex includes practices that the team used to reveal and conceal selected dimensions of everyday group life to outsiders. These practices can be found particularly in communication with parents and supervisors and in public relations work on the behavioral group concept. Because especially parent work is very present in all data materials (group concept, interviews, team documentation), I shall go into more detail on the implementation of silence in this context.

From the data material available, it can be concluded that the parents were deceived by situational revelations on group practice while the team was simultaneously concealing the maltreatment of the children. There are some indications of parents asking critical questions about their children’s weight loss. Apart from that, how far the parents voiced criticism or whether they perceived violent dimensions cannot be reconstructed from the material.

A relevant framework for parent work was conceptually defined by the categorization used to justify the accommodation of children and adolescents in the groups. Narratives about “*difficult*” residents, with whom other inpatient groups were overwhelmed, implied that this situation had already been overwhelming for the family of origin. In the group concept, the parents were given certain roles in relation to their children. The parents with their very heterogenous social situations, biographies, and backgrounds became homogenized into “*parents of difficult children*” (group concept). The use of the IntraActPlus approach was justified conceptually through the general statement that “*parents of difficult children often reach their limits*” (group concept). The generalizing assumption of a “*particularly heavy burden*” in the family of origin was used to explain that the parents should be included in the “*therapeutic process.*” This conceptual representation is linked to recognized concepts of participation and systemic work with families in social work. Such references and the use of terminology from recognized educational and therapeutic approaches is exemplary for the team’s practice. However, it is defined conceptually to mean that the parents should be involved, but that they should be monitored closely by the team: “*Conversations and exercises in regular tone are just as important as clearly defined and directly monitored contacts*” (group concept).

Obviously, contacts between children and parents are embedded in the interpretation of the residential group as a therapeutic setting. It is emphasized that contacts should be “*clearly defined*” and “*monitored*” by staff. This conceptual frame ensured that the team members

could control the scheduling, timing, and content of parent contacts and that short-term or unannounced visits to the residential groups were unlikely. Such a regulation of visiting times is also conceivable in residential groups in which no violence is hidden and it could reasonably be justified pedagogically - for example, with the argument that children should be able to prepare for the visit. In the case of the violent team constellation, however, the practice of absolute control of visits by parents made it possible to conceal the violence in the groups.

The function of the controlled involvement of parents becomes clear when the concept describes the expected effects of parent work. The maxim formulated therein, "*to leave no niches,*" which also represents a central figure in the team documentation, contains two meanings: (1) an explicit meaning that outsiders can recognize in the text; namely, that if the parents follow the advice of the professionals their child "*no longer receives niches in order to maintain misconduct in a stable manner*" (group concept); and (2) a meaning relevant to the team and its concealment of violence. The "*niche*" that has to be closed is threatening for the staff. One threat for the team is that parents might arrive at an alternative interpretation of their child's behavior. This could contradict the team justification of so-called therapeutic interventions. The other possibility is that the young people could tell their parents about the violence. These contingencies were curtailed massively by the conceptually defined alliance of parents and staff. Parents were included in the team's logic of action and fixed in a specific role: According to the concept, they had previously been overwhelmed, and they now depended on the therapeutic work of the professionals. However, according to the concept, the parents could support therapy by helping to leave their child "*no niches*" in the family domain.

Regarding the implementation of parent work in the everyday life of the groups, extensive telephone contacts with the parents were characteristic. This is reflected in numerous mentions in the team documentation. Apparently, there were both fixed weekly calls and spontaneous calls in-between. In addition to the numerous documentations of contacts, team members documented feedback from the parents about the work of the team, as in this entry about a mother: "*She feels relieved because Manuel is with us now and she can finally sleep well again*" (team documentation). The mother's statement, documented by a staff member, confirms to the colleagues that the team's way of working has a positive effect on the entire family system, which is expressed by the mother's being able to "*finally sleep well.*" The team members reinforce each other in their approach by quoting these and similar contributions in which parenting voices confirm their work. Such entries include the parents as grateful voices confirming the team's work in the team's self-narration in the documentation.

According to Goffman, systematic insights into institutions with a psychiatric-therapeutic mandate must be guaranteed for functional cooperation with relatives. The impressions gained by visitors are controlled as closely as possible, and the institution is staged accordingly (Goffman, 1961/2014). From this perspective, the constant telephone contacts can also be described as a verbose silence over the violent dimensions of the children's lives in the groups. The frequent calls by the team and the constant possibility of calling the team gave the parents the impression that they were fully informed about their child's situation. In fact, they received only a partial and thus deceptive presentation of their child's situation through the narratives of the professionals. As a result, the parents' impressions of the residential groups remained under the total control of the staff. Like the visits controlled by the team, the telephone calls thus represented a form of selective unveiling of certain aspects of the

residential care group's events for the parents what fit harmoniously into the external presentation generated by the team. In the meantime, the violence remained veiled.

Overall, through promises of change, parents were given the prospect that staying in the groups was in the interest of their children and that their children's impairments could be overcome by the supposed therapy. This promise, combined with the team's constant parent work, formed the basis for the parents' thinking that their children were in good hands in the residential groups. Practices of covering and revealing what is happening in the group through phone conversations and tightly controlled contacts conveyed to the parents that they were participating in their children's everyday lives and were fully informed.

As far as can be reconstructed, the parents were not lied to directly in these practices. However, the information that they needed to know in order to be able to adequately assess the use of the supposed therapy and other events in the residential groups was withheld from them systematically. Because the team was veiling or hiding essential dimensions of everyday group life, parents were deceived in their overall impression. Thus, the verbose communication with the parents by staff turns out to be a misuse of words to disguise actions (see Arendt, 1958/2005).

#### **4.3 Silence in the reactions of other staff and management**

The third set of practices includes various practices by outsiders such as educational or domestic staff from neighboring groups or supervisors. For years, their reactions to the team contributed to the concealment of the violence in the two residential groups—without these outsiders necessarily knowing about the violence, its extent, or its details. The reconstructions from the data material show that in the area of the facility in which the two groups were located, there were mostly *nonreactions* or *criticism that remained noneffective* regarding the team's practice. This had a legitimizing effect and stabilized the violent practice of the team constellation.

Residents and educational or domestic staff from neighboring residential groups became witnesses to single situations. In the interviews, different members of staff remembered talking to their immediate colleagues and mocking the team by calling them "*the scientologists*" or "*the sect over there.*"

Through such metaphors, the colleagues from neighboring groups condensed their perception of a structural feature of the violent team constellation. The team was obviously not a sect, but it did have sect-like structures. Lewis Coser's (1974/2015) analyses of "greedy institutions" and here, in particular, his discussion of sects, can help to clarify some of these structures. It is the team's self-image to follow higher moral standards by setting their own moral criteria in their common treatment of the residents. This is what Coser describes as a "moral of extremes." It is also the team's idea that following the IntraActPlus approach supposedly grants them special knowledge that outsiders do not have. This explains the team's total resistance to any criticism from colleagues from neighboring groups. Finally, a characteristic of sectarian structures is the internal expectation of total loyalty. This resulted in a mingling of private and professional areas – for example, when team members spent most of their free time in the residential groups. These structural features contributed to the team sealing itself off within the facility area, and that, for years, there had been no intervention against the violent practice coming from within the team.

The practice of expressing critical statements and mockery only among direct colleagues remained an ineffective criticism – ineffective because it did not intervene in the team’s violent practice against the children and adolescents, and it indirectly stabilized the structure of the violent.

In some interviews, staff remember situations in which critical impulses in direct communication with the team were “*swallowed up*.” In joint situations, such as waiting together for the residents’ school buses, members of the respective team talked about sanctions with their colleagues from neighboring groups. Within their teams, the colleagues afterwards discussed such descriptions that they perceived to be inappropriate. The sanctions described included, for example, withholding and regulating food in order to suppress undesired behavior.

that there were some things they said that . . . they would break such and such behavior by always giving them food that they don’t like and stuff like that so: uhm where you just swallowed hard and thought uhm (interview with staff from neighboring group)

The quoted professional remembers irritation about the described penalization practice. With subsequent knowledge regarding the violence involved in the behavioral therapy, the professional retrospectively notices the behaviorist logic in the described praxis: In order to suppress behavior patterns, negative sanctions are applied. This reveals a logic that laid the ground for the behavioristic concept’s subsequent official implementation in the groups. The professional had, at this point, no knowledge of the radical way the behaviorist logic would be applied in the groups, but the description had nonetheless been perceived as inappropriate. Back then, however, the staff member’s discomfort remains on an intellectual level, because the professional “*swallowed*” the notion and did not address it to the team in question. (Lorenz & Wittfeld, 2019)

Silence about the violence took the form of a lack of questions to the team and a lack of reports to the supervisors, but it was not wordless. Instead, speaking about what was perceived was shifted to collegial exchange. Thus, this form of speaking was unable to bring about any intervention in the system of violence and therefore no improvement in the situation of the young people affected.

In addition to the described practices of mockery among direct colleagues and the unspoken criticism, there are very few references in the data material to staff from neighboring groups reporting irritating observations to department heads. According to the memories expressed in interviews, such individual reports were not taken up or were even rejected by the supervisors for many years until three team members jointly reported them to the divisional management. Here it becomes clear that institutional hierarchies had a filtering effect. It would have been the responsibility of the managers to listen to the reports and indications of violence, to investigate them further, and to stop the team’s activities—as finally happened in a limited form from May 2008 onward and in a comprehensive manner by the new managers after August 2009.

#### **4.4 Silence on the violence after “breaking the silence”**

In May 2008, there was a first inquiry after three team members jointly reported to the department on concrete situations of violence against children. Initially, only the group manager was relieved of her duties, and the management declared her to be the main cause of the violence. This was followed by a phase of about a year in which no further investigation

into the violence and no hearings of victims took place. A final disclosure took place in August 2009 after a change of management. One of the victims, a resident who continued to live in the facility, was taken seriously by a member of staff in another group when he described the violence, whereupon the new management reacted and a police investigation was initiated. During the time between these two moments of disclosure but also beyond, the data show how silence practices continued, particularly with regard to talking about the (history of) violence in the facility.

I shall briefly discuss this continuity of silence about violence after the official “breaking the silence” that is a widely used metaphor in the literature. The continuities show that processing is a separate phase that requires explicit attention and efforts in educational institutions.

Shared secrets bind groups together and enhance loyalty (Simmel, 1908/2016). The team members of the two residential groups were dependent on each other due to the knowledge they shared for years about their joint use of violence against the young people in the group. The team’s secret and the enforcement of silence constituted the team narrative before the first effective disclosure. The analysis suggests that the team’s shared secret before the first disclosure was associated with a subjective gain for most team members. This gain was their professional and supposed enhancement over the therapeutic self-image through reference to the IntraActPlus approach. In addition to the self-narration in the team documentation, this also indicates the team’s distinctive demarcations from the working methods of neighboring groups.

The documentation practices did not change fundamentally after the first disclosure. Rather, communication about the violence in the residential groups continued to be disguised. The violence remained silent because it was not discussed (Arendt, 1958/2005). With the removal of the group leader and the waiver of certain punishments, the framework changed significantly, but some documentation practices were continued. This is possibly due to the repeatability of social practices, which can be continued across time limits and under changed circumstances (see Reckwitz, 2002; Schmidt, 2012).

The self-portrayal of the team became more fragile after the first effective discussion, but it was not yet basically deconstructed. For example, it was documented that parents had been informed about the group management “*leaving*,” and internal team agreements were noted on how to deal with the situation if a young person said “*something*” while visiting home. The reason for these events – the violence committed by the team and the suffering of the children – remained unnamed in such formulations.

However, the data also refer to how such practices were modified and how reflection processes took place among individual employees. Over the years, several narrations have emerged to interpret the history of violence in the organization. Nowadays, there are organizational narratives that personalize the cause of the violence and see the reason mainly in the personalities of the staff who were directly involved. Other narrations explain the cause of the violence more through organizational structures and organizational culture that made the violent constellation possible (about such narrative practices in social work organizations see also Klatetzki, 2019).

## 5 Discussion

Any understanding of the practice of silence about violence in residential care must take into account the specific legitimization in such a professional context. Among the team, violent

actions were reinterpreted as a healing therapy in the interests of the children who were labeled as being “*very difficult*.” For the rest of the organization, the parents, and the public authorities, the “therapy” based on the IntraActPlus approach was presented as a modern, effective behavioral method that would adapt the children to normative expectations and prevent their permanent residence in a psychiatric unit and/or having to take medication. In line with this presentation, the institution’s public relations work presented children who had apparently been treated successfully. Retrospectively, it became clear that the short-term changes in behavior of individual children were a result of violent discipline and a threat regime established by the team against the children.

Data analysis reveals that the professionals did not have to elaborate a specific concealing strategy to keep the daily maltreatment of the children secret. Rather, *silence about staff violence could be realized in the existing daily routines and structures of the organization*. Embedded in an institutionalized social work context, professionals had the power to define, describe, and explain their practices by using their institutional status as well as their pedagogical terminology to reinterpret their actions in a legitimate way. For example, holding tight under duress for hours could be documented as a positive “*relationship offer*” (team documentation). In the daily documentation, the team drew up a consistent, professional self-narration (Hall, Sarangi & Slembrouck, 1997) and the violence thus became almost invisible. The pedagogues presented and confirmed themselves as a competent, successful team working according to an innovative therapy, whereas the young people in the group were outlined as difficult, challenging, dangerous, and in need of therapy. A complete reversal of perpetrators and victims took place in this way.

## 6 Conclusion

In the study presented in this article, I asked praxeologically about the implementation of silence on violence in residential care. With this perspective, three sets of practices of silence could be reconstructed from the data material: practices of silence in the professionals’ speaking and writing, in the team’s veiling and unveiling dimensions of the group life towards the parents, and in the reactions of other staff and managers. This practice of silence on violence has no clear starting and ending point. Instead, the relevant practices have been shaped for years in everyday routines within the team constellation and organization. They outlasted changes in the team constellation and were continued in part even after the violence had been disclosed.

It was shown that practices of silence about violence can appear in different forms and contexts – in speaking and writing, silently and verbosely, in the conceptual representation of pedagogical work, in parent work, and in public relations. This sharpens the view that silence about violence in educational institutions does not have to be accompanied by elaborate confidentiality strategies. Rather, it can take place in everyday organizational life.

The study shows that silence about violence in educational institutions cannot only be read as an intentional act to which victims and perpetrators are forced for different reasons or that they choose, but that every silence must also be practiced in organizational routines that do not end automatically with a disclosure. This underlines that processing violence in institutions requires time and consideration of the different needs of residents, their families, and professionals.

Overall, the case shows how everyday practices were able to de-thematize the massive violence in the groups over years and thus prolong the suffering of the young people

concerned. Only the congruent verbalization of the violence in exchanges between colleagues and the recognition of the violence experienced by young people in all its details by the management made it possible to end the violence, prevent further suffering, and initiate interventions. What remains afterwards are the effects of the violence on the victims that go far beyond the disclosure of the violent constellation.

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**Author's Address:**

Dr. Friederike Lorenz  
Freie Universität Berlin  
Arbeitsbereich Sozialpädagogik  
Habelschwerdter Allee 45  
14195 Berlin

[friederike.lorenz@fu-berlin.de](mailto:friederike.lorenz@fu-berlin.de)

<https://www.ewi-psy.fu-berlin.de/einrichtungen/arbeitsbereiche/sozialpaedagogik/mitarbeitende/aktuelles-team/florenz/index.html>