Young People in Residential Care Talk about Peer Violence

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Introduction

Residential care for children has aroused much controversy. Several scandals involving the physical and sexual abuse of residents have led to public inquiries and reports (Kent, 1997; Utting, 1997; Waterhouse, 2000). These have almost all concerned abuse by staff. Research, however, has indicated that children and young people are more likely to be at risk from other residents than from adults (Morris and Wheatley, 1994; Farmer and Pollock, 1998; Sinclair and Gibbs, 1998).

Following inquiries and research findings, emphasis has been placed on management and staff competence, rather than the context in which young people interact. These measures have failed to resolve the problem (see Barter 1997 and Kent 1997 for a more detailed overview). Sinclair and Gibbs (1998) found that 40 per cent of residents had been bullied in their children's home and 13 per cent of children had experienced unwelcome sexual behaviour from other residents. Similarly Farmer and Pollock (1998) identify worrying levels of sexual attacks and abuse between young people in residential settings, stating that staff lacked confidence, information and guidance on how to deal with issues of sexual violence and coercion. Elsewhere, Lunn (1990a, 1990b) reported that Nottinghamshire County Council had discovered that a disturbing number of its children in residential homes were being abused by other residents. Young people's own accounts provide further evidence. Morris and Wheatley (1994) investigated the calls to the children in care phone line set up by ChildLine. In the first six months, 250 calls were received from young people in children's homes, and the most significant problem for callers was bullying or other forms of violence from peers in the home. The behaviour ranged from teasing or being picked on, to physical attacks.

However, and perhaps surprisingly, no previous study has focused solely on the issue of violence between young people in children's homes. Hill (1998) argues that this may be because residential research focuses on adult-defined problems of placement outcomes and cost effectiveness rather than the issues that young people themselves view as important, namely worries over appearance, peer relationships and bullying.

Research aims and objectives

The aim of the research was not to so much quantify the incidence of violent attacks, but rather to explore the meaning and context in which young people experienced peer violence, and thus provide a framework which could be used to identify residential structures, practices or cultures that underpinned or supported violence. The research was funded by the Economic and Social Research Council under its Violence Research Programme, and the research team comprised the author, Prof. David Berridge, Dr Pat Cawson and Dr Emma Renold. To ensure that we did not pre-determine the importance of violence in young people's peer relationships within residential care, we introduced the research as a study of what it was like living with other young people.

Methodology

We used a qualitative methodology that combined a discussion of personal experiences through the use of semi-structured interviews and more abstract discussions surrounding violence and its meaning through the use of vignettes (short case-studies of actual situations involving different forms of peer violence). We also spent some time in each of the homes to enable the young people and staff to get to know us and for us to become accustomed to each environment.

The research took place in 14 English children's homes. The majority were run by local authorities; three, however, were from the private sector and two were managed by voluntary agencies. We interviewed 71 young people between the ages of eight and 17. Slightly more boys (45) than girls (27) were interviewed and almost a quarter were from minority ethnic groups. Seventy-one staff were also interviewed, including residential social workers, seniors and managers.

Children's names have been changed to ensure anonymity.

Different types and levels of attacks

Children outlined four different forms of peer violence.

Direct physical attacks included 'fighting', 'punching', 'leathering', 'kicking', 'pushing', 'slapping', being beaten with implements and being stabbed.

Non-contact attacks harmed young people emotionally rather than physically and included intimidation by looks or gestures, written threats, forceful invasion of personal space and attacks on personal belongings, such as 'trashing' rooms.

Verbal attacks primarily involved name-calling concerning gender, sexuality, ethnicity, family and appearance.

Unwelcome sexual behaviours, experienced by young people as abusive and sexual, involved, for example, 'flashing', touching of sexual body parts, coerced sexual contact, and rape.

Young people identified differential levels of impact of peer violence. *Low Level* attacks were viewed as having little significant long-term impact on their lives and were not viewed as a major feature of young people's residential experience. This form of violence was infrequent, did not involve a severe use of force, was not generally targeted or planned, and was unrelated to any wider power issues. *High Level* attacks involved a severe level of force or were viewed as involving significant emotional harm. These attacks were often planned or targeted, were situated within an unequal power relationship between the young people involved (often referred to by young people as bullying), and were couched in terms of 'fear' and 'vulnerability'.

Over three-quarters of young people interviewed described experiencing physical assaults, either as victims (40) or perpetrators (25). Half of the girls' experiences of violence, and a third of boys', were restricted to low level physical violence. *Low level* physical attacks often took place within friendship or sibling groups. Girls generally reported isolated and infrequent attacks in response to a particular trigger. Boys' use of this form of physical violence was more about portraying a certain form of 'macho' or 'hard' masculinity to their peers. 'Attacks' were often conducted in the full view of staff who would immediately intervene, thus preventing any serious harm. This provided a safe instigation of violence in which boys could be seen as the 'aggressor' and confirm their masculinity to others, in the firm knowledge that no injury to themselves or their 'victim' would be allowed to occur:

> *Well, there are little fights like that but they are minor in my eyes, do you understand what I mean, it was a squabble kind of thing, you know, it's like a little scrap or something, its never anything proper serious.* (Sarah, aged 16*)*

> *Some kids just do it (start a fight) when staff are there, 'cause they think it makes them look big.* (Paul, aged 13)

Fifty-two young people, proportionally more boys than girls, experienced *high level* physical violence. Incidents ranged from knife attacks to severe beatings resulting in broken bones and concussions. Young people sometimes involved the police and brought charges against their attackers. While some young people experienced isolated incidents of physical violence, other young people

experienced violence and terrorising which was routine and frequent. Most incidents took place within, rather than between, groups of boys and girls. The more severe attacks often happened in bedrooms and when staff surveillance was minimal. Generally these attacks were embedded in wider power dynamics, were (according to the perpetrators) often pre-planned, and over half of reported accounts involved other residents either as active participants or passive supports. In nearly all accounts, perpetrators described their use of violence as a justified response to a (perceived) provocation:

> *When this happened [another resident stole his cigarettes] what did you do?* (Interviewer)
> *Got them back… I tied a piece of rope round their neck and kept on pulling it until they gave me my fags back...and they actually did. It was actually a good method.* (Claude, aged 14)

> *She just walked past us and went to me 'bitch' again, like that right, 'cause she was with her big sister and acting dead hard. Just jumped up, got her head, fucking got her head, twatted it against the side of the chair right, and then just lifted her head up, twatted her face, kneed her in the face, just done everything to her and you should have seen her face*. (Megan, aged 14)

Almost half of young people experienced *non-contact attacks*, often as part of a wider cycle of verbal and physical violence. Most often these young people described the attacks as 'bullying'. The most common form was attacks on property, making up just under half of all incidents discussed. Other forms included threats of physical injury and control mechanisms which affected a young person's freedom or imposed an aggressor's will upon them; for example, restricting where a young person felt safe to go within the home, not being able to watch their favourite TV programmes or being scared to take part in group activities. Two-thirds of the incidents were viewed as high impact. Although equal numbers of boys and girls reported this form of violence, girls were much more likely to view its impact as significant, especially in relation to property attacks. Girls commonly spoke to us about the importance they placed on their own private space, consequently, having this invaded is particularly difficult for girls to deal with, a finding echoed in previous research (McRobbie, 1990):

> *It's like the same thing I done to Charmaine when she wrecked my room, she ripped my pictures, my favourite pictures and so I got her and I pushed her and I stamped on her, I was like, 'cause she stamped on them and she ripped them so I said, 'You don't like it when I stamp on you so don't stamp on my stuff and throw my stuff around'.* (Amy, aged 13)

> *He was just bullying everyone, the younger ones as well, the little ones you know like Neil and that.. .all the little ones he was bullying and taking their*

money, scaring them, stuff like that. (Ross)
What sort of things did he do to scare them? (Interviewer)
Real weird stuff... like mind stuff you know, telling them they couldn't do this or that or he'd beat the shit out of them that night... like not to eat or say he's going to get one of them so they'd be scared all day, not knowing when he would do it. He just liked making people scared of him, made him feel big. (Ross, aged 14)

Perhaps unsurprisingly, nearly all young people had experienced some form of *verbal insults or attacks*. There existed a general undercurrent of name-calling and swearing which seemed accepted in the children's cultures in most of the homes. However, high impact verbal attacks breached boundaries of acceptability by impugning the victim's sexuality or through insulting their families. Girls most commonly used references to sexual reputations as a means of causing harm, whilst boys concentrated on 'mother cussing'. For any young person looked after, issues surrounding families are likely to raise conflicting feelings. Boys, however, appeared especially sensitive to this form of insult, possibly relating to predominantly male notions of protection of females, rather than themselves, and male codes of honour. Likewise, many of the girls talked about the importance of maintaining their sexual reputations. Often both forms of insults warranted immediate retaliation:

It is hurtful. I've had it done to me a couple of times and it is quite hurtful if you're not one, like a slag you know, if you like ain't done anything wrong, then it's really hurtful. (Lisa, aged 13)

If someone called my mum a twat or something I would flip out on them, I wouldn't care, I wouldn't stop until they were on the floor. No one should ever go there with family, because that's why we are here because of family. (Dean, aged 14)

The impact of these types of verbal attacks should not be underestimated. Over a third of young people who suffered repeated high level verbal attacks, stated that the long lasting emotional harm caused was more harmful than physical attacks:

Would it be worse to be in a fight or be called names? (Interviewer)
I think having names called to you is worse… because it hurts you more and it's, like if you had a fight and you cut yourself, the pain goes and it heals, but having, being called whatever is always at the back of your head. (Sarah, age 14)

Reports of *unwelcome sexual behaviours* were low, but girls were three times more likely to report this than boys, and to see it as high impact. Girls experienced

the most serious cases, up to and including rape, with the majority being from boys. All were coercive, and most incidents took place in the girls' bedrooms. Most disturbingly, half of these incidents were not reported to staff, although they were disclosed to other young people, something to which we will return later. We also know from staff accounts that some of the young people we spoke to had experienced sexual attacks; however, they chose not to tell us. Often these were boys, and the attacks ranged from isolated incidents to the systematic sexual abuse of two boys by an older male resident. We feel therefore that young people's accounts may present an underestimate of the frequency of sexual violence, especially for males.

Peer group hierarchies

Peer group hierarchies or 'pecking orders' were a central context in which violence was experienced by young people, present in all but one of the homes we visited. The existence of 'top dog' networks was initially highlighted in the Castle Hill report (Brannan, Jones and Murch 1993). Parkin and Green (1997) state that 'top dog' networks existed in many of the residential homes they studied, and one or two children exercised considerable power and influence over others by actual or perceived physical strength and manipulation. They added that this enabled these young people to bolster their reputations, enhance or diminish those of others and have influence with the staff.

Overall we found a high level of agreement between young people and staff regarding where individual young people were positioned within the hierarchies of each of the homes. 'Top dogs' did not necessarily get their high status through violence; length of stay, intelligence, knowledge of the system and age could all be important factors in ascendancy. Yet, in many cases, these qualities were underpinned by at least some form of intimidation, through their perceived reputations (for violence), covert intimidation or outright violence. Many of the 'lower status' young people we spoke to described their experience of the hierarchy as one of intimidation and exploitation:

> *You have a leader… and like everybody knows who it is but doesn't say, doesn't let on, and like the other kids get pushed around.* (Tony, aged 12)

Although most of the young people thought this was a common aspect of residential care, they did not see it as being a natural aspect of peer relations. This was in contrast to staff, where the majority described the hierarchy as a normal aspect of peer relations in residential settings and society as a whole. Indeed some felt it was beneficial for young people, feeling it was important, as one worker put it, for them '*to know where their little places are*':

> *Young people have to find the one who'll rule the roost, peer pressure is*

the greatest thing for kids at this age, it lets them know where they stand. (Residential Social Worker, male)

Some staff used the 'top dogs' to pass information on to other young people, thus reinforcing their control over other residents. We also found examples where young people from the top of the hierarchy were used to show new residents around, possibly not the best introduction to residential life.

Peer group dynamics were seen as being most problematic when they were in flux, when a new resident had to find their position or when a resident from the top of the hierarchy left and their position became vacant. Workers stated they sometimes left young people to sort it out themselves as long as it didn't 'get out of hand'. Unfortunately, we found that a lot of the violence that took place at these times was hidden from staff and strong disincentives were present in many homes to stop young people telling or 'grassing'.

Children's protective strategies

Most young people advocated retaliation as their favoured method of protecting themselves. Nearly all accounts used language of revenge, prevention, protection and honour. In most homes, young people used peers rather than staff as a source of emotional support, reflecting a positive aspect of peer relations within residential care that previous research has highlighted (Emond, 2002). Peers were the first port of call in all incidents later disclosed to staff:

Most of the time I go talking to my friends (female), because they understand and they've most probably been through it. (Claire, aged 14)

Reasons for being unwilling to confide in staff included feeling that staff could not solve the problem and might exacerbate it, lack of trust/empathy, and to avoid 'getting into trouble' themselves through violating non-disclosure cultures ('grassing'). In homes that actively fostered positive relationships, staff were more readily used as emotional support and young people perceived interventions as being successful. In these homes, both young people and staff emphasised the importance of developing relationships where young people feel they are listened to and where their views are taken into account. This enabled a climate to be developed where young people felt able to talk openly about their problems and concerns, including issues relating to violence and abuse. Staff in homes where this had been accomplished acknowledged that this can take some considerable time as many barriers may have to be overcome before young people feel safe enough to trust an adult again. We found, however, that in these homes high impact levels of violence were rare:

Do you think staff know [about the frequent fighting at night]? (Interviewer)

Some of it they find out about, but not much 'cause they'd get it worse if they went to staff and grassed. (Neil, aged 15)

I would never tell a member of staff… because I don't trust adults. I try to spend as little time as possible with them. (Jae, aged 15)

We do go to staff, we do. We do have quite a good relationship with staff that are here, so if there is a really big problem and we felt we couldn't talk to any of the other young people, we'll all go to a member of staff. (Dawn, aged 13)

Intervention

Consistency of staff intervention differed both between and within homes, with responses to physical violence being the most consistent. It was routine for staff to intervene in physical violence, up to and including restraint if conciliatory methods were unsuccessful. In only two homes did young people complain about the use of restraint, feeling it was either used too frequently or too quickly. The only instance where we found a lack of intervention regarding physical violence occurred when young people consistently and purposely 'wound up ' other residents, even after staff had repeatedly told them to stop. Young people spoke about 'slow motion' intervention, where, although workers did eventually stop the fight, some allowed it to continue slightly longer than necessary. Some staff also mentioned this.

I mean if staff get annoyed and that, and kids have been threatening them and screaming in their faces and winding us up, then sometimes they can be a bit slow to stop the fight you know. They'd walk over to it as they are fighting and not run to split it up. (Ramon, aged 12)

Non-contact violence was unanimously considered by both young people and staff to be the most difficult to identify, due to its hidden nature, rooted in wider power dynamics. Staff described its covert nature as 'undertone', 'undercurrent' and 'backdoor' violence. Staff recognised that the indicators that a young person was being targeted could be very subtle, for example, 'a look', 'a stare' or simply 'tone of voice'. It was only when these signs were understood in the context of a wider power imbalance between young people did they take on any significance. Placed in this wider context, very ordinary acts often took on a very different meaning, as a senior staff member explains below:

You have to look very closely, it can be very subtle… just a flick of the head, doesn't need to be verbal even, kids just sort of know... You have to be very observant in this job and recognise that things that appear normal or straightforward may not be. (Senior Residential Social Worker, male)

Young people's cultures, both inside and outside the children's home, generally contained derogatory references to female sexuality. Many staff felt it was futile (and detrimental to developing a positive relationships with young people) to be continually challenging young people's use of such language. Work by Kendrick and Mair (2002) in a unit for sexually aggressive young men, however, found that when swearing and sexualised language were systemically challenged by staff a marked difference was observed, although bullying did continue,

We did find that staff in all 14 homes systematically challenged all racist language, and indeed young people themselves regularly challenged peers' use of racist insults. According to staff, two groups, South Asian and refugee young people, were still targeted for racist attacks. One possible explanation may be that these groups are not bestowed the 'street credentials' of 'cool pose' (Majors, 1989; Sewell 1997), an aggressive form of masculinity that African-Caribbean young men possess within youth cultures. Although staff did recognise that 'mother cussing' was a significant problem, emphasis was placed on protection from the physical retaliation which often followed, rather than the emotional impact of the words. While staff's initial priority must be to stop any physical confrontation developing, young people felt that the use of high impact verbal insults should also be addressed with similar vigour.

In all but two homes, staff could recall at least one, and often several, incidents of high impact sexual violence within the last year. Some front line staff were reluctant to discuss issues surrounding sexual violence, although managers appeared more confident in their responses. Those residential workers who did respond stated they felt unsure about what might constitute 'inappropriate' sexual behaviour, especially in relation to adolescents, and how best to respond to these issues. This lack of confidence left some staff feeling they had failed to challenge 'relationships' which they felt contained some degree of coercion.

The main method of securing young people's safety was through direct supervision. Restriction of young people's movements, for example to certain parts of the building, especially bedrooms, was a key mechanism to increase surveillance. Some homes had alarms on bedroom doors and CCTV cameras trained on communal areas. Overall strategies appeared reactive rather then proactive. For example, in many homes we found a preoccupation with negative sanctions for disruptive behaviour, but few systematic rewards for positive behaviour or achievements. One home for younger children had introduced a positive reward system which, according to children and staff, has achieved a noticeable reduction in the level of violence where sanctions had previously failed.

Few homes undertook any form of proactive group work with young people. Indeed, staff stated that they lacked the confidence and ability to undertake

this type of proactive work. This was despite the fact that we observed some of these same workers 'informally' discussing very sensitive matters with young people to great effect. These skills need to be recognised and developed. One home was producing a number of videos which could be used in group work later on. Young people stated that resident meetings were rarely used as a forum to put their views forward; instead many felt their primary function was for staff to 'have a go'. Although over half of the homes had access to some form of independent advocacy services, most young people viewed this service as helping with practical problems, especially issues surrounding care plans, rather than being a source of emotional support.

Institutional factors

Staff, and to a lesser extent young people, identified a number of organisational issues relating to reducing violence, including: the physical structure and size of homes, the need to have clear aims and objectives, the control of 'inappropriate' referrals, especially emergency placements, ensuring age ranges are adhered to and acquiring a 'good mix' of young people. Wider perspectives centred on ensuring that young people's needs were properly identified and met, including the provision of external professional assistance.

Conclusion

Violence between young people in children's homes shows many similarities to that found in other contexts. However, factors such as the fact that the violence occurs throughout all areas of young people's lives, particularly the invasion of personal space, young people's backgrounds, and attacks at night, can make its impact much greater. Staff require appropriate team and individual training on recognising and responding to different forms of violence, and young people need to be consulted and involved in development of strategies both to challenge violence and to support victims. Strategies will need to recognise the importance of verbal attacks, both as a source of direct harm and in setting the context for physical and sexual attacks. This has been achieved to some extent in respect to racism, a positive example that can be built upon. Other examples of good practice include building positive and trusting relationships between staff and young people and de-emphasising negative behaviour by introducing positive reward systems. Managers also need to ensure that staff hold high expectations of children's behaviour to ensure that appropriate thresholds of acceptable behaviour are established.

Staff need to be provided with the knowledge and skills to feel confident about tacking issues of sexuality, including sexual violence and inappropriate behaviour. Some staff may need to reassess their own values in this area, especially in relation to female culpability for sexual attack, which we found

to be present in a number of staff responses. Violence in many of the homes was underpinned by cultures which treat male violence as natural, accept the normality of sexually pejorative language, and endorse hierarchical power relations between young people. These cultures must be challenged through management, staff training and groupwork with young people. Violence is a complex and multi-faceted problem, which is both difficult to identify and to respond to. Consequently, there are no easy answers. No one measure will succeed in isolation; homes need to exhibit control over both institutional and organisational factors, to develop positive relations between young people and staff, and to work towards change in both staff's and young people's cultures.

References

Barter, C. (1997). Who's to blame: conceptualising institutional abuse by children. *Early Child Development and Care*, *133*, 101-104.

Brannan, C., Jones, J, R. & Murch, J, D. (1993). Lessons from a residential special school enquiry: reflections on the Castle Hill Report, *Child Abuse Review, 2* (4), 271-275.

Emond, R. (2002). Understanding the resident group, *Scottish Journal of Residential Child Care*, 1(1), 30-40.

Farmer, E. & Pollock, S. (1998). *Sexually abused and abusing children in substitute care.* Chichester: John Wiley.

Hill, M. (1998). What children and young people say they want from social services, *Research Policy and Planning*. *15*(3), 17-27.

Kendrick, A. & Mair, R. (2002). Developing focused care: a residential unit for sexually aggressive young men, in M. Calder (Ed.) *Young people who sexually abuse: Building the evidence base for your practice*. Lyme Regis: Russell House Publishing.

Kent, R. (1997). *Children's safeguards review*. Edinburgh: Scottish Office.

Lunn, T. (1990a). Pioneers of abuse control. *Social Work Today*, *22*(3), 9.

Lunn, T. (1990b). Solution or stigma, *Social Work Today, 22*(9), 20-21.

Majors, R. (1989). Cool pose: the proud signature of black survival, in M.S. Kimmel and M.A. Messner (Eds.) *Men's lives.* New York: Macmillan.

McRobbie, A. (1990) *Feminism and youth culture: From 'Jackie' to 'Just Seventeen'*. Basingstoke: Macmillan.

Morris, S. & Wheatley, H. (1994) *Time to listen: The experiences of children in residential and foster care.* London: ChildLine.

Parkin, W. & Green, L. (1997). Cultures of abuse within residential child care, *Early Child Development and Care*, 133: 73-86.

Sewell, T. (1997). *Black masculinities and schooling: How black boys survive modern school*. Stoke on Trent: Trentham Books.

Sinclair, I. & Gibbs I. (1998). *Children's homes: A study in diversity.* Chichester: Wiley.

Utting, W. (1997). *People like us: The report of the review of the safeguards for children living away from home*. London: Department of Health.

Waterhouse, R. (2000) *Lost in care: Report of the tribunal of inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1994*. HC 201. London: Stationery Office.