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# **Physical and Sexual Violence between Children Living in Residential Settings:** Exploring Perspectives and Experiences

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## **End of Award Report To ESRC**

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# PHYSICAL AND SEXUAL VIOLENCE BETWEEN CHILDREN IN RESIDENTIAL SETTINGS

## End of Award Report Summary

The research aimed to develop understanding of children's violence towards peers in residential settings by exploring children's and staff's understanding of the meaning and effects of violence. We were interested in children's protective strategies adopted by children and the extent to which children and staff had shared reference systems for dealing with violence.

The research was conducted in 14 residential units from the local authority, voluntary and private sectors. We held interviews with 71 children, (ages ranging from 6 - 17 years) and 71 staff, using semi-structured interviews and vignettes of violent scenarios to explore interviewees experience. Interviews were introduced as being about young people's behaviour towards each other in residential care. No definition of violence was given and the interview was structured around respondents accounts and definitions. Interviews were tape recorded and analysed by qualitative data package NUD\*IST 4.

A conceptual framework from Kelly's (1987) definition of violence as a continuum of physical, emotional, verbal and sexual abuses of power was used. It was clear that the study could not be restricted to physical violence, since violent cultures are often underpinned and maintained by fear and threat. The initial conceptualisation needed amendment in the light of the data obtained, the forms of violence were complex and interlinked, and not all was an abuse of power.

Categories were:

- ***Physical contact violence***: all forms involving direct physical assault.
- ***Physical non-contact violence***: physical acts that harmed emotionally rather than physically, including intimidation by looks or gestures, forceful invasions of personal space and attacks on personal property.
- ***Sexual violence***: unwelcome behaviour experienced as both abusive and sexual, which experienced in a qualitatively different way to other physical and verbal attacks.
- ***Verbal violence***: spoken words hurting or intending to hurt, which predominantly took the form of name-calling concerning gender, sexuality, ethnicity, family and appearance.

Accounts included experiences as victim, perpetrator and witness of violence, and the term 'experience' is used to record all categories.

Low-impact violence was perceived by young people as having no long-term impact on their life and was not a major feature of their residential experience. It was not targeted, planned or frequent and often a response to an isolated argument. High-impact violence occurred when use of force was severe, attacks were frequent and the impact was viewed as significant.

Most (62) young people reported experiencing *physical contact violence* in residential care, as recipients (40), perpetrators (25) or witnesses (15). The young people all described incidents taking place in their current home, with 21 also describing incidents from previous homes. 36 had experienced high-impact physical violence, ranging from knife attacks to kicks and punches. All were incidental in wider power dynamics, and were pre-planned.

Just under half experienced *physical non-contact violence*, usually involving destruction of personal property, threats of physical injury and control mechanisms which affected a young person's movement or imposed the aggressors will upon them.

Reports of *sexual violence* were low: 9 of sexual contact violence and 9 of sexual non-contact violence. Girls were far more likely to report both forms of sexual violence and the most serious cases were experienced by girls, and the majority were from boys to girls. All were coercive, involving unwanted touching, sexual intimidation, and one case of rape in a previous home.

Nearly all young people experienced *verbal violence*. Girls were more likely to use sexuality as a form of verbal insult, boys more prone to use family background, in particular 'mother cussing'. These two forms were deemed the worst insults which could be experienced. Both would warrant immediate and often physical retaliation. A number of young people positioned verbal insults to their sexuality or their family as having greater impact than physical violence, a challenge to normative assumptions about the nature of violence.

Gender was a strong influence on the forms of violence used, and boys and girls accounts were often qualitatively different. Sexual violence was usually from boys towards girls but other forms usually happened within girl or boy groups.

Protective strategies advocated retaliation, with high-impact violence justifying targeted and planned physical retaliation. Accounts were framed within revenge and other justification narratives. Only a minority ascribed internal causes such as 'loss of temper' or avoided conflict.

Young people used peers as a source of emotional support following violence and staff were rarely used. Reasons included: that staff would be unable to solve the problem, that they might exacerbate the situation, lack of trust, and a culture of non-disclosure with fear of being thought a 'grass'.

Staff accounts showed many similarities to those of young people but also indicated major differences in the frames of reference. Both agreed that it was routine for staff to intervene to protect young people from physical violence. This was used by boys to make demonstrations of masculinity knowing that they would be prevented from causing serious harm.

Staff considered non-contact physical violence the most difficult to identify and deal with due to its hidden nature. Staff concerns centred around children's physical safety, and they underestimated the emotional impact of violence. There was reliance on reactive strategies, and controlling behaviour centred on use of negative sanctions. There was little understanding of reward-based systems or of positive strategies concerning violence, although most homes had policies on unacceptable behaviour.

Staff perceived gender as important in producing different kinds of violence, but lessened the significance of girl's physical violence and underestimated the level of girls' engagement in physical violence.

Both staff and young people 'normalised' violence within constructs of masculinity and the hierarchy of peer group dynamics. However they adopted different conceptualisations. Young people, especially boys, considered violence normal when justified by provocation, whereas staff saw it as normal when reflecting the nature of masculinity or of group relationships among the young.

Although most young people stated that victims of violence *should* inform staff, many were reluctant to use this course of action. Staff presumed that they learned of physical violence that took place unobserved, although some young people described covert violence which they believed unknown.

For both staff and young people, sexual violence was often minimised when physical force was absent, when the instigator was female, and if the victim had a previous history of promiscuity.

The use of justification narratives, the intertwined nature of physical and verbal violence, and the difficulties caused for young people by the strategic focus on physical violence rather than on other forms which could be experienced as more oppressive, are issues which it is hoped to follow up in research and through dissemination to potential users.

**PHYSICAL AND SEXUAL VIOLENCE  
BETWEEN CHILDREN IN RESIDENTIAL  
SETTINGS**

**Full Report of Research Activities and Results**

## Background

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Residential care for children arouses much controversy. There have been several scandals involving the physical and sexual abuse of residents, leading to public inquiries and reports. (Utting 1997, Waterhouse 2000). Yet although scandals have almost all concerned abuse by staff, research has indicated that children are more likely to be at risk from other residents. (Sinclair and Gibbs 1998, Farmer and Pollock 1998, Morris, Wheatley and Lees 1994, Lunn 1990).

Violence within children's homes has long been a concern. (Tutt 1976, Millham et al 1981, Berridge and Brodie 1998). Children's homes primarily exist for those whose behaviour is regarded as too challenging for foster care, creating the risk that young people with histories of aggression or of abusing other children are likely to be placed together. Guidance was issued on the management and control of violent behaviour by young people (Department of Health 1997) Following enquiry and research findings, this has emphasised management and staff competence, rather than the context in which young people interact. These measures have not resolved the problems. Sinclair and Gibbs (1998) found 40% of residents had been bullied in their children's home and a quarter of girls had experienced unwelcome sexual behaviour from other residents. Farmer and Pollock (1998) found that it was common for young abusers to share bedrooms with other children and to abuse peers in foster and residential placements.

Little research attention has been paid to children's perspectives on violence in homes or other contexts, although youth violence is known to be common. Between 30%-40% 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 2000) and 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).

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 Sharpe 1994, Hood et al 1996, Harden et al 2000). While levels of reported violence in children's homes research seem comparable to studies of schools and community settings, Millham, Bullock and Hosie (1976) caution against uncritically transferring what is known about violence in one context to a completely different setting. 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. 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).

## Objectives

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The central aim was to develop understanding of children's violence towards peers within residential settings by exploring both children'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. The research aimed to contribute to the development of policy and practice which would safeguard children in residential settings from peer violence.

Objectives have been met by interviewing children and staff in 14 children's residential units, in which they discussed experience of violence between children in residential care, as victims, witnesses and perpetrators. Vignettes were developed in pilot work with groups of young people in residential care, based on their experiences of varying types and levels of physical, verbal and sexual attack. These were used to generate further discussion in interviews, to enable exploration of concepts and realities of violence, alongside the respondents' personal experience.

## Methods

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Fieldwork took place in 13 establishments, one of which had two physically separate ‘houses’ on one campus, giving 14 residential units. Researchers joined the homes’ everyday life between interviews as a way of getting to know children. Homes had far more staff than children, so to maintain a balance between data from staff and children, we attempted to interview the same number of staff as children in each home.

We interviewed 74 children<sup>1</sup> and 71 staff using *semi structured interviews and vignettes* to explore interviewees’ experience. All children who consented were interviewed, with a selection of staff from each home including the head of home and others of different grades, gender, length of service in that home and previous experience of residential social work. Interviewers asked first about experience of this and other homes, then introducing issues of behaviour between young people, whether helpful or problematic. No definition of violence was given, and the interview was constructed around respondents’ accounts and definitions.

There were *ethical issues* concerning children’s informed consent to taking part, and what action should be taken if the researchers learned during fieldwork that children were being injured or at risk of injury. A procedure and safeguards were drawn up. Further details about the sample, methods and ethical safeguards are given in appendices 1 and 2.

*Policy documents* relevant to managing children’s behaviour and the *daily logs* which all homes maintained were examined. It was planned to analyse data from logs, but this proved problematic because of the volume of data and different approaches to recording in each home. We concluded this would not be useful for either quantitative or qualitative data without more time than was available, but logs gave a context for assessing the approach to managing friction between residents and to compare with staff and resident accounts of specific incidents. We wished to have basic information on children’s experience of violence before admission to care, possibly a major influence on vulnerability (Sinclair and Gibbs 1998). All children interviewed were given a short questionnaire, but this proved the least successful part of the study and only 32 children completed it, often partially. Policy documents were used as background material but it is hoped that further work can be carried out on these later.

Interviews were tape recorded and the *data analysis* used the computer assisted qualitative data package NUD\*IST4. This assists in the organisation and management of data, and allows speedy code, search and retrieval techniques from which data, codes and categories can be rigorously theorised. We originally intended to subject vignettes to structured quantified analysis based on a pre

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<sup>1</sup> [Three interviews were excluded from analysis as unusable – see appendix 1](#)

determined rating system but concluded that this would not be the most effective application of the method. Instead, vignettes were employed within a qualitative paradigm where responses could be expressed freely enabling participants' own meanings, belief systems and expectations to be foregrounded. 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. (Barter and Renold 1999, 2000).

## Results

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The research aimed to *conceptualise understanding of 'violence'* from young people's definitions, meanings and evaluations, generated from their experiences and their witnessing of others' experiences. For initial exploration of the data, a working conceptualisation of 'violence' was needed to capture the diversity and complexity of experience. It was clear that it would never be sufficient to confine exploration of violence to physical acts, since coercive and violent cultures can be underpinned and maintained by fear and threat, an awareness that physical violence is possible, which may obviate the need for more than occasional reminders of its reality. Examination of violence in many contexts, including domestic violence (Stanko 1985, McGee 2000), bullying at school (Smith and Sharp 1994) and child abuse (Bifulco and Moran 1998) has emphasised the importance of psychological attack, sometimes accompanying or setting the scene for physical attack, as part of a climate of violent control and domination. The term 'violence' was treated as problematic, because of lack of clarity of its physical and non-physical components. It was rarely used by the young people interviewed.

Kelly's (1987) definition of violence as a continuum of physical, emotional, verbal and sexual abuses of power at individual and group levels was used to incorporate a range of violent behaviours from isolated flashes of physical violence to systematic longitudinal verbal attacks. It was thus possible to explore types of violence and also the relationship between different types as they intersect with each other. Conceptualising violence as abuse of power enabled examination of the impact of violent acts upon individual children. This was important when children from various backgrounds have experienced and perpetuated violence in different contexts and ways.

Analysis showed that this framework needed refinement. Children's experiences and evaluations produced a continuum of violent behaviours that required a definition which recognised its multi-faceted and contested status. Sexual violence, for example, could consist of physical acts, including assaults and gestures, or verbal threats and insults, but these were experienced as qualitatively different from non-sexual assaults or 'verbals'. Additionally, not all violence which occurred was an abuse of power. The final categories were:

***Physical contact violence*** : all forms of violence between young people involving direct physical assault. Examples from young people's accounts included: 'hitting', 'fighting', 'beating', 'kicking', 'pushing', 'slapping'.

***Physical non-contact violence*** : physical acts that harmed young people emotionally rather than physically. They included intimidation via looks or gestures, written threats, forceful invasions of personal space and attacks on personal property. Examples given by young people were: a boy whose room was

regularly ‘trashed’ by other residents, and one boy who was systematically physically, verbally and emotionally abusing other residents, reported to have used dots of tippex on bedroom doors to signify his target that night.

**Sexual violence:** unwelcome behaviours, experienced as both abusive and sexual by young people, were categorised separately as sexual violence. Examples of sexual violence included ‘flashing’, ‘sexual assault’ (e.g. grabbing a girl’s breast), ‘rape’, inappropriate ‘touching’, unwanted sexual gestures and remarks.

**Verbal violence:** spoken words hurting or intended to hurt. Verbal abuse predominantly took the form of name-calling concerning gender, sexuality, ethnicity, family, and physical or sartorial appearance.

### **Children’s realities: the experience and meaning of violence**

Young people discussed violence which they had suffered, perpetrated or witnessed, either in their current home or in previous residential homes, many reporting all three categories of involvement. This did not measure the total frequency of violence in the sample homes or in the young people’s experience, but recorded examples which young people chose to represent their understanding and experiences. The term ‘experience’ is subsequently used to record all categories of experience.

**Low impact violence** was perceived by young people as having no significant long-term impact on their lives and was not a major feature of their residential experience. This form of violence was infrequent, not a severe use of force, not targeted or planned and often a response to an isolated argument, or another young person ‘winding them up’. Perpetrators were not perceived as a serious threat to a young person’s safety and incidents were not situated in wider power dynamics. **High impact violence** was when force was severe, attacks were frequent, the impact on young people was viewed as significant and often couched in terms of ‘fear’ and ‘vulnerability’.

Sixty two young people reported experiencing **physical contact violence** in residential care, as recipients (40), perpetrators (25) or witnesses (15). Over half of these experiences occurred within the last two months. These young people could all describe incidents taking place in their current home, with 21 also describing incidents from previous homes. While there were no overall gender differences, half of the girls’, yet only one third of the boys’ experience was low impact. Many of the boys’ and girls’ accounts were qualitatively different. Girls reported isolated and infrequent attacks in response to particular catalysts. Boys’ deployment of physical violence was more an expression of ‘macho’ masculinity, conducted in full view of staff, who would immediately intervene, thus preventing any serious physical harm. This provided a safe instigation of violence in which boys could position themselves as the ‘aggressor’ and confirm their masculinity to others.

Thirty six young people had experienced high impact physical violence, most within their current placement and most within rather than between groups of boys and girls. Incidents ranged from knife attacks to kicks and punches, young

people sometimes involving the police and bringing charges against their attacker. Some were isolated incidents but for others experience of violence and terrorisation was routine. The more severe attacks often happened in bedrooms and when staff surveillance was minimal. All were instrumental in wider power dynamics, were pre-planned, often involving the wider peer group either as active participants or passive supporters.

Just under half of the young people experienced forms of *physical non contact violence*. Half involved destruction of personal property and others included threats of physical injury and control mechanisms which affected a young person's movement or imposed the aggressor's will upon them (e.g. control of TV watching). While one third of incidents were perceived by young people as having minimal impact (often isolated cases, quickly resolved by either young people or staff), two thirds were categorised as having significant impact, particularly when were experienced by girls. Many of the girls' high impact cases involved stealing or destruction of personal property, which often took place inside bedrooms, and girls may attach greater importance to personal property and personal space than boys (McRobbie 1991). Incidents involving more than one young person as either perpetrator or victim had the most impact, primarily because non-contact violence was often part of a wider cycle of verbal and physical violence.

Reports of *sexual violence* were low: nine of sexual contact violence and nine of sexual non-contact violence. Most took place in the current home, with some from previous homes. Girls were three times more likely to report both forms of sexual violence. Incidents reported by boys were not perceived as harmful or threatening, including one of a younger boy 'flashing' in group situations and some of girls sexually harassing and teasing boys. The most serious cases were experienced by girls and the majority were from boys to girls. All were coercive, involving unwanted touching, sexual intimidation, one pornographic letter, and one case of rape in a previous home which still led to aftermath problems in the young person's present home. Most incidents took place in girls' bedrooms.

Nearly all young people experienced *verbal violence*. Name-calling was most common, usually between girls or between boys. Experiences were equally divided between high and low impact. There was a general undercurrent of name-calling and swearing embedded in the social cultures of the young people in most homes. This was acknowledged by them as having little impact and accepted as part of residential life. Low level name-calling was often undertaken in the context of good peer group relations which acknowledged boundaries and did not insult young people's backgrounds or families. Sexual and racial name calling could be seen as unproblematic if produced within the context of friendship and not positioned within wider power dynamics or cycles of violence. Indeed, one boy distinguished low impact 'name-calling' and high impact 'name-bullying', which was systematic, frequent and conducted with intent to harm. Racist verbal violence was reported infrequently, the majority of young people stating that racism was not tolerated within the peer culture.

One third experienced high impact verbal violence. Girls were far more likely to use sexuality as a direct form of verbal insult. Boys were more prone to use family

background and in particular, ‘mother cussing’, although girls too used this form of attack. These two terms were deemed the worst insult a boy or girl could experience and both would warrant immediate and often physical retaliation, particularly boys attacking other boys over ‘mother’ insults. These insults may be especially detrimental in the context of children’s homes where family relationships were often strained, uncertain and sometimes severed. A number of young people positioned these forms of verbal violence as having greater impact than physical violence, particularly in relation to harm caused and long lasting emotional impact. This challenges and contradicts normative assumptions of what counts as violence.

### **Children’s protective strategies**

Most young people, when subject to any form of violence (particularly high impact violence), advocated *retaliation*. While low impact violence necessitated spontaneous retaliation, high impact violence justified targeted and planned physical retaliation. Nearly all accounts were framed within discourses of revenge, prevention, protection of honour and other narratives which positioned recipients as deserving retaliation. Some young people retaliated as a last resort while some boys retaliated to maintain their hard ‘macho’ exterior. Boys were more likely to retaliate physically than girls. Only a tiny minority of young people framed their actions in terms of internal causes such as ‘loss of temper’, or avoided situations of conflict. Those that avoided conflict were often afraid to get involved or unable to fight back.

The majority of young people used *peers as a source of emotional support*. While some felt they couldn’t disclose experiences to staff almost all could talk to another young person. Peers were the first port of call in all incidents later disclosed to staff. Some boys used a discourse of ‘can’t talk won’t talk’, within a narrative of personal responsibility, where they felt they had to take it upon themselves to deal with their experiences of violence.

In most homes, young people rarely used *staff as a source of emotional support* following violence, framing accounts within a rigid adult/ professional - child/client divide. Older boys were particularly reluctant to use staff in this way. When staff were approached it was often to request their intervention in the form of restraint, sanction, or police involvement. Reasons given for lack of staff involvement included feeling that staff would be unable to do anything to solve the problem, fear that staff involvement may exacerbate the situation, to avoid ‘getting into trouble’ themselves, lack of trust, lack of empathy and a culture of non-disclosure and fear of being thought a ‘grass’, particularly among boys in single sex homes. This was one area in which differences were found between homes. In homes that actively fostered positive relationships between staff and young people, young people readily used staff as emotional support and were happy for staff to intervene, perceiving such intervention as successful. These were homes in which high impact violence was rare.

### **Staff understanding and response**

Consistency of intervention varied in relation to the different forms of violence and in response to the wider contexts, with some homes exhibiting greater levels

of internal inconsistency than others. Staff accounts of incidents did not necessarily involve young people currently in the home, and they often described circumstances where young people had been moved out due to violence.

**Physical violence** produced the most consistent accounts of intervention within homes. Nearly all staff stated it was routine to intervene to protect young people when they observed physical violence. Overt physical violence was quickly responded to, with use of restraint if conciliatory methods were unsuccessful.

**Non-contact physical violence** was unanimously considered the most difficult form of violence to identify and intervene in, due to its hidden nature rooted in wider power dynamics. Staff framed its covert nature as ‘undertone’, ‘undercurrent’ and ‘backdoor’ violence.

**Sexual violence** was least likely to be addressed in interview without direct questioning, and was the only area that some staff refused to discuss. Managers appeared more confident in discussing it than front-line colleagues. In all but two homes staff could recall at least one, and often several, incidents of high impact sexual violence between residents in the last year. These mostly concerned male to female or all male high impact incidents involving the use of physical force.

Young people were often embedded in environments, inside and outside the children’s home, where derogatory representations of female sexuality were routine. Many workers diminished the impact of **verbal sexual violence** due to the regularity of exposure. Workers’ concerns centred upon negative developmental aspects of using such constructs routinely, rather than on the possible underlying effects that such discourses produce. Workers often stated that use was too ingrained in the young people’s everyday language for them to have any significant impact for change.

Workers recognised that **verbal violence** based around ‘mother cussing’ had a significant effect. However emphasis reflected preoccupation with children’s physical safety. Although many young people stated that this form of verbal assault significantly affected their feelings of emotional wellbeing, workers’ focus was upon stopping physical retaliation, which commonly accompanied ‘mother cussing’, rather than on the emotional impact of the words. Most workers stated that instances of racism and racist verbal violence amongst young people were infrequent and condemned in both peer and professional cultures within the homes.

### **Professional responses to violence**

Nearly all homes had policies on unacceptable behaviour, including physical violence, sexual violence, intimidation and bullying. Often these stressed respect for others and the right to feel safe. The main method of securing young people’s safety was through direct supervision, undertaken in many homes with great determination. In some establishments, low staff numbers, the physical structure of the building, disinclination of some staff to be with young people and internal inconsistency reduced effectiveness. Restriction of young people’s freedom was a key mechanism to increase surveillance. Rules governing movements included

restriction to communal areas, controlling access to bedrooms, and requiring consent to use internal and external areas of the building. Two homes had more sophisticated methods: alarms on bedroom doors and CCTV in communal areas. A few staff in homes with very restrictive practices questioned the long-term consequences this might have on young people's development.

There was reliance on reactive rather than proactive strategies. Workers often lacked the training or confidence to undertake group work on sensitive issues, relying instead on reactive intervention rather than working towards primary prevention alongside young people. Mechanisms for controlling behaviour centred on use of negative sanctions, including ultimately loss of placement, and less on systems based on rewards for positive behaviour. Many homes operated a key worker system, used to address individual problems concerning violence. However support in relation to violence addressed physical rather than emotional aspects, reflected in both young people's as well as workers' accounts.

Perspectives on reducing violence concerned the need for positive relationships with children, the control of 'inappropriate referrals' especially emergency placements, establishing a 'good mix' of young people and appropriate help for young people with mental health problems. Senior staff' accounts placed violence within structural frameworks whereas residential workers framed explanations at the individual level, as did many young people.

Some workers addressed the positive role that *children's rights* could play in protecting children from peer violence. Senior workers referred to the Children Act (1989) as encapsulating the need to implement strategies to increase children's rights. Workers stressed the need to consult young people about how best to safeguard them from peer violence, although this had not always been consistently implemented. However these workers often recognised that children's wishes might be contrary to their protection. Not all front-line residential workers held positive views concerning children's rights. Misinterpretation and inaccuracy about what this meant in practice was found in some homes, with myths around child omnipotence.

Staff positioned *developmental and gender* differences concerning the apparatus of violence. Younger children were seen as using physical violence, and less inclined to hide threatening behaviour, older children viewed as using covert physical violence and more sophisticated methods of victimisation.

Gender differentials reflected workers perceptions of girls' reluctance to use physical violence and reliance upon emotional intimidation, exclusion and insulting sexual reputations. Boys were viewed as being more obvious in reliance upon physical violence and less subtle forms of intimidation. Workers often lessened the significance of girls' physical violence, describing assaults as 'cat fights' and 'bitching matches'. Comparing workers' and young people's accounts indicates that workers may act upon presumption concerning female behaviour rather than girls' actual engagement in physical violence. Workers' perceptions of gender placed girls' use of violence, particularly physical forms, as a gender

transition, whereas males' use was more often situated within 'normal' but uncontrolled masculinity.

*Normalisation of violence* occurred within two distinct constructs: uncontrolled masculinity and the hierarchy of peer group dynamics. Some physical violence was validated by workers within the construction of masculinity and viewed as 'bravo', a developmental practice employed by young men in their progression to adulthood, which meant little.

Normalisation of power dynamics between young people was framed in accounts of the 'pecking order': the process by which young people place themselves hierarchically within the peer group. Ascendancy could be associated with age, maturity, physical strength, length of stay, intelligence, criminal activities, respect from staff. When positions were achieved through deployment of violence or power, flash points occurred upon a new admission or when a young person towards the top of the hierarchy left, leaving a space to fill. This could involve reduction in staff intervention as young people were viewed as having to find their place, after which the 'status quo' would be regained. Staff perceived this as being normal or at least inevitable. Only one manager questioned whether adult views were reflected in young people's perceptions. Young people conceptualised this differently, with many young 'lower-status' participants regarding the process as intimidating.

#### **Shared and different worlds of meaning.**

This last example introduces the subtlety with which staff and young people's understanding of violence interacted. Boys' accounts also included narratives of an uncontrollable masculinity, normalising physical fighting as 'what boys do', but their interpretation was that it was normal when justified by provocation, especially in response to verbal attacks on their mothers and families, whereas staff saw it as normal when reflecting the nature of masculinity or of group relationships among the young.

The mixture of convergent and divergent reference systems was also found over disclosure to staff concerning peer violence. Nearly all young people in their vignette responses stated that the victim should inform a staff member. However many stated they had been reluctant to use this course of action themselves when attacked and some had suffered months of physical violence, emotional abuse and intimidation in silence. In contrast workers spoke of young people's use of professional support with more certainty than was evident from young people's responses. Barriers to disclosure were perceived by both staff and young people as being strongest in homes that admitted a high number of young offenders and in all male establishments. But staff reports that they would always intervene in physical violence were largely supported by young people. Staff also presumed that they found out about physical violence that took place unobserved, though some young people gave accounts of covert physical violence which they believed remained unknown. With the exception of the rape, serious sexual incidents, whilst disclosed to other young people, were generally not reported to staff, but less threatening incidents of sexual intimidation and sexualised verbal abuse were reported.

The term *bullying*, according to both staff and young people, incorporates many different forms of violence, united in that they were patterned, targeted and embedded in wider power dynamics. In many homes workers said physical bullying was rare. Young people actively positioned and repositioned themselves as victim and victimiser. This was most profound in relation to bullying due to its association with power inequalities. This framing of violence denies instigators access to the justification discourses that young people used. As many forms of intimidation and physical violence associated with bullying are covert, the denial of victim status hampered professional attempts at intervention. In response some homes had adopted a 'no victim policy' where no complaint was required for staff to intervene when possible signs of bullying were observed.

Both staff and young people agreed that *racist and homophobic violence* and insult were rare, but young people revealed perspectives which were not fully known or understood by staff. Racism was one area where staff often did adopt proactive stances, within clear agency policies, and young people generally gave an anti racist perspective, but certain groups, especially refugees and South Asian young people seemed more at risk of being victims of racism. These groups were not ascribed the 'street credentials' attributed to other minority ethnic groups in the youth cultures that the young people engaged.

The rarity of homophobic insult was directly rooted in homophobia. Challenging a young person's heterosexual orientation was viewed, especially by many young men, as being the most derogatory form of verbal insult. This reaction was reflected in responses to a vignette depicting a sexual incident between two boys, where the majority of young male participants reacted with revulsion (many refused even to discuss the scenario), and declarations of severe physical retaliation

For both staff and young people, the impact of sexual violence was most often minimised when physical force was absent, when the instigator was female and if the victim had a previous history of promiscuity. Narratives of victim responsibility for sexual violence were clearly demonstrated in both young people's and workers' replies to a vignette depicting a sexual assault by a male on a female peer who had previously exhibited sexualised behaviour towards him.

**Differences between homes**

The research did not aim to get a complete record of the incidence of violence in homes, but data showed that there were very different levels of violence in homes which appeared to have similar intake. The relevant factors appeared similar to those identified in previous research (Sinclair and Gibbs 1998, Department of Health 1998, Bullock, Millham and Little 1993). These were size of home, with larger homes more violent, poorer child/professional relationships, inconsistency of response to violence, a tendency to 'normalise' violence and have low expectations of young people's behaviour. Buildings were often difficult to supervise, and there was little control over admissions. Conclusions are tentative and we hope to explore this issue further.

## **Activities, outputs and impact**

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A list of publications, presentations and other activities is attached at appendix 3.

## **Future Research Priorities**

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- Young people's use of justification and revenge narratives seems a crucial area to follow up as it appeared to contribute to the development of cycles of violence and to the maintenance of reference systems which staff could not influence.
- The relationship between physical and verbal violence, and the extent to which professional strategies target the former, when young people often find the latter more distressing, has wide implications, as it echoes findings on violence in other contexts, including child abuse, school bullying and domestic violence.
- The evaluation of positive strategies for reducing violence of all forms would be useful. This could include the use of young people as researchers within an action research framework.

## References

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# APPENDIX 1

## Sample and methods

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### **Piloting**

Pre-pilot work was carried out to test initial questionnaires and concepts with young people in the community, including ordinary school pupils recruited through contacts with researchers' colleagues, and residents in a hostel for young people leaving care.

A full pilot of the interviews with children and staff was carried out in one large mixed home which was not part of the main sample.

### **Sampling**

A sampling frame for the main stage of fieldwork was drawn up from national lists of children's homes in the local authority, voluntary and private sectors. Most children's homes are mixed homes for adolescents, but as research on peer violence suggests that younger children are most likely to be victims, and that there are major gender issues, it was planned to include two homes which admitted younger children and two single sex homes. It was initially planned to select 15 homes or could not be used (see below) for the main sample, but some homes which originally agreed subsequently withdrew. Thirteen homes took part, one of which had two separate house units on one campus, making 14 residential units (2 voluntary, 3 private and 9 local authority). Nine were mixed, 4 all male and 1 all female. Twelve units were for adolescents and two for younger children. Homes reflected the national balance between the sectors, including homes from across England, and in rural and urban areas

Two private homes and one voluntary home initially agreed to take part but did not do so, one because of a change of manager, one changed its function and one closed suddenly. One home which agreed to take part was not used, because all the boys in the home were unwilling to be interviewed.

All staff and most children were interviewed individually, but 8 children who wished it were interviewed jointly with a friend or sibling.

Vignettes of four violent scenarios were developed with a group of young people who were or had been in residential care. These covered physical violence, verbal violence, male to female sexual violence and male to male sexual violence. Separate slightly different scenarios with illustrations were used in the two homes for younger children. Vignettes were shown or read with the children in phases so that each stage of the action could be discussed separately and options explored. An example of the 'physical violence' vignette as used with older and younger children is attached.

### Children's sample

74 children were interviewed but 3 interviews were excluded due to doubts about their validity. Of 71 valid interviews, there were 19 children from private homes, 41 from local authority homes, and 11 from voluntary homes. Gender and ethnicity: 44 male, 27 female; 23 females and 32 males were white, & males and 2 females were African or African Caribbean, with 5 males and 2 females of missed percentage or other ethnicity.

Ages ranged from 6 years to 17 years but the majority were teenagers, with 14 children aged 12 or less.

55 children lived in homes for 7 or more children, 16 in smaller homes for 6 or less

Three girls and one boy from the sample homes refused to be interviewed, but in most homes there were one or two children who were not available to be interviewed due to absence from the home or other commitments or to illness.

### Staff sample

Grades and gender of staff

Grades	Total	Male	Female
Bank staff	1	1	0
Deputy	7	3	4
Senior	10	6	4
RSW	40	18	22
Manager	13	4	9
Total	71	32	39

47 staff were from local authority homes, 14 from private homes and 10 from voluntary homes. 45 staff were from homes for more than 6 children and 26 from smaller homes.

Ethnicity by grade

Grade	White British	Irish	South Asian	African	Afro-Caribbean	Total
Bank	1	0	0	0	0	1
Deputy	5	0	1	1	0	7
Senior	7	0	0	0	3	10
RSW	28	4	2	2	4	40
Manager	12	0	1	0	0	13
Total	53	4	4	3	7	71

Three staff refused to take part, and a further 2 (including one manager) agreed to take part but did not turn up for the interview. A number of staff who agreed to take part could not due to unforeseen circumstances such as shift changes or having to take children to appointments. In one home two managers were interviewed due to one leaving and a new one starting at time of fieldwork. The other manager who did not take part was an agency manager who left with only one days notice.

## **Research Instruments - Example of vignette used in interviews**

### **Physical Violence - boy/boy: Stockport Drive**

**(1) Age range 12-17 (2) Age range 8-11**

Nick often messes around 'winding' other residents up, playing jokes on them and messing around so that he gets on their nerves. Nicky has been doing this all day to Sammy, tripping him up and embarrassing him in front of the other kids. Later that day Sammy finds out that Nicky has stolen his fags and taken them out with him. Sammy waits for Nicky to get back that night. Outside the home Sammy demands his fags back but Nicky says he's smoked them all and starts to laugh. Sammy pushes Nicky backwards a couple of times and Nicky falls down and hits his head.

#### **Questions:**

- What do you think about how Sammy has acted?
- What would you have done if you had been Sammy?
- Why do you think Nicky acted this way?

When Nicky is on the ground Sammy kicks and punches him on the arm. Nicky tells Sammy to stop because he's hurting him, after a couple more kicks Sammy stops.

#### **Questions:**

- Now what do you think about how Sammy has acted?
- Does Nicky deserve this?
- Will this make any difference to how Nicky behaves?
- If a member of staff saw what was going on, knowing that Nicky's often wound other kids up, what do you think they would do?

James, a member of staff, comes out just at the end and sees the boys fighting but doesn't do anything to break it up. Afterwards when Sammy asks James why he didn't stop the fight James says that if Nicky winds other young people up he will have to face the consequences.

#### **Question:**

- What do you think about how that worker responded?

**Change:** Do you think staff would behave differently if Nicky was a girl?  
If they were both girls?

# Stockport Drive



Tom often messes around ‘winding’ other kids up. He plays jokes on them and gets on their nerves. Tom has been doing this all day to Steven, tripping him up and embarrassing him in front of the other kids.

Later on, Steven finds out that Tom had stolen one of his toys. Steven demands his toy back but Tom says he’s lost it. Steven pushes Tom backwards and he falls down and hits his head.

When Tom is on the ground Steven kicks him and punches him on the arm. Tom tells Steven to stop it because he’s hurting him. After a couple more kicks, Steven stops.

## APPENDIX 2

### Ethical issues

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#### **Issues of obtaining informed consent**

These applied to both staff and children, but were particularly salient with children. All children and staff were given information on the confidentiality of the interviews and a form detailing their rights in the research, which they signed to indicate their understanding. (attached). Introductory meetings were held in each home with both staff and children. Children were given a leaflet introducing the research and the team, and giving contact numbers with the research team, and phone numbers for ChildLine, the NSPCC helpline, and other helpful numbers. The younger children, who might have had limited reading ability, were given audiotapes explaining the research and confidentiality.

#### **Issues of disclosure of possible serious harm to children**

The NSPCC's ethical policy for research with children requires that action must be taken to protect children who indicate during interview that they are being abused or are at serious risk. Children and staff were assured that information would be confidential to the research unless researchers were told of circumstances in which children were in danger, when this would have to be reported to an appropriate senior person who could protect the child, but that nothing would be done without them first being told what was happening. A suitable management contact outside the home was negotiated in each managing agency.

#### **Issues of data deposit with Qualidata**

The researchers were aware from the outset that data would need careful preparation for inclusion in Qualidata. The number of residential homes run by individual agencies is small, often only one or two establishments, with places for, on average, between 5 and 10 children. Staffing usually consists of one officer-in-charge, one deputy and two or three people each at team leader and junior grades. It would be easily possible for anyone from the agency who obtained access to the interview transcripts 'neat' to identify individual managers, staff and children, even with names disguised, and would also be possible for other professionals working with the homes, or parents with children in the homes, to do so. This could give serious problems, when some of the material included was extremely sensitive. Some young people's behaviour which was described amounted to criminal offending and some staff were questioning of their management and agency, or indicated poor professional standards in dealing with young people's behaviour. It was possible that some of the material, if identified, could have adverse consequences for interviewees, with the worst case scenario

being prosecution of young people or employers' disciplinary procedures against staff.

The researchers are still working on ways of presenting the data in machine readable form to overcome this problem, and will need further discussion with Qualidata staff on the forms which they can handle. It seems likely that the most appropriate course will be to deposit it either broken into the Nu.Dist categories or separated by question rather than by home, with masking of identifying details such as description of the homes. The material from the vignettes will be relatively easy to deal with in this way. This will not compromise the value of the data, as the research was developed as an exploration of perspectives on violence and is not intended to be a comparative evaluation of the homes.

## **CONFIDENTIALITY POLICY:**

### **RESEARCH INTO BEHAVIOUR BETWEEN YOUNG PEOPLE IN CHILDREN'S HOMES**

#### **RE:**

All fieldwork information will be kept confidential unless a Child Protection concern arises. The researcher will clearly explain to all participants the confidentiality policy governing the research before they start the interview and will periodically remind participants of this throughout the interview processes. Participants will be asked to tick a box on the consent form to indicate that the confidentiality policy has been explained to them and that they understand and agree to it.

If the researcher believes that a child or young person may be at serious risk the following steps will be taken:

- The researcher will explain to the participant what their concerns are, but will not offer any advice or guidance.
- The researcher will discuss with the participant what information they believe needs to be passed on to safeguard the well-being of the child/children concerned, although it will ultimately be the researchers decision what information needs to be shared.
- The information will be passed on verbally to the head of home, ...(put in appropriate person/s)..... If the aforementioned people are not present in the home the information will be passed on via the telephone.
- The participant will be asked if they would like to be present when the information is passed on.
- A written statement detailing what information was passed on, and to whom, will be signed by the researcher.
- Following these actions the homes general policies regarding child protection will be followed.

Signed on behalf of the research team

Christine Barter  
NSPCC Research Fellow  
University of Luton  
April 1999

## **Behaviour between young people in children's homes**

# Consent form for young people

I agree to take part in the research interview on young people's behaviour in children's homes.

**Know your rights in the interview**

I know that taking part in the research is entirely voluntary, and I can refuse to answer any question or stop the interview at any time.

I am happy for my interview to be tape-recorded and for bits of the interview to be quoted as long as nobody can tell that I said these things.

I give permission for other researchers to look at what I've said as long as they can't identify me or where I live.

I understand that the interview is confidential unless I say something that suggests a child or young person is not safe.

Please sign below to show that you have read it/it has been read to you.

Signed ..... Date .....

Name (capitals).....Address.....

.....

Researchers Signature.....

## **RESEARCH INTO BEHAVIOUR BETWEEN YOUNG PEOPLE IN CHILDREN'S HOMES**

Consent form to participate in research interview:  
Residential Workers

Please read and tick each statement. If you do not agree with a statement, please let me know.

- I agree to take part in the research on behaviour between young people in children's homes.
  
- I know that this is entirely voluntary and that I can refuse to answer any question to stop the interview at any time.
  
- I agree to my interview being tape-recorded and for excerpts of the interview to be quoted anonymously.
  
- I give permission for other researchers to see the transcriptions of the interview as long as all identifying factors are removed.
  
- I understand that the interview is confidential unless I say anything which suggests that a child is in a dangerous situation.
  
- I would like a copy of the research findings sent to me.

Please sign below to show that you have read this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (capitals) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Researcher's Signature \_\_\_\_\_

Date \_\_\_\_\_

# **RESEARCH INTO CHILDREN'S HOMES**

## **INFORMATION FOR PARENTS**

■ **Who is doing the research:** The research is a joint project between the University of Luton and the National Society for the Prevention of Cruelty to Children (NSPCC) and is funded by the Economic and Social Research Council. The researchers are Christine Barter, David Berridge, Pat Cawson and Emma Renold, who are an experienced research team used to working responsibly. All researchers have been police checked.

■ **Aim of the Research:** The aim of the research is to explore what it's like for children to live in a children's homes. We are particularly interested in talking with children and young people about what in their view are the good and the bad things about living with other young people in residential homes.

■ **What will it involve:** We are going to talk individually to about 100 children and 100 staff in 15 different homes all over the country. We will be asking children and young people about their experiences and views on living with other young people. We will also be talking to staff. Involvement in the study is completely voluntary, if a child or young person does not want to take part, or changes their mind about being involved either before or during an interview that's fine. Also if they don't want to answer particular questions they don't have to. We have developed a consent form for young people that highlights these important rights (please see attached sheet).

■ **Confidentiality:** No names, addresses or identifying features of any homes or participants will be used in any publication. Nobody will know what your child has said to us. However if they indicate that they or another child are at risk then the head of home and their immediate manager will be will be informed to ensure the child's safety.

■ **What will it be used for:** The research will be used to try and make children's homes better for all those who live there by influencing policy and practice.

■ **Questions/Concerns:** If you have any further questions please contact Christine Barter on 0171 825 2753 or Emma Renold (Monday to Wednesday only) on 0171 825 2759 who will be happy to phone you back.

## APPENDIX 3

### Activities, impacts and outputs

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#### Impacts

An Advisory Group established at the beginning of the research included members from: the Social Services Inspectorate; CareBase, a local authority placement network and advice service which works nationally to advise on residential placement for children in care; tutors on Dip. Social Work courses, and research on children's services. This has enabled the research findings to be considered in the light of users' needs and expertise, and to begin to inform practice and policy thinking.

Professor Berridge and Dr Renold teach social work students on Dip. SW and short courses, and have been able to use the research in their teaching.

Insights from the research have also fed into initiatives to safeguard children, including

- Dr Cawson contributed to the NSPCC response to government consultations on the revision of 'Working Together', the primary government guidance on child protection.
- Dr Cawson and Ms Barter linked with NSPCC policy and training sectors working with voluntary organisations for disabled children and with sports organisations on the development of training materials and practice guidance on safeguarding children away from home

The study has contributed to the development of further research:

- Professor Berridge and Dr Cawson took part in a consultation by the Joseph Rowntree Foundation on preliminary plans for a research initiative on children in social care.
- Dr Cawson, Ms Barter and Professor Berridge used knowledge gained in this study to develop research on protecting disabled children in residential schools. The research is being carried out by the NSPCC Research Group, in conjunction with the Council for Disabled Children, funded by the National Lottery Charities Board.
- Understanding of peer violence developed during the project contributed to the design and analysis of a large national survey on the prevalence of child maltreatment carried out by the NSPCC (Dr Cawson) and BMRB international, and ensured that enough weight was given to the possibility of maltreatment by peers. One of the research team (Ms Barter) will be

undertaking the primary analysis concerning bullying and peer abuse from that study later in 2001.

- Ms Barter has begun doctoral research exploring how dominant constructs of sexuality and femininity shape girls' experiences of residential care.

## **Outputs**

### ***Publications***

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

Barter, C, Renold, E. (1999) The use of vignettes in qualitative research. *Social Research Update*, issue 25, University of Surrey.

Barter, C and Renold E (2000) I wanna tell you a story: the application of vignettes in qualitative research with young people. *Social Research Methodology, Theory and Practice*. 3 (4) 307-323

D. Berridge (forthcoming) 'Residential services for children in England' in Sellick, C. (ed) *Social Work with Children and Families: Comparative Accounts of English and Romanian Practice*. UNICEF.

### ***Publications in Draft***

Barter, C

*Cat fights, bitching and cruel creatures; girls, violence and children's homes*  
Article targeted on sociological journal

Barter, C and Renold E

*It's a girl's thing: engaging adolescent boys in social research*.  
Article targeted on sociological journal

Barter C and Renold E

*What d'you mean? methodological implications of foregrounding children's perspectives on violence*.  
Chapter for edited collection of papers on the Violence Research Programme

Barter, C and Renold, E

*Shifting ground: challenging traditional conceptualisations of violence from young people's own experience*  
Chapter for edited collection of papers on the Violence Research Programme

### ***Conference presentations***

Barter, C

Investigating allegations of abuse in children's residential or day care: research evidence on independent investigations.

*NSPCC Conference: Protecting children in residential care*  
October 1998 London, England

Barter, C and Cawson, P.  
Exploring physical and sexual violence amongst young people in residential children's homes in England.  
6th EUSARF (European Scientific Association for Residential and Foster Care for Children and Adolescents) Congress  
25 Sept 1998. Nanterre, France

Barter, C  
Messages from research: violence amongst peers in residential settings.  
Friends Therapeutic Community Trust  
Violence: Non-punitive responses to anger and chaos in adolescents  
16 Nov 1998 Cambridge, England

Barter, C and Renold E.  
Violence between young people in children's homes: exploring experiences and perspectives.  
FICE Congress 2000  
Federation internationale des Communautés des Enfants  
The Century of the Child: changes in the views of (residential) youth care  
10-13 May 2000 Maastricht, Netherlands

Barter, C.  
Young people's residential workers' and managers' definitions, perspectives and responses to bullying and peer violence  
Bryan Melyn Positive Outcomes Conference  
July 13 2000 Manchester

Barter, C.  
Applying a children's rights perspective to peer violence in residential settings  
13<sup>th</sup> International Congress on Child Abuse and Neglect  
Implementing the United Nations Convention on the Rights of the Child: Myth or Reality.  
September 3 – 6 2000 Durban, South Africa

Barter, C.  
Cat fights, bitching and cruel creatures; girls, violence and children's homes  
University of Glasgow and Children in Scotland  
Challenges of violence in the lives of girls and young women  
September 2000 Glasgow, Scotland

Berridge, D.  
October 1998  
Research in Children's Homes: Implications for Child Protection.  
NSPCC conference on Protecting Children in Residential Care, London.

Berridge, D.  
October 1998  
The Education of Children in Need.  
Association of Workers for Children with Emotional and Behavioural Difficulties  
London Region Annual Conference, London.

Berridge, D.  
October 1998  
Recent Research on Foster Care and Residential Care.  
Dartington Social Research Unit Annual Child Care Conference, Devon.

Berridge, D.  
September 1998  
Special Care for Special Children: Therapeutic Care and Education Over  
the Next 50 Years. Conference to mark the 50th anniversary of the Mulberry  
Bush School, Royal College of Physicians, London.

Berridge, D.  
June 1998  
Research in Children's Homes.  
Conference of Proprietors of Private Children's Homes in Kent. Malvern Grange  
Children's Services, Broadstairs, Kent.

Berridge, D.  
June 1998  
Research into Residential Care.  
Conference on Young People in Care: New Research and Innovative Practice  
organised by Trust for the Study of Adolescence, National Children's Bureau,  
London.

Berridge D.  
May 1998  
Major Studies in the 1990s and Anti-Discriminatory Practice in Residential  
Child Care. Research Messages About Residential Care Workshop 2, Research  
in Practice, Dartington Social Research Unit, University of Bristol..

Berridge D.  
April 1998  
Major Studies in the 1990s and Anti-Discriminatory Practice in Residential  
Child Care.  
Research Messages About Residential Care Workshop 1, Research  
in Practice, University of Birmingham.

Berridge D and Cawson P  
June 2000  
Physical and sexual violence in residential settings: young people's perspectives.  
Violence Research Programme Seminar, Manchester.

*Future confirmed presentations*

Barter, C

Researching violence - the use of vignettes in a multi-method study of peer violence within residential children's homes

28 March 2001

NSPCC Open Seminars London, England