# Contents

*List of Tables and Figures* ix

*List of Vignettes* x

*Acknowledgements* xi

**1 Childhood, Peer Relationships and Peer Violence 1**
Listening to children's voices 2
Perspectives on childhood 3
Children, young people and violence 4
Residential care for children 8
Bullying and peer violence in residential settings 10
Common themes on peer violence 21
The meaning of violence 22
Public/private dichotomy of violence 23
Gender and violence 23
The present study – research methods 24
Summary points 27

**2 Mapping Peer Violence in Children's Homes 29**
Conceptualising violence 29
Young people's evaluation of peer violence and verbal attacks 30
Types and levels of violence 31
Physical violence 32
Physical non-contact violence 36
Sexual violence 37
Verbal attacks and insults 39
Bullying 42
Staff evaluation of peer violence and verbal attacks 44
Peer violence in the previous month 45
Peer violence in the past year 46
Physical non-contact violence 47
Bullying 50
Sexual violence 51
Verbal attacks and insults 54
Developing a continuum of violence 56
Summary points 57

**3 Young People's Perspectives on Violence** **59**

'We have our own rules': children's cultures and the normalisation of violence 60

'Seven months living here, you just get used to it': the importance of context 61

'Hi, I'm Ramon and I run this place': 'pecking orders' and peer group hierarchies 63

'He rules the place and bullies everyone': bullying as a 'natural' and inevitable peer group dynamic? 65

The masculinisation of physical violence 67

Challenging and transgressing passive femininities: girls and physical violence 68

The sexualisation of female violence 68

'I never hit him before he hits me': violence as social justice 69

'Standing ground' and 'saving face': projecting, protecting and maintaining 'hard' masculinities 74

'He acts like a two-year-old': age and immaturity as catalysts for violence 76

Summary points 77

**4 Staff Perspectives on Violence** **79**

'They all know their little places': hierarchical peer group dynamics 80

Gender and violence 87

'Racist stuff just isn't allowed here': racial violence 93

'The youngsters just hit whilst the older lot are more subtle about it all': age and violence 95

'They've never been shown how to behave properly at home, so they just use violence to get through life': young people's backgrounds and understandings of violence 99

Summary points 102

**5 Shared and Different Understandings of Violence** **104**

The use of vignettes 104

Physical attack – vignette A 106

Psychological attack – vignette B 113

Male on female sexual attack – vignette C 122

Male on male sexual attack – vignette D 130

Dominant discourses on violence 134

Linking meaning and experience 136

Summary points 138

6 **Institutional and Organisational Factors Associated with Violence** **139**
Policies and procedures 140
Young people's assessments of policies and procedures 142
Children's rights 145
Young people's meetings 146
Referrals 149
Size and structure of the building 154
Function of the children's home 155
Staffing levels 156
Relating organisational and structural factors to the violence continnum 157
Summary points 160

7 **Evaluating Working Practices** **161**
Seeking support and issues of disclosure 161
Evaluations of staff interventions 167
Summary points 182

8 **Responding to Violence – Methods of Intervention** **184**
Sanction-based interventions 184
Physical restraint 187
Informal meetings 189
Formal meetings 190
Child protection procedures 191
Proactive working practices 193
Wider perspectives on reducing violence 199
Summary points 202

9 **Conclusion** **203**
Summary of the research 204
Young people's experience of peer violence in residential care 205
Violence as a structured element of the group culture 206
The gendered nature of violence 207
Seeing what really happens or what is expected? 207
Hierarchies and the pecking order 210
Peers as both oppressors and supports 211
Justification narratives 213
The permeable institution and the community culture 214

Combating racism among young people 215
What is different about the residential setting? 216
Understanding the roots of violence 219
Tackling different levels of violence 220
Confronting peer violence – strategies and standards 221
Using the strengths of young people's culture 224
Supporting residential care 225
Peer violence: an aspect of social relations 227

*Appendix A – Researching Violence* 229

*Appendix B – Analysing the Data* 231
*Definitions and conceptualisations of violence (what, how and why)* 231
*Contextualisation of violence (where and when)* 231
*Experience of violence (who)* 231

*Appendix C – Sample Breakdown* 233
*Young people* 233
*Staff* 234

*Bibliography* 235

*Index* 248

# 1
# Childhood, Peer Relationships and Peer Violence

Interviewer: What do you think are the best things about living here?
Shyama: Having friends.
Interviewer: And who's your best friend here?
Shyama: Michelle.
Interviewer: Yeah, and anyone else?
Shyama: Bianca and Nina.
Interviewer: Any boys?
Shyama: NO (shouts).
Interviewer: And what's good about having friends here?
Shyama: You can do stuff with them … talk to them about things, how you're feeling … Oh and I like the trips out.

(Shyama, aged 9)

Interviewer: What are some of the things you don't like about living here?
Paul: Well sometimes the other young people get on my nerves and there's a lot of competition here … peer pressure, some staff annoy me a lot, but apart from that I think it's all right.
Interviewer: When you say peer pressure, what sort of things are you thinking of?
Paul: Well, I used to get involved in things because of what other young people were doing because I felt pressured but I've grown out of that now.
Interviewer: How would that work, how would they pressure you?
Paul: Well they'd just be like, if you don't do this you're out of order … stuff like that really.
Interviewer: Did it involve threats?
Paul: No, I've never really been threatened … there's never really been any bullying in this house, like you do hear a lot like there's bullying in children's homes and stuff, but

everyone's sort of equal here... there's no head dog in this house, do you know what I mean, everyone treats each other like they'd like to be treated.

Interviewer: So the pressure was quite subtle then?

Paul: Yeah 'cause mostly the people have moved out now and now we've got quite an equal group in here now they just treat each other all right, but beforehand it was bad, like when I first got here I hated it, 'cause of the young people and what they were like.

(Paul, aged 14)

## Listening to children's voices

The need to listen to children and young people's voices has been recognised in a number of recent major policy developments and consultations by central and local government, affecting education, care services, youth justice, leisure and environmental services (Children and Young People's Unit 2001). Specific departments and programmes have been set up addressing the needs of children and young people and the problems of social exclusion affecting the young (e.g. Children's Fund 2001). Much of this activity has been linked to concerns about youth violence and involvement in social disorder, but there are also concerns about the safety and protection of children, in the community and when they enter public care, following a number of recent tragedies and scandals which revealed inadequacies in the services intended to protect and care for children (Laming 2003).

This book reports the results of research that aimed to develop understanding of young people's violence towards peers within residential settings, by exploring both young people's and staff's understanding of the meaning and effects of violence, children's protective strategies and the extent to which children and staff had shared reference systems for dealing with violence. This was intended to contribute to the sociology of childhood and to treat the children's perspectives as important in their own right. It is hoped that these findings will contribute to the development of policy and practice which will safeguard children in residential settings from peer violence. The research is based on interviews with children and staff in 14 children's residential units, in which they discussed experience of violence between children and young people in residential care, as victims, witnesses and perpetrators. The term 'children' can encompass the whole age range up to 18 years, but as the majority of those taking part in the study were teenagers, the term 'young people' will be used to describe them, except when specifically including or referring to younger children or citing sources which use other terminology.

The requirement to listen and take account of young people's viewpoint on their own safety and situation is now incorporated in legislation (Children

Act 1989). The importance of listening to and acting on their accounts of violence and abuse has been recognised in official reports on child protection services and residential care services (Department of Health 1995a, Kent 1997, Waterhouse 2000). Thus there exists a growing recognition within both research and practice in the public care of children that the voices of children have not been heard as they should be. Children are known to assess and manage potential safety and danger in school and community environments and to develop strategies to deal with risks (Smith and Sharp 1994, Hood *et al.* 1996, Harden *et al.* 2000). Dealing with violence in residential settings, where children live together, at times of day and night when they could be particularly vulnerable, might require different strategies to those used at school or in the neighbourhood.

The perceptions and experiences of staff working with young people on a day-to-day basis have also been largely missing from the literature. Different professionals may make different judgements, but additionally, definitions by children of their needs and problems may be very different from those of professionals (Baldwin 1990). The Support Force for Children's Residential Care (1995), set up to address some of the problems identified by the Warner Committee (1992) on staffing in children's homes, concluded in its final report that there is a need for managers, staff and children to work together to create a structure and daily living environment that provide positive opportunities whilst creating boundaries around what is acceptable behaviour. However, for residential workers to enforce these boundaries successfully they need to be perceived by children as representing a legitimate authority (Barter 1997). This will most effectively be achieved if practice is informed by a consistent and agreed framework, incorporating the users' own definitions, thresholds and especially children's own protective responses to violence.

## Perspectives on childhood

Both socialisation theories and sociological studies of childhood prior to the 1970s viewed children as essentially determined by their environments (Brannen and O'Brien 1996). But within contemporary sociology a new paradigm for the study of childhood is emerging, centring upon the dissonance which exists between children's own experiences of being a child and the institutional form which childhood takes (James and Prout 1990, James 1993, Mayall 2002). The sociology of childhood views children's social relationships and cultures as worthy of study in their own right and not just in relation to their social construction by adults (James, Jenks and Prout 1998). Children are seen as being actively involved in the construction of their own social lives, the lives of those around them and of the societies in which they live. Within this the plurality of childhood must be acknowledged, for example according to class, age, gender, disability and ethnicity (Jenks 1996).

This enables children to be viewed as significant actors in, and interpreters of, a complex social world (Brannen and O'Brien 1996). Children are viewed as both constrained by structure and agents acting within and upon it. By exploring the relationship between these two levels we can then begin to elucidate the link between given and largely adult-defined social institutions and the activities which children construct for and between themselves. How we think of children as social actors and the theoretical accounts to underpin this have, however, still to be developed. These ideas are elaborated in Chapter 2.

## Children, young people and violence

Almost all evidence on levels of peer violence in the United Kingdom comes from sources which predominantly reflect an adult-focused view, whether from research, practice literature or administrative sources such as inquiry and committee reports. The Gulbenkian Report (1995) on children and violence notes that children (defined as those under the age of 18) are far more likely to be the victims of violence than the perpetrators, but that children's involvement in violent offending appears to be increasing. Much recent media coverage has been given to the increase in violent crime, said to be caused primarily by children assaulting and 'mugging' other children, and there have been high profile cases of suicide by children, allegedly because they were being bullied by fellow pupils at school (Marr and Field 2001). Between 30 and 40 per cent of school pupils experience bullying in some form, and sexual assault in childhood and adolescence is more likely to be experienced from other young people than from adults (Cawson *et al.* 2000). Older teenagers form the single largest group of offenders in statistics of violent crime (Home Office 2001). The British Crime Survey found that young people were the most frequent perpetrators of assault and robbery against 12–15-year olds from the general population (Aye Maung 1995, Simmons 2002). The annual Youth Justice Board (2002, 2003) surveys of school-age children confirm that they experience high levels of physical assault and bullying, racist abuse and attack, and theft and damage to belongings, by other young people. Most of these attacks occur at school. These surveys, and others carried out recently, present a consistent picture of violence between young people, in which fighting in public places and carrying weapons are practised by substantial minorities of young males, and smaller proportions of young females (Graham and Bowling 1995, Flood-Page *et al.* 2000, Beinart *et al.* 2002). The Gulbenkian Report (1995) notes the dearth of hard evidence on the levels and types of violence involving children, beyond that of limited statistics on offending and bullying at school. Although there is now considerable quantitative data available, there is very little recent analysis of the dynamics and circumstances of this behaviour.

In spite of adult concern about levels of youth violence, little research attention has been paid to children's perspectives on violence. There is evidence that children's experience of violence, both in community and institutional contexts, may be largely hidden from adults for a variety of reasons, including social values about 'grassing' or 'telling tales' and because the young try to protect themselves from interference by adults which might curtail their freedom (Smith and Sharp 1994, Aye Maung 1995). There are difficulties in defining when children's behaviour to each other should be considered abusive, for example, the boundaries between sexual experimentation and sexual abuse (Home *et al*. 1991, Vizard, Monck and Misch 1995).

**Bullying and peer abuse**

One of the most notable features of discussions of aggressive behaviour between children is the lack of clarity and consistency with which the terms 'bullying' and 'peer abuse' are used. Most sources of evidence, whether from research, practice literature or inquiry reports, acknowledge that children can be vulnerable to physical, sexual and psychological threat or attack by other children, or can be perpetrators of such attack against other children. Attacks can happen in any context in which children meet each other; at home, in the community, at school, or in public care or custody. Beyond this, most sources, especially in official reports and guidance, take it for granted that there is a distinction between bullying and abuse which is obvious, generally understood, and does not need explanation. The most common distinction made is that 'bullying' is used to refer to physical or psychological threat or attack, including attacks on or theft of children's personal property, and comparatively rarely refers to sexual threat or attack. Occasionally the term 'sexual harassment' is used as a synonym for sexual bullying. 'Peer abuse', on the other hand, is nearly always used to describe sexual threat or attack, and sometimes the more serious physical attacks, but is rarely used for minor physical assaults, for psychological threat or attack, or for attacks on children's belongings. 'Bullying' carries the connotation that it is less serious than 'abuse', and is treated as such in most official reports and guidance.

The distinction in the way the two terms are used is particularly clear in the two major government reviews of safeguards for children living away from home, carried out in England and Wales (Utting 1997) and in Scotland (Kent 1997). The comprehensive literature review attached to the Scottish report (Kendrick 1997) draws on material on both bullying and abuse, but the text of the report itself maintains the distinction between the two forms of aggression. Recent government and other reports on youth offending similarly make a distinction between bullying and violent offending, building in an assumption that these are separate phenomena the meaning and difference of which are clear (Flood-Page *et al.* 2000, Beinart *et al*. 2002, Youth Justice Board 2002, 2003). In spite of the fact that 'peer abuse' is regarded

more seriously, however, 'bullying' has received more attention, both in terms of its conceptualisation, and in research on its nature and prevalence.

The conceptual distinction between the terms is hard to justify, and it was necessary to set it aside for the present study in order to explore the young people's own language and thoughts, including their understanding of familiar words such as bullying. Nevertheless the discussion of the available evidence given below necessarily reflects the distinction given in the literature and is grouped accordingly. The present research uses the term 'peer violence' to refer to physical, psychological and sexual threat or attack, except when citing previous texts which use other terms.

## Bullying at school and in the community

One of the major areas of research in which violence by peers has been considered is in relation to bullying at school and in the community. This is highly relevant to any consideration of peer violence in residential care, partly because residents in children's homes are also part of the local school and community, and partly for what the research shows about broader features of social relationships between young people in British culture. No universally agreed definition of bullying exists. Yet there is some consensus that bullying is an aggressive act aimed to intentionally hurt or harm another person, is repetitive and involves some form of power imbalance which makes it difficult for the victims to defend themselves (Farrington 1993). Children and young people include these elements in their own descriptions of bullying behaviour (Arora and Thompson 1987). Smith and Sharp (1994) succinctly define bullying as the 'systematic abuse of power'. Bullying can take many varied forms. This can, however, be problematic as very diverse behaviours are submerged under this uniform definition. In addition the term 'bullying' may be used to 'play down' the significance of aggressive behaviour, treating it as less serious than an identical act carried out by an adult (Cawson *et al*. 2000).

Probably the two most recognised types are physical bullying (where a child hits another) or verbal bullying (where harmful forms of teasing or verbal abuse are used), however there can also be indirect and relational bullying. Indirect bullying refers to some form of social manipulation where the bully uses others as a means of attack instead of attacking themselves. Relational bullying refers to inflicting harm on peers in ways that damage social relations, such as spreading malicious rumours or social exclusion.

Prevalence figures for bullying vary depending on the research methodology, questionnaire details, definition used, age and composition of the sample. Accounts by adults (e.g., teachers and parents) are generally viewed as less reliable than self-reports from children. The first large-scale English survey (Whitney and Smith 1993) of 6700 pupils reported that 27 per cent of primary school pupils had been bullied, with 10 per cent stating this occurred at least once a week. This was found to decrease slightly once the

child reached secondary school with rates of 10 per cent and 4 per cent respectively. In relation to bullying 12 per cent of primary and 6 per cent of secondary pupils admitted taking part in bullying. Cawson *et al*'s (2000) study of 2869 young adults found that 40 per cent stated they had experienced some form of bullying in their childhood, a fifth of these said it had occurred 'regularly over the years'. Other recent studies provide slightly lower rates (Salmon *et al*. 1998). Although most pupils state they did not like bullying, a significant minority said they would join in (Smith and Sharp 1994). Recent developments in the field have included more complex understandings surrounding the differentiation of participation roles such as ring leader bully, follower, reinforcer, outsider and defender, as well as victim (Salmivalli *et al*. 1996).

Over the past decade, research has identified a number of general features surrounding the dynamics of (mostly school-based) bullying (see Rigby 1996, Smith *et al*. 1999, Smith 2000).

**Who are the bullies and the bullied?**

Self-reports of being bullied decline with age, whilst self-reports of bullying others do not. There is also a marked shift with age away from physical bullying to more indirect and relational forms. More boys report being bullies, whilst boys and girls are equally distributed in relation to victimisation. Boys practice and experience more physical bullying, whilst girls more indirect and relational bullying. Boys tend to be bullied by other boys and girls by both girls and boys. Girls are more likely to experience bullying involving sexual harassment (Duncan 1999). However there is some evidence to suggest that girls' bullying, while less frequent than boys', may be more difficult to tackle (Eslea and Smith 1998).

A number of victim risk factors have been identified including; having few or low social status friends (Hodges *et al*. 1997), having an over-protective family background (Smith and Myron-Wilson 1998), having a disability or special educational needs (Smith and Sharp 1994), the latter also being a risk factor in relation to perpetrating bullying. Cawson *et al*. (2000) found that the most commonly stated reason why children were bullied was size (height and weight), followed closely by 'class' and intelligence. Children from minority ethnic groups have been shown to experience more racist name-calling and discrimination from peers (though not necessarily other forms of bullying) than white children (Barter 1999, Cawson *et al*. 2000, Cline *et al*. 2002). Research has also shown that children may be teased and physically assaulted due to their sexual orientation (Rivers 1995). Recent work by one of the current authors (Renold 2001) found that a third of 10–11-year-old pupils had been bullied for not fitting in with the gender stereotypes of their peers.

Bullies have been shown to come from families that are lacking in warmth, where violence and abuse is common and discipline inconsistent (Olweus 1993, Smith and Myron-Wilson 1998), while Cawson (2002) found that young

people who were abused and neglected in their families were also more likely to report being bullied by peers. Although some bullies may lack social skills, ringleader bullies may have good 'theory of mind' abilities (understanding of others' mental states) and be skilled social manipulators (Sutton *et al.* 1999).

Experiences of being bullied have been correlated with anxiety, depression, suicidal feelings and low self-esteem (see Salmon *et al.* 1998, Hawker and Boulton 2000 for detailed reviews of this area). Cawson *et al.* (2000) found that a quarter of those bullied (one in ten of the total sample) reported suffering long-term effects.

### Coping strategies

Many victims do not tell an adult about their bullying experiences. This proportion increases with age, possibly reflecting the more serious nature that victimisation takes as children become older. Children and young people adopt a wide range of coping strategies, varying by both age and gender, and which exhibit differential success rates (Smith and Sharp 1994, Hood *et al.* 1996, Harden *et al.* 2000). Overall non-assertive strategies such as crying are less successful than ignoring the bullying or seeking help, although the success of telling teachers depends on the school ethos (Kochenderfer and Ladd 1997).

### Intervention

School-based research has shown that the school ethos, attitudes of teachers in bullying situations and degree of supervision of free-time appear to have a major effect on the extent of bullying. The importance of whole-school policies has been stressed. Most positive outcomes came from schools which put more time and effort into anti-bullying measures and where school policies were developed in consultation with pupils, teachers, parents and governors creating an atmosphere of shared ownership. Curriculum-based exercises, working with individuals and groups and playground work were important features in success rates. There has also been considerable interest in peer support and mediation as an approach. A recent survey (Naylor and Cowie 1999) shows the benefits of such school-based initiatives including; having someone to talk to, increased peer helpers' confidence and improvements in the atmosphere of schools generally. Problems included some hostility to peer helpers from other pupils, difficulty in recruiting boys as peer supporters, and issues of power-sharing with staff. However, the effectiveness of school-based programmes, which do not take into account wider community dynamics, has been questioned (Pitts 1995, Randall 1996).

## Residential care for children

In order to understand the context in which violence between young people living in children's homes occurs, we need to provide some background

to children's residential care. Residential care for children looked after by local authorities ('in care') arouses much controversy. Whereas boarding education for the affluent is perceived positively by its purchasers, and seen to confer educational and social benefits, its equivalent for young people experiencing family breakdown and demonstrating emotional and behavioural problems is viewed more critically. As a consequence, over the past 25 years, the number of residents living in children's homes in England on any one day has tumbled from some 20 000 to nearer 6000 (Berridge 1985, Department of Health 2003). This has occurred for a variety of reasons. On the one hand, though the evaluation of outcomes is a complex issue (Parker *et al.* 1991, Berridge 1994), the benefits arising from residential placements for young people have been questioned. Sinclair and Gibbs' (1998) national study of 48 homes, for example, discovered that whatever progress was made during residence generally disappeared following departure. What the researchers defined as 'good' homes did not produce better outcomes. Factors such as staffing levels and qualifications, which had previously been assumed to be central, were found to be unrelated to the success of homes. The Department of Health's (1998a) overview of 12 residential research studies concurred with this general view and concluded that, in order to be more effective, there was a need for residence to be better integrated into the continuum of services for children in need. More effective specialist supports for young people were required, including education and health. It is important for residence to be effective as its costs are very significant, estimated in the mid-1990s at around half a billion pounds annually (Sinclair and Gibbs 1998).

Although relatively small numbers are now in residential care at any one time, a rather different picture is obtained from the figures on movement in and out of placement. These suggest that a high proportion of young people will spend part of their period in public care in a residential placement, often while waiting for a foster home to become available, or in an emergency following placement breakdown or a family crisis (Department of Health 1998a). Nevertheless the use of long-term residential care has greatly declined compared to a generation ago, and this has meant that many of the children formerly so placed are now in family settings. Children's homes have increasingly come to be used for the comparatively small group of children deemed 'hard to place', because they had experienced frequent placement breakdowns elsewhere, or because their behaviour was thought to make them unsuitable for foster care (Berridge and Brodie 1998).

The findings from recent research on children's homes reveal the complexity of problems with which they are having to deal (Sinclair and Gibbs 1998). Residents, with an average age of about 14 years, bring with them a troubled past. Most have experienced physical, sexual and/or emotional abuse in their families. Inconsistent parenting is a common feature and family life has often broken down leading to separation. Relationship problems

abound and parents often find that their teenagers are out of control. Young people, in turn, are frequently confused, angry and living in despair. Schooling suffers and many pupils underachieve, attend sporadically or are excluded. Other ways of occupying time and achieving status can be substituted, including offending and drug use. Their social exclusion and marginality provide a poor trajectory into adult life.

The children's homes they join are often poorly placed to address these problems: standards vary considerably and facilities can be lacking specific objectives and underlying philosophies (Brown *et al*. 1998). Referrals may occur to where there is a vacancy rather than a facility ideally suited to meet a young person's needs. Homes are stigmatised and often unpopular in neighbourhoods. Staff may sometimes be transitory and, in comparison with other areas of social work, less well trained and poorly paid. Young people pose considerable challenges in their behaviour and self-esteem and their daily control can override longer-term needs.

Nonetheless, many young people say that they like the children's home in which they live and most adolescents, at least, see residential care as preferable to the alternatives (Berridge 1994). Research over many years shows considerable variation between residential institutions which nominally carry the same label and admit residents with similar characteristics and histories, and demonstrates that it is possible to identify well run establishments which are the most successful at meeting young people's needs during residence (Bullock *et al*. 1993). Demonstrating that these benefits carry over into successful outcomes after leaving care is a different matter, especially now that the average length of stay is less than two years (Sinclair and Gibbs 1998). The main difficulty is that, in itself, a brief residential stay is unlikely to overcome the major personal and structural problems that have accumulated over the years. There is also evidence, from research over the past 40 years, that peer dynamics intervene in residential settings, and are major influences on young people's happiness and progress (Millham, Bullock and Cherrett 1975, Millham *et al*. 1978).

## Bullying and peer violence in residential settings

In spite of the many recent scandals concerning the abuse of children in residential homes and schools (Wolmar 2000, Colton 2002), there has, surprisingly, been no major empirical research specifically focused on the prevalence of abuse of children in residential settings in the United Kingdom. Evidence comes from a few local studies and from the reports of enquiries set up following some of the major incidents. Kendrick's (1997) literature review for the Scottish Office is particularly helpful. Most of the accounts described below address the issue of peer violence in residential settings in the context of research on or inquiries into broader aspects of residential care or education.

The conceptualisation of peer violence in previous research falls within four separate traditions: the social work, sociological, psychological and social administrative approaches. The social work perspective, reflected in the few studies focused specifically on peer abuse in residential care and in more recent inquiry reports, sees it as a child protection problem, concerned with identifying risk to children and safeguarding them from harm. The sociological analysis, primarily represented by the Dartington Social Research Unit studies, sees violence as an organisational and structural feature of social and power relationships in residential communities, linking the separate but parallel worlds of staff and children and reflecting status within the children's world (Lambert *et al*. 1970, Millham, Bullock and Cherrett 1975). The psychological analysis, based largely on children's case histories, sees violence as the result of individual pathology, caused by children's previous experience of destructive and abusive relationships and faulty learning, affecting their ability to develop positive contact with peers, or to find non-violent, constructive solutions to conflict. The social administrative perspective views peer violence as a problem of maintaining order, with the emphasis on staff competence and training, appropriate disciplinary structures and on management providing leadership and support. Most research, however, takes an eclectic and pragmatic approach, and draws on a mixture of these explanations.

**Peer violence as a child protection concern**

Surprisingly, there has been little previous research addressing peer violence in a specific child protection context. In view of the growing concern in the 1980s and 1990s about the problem of institutional abuse, it was perhaps surprising that the programme of 20 research studies on child protection funded by the Department of Health (1998a) did not include any specific study with a residential focus. This is indicative of the way in which both policy and research are often constrained by artificial administrative boundaries. The inquiries into institutional abuse scandals have noted that young people's complaints about abuse were frequently ignored or discounted because of assumptions that were made about the character, behaviour and truthfulness of the young people placed in residential care (e.g. Levy and Kahan 1991). These assumptions may also have contributed to the lack of interest in research on the protection of young people in residential care.

The primary focus of the enquiry reports has been on the actual or potential abuse by *staff*, the reason which led to the setting up of the inquiries in the first place. Yet although the abuse by staff has hit the headlines, due to its appalling nature and persistence over many years, much of the available evidence has indicated that residents are most often at risk from *other young people* in the home or school.

One of the authors of this report examined the independent investigations over a two-year period of all National Society for the Prevention of

Cruelty to Children (NSPCC) teams into abuse in residential or day care settings (Barter 1998). This revealed 36 investigations concerning allegations made by 67 children against 50 abusers. A fifth of these involved abuse by other residents. Six of the ten concerned sexual abuse, mostly female residents complaining about male peers. Over a quarter of all allegations of sexual abuse in residential settings involved peers. This work built on an earlier statistical survey by the NSPCC into this problem, in which all regions had been asked for details of cases of institutional abuse they had dealt with in the previous year (Westcott and Clement 1992). Information was provided on 84 children abused in 43 residential settings. Almost two-thirds were male and half of them were 15 years of age or above. Four-fifths of the cases involved some kind of sexual abuse and one-fifth involved physical abuse (not mutually exclusive). Half occurred in children's homes and two-fifths in residential schools. Half of the perpetrators were peers and 43 per cent staff. An overwhelming majority were male (81 per cent). The report highlighted the particular vulnerability of disabled children to institutional abuse: over a third of those abused were reported to have a learning difficulty and 1 per cent were physically disabled.

Elsewhere, Lunn (1990a,b) reported that Nottinghamshire County Council had discovered that a worrying number of its 380 children in residential homes were being abused by other residents. Twenty-six young people who had been placed in care because of sexual abuse were found to have been further abused by their peers; and another six suffered sexual abuse for the first time at the hands of other residents. Twenty-three boys had been placed with known histories as sexual abusers, and sixteen young people had come into care as victims of abuse and had gone on to sexually abuse others. The authority was said to be developing two separate facilities for sexually abused girls and sexually abused boys.

Young people's own accounts provide further evidence of the incidence and nature of institutional abuse. Morris and Wheatley (1994) investigated the calls to the dedicated phone line set up by ChildLine for children in care. In the first 6 months of its operation, 539 calls were received from young people in England and Wales. Three-quarters of callers were girls and over half between 14 and 16 years, confirming concerns about how to provide better protection for younger children who may not be able to access telephone help lines. Just over half the calls were from residents in children's homes and a third were living in foster care. For the resident group, the most significant problem for callers was bullying or other forms of violence from peers in the home (10 per cent). Again, most perpetrators were male. The behaviour ranged from teasing or being picked on, to physical attacks. Calls concerned small as well as large homes.

Young people felt that communal living created inevitable conflict and that arguments or fights would sometimes erupt, which then released tension. Responses involved trying to ignore the problem, distancing themselves from

the perpetrator so they would be untouched by the intimidation or retaliation. In extreme cases, young people would withdraw completely from interaction with the other residents or request a change in placement. Most callers stated that they had informed staff but felt that their concerns had been ignored. Children had been advised to ignore the teasing or name-calling. Physical fights were usually unobserved by staff, who were reluctant to act on the basis of children's accounts alone.

Another 25 callers to the special phone line concerned allegations of current sexual abuse, 9 of which were against male residents and 8 against male residential staff. Young people said that staff usually reacted to their complaints with scepticism. Two callers added that staff thought the abuser was their boyfriend. The report concluded that bullying is a persistent feature of residential homes.

A parallel phone line was set up specifically for pupils living in boarding schools (La Fontaine and Morris 1992). In 6 months this received 1012 calls, 20 per cent classified as bullying and 15 per cent were sexual abuse. Attacks were very often serious and a number of pupils were clearly terrified. Girls were more likely to have been subjected to 'psychological bullying', usually with individuals or groups of girls in the same class. The researchers acknowledged the difficulty in differentiating between sexual abuse and sexual harassment. In contrast to the care population, almost all the sexual abuse reported involved staff of the schools, but 13 per cent was attributed to other pupils. A quarter of the sexually abused callers reported that other children were being abused by the same person. A further study of calls from boarding school pupils in 1995–96 produced similar figures for bullying but a much reduced figure for sexual assaults at school, especially by fellow pupils (ChildLine 1997).

The statistics are complemented by personal accounts from young people in care. A report of the work of a therapeutic community stated that a quarter of children on entry were regarded as 'bullies' (Little and Kelly 1995). However, a young woman's account of her experiences at the community does not convey that this was a problem. Children were under close surveillance from staff and seemed more preoccupied with resolving their own problems than venting their frustrations on others. In contrast, Fever's (1994) pessimistic and moving account of his upbringing by a voluntary agency tells of his sexual abuse between the ages of 7 and 10 by a teenager with whom he was made to share a bedroom. He was threatened with castration if he told anyone.

The evidence presented to the major reviews of residential services which were set up in response to a series of scandals also indicated high levels of violence from young people. Members of the Children's Safeguards review team covering England and Wales held meetings with young people from 20 local authorities and reported that the danger most often referred to was that from other children, especially bullying, physical abuse and theft

(Utting 1997). Less was said by the young people about the danger to personal safety from staff. Indeed, the report estimated that 'possibly half the total of abuse reported in institutions is peer abuse' (p. 99). Yet only 1 brief final paragraph out of 12 in the section on 'abusers' refers to children. A separate part of the report discusses 'bullying', implying a clear distinction both conceptually and in practice between the two behaviours. This report echoes some of the concerns previously raised in connection with bullying in schools, that adults may regard it as a 'normal' feature of children's behaviour and social relationships. The report states that:

> … so little was said to the Review about bullying in children's homes – except by children and young people experiencing past or present anxieties about their personal safety … Just as worrying is the acceptance of these consequences by staff and managers – as if casual violence, sexual molestation, threats and racial abuse characterise 'normal' adolescent behaviour and were therefore neither more nor less than could be expected in a children's home. (p. 105)

The Scottish review team made a similar distinction between bullying and peer abuse, using the latter term to refer only to sexual abuse, although noting in a different section of the report that physical abuse could include injuries inflicted by other young people (Kent 1997).

**Violent 'cultures' in residential homes and schools**

Evidence from these few sources focusing on abuse is consistent with the findings of research looking more broadly at the regimes and cultures of residential care and boarding schools. Many studies of children's residential settings have touched on the subjects of bullying and peer violence, although few focus primarily on it. Most give indications that peer violence could be a feature of the regime.

Research in boarding schools in the 1960s revealed that bullying was common and some schools could be particularly hostile (Lambert 1968). The sociological analysis considered it primarily as a feature of organisational life, which serves a variety of functions, rather than as a child protection issue. Pupils felt that the benefits of boarding outweighed any disadvantages. Homosexual behaviour was depicted as common in all-male boarding schools but not especially exploitative ('I get sick of the boys who are constantly making passes at me. It is highly embarrassing' [p. 271]). Concerns about inappropriate behaviour by masters were seldom raised by pupils in the book. This presents a very different picture from that given by callers to the Boarding School Helplines in the 1990s, cited earlier (La Fontaine and Morris 1992, ChildLine 1997).

Detailed research was undertaken on 18 boys' approved schools for young offenders in the 1970s, focusing on their regimes (Millham, Bullock and

Cherrett 1975). In contrast to the revelations since about residential malpractice in some former approved schools, most of those in the study were portrayed as essentially harmonious and boys were mainly positive about their experiences. In a chapter on the boys' informal world, the researchers concluded that there was little evidence of the '… violence, exploitation and hostility which are supposed to characterise such groups' (p. 170) but point out that '… in those few approved schools where the boys' informal worlds had coercive and brutish qualities' (*ibid*), they did little to conceal the fact. Boys were reported to have developed a 'pecking order' in most schools, resembling staff hierarchies, but this was mainly linked to the fact that those who had been at the school longest felt they should benefit most in everyday life – such as access to the television. Boys with the highest informal status, especially in the most effective schools, were '… not thugs or manipulators but frequently the more mature, thoughtful and responsible members of the group' (p. 172). The Dartington Social Research Unit returned to the subject of residential care with their observer–participation study of structure and culture in nine children's homes (Brown *et al.* 1998). The report contains little discussion of resident violence, with residents in six of the nine homes telling researchers that the behaviour of their peers was 'reasonable'.

A study of secure provision for boys (Millham *et al.* 1978) reported that outbursts and conflicts were said to be rare when children were locked up, possibly linked to the high level of adult surveillance. This report contains a more detailed discussion of violence in residential institutions, as the two factors that led to the demand for an increase in secure units was a perception that violent behaviour and absconding were becoming more significant problems in open units. Violence was defined as 'the use of force in a social situation in a way that those in power define as illegitimate' (p. 59). This, and the accompanying discussion, implies that violence is equated with *physical* acts; that behaviour that was officially condoned could not be 'violent', such as a headteacher encouraging one boy to fight another; and that (senior) staff cannot themselves be responsible for 'violence'.

The regimes adopted by institutions were said to influence the level of violence: the more relaxed the regime, the greater the incidence of aggressive behaviour of all sorts. However, the number of 'serious' incidents was said to be very small. We do not know how boys themselves defined 'serious'. Violent incidents were said to cluster and in the senior approved schools this was felt to be linked with changes in the leading group among residents. Elsewhere (Millham *et al.* 1976) the same researchers added that three-quarters of violent incidents recorded in the four schools studied in detail were between children themselves.

In all the Dartington studies of public residential care, as distinct from boarding schools, sociological analysis of the staff and resident 'cultures' concluded that the children's culture was weak and fragmented, partly due

to high levels of staff control and surveillance, and partly because the residents were for the most part too immature and disturbed to co-operate in establishing a coherent and dominant pattern of control and conformity.

An observer–participation study of 20 children's homes in the early 1980s reported that 1 in 6 residents were said by staff to pose 'major control problems' within the homes, about a third presented 'minor' problems yet half caused few noticeable difficulties (Berridge 1985). However this covered a range of behaviours, including verbal aggression and defiance towards staff, and not just peer relations. The study concluded that there was an element of 'moral panic' about unruly behaviour in children's homes and '… lethargy and boredom rather than uncontrollable behaviour tend to be the more pressing problems' (p. 83). Berridge and Brodie's (1998) study of 12 children's homes reported that bullying was referred to explicitly in three establishments. But, it appeared that, for adolescents, subcultures operated more in relation to social networks *outside* the home, involving care leavers and other groups of youths.

## The relationship between aggressor and victim

The study of the secure units (Millham *et al.* 1978) pointed to the complex relationship between perpetrators and victims of violence:

> Particularly interesting also is the whole relationship between the hitter and the hit. It is not necessarily one of constant and mutual hostility. Often the fight is part of an ongoing friendship, sometimes an intense relationship, and only in rare cases the result of carefully nurtured hostility or indifference … Not only did highly aggressive boys have a wider friendship network but they were more likely to be involved in conflicts with their reciprocating friends. (p. 64)

Similar conclusions were reached in a sociological analysis of racism in the lives of primary school pupils, where white children could resort on occasions to extremely offensive racist name-calling against minority ethnic children who, in other respects, appeared close friends (Troyna and Hatcher 1992).

Browne and Falshaw (1996) noted the degree of overlap between bullying and bullied in a secure unit, where 30 per cent of young people were both bullies and victims. They found a relationship between being bullied in the secure unit and having previously been bullied in schools, and depict a pattern of personal histories associated with bullying very similar to that outlined earlier in studies of bullying in schools.

## Changing behaviour or a changed context for peer violence?

During the 1990s research appeared to show different patterns of relationships between young people in residential care, compared to those of the

earlier studies. Research on young people going missing from residential and foster homes contained evidence on the extent to which running away was related to unhappiness and exploitation in placements (Wade *et al.* 1998). Indeed, young people involved stated that an important reason for going missing was the powerful peer culture in some homes. The researchers commented that power relations within peer cultures could have a more significant effect on young people's behaviour than staff interventions. Entering a residential home could be particularly unsettling. An important aspect of developing strategies to prevent young people going missing was to tackle bullying in homes.

Recent research on children in residential care indicates that young people may be significantly more at risk of physical and sexual violence from other residents than from staff. Sinclair and Gibbs' (1998) study is the main source of recent information about young people's violent experiences in children's homes. It gives a disconcerting account of the dynamics of everyday life in many establishments and of the unhappiness of residents. Forty-four per cent of the 223 residents interviewed stated that they had been bullied during their stay at the home. This raises questions about exactly what is meant by 'bullied' and whether all young people and adults share a common definition. It is also unclear how much of this violence took place within the home itself rather than at school or in the wider community. Nonetheless, it is a high figure and the incidence was greatest for the youngest residents. Seventy per cent of those aged 12 years or under said they had been bullied since arrival at the home, compared with nearly half of 13- and 14-year-olds and just over a third of the remainder. For many, these experiences were a continuation of experiences prior to entry to residential care and not experienced solely in the care system: 41 per cent said they had been bullied beforehand, and these young people were more likely also to have been bullied while in the children's home. Furthermore, Sinclair and Gibbs asked residents about their main worries. Problems were identified concerning health, education and leaving the residential home but the main anxiety expressed related to 'getting on with peers' – 81 per cent said this worried them 'a lot', 15 per cent 'some' and only 4 per cent not at all.

**Peer sexual assault and exploitation in residential homes**

Two studies explored the sensitive issue of sexual exploitation of young people by peers in children's homes. Sinclair and Gibbs (1998) found that 23 per cent of females and 7 per cent of males reported that someone had tried 'to take sexual advantage' of them, with peers rather than staff being apparently responsible for this. As with bullying, those who had experienced sexual harassment prior to admission were more likely to have experienced it while in the home, leading the researchers to suggest that some young people were particularly vulnerable to bullying or harassment. Farmer and Pollock's (1998) research into sexually abused and abusing children in

substitute care discovered that children who had been abused at home were more likely to be placed in residential care, whereas those who had abused others mostly went to foster homes, where it was assumed they would be less of a risk. There were extensive gaps in information passed on to caregivers, insufficient attention was paid to whether or not the child would be a 'good match' with others in placement and it was not uncommon for abusers to share bedrooms with other children. Consequently, half the sexually abused children in the sample went on to abuse others, mostly involving peers in foster and residential placements.

While levels of reported bullying and other peer violence in recent children's homes research seem comparable to those found in studies of schools and community settings, Millham *et al*. (1976) cautioned against uncritically transferring what is known about violence in one context to another. The impact of attack in the place where young people live, and from fellow residents, may be experienced quite differently from that of violence elsewhere. In Sinclair and Gibbs' study, most residents felt that they had been helped in some way to deal with their problems by their stay at the home. But the depth of residents' unhappiness was illustrated by their responses to other questions: between a third and two-thirds gave answers that indicated they were worried, depressed, had a low opinion of themselves or thought they were going nowhere in life. An alarming four in ten claimed that they had considered killing themselves in the previous month. Previous experiences of bullying and sexual abuse were significantly associated with unhappiness but incidents since admission were even more strongly linked. Being bullied was felt to be a probable cause of poor adjustment in the longer term. Though staff were generally perceived as kind and helpful, Sinclair and Gibbs concluded that a more important determinant of young people's welfare was the resident group and how young people got on with them.

It is not clear whether the greater prevalence of peer violence suggested in more recent reports and studies represents a worsening of actual levels of violence – perhaps linked to a change in population in children's homes as the most troubled young people are concentrated in a much smaller number of establishments – or is it the result of a change in the approach towards examining and assessing violent behaviour by young people? It could also result from a more open approach taken by researchers towards young people's accounts of their experience. In many respects the past two decades have seen changing attitudes towards violence of all kinds, with lessened tolerance leading to new legislative and policing responses to domestic violence, sexual violence and child abuse. The change has been most notable with respect to violence in the private rather than the public arena. There is greater protection in law than formerly, more resources allocated to helping victims of violence, and an apparently greater willingness to report some forms of violence.

Publicity given to the harm caused by bullying in schools has led to school-based initiatives to acknowledge and tackle behaviour, which seems formerly to have been considered by adults as a trivial problem (Smith and Sharp 1994). The debates about physical punishment of children, in school and in the family, and about violence in the media, have focused attention on the ways in which children respond to models of violence, and the messages they receive when they see or experience violence from adults. While there is little evidence that levels of interpersonal violence have substantially decreased (Simmons 2002, Stanko 2002) it is possible that the more open discourse within which violence is now considered has made it easier for researchers and others to address and identify peer violence which was previously hidden. Yet, though young people may be more willing to tell researchers about experience of violence, all the evidence suggests that they are still often reluctant to confide in parents, professionals or other adults in their network.

**Policy and guidance on peer violence in children's homes**

Child care policy has had little to say about violence between young people in children's homes. The guidance available has largely reflected the social administrative perspective that it is primarily a matter of maintaining order, and the primary concern was always with violence towards, or abuse by, staff rather than on behaviour between young people. The then Department of Health and Social Security sponsored a series of seminars and a publication on violence in the mid-1970s in response to concerns about maintaining order in approved schools (Tutt 1976). In the early 1980s, the Dartington Social Research Unit looked at issues of control in residential care where the focus once more returned to violence between children (Millham *et al.* 1981). Guidance on residential care was produced to accompany the introduction of the Children Act 1989 (Department of Health 1991). This contained helpful good practice material but the section on maintaining good order and discipline makes no mention of peer relationships. In addition, Sir William Utting conducted two detailed reviews of residential childcare in the 1990s. The first, in response to the Pindown report discussed above (Levy and Kahan 1991), alludes to peer violence but gives much greater prominence to violence by staff (Department of Health 1991). The second review 6 years later, followed continuing publicity about physical and sexual abuse in institutions over the previous 20 years, and focused on the issues of safeguarding children and young people. The report is remembered for its pithy statements, references to 'sexually and physically abusive terrorists' (p. 5) and the review being at times '… a crash course in human (predominantly male) wickedness and in the fallibility of social institutions' (p. 7, Utting 1997). Although, as cited earlier, the report identified abuse by peers as a major issue in residential settings, and the recommendations mention peer violence, little detail is given. Action to address peer violence is excluded from the list of principal recommendations.

Reports along similar lines were also commissioned in Scotland (Kent 1997) and Wales (Waterhouse 2000). Once again the former, though acknowledging the problem of peer abuse, makes no particular mention of it in the list of recommendations.

Another important policy initiative in the 1990s was the work of the Warner Committee on staffing in children's homes (Department of Health 1992), also set up in response to a major scandal (Kirkwood 1993). The Committee's remit was concerned with the protection of children and young people from abuse by staff. It reported that, though there is some US research, there was no full-scale study of the abuse of children in institutions in the United Kingdom. The only evidence the committee cited was a small-scale exercise by the National Association of Young People in Care (NAYPIC), based on 50 young people, mostly living in institutions, who had complained to them about abuse. About half the perpetrators of abuse were staff (mostly male) and half were other young people (Department of Health 1992, p. 20). The attention of the Committee focused on the selection, development and management of staff and none of its 83 recommendations concern abuse by children.

A main government initiative to raise standards in the management and delivery of children's social services has been *Quality Protects* (Department of Health 1998b), set up following the Children's Safeguards review of children living away from home (Utting 1997). Under this initiative £875 million is being made available to local authorities over five years (1999–2004) to improve services for children, with a particular emphasis on care services for 'looked after' children (Department of Health 2002b). A series of publications have been produced outlining various objectives, sub-objectives and a 'Performance Assessment Framework' (PAF). An underlying principle of the initiative, as the title suggests, is that children's safety will be enhanced by an improvement in overall standards of social care rather than solely through particular measures. Thus, for children looked after by local authorities, *Quality Protects* covers, for example, areas such as the stability of placements, educational achievements, health, offending, re-registrations on the child protection register, proportions in family placements, unit cost of services and rates of adoption. Once again the focus is on the competence and effectiveness of professionals and there are no specific indicators concerning institutional abuse or violence between young people as measures of quality in residential services.

## Young people in custody

Although there has been media attention to violence in custodial institutions for young people, often following deaths of young people due to suicide and occasionally homicide, there has been even less research than on the care system. However the available evidence from the few research studies and from official reports, including the published reports of inspections

of young offenders' institutions (Chief Inspector of Prisons 1997), present a similar picture to that of other group settings, in which violence and bullying are common features of young people's experience, with a substantial group being both bullies and bullied (Edgar and O'Donnell 1997) and an oppressive hierarchy or 'pecking order' (Howard League 1995). Kendrick (1997) summarises the evidence and shows that the prison system appears to be unusual among residential institution services in having a stated policy and clear, positive strategy to combat bullying and violence. Methods include anti-bullying agreements signed by young prisoners, anti-bullying committees of prisoners, and a positive strategy for peer support with 'Listener' schemes which use 'trained and trusted inmates to advise and counsel other inmates' (Tattum 1995 cited in Kendrick 1997, p. 209). Inspection reports and local research studies suggest that these approaches can be successful in improving physical safety and reducing self-harm and suicide attempts in a well-managed institution, but there has yet to be research on how widely they are used in the prison system, or on their effectiveness in reducing, as distinct from containing, bullying.

## Common themes on peer violence

There are a number of common themes which emerge from this examination of the evidence on peer violence. In all contexts there seems to be agreement that approximately 30–40 per cent of children and young people experience threat or attack of some kind from peers; that the younger they are, the more likely they are to be victimised; that violence is usually hidden from adults both by perpetrators and victims; that power hierarchies are an important feature of the situation; that gender and ethnicity are both important factors associated with power dynamics and types of attack; that a substantial minority will be both aggressor and victim on different occasions; that family and personal factors may be important issues associated with being aggressors and victims; that being a victim in one context may increase vulnerability for the future; and that there are both immediate and long-term harmful effects of peer violence, up to and including self-harm and suicide.

There are also indications that the response of adults may have important effects on the likelihood and seriousness of violence. In both day and residential contexts the level of staff surveillance has been identified as a significant influence. It is noted that staff often do not take peer violence seriously, but that where positive intervention strategies do exist there is some evidence that they are effective in reducing levels of bullying. Some studies suggest that in well-managed services, the more mature and constructive young people are likely to have most influence on the group, with the implication (not tested in research) that poor management may have the opposite effect.

In planning the present research, the insights from earlier studies have been used in conjunction with recent developments in theorising violence. It was clear that the focus of the study could not be restricted to physical violence, since previous evidence demonstrated that threats, intimidation and indirect methods of attack were inextricably linked with, and supported, both individual acts and general climates of physical violence.

## The meaning of violence

Theoretical understandings of the term violence are under-developed and remain problematic (Richardson and May 1999). Kelly (1988) argues that traditional 'common sense' definitions of violence reflect a focus on male behaviour that is considered to be a direct threat to public safety. Gabe and others (2001) continue that these 'common sense' understandings emphasise the visible and quantifiable aspects of violence to the exclusion of less visible manifestations. The implication of this is that apparent physical injury takes precedence over psychological harm (Featherstone and Trinder 1997). However, feminist scholars have pointed out that such definitions may omit acts which many people understand and experience as violence, such as verbal and/or 'psychological' abuse (Hanmer and Saunders 1984, McNeil 1987, Wise and Stanley 1987, Kelly 1988, Stanko 1990, 1995, Maynard 1993). Consequently these commentators, among others, have attempted to develop a broader social definition of violence that encompasses a wider spectrum of behaviours not restricted to legal codes or 'expert' accounts. Debates about violence often become conflated with assumptions that the overt seriousness of violence dictates its impact on people's lives. Thus long-term verbal abuse is often depicted as annoying but not fear-provoking, nor a blight on individual lives. However evidence suggests otherwise, for example in relation to racist insults (see Sibbitt 1997, Barter 1999). Scientists have shown that social rejection triggers a similar response in the brain as physical pain (Eisenberger *et al.* 2003). In addition verbal sexual pestering, comments and daily verbal abuse have been shown to contribute greatly to creating a climate within which other forms of violence can fester (Gardner and Brooks 1995, Madriz 1998). Reflecting this complexity Stanko defines violence as:

> …any behaviour by an individual that intentionally threatens, attempts to inflict, or does cause, physical, sexual or psychological harm to others or to her/himself. (Stanko 2000: 246)

The Association of Directors of Social Services (ADSS) describe violence very simply: 'behaviour which has a damaging effect either physically or emotionally on other people' (Kemshall and Pritchard 1996: 162).

It is important to recognise that debates surrounding how violence is defined are not simply intriguing academic exercises, but have practical

implications. The scope of such definitions is important as they determine how an act is labelled by both individuals and institutions, which in turn affects whether the behaviour comes to the attention of someone authorised to intervene and to assist the victim or assailant (Kelly 1988, Glass 1995, Hoyle 1998). Ultimately, it is the capacity of individuals and institutions to determine which acts are defined as 'violence' that determines the social character of violence (Stanko 2000).

## Public/private dichotomy of violence

Historically, researchers and academics have concentrated on male acts of physical violence in the public domain, but this domination has now been successfully challenged, predominantly by feminist writers. Through work on socially unrecognised and hidden forms of 'private' violence (such as the sexual abuse of children and domestic violence), the central position that violence holds within the private sphere has been widely recognised (Bell 1993, Plummer 1995, Maynard and Winn 1997). Although the distinction between the two spheres has been challenged in social theory for being false (Walby 1990) and the inter-relationship between public and private violence has been acknowledged, this does not diminish the importance of recognising the 'ideological and normative power' of the public/private divide (Cooper 1993). This is of central importance in relation to residential care, which occupies a position in what has been termed the 'intermediate zone' where the public world of work and the private domain of the family overlap and merge (Stacy and Davis 1983).

## Gender and violence

It is well established that males account for most homicides and violent assaults (Newburn and Stanko 1994). Hence violence is acknowledged as a problem and a consequence of certain forms of masculinities (Braithwaite and Daly 1994, Connell 1995). In contrast physical violence perpetrated by females is uncommon, as girls rely more on psychological and verbal forms of attack (Batchelor *et al.* 2001). This is despite the recent spate of (unfounded) media depictions of girls as the 'new lads', whose use of indiscriminate, physical, gang-based violence is depicted as a new and growing social problem (see Brinkworth and Burrell 1994, Cohen 1994). Female perpetrators of physical violence are castigated as being 'unfeminine' (transgressing gender expectations) and pathological, whereas some forms of male physical violence are viewed as an 'acceptable' expression of masculinity (Heidensohn 1995). Certain forms of violence are viewed as transgressions of social norms and boundaries and are, therefore, more likely to attract social opposition (Richardson and May 1999). This can include violence by children, as evidenced by the public outcry over cases where children commit homicide,

compared to the attention given to murder by adult males (see e.g. Jackson 1995, Sereny 1998). Violence by adolescent males, however, arouses a different response according to context, whether it is seen as just 'silly kids' – as in aggressive horseplay in the playground or sports field – or as a threat to the social order, as in violent street crime or violence to teachers.

## The present study – research methods

As stated earlier, theorisation of the term 'violence' remains underdeveloped and problematic (Richardson and May 1999). In response, we drew upon a broader and more inclusive social definition of violence that encompasses a wide spectrum of behaviours that is rooted in and can cope with the complexity of experience from the standpoint of the individual concerned. Defining violence in such a way was fundamental to our project of which a central aim is the representation of children's experiences of violence, whose voices (and thus experiences) have historically remained silent and marginalised.

We drew upon Kelly's (1987) inclusive framework for violence as a continuum of harm in which physical, sexual, emotional and psychological abuses of power at individual and group levels allows for a much more fluid theorisation of violence. In this, a whole range of behaviours can be understood according to participants' own evaluations and interpretations. Indeed, we were increasingly aware during the fieldwork how violence needs to be understood within a continuum that recognises its multi-faceted and often contested status if young people's accounts are to be incorporated and acknowledged. For example, a continuum can include a diverse range of violent behaviours from isolated flashes of physical violence to systematic, prolonged verbal attacks. It was also important to investigate both incidence and impact if we were to tease out the meanings and roles that different forms of violence play in young people's lives. Consequently, in addition to our theoretical framework, we needed to develop a methodology in which young people (and staff) could define and contextualise their own personal experiences of violence. Given the loaded nature of the term 'violence' a decision was taken early on not to describe our research interest using this term, but as an investigation into 'the positive and negative aspects of residential life' more widely. Indeed, we were very keen to use the research process in enabling children to articulate their experiences as they are significant and meaningful to them and, furthermore, allow them to wield some control over the focus and direction of the research (see Alldred 1998).

### Developing appropriate methodology: prioritising children's experiences

In addition, we needed to develop a methodology that could: engage children to participate in 'sensitive research'; enable a discussion both of

personal experiences of violence and types of violence that participants may not have directly encountered; explore the interpretations and meanings different actors ascribed to different situations and courses of actions; and, additionally, provide children with a greater level of control over the research interaction. Two complementary techniques were employed to fulfil these diverse aims. First, *semi-structured interviews* were used in which children could identify, define and contextualise their own personal experiences of violence. Staff were similarly asked about their experiences and management of violence between children in their care. Participants were asked to recall both their most recent experiences (within the last month) and their longer term evaluations of peer violence to determine if levels of violence fluctuated over time within each of the homes, and if so why. Second, *vignettes* were employed to depict different forms of violence to which children and adults could respond. Alongside these formal data collection techniques, researchers spent a considerable amount of time in each setting informally observing and interacting with participants. This aspect of the study was extended after feedback from the pilot stage of the project, which indicated that children needed more opportunity to get to know the researchers before they felt comfortable discussing their experiences of violence with them.

Much methodological literature exists concerning the use of qualitative semi-structured interview techniques, which we shall not rehearse here. Portraying 'active listening' and a 'non-directive stance' (Whyte 1984), and making efforts to convey a non-judgmental attitude (Hill 1997), avoiding asking 'leading questions' (Lofland and Lofland 1995) and instead asking 'contrasting', 'descriptive' and sometimes 'structural' questions (Spradley 1979) were all central components in our interview techniques (see Appendix A). In contrast, although vignettes have been used by researchers to explore diverse social issues, little methodological writing exists which examines the use of this technique within social research (but see Barter and Renold 1999, Schoenberg and Ravdal 2000) and, particularly, its application within qualitative research with children. In qualitative studies, vignettes have been increasingly used to elicit cultural norms derived from participants' attitudes to and beliefs about a specific situation and to highlight ethical frameworks and moral codes. Hughes (1998:384) states that 'vignettes highlight selected parts of the real world that can help unpack individuals' perceptions, beliefs, and attitudes to a wide range of social issues'.

Within our study, four written vignettes were used. Each depicted a different aspect of behaviour including sexual, emotional, physical and verbal forms of violence and was based on children's 'real' experiences derived from earlier pilot interviews and data from previous research (Barter 1996). Each vignette was adapted to use with younger children (aged 6–12 years) and adolescents. Questions following each vignette included how they

thought characters in the story would feel and behave, and how they themselves might feel and respond if presented with a similar scenario and why. The reasons surrounding each response were then freely explored with each participant, thus allowing them the space to redefine contexts and behaviours by drawing on their own and others' experiences. Due to the flexibility of this technique within the interview we were able to adapt the data collection to fit individual participants' needs. Using the vignettes in this way compensated for some young people's lack of direct experience, and gave others the opportunity to decide when and if they wished to interject their vignette responses with personal experiences. This gave them greater control over the research interaction. For a comprehensive overview of our use of vignettes in our study of peer violence see Barter and Renold (1999, 2000).

All interviews were tape-recorded and fully transcribed for detailed analysis using the qualitative data analysis software package NUD*IST4 (see Richards 1995). Full details regarding the approach to analysis are included in Appendix B.

**Sample**

Thirteen homes took part in the study, 1 of which had 2 separate house units on 1 campus, making 14 residential units (9 local authority, 3 private and two voluntary homes). Nine were mixed, four all-male and 1 all-female. Twelve units were for adolescents and 2 for younger children. Homes reflected the national balance between the sectors, including establishments from across England, and in urban and rural areas.

Seventy-four children and young people were interviewed but three interviews were excluded due to doubts about their validity. Of 71 valid interviews, there were 41 young people from local authority homes, 19 from private homes and 11 from voluntary homes. As with the national distribution of young people in residential care, more were male (44) than female (27). Nearly a quarter of the sample (16) were from minority ethnic groups, 12 males and 4 females. Ages ranged from 6 to 17 years but the majority were teenagers, with 14 children aged 12 or less. Most (55) young people lived in homes with 7 or more places; 16 in smaller homes for 6 or less. About half had been in their current placement for six months or more, with 11 there for less than one month.

Seventy-one staff were interviewed: 39 women and 32 men. There were 47 from local authority homes, 14 from private homes and 10 from voluntary homes. Most were from homes for more than 6 children and 26 from smaller homes. Those interviewed included 20 with management responsibilities, 10 senior/team leaders and 41 residential social workers. Most (53) were white British, with 18 staff of other ethnicity, including African Caribbean, Irish, South Asian and African (see Appendix C for a full sample breakdown).

All staff and most young people were interviewed individually, but eight children who wished it were interviewed jointly with a friend or sibling.

**Ethical safeguards for young research participants**

Following the British Sociological Association's *Statement of Ethical Practice* 'special care' was taken with young research participants who are vulnerable by factors of 'age, social status and powerlessness' (Morrow and Richards 1996). Introductory meetings were held in each home with both staff and young people. All participants were sent leaflets before we visited explaining the aims of the research, the voluntary nature of participation, confidentiality and researchers' phone contact numbers alongside their photographs. The younger children, who might have had limited reading ability, were given audiotapes explaining the research. A form detailing participants' rights within the research (for example their right to end the discussion whenever they wished, or to revoke their consent for their discussion to be used upon completion of the interview) were provided which young people signed to indicate their understanding. Leaflets were also produced for parents and external social workers detailing the research project. Participants were assured that information would be confidential to the research team, unless researchers were told of circumstances in which children were in 'immediate serious danger'. These situations would be reported to an appropriate senior person (preferably with the young person's consent), and a suitable management contact was negotiated in each managing agency. Throughout the fieldwork we reminded young people of these rights and especially the limitations of confidentiality, to ensure young people did not disclose information which they may later regret. This process is described by Thorne (1980) as 'renewed consent'. All of the managers of the children's homes were assured anonymity in any reports arising from the research, consequently individual homes are not named.

The text of the book is organised as follows: Chapter 2 is concerned with mapping peer violence in children's homes. Chapter 3 then discusses young people's perspectives on violence, followed in Chapter 4 by staff views. In Chapter 5 we contrast young people's and staff views by using vignettes. Chapter 6 considers institutional and organisational factors associated with violence. Next, Chapter 7 evaluates working practices, followed by methods of intervention in Chapter 8. The final chapter summarises the main findings and draws out some conclusions.

## Summary points

- There has been relatively little research on peer violence except for that on bullying at school, which has led to statistical studies and some intervention programmes. Definitions vary, but studies are united in indicating that it is a very common experience both to bully and to be bullied, with

figures of around 30–40 per cent of school pupils being bullied as the norm.

- A summary of research identified the characteristics of those most at risk, including younger children, those with problems in their family, those who have few friends. Bullying often targets children's social background, physical appearance and ethnicity. It causes considerable distress and there have been some indications of longer term harm and of bullying-related suicide.
- There has been no research specifically focused on the prevalence of abuse in residential care, in spite of the major scandals and public inquiries in recent years.
- In conceptualising violence for the present study we are operating within the sociology of childhood, and using a model which treats children and young people's relationships and cultures as being worthy of study in their own right.
- Violence is used to mean physical, sexual and psychological attack or threat, including indirect and relational attacks.
- Fourteen residential units took part in the research and 71 young people and 71 staff at different levels were interviewed. Semi-structured interviews explored children's and staff's experience, and vignettes of common violent scenarios were used to open up the discussion and explore personal experience and perspectives. No formal definition of violence was used and the focus of research was on wide-ranging aspects of behaviour between young people in children's homes, in order to look at violence in its context and to include psychological and indirect attack as well as direct physical violence.

# Index

African-Caribbean males 94–5
age and violence 76–7, 95–9

boarding schools 13–14
boys *see* gender, masculinity
bullying 5–8, 42–4, 50–1, 62–3, 15–16, 203–4
  associated factors 7–8, 120
  inevitability of 65–7, 227–8

child protection procedures 191–2
children and young people
  as victims of violence 4
  backgrounds 99–102
  using strengths of children's culture 224
children's backgrounds and violence 99–102, 135–6, 227–8
children's perspectives 18, 59–78, 104–38, 140–5
  on staff interventions 167–72
children's rights 145–6
childhood
  perspectives on 2–3
  sociology of 2–3, 60–1, 204
conceptualisation of violence 22, 24, 29–57, 104–38
continuum of violence 56–7, 157–60
custody, violence in 20–21

disclosure of violence 161–7

ethics 27
external professional help 196–7

gender
  and physical violence 32, 34–6, 67–9
  and sexual violence 122, 134
  and verbal attacks 42
  and violence 23–4, 34–7, 42, 67–9, 72–6, 87–93, 122–34, 161–3, 208–9

girls *see* gender
group work 197–8

'hard masculinities' *see* masculinity
hierarchy *see* peer group hierarchies
high-level violence 34–6, 46

individualised explanations of violence 134–5
inquiries into child abuse 13–14, 19–20
homophobia 132–3, 209
institutional factors 139–60

justification narratives 69–74, 107–9, 137, 213–14

keywork system 194–6

levels of violence in residential homes 44–56
listening to children 2–3
low-level violence 33, 45–6

masculinity 35–6, 67, 74–6, 87–8
meetings
  formal 190–1
  informal 189–90
  young people's meetings 146–9
methodology *see* research methodology

normalisation 60–3

organisational factors *see* institutional factors

'pecking order' *see* peer group hierarchies
peer group hierarchies 63–7, 80–7, 210–11
peer violence
  as child protection 11
  in boarding schools 13–14
  rates of 21
  research on in residential care 11–19

physical contact violence 31–6, 67, 106–13, 167–74
physical non-contact violence 31, 36–7, 47–9, 103–22, 174–9, 206
physical restraint 187–9
'play-fighting' 172–4
policy, on peer violence in children's homes 19–20, 140–5
'positioning' *see* peer group hierarchies
property attacks 36–7, 49

qualitative research 25

racial violence 16, 41, 56, 93–5, 120–2, 136, 215–16
racist abuse *see* racial violence
research methodology 24–7, 131
  data analysis 231–2
  ethics 27
  researching violence 229–30
  sample 26–7, 233–4
  vignettes 25–6
residential care for children 8–21, 216–21, 225–7
  admission procedures 152–4
  buildings 154
  bullying in residential care 10–11
  changing population and realignment in peer group hierarchies 84–7
  functions 155–6
  institutional factors 139–60
  inquiries into abuse at residential homes 13–14, 19–20
  referrals 149–52
  residents of 9–10
  sexual abuse in 17
  staffing levels 156–7
  statistics on 9
responding to violence 221–4
  child protection procedures 191–2
  external professional help 196–7
  group work 197–8
  keywork system 194–6
  meetings 189–91
  physical restraint 187–9
  positive rewards 198–9
  relationships 199–200
  sanctions 184–7
  supervision 193–4
retaliation 69–74, 107–9, 137

sanctions 184–7
sexual violence 31, 37–9, 51–4, 122–34
  female responsibility for male sexual violence 123–6
  male on male sexual violence 130–4
sociology of childhood 2–3, 60–1, 204
staff perspectives on peer violence 79–103, 104–38
  girls' violence 88–93
  girls' use of sexuality 93
  normalisation of male violence 87–8

thresholds 137
'top dog' *see* peer group hierarchies

verbal attacks 31, 39–42, 49–50, 54–6, 179–81, 205
  and race 56
  against family 41–2, 55
victim status 134
vignettes 25–6, 104–38
violence as social justice 69–74