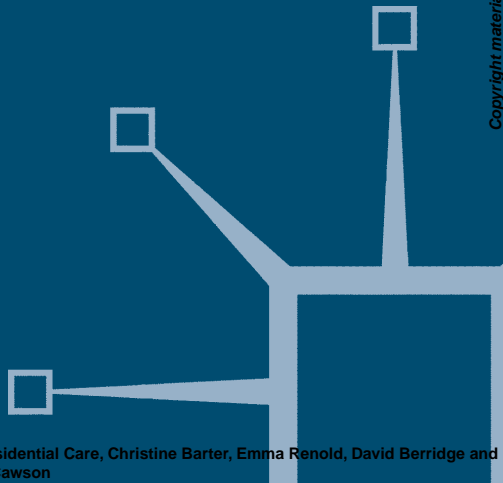


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Peer Violence in Children's Residential Care

Christine Barter, Emma Renold, David Berridge and Pat Cawson



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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 6 000 (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

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