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Who's to Blame: Conceptualising Institutional Abuse by Children

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The aim of this paper is to provide initial discussions surrounding conceptualising abuse by children within institutional settings. This will be achieved by reviewing literature and research from a number of different sources, exploring the assumptions held about peer behaviour, and the problems and dilemmas surrounding identifying when behaviour by residents should be viewed as abusive. Central to this discussion is how the dynamics of institutions effect these definitions and assumptions, and how these differ depending on the type of abuse involved.

Key words: Bullying, child protection, definitions, institutional abuse, young abusers.

INTRODUCTION

The following discussion will focus primarily upon abuse in relation to residential children's homes, which are now increasingly being targeted at accommodating very disruptive teenagers who exhibit challenging behaviour (Bullock, Little and Millham, 1993; Children Act Report, 1993; Audit Commission, 1994). Within this environment children who have been abused and those who have previously abused are frequently accommodated together. Therefore the dynamics of residential care make this debate especially pertinent to these institutions. Having stated this, the problems and issues highlighted are relevant to many out of home settings which accommodate children and young people. Although the abuse of children by adults represents an important and related area of concern, it primarily lies within the literature focusing upon institutional abuse by professionals, it will not therefore be covered within this paper.

Within the UK there has been a lack of research focusing specifically on the abuse of children in residential settings. A number of research and practice papers have covered the problem, although generally only as a small aspect of a much wider study regarding the general issues and problems experienced by children in the care system. A body of literature on institutional abuse has been developed in the United States (US), and will be widely drawn on throughout this paper. However, the issue of institutional abuse by residents is noticeably absent in this literature,

both in terms of prevalence and in the development of strategies and procedures that seek to protect children. It should not be assumed that the systems and administrative procedures that have been proposed, and, sometimes implemented for the protection of children from abuse by workers, will necessarily protect them from abuse by other residents. In addition, we must remember to be cautious when transferring research findings based on the American experience onto our own. US residential children's facilities, for example, tend to be situated more within a mental health context than those here; the age range of children found within these institutions may be different, as are the wider social and cultural dynamics within which institutions are embedded.

One small UK study that has focused specifically on institutional abuse was conducted by Westcott and Clement (1992). The authors state that due to the unrepresentative and limited sample size we need to be cautious in making any kind of generalisations from the findings, or suggestions regarding prevalence rates. However, in the absence of any systematic UK research in this area, it does provide an important 'snapshot' into this form of abuse. Westcott and Clement undertook a survey of the NSPCC contact with children who had experienced institutional abuse, revealing that over a 12 month period, 84 cases were referred.

The most striking finding relates to the perpetrators of the abuse. Approximately half of the children had been abused by a peer. All of the known peer abusers were male (in 6 cases the gender was unknown), and were most likely to abuse with other perpetrators, predominantly other peers. Unfortunately, Westcott and Clement do not provide a breakdown of type of abuse by perpetrator.

The problem of resident abuse within children's homes has been acknowledged within official literature. For example, The Children Act 1989 Guidance and Regulations, Volume 4 states;

When a child in a children's home abuses another child, a very clear distinction will need to be made between, on the one hand, behaviour which amounts to serious physical assault, intimidation and sexual assault which requires external child protection intervention and possibly criminal investigation and, on the other hand, normal childhood behaviour or sexual exploration which should be dealt with by care staff. Abuse will need to be reported and investigated as with any other abuse... It is important that training and written guidance addresses the boundaries between behaviour which can be regarded as "normal", and behaviour which cannot. Bullying and intimidation also need to be taken into account in training and guidance. There needs to be continuing professional discussions between staff, with appropriate managerial or supervisory support, to re-affirm what is normal behaviour.

(1.184)

The above guidance, although acknowledging that this form of abuse warrants managerial attention and inclusion in staff training, also seems to presume that a clear distinction does exist between abusive and exploratory behaviour, with little acknowledgement of how difficult this distinction will be to define in practice. The problems and issues surrounding what behaviour should be defined as representing

institutional abuse have however been widely debated within the literature on institutional maltreatment by professionals. These discussions provide a useful basis upon which to begin to conceptualise abuse by residents. Gil (1982) for example, identifies three distinct forms of institutional abuse. The first is overt or direct abuse, consisting of any sexual, physical or emotional abuse of a child by a care worker, similar to familial abuse. The second two forms are unique to institutional settings. Programme abuse consists of an institution's regime or treatment programme which, although accepted by staff, to an external observer would be viewed as abusive (the so called "Pindown" scandal is an example of this). The third form of institutional abuse defined by Gil is system abuse;

... perpetrated not by any single person or programme, but by the immense and complicated child care system, stretched beyond its limits and incapable of guaranteeing safety to all children in care.

(1982:11)

Shaughnessy (1984) supports this, stating that institutional abuse occurs;

... as a result of the child being managed by a bureaucratic facility with which he or she lacks the skills to cope.

(1984:317)

However, Thomas (1990) has forcefully argued against any attempts to formulate definitions of institutional abuse based on systems, arguing that systems are inert structures awaiting human operationalisation. From this point of view, a system abuse definition only serves to allow maltreatment to continue under the guise of a lack of resources; when in reality it is people, not systems, that cause the harmful consequences. Thomas is also vehemently critical of viewing victimization and exploitation by residents as constituting institutional abuse, suggesting that;

... the term abuse should be avoided in characterizing peer-on-peer victimization...an institution has responsibility for the twenty-four hour care of each child which includes care within the context of peers, in groups and pairs. Use of the term "peer abuse" may restrict attention to peer-on-peer behaviour thereby overlooking a failure of responsibility on the part of staff which must be suspected to be a factor in all peer-on-peer incidents...calling an incident "abuse" rather than "assault" for example, may trivialise the meaning of the incident for both the perpetrator and the victim.

(1990:10)

The lack of power that children have within the care system has been frequently reported, and the degree to which children should be held responsible for their own behaviour and actions is contentious. By using a system approach to conceptualising the problems of institutional abuse by children, the debate can be transferred away from labelling individual children into a wider context, namely how adequately the care system as a whole can protect children in its care from abuse by other children.

However, Thomas' criticisms need to be heeded. Individual staff within children's homes have a responsibility to identify, report and respond to abuse by residents. In addition, their role in "enabling" an environment to develop, either overtly or covertly, in which abuse by residents can prosper should be viewed as central to any discussions surrounding this form of institutional abuse.

The following sections of this paper will seek to identify and explore the problems and processes involved in conceptualising and defining abuse by residents, firstly focusing upon sexual abuse, and secondly, physical and psychological abuse. This separation does not mean to imply that these forms of abuse are not interrelated, nor that many of the issues regarding conceptualising and responding to these different types of abuse are not similar in nature. However, differences do exist between these forms of abuse and discussion is therefore facilitated by this division.

Conceptualising Sexual Abuse By Residents

The problem of children sexually abusing other children has, in the last few years, become recognised within UK practice literature. The limited number of UK studies that have given prevalence rates for sexual offenders under the age of 18, show that approximately one third of all sexual offences are committed by this age group, with the majority of offenders being male (Kelly *et al.*, 1995; Glasgow *et al.*, 1994; Research Team, 1990). This ratio is also reflected in findings from other countries (e.g. Finkelhor 1979; Gomes-Schwartz *et al.*, 1990). Monck and New (1996:5) state that the;

Acceptance that teenagers are responsible for much of the abuse of children and teenagers has been a late development in the field of sexual abuse. Although published studies specifically reporting incidence or prevalence of teenager sexual abusers are rare, evidence of the likely size of the problem can be gleaned from other sources. Taken together, the evidence is remarkably consistent that this is a significant group of child abusers.

No studies to date have concentrated solely on the sexual abuse of children by other children within residential settings. Consequently, there exists a lack of understanding regarding how the dynamics of institutions effect the sexual offending behaviour of the children and young people living in them. We are therefore left with largely anecdotal evidence, Morris *et al.* (1994) found that just over half of the young people contacting ChildLine's children in care helpline due to problems of current sexual abuse within residential care, said their abuser was another child. In 1990, Nottinghamshire Social Services Department conducted a survey into their community homes. This uncovered disturbing levels of abuse being committed by children on other children (Lunn, 1990a). The total population of children in residential care within the county at the time was 380; 48 of these children were found to have been sexually abused since being placed in care, 32 by other residents. The majority of these children (26) had previously experienced sexual abuse before entering care, with six children experiencing sexual abuse for

the first time at the hands of other residents. Lunn states the abuse perpetrated by these children covered the gamut of offences, ranging from obscene phone calls and exposure to rape, buggery and bestiality. David White (Nottinghamshire Social Services Director) stated the young people exhibited behaviour that went well beyond 'normal adolescent testing out'. He stated that;

We were astounded to find the number who had been subjected to abuse ..
However we're probably not untypical of Departments generally.
(quoted in Lunn 1990b:20)

However, this problem is not only restricted to children homes. One hundred and fifty five children called ChildLine's boarding school line due to sexual abuse, 26 per cent of these children alleged sexual abuse by another child (Department of Education and Science 1992).

The dilemmas faced by residential workers in determining when sexual behaviour by residents requires a child protection response are immense. To enable evaluations to be undertaken of what sexual activities constitute abuse, workers firstly need a reference system of what normal sexual activities are for the age range concerned. Unfortunately, there exists a continued lack of information regarding normal psycho-sexual development in children and young people (NCH 1992), denying workers a firm basis upon which to base their evaluations.

The link between socially acceptable experimentation and exploitation is difficult to define (Neate 1990), however we expect residential workers to do just this. Becker (1988) defines non-deviant sexual behaviour in adolescents as "non coercive sexual interaction with a peer". In response to this Vizard *et al.* (1995) state that by extrapolation deviant behaviour consists of three elements; the use of coercion, age inappropriate sexualized behaviour and partners who are not peers. They concede that these guidelines are open to questions of what constitutes "coercion", what is age appropriate interactions, and even who are peers and who are not. Horne *et al.*, (1991) point out that if 'normality' is equated with frequency, then sexual experimentation, even if this involves exploitation, is normal adolescent sexual behaviour. They continue that children daily abuse each other, often committing acts that if done by an adult would result in prosecution. Horne *et al.* are not arguing that adults should not intervene in this process, instead they are seeking to highlight how inappropriate it may be to transfer adult interpretations and perceptions onto the behaviour of children and young people, calling for caution when doing so. They argue that no acceptable definition of peer group sexual abuse exists and that previous attempts, such as those based on the age difference of the children involved (for example Johnson and Berry, 1989) are too constrictive. Horne *et al.* consider that any definitions of child on child sexual abuse is inappropriate, instead they propose a 'dimension based assessment' approach be utilised, using an organised rating system, which would provide a framework against which individual activities could be evaluated.

For residential staff working with children and young people with a learning difficulty, the dilemmas and problems involved in determining what behaviour

should be viewed as being sexually offensive are compounded. Workers also need to guard against incorporating ethnocentric judgements into their definitions of psycho-sexual normality (Vizard *et al.*, 1995).

To further complicate this situation, we also need to consider what expectations society should have of adolescent sexual behaviour (Vizard *et al.*, 1995). Evaluations taking into account all these factors is what we expect residential workers to undertake every day.

Brown (1994) recognises the difficulties that professionals encounter when struggling to define when sexual abuse by another child has occurred, suggesting that;

Where there is confusion about whether an incident is abusive, professionals must talk to the young person involved. If one of them sees it as abuse it needs to be treated as such.

(quoted in Knibbs 1994:10)

The NCH report (1992) found that residential workers were often worried about dealing with residents' overt sexualised behaviour, when they have very little information or guidelines as to how to deal with it. Research on young sexual abusers has shown that professionals frequently respond to the problems by either ignoring its existence (Roberts *et al.*, 1992), minimizing the seriousness of the act, or suggesting that offences are due to the normal aggressiveness of sexually maturing male adolescents (Johnson 1988). As Roberts *et al.* (1992:10) state;

The fact that children may sexually exploit other children is abhorrent and difficult to accept. Consequently, denial and minimization are frequent responses. It is not unusual for the behaviour to be put down to child's play or 'normal' exploratory consenting behaviour.

Groth and Lorendo (1981) and NCH report (1992) both stress that sexual activities which may be perceived by observers as just 'experimentation' may be described by the 'victim' as abuse. The institutional abuse literature focusing upon abuse by professionals has shown that denial and disbelief are common responses of institutional staff (Nunno and Motz, 1988; Rindfleisch and Rabb, 1984; Rindfleisch, 1990) and similar to the response of parents to abuse being uncovered within a family setting (Durkin, 1982). Hollows (1990) recognising the problem of denial in relation to child sexual abusers, stresses that it is not simply restricted to the lower levels of the social care hierarchy;

There are places across the country where staff are trying to deal with a problem which is not even acknowledged officially. Either it's kept quiet or it's acknowledged that this had happened but it's unlikely to happen again. People have no idea of the enormous difficulties that are contained on a day to day basis by their residential establishments.

(quoted from Neate 1990, p. 19)

Residential children's homes often contain both child perpetrators and children who are particularly vulnerable to abuse due to their past victimisation (Lunn, 1990b; O'Hara, 1995). However, the degree to which residential establishments are equipped and suitably prepared to work with and manage, this problem has been called seriously into question (NCH, 1992; Horne *et al.*, 1991). This leaves children open to sexual abuse from other residents unprotected by staff.

CONCEPTUALISING PHYSICAL AND EMOTIONAL ABUSE BY RESIDENTS

The issue of bullying has been firmly placed on the research agenda over the last ten years, although this has rarely been within a child protection framework. Numerous studies have documented the extent of bullying that children endure in their childhood (Kellmer Pringle *et al.*, 1966; La Fontaine, 1991; Central Statistical Office, 1994; Butler and Williamson, 1994; Smith and Sharpe, 1994; MacLeod and Morris, 1996). Some studies have highlighted specific forms of bullying, MacLeod (1996) for example, explore bullying and racism.

Most of the research has focused primarily upon bullying within schools, describing the different types of bullying that children endure, and producing strategies which seek to combat it. A small number of studies have focused upon bullying within residential settings. Morris *et al.* (1994) found that a quarter of all boys, and 11% of girls calling ChildLine from a residential care setting did so because of bullying and violence. Research on young people who run away has also identified the widespread prevalence of bullying within residential establishments (Newmann, 1989; Rees, 1993; Stein *et al.*, 1994; Barter, 1996; Barter *et al.*, 1996).

The problems of definition are as salient within the context of physical and psychological abuse as they were for sexual abuse by residents. La Fontaine (1991) for example, argues that to conceptualise serious violent assaults as 'bullying' may allow adults to ignore behaviour in children they would perceive as criminal if the perpetrator were an adult. La Fontaine stresses that serious assaults with physical damage to the victim may indicate sadistic attitudes that require assessment of the aggressor for treatment; without a child protection response this is unlikely to happen.

Most research on bullying shows that boys are far more likely to be both the perpetrator and the victim of physical assaults. Girls tend to be involved in more psychological forms of bullying such as teasing, having rumours spread about them, exclusion from a group or being picked on for no apparent reason (Smith and Sharp 1994). However, MacLeod and Morris (1996:76) stress that the effects of psychological bullying on children should not be underestimated by adults. They argue, as did Brown (1994) earlier, that adult interpretations may be problematic;

Since there is no sure way of identifying children who may react in a self-destructive way to different types of bullying, the onus must be on adults to listen to, and be guided by the child's expressed thought and feelings, rather than by any preconceived ideas about the relative severity of different forms of bullying.

Some writers have shown that professional responses may be similar in nature to those discussed earlier in relation to sexual abuse; denial and minimization. Morris, Wheatly and Lees (1994) in their study conclude that the number of male children involved in abusive relationships with other children in residential care is disturbing, especially when children report this form of abuse, they are likely to be met with disbelief.

Bullying research had indicated that professionals, by their attitudes and actions, may condone the violence. A conspiracy of silence can then build up between the victims, the abusers and those in a position to act (Lane and Miller, 1993). Morris *et al.* (1994) found that children who reported the problem to residential staff said they had generally been ignored, for example, physical fights often happened out of the sight of workers who were then reluctant to take action on the accounts of children alone.

Brown and Falshaw (1996) stress that the victim of bullying may be viewed as a "wimp" by both staff and other children. Workers may believe that a victim needs to learn to be tough. By contrast, the bully may be given status by the exertion of power and the bullying minimized as a "practical joke". Professionals have also been shown to minimize the problem viewing the behaviour as only a transitional phase (La Fontaine, 1991), blaming the bullied child as provoking the other child, or stating the child was being over-sensitive (MacLeod and Morris, 1996).

If the response to bullying by residential staff is to ignore its existence, or minimise its impact, then any basis to respond to resident abuse, whether it be physical or psychological in nature, will be absent, and any framework to identify this form of abuse (except maybe in cases where extreme physical violence leads to serious injury) impossible to formulate or act upon. This in itself constitutes institutional abuse. As Thomas (1990) stated, residential workers should be viewed as central actors in any victimisation or exploitation by residents. Within this context, the institution's culture will play a central and determining role in how bullying, and ultimately abuse, by residents is viewed and reported, and in some instances supported. Lane and Tattum (1989) argue that when an institution creates an atmosphere in which young people feel valued and safe, there is less likelihood of violence and bullying. However, where unhelpful stereotypes exist within the institution violence and intimidation may regularly occur (Beynon, 1989). Hence, bullying can be encouraged by the 'macho' culture of the institution itself and the involvement of staff in such a culture. Berridge and Brodie (1996:186) in their analysis of factors relating to three major inquiry reports state;

In different ways, Beck and Latham in Leicestershire and Staffordshire embodied 'macho' forms of charismatic, authoritarian leadership – charisma misused can be a very dangerous quality. In contrast, in Wales, there was reported to be a sub-culture of masculinity and low level violence that helped feed the unruliness and delinquency.

Bullying may not only occur between residents, but also within the staff team. Mitchell (1996) states that many social workers and care professionals are subjected

to high levels of bullying in the work place by their managers and colleagues. Mitchell argues that the increasingly high levels of expectation placed on care professionals can lead to ways of working that are abusive and bullying. An environment where staff are involved in bullying activities is obviously unacceptable, especially if this is within a care environment. Not only will the staff dynamics inhibit their ability to respond to bullying within the resident group, it will additionally provide a clear message to resident perpetrators regarding the acceptance of their abusive behaviour, and reinforce in their victims the powerlessness of their situation.

INSTITUTIONAL DYNAMICS AND RESIDENT ABUSES

Research on institutional abuse has highlighted the dynamics which may impede workers' willingness to report abuse by their colleagues, the 'whistle blowing syndrome' (Powers *et al.*, 1990). Managers, administrators and care workers within an institution may be reticent about reporting abuse for fear of damaging their, and the institution's reputation (Durkin, 1982) and credibility (Nunno and Motz, 1988; Rindfleisch and Rabb, 1984). Individuals may also fear reprisals for informing on their colleagues, including loss of their jobs.

It is unclear how this syndrome may affect the process of identifying and reporting abuse by residents. Although the fear of reprisals may be diminished, the possible damage to an institution's credibility and reputation in being able to care for and protect its residents, may be seriously questioned.

Workers may be reluctant to report abuse by residents for fear of stigmatising them. This may be especially true if the allegation concerns sexual abuse. Identifying a young person as a sexual offender will have serious and far reaching consequences for that young person (Horne *et al.*, 1991). Workers may fear labelling a young person wrongly, especially when any decision has to be made without the aid of any clear and agreed conceptual framework.

Rabb and Rindfleisch (1985), although speaking about institutional abuse by professionals, have highlighted the link between the under reporting of abuse within institutions, and the absence of any operational definitions and guidelines for what constitutes abuse. This lack of consensus and clarity leads to disagreements about what should be reported, and inevitably an under reporting of incidents that occur, with cases being handled informally and not referred to an appropriate agency for investigation (Powers *et al.*, 1990).

The problem of under reporting may also be reinforced by professional expectations that adolescents should be more responsible than younger children for their own protection, and for the consequences of their own behaviour (Fisher *et al.*, 1979), and to report their own victimisation (Thomas, 1990). When reports are not forthcoming, there may exist very little incentive for workers to suspect victimisation. In view of the fact that a normal aspect of adolescence is the need to establish some form of hidden life away from parents and carers, this may be an inappropriate assumption, especially if within this 'hidden' life a clear moral code

exists which stigmatises children who report other children's behaviour as 'grassing' (La Fontaine, 1991).

To compound the above problems residential homes are often described as existing in relative social isolation (Ayres, 1989). The external scrutiny that children generally experience within their lives (for example by family friends, other relatives, neighbours etc.) may be largely lacking for children in residential care and therefore abuse may not be so readily spotted by external observers.

Lastly many residential care workers are unqualified and lack training. Generally the only professionally qualified staff present within residential establishments are managers, who are now increasingly working office hours and have very limited direct day to day contact with children living in homes. This will mean that the burden of initially identifying abuse (although not the subsequent response) will disproportionately fall to the most under qualified and inexperienced workers. These workers are required to undertake very complex and daunting evaluations on a daily basis, based on very little solid theoretical evidence, and without adequate guidelines. In this context, it is not so surprising that a common reaction is one of denial and minimization, enabling under trained workers to alleviate the need to undertake such difficult decisions.

Nevertheless, it is essential that both residential staff and managers provide an environment where children and young people can feel safe from abuse from other residents. This is a difficult situation to secure, especially with the present resident populations of many homes.

This can be most effectively achieved when all parties involved (including children and young people living in the home), are consulted about what rules are needed, and what behaviour should not be tolerated. The Support Force for Children's Residential Care (1995:48) state in their final report to the secretary of State for Health that;

A positive balanced ethos towards rights and empowerment carries with it the need to develop both self control and external controls for individuals and the group. Working together managers, staff and children need to strive for an ethos, structure and daily living environment that provides positive opportunities whilst at the same time creates boundaries around what is acceptable.

Adopting a children's rights perspective does not mean empowering children to reject order and disregard boundaries, or leave residential workers powerless with no authority or control. In fact, to ensure that a child's right to a safe and secure environment is guaranteed, residential workers need to have the authority to set boundaries, and to respond appropriately if behaviour transcends these limits. Residential workers will most effectively be able to achieve this if residents within the home perceive workers as representing a legitimate authority, capable of protecting them from other residents. The link between certain forms of authoritarian leadership and the prevalence of institutional abuse has been highlighted by some writers (for example, Berridge and Brodie, 1996). However, leadership if properly used can be a positive force in residential care. The Support Force for

Children's Residential Care (1995) conclude that good children's homes were often characterised by clear firm leadership from the officer in charge supported by an alert and informed management hierarchy. The management style and type of leadership employed by the officer in charge is a central feature in determining an establishments ethos. Similarly, residential workers need to fulfil a leadership role to the children in their care, providing both a source of assistance and support, as well as having the authority to control inappropriate and abusive behaviour by both setting and enforcing boundaries of acceptable behaviour. This is essential in keeping the challenging behaviour exhibited by some children under control, ensuring that all residents are protected. However, the Support Force for Children's Residential Care (1995) found that although some exceptionally effective work with children in residential settings was found, they were aware that some staff do little more than provide accommodation and oversight, being passive observers rather than interacting with the young people in their care. Inevitably, this situation will leave young people unprotected from the inappropriate and abusive behaviours of others.

CONCLUSION

Children as perpetrators of institutional abuse is a contentious issue and some will argue against conceptualising the problem in these terms. Nevertheless, it constitutes a major area of abuse within institutions that research and professionals have yet to address.

This paper has sought to conceptualise institutional abuse by residents, drawing on literature from research and practice. The problems and dilemmas faced by residential workers in identifying and responding to resident abuse have been highlighted, and the institutional dynamics that may impede this process have been explored. This paper has also described the need for residential workers to establish appropriate forms of control over the behaviour of children and young people in residential homes through their role as legitimate leaders to the children in their care. Overall these discussions have sought not to label individual children but their abusive behaviour, by placing responsibility on residential workers and their managers and ultimately on our social care system's ability to protect children from each other.

As there is no systematic research focusing exclusively upon this area, we are left only with 'snap shots' of what the parameters of the problem actually are. Often the voices of both children and residential workers have not been heard, with a reluctance by professions (not simply those within the care system) to acknowledge and respond to this problem. It has been argued that a central feature of this is the lack of any comprehensive framework to assist residential workers in their role of defining when unacceptable behaviour becomes abuse. However, before this can be developed, we need to understand what every day evaluations, assessments and responses are currently being employed by residential workers and their managers,

and how these compare to the children's own perceptions and evaluations of the problem.

Although this debate can be informed by current literature and research on institutional abuse, it constitutes a discrete area in its own right. Similarly, the government's attempt to regulate abuse by professionals has centred upon producing administrative safeguards, procedures and inspections, although the effectiveness of these have been widely questioned. The ability of such regulations to protect children from experiencing institutional abuse at the hands of other residents should not be assumed. Ultimately, a care system which is not based upon a children's rights perspective, will mean that any solutions to abuse by professionals on children being employed now or in the future will only partially succeed.

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