CHILDREN'S SAFEGUARDS REVIEW

A LITERATURE REVIEW

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Introduction

> Article 19
> 1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) *or any other person who has the care of the child...*
>
> Article 20
> 1. A child temporarily or permanently deprived of his or her family environment, or in whose best interests cannot be allowed to remain in that environment, shall be entitled to *special protection* and assistance provided by the State...
> (The UN Convention on the Rights of the Child, emphasis added)

In 1992, the Report of the Committee of Inquiry into the Selection, Development and Management of Staff in Children's Homes expressed concern that "there have been so many Inquiries whose findings seem to have gone largely unheeded by the service as a whole" (Warner, 1992, p. 6). Five years later, cases of widespread abuse in children's homes in different parts of the country continue to hit the headlines and Doran and Brannan write:

> The lack of research and the piecemeal implementation of recommendations following a number of inquiries leaves one feeling that professionals have not addressed their `responsibility' for the abuse and protection of children. We all have an active part to play and should not displace the problem solely onto the abuser - we have a collective responsibility for every child in our care and under our protection (Doran and Brannan, 1996, p 155)

The abuse of children and young people living away from home is a matter of serious concern around the world. Increasingly, professionals and the public in different countries are waking up to the fact that child protection is not just an issue about children in their own homes and the literature on the abuse of children living away from home reflects this: in Ireland (Gilligan, 1996) in Australia (Single, 1989; West, 1996); in Canada (Overton, 1993); in Germany (Conen, 1995); in Greece (Agathanos, 1983). The harrowing pictures of the conditions in which children lived, and the abuse they were subjected to, in the institutions and orphanages of the countries of Eastern Europe and of China shocked the West. Tolfree draws parallels between the past experience of institutional care in the West and the current experience in the developing world where "many institutions are large, overcrowded, poorly resourced, understaffed, neglectful and, in some cases, overtly abusive" (Tolfree, 1995, p. 60).

In the USA, efforts to address the identification and prevention of abuse of children in out-of-home care have been taking place for over twenty years. The Child Abuse Prevention and Treatment Act (P.L. 93-247) which was enacted in 1974 established

the National Center on Child Abuse and Neglect (NCCAN) (Howerton, 1987)[1]. States must meet certain criteria laid down in the Act, including the requirement for independent investigations of reports of suspected child abuse in out-of-home care and the extension of the definition of "persons responsible for the welfare of a child" to include those persons providing out-of-home care (Howerton, 1987; Nunno and Motz, 1988; Nunno, and Rindfleisch, 1991; Rindfleisch and Nunno, 1992).

In the spring of 1977 a major conference on institutional abuse of children was held at Cornell University (Garrett, 1979; DHHS, 1980; Rindfleisch and Nunno, 1992). In the same year in San Francisco, a preventive demonstration project was funded to: increase public awareness of the problem of child abuse and neglect in out-of-home care; increase reporting of suspected incidents of abuse; prevent incidents of abuse and neglect through training; and provide remedial action in facilities where abuse occurred. (Gil and Baxter, 1979). Between 1979 and 1984, NCCAN sponsored 15 research, training and demonstration projects on abuse and neglect in residential institutions (Rindfleisch, 1988a).

Even in the USA, however, Nunno and Motz comment that the issue of abuse in out-of-home care is not a primary focus, and most states are making slow progress of developing adequate laws, procedures and programs to address the problem.

> The tendency of the child welfare system to minimise or deny the problem of maltreatment of children in residential care continues. Children in care settings rarely have an effective public voice or effective legal advocacy; therefore the system is slow to respond (Nunno and Motz, 1988, p. 522)

Despite the continuing concerns expressed in the US literature, the issue of abuse and neglect in out-of-home care has been identified at both state and national level for some twenty years. In the UK, by contrast, the abuse of children living away from home has only been addressed much more recently. There has been little in the way of systematic research and responses to the problem have frequently been in reaction to inquiries into high profile cases of abuse and neglect. In 1991, government guidance for England and Wales on inter-agency co-operation for the protection of children from abuse - *Working Together* - explicitly addressed the protection of children living away from home.

> Children in accommodation provided for them as a service are entitled to the same level and standard of protection from harm as is provided for children in their own homes. ACPC [Area Child Protection Committee] procedures should include a clear policy statement that their agreed local arrangements for the handling of child abuse cases apply in every situation where an allegation of abuse is received in respect of such a child. (Home Office, 1991, p. 33)

The guidance discusses children in both foster care (section 5.19) and residential settings (section 5.20) and addresses abuse by other children, by visitors and by staff (Home Office, 1991, pp. 33-36).

[1] The Child Abuse Prevention and Treatment Act was amended in 1978, extended in 1981 and amended and extended in 1984 (Howerton, 1987)

This review is intended to draw together knowledge on abuse and other harm experienced by children and young people living away from home. It aims to inform all those working with children and young people so that we can better promote the well-being of children and young people in care settings; ensure that they are safeguarded from abuse and other harm; and provide the *special protection* to which they are entitled.

The review highlights the points of weakness and vulnerability in care settings which have allowed children and young people to be abused and neglected but also emphasises the safeguards and controls which are necessary to protect their interests.

The review starts by considering the definition of abuse in out-of-home care and identifying the way in which it differs from abuse in the family. It will look at the different forms of abuse and other harm which affect children who are cared for away from home: the physical, sexual and emotional abuse of children, but also `programme abuse` and `system abuse'. Drawing on evidence from research and inquiries into specific cases of abuse, the extent of abuse by staff in residential establishments (including boarding schools, hospitals and penal institutions) and by foster carers will be identified and the factors linked to abuse in out-of-home care settings will be discussed. We will next look at issues concerning the response to abuse in out-of-home care: the denial of abuse and the barriers to reporting abuse; the investigation of abuse in residential and foster care; and the crucial aspect of supporting the child or young person who has been abused.

Much of the research in the United States is based on the mandatory reporting of abuse in out-of-home care and the review will discuss mandatory reporting legislation as well as sex offender registers and community notification laws which are established in other countries.

Black children and children from minority ethnic groups are disproportionately represented in the care population and issues of racism and abuse will be discussed. Children with disabilities are particularly vulnerable to abuse and the specific issues relating to the abuse of this group of children will be reviewed. A high proportion of children in residential care run away or go missing and the factors involved in running away will be addressed, as will the linked issue of child prostitution.

Children and young people are not only abused by staff or carers, they suffer abuse at the hands of other young people. Bullying is an often hidden torment to children and young people living in residential establishments and the sexual abuse of children by other young people is also a serious concern. The review will address the scale of the problem and ways of preventing bullying and sexual abuse. Young people also frequently harm themselves while in care and the review will look at the issue of suicide and self-harm, as well as abuse of alcohol and drugs.

Finally, the review will look at creating a safe and secure environment. This will focus on the importance of listening to children and the ways in which this can be achieved, such as complaints procedures, children's rights officers and advocates, and telephone help-lines. It will also focus on staffing issues such as the recruitment,

assessment and selection of carers and staff, and the need to support staff through supervision and training.

One of the issues in doing this review has been highlighted by Mercer (1982):

> A discussion of the prevention of institutional abuse has led us and will always lead us to a whole complex of issues touching on virtually every aspect of residential programming. This complex of issues might be boiled down to a basic question - what constitutes good, or at least acceptable, residential child care? (Mercer, 1982, p. 129)

There are then, no hard and fast boundaries in terms of the literature and research which could be included in the review. Some of the decisions on what has been covered have had to be determined to a degree by feasibility given the wide-ranging scope of the review and the limited time-scale for carrying it out. My own background is in social work and child care research and from this starting point, I have reviewed the literature relating to hospitals, boarding schools and prisons. Inevitably, some sections of the review will be more developed than others.

The literature review was carried out between September 1996 and February 1997. Keyword searches were undertaken on five literature databases: BIDS (Bath Information and Data Services); ASSIA (Applied Social Science Index and Abstracts); CAREDATA; MEDLINE, and ENB Health Care Database. A limited keyword search of the Internet was carried out. A request for material was posted on the Cornell University Child Maltreatment list-server and requests for reference material were made to the Centre for Residential Child Care, the Scottish Council for Research in Education (SCRE), Action for Sick Children, the National Foster Care Association Scotland; the Howard League for Penal Reform; and Penal Lexicon. A bibliography produced by the National Children's Bureau was also used. In addition, requests for material were made to a number of individuals who have carried out work in this field.

The remit of this literature review has meant that it has focused on the most negative aspects of the care of children and young people living away from home. Children suffer a range of harm in out-of-home care; from the worst excesses of systematic physical and sexual abuse to abuse of their rights to privacy, dignity and respect. The most conscientious carers acknowledge that at times they have overstepped the line into abusive behaviour.

> I have been guilty of punishing children (and adults), depriving them of their rights, taking away their liberty in some temporary fashion, or even (and, thank God only very occasionally) of hitting them or hurting them. And I admit to the same treatment of my own children in my own home. I believe nearly every care worker (and parent) with substantial experience has punished the people she or he works with - mentally, emotionally or physically - and, much more frequently, has in some way wished to punish without doing so (Burton, 1993, pp. 64-65; see also Baldwin, 1990; Berry, 1975)

In focusing on the negative aspects of abuse and harm, the good and excellent practice in providing children and young people a positive experience that goes on in residential establishments and foster care up and down the country must not be forgotten. The aim, however, must be to ensure that all children and young people receive that positive experience.

Definitions of Abuse in Out-of Home Care

A crucial problem concerns the point at which acts of commission or omission are defined as abusive. This is not just an issue about abuse in out-of-home care but relates to broader debates in child protection. The recent overview of research in child protection highlighted that there is no absolute definition of abuse

> There are many definitions of abuse in the legal and scientific literature. Most describe abusive *incidents*, especially beating, sexual interference and neglect of children. But policy makers, researchers and practitioners are likely to consider the *context* in which such incidents occur before they will define them as abusive (HMSO, 1995, p. 11)

This issue of the threshold of abuse has been identified as creating major problems in the identification of, and response to, abuse in out-of-home care (Nunno and Motz, 1988; Rindfleisch and Rabb, 1984b; Rabb and Rindfleisch, 1985; Thomas, 1995)

An early and useful definition of abuse in out-of-home care was provided by Gil (1982)

> "... any system, program policy, procedure, or individual interaction with a child in placement that abuses, neglects, or is detrimental to the child's health, safety, or emotional and physical well-being or in any way exploits or violates the child's basic rights. This abuse of children in out-of-home care is of three types: physical and sexual abuse; program abuse, and system abuse" (Gil, 1982, p. 9)

Physical and sexual abuse is like abuse which occurs in family situations but is perpetrated by the professional carer or foster care (Gil, 1982; see also Harrell and Orem, 1980)

Programme abuse occurs when "programs within a facility are below normally accepted standards; have extreme or unfair policies; or rely on harsh, inhumane, or unusual techniques to teach or guide children" (Gil, 1982, p. 10; see also Powers et al, 1990). Gil includes in this: over-medication, inappropriate isolation, mechanical restraint, and disciplinary techniques. Shaughnessy (1984) gives an example of one facility where aggressive boys were overfed "until they were too obese to cause any behavioral difficulties (Shaughnessy, 1984, p. 314). Robin (1982) discusses the situation of `status offenders'[2] in psychiatric hospitals, many of whom have been abused in their family. He argues that it "is in the normal course of treatment that many children are abused" (Robin, 1982, p. 82) through the use of locked doors, depersonalised rules and regulations, seclusion and isolation, and the use of drugs for the management of disruptive behaviour. Two cases of programme abuse in the UK have been the purported `behaviour modification' of the `pindown' regime in

[2] "... status offenses are those noncriminal behaviors such as incorrigibility, running away, and truancy that are considered illegal because of a child's age." (Robin, 1982, p. 79)

Staffordshire residential establishments (Levy and Kahan, 1991) and the `regression therapy' perpetrated by Frank Beck in Leicestershire (Kirkwood, 1993)[3].

Gil suggests that the third type of abuse, system abuse, is the most difficult to define, acknowledge or correct and gives examples of the damaging effect of `foster care drift' and multiple placements to highlight the abuse "by the immense and complicated child care system, stretched beyond its limits and incapable of guaranteeing safety to all children in care" (Gil, 1982, p. 11). Kahan states that:

> ... stability and continuity are not only essential for good care but they are the necessary conditions for a child to grow up well (Kahan, 1994, p. 104)

However, over a number of years, research in the UK has highlighted the disruption and harm caused to children and young people by multiple care placements and changes in educational provision (Audit Commission, 1994; Berridge, 1985; Berridge and Cleaver; 1987; Cliffe with Berridge, 1991; Department of Health, 1991; Kendrick, 1995; Social Services Inspectorate, undated a; Triseliotis et al 1995). Shaughnessy (1984) also describes "misplacement and misdiagnosis" as a kind of institutional abuse and "maintaining the child or client in an inappropriate environment may be a further form of abuse when other, more appropriate facilities are available" (Shaughnessy, 1984, p. 313). Thomas discusses the wider political and economic context of child welfare services and argues that the adoption of systematic methods of service delivery can lead to the failure of welfare rather than to its success (Thomas, 1982)

Garbarino suggests that, in addition to general definitions of abuse:

> ... we define the broader domain of maltreatment in out-of-home care as acts of omission, commission or permission (acts perpetrated or promoted by the child welfare system, child care policies, a child care organisation, a specific program or a specific procedure) that violate the goals of out-of-home care, thereby harming the child.
>
> A situation would be considered harmful if it -
>
> (1) endangers the protection, security, and/or safety of the child;
>
> (2) prevents the child from obtaining basic care and satisfying basic physical and emotional needs;
>
> (3) places obstacles in the way of the child's development or severely restricts the developmental opportunities available to the child;
>
> (4) prevents the child from participating in the special care and treatment that he or she needs for adequate developmental progress
>
> (Garbarino, 1986, cited in Cavanagh, 1992, p. 20)

A number of authors have proposed categorisations of abuse in out-of-home care which, while similar in some respects, also have important differences. Garrett (1979) proposes four categories of institutional abuse:

Physical Abuse and Neglect: includes physical mistreatment, lack of care that results in illness or other physical difficulty, and medical or chemical abuse.

[3] See below, page 16.

Sexual Abuse: when the institution and/or its staff permit or participate in involuntary sexual activity with or among residents, or any sexual activity by individuals unable though age or capacity to make a reasonable choice.

Emotional and Intellectual Damage: failure to provide an opportunity for each child to achieve his/her potential for emotional and intellectual growth constitutes a pervasive form of abuse, difficult to define but possible to identify and observe.

Social Damage and Labelling: social damage from labelling can ensue from the fact of institutionalisation itself, limiting the child's potential for fulfilment (Garrett. 1979, pp. 62-63)

Groze (1990) also presents four categories of abuse which were used in a state reporting process of institutional abuse. These were:

Abuse; the intentional or non-accidental use or threat of physical force by a person responsible for a child's health or welfare, aimed at hurting or injuring the child or knowingly causing or permitting any person to intentionally injure a child.

Sexual abuse; any sexual activity prohibited by state law, including sexual exploitation or procuring or knowingly causing or permitting any person to injure or sexually abuse or exploit a child.

Neglect: a wilful act of omission which directly results in a child suffering or being exposed to risk of suffering physical injury or emotional injury and includes the failure to furnish food, clothing, shelter, or withholding medical attention from the child.

Inappropriate treatment; means harm or threatened harm to a child's health or welfare which is caused by any violation of statutes, regulations, written rules, procedures, directives, or accepted professional standards and practices which is not otherwise classified as abuse but which results in, or creates the risk of injury to the child. (Groze, 1990, pp. 230-231)

Rabb and Rindfleisch (1985) categorised eight types of institutional abuse and neglect. As well as *physical maltreatment, sexual maltreatment, failure to provide,* and *emotional maltreatment* which are similar to previously mentioned categories, they include:

> *Failure to supervise.* An adult caregiver's failure to provide monitoring, guidance, structure, restraint or discipline necessary to protect a child from harm....
> *Questionable moral behavior.* A caregiver's engaging in behaviors in a child's presence which are illegal, immoral, or inappropriate for a child to observe, and which are likely to encourage a child to violate legal, moral or community standards...
> *Harmful restraint/control*. Methods of limiting behavior which harm or endanger a child, including isolation and medication

> *Setting up.* Caregiver deception, gross inconsistency or unrealistic expectations which result in substantial provocation or predictable failure of a child
> (Rabb and Rindfleisch, 1985, p. 287)

Bibby (1996) comes at the definition of institutional abuse from a different direction. He is concerned with the wider issue of organised abuse and considers that institutional abuse is a sub-set of organised abuse

> Institutional and ritual abuse are but specialised forms of organised abuse
> *Organised abuse* is the systematic abuse of children, normally by more than one person
> It is characterised by the degree of planning in the purposeful, secret targeting, seduction, hooking and silencing of the subjects
> (Bibby, 1996, pp 5-6; see also, Gough, 1996; Kelly and Scott, 1993)

He suggests that while previous definitions have attempted to define organised abuse in terms of numbers, and relationships between perpetrators and victims, this definition "directs our thoughts towards the *systems* used by perpetrators" (Bibby, 1996, p. 6)

Most recently, in the UK, the National Commission of Inquiry into the Prevention of Child Abuse recommended the following definition of system abuse

> System abuse may be said to occur whenever the operation of legislation, officially sanctioned procedures or operational practices within systems or institutions is avoidably damaging to children and their families (Williams of Mostyn, 1996, p. 5).

System abuse is considered to occur when: children's needs are not recognised or understood so they are not considered separately from those of adults; services are unavailable because they do not exist, are inadequate or inaccessible; services are so poorly organised, managed, monitored or resourced that they permit unskilled and unsafe environments; services for children with emotional and behavioural disorders are so poorly defined and co-ordinated that organisations can avoid or shift responsibilities; there are unnecessarily intrusive procedures or practices which undermine children or their families (Williams of Mostyn, 1996, p. 5).

Abuse in Residential Care

Introduction

> Young people and children should feel safe and secure in any residential home or school (Skinner, 1992, p. 21)

In 1979, Garrett wrote of the USA that accurate data on abuse of children in residential institutions was almost non-existent (Garrett, 1979, p. 60). As we shall see, this is the current situation for the United Kingdom and much of the systematic information on abuse in residential care comes from the United States. A major barrier, however, to detecting and measuring the extent of the problem concerns the general lack of clarity about what constitutes institutional abuse (Rindfleisch and Rabb, 1984a; 1984b; Powers et al, 1990)[4]. There are major barriers to the reporting of abuse and it must be accepted that the figures presented from studies based on reported abuse will therefore tend to be underestimates of the actual incidence of abuse.

In the United Kingdom there is a lack of systematic information on the extent of abuse and neglect of children and young people in residential establishments (Westcott, 1991a; Westcott and Clement, 1992) and since "there is no central mechanism in this country for reporting or recording investigations and findings regarding institutional abuse, we remain ignorant of its true scope" (Doran and Brannan, 1996, p. 157). Several major inquiries, however, have highlighted the fact that the problem is more widespread than had previously been recognised: Kincora boys' hostel in Belfast (Hughes, 1986); `pindown' in Staffordshire (Levy and Kahan, 1991); Ty Mawr in Wales (Williams and McCreadie, 1992); Castle Hill School in Shropshire (Brannan et al, 1993a, 1993b) ; the Beck case in Leicestershire (Kirkwood, 1993). More recently, the extensive abuse which took place in residential establishments in Cheshire and the North-west of England was highlighted by the conviction of Keith Laverack for the sexual abuse of children over a period of twenty years (Ward, 1997; Connett and Calvert, 1997). In Wales, a tribunal is under way to investigate allegations of widespread abuse in children's homes and 175 people who have made allegations of abuse will give evidence (Brindle, 1997).

Research Evidence from the USA

Rindfleisch and Rabb (1984a) conducted a nation-wide survey of 1,700 residential establishments in the USA and obtained information about the establishments, the residents and staff, and specifically, the number of complaints of abuse and neglect in the establishment. 1,100 establishments returned questionnaires and based on the returns, an estimated 2,692 complaints were made in the 1,700 residential establishments; 617 of these were confirmed. However, site visits to 12 residential establishments in four states to validate these figures suggest that "the number of

[4] For some residential care is inherently abusive and according to this view all residential institutions should be closed as quickly as possible (Savells, 1983; see also Garrett, 1979; Rindfleisch and Rabb, 1984b; Turnbull, 1995).

complainable situations may be substantially larger than the number reported in our survey data" (Rindfleisch and Rabb, 1984a, 39)

> Despite the lack of consciously developed case finding systems to protect children in residential facilities, it is our impression that the rates of occurrence of complainable situations in residential facilities may be twice as large as rates of occurrence in families (Rindfleisch and Rabb, 1984a, p. 39)

Blatt and Brown (1986) present information on 232 reports of alleged child abuse and neglect incidents made between October 1980 and September 1983 in New York State Office of Mental Health (OMH) operated psychiatric facilities. These were incidents of physical, sexual or emotional abuse and institutional abuse as defined by Gil (1982) as program or system abuse were not studied. The 232 allegations were broken down into: excessive corporal punishment (47.4%); lacerations, bruises, welts, fractures, burns (24.6%); lack of supervision/inadequate guardianship (13.8%); sexual abuse (13.8%); child's drug or alcohol use (3.0%); and inappropriate restraint (0.4%). (Blatt and Brown, 1986, p. 175). The 232 allegations involved 174 different children with an average age of 14.6 years (OMH population average age was 14.3 years). 68% were males and 32% were females exactly the same as the OMH population. 40% were white; 36% were black and 13% were Hispanic, with a larger proportion of the children being black than in the OMH population (29%) (Blatt and Brown, 1986, p. 176).

Groze (1990) collected information from the files of a large southwestern state agency which investigates allegations of mistreatment of children in the custody of the state residing in state-operated and private mental heath, child welfare and juvenile correctional institutions. 609 allegations were made in the two years, 1985/86-1986/87: abuse (22.1%); neglect (15.8%); sexual abuse (6.6%) and inappropriate treatment (55.4%). 490 of the allegations were `ruled out' and 110 were confirmed[5]. The rate of confirmation of the different types of abuse varied markedly: 3.1% of allegations involving neglect were confirmed; 9.7% of abuse allegations; 22.5% of sexual abuse allegations; and 25.3% of inappropriate treatment allegations. Thus three-quarters of the confirmed reports were for inappropriate treatment; 11.8% for abuse; 8.2% for sexual abuse; and 2.7% for neglect (Groze, 1990, p. 234). In confirmed cases, the average age of the victim was older for sexual abuse (16) and younger for neglect (11.7). Most of the victims were male although over half the victims in cases of sexual abuse were female. Most of the victims were white and the proportion of non-white victims ranged between 22.2% (sex abuse) and 38.5% (abuse) in the different categories of abuse (Groze, 1990, pp. 235-236).

> The finding that *inappropriate treatment* is the most common mistreatment alleged and confirmed suggests that the majority of staff who mistreat youths in institutions do so by violating statutes, regulation, written rules, procedures, directives, or accepted professional standards and practices. These behaviors are most effectively addressed by appropriate supervision, consultation, and training (Groze, 1990, p. 239)

[5] Figures in Table 1 (Groze, 1990, p. 234) do not add up to 609.

Further work was carried out in New York State by Blatt (1992), who analysed a random sample of 510 reports of alleged child abuse and neglect made to the New York State Child Abuse and Maltreatment Register between 1986 and 1988. The allegations were distributed: fractures (0.9%); internal injuries (0.2%); lacerations (34.8%); burns (0.7%); excessive corporal punishment (10.3%); drug use (3.6%); lack of medical care (2.7%); sexual abuse (17.2%); educational neglect (0.4%); emotional neglect (0.7%); lack of food, shelter, clothing (1.3%); lack of supervision (5.1%); inappropriate restraint (22.1%) (Blatt, 1992 p. 500). The average age of children reported as abused neglected was just under 14 years and the age distribution was very similar to that of all children receiving residential services (Blatt, 1992, p. 499)

Rosenthal et al (1991) describe 290 reported incidents of abuse and neglect in family foster homes, group homes, residential treatment centres and institutions in Colorado. 38% of complaints (102 of 272; 18 cases missing) were of incidents in residential treatment centres; 14% (38) in group homes; and 11% (30) in institutional settings. In each setting physical abuse referrals were most common (53 - 64%); sexual abuse referrals were second in frequency (20 - 27%); and neglect referrals were least common (16 - 20%). Confirmation of referrals varied according to setting. 39% of institutional referrals (11 of 28) as compared to only 18% (7 of 38) of group home referrals and 19% (19 of 100) of residential treatment centre referrals. Group home and institutional victims of alleged abuse were 13.8 years old on average and residential treatment centre victims were 14.0 years old (Rosenthal et al, 1991, pp. 252-253).

Finally, in relation to the US research, Spencer and Knudsen provide data for the state of Indiana between 1984 and 1990 regarding total complaints and `substantiated/indicated' reports of physical and sexual abuse and neglect in foster homes, schools, day-care homes and centres, residential homes, state institutions, hospitals and other facilities (Spencer and Knudsen, 1992). This data was combined to provide weighted averages of the number of substantiated/indicated cases per year for physical and sexual abuse and a rate of maltreatment was calculated. Over the period, the rate of maltreatment in residential homes was 120.35 per 1,000 children, at least seven times the rate in any other type of out-of-home care. The child maltreatment rate in other forms of care was: foster homes 16.93 per 1,000; state institutions 8.88; hospitals/other facilities 15.66. Sexual abuse was the most frequent form of abuse in residential homes with a rate of 70.20 per 1,000 children, compared to 33.43 per 1,000 for physical abuse and 16.72 per 1,000 for neglect. In state institutions the rates were: sexual abuse - 6.14 per 1,000; physical abuse - 1.70; and neglect - 11.04, and in hospitals and other facilities: sexual abuse - 8.54 per 1,000; physical abuse - 5.70; and neglect - 1.42. These figures compare to a maltreatment rate in the child's family home of 11.59 per thousand: sexual abuse - 2.42 per 1,000; physical abuse - 2.97; and neglect 6.20 (Spencer and Knudsen, 1992, pp. 488 - 489).

Evidence from the Inquiries

In the December 1981, three residential staff of the Kincora Boys' hostel were convicted and jailed for a series of offences including buggery, gross indecency and indecent assault spanning the 1960s and 1970s. The Royal Ulster Constabulary investigation of Kincora uncovered allegations of sexual abuse in other residential establishments which

led to the conviction of four others (Hughes, 1986, p. 2). The Kincora scandal was entangled with allegations that there had been an official "cover-up by Unionist politicians and paramilitaries and by police and British military intelligence" (Kelly and Pinkerton, 1996, p. 46). The Hughes Inquiry concluded that there had not been a `cover-up' (Hughes, 1986, pp. 190-191) but Kelly and Pinkerton suggest that, in emphasising administrative systems and methods of staff selection, "both the political dimensions of the case and what it had to say about power relations between young people and adults within residential care were neatly side-stepped" (Kelly and Pinkerton, 1996, p. 46)[6].

In Staffordshire, at least 132 children were subjected to `pindown' between November 1983 and October 1989 (Levy and Kahan, 1991). The Inquiry concluded that the children subjected to the "narrow, punitive and harshly restrictive experience" of 'pindown' suffered to varying degrees "the despair and the potentially damaging effects of isolation, the humiliation of having to wear night clothes, knock on the door to 'impart information'" and of having "all their personal possessions removed; and the intense frustration and boredom from the lack of communication, companionship with others and recreation" (Levy and Kahan, 1991, p. 167). 'Pindown' was described as "intrinsically unethical, unprofessional and unacceptable (Levy and Kahan, 1991, p. 167).

The Inquiry into Ty Mawr Community Home concluded that there "was an over masculine culture at Ty Mawr"[7] and that there "was a degree of low level physical violence (slapping, cuffing, knuckling, that is striking on the head with the knuckles) by certain members of staff." (Williams and McCreadie, 1992, p. 33). The Inquiry carried out a review of suicides, attempted suicides or threats to self-harm and concluded:

> **In many ways,... Ty Mawr unfortunately became the whipping boy in respect of incidents, many of which could not be sensible connected to Ty Mawr and certain of which Ty Mawr was not to blame for.** There was undoubted deficiencies at Ty Mawr, of structure, planning and resources. The institution and the staff were being asked to deal with young boys in circumstances which were impossible (Williams and McCreadie, 1992, p. 51)

In 1991, Ralph Morris, the Principal and joint owner of Castle Hill Independent Special School was sentenced to twelve years imprisonment having been charged with sixteen specimen counts of offences ranging from physical assault to indecent assault and buggery (Brannan et al, 1993a, p. 2). Brannan et al comment that "the control and seduction of a great number of young boys proved to be an underlying motivation for the conception and growth of Castle Hill School" (Brannan et al, 1993a, p. 6).

> Within the school a regime developed over a period that was utterly restrictive, where fear was used to exercise control. Ralph Morris' management style was totalitarian with ultimate control being vested in him.

[6] Christopherson (1989) discusses examples of institutional abuse in the context of sex rings where the syndicated ring "is a well structured organisation geared to recruiting children to provide pornography or other sexual services on a commercial basis" (Christopherson, 1989, p. 35). He cites Kincora as an example of a syndicated ring, although the Inquiry concluded that the abuse was not linked to child prostitution (Hughes, 1986, pp. 199-201)

[7] See also Kirkwood (1992) and Jones (1994) for discussion of the sexist and racist culture in the Leicestershire children's homes and at Castle Hill School.

> There was a subculture within the school involving himself and the boys. He operated a hierarchical system whereby some older and more senior boys were afforded special privileges... These favoured pupils presented as a fearful and vindictive corps and were used to control those who dared to go beyond the clearly defined limits. There were many examples of boys being assaulted by members of this elite task force at Ralph Morris' instigation (Brannan et al, 1993a, pp. 7-8)

Also in 1991, Frank Beck, an officer-in-charge of children's homes in Leicestershire, was found guilty on 17 counts involving sexual and physical assault including four offences of buggery and one of rape. Two other children's home staff were convicted of charges of indecent or common assault (Kirkwood, 1993, pp. 1-2)[8] The Leicestershire Inquiry also identified other cases of sexual abuse in children's homes and while it concluded that the evidence did not tend to support that a paedophile ring was operating, "during the period 1973 to 1986 there was an alarmingly high number of child sexual abusers at work in Leicestershire Children's Homes" (Kirkwood, 1993, pp. 295-296). In the children's homes run by Beck, there was "a regime of physical, sexual and emotional abuse" (Kirkwood, 1993, p. 309) and many children found "his treatment approach which became known as `regression therapy'... threatening, violent and humiliating" (Kirkwood, 1993, p. 56)

Research Evidence from the UK

The National Association of Young People in Care (NAYPIC) made an early attempt to highlight abuse in the care system in the UK. They studied the cases of fifty young people who had complained to them in a three month period (Moss et al, 1990). NAYPIC found that "65% of the young people... were sexually abused whilst in care" and "85% of female young people said they had suffered sexual assault" (Moss et al, 1990, pp. 4-5). Over three-quarters of the young people reported that they had been physically abused in care and the "complaints varied from being hit whilst arguing with staff, up to and including systematic, severe physical abuse" (Moss et al, 1990. p. 5)

A further attempt to provide more detailed information on institutional abuse was carried out by the NSPCC. A survey of NSPCC teams and projects in March 1992 identified 84 cases of alleged abuse in residential or educational settings over the previous year (Westcott and Clement, 1992). The authors acknowledge that the sample is unrepresentative as it is likely that these are particularly severe cases. Two-thirds of the children involved (63%) were male and one-third were female; 12% of the children were under 10 years; 43% were between 10 and 14 years old; and 45% were between 15 and 17 years of age (Westcott and Clement, 1992, p. 7). A large number of children (42%) had been placed in the residential establishment because of previous abuse. The majority of children (69) suffered sexual abuse; 16 suffered physical abuse; 4 suffered emotional abuse; 6 suffered from inappropriate restraint and 9 suffered other forms of abuse (Westcott and Clement, 1992, p. 11). In half the cases, the perpetrator was a peer, in 43% of cases it was a staff member, and in the other cases it was a sibling. The majority of

[8] A fourth member of staff who was arrested died before he could be brought to trial (Kirkwood, 1992, p.1)

abusers were male (81%). For the 25 staff perpetrators where their age was known, the majority (19) were aged 40 and above (Westcott and Clement, 1992, p.11).

A more recent account of abuse in residential establishments has been provided by ChildLine (Morris and Wheatley, 1995). They provide an analysis of calls made by 539 children in England and Wales and 137 children in Scotland in 1992/93 over the first six month of the lines operation. Over a quarter of the boys (18) and 11% of the girls (24) from England and Wales and eight callers from Scotland reported bullying and violence from other residents as their main problem. Allegations of current sexual abuse were made by 25 children in England and Wales In 9 cases, male residents were the perpetrators, in eight cases it was male residential staff and in most of the remainder, the abuse had occurred on home visits (Morris and Wheatley, 1995, p. 54)

The most comprehensive survey of institutional sexual abuse in England and Wales was carried out by Gallagher, Hughes and Parker (1996) in the context of a national survey of organised sexual abuse. Questionnaires were sent to every police force (N=43), Social Services Department (N=116) and NSPCC team (N=66) in 1992 requesting information on each case of organised, ritual or institutional abuse between January 1988 and December 1991 (Gallagher, Hughes and Parker, 1996, p. 216). Institutional abuse was defined as, "a case in which an adult has used the institutional framework of an organisation for children to recruit children for sexual abuse" (Gallagher, Hughes and Parker, 1996, p. 217). The authors had doubts about the reliability of the findings in that they believed that agencies had reported only a small proportion of high profile cases, "such as those involving allegations of ritual abuse or large numbers of perpetrators and children" (Gallagher, Hughes and Parker, 1996, p. 218)

Of the 211 cases reported to the national survey, there were 45 cases of institutional abuse and 16 (8%) were in residential institutions (Gallagher, Hughes and Parker, 1996, p. 218).

Information on the abuse of children and young people is also available from research looking more generally at residential care. In their study of special residential schools, Grimshaw and Berridge detail the extent of abuse of 67 children who had had been resident in the schools for at least a year, although data was not collected from staff about where the abuse had occurred or the perpetrator of the abuse. Four per cent had definitely suffered physical abuse and 6% sexual abuse. One fifth (21%) were reported to have "experienced some form of suspected or confirmed abuse; 13% had experienced suspected or confirmed physical abuse and 13% similarly sexual abuse..." (Grimshaw and Berridge, 1994, pp. 103-104). They concluded:

> For a proportion of children, admission to a residential school did not mean that they were fully protected from abusive experiences. Clearly the system of management and inspection of such schools needs to reflect this unfortunate reality (Grimshaw and Berridge, 1994, pp. 103-104).

Triseliotis et al (1995) studied social work services to a sample of 116 teenagers over a 12 month period. Fifty-five young people experienced 78 residential care placements and, in interviews, "two young people spoke of incidents when they had

been assaulted by staff and both had formally complained about it" (Triseliotis et al, 1995, p. 181).

Research on perpetrators of child sexual abuse has also indicated to some degree the extent of abuse in care settings. A study of social work, criminal justice and health service case files for a sample of 501 child sexual abusers found that "6% of the sample were known to the victim in their capacity as foster or adoptive parent, male residential care-giver or a male who was in care with the victim" (Waterhouse et al, 1994, p.16)

Programme Abuse

The research discussed here has, for the most part, focused on physical abuse, sexual abuse and neglect. Two cases of programme abuse in the UK have been the subject of major inquiries: the pindown regime in Staffordshire residential establishments and the `regression therapy' or `regressive therapy' perpetrated by Frank Beck in Leicestershire (Levy and Kahan, 1991; Kirkwood, 1993). We saw above that in the 1980s, large numbers of children were subjected to the pindown regime.

The practice of 'pindown' varied considerably but the Inquiry identified the following common features:

> ... firstly, isolation for part of the time in a part of a children's home cordoned off as a 'special' or Pindown unit; secondly, removal of ordinary clothing for part of the time and the enforced wearing of shorts or night clothes; thirdly, being told of having to earn 'privileges', and fourthly being allowed to attend school or a 'school room' in the unit, and changing back into shorts or night clothes after returning from school. (Levy and Kahan, 1991, pp. 119 - 120)

The Inquiry went on to detail the features of 'full pindown' or 'total pindown'

> ... firstly, persistent isolation in a part of a children's home cordoned off as a special or Pindown unit; secondly removal of ordinary clothing for lengthy periods and the enforced wearing of shorts or night clothes; thirdly, persistent loss of all 'privileges'; fourthly, having to knock on the door to 'impart information', for example, a wish to visit the bathroom; and fifthly, non-attendance at school, no writing or reading materials, no television, radio, cigarettes or visits (Levy and Kahan, 1991, p. 120)

While acknowledging that the 'pindown' regime had a purported 'philosophy' to give children intense individual attention, the Inquiry considered that this was "never to any significant extent put into practice; and was in any event a pipe dream due to lack of sufficient staff and lack of qualified and experienced people" (Levy and Kahan, 1991, p. 167).

In Leicestershire, Frank Beck developed a purported treatment approach known as `regression therapy' or `regressive therapy'.

> Quite apart from a volume of allegations made since 1989 by former residents in Children's Homes of sexual and physical assaults upon them by Mr Beck and other care staff over the years, there have been significant complaints about the treatment methods that were used. They are significant because young people found the treatment to which they were subjected in the name of therapy to be abusive in itself (Kirkwood, 1993, p. 62)

`Regression therapy' involved dealing with young people as with a child under five: for example, dressing the child; spoon-feeding or using baby bottles; using dummies[9]; "the apparently bizarre use of the paraphernalia of babyhood in the treatment of adolescent boys and girls" (Kirkwood, 1993, p. 57). The rules also allowed for the provocation of children but this frequently led to the persistent verbal and physical abuse of children and young people and there was "a wealth of evidence of the violence of confrontation, provocation and often unwarranted physical restraint from witnesses who had been broken down to make them amenable to regression treatment" (Kirkwood, 1993, p. 67).

Recently, the National Commission of Inquiry into the Prevention of Child Abuse wrote:

> The catalogue of abuse in residential institutions is appalling. It includes physical assault and sexual abuse; emotional abuse; unacceptable deprivation of rights and privileges; inhumane treatment; poor health care and education. This is especially disturbing because many of the children in residential institutions have already been deeply harmed... (Williams of Mostyn, 1996, p. 19)

Boarding Schools

Little research on abuse has been carried out in boarding schools or independent schools. In relation to bullying, Walford states that the "competitive situation in which schools find themselves means that writers from within the schools are likely to play down any problems, and it is rare for outside researchers to be given the chance to find out" (Walford, 1989, p. 84; see also Geddes, 1994). In the 1960s, Lambert and Millham (1968) conducted research in "66 boarding schools for ordinary children in England and Wales recognised by the Department of Education and Science" and includes "26 public schools...; 18 other independent schools...; 7 others are called progressive schools...; 15 others are directly maintained by LEAs..." (Lambert and Millham, 1968, p. 3). Their book *The Hothouse Society* is based solely on the writings of some 12,000 children in boarding schools. Evidence of sexual abuse of boys by staff[10] was identified in four of the 66 schools and in these four schools "it was mentioned by over three quarters of the boys in all age groups, often many times over even when it had no relevance to the questions asked" (Lambert and Millham, 1968, p. 272).

[9] This is taken from "Ratcliffe Road Adolescent Unit - Rules Governing the Treatment of Children and the Conduct of Staff" (reproduced in Kirkwood, 1992, pp. 82-83)

[10] Referred to as "sexual deviation on the part of staff" (Lambert and Millham, 1968, p. 272)

More recently, abuse in boarding schools was researched in relation to the operation of the ChildLine Boarding School Line. This was set up following a case of serious sexual abuse by staff in a private boarding school; Crookham Court (La Fontaine and Morris, 1991). Over 130,000 children are estimated to attend boarding schools, two-thirds of whom are boys and most are 13 years and older. The Boarding School Line received 10,315 calls between January and July 1991; 1,012 of these resulted in some form of counselling with the production of a case note/log (La Fontaine and Morris, 1991, p. 10). While the line had calls from children in all types of schools: special schools; independent and maintained schools; single-sex and mixed schools; and were from weekly and termly boarders, in the vast majority of cases schools were not identified, even by type. Half of the calls were made from telephones in schools and over a quarter from a public telephone box. Most of the callers were aged between 12 and 15 years and girls called more often than boys, although more boys attend boarding schools than girls. The main problem of each caller was identified from the case-note, although callers may have had several concerns. Over a third of the calls related to two main problems: bullying (19.8%)[11] and sexual abuse (15.3%).

34 cases (3.5%) were classified as sexual harassment (sexual remarks and sexual behaviour that did not involve touching the child): most were reported by girls and in 21 cases male teachers were the perpetrators of the harassment (La Fontaine and Morris, 1991, p. 18). Sexual abuse "involving physical contact and ranging from touching and kissing to intercourse" was reported in 155 calls with just over half the calls coming from boys. In 110 of these cases, the alleged perpetrators were staff of the boarding schools: in five cases, the allegation was made against the Headmaster; in seven cases, a Housemaster; in 97 cases, a teacher; and in one case, the Matron (La Fontaine and Morris, 1991, p. 28)[12]. In a quarter of the cases, the callers indicated that other children were being abused by the same person.

5.5 percent of the calls involved physical abuse and this was the third largest problem for boys. In seven of the cases "it appeared that the problem was corporal punishment which was regularly used by the member of staff concerned" (La Fontaine and Morris, 1991, p. 26).

> However, this category of complaints largely referred to the actions of staff, the majority of them men. The calls were about teachers, four Headmasters among them, who either lost their tempers or regularly showed their displeasure in physical assaults (La Fontaine and Morris, 1991, p. 26).

Morgan, in his report on the views of boarding school pupils, found that "a small minority of staff were described by pupils as using idiosyncratic punishments" and that while some of these were harmless, they also included "slapping, pulling, and other forms of striking pupils, and use of inappropriate physical restraint" (Morgan, 1993, p. 70). Some pupils had tried to raise concerns about the risks of abuse by staff with other staff members but without success (Morgan, 1993, p. 45).

[11] This will be dealt with in more detail in the section on `Bullying'

[12] The figures presented in Table 4 on page 28 are slightly different to those presented in the text on page 22.

Hospitals

There is very little research and literature on child abuse which takes place in hospitals.[13] We saw above that Spencer and Knudsen included hospitals[14] in their study of the rates of abuse in different out-of-home care settings. The maltreatment rate in hospitals/other facilities of 15.66 per 1,000 children was the second lowest rate. Sexual abuse was the most frequent type of maltreatment in hospitals and other facilities: 8.54 per 1,000; followed by physical abuse - 5.70; and neglect - 1.42 (Spencer and Knudsen, 1992, pp. 488 - 489).

In the UK the literature is very limited and in an overview of the changes in the care of children in hospital and the areas of concern which still remain, there is no mention of the abuse of children or child protection in hospitals (Belson, 1993). The Royal College of Nursing, however, has recently prepared guidance "to raise awareness among nurses and their managers of the complex issues which need to be addressed in the light of recent cases where children have been harmed by nurses and other health care staff caring for them" (Royal College of Nursing, 1996).

Much of the literature which is available concerns the case of Beverley Allitt. Between February and April, 1991, three children died suddenly on Ward Four of Grantham and Kesteven General Hospital and a baby died shortly after discharge from the ward. Nine other babies and children collapsed unexpectedly, some of them more than once. Beverley Allitt was found guilty of four murders, three attempted murders and six instances of grievous bodily harm (Clothier, 1994, pp. 5-6). The Clothier Report identified a number of issues relating to absences through sickness while undergoing qualifying training and recruitment and found that "virtually none of the procedures in the hospital's recruitment policy was followed when Allitt was appointed" (Clothier, 1994, p. 22). Clothier states that:

> In fact, Occupational Health did not find any reason to reject her on health grounds and, since she had no criminal convictions, it is likely that she would have been appointed whether or not these checks were carried out promptly. Nevertheless, this series of failures to follow normal procedures is extremely worrying. Procedures to prevent unsuitable people from being employed on a children's ward should be rigorously applied. (Clothier, 1994, p. 22)

Clothier also criticised nurse staffing levels on the ward as inadequate in terms of both numbers and experience; consultant staffing was inadequate; management of the ward did not provide leadership and was criticized for "for dilatory and ineffective action when apprised of suspicions of foul play". Senior management was criticized for "a general laxity of operational procedures within its responsibility and for indecisiveness in the later stages of the crisis" (Clothier, 1994, p. 125).

The Clothier Report identified only two previously reported cases of nurses attacking child patients. These appeared in the *New England Journal of Medicine* in 1985. In

[13] The abuse of children with disabilities in hospitals and psychiatric settings is dealt with in the section `The Abuse of Children with Disabilities',

[14] This research included `hospitals and other facilities'

1980/81, there was a dramatic increase in the mortality rate in the cardiology ward of a Toronto children's hospital. Investigation found that deaths were linked with digoxin poisoning. Although. one nurse was arrested and accused of administering these overdoses, she was later released when it was found that a child had been poisoned when she was not on duty. Suspicion fell on a second nurse but she was never arrested. In the second case in Texas, USA, an unusual increase in the number of deaths and arrests in the paediatric intensive care unit of a large medical centre was found to be linked to the presence of one nurse. Clothier states that although she was never charged in respect of these incidents, "she was charged and convicted in 1984 on one count of attempted murder" (Clothier, 1994, p. 78)[15]

The Allitt case was linked to the form of child abuse which has become known as Munchausen Syndrome by Proxy.

> This term, first introduced by Professor Roy Meadow in 1977, is applied to a situation in which factitious injury or manifestation of illness is inflicted on others. The victims, usually children, suffer in a way that is comparable to the self-inflicted suffering of those with Munchausen syndrome (Clothier, 1994, p. 77)[16]

The Clothier Report states that in nearly all cases of Munchausen Syndrome by Proxy, "the abuse has been perpetrated by mothers on their own children, although there have been cases involving father, grandparents and other relatives or carers, but not nurses in a hospital setting" (Clothier, 1994, p. 77) . Clothier goes on to say that because of confusion surrounding its meaning, they did not "find the term Munchausen Syndrome by Proxy helpful in the context of our Inquiry" (Clothier, 1994, p. 79)

Following on from the Allitt case, Repper (1995) reviewed the literature on Munchausen Syndrome by Proxy to assess the incidence of this syndrome among health care workers. Repper found that "at least 14 criminal trials have occurred between 1975 and 1993 in which health care providers were associated with epidemics of adverse patient outcome" (Repper, 1995, p. 302). However, only four of these led to convictions. Repper argues that while the consideration of the similarities between Munchausen Syndrome by Proxy in parents and in health care workers is complicated by the more complex system of relationships, "there are potentially similar characteristics and dynamics in terms of the motivators and rewards for the behaviour demonstrated: the need to belong, the need for attention, recognition, revenge, success, power, control" (Repper, 1995, p. 302). She details five cases of children harmed by their carers (a baby-sitter, a foster mother, and three nurses) which share features of Munchausen Syndrome by Proxy.

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[15] Repper gives details of this case and states that the nurse "was convicted of the murder of six babies at the private clinic" (Repper, 1995, p. 303)

[16] For a recent review of Munchausen Syndrome by Proxy, see Donald and Jureidini (1996). This article argues that there needs to be explicit acknowledgement that Munchausen Syndrome by Proxy is child abuse; that there needs to be a narrower and much more rigorous definition of Munchausen Syndrom by Proxy; and that it needs to be managed in terms of child protection procedures and practice.

> The evidence of a previous history of self-harm or suspicious behaviour in several of the cases cited suggests that careful attention to the backgrounds of nurses at the point of selection and employment is essential. It also confirms the importance of ongoing supervision and appraisal of health care workers (Repper, 1995, p. 303).

A number of articles have discussed the implications of the Allitt case for the protection of children in hospitals and tend to focus on issues relating to the recommendations of the Allitt Inquiry: the sickness record and mental health of those seeking entry into the nursing profession and the involvement of occupational health services: the practice of coroners and the involvement of paediatric pathology services; monitoring equipment; reporting of serious untoward incidents; and the staffing levels on children's wards (Allen, 1993; Friend, 1993; Glasper and Whiting, 1993; Leenders, 1995; Lunn, 1994; MacDonald, 1995, 1996; Rogers, 1993; Royal College of Nursing, 1994).

Long (1992) discusses the case of a registered nurse convicted of four counts of indecent assault on two 13-year old boys and sentenced to two years in prison. The offences took place while Philip Donnelly was director of nursing services at Booth Hall Children's Hospital in Manchester and occurred both in his office and outwith the hospital. The article focuses on the fact that the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) Professional Conduct Committee, although finding him guilty of professional misconduct, allowed him to remain on the register and continue in practice. Long concludes that the case shows "to the profession that gross acts of indecency and misconduct will be tolerated among its members" and that a "message has been sent to the British public that the governing statutory body of nursing cannot be trusted to act responsibly to prioritize public safety before the career interests of an individual practitioner" (Long, 1992, p. 9).

> ... the Council has failed to protect the public. Moreover, since it represents the profession, and there is no mechanism for the members of the profession to challenge its decision, then the Council has also failed the profession (Long, 1992, p. 9)

The Royal College of Nursing guidance focuses on issues relating to protection of children from sexual abuse of children (Royal College of Nursing, 1996). The guidance highlights that respect for privacy and dignity is a right for all children. Principles for good practice where work requires care of an intimate or personal nature include: negotiation with and explanation to the child and the child's main carer; presence of a parent or other carer if care of an intimate nature is to be given in a community setting; awareness of accepted cultural and social norms of the society the child comes from; promotion of self-care where possible involving the child's main carer; responsiveness to the child's reactions; the child's personal preferences should be documented in the care plan to ensure consistency of approach; the results of actions should be documented and concerns reported; and all nurses should have a supervisor working closely with them (Royal College of Nursing, 1996).

Penal Institutions

Of all the settings covered in this review, abuse of young people by staff in penal institutions appears to be the least well documented in research and other literature. The Howard League for Penal Reform Commission of Inquiry into Violence in Penal Institutions for Teenagers under 18 looked at three types of prison: young offender institutions (YOI) holding teenagers serving sentences; remand centres (usually attached to a YOI) and local adult prisons holding teenagers on remand (Howard League, 1995a). The remit of the Commission was to investigate the extent and causes of violence and included "all forms of bullying, fighting, intimidation and abuse carried out by young people or staff... also... self-harm and suicide which are often directly linked to physical or verbal intimidation" (Howard League, 1995a, p. 5). The concerns of the Commission in relation to abuse of young people by staff focused on the use of physical control and restraint.

> Commissioners found no evidence of prison officers routinely "cuffing" prisoners (although a couple of officers said they had physically threatened bullies). Some governors emphasised their intention to prevent such behaviour, including the Governor of Feltham who has recently dismissed two members of staff following allegations of assault. However, a number of prisoners complained of excessive force being used during restraint (Howard League, 1995a, pp. 43-44)

The report of the Commission dealt in depth, however, with the issues of bullying and violent assault by young people, and self-harm and suicide. The Commission's findings, along with other literature on these issues, is dealt with in detail below.

Factors in Abuse in Residential Settings

The Isolation of Residential Care

> Institutions function as a closed system with their own established policies and procedures for operating and for defining their contacts with the outside world (Nunno and Motz, 1988, p. 523; see also Harrell and Orem, 1980)

Berridge and Brodie, in discussing the Leicestershire and Ty Mawr cases, identify the social isolation of the units and "problems may thus have been more likely to have remained undetected" (1996). While Berridge and Brodie suggest that this isolation had not occurred in the `pindown' case in Staffordshire, Wardhaugh and Wilding argue, that "in common with many other institutions where corruption of care has taken place, there was a marked sense of isolation and conservatism, both within the institutions themselves and within the county's child care services as a whole" (Wardhaugh and Wilding, 1993, p. 22). The physical and geographical isolation of residential establishments also reduces visits by professionals and families. There is thus more potential for the denial of abuse than in the wider community.

> Local authority, educational and childcare establishments which are situated long distances from the placing authorities or the children's families and are

> not networked into the larger organisation feature in a significant number of investigations (Doran and Brannan, 1996, p. 159; see also Spencer and Knudsen, 1992; Sullivan et al, 1987).

Many staff working in residential facilities believe that the incidence of harmful acts and omissions is exaggerated (Gil and Baxter, 1979; Rindfleisch and Rabb, 1984a). Reports of maltreatment tend to originate from outside institutions and:

> Children isolated in institutions are much less subject to external scrutiny, have fewer outside contacts and are therefore less likely to be reported (Powers, Mooney and Nunno, 1990, p. 86)

Children in residential establishments are themselves "particularly isolated, both socially and geographically..., again mirroring the kind of isolation experienced by abusive families" (Westcott, 1991, p. 12).

The power imbalance between adults and children is exacerbated by the residential environment:

> Weakness and vulnerability are characteristics of long-stay patients in mental handicap hospitals or geriatric hospitals, or of children in care. They have little power or influence, little knowledge of how the organisation works, little awareness of how to assert their rights or how to call to account those on whom they often depend for the basic elements of living (Wardhaugh and Wilding, 1993, pp. 11-12; see also Crossmaker. 1991; Westcott, 1991a)[17]

This is a crucial factor in inhibiting children from reporting abuse and has been highlighted in Inquiry reports (Hughes, 1986; Levy and Kahan, 1991, Kirkwood, 1993).

> Children in institutions are frequently described as a `voiceless' population, having no control over decisions affecting their current and future placements, and no influence over the quality of care they receive (Westcott, 1991a, pp. 12-13; see also Brannan et al, 1993a, 1993b; Gil and Baxter, 1979; Nunno and Motz, 1988)

Siskind also stresses that children in institutions are often particularly vulnerable to sexual abuse "because of their developmental lags and insecurities and their increased reliance on adults" (Siskind, 1986, p. 15)

[17] Elliott et al, from interviews with 91 child sex abusers, report that "... nearly half (49%) of the offenders reported they were attracted to children who seemed to lack confidence or had low self esteem. As one man commented, "*you can spot the child who is unsure of himself and target him with compliments and positive attention"* (Elliot et al, 1995, p. 584)

Management and Organisation

Berridge and Brodie, in their comparison of the Staffordshire, Ty Mawr and Leicestershire Inquiry reports, identify three common features of management.

> In all three instances line management of facilities and heads of homes tended to be ineffective or non-existent. Line managers also had minimal, if any, direct contact with units and so were in no position to observe malpractice, assuming of course that they would have recognised it. Adequate complaints systems were not in place (Berridge and Brodie, 1996, p. 184)

Wardhaugh and Wilding stress the "absence of clear lines and mechanisms of accountability" as a factor in institutional abuse where:

> management... often neglects its responsibility to know what goes on, to set appropriate standards and to insist on staff accountability. Front-line staff are frequently simply left to get on with things (Wardhaugh and Wilding, 1993, p. 24)

Siskind discusses a number of `administrative styles' which have been identified with patterns of institutional sexual abuse: an autocratic director, protected by strong political and administrative networks, discourages participation by staff and residents in shared decision-making; emphasis is placed on the difficulty of handling residents and on control; reliance is placed on theoretical or ideological models which tend to distance and dehumanize relationships with residents; and an oppressor mentality promotes hostility toward females, children or minorities (Siskind, 1986, p. 20; see also Crossmaker, 1991; Wardaugh and Wilding, 1993, Westcott, 1991a)

Pay and Conditions of Residential Staff

Durkin (1982a) stresses the fact that institutional work brings out the worst in child care workers. Baldwin cites research which showed how the attitudes of child care workers on the causes and handling of delinquency changed from being `quite enlightened and permissive' when they started working in residential care to being "much less permissive", and showing "punitive, unenlightened views, shared with other personnel" (Baldwin, 1990, p. 150) when they had done the job for some time[18]. Residential workers are often overworked and underpaid and they have little say in decision-making (Agathanos, 1983, Baldwin, 1990; Gil and Baxter, 1979; Nunno and Rindfleisch, 1991; Powers, Mooney and Nunno, 1990; Siskind, 1986; Spencer and Knudsen, 1992; Wardhaugh and Wilding, 1993; Westcott, 1991a).

> Abuse seems to occur when adults are unable to cope with the stress under which they live and take out their frustrations on troublesome, vulnerable children (Durkin, 1982a, p. 17; see also Harrell and Orem, 1980; Powers, Mooney and Nunno, 1990; Sundram, 1986; Westcott, 1991a)

> *"It's just a nine-to-five job. All they are bothered about is the pay cheque at the end of the week. They don't give a toss about young people's views or*

[18] See also the discussion below, pp.

> *privacy. If they have a bad day at home or something, then they take it out on the people who are around them - the kids"*
> (Safe & Sound, 1995, p. 7)

Nunno and Rindfleisch also point out that child care staff have conflicting demands placed on them with little support (Nunno and Rindfleisch, 1991, p. 296). Generally, they are poorly trained and inadequately screened (Gil and Baxter, 1979; Powers, Mooney and Nunno, 1990; West, 1995; Westcott, 1991a).

> Like abusive parents, child care workers are left overstressed, isolated and without a sufficient support system (Nunno and Rindfleisch, 1991, p. 296).

Tired caregivers suffering from burnout may abuse children (Maslach, 1983, in Dowd and Daly, 1992) and a number of authors have identified the way in which burnout is characterised by increasing negative attitudes towards clients or children including depersonalisation and dehumanisation (Edwards and Miltenberger, 1991; Maslach and Jackson, 1981; Mattingly, 1981; Swanson, 1987)[19] . Harrell and Orem suggest that "institutional maltreatment often results from the gradual development by a staff member of a *pattern* of reacting impulsively and impatiently to residents and of resorting more and more frequently to physical solutions to the problems of confrontation and challenged authority (Harrell and Orem, 1980, p. 16; see also Wardhaugh and Wilding, 1993)

> "Burn-out" can also contribute to an institutional climate in which there is greater potential for sexual abuse (Siskind, 1986, p. 19)

McGrath (1986) highlights the potential for the alienated, burnt-out child care worker to influence practice in a unit or team:

> This domineering, influential team member, skilled at introducing elements into team practice and team climate which are disconcerting or downright distasteful, often bullies other team members into collusion, into accepting and even executing utterly unpalatable practice (McGrath, 1986, p. 60)

Harrell and Orem (1980) have suggested that high child to adult ratios may contribute to incidents of maltreatment and Blatt and Brown (1986) found that staff to child ratio was one of the factors related to abuse incidents. Stressors such as staff lay-offs and the movement of groups of children to new living areas were also related to abuse incidents (Blatt and Brown, 1986, p. 178). Blatt (1992) found that episodes of suspected abuse and neglect were more likely to occur between 5.00 PM and 8.00 am and that early morning (7.00 a.m.) and early evening (7.00 p.m. to 9.00 p.m.) had particularly high incident rates.

> These times coincide with the times that youngsters are getting up and dressed in the morning, and finishing dinner and getting ready to go to bed in the evening - times that are typically some of the most chaotic parts of the day.

[19] For a review of the literature on stress and burnout in relation to residential child care, see Kendrick and Fraser, 1992.

> They are also times when less programming is available and professional staff are typically not working (Blatt, 1992, p. 514)

Haddock and McQueen (1983) developed a battery of screening tests to identify an employee's potential for child abuse: "Milner's Child Abuse Potential Inventory[20], the Minnesota Satisfaction Questionnaire, and a General Information Form..." (Haddock and McQueen, 1983, p. 1022). This battery of tests was administered to a sample of "21 identified abusive employees and 21 non-abusive employees employed or previously employed by out-of-home care institutions in Southern California" (Haddock and McQueen, 1983, p. 1022).

Haddock and McQueen (1983) found that 17 subscales of the Minnesota Satisfaction Questionnaire were significantly related to abusive behaviour in child care employees (Haddock and McQueen, 1983, p. 1023) and three were identified by multiple regression analysis as among "the "best" 8 items, which accounted for 73% of the variance" between the two groups (Haddock and McQueen, 1983, p. 1024). MSQ-10 Independence measures an employee's satisfaction on the chance to work alone on the job and "it appears that the abusive employee is dissatisfied in the chance to isolate himself and to work independently of others" (Haddock and McQueen, 1983, p. 1024). MSQ-4 Advancement measures an employee's satisfaction in the hope of advancement or promotion and MSQ-2 measures an employee's satisfaction in the feeling of accomplishment he receives from the job.

> One of the major eliciting behaviors identified by child-care staff in this study's pilot interview was not seeing progress in the child. When minimal progress with the child is experienced, the job becomes more frustrating and less rewarding. Pines (1977) study on employee "burn-out" reported that staff members who were experiencing a sense of success had a much more positive view of themselves and their clients... Abusive employees apparently do not experience this feeling of success (Haddock and McQueen, 1983, p. 1027; see also Poteat et al, 1989; Atten and Milner, 1987)

Haddock and McQueen (1983) found that the abusers in their study had more children and that "abusive caretakers were 1.5 times more likely to be married even though they were statistically matched with a similar non-abusive employee" (Haddock and McQueen, 1983, p. 1027). The abusers also tended to consume more alcohol. Blatt (1992) found that the average age of workers accused of abusing or neglecting children was 31.9 years and younger workers (<35 years) were over-represented as alleged perpetrators compared to the staff work-force (Blatt, 1992, p. 504). Over three-quarters of the alleged abusers were male in marked contrast to the proportion of males in the work-force where over two-thirds of the groups of workers largely responsible for the direct care of children are female.

[20] The Child Abuse Potential Inventory and other assessment instruments for physical child abuse are reviewed in Milner (1991); see also Milner et al, 1984; Milner and Robertson, 1985; Robertson and Milner, 1985; Robitaille et al, 1985; Monroe and Schellenbach, 1988. However, as discussed in the section on Recruitment and Selection, extreme caution must be used with such predictive tools. Milner (1991) stresses that multiple measures should be used and tests should be used alongside interviews and observation (Milner, 1991, pp. 58-59)

Durkin suggests, then, that there are two ways to address the issue of stress: to change the way adults cope with the stress or to relieve the strains placed on them and that the latter may be more fruitful than the former.

> To achieve this, we must address the strains that are placed on child care workers: conflicting demands, too much work, too few rewards (Durkin, 1982a, p. 18)

Durkin presents the model of the *educateur* as a way of reducing the stress of the child care role. The *educateur* is a trained generalist; "an overseer of the group life, who organizes daily routine" and has the responsibility and commensurate training and authority to organise children's lives and to use other professionals on a consultative basis (Durkin, 1982a, pp. 18-19)[21].

> This would provide the potential for workers to develop a serious career in child care and for attracting appropriately trained and motivated individuals... The professional child care specialist or *educateur* model would also lessen the powerlessness and isolation that have proven so detrimental to institutional abuse of children. (Durkin, 1982a, pp. 19)

Targeting of Residential Care by Paedophiles

> Tony never sexually abused any of the boys while they lived in the three homes where he worked. Instead he groomed them, very slowly, very patiently to acquire their trust. When they left care, Tony kept in touch. Soon they were visiting his home on a regular basis. Then the buggery would begin (Downey, 1992, p. 12)

Tony abused 50 boys over a 30 year period from the age of 25. He met them at youth clubs, sailing and canoeing and he did courses in outward bound activities. He worked in three residential establishments before he was convicted of two charges of buggery and eight of gross indecency.

> **Tony**
> *All my life I groomed and conned parents and boys. All the way through my job I conned the senior people above me and I have bluffed my way through that. It makes me feel like shit to know there are thousands of people out there doing it still.*
> (Downey, 1992, p. 13)

The literature stresses that paedophiles target work settings and activities which will give them access to children whom they can abuse: schools (Sullivan et al, 1987, p. 256); hospitals (Royal College of Nursing, 1996); youth work (Cullen, 1996); coaching of sporting activities (Dispatches, 1996)

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[21] In the context of `pindown' in Staffordshire, Crimmens discusses the higher levels of professionalisation of residential care staff in European countries such as Belgium and Holland, and the role of the "social pedagogue" in residential care (Crimmens, 1994)

> As with any area of work in which adults have close and continuous interaction with children and young people, residential child care settings - in which there will be many children who are particularly vulnerable because abuse will have already become an integral part of their personal history - are likely to attract those individuals who might seek to take advantage of the position of responsibility and authority in which they are placed (NCH, 1992, p. 16; see also Brookhouser et al, 1986; Marchant and Page, 1992)

Research of child sexual abusers has also identified the ways in which they target their victims. In interviews with 91 child sex abusers, Elliott et al found that:

> The offenders used more than one type of strategy to approach the children or their families. Most often they offered to play games with the children, or teach them a sport, or how to play a musical instrument (53%). Many also gave bribes, took them for an outing, or gave them a lift home (46%)... It is highly significant that 48% of the offenders isolated their victims through babysitting. (Elliott et al, 1995, p. 585).

Colton and Vanstone give a detailed account from in-depth interviews with seven men who worked with children and who sexually abused them.

> The amount of convergence between career and abuse motivation varies from the explicit, to the implicit, to an apparent absence of any. It is clearest in the case of Harry, who saw in voluntary work the opportunity to form relationships with children... Kim closely links the invitation to engage in voluntary work - again with no checks - and his awareness of the potential in the situation to abuse. Similarly, although he makes no connection himself, James very quickly offered to undertake other staff members' sleep-ins when he first took up employment in a children's home. The fact that he later reveals this tactic as part of his broader strategy to manipulate the system so that he could abuse the boys in his care strongly suggests a pre-determination to use his employment for that purpose (Colton and Vanstone, 1996, p. 180)

Doran and Brannan (1996) state that there are two principal archetypes of institutional abusers. They are not explicit about whether they are talking primarily about child sexual abusers but their discussion of "the `grooming' stage" would suggest this. The first is "the charismatic, articulate, well-networked `caring professional' who is usually part of the leadership of the institution" while the second is "not well integrated into the social network of the institution and could be characterised as just an isolated, but dutiful, staff member who is perhaps over-helpful to colleagues and children, and frequently does things outside normal duties" (Doran and Brannan, 1996, p. 158; see also Downey, 1992).

Jones (1994) uses Weber's concepts of `traditional' and `charismatic' domination to analyse the authority structure in Castle Hill School and the sexual and physical abuse perpetrated by Ralph Morris.

> ... the appeal of the charismatic leader, particularly one who has risen through the ranks of institutions himself, coupled with the opportunity to become his

> disciple, may offer such vulnerable children the sense of self-esteem and power that has been so lacking in their own lives (Jones, 1994, p. 72)

Jones further argues that the combination of charismatic and traditional authority may be "particularly attractive to the agents of rational-legal authority in the placement of children labelled as "maladjusted." (Jones, 1994, p. 74). He suggests that current mechanisms of "rational-legal regulation from the outside looking in" cannot succeed and there needs to be a greater understanding of the way in which charismatic and traditional authority structures operate in institutions.

> The institutional abuser ranges from the disturbed person who lacks impulse control to the worker who feels excessive fondness for children and whose sexual involvement with them is both a disturbed expression of affection and as symptom failure in more acceptable sexual relationships. Most frequently, institutional sex abuse is an impulsive and isolated act committed by a worker with no history of abuse but with clearly unresolved sexual conflicts and significant emotional immaturity (Siskind, 1986, p. 18)

However, this focus on the abuser must not detract from the broader organisational, social and political issues which are crucial in understanding abuse in residential care (Baldwin, 1990, Westcott, 1991a). Pringle discusses the broader issues of abuse by men and he argues that "if the male potential for abuse is so organically linked to both masculinity and entrenched patriarchal structures as suggested in this paper" (Pringle, 1993, p. 16), then the role of men in care services must be questioned.

Abuse in Foster Care

Introduction

The literature on the abuse and neglect of children in foster care placements is scarce, particularly in the UK (Kendrick, 1994; Thomas, 1995). We have seen that there is a developing literature about abuse in residential settings but relatively little has appeared on the incidence of abuse by foster carers. In 1986, however, Roberts, discussing the issue of fostering children who had been sexually abused, commented that, given the rate of child sexual abuse in the general population, "it must be happening in some foster homes at the moment" (Roberts, 1986, p. 10). Pringle goes further and argues that "such evidence as does exist points in one direction: fostering seems as unsafe as residential alternatives" (Pringle, 1993, p. 5). In the USA, Rindfleisch and Rabb also write that there "is widespread concern among public child protection agencies, both at state and local levels, that the occurrence of abuse and neglect in foster family care is a matter of greater urgency than is abuse and neglect in child welfare institutions" (Rindfleisch and Rabb, 1984b, p. 206; see also Gustavsson and Segal, 1994, pp. 95-97).

Research Evidence from the USA

Material from the United States on child abuse and neglect in substitute family care tends to be more systematic than that available in this country. Cavara and Ogren (1983) describe the development of a protocol for the investigation of institutional abuse and neglect of children in Hennepin County Community Services Department in 1980 and their paper focuses on abuse which occurred in family foster homes. They comment first on the large number of investigations which were carried out. Hennepin County has approximately 570 foster homes and in the 18 months studied, there were 125 investigations. Investigation findings have to be categorised as either:

> *Substantiated:* An admission of the fact of abuse or neglect or a confirmation deemed valid (i.e. bruises)
> *Not Substantiated:* The complaint, although it may have been made in good faith, is found to have no substance
> *Unable to Substantiate:* Insufficient evidence for a substantiated report is present, but there remains reason to suspect abuse or neglect
> (Cavara and Ogren, 1983, p. 288)

The paper gives details of 81 "substantiated" and "unable to substantiate" incidents. These were of three types of abuse: sexual abuse, neglect and physical abuse. There were 5 incidents of substantiated sexual abuse and 6 that were unable to be substantiated; 8 substantiated incidents of neglect and 20 unable to be substantiated; and 16 cases of substantiated physical abuse and 26 unable to be substantiated (Cavara and Ogren, 1983, pp. 290-291). Thus almost one quarter (23%) of reported incidents were substantiated and two-fifths (42%) were unable to be substantiated[22]. Since social workers were initially reluctant to make a finding of substantiated abuse without irrefutable evidence,

[22] Figures were not given for the breakdown of "not substantiated" incidents, so it is not possible to calculate comparative substantiation rates.

Cavara and Ogren do not distinguish "substantiated" and "unable to substantiate" incidents in most of their analysis; "in the belief that they are more representative of institutional abuse" (Cavara and Ogren, 1983, p. 291). In the 11 sexual abuse cases, 9 of the victims were male and 9 were female. One child was under 3 years of age, seven were between 4 and 12 and 10 were 13 or older. In the 28 neglect cases, seven of the 50 victims were aged 0-3, 27 were 4-12, and 16 were 13 or older. There were 60 victims in the physical abuse cases; 35 male and 25 female. Four were aged 0-3, 35 were 4-12, and 18 were 13 and older[23] (Cavara and Ogren, 1983, pp. 290-91)..

All the perpetrators in the 11 sexual abuse cases were male. In the 28 neglect cases, the foster mother was considered to be the perpetrator in 19, the foster father in 2 and both in 7 cases. No figures are given for the perpetrators of physical abuse. The authors found three factors which distinguished the study families from the general foster family population: there was a higher proportion of single mothers (46% compared to 30%); they tended to have been licensed for a greater length of time (64% were licensed over 4 years compared to 47%); and a higher proportion were childless (34% compared to 17%) (Cavara and Ogren, 1983, p. 292)

Rosenthal et al (1991) describe 290 reported incidents of abuse and neglect in family foster homes, group homes, residential treatment centres and institutions in Colorado. 38% (102 of 272; 18 missing cases) of the reported incidents took place in foster homes (50 incidents of physical abuse, 22 of neglect, and 30 of sexual abuse). Overall, 29% of the cases were confirmed (56% of sexual abuse cases, 18% of physical abuse cases, and 28% of neglect cases). 38% of the reported incidents in foster homes were confirmed. Males were the predominant victims of both physical abuse and neglect while females were the predominant sexual abuse victims.

325 perpetrators were identified from 261 reported incidents (29 cases missing). Foster carers were identified in 45 cases of physical abuse, 34 of neglect and 20 of sexual abuse. Foster siblings were identified in 7 cases of physical abuse, 9 of neglect and 15 of sexual abuse. A point with important policy implications to be taken from this study is the number of foster siblings perpetrating sexual abuse. This can be linked to the findings that sexual abuse by non-parental adolescent care-givers is more common than that by older non-parental care-givers (Margolin and Craft, 1990; Margolin, 1991).

In discussion, Rosenthal et al suggest that multiple factors lead to abuse. There are shortages of foster homes because of low remuneration. This creates pressure to license as many homes as possible. Further, the emphasis on placing children in the least restrictive setting leads to difficult, behaviourally disturbed children being fostered. There is also a lack of adequate support for foster carers because of large caseloads.

> These events combine with stress in the family home - perhaps the husband is laid off at work - to create a tension-filled setting. A foster child reacts to this tension with provoking behavior and is abused. The children are removed, placed in another home, and a similar cycle repeats. The county investigation assigns blame to the foster family, (Rosenthal et al, 1991, pp. 257 - 258)

[23] The ages of 3 children were unknown.

However, Molin, although not discussing abuse explicitly, also makes the important point that because of the chronic shortage of foster care, there are pressures on the agency to see placement problems as stemming from a bad match or frankly attributed to the child; "there is a cost to categorizing a setting as unable to care for any child rather than simply unsuitable for a particular child." (Molin, 1988, p. 244)

We saw above that Spencer and Knudsen (1992) compared the rate of maltreatment in various out-of-home care settings. Foster homes had a maltreatment rate of 16.93 per 1,000: sexual abuse - 5.23 per 1,000; physical abuse - 9.31; and neglect - 2.38. Spencer and Knudsen give a limited amount of information about the perpetrators of the abuse and "custodians were involved in sexual abuse in foster homes in 78 percent (60/77) cases... child perpetrators were involved in 6% of the foster home cases" (Spencer and Knudsen, 1992, p. 488).[24]

Zuravin et al (1992) present information about foster home characteristics associated with confirmed maltreatment of a foster child and compares this to a random sample of foster homes where foster children had not been reported for maltreatment. The sample consisted of 62 foster homes with at least one confirmed maltreatment report and 234 foster homes where there had not been a report (Zuravin et al, 1992, p. 560). Sexual abuse was the most prevalent type of abuse, occurring in 48% of the maltreating homes, followed by physical abuse (39%) and neglect (29%)[25]. The perpetrator was a foster parent in almost two thirds of the sexual abuse cases and almost all of the physical abuse and neglect cases. The authors found few correlates between maltreatment and foster home characteristics.

> Eight variables... were associated with maltreatment. At application, maltreating homes were more likely than were comparisons to include younger mothers..., mothers with health problems, and fathers with less than high school education.....; to be restricted regarding placement of certain types of children; and to be regular foster homes. At relicensing, maltreating families were more likely than were comparisons to have foster children who shared bedrooms with each other or with foster parents, to have younger foster mothers, and to have had one or more negative conditions (i.e. foster parent health problem, income, age etc.) (Zuravin et al 1992, p. 262)

However, attempts by the authors to develop predictive models from characteristics at licensing and relicensing were unsuccessful (Zuravin et al 1992, p. 262)

In a study of the Casey Family Program, Fanshel et al report that 15% of a sample of former foster children revealed that someone in their foster home had tried to `take advantage of them sexually' (Fanshel et al, 1990, cited in Pringle, 1993). However, these figures have been criticised on methodological grounds (Pecora, 1991, cited in Pringle, 1993).

[24] Figures on perpetrators of abuse were for the years 1987-1990. Equivalent figures for physical abuse were not presented.

[25] Percentages add to more than 100% because homes involving more than one type of abuse were included in the count for each

In her study of rape and sexual abuse, Russell (1984) interviewed 930 adult women residents of San Francisco. Sixteen percent (152) of this sample had at least one experience of incestuous abuse before they were eighteen. 74 of the 186 cases of incestuous child abuse occurred within the nuclear family.

> Forty-two women reported an incestuous relationship with their fathers before the age of 18 (including 27 biological fathers, 15 step, 1 foster, and 1 adoptive father). (Russell, 1984, p. 186)

Evidence from the UK

In the UK, as Pringle (1993) points out, evidence tends to be more anecdotal (see also Sone, 1992). However, some studies do have information relating to abuse in foster and adoptive families. In research which focused on the issues of caring for sexually abused children in foster placements, Macaskill (1991) gives details of the abuse. She studied 66 foster families although she acknowledges that these families do not constitute a representative sample since they were nominated by the 11 social services departments and 8 voluntary agencies who agreed to take part in the research. The placements of 80 children were studied in depth and the research found 8 cases of abuse in previous foster or adoptive placements. The foster or adoptive father was the abuser in 5 cases and the foster mother's boyfriend in another case. In one case the abuse was perpetrated by the foster mother and in one case by a foster brother (Macaskill, 1991).

In the Triseliotis et al study of social work services to teenagers, 27 young people experienced a total of 37 foster care placements during the study year (Triseliotis et al, 1995, p. 99). Two girls were sexually abused in foster care, one by the male foster carer, and one by "a family friend who had taken her in on a private fostering basis" (Triseliotis et al, 1995, p. 190).

La Fontaine studied 204 cases referred to the child sexual abuse unit of a London hospital between 1981 and 1984 (La Fontaine, 1990). Details are given of 259 perpetrators in these cases (220 perpetrators where the victim was a girl and 39 perpetrators where the victim was a boy). Four per cent of the perpetrators abusing girls and three per cent of those abusing boys were classified as a foster father or foster brother. In addition to this, three adoptive fathers perpetrated the sexual abuse. This compares to only one case where the perpetrator was a worker in a children's home (La Fontaine, 1990, p. 121)

The ChildLine analysis of calls made by 539 children in England and Wales and 137 children in Scotland also gives details of abuse in foster care (Morris and Wheatley, 1995). In the English study, 24 of the children known to be in foster care reported being sexually abused..

> Foster brothers were the most common perpetrators of sexual abuse reported on the line, accounting for 11 of the 24 cases in foster care... A significant factor seemed to be the age difference between the predominantly male abusers and the foster child; the abusers were commonly two or three years older. There were also children who were being abused by a foster father figure, either a live-in

> partner or a boyfriend regularly visiting the house (Morris and Wheatley, 1995, pp. 38-39)

20 of the children reported being physically abused and information from the ChildLine study "indicated that physical abuse from carers was more of a problem for children in foster than residential care" (Morris and Wheatley, 1995, pp. 39). In most cases (13) the abuser was the foster father, in 5 cases both foster parents were abusers, and in the other two cases it was a parent or the abuser was unknown.

> Children commonly described the physical abuse taking place when their foster mother was out, at work in the evening or socialising. Another group described foster fathers who drank regularly and were more likely to hit them when drunk. Some girls said the abuse started when they became involved in relationships with boys. Others described foster parents who used physical abuse as a form of discipline (Morris and Wheatley, 1995, p. 40)

The most recent study of abuse in foster care was carried out by NFCA and the University of Birmingham as part of an international study of allegations of abuse (Verity and Nixon, 1995; Nixon and Verity, 1996). A survey of social services and social work departments was conducted in 1995 seeking information on: the type of procedures used in investigating allegations of abuse; the nature of support of and communication with foster carers; the removal and return of foster children; and whether foster carers continued to foster during and after investigations (Nixon and Verity, 1996, p. 11). 59 departments returned questionnaires and these departments had accommodated 13,333 children in 7,719 foster homes during 1994. 305 reports of abuse were investigated during the year under study, representing 4% of foster homes. Just over one-fifth of the cases (67) were substantiated and in a further fifth of cases investigating staff were not able to determine whether or not abuse had occurred (Nixon and Verity, 1996, p. 11). In 44 cases the foster carers' own child was the alleged perpetrator: 12 cases were substantiated; in 12 cases there was no determination of whether abuse had occurred or not (Nixon and Verity, 1996, p. 12)

Comparison of Abuse in Foster Care, Residential Care and the Family Home

Reflecting possibly the high profile nature of some of the scandals of abuse in residential care, there has been an assumption that abuse of children in care tends to take place in residential homes. Waller and Lindsay, for example, state that opportunities for abuse are greatest in residential care (Waller and Lindsay, 1990). La Fontaine's figures and the evidence from ChildLine suggest that this might not be the case. Pringle (1993), while acknowledging that more research is required before an absolute judgement can be made, argues that foster care seems just as unsafe as residential care. He cites his experience in working in an independent agency which specialised in family placement of teenagers who were `difficult to place' and/or who had been sexually abused. He states that "it was common to take referral of adolescents who had been abused in local authority foster placements" (Pringle, 1993, p. 6). Spencer and Knudsen's study, however, shows rates of abuse in foster homes which were much lower than those in residential homes.

There is also evidence that abuse is more prevalent in foster care than the general population. A Canadian study of the abuse of children in foster care estimates that proportionately children in care are more susceptible to being abused (Dawson, 1989, cited in Waller and Lindsay, 1990). In New York a report from the central registry suggests that fatalities in foster care due to abuse and neglect, although small in absolute numbers, may appear at two to three times the frequency of the general population (New York State Department of Social Services, 1980, cited in Nunno and Motz, 1988). The rates of physical and sexual abuse in foster homes in Spencer and Knudsen's study were also higher than the rates in the family home (Spencer and Knudsen, 1992, p. 489).

> In foster homes, physical abuse is the most likely form of maltreatment... sexual abuse is over twice as likely to be reported in fosterhomes and over thirty times as often in residential homes, as in the child's own home (Spencer and Knudsen, 1992, p. 488).

Bolton et al (1981) and Benedict et al (1994) specifically compared the rate of child maltreatment reports in foster placements with that of the general population. Bolton et al analysed a 50% sample of child maltreatment reports referred for investigation to the Maricopa County unit of the Arizona Department of Economic Security's Child Protective Services from the beginning of 1976 to the end of 1978. This yielded a sample of 5,098 cases and 114 of the 11,653 children involved were foster children. Comparing these figures to the total number of children in foster care during the study period, Bolton et al estimate that approximately 7% of foster children were at risk of living in families reported for suspected child maltreatment. This compared to 2% for children in the general population (Bolton et al, 1983, pp. 41-42). Although a slightly higher percentage of reports were substantiated in non-foster homes than in foster homes (35.4% compared to 29.8%), this was not statistically significant and the authors conclude:

> Given the level of scrutiny faced by the foster family - subjected to frequent observations by a trained social worker - it is not surprising that there is a regular occurrence of being reported for suspected maltreatment. Some question as to the social worker's ability to increase the capacity of that family to deal with the needs of the foster child does arise when faced with the information that, within this specialized home, the rate of substantiated maltreatment is equal to that in homes in the general maltreating population (Bolton et al, 1983, p.51)

An analysis of basic demographic variables found that the foster parent group reported for maltreatment tended to be older, to have a higher income and to have higher rates of marriage than the general population. The authors acknowledge that this is as would be expected. However, they also note that the foster parent group reported for maltreatment also tended to be older than foster parents in the community, raising questions about the role of foster parents' age in the conduct and success of placements (Bolton et al, 1983, pp. 49-50)

Benedict et al (1994) describe the prevalence, types, and severity of maltreatment reports in family foster homes in Maryland, Baltimore and compare these to non-foster families in the community. Information on reports of maltreatment in Baltimore city foster homes was obtained from Child Protective Services records for the years 1984-1988 and statistics on reports of maltreatment in non-foster families was provided by the Department of Social Services for some of the years of the study period. 443 reports

were received on 285 foster families over the five years. Physical abuse alone was alleged in over 60% of reports, neglect in 17.4% and sexual abuse in 10.7%. 10.5% of reports involved more than one maltreatment type. Over 55% of sexual abuse cases were substantiated compared to less than 9% of physical abuse cases. Substantiation of neglect allegations varied between 20% and 40% of the cases over the time period (Benedict et al, 1994, p. 580). In substantiated cases, the most frequent physical abuse injuries were cuts or bruises with 7.2% of children having more serious fractures or burns[26]. Intercourse or attempted intercourse was involved in almost two-thirds of the substantiated sexual abuse cases, the remainder involving fondling, harassment, or exposure by the perpetrator. Inadequate supervision by the caretaker occurred in just over one-third of the substantiated neglect cases, neglect of the child's physical health care in just under one-third, and neglect of hygiene, nutrition and household sanitation were involved in 20% of cases (Benedict et al, 1994, p. 580).

Foster carers were the designated perpetrators in over 80% of the physical abuse and neglect allegations, but were designated in only 40% of the sexual abuse allegations; foster siblings and others were more frequently designated as perpetrators (Benedict et al, 1994, p. 580).

While reports involving foster families accounted for only 1.1% of all reports over the five years, when compared to non-foster families they were significantly more likely to be reported for all types of maltreatment. They were seven times more likely to be reported for physical abuse, four times as likely to be reported for sexual abuse and twice as likely to reported for neglect. There were significant differences in distribution of the different types of maltreatment in the two groups, with a smaller proportion of physical abuse reports in non-foster families (35.9%) and a larger proportion of neglect cases. This may be accounted for by the different criteria for report in the two populations since no corporal punishment is allowed in foster care. Sexual abuse was involved in similar proportions of reports in both groups. While we have seen that foster families were seven times more likely to be reported for physical abuse, there was a much lower substantiation rate (8.9% compared to 36.6%). The substantiation of sexual abuse was similar in the two populations.[27] The authors suggest that while the "high reporting may reflect the agency's policies related to corporal punishment,... the low substantiation may reflect more closely community norms of discipline or other issues related to foster care, such as the shortage of homes and the agency's reluctance to close a home perceived as good in the past (Benedict et al, 1994, p. 283). Although the substantiation rate for physical abuse was much lower for foster families, foster homes still had almost double the risk (Ratio 1.77) for a substantiated report than non-foster families (Benedict et al, 1994, p. 282).

While it is difficult to ascertain the exact scale of abuse in foster care, it cannot be disputed that it occurs and with a frequency which makes surprising the lack of detailed study.

[26] Severity or type of injury was not known in a quarter of the cases.
[27] Comparison of substantiation rates was not possible for neglect cases.

Responding to the Abuse of Children Living Away from Home

Introduction

Rindfleisch N., and Rabb J. (1984a), in visits to 12 residential establishments in four states, carried out to validate results of a national survey, found that, in general, the monitoring and investigative elements of the child protection system in each agency and each state had an ad hoc quality (Rindfleisch and Rabb, 1984a).

> There seemed to be little consistency even within residential institutions in the way abuse and neglect were identified and investigated (Rindfleisch and Rabb, 1984b, p. 212)

Rabb and Rindfleisch used vignettes developed from actual cases to study assessment of harm to the child, and assessment of whether it was abuse or neglect by six groups of people involved in institutional care: residential managers; direct caregivers; public child welfare workers; residential board members; foster parents; and children in care. They found that respondents "appeared to be more cautious in judging abuse/neglect than in assessing the situation as harmful" (Rabb and Rindfleisch, 1985, p. 293). They suggest that this is because a judgement of abuse/neglect requires action to be taken and "indicates that it is easier to agree that harm has been done than it is to agree that something ought to be done" (Rabb and Rindfleisch, 1985, p. 293).

Denial of Abuse

Institutions may be reluctant to report incidents of abuse because they fear damaging their reputation, and the possible loss of their credibility, referrals and licence (Durkin, 1982a; 1982b; Gil and Baxter, 1979; Harrell and Orem, 1980; Powers, Mooney and Nunno, 1990; Sullivan et al, 1987).

> In the authors' work with educational programs for deaf children in which sex abuse occurred, they have seen staff and students threatened and coerced into not talking to investigators, records destroyed, and children who sought therapy intimidated and ostracized... the reaction was denial, lying, "stonewalling", and a "gestapo-like" martial law environment as the crisis peaked (Sullivan et al, 1987, p. 258)

Placing agencies may also be reluctant to disturb the situation in relation to the most difficult young people who are placed last resort placements (Rindfleisch and Rabb, 1984b, p. 213).

Bloom (1992) suggests that the single greatest impediment to adequately protecting residential clients from sexual abuse is the attitude that "it can't happen here." (Bloom, 1992, p. 133). Brannan et al (1993a; 1993b) highlight that a significant feature in the investigation of abuse at Castle Hill School was the "disbelief of other professionals and parents and their initial inability to accept and comprehend the sheer volume and extent of the abuse" (Brannan et al 1993b, p. 273). There was

similar disbelief on the part of police officers in Leicestershire which led to complaints against Frank Beck not being investigated (Police Complaints Authority, 1993).

Single (1989) also addresses issues for the child sexual assault victim and the child care worker when the alleged offender is a fellow professional. She points out that the "difficulties of disclosure may be particularly increased in cases in which the alleged offender is a professional person, especially one involved with child protection or child care" (Single, 1989, p. 21). Single suggests that some workers "may, at least initially, lose their `professional' stance and may react to the allegations in ways similar to members of incestuous families, that is, by denial" (Single, 1989, p. 22) and this may impede or delay the investigation of the child's allegation.

> "*Morris had [total] hold over our lives at the school, at home, the lot. He had us right where he wanted us, under his thumb. He was a very convincing man."* (Young person from Castle Hill School, cited in Doran and Brannan, 1996, p. 165)

Barriers to Reporting Abuse

> In many cases there is a failure on the part of would be reporters to recognize incidents or circumstances as abusive or as an environment injurious to the health and welfare of the child in residential care (Nunno and Motz, 1988, p. 523)

Nunno and Motz suggest that since most reporting systems are geared to familial abuse reports, they do not address the anxiety or the fear of the institutional maltreatment reporter, the nature of institutions to protect themselves, or the information and support needs of the investigator to initiate an effective response (Nunno and Motz, 1988, p. 524)

> Individuals who suspect (or know) that institutional child abuse is occurring may have valid concerns about reporting incidents, which explains their frequent reticence. Such concerns may be personal in nature, such as the fear of losing their jobs or the desire to avoid becoming involved in what is usually a messy business at best, or may reflect attitudes regarding the system, be it the county Children's Protective Service agency or the institution, which may be ineffective or bureaucratic (Durkin, 1982b, p. 110; see also Sullivan et al, 1987)

Rindfleisch (1988b) argues that there are three types of barriers to reporting maltreatment in residential settings. The first arises from the conflicts that grow out of the conflict between "the assertion by professionals that only they can regulate themselves and the increasing recognition of children's rights" (Rindfleisch, 1988b, p. 55). Most occupations argue that only a group of peers has a right to say when a

mistake has occurred and this "attitude may be extended to complete silence concerning mistakes of a member of the colleague group, because the very discussion before a larger audience may imply the right of the layperson to make a judgment; and it is the right to make the judgment that is most jealously guarded" (Rindfleisch, 1988b, p. 55). The professional community justifies this by claims about: the doctrine of "in loco parentis" where the facility has the rights of parents to judge whether it is culpable of abuse or neglect; the concept of "in the child's best interest" where what has been done is for the child's own good; "best professional judgment" which is based on the presumed expert and specialised knowledge of staff; and the "argument of limited resources" which is invoked to reduce the degree of administrative culpability (Rindfleisch, 1988b, p. 56).

The second type of barrier comes from the general absence of consensus about what constitutes abuse and neglect (Rindfleisch, 1988b, p. 57).

The third type of barrier to reporting is organisational in nature.

> For while there is widespread agreement among administrators of children's residential facilities that program monitoring, professional rapport with the residents, and an "open door" policy are sufficient to assure the safety and security of residents, reporting of maltreatment has been negligible (Rindfleisch, 1988b, pp. 54-55)

In a study of the factors that influenced the willingness to report, Rindfleisch and Bean, (1988) presented 598 respondents with 1 of 8 events depicting adverse acts or omissions of residential facility staff and were asked what action they would be likely to take. Of the different types of abuse depicted, sexual and physical abuse and failure to supervise led to increased willingness to report as did higher levels of assessed severity of maltreatment. The position of staff involved also affected willingness to report maltreatment in that there was more willingness to report abuse "when a social worker was depicted in an event, in contrast with to a supervisor or child care worker" (Rindfleisch and Bean, 1988, p. 60). However,

> ... the effects of these factors were modest when they are compared with the effects of the four items which tapped the respondents' commitment to report adverse events even if reporting threatened the agency's funding, resulted in anger from one's peers, or the loss of one's job... commitment to residents' welfare was strongly and positively related to that willingness (Rindfleisch and Bean, 1988, p. 60)

In the US, the failure to report out-of-home maltreatment has resulted in both criminal prosecutions and a number of civil actions seeking money damages from workers, their supervisors and their agencies (Besharov, 1987, pp. 401 - 402; see also Harrell and Orem, 1980). While employees of agencies may be justifiably discharged or suffer other employment actions for failure to report suspected maltreatment, Besharov highlights the concern about adverse employment action because an employee did make a report. He gives examples of workers being demoted or fired because they had reported maltreatment of children by their own agencies and while it is difficult to know how often this occurs, "enough cases have become known so that

four states... have now passed specific legislation to protect employees who report in good faith" (Besharov, 1987, p, 405; see also McHale, 1992; Vinten, 1994). Besharov calls for all states to enact such anti-retaliation legislation and Harrell and Orem consider that "there is a priority need for legislation to protect "whistle blowers" in institutions" (Harrell and Orem, 1980, p. 21). Durkin writes:

> Those who report will find the first experience of bringing charges of child abuse to be the hardest. They need active supporters or, at least, confidants. The experience is difficult and lonely, particularly when it threatens job security and future employment (Durkin, 1989b, p. 113)

Skinner (1992) makes the recommendation that:

> Persons receiving allegation, or suspicious themselves, about possible abuse of young people or children in residential care should inform the police without hesitation (Skinner, 1992, p. 62)

Investigation of abuse

Specialised investigative procedures for institutional abuse are rare and "... child protective services are entering an environment within which they possess no immediate credibility, no claims to expertise, no reputation or track record to fall back on" (Thomas, 1985, cited in Nunno and Motz, 1988, p. 525). Because of lack of knowledge in this area, child protective workers often fail to recognise incidents involving overuse of, improper or inappropriate restraints or medication as abusive. Nunno and Motz also suggest that in the USA, the child protective system all too often gives allegations of abuse and neglect lower priority than the situation merits leading to delays in investigation, and Gil stresses the fact that there can frequently be a conflict of interest when licensing workers investigate those facilities they have licensed (Gil, 1982, p. 8).

> It seems clear that the federal requirement of independent investigation of out-of-home maltreatment report has had to cover a diversity of administrative conditions and situations at the state level. It is cause for concern, however, that despite this language in the federal rules, a wide rage of standards for defining independent investigations is reflected in reported state practices. (Rindfleisch and Nunno, 1992, p. 707)

Reducing the potential for conflict of interest in decision making should be a major concern to the administration of the institution, child protection services, and any licensing or regulatory body. They stress the need for the development of clear written formal agreements worked out by licensing and child protective services administration based on specific legal and regulatory authority to enforce or monitor the corrective actions mandated by the results of the investigation. (Nunno and Motz, 1988, pp. 525-526).

In the UK, there is also a lack of formalised, written procedures and policies for dealing with abuse allegations (Westcott, 1991a) although *`Working Together'* states

that for children in residential settings, "there must be clear written procedures on how suspected abuse is dealt with, for children and staff to consult and available for external scrutiny" (Home Office, 1991, p. 34). *`Working Together'* stresses that where there are investigations of allegations or suspicions of abuse perpetrated by a member of a social services department's own staff, they:

> ...should, as far as possible, include an independent element. This could, for example, be a representative from another SSD or the local NSPCC (Home Office, 1991, p. 35)

In relation to the abuse of young people at Castle Hill School, Brannan et al comment that the:

> "... sad reality is that the eventual success of the inquiry came about following the failure of the pre-existing machinery to effectively investigate and co-ordinate previous concerns. This is not meant to be a criticism of agencies or the individuals involved, rather an indication of the need for a corporate, co-ordinated approach. (Brannan et al, 1991, p. 9)

Nunno and Rindfleisch highlight the low reported substantiation rates of allegations of abuse in out of home care and argue that using "familial investigating procedures ignores the basic differences between familial and state care of children and may contribute to the phenomenon of low substantiation rate," making a compelling case for specialised intervention units (Nunno and Rindfleisch, 1991, p. 302). Motz and Nunno (1988) advocate a state-level regulatory team which, as well as having an investigative function, could make policy, assist in defining institutional abuse, drawing up identification and reporting procedures; and monitor and review cases after the investigation is complete. One advantage of such a team is that the overview they gain from reviewing cases provides information to assist budget and legislative initiatives, and the development of training. The team should be interdisciplinary and should have representation from the medical, legal, educational, social work, and law and enforcement professionals. They suggest that the institutional abuse review team would need to look at whether existing responses to familial abuse address issues relating to abuse in out-of-home care. The review team should consider whether: the state's definition of child maltreatment is sufficient; current reporting and investigation procedures allow immediate and safe access to the child; investigation procedures allow for ensuring the immediate safety of the child, removing the child, transferring or suspending the alleged perpetrator, closing the facility, and contacting law enforcement officials; assessment procedures are appropriate; corrective action recommendations address the incident and any systematic or administrative problems contributing to the incident.

The team should consider the following issues in a review:

1. Interagency co-ordination and co-operation in the investigative process;
2. Appropriateness of placement;
3. Licensing violations;
4. Previous incidents involving the facility and the child;
5. Staffing patterns within the facility or investigation unit;

6. Legal issues, such as current state labor law, civil service statute, employment agreements, and placement agreements;
7. Law enforcement issues, including the due process rights of the staff and care facility;
8. Medical and psychological issues;
9. Child care agency hiring, orientation, training plans, and procedures.

(Motz and Nunno, 1988, p, 450)

Response to Allegations of Abuse in Residential Care

Rindfleisch and Rabb (1984a) found that incidents which were reportable were handled informally or if reported, were dealt with as failures in performance of the worker rather than as an infringement of child's rights The issue is defined as a staff problem not as a problem of mistreatment (Rindfleisch and Rabb, 1984a, p. 37). Baldwin (1990) makes a similar point in her research with residential workers in one local authority in England where she found that "a tendency to look at shortcomings of individual staff members when things go wrong still seems very common" (Baldwin, 1990, p. 149)

> ... in spite of an expressed commitment to the development of a clear analysis of how services could be improved, there were many occasions during the project when senior staff in the department would discuss particular situations where problems had occurred, as though faults could be explained simply as a result of personal inadequacies of staff. Examples where the inability of staff to keep control of difficult young people, where excessive force had been used to restrain someone, or the failure to provide a constructive plan for a young person `acting out'. (Baldwin, 1990, p. 149)

Doran and Brannan (1996) also suggest that:

> In an effort to minimise and deal with this guilt, Morris and Beck were elevated to the status of being cunning deviants, which had enabled them to operate despite the good offices of all the agencies involved. The reality is that in both cases (and many others) basic but thorough checks and monitoring systems would have either prevented the regimes developing at all or, at worst, stopped them at a far earlier stage (Doran and Brannan, 1996, p. 161)

Bloom stresses that the first duty of the agency is to protect the child and:

> Removing the potential source of harm - suspending the alleged abuser - clearly demonstrates the agency's commitment to protecting the child. For other types of abuse the author recommends a case-by-case determination of the appropriateness of suspension (Bloom, 1992, p. 134)

White also raises the question of whether suspension of staff is always the best approach, and while "welfare of children must be a foremost concern,... employers have to take a decision about the purpose and benefits of suspension rather than it being automatically imposed" (White, 1993, pp. 135-136; see also Warner, 1992). He

suggests that there is a role for the Area Child Protection Committee in this, bringing together the range of expertise in this forum for the benefit of young people in residential care (White, 1993, p. 136)

The family should be informed of the allegations and what is being done about them, how the child is being protected and helped to work through this crisis. A multi-service plan is necessary to support the child since a child alleging sexual abuse by a staff member is frequently scapegoated by peers and staff members; staff may try to dissuade the child from holding to the allegation; and they may distance themselves emotionally from the child, blaming the child for seducing the staff member (Bloom, 1992 p. 135; see also Durkin, 1982b).

While clearly affirming its primary duty to the children, the agency must safeguard the rights and dignity of the alleged abuser. For other staff it is essential to communicate clearly and unambiguously what has been done and what will be done in response to the abuse allegations. While staff must be kept fully informed as events happen, it is important that the focus is kept on the normal operation of the regular program (Bloom, 1992; Durkin, 1982b).

> Forthright, unambiguous management of the abuse-related circumstances, paired with clear and direct communication of the agency's response to the situation, will help to counteract the natural tendencies to be secretive and defensive (Bloom, 1992, p. 140).

Bloom suggests that all "shareholders": board of directors; major referral sources, clients, staff members and the community at large are entitled to candid and unambiguous communication about the incident. One senior administrator should be designated as the person in charge and all information and communication should be channelled through this one person. An abusive situation should serve as a signal to initiate a risk management analysis of the agency which should review hiring practice, orientation, training, supervision and articulated philosophy. The communication network should also be reviewed to ensure that it is an open system in which information flows freely (Bloom, 1992).

Kelleher (1987) highlights the fact that when abuse occurs within an institutional setting, the response models are far more limited than in cases of abuse within the family.

> When abuse is substantiated, the guilty staff member is often fired and possibly prosecuted, and the child victim is sometimes relocated to another setting. End of intervention (Kelleher, 1987, p. 344)

Kelleher describes a systematic program review which was undertaken by the state child protection agency following a case of sexual abuse in a cottage-based group care facility for children. Separate from the abuse investigation, this evaluation identified nine key areas for special attention: treatment; child profile; staff issues; training; physical plant issues; education; medical; abuse-related issues; and the role of the state's child protection agency (Kelleher, 1987, p 348).

> By separating investigation and substantiation strategies from post-evaluation strategies, state agents can base after-the-incident intervention on an ecological model..., thus making an investment in the long-term welfare of a program by providing recommendations for program changes. (Kelleher, 1987, p 350).

Response to Allegations of Abuse in Foster Care

Interestingly, in the UK, there appears to be as much literature on the problem of foster carers dealing with allegations of abuse than on the incidence of abuse by foster carers. In a UK survey, 519 foster carers returned questionnaires of whom 177 had experienced an allegation. Foster carers were frequently poorly informed about the investigation and investigations were often protracted. Foster carers considered that there was a need for better support during investigations; more information; improved legal assistance; better policy and procedures; and better preparation of carers on safe caring and discipline (Nixon and Verity, 1996; see also Hicks and Nixon, 1991; Seymour, 1990; Sone; 1992). NFCA has stressed the importance of a code of practice where foster families have been accused of abuse and they should have: the right to be told of the substance of the allegation; to be heard by people not directly involved in the complaint; to place on record their perception of events; to a second medical opinion where physical abuse is alleged and medical evidence is being presented; to proper investigation by competent, experienced and independent people; to support both during the investigation and after it has made its findings; to receive decisions in writing; and the right to appeal (Lowe and Verity, 1989).

In the United States, Carbino (1991, 1992) has also stressed the importance of policy and sets out the characteristics of a constructive policy. Staff members and foster carers should be prepared and trained for the reality of allegations. Information needs to be provided about the fact that allegations occur; that the agency will investigate all reports; about the process of the investigation and the decision-making process; what rights foster carers have and do not have; and what resources are available for the support of the foster carers. Throughout the investigation of allegations of abuse, foster carers need to be reminded of resources for information on exactly what the involved agencies are likely to do and what the likely time frame is. Constructive policy should avoid unnecessary or unplanned removals of children. Input of the foster family to a fair and thorough investigation should be guaranteed and support for the family should be provided for interviews and hearings. Timely information on the progress of the investigation and a written notice of the final disposition of the investigation and what it means should be provided (Carbino, 1992, pp. 502 - 504). Following disposition of the report, the foster family should be reminded of agency procedures for this phase, what is likely to take place, and what the avenues for review and appeal of decisions are (Carbino, 1992, p. 506).

Carbino makes little mention of the fact that abuse does take place in foster care. Macaskill devotes a chapter in her book to the trauma of allegations but does place this in the context of sexual abuse taking place in foster care. The lack of preparedness was a common feature. The research indicated that the idea of being accused of sexual malpractice had not occurred to over one-third of the foster families.

> An absence of basic information resulted in some families engaging in a reckless type of parenting which failed to take cognisance of the child's sexual history (Macaskill, 1991, p. 104).

When an allegation of abuse did take place, the lack of information continued and foster carers were often unaware of what was taking place. Given the emphasis on the importance of professionals listening to the child and believing the child's story, Macaskill writes that it is "grossly unfair to expect substitute families to take on a sexually abused child without explaining to them how crucial the abused child's words will be if any allegation does occur" (Macaskill, 1991, p. 109).

Macaskill sets out a list of recommendations based on the experiences of foster families:

> a) Every local authority and voluntary agency needs to devise clear guidelines for handling allegations.
> b) The importance of alerting every foster and adoptive family to the potential risk of allegations of sexual abuse being made against them.
> c) Familiarize every substitute family with the opportunity to consider changes which may be essential in their lifestyle to protect all family members against allegations. Repeat this exercise in a specific way whenever a new placement occurs, taking into consideration the unique factors in each child's history.
> e) Ensure that the following issues are clarified at the outset of the placement:
> - Who will offer support should an allegation occur?
> - What type of support will be available (including support for other children in the family)?
> - For what length of time will support be available?
>
> (Macaskill, 1991, p. 109; see also Kendrick, 1994)

Placement Endings following Abuse

Rosenthal et al (1991) give details of the response to allegations of abuse for 116 referrals of abuse in out-of-home care in Colorado (these were a sub-set of 290 referrals). Victims were removed from the placement in 44 per cent of all incidents (49 of 111; 5 cases missing) and in 78 per cent of confirmed incidents (31 of 40; 1 case missing). Sexual abuse referrals were most likely to result in removal; 92 per cent (23 of 25) compared to 54 per cent of neglect referrals (12 of 22) and 29 per cent of physical abuse referrals (14 of 64). The figures for confirmed reports were 94 per cent (17 of 18); 70 per cent (7 of 10) and 58 per cent (7 of 12) respectively. Children were removed more frequently from smaller settings; foster placements and group homes than from larger establishments (Rosenthal et al, 1991, p. 254).

One third of the placement settings closed following confirmed cases of abuse and “as size of setting increased from foster home to group home to residential treatment center to institution, the probability of closing decreased.” Sexual abuse referrals were

most likely to result in the closure of the care setting while physical abuse referrals were least likely to do so (Rosenthal et al, 1991, p. 254)

In Cavara and Ogren's study of abuse in foster care in Hennepin County, some details are given of the actions taken following the incidents of physical and sexual abuse. In the eleven substantiated and `unable to be substantiated' sexual abuse cases, licenses were revoked for seven families, two families withdrew from fostering, and no action was taken in relation to two families (Cavara and Ogren, 1983, p. 290). In relation to physical abuse licensing actions are only given in relation to the 20 abusing or neglecting foster fathers: "in these instances, the following licensing actions were taken: revocation, 2; withdrawal, 6; probation, 1; contracting, 2; no action, 9" (Cavara and Ogren, 1983, p. 292).

Professionals' Reactions to Abuse

Single describes the complex and strong reactions of fellow workers involving feelings of anger and rage, distress and depression, despair and guilt at "having `missed' subtle cues in the child which may have alerted them to the situation" (Single, 1989, p. 22, see also Marchant and Page, 1992, p. 35). Single also points out that there is a high acquittal rate when compared to other child sexual offenders and "the devastating effects of acquittals in child sexual assault cases, which may intensify the distress and damage to the child" (Single, 1989, p. 26). Acquittals also have serious implications for the agency and:

> Perhaps the most difficult situation which workers in this area face is that in which the workers believe the child's allegations, but the alleged offender is acquitted and returns to work in the child protection agency. This produces major stress in such agencies, with a general feeling that the child protection service is, in a sense, a `sham' (Single, 1989, p. 23).

Supporting the Child or Young Person

> **Andy**
> I got no support during the investigation - nor did my family. You shouldn't have to ask for that kind of support - it should be available straight away. The police treated me pretty well but the interviews were pressurised and I felt I was being hassled for more and more information. They told me that they believed me - and I think they meant it. But I was given no information or advice about who to speak to. My family were the only ones who gave me any support, and they were under a lot of pressure and needed help themselves.
> (Safe & Sound, 1995, p. 4).

Clayden (1992) discusses the importance of offering support for victims of institutional abuse and describes the free confidential helpline operated by Leicester NSPCC, providing telephone and face-to-face counselling and advice for adult survivors of abuse in care, their relatives, and former members of staff.

> The children and young people had their sense of trust shattered. We had to offer a service in which they could feel confident. Many feel massively betrayed: they were removed from their families to a place that was supposed to care and nurture them. They express anger with their abusers and the system. They have found it very difficult to trust the NSPCC (Clayden, 1992, p. 21)

In the Castle Hill case, the investigative team "set up a helpline and gave a commitment to always being available in addition to making arrangements for support systems in their own areas" (Brannan et al, 1993, p. 273). Single (1989) also stresses the importance of supporting the victim of sexual abuse by a professional worker through the Court process. She suggests that it is important that high quality legal representation be made available to the child and that a high quality assessment of the child by a professional worker skilled in this area be carried out in order to "give an expert opinion of the child's cognitive functioning and mental state, the child's personality, the effects of the abuse and the validity of the child's allegations" (Single, 1989, p. 27). Post-court support is also crucial and Brannan et al state that the "team should facilitate counselling therapy and compensation claims on behalf of the victims" (Brannan et al, 1993, p. 274).

Mandatory Reporting, Sex Offender Registers and Community Notification

Mandatory Reporting of Child Abuse

In the 1940s and 1950s a number of medical studies in the US identified the possibility of physical abuse of children and in 1962, Kempe et al published the influential *`Battered-Child Syndrome'*. The following year the US Department of Health, Education and Welfare Children's Bureau published a proposed, model statute for mandatory reporting (Sussman, 1975, p.247). By 1966 all states except one (which later did so) had enacted mandatory reporting legislation (Kalichman, 1993, p.11). Originally, mandatory reporting laws focused on the duties of physicians to report physical injuries (Sussman, 1975; Hutchison, 1993; Lindsey, 1994; Giovannoni, 1995) and "was designed to overcome doctor's unfamiliarity with the syndrome, their unconscious barriers against the conception of parental abuse, and their unwillingness to get involved in social and legal proceedings" (Sussman, 1975, p. 270).

> Most commentators appear to agree that the law should be focused on custody and protection of the child before all else and not upon punitive action against the perpetrator (Sussman, 1975, p. 249)

Giovannoni stresses that mandatory reporting laws do not in themselves establish the basis for state intrusion into situations of child maltreatment nor mechanisms for intervention, "these laws merely established a new gateway for entry into the system" (Giovannoni, 1995, p. 489).

While all states require physicians to report cases of suspected child abuse, either explicitly or by inclusion in "any" person, there has been a legislative trend to widen the range of mandated reporters to include other medical professionals, teachers[28] and social workers and an increasing number of states require reporting by "any person" (Hutchison, 1993). All states require mental health professionals (psychologists, social workers, psychiatrists and counsellors) to report suspected abuse. Some states have also mandated specific professionals to report suspected abuse; such as pharmacists, religious healers and commercial film developers[29] (Kalichman, 1993, p. 24). There has also been a widening of the types of abuse included in the legislation.

A number of issues have been identified in relation to mandated reporting and child protection. There has been a huge increase in the number of child abuse and neglect reports. Lindsey (1994) presents figures which detail the rise from 6,000 reports in 1963 to just under three million in 1992. This increase has led to "the most fundamental change in child welfare during the 1980s" (Lindsey, 1994, p. 44).

> Child Protective Services (CPS) (covering physical abuse, sexual abuse, and neglect reports, investigations, assessments, and resultant actions) have

[28] For a discussion of school personnel and mandatory reporting, see Mahoney (1995)

[29] Usually specifying suspected sexual abuse or exploitation indicated by sexually explicit photographs of children.

> emerged as the dominant public child and family service, in effect "driving" the public agency and often taking over child welfare entirely (Kamerman and Kahn, 1990, p. 7, cited in Lindsey, 1994)

However, this increase was not accompanied by a comparable increase in resources "because laws were expected to improve services without additional costs" (Lindsey, 1994, p. 44; see also Hutchison, 1993; Giovannoni, 1995). Giovannoni argues that it is this that has created discontent with mandatory reporting laws since:

> Within CPS systems, various "screening" practices and "risk assessment" techniques have been developed. These involve the establishment of criteria for not responding to reports, not investigating them, or, if investigated, constricting the criteria used for processing cases further into the system...(Giovannoni, 1995, p. 488; see also Zellman and Antler, 1990)[30]

This is linked to issues both around the over-reporting of suspected abuse and the under-reporting of suspected abuse. There is a high rate of unsubstantiated reports; Deisz et al (1996) cite figures of 54% of all reports being either unfounded or unsubstantiated with wide variations in substantiation rates in different states and jurisdictions; "in New York State, recent statistics indicated that 66.4% of the reports from social services sources and 71.4% of the reports initiated by mental health sources were unfounded" (Deisz et al, 1996, p. 276).

> When a professional requires only a minimal level of suspicion to report, usually resulting from subtle signs of abuse, he or she has exercised a lenient criterion, or low reporting threshold. Children with unexplained changes in behavior or who appear emotionally distressed..., or who present with unexplained anxiety and somatic disturbances..., provide examples of such cases... The mandatory reporting system, by design, accepts a high rate of false identifications in order to maximize rates of accurate detection of child abuse. The objective of the reporting system is to cast a wide net to capture as many actual cases of abuse as possible (Kalichman, 1993, pp. 70-71)

Hutchison argues that while the failure to substantiate reports is not clear evidence that inappropriate cases are reported since it may reflect inadequate technology, in that professionals do not know how to adequately assess the risk faced by children, or inadequate allocation of resources, "it calls into question the assumption that reporting laws allow for accurate identification" (Hutchison, 1993, p. 58).

Deisz et al found that a gap seems to exist between therapists as mandated reporters and child protection workers and that:

> ... the therapists in this study typically had a more expansive or broadened concept of what was reportable whereas CPS workers tended to have a limited definition that was somewhat instrumental in focus. (Deisz et al, 1996, p. 284)

[30] Besharov (1984) discusses lawsuits against child welfare agencies for failing to accept reports for investigation, failing to investigate adequately or failing to place a child in protective custody. This article also discusses liability for the abuse or neglect of children in foster care.

Hutchison calls for the revision of mandatory reporting laws:

> Efforts should intensify to simplify and specify definitions to eliminate as much of the vagueness as possible. More specifically, definitions should be narrowed to include only manifest *serious* harm to child, parental behavior that threatens imminent *serious* harm to child, or acts of sexual exploitation (Hutchison, 1993, p. 62)

Finkelhor (1990), however, argues that the substantiation rate of suspected child abuse reports is similar to the conviction rate for violent crimes.

> Finkelhor explains in detail the social tolerance for high rates of arrests to ensure public safety and that this same logic provides the rationale for lenient child abuse reporting criteria prescribed by law (Kalichman, 1993, p. 72)

Giovannoni stresses that concentration on the issue of over-reporting draws attention away from the issue of under-resourcing of child protective services:

> Efforts at reducing demand by manipulating reporting laws or reporters' behavior, or the establishment of screening and risk assessment devices, may, in time, solve the problem of overreporting. Such devices may make system statistics look better and the systems may even run more smoothly as a result of their use. Unfortunately for children, the wrong problem may have been solved (Giovannoni, 1995, p. 500)

The other issue concerning mandatory reporting, however, relates to under-reporting by mandated reporters. Kalichman reviews the research on underreporting:

> Surveys have repeatedly shown that approximately one third of professionals have had contact with at least one case of suspected abuse in their professional work that they have declined to report... Similarly, the 1986 Study of Nation Incidence and Prevalence of Child Abuse and Neglect found that only one third of the 1,273,200 cases of abuse suspected by professionals were reported... (Kalichman, 1993, p. 3)

Zellman and Antler (1990) found that the potential reporter's attitude toward the effectiveness of the local Child Protective Services was an important predictor of failure to report (See also Crenshaw et al, 1994).

> Recent data in California suggest that approximately 9 per cent of children who are reported for child abuse and neglect receive any services other than investigation and assessment. Thus, more than 90 percent of children receive no services (Lindsey, 1994, p. 51)

Issues of protecting confidentiality in the treatment situation and the perception that reporting might worsen the child's situation have been linked to under-reporting (Kalichman, 1993; Zellman and Antler, 1990) although this is "despite evidence that reporting can have minimal adverse effects on treatment and can even be positively integrated into professional relationships" (Kalichman, 1993, p. 78). Mandated

reporters also have concerns about negative personal consequences such as lost time or income or the risk of a lawsuit (Zellman and Antler, 1990, p 32; see also Kalichman, 1993).

Kalichman sets out three arguments for future directions for legislation and policy in mandatory reporting of child abuse. The first rejects the idea of statutory reform but attention should be given to other elements of the child protective system. Reineger et al (1995), in a study of a state-mandated training programme on child abuse and reporting requirements, stress the importance of education and training in relation to mandatory reporting

> We must teach procedures. Even when they recognize abuse, professionals don't know what to do with the information. We must educate them. (Reineger et al, 1995, p. 68)

They conclude that unless "professionals who come in contact with children know how to identify and report child maltreatment, the statutes are meaningless" (Reineger et al, 1995, p. 68). We have also seen that child protective services have severe resource problems and "social commitment to child protective service reform would, therefore, build a stronger foundation for reporting" (Kalichman, 1993, p. 188).

The second argument suggests that there should be reform of the mandatory reporting laws themselves although "there is little consensus on the degree to which specific components of the law are to be revised and how such changes will most benefit child protection" (Kalichman, 1993, p. 188). Those advocating reform have focused on the need to change: definitions of child abuse which provide clear and objective parameters for reporting[31]; standards for required reporting which explicitly define both *knowledge* and *reasonable suspicion*; immunity for reporters to include a second type of immunity for professionals who do not report in good faith; and, in specific circumstances, guaranteeing therapist-client confidentiality, for example in treatment work with offenders (Kalichman, 1993, pp. 188-196)

Finally, suggestions for "systemic reform" have included "proposed flexible reporting options for mandated reporters with specialized training in child abuse" (Kalichman, 1993, p. 197).

Walters (1995) discusses Canadian mandatory reporting legislation from the point of view of the psychology profession. Since 1980, in Canada:

> Provincial and territorial governments have responded to the need to identify children in need of protection through legislation mandating individuals to report instances of child maltreatment to authorities delegated with the responsibility of coordinating protective services (Walters, 1995, pp. 164-165)

Since each province and territory has its own legislation, there is variation in definitions of abuse, in the time frames associated with the duty to report, and in the

[31] For a study of the effects of differently worded statutes on reporting of suspected child abuse, see Kalichman and Brosig, 1992.

processes once a child has been identified as being in need of protection (Walters, 1995, p. 165)

> ... *all persons* who believe on reasonable grounds that a child is (may, or has been, depending on the particular jurisdiction) in need of protection are duty bound to report their suspicions to an agency designated by the region's Minister in charge of protective services protection (Walters, 1995, p. 166)

In addition, some provinces and territories, place an explicit duty on professionals who learn of child abuse in the course of their professional duties. Different jurisdictions require different degrees of certainty on the part of reporters; some require "reasonable grounds to believe" that a child is in need of protective services; some "emphasize suspicion as adequate grounds to report" (Walters, 1995, p. 167). Few of the jurisdictions outline precise penalties for failure to report; in some jurisdictions it is only an offence for a professional to fail to report; and in others the legislation does not explicitly make non-reporting an offence.

> ... all duty to report statutes intentionally waive the ethical and legal requirement of professional confidentiality in the specific case of reporting children in need of protection (Walters, 1995, p. 166)

In Australia, all States and Territories except two, have legislation requiring the compulsory reporting of at least some types of child maltreatment (Tomison, 1996). In Queensland, mandatory reporting is limited to medical practitioners while in the Northern Territory it includes "any person not being a member of the police force". In other States and Territories different ranges of professionals are included: medical practitioners, dentists, school teachers and principals, child welfare and child care workers, social workers, psychologists, pharmacists, dentists, police officers (Tomison, 1996, p. 8). In Victoria, a phased implementation of mandatory reporting was halted after the first phase which mandated police, doctors, nurses and teachers to report child maltreatment, because of the significant increase in reports and the resultant demands on services (Tomison, 1996, p. 7). States and Territories also differ in the types of maltreatment to be reported, in some it is limited to physical or sexual abuse while in others all forms of abuse have to be reported.

In Ireland, there has been wide ranging support for the introduction of mandatory reporting (Gilligan, 1996). Recently, Barnardos, the Dublin Rape Crisis Centre and the Irish Society for the Prevention of Cruelty to Children have again urged for provisions which would legally oblige all those with responsibility for the care of children to report suspected or actual abuse or neglect of children to the health board and/or the Garda. The measure would also give those who report in good faith legal indemnity and would clarify the structures for reporting abuse (O'Connor, 1996)

The UK does not have mandatory reporting laws and "only local authority social workers, health and social service board social workers (in Northern Ireland) and police have a *duty* to report suspicions that a child is in need of care and protection" (Williams of Mostyn, 1996, p. 45). In the early 1980s, mandatory reporting was considered by the *Review of Child Care Law* working party but the idea was rejected (Bell and Tooman, 1994; Lyon, 1996). In Scotland, the extension of the mandatory

duty to report was considered during the parliamentary process of the Children (Scotland) Act 1995, but it was felt that more needed to be known about the experience of other countries (Marshall, 1996). Considering that professionals may feel mandatory reporting could adversely affect victims' confidence in them, or discourage the disclosure of abuse because of fear of the consequences, the National Commission of Inquiry into the Prevention of Child Abuse suggests that there should be "encouragement to disclose information and suspicion of abuse, combined with greater flexibility of action and the exercise of professional judgement within the formal systems" (Williams of Mostyn, 1996, p. 45). There should also be public education of the fact that child protection procedures are not necessarily invoked immediately and that there are intermediate stages (Williams of Mostyn, 1996, p. 45).

Bell and Tooman argue that since mandatory reporting was rejected in the *Review of Child Care Law,* there have been significant changes in the provision of welfare services, particularly the purchaser/provider split, and that these are impacting on child protection. They conclude that:

> ... reporting laws in the United States combined with training programmes for all mandated reporters have increased the number of reports of suspected child abuse and have emphasized and legitimated the role and responsibility of *all* professionals in the protection of children. Such laws are therefore worthy of consideration in other jurisdictions, particularly in the UK (Bell and Tooman, 1994, p. 354)

Marshall also calls for an investigation into "the outcomes for children in countries with wider mandatory reporting duties" (Marshall, 1996, p. 254)

Sex Offender Register and Community Notification

In the United States, the `Jacob Wetterling Act'[32] encourages states "to adopt laws requiring released sex offenders to register with law enforcement agencies in their communities and allowing law enforcement to disseminate information about sex offenders including their names, addresses, and photographs" (Lewis, 1996, p. 90). The Act requires states to enact a registration system for child sex offenders by 1997 or lose 10% of the state's share of federal grants for local and state crime-fighting programmes (Earl-Hubbard, 1996, p. 796). As of January 1996, forty-six states had enacted child sex offender registration laws (Earl-Hubbard, 1996). Most of the state registration laws set out the offences that require registration.

> For the most part the statutes focus on sexual assaults, including forcible rape and sodomy, and sexual abuse of children, including incest. Several statutes also target promoters of child pornography and child prostitution. Lesser crimes such as indecent exposure or public indecency are enumerated in some of the states. A few states require registration for relatively benign offenses: adultery in Arizona, bigamy in Louisiana, and voyeurism in Ohio (Bedarf, 1995, p. 888)

[32] The Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act is part of the 1994 Violent Crime Control and Law Enforcement Act (Lewis, 1996, p. 89)

Some states focus their registration laws exclusively on child sex offenders and some focus on habitual sex offenders (Bedarf, 1995, p. 888)

All of the states require the offender to give his name, address, and conviction data when registering. Some states also require: a work address and phone number; social security number; vehicle identification or driver's licence number; blood type. Most states require fingerprints and photograph on registering and a small number of states require a blood sample, saliva sample or hair sample (Earl-Hubbard, 1996, pp. 802-803).

Bedarf argues that although registration laws are intended to address the high recidivism rates of sex offenders, research shows "that recidivism for sex offenses is relatively low" (Bedarf, 1995, p. 893)

> ... if actual recidivism rates motivated registrations laws, drug dealers and burglars should be the prime targets of registration laws, rather than sex offenders (Bedarf, 1995, p. 898)

Bedarf also argues that registration laws have not fulfilled the goal to improve law enforcement by providing the police with information to use in subsequent investigations of sex offenses (Bedarf, 1995, p. 899). Resource issues have meant that registration laws have not worked effectively. In California, it is suggested that up to 90% of registration information is inaccurate since although initial compliance may be high, offenders frequently do not notify of a change of address. Earl-Hubbard comments that the penalties for failure to register tend to be minor (Earl-Hubbard, 1996, p. 812).

> Police generally rely on offenders' voluntary compliance with the change-of-address notification requirement, or on tips from concerned citizens. Police do not follow up on sex offender registrants because they lack the time, personnel, and money to pursue violators of the Act (Bedarf, 1995, p. 902)

In 1996, 17 states complied with the federal guidelines in regard to community notification laws (Earl-Hubbard, 1996). The debate about community notification laws centres around the tension between the wish to protect society - especially children - from recidivist sex offenders and the protection of the rights and liberties of individuals.

> Understandably, communities and lawmakers want both to prevent sex crimes and crimes against children and apprehend the perpetrators of these abhorrent offenses. On the other hand , sex offender laws substantially infringe the rights and liberties of individuals who, although found guilty of a sex crime or crime against a child in the past, have served their time in prison and been released (Lewis, 1996, pp. 90-91).

Bedarf notes four basic models of community notification: mandatory self-identification; discretionary police identification; public access to police book; and public access by telephone

The self-identification model requires the offender to identify himself in the community. In Louisiana, child molesters, upon grant of parole, must notify neighbours and the superintendent of the school district in which he resides, of his name, address, and conviction. The parole board may also order the sex offender to make known his status by such means as signs, bumper stickers or labelled clothing. As these are requirements of parole, the duty to comply with them expires with the term of parole (Bedarf, 1995, p. 904; Jerusalem, 1995, p. 241)

In the second model, the police have discretion about the release of information about convicted sex offenders to the community. In Washington state, the "statute gives police wide discretion in deciding whether to release information, what kind of information to release, and how to disseminate the information" (Bedarf, 1995, pp. 904-905). Community notification generally consists of "door-to-door flier distribution and posting signs with the offender's photograph, address, and explicit details of his offense history" (Earl-Hubbard, 1996, p. 810)

The third model allows individuals to view information about sex offenders. In California, individuals can go to their local sheriff's office and see registration data and photographs of child sex offenders. "The information consists of a photograph and physical description of the offender, his name, age, zip code, and a list of his registrable sex offenses" (Bedarf, 1995, p. 905).

Finally, Californian legislation also allows people to check whether an individual is a registered child sex offender by telephone. "Callers must provide very specific information, such as the exact street address, birth date, or detailed physical description of the person in question, in order to verify registration status (Bedarf, 1995, p. 905).

Bedarf outlines the benefits of community notification laws.

> Community surveillance of sex offenders augments police surveillance. Under hundreds of watchful eyes, it is more difficult for a sex offender to escape into anonymity (Bedarf, 1995, p. 906)

This may have a deterrent effect if registered sex offenders believe the chance of detection is more likely in the future. Community knowledge of sex offenders may also prevent sex offenses in that individuals "can tailor their behavior to reduce the risk of vicimization by identified sex offenders" (Bedarf, 1995, p. 906; see also Jerusalem, 1995, Freeman-Longo, 1996; Earl-Hubbard, 1996).

However, a number of arguments have been made against community notification laws. Freeman-Longo (1996) writes:

> Many of the more recent legislative actions appear to be the result of emotional public responses to violent crime rather than based upon fact and research that these laws will make a difference in the frequency of a particular crime. Public notification of sex offender release is one example of what may

> be feel good legislation that in the long run may result in consequences we will live to regret (Freeman-Longo, 1996, p. 96)

There have been numerous instances of vigilantism and attacks on registered offenders since the community notification laws have come into effect (Freeman-Longo, 1996, p. 96; Earl-Hubbard, 1996, pp. 824-825) and "evidence from Washington state shows that 26% of sex offenders identified under the community notification law have been subjected to some form of harassment" (Bedarf, 1995, pp 908-909).

Jerusalem maintains that public knowledge through community notification laws cannot protect society from repeat offences. Registration affects only a small proportion of sex offenders; those convicted. Secondly, "there is concern that public notification may provide people with a false sense of security" (Jerusalem, 1995, p. 247). Thirdly, the stigmatising effect of community notification on sex offenders may make them more likely to re-offend.

Bedarf also argues that:

> By informing the public of a sex offender's presence, community notification laws jeopardize an offender's chances of reintegrating into society and leading a productive life, Community notification laws destroy the anonymity that is crucial to reintegration. (Bedarf, 1995, p. 910; see also Earl-Hubbard, 1996, pp. 854-856)

The U.S. literature also questions the constitutionality of registration laws, particularly community notification laws. Earl-Hubbard concludes:

> ... the laws have overstepped the bounds of punishment acceptable under the Eighth Amendment. By their vagueness, dissimilarity, and lack of notice to those who enter a state's borders, the laws also deny offenders the notice necessary for procedural due process guaranteed by the Fifth and Fourteenth Amendments. Furthermore, by their unquestioned and unchallenged procedure for determining when to notify a community, the laws deprive offenders of a liberty interest without the opportunity to be heard (Earl-Hubbard, 1996, p. 861)

Bedarf states that legislatures "should resist the temptation to jump on the community notification bandwagon, and courts should seriously consider invalidating community notification laws as cruel and unusual punishment" (Bedarf, 1995, p 939; see also Lewis, 1996, pp. 116-117).

In Australia, the Crime Prevention Committee of the Parliament of Victoria has recommended that the Victoria Police establish and maintain a sex offender register. This would involve the lifelong registration of all adult offenders and requirements for adolescent sex offenders register for a period of five years (summary offences) or until they are 21 years of age (indictable offences). Registration should include sex offenders released from custody and those serving their sentence in the community and sex offenders must register within 10 days of being released or commencing their

community based sentence. Failure to register or provide false information would be an indictable offence. The Committee suggests that the register should include: name, date of birth; address of residence; source of employment; physical description; set of fingerprints; DNA sample and photograph (Parliament of Victoria Crime Prevention Committee, 1995; Tomison, 1995).

In June 1996, the Home Office published a consultation paper on proposals for:

> strengthening the arrangements for supervising convicted sex offenders following their release from custody…;
> extending the power in the Criminal Justice and Public Order Act 1994 so as to enable samples to be taken for the purposes of DNA testing from convicted sex offenders who are serving a prison sentence which was imposed before that power came into force…;
> requiring sex offenders to notify the police of their address and any subsequent changes to it, so as to provide the police with a register of the current whereabouts of convicted sex offenders;
> introducing provisions to prohibit sex offenders from seeking employment involving access to children; and
> providing supervised access by defendants to victim statements and photographs in sexual offence cases…
> (Home Office, 1996, p. 1)

The proposal to introduce provisions to prohibit sex offenders from seeking employment involving access to children has been taken forward in a further consultation paper which sets out the proposed offence for anyone convicted of a qualifying offence to:

> (1) seek work or training involving unsupervised contact with children;
> (2) accept an offer of work or training involving unsupervised contact with children;
> (3) offer services or agree to provide services involving unsupervised contact with children;
> (4) enrol on a training course which will involve having unsupervised contact with children.
> (Home Office/Scottish Office, 1997, p.3)

In regard to the register of sex offenders, the consultation document states that the purpose of requiring sex offenders to notify police of a change of address would be "to ensure that the information on convicted sex offenders contained within the police national computer was full and up to date" (Home Office, 1996, p. 8). This would help the police in identifying suspects when a crime has been committed, could possibly help them to prevent such crimes, and might act as a deterrent. In proposing who should be required to register, the consultation document states that:

> a balance must be struck between the need to protect the public and the justice of placing a burden (and potential stigma) of registration upon individuals who may have paid their debt to society and might not reoffend (Home Office, 1996, p. 8)

Therefore the requirement would best be targeted on offenders who have committed offences sufficiently serious to attract the possibility of custody. The consultation document asks whether the requirement to register should be automatic on conviction; at the discretion of the court; or should be automatic only for more serious offences (Home Office, 1996, p. 9). The consultation document acknowledges some of the issues identified above surrounding open access to registers:

> Unrestricted availability of criminal records information could have a number of undesirable outcomes: the register could be used by those who wished unlawfully to harass those on it; it could be used to locate victims…; and it could be used by sex offenders as a means of networking (Home Office, 1996, p. 12)

The register would be accessed therefore, only by the police and bodies with whom access arrangements have been made.

Ivory (1996) sets out the civil liberties implications of the proposals and states that while many would regard the proposals for electronic tagging, registration and the creation of an offence of seeking work with children "as striking a fair balance between the civil liberties of serious sex offenders after their release and the right of the public to be protected from further offences" (Ivory, 1996, p. 21), the potential impact on far less serious offenders has alarmed some observers.

> Gay groups have been particularly angered by the extensive list of offences covered by the Home Secretary's consultation paper… Among the 32 separate offences listed in Annex A are `indecency between men', `solicitation by a man', and, most bizarre of all, `homosexual acts on merchant ships' (Ivory, 1996, p. 21)

There is concern that "the proposals may be a Trojan horse whose occupants could run riot through the whole criminal justice system. Might it be sex offenders today, other classes of offender tomorrow?" (Ivory, 1996, p. 21; see also Freeman-Longo, 1996). However, the proposals set out in the consultation document have been supported by the National Commission of Inquiry into the Prevention of Child Abuse (Williams of Mostyn, 1996, p. 43).

Racism and Abuse

> **Darren**
> *I hate being in care because I am always picked on because of the colour of my skin. But whenever I complain to the staff, they just ignore me. Therefore, I often get into fights and I'm the one they label as the troublemaker*
> (Marrett, 1991, p. viii)

There has been a recognition that services provided for black children and their families often do not address their specific needs, along with institutional and individual racism (Ahmad, 1990; Ahmed et al, 1986; Barn, 1993; Black and In Care, 1992; Caesar et al, 1994; Cliffe with Berridge, 1991; Moss et al, 1990; Thanki, 1994). In a study of care placements in one inner-city local authority, Barn considered that there were encouraging moves in terms of the placement of black children in racially and culturally appropriate foster care and towards anti-racist working in residential care (Barn, 1993). However:

> It is troubling to note that black children are severely disproportionately represented in care, enter care twice as quickly as white children... There was less preventive work done with black families. While greater efforts were made not to admit white children into care, the same was not true for black children... (Barn, 1993, p. 120; see also Ahmad, 1990; Cheetham, 1986; Moss et al, 1990; Utting, 1992)

Barn highlights the fact that there is little information on the experience of black children in care. At the first national conference of black children in care, held in 1984, overt racism was highlighted.

> Racist remarks from staff and other white children were not uncommon. It was also stressed that staff in these residential homes had little or no knowledge of the experiences of black people in this society or of black cultures, and therefore racial conflicts between children could not be amicably resolved. (Barn, 1993, p. 9; see also Marrett, 1991)

Moss et al, in their study of the cases of 50 young people (60% of whom were black or from a minority ethnic group) who had complained to NAYPIC, found that racial abuse and racism was a common complaint.

> In the secure unit for girls we looked at, staff used sexist, racist and verbal abuse as a means of control and to humiliate and degrade the young people (Moss et al, 1990, p.9)

Barn's study does not look at children's experiences in placements in depth, but does give one example of a young girl being physically abused in a foster placement (Barn, 1993, p. 79).

The Who Cares? Trust and the National Consumer Council carried out a questionnaire survey of young people in care through the magazine *Who Cares?* Sixty-eight of the 626 young people who responded were black or from a minority

ethnic group and there were three complaints of racial abuse (Fletcher, 1993, p. 64). The Social Services Inspectorate found that in some homes there were examples of racist comments and jibes which went unchecked by staff (Social Services Inspectorate, undated b, p. 40) and the Howard League Commission also identified a number of complaints about racist abuse by both staff and young people; with evidence of right-wing National Front influence in some prisons (Howard League, 1995a, p. 39 - 40).

Caesar et al studied the work of the Barnardo's Adolescent Placement Service (APS) which provided specialist family placements for adolescents, many of whom were African-Caribbean.

> The nature of the project meant that all of the young people placed in it had experienced trauma and/or abuse - be it emotional, physical, psychological, sexual or racial - when previously in the care of their natural family, adoptive family, foster carers, children's home, secure unit or any combination thereof (Caesar et al, 1994, p. 39)

Interviews with ten young people gave insight into previous placement experiences. One member of a sibling group contrasted their current placement with black foster carers with a previous long-term placement with white foster carers..

> `You've got freedom and you don't have too much "slavery". You can go out when you want with your friends and it's ok. You're not bullied about or hit or anything. They (community parents) are always caring and they don't just spoil one person. I couldn't say we're not spoilt, because we are all spoilt! What we are talking about is that they've not just spoilt their own kids and left us three out'. (Caesar et al, 1994, p. 41)

Caesar et al concluded that placements with black families provided by APS had "also helped provide the young people with an important understanding of, and confidence in themselves as Black young people. Previous placements, often in White families, had been unable to provide this" (Caesar et al, 1994, p. 94; see also Small, 1986). Buchanan et al (1993) found that "many residential and foster carers living in predominately white areas did not have the necessary awareness to meet black children's needs and yet were sometimes placed in a situation of having to do so" (Buchanan et al, 1993, p. 5; see also Cliffe with Berridge, 1991). Maximé (1986) highlights the emotional harm caused by racist practice which denies black children and young people a positive sense of their racial identity (see also Marrett, 1991).

Simms (1995) emphasises the fact that the Children Act 1989, in making it a duty to consider the racial origin, ethnicity and linguistic background of the child, "takes into account, for the first time, the multi-ethnic and multi-cultural nature of our society" (Simms, 1995, pp. 53-54). Simms provides principles of good practice and examples of how improved standards might be implemented and measured to promote equality in residential settings. These cover: food/diet; clothing; cosmetics; social development and positive identity; language; accommodation; education; religion; and health (Simms, 1995, pp. 55-57).

Working towards equality is about making a shift within our thinking which can be reflected within our practice. However, the most valuable resource for social work change in achieving equality is “good practice”. Good practice is dependent on each professional’s commitment and ability to fully seek and utilise all the necessary components of antiracist and anti-oppressive practice principles (Simms, 1995, p. 58)

Abuse of Children with Disabilities

Introduction

> *"I was put in straightjacket. I just cracked up in the sideroom. Trying to get ways to tell people what was happening. Punishment was to scrub floors with scrubbing brush. They kept hitting me across the face, with towels, stripped me of my clothes - had to wear pyjamas"*
> (Man with learning difficulties abused as young person and adult by hospital staff)
> (Westcott, 1993, p. 16)

> It is... society's response to disability that may lead to increased abuse and vulnerability of disabled people, more than the disability or any other attribute of the abuse victim (Westcott, 1991b, pp. 253-254; see also Authier, 1987; Brookhouser et al, 1986; Kennedy and Kelly, 1992)

While the particular vulnerability of children and young people with disabilities has been highlighted over recent years, "... there has been little systematic investigation of the factors relating to the maltreatment of handicapped children" (Ammerman et al, 1989, p. 335).

> This is particularly surprising given that (1) disabled and impaired children are often overrepresented in abused and neglected samples, and (2) many handicapped children and their families have characteristics that in nondisabled populations are considered to be high risk factors for maltreatment (Ammerman et al, 1989, p. 335; see also, Walmsley, 1989).

The abuse of children with disabilities is made more complex because:

> ... there are two separate linkages:
> 1. ... abuse may be implicated in the creation of disability
> 2. ... children with disability may be differentially targeted for abuse
> The possibility that abuse might compound a pre-existing disability must also be borne in mind.
> (Kelly, 1992a, p. 159; see also Galbally, 1993)

Garbarino discusses three major forms of harm as a result of child abuse: *medical problems* such as nutritional deficiencies, hearing loss or brain damage; *developmental problems* such as "mental retardation", language deficiencies or impaired motor skills; and *psychological problems* such as "extremes on most dimensions of personality... as well as general unhappiness, poor attachment, and inadequate peer relations" (Garbarino, 1987, p. 8; see also Sinason, 1989; Vizard, 1989; Westcott, 1991b).

> ... handicapping conditions may well be the *result* of maltreatment early in life and then become the *cause* of maltreatment in later interactions with parents, peers, teachers, and other caregivers. (Garbarino, 1987, pp. 8-9).

The use of residential and specialist facilities by children with disabilities has also been identified by many authors as increasing the likelihood of abuse

> Handicapped children, including deaf youngsters, are disproportionately likely to be institutionalized at some point in their lives. When they are institutionalized, they are at even greater risk for maltreatment, because of their difficulties in communicating, as well as their (and their family's) inordinate dependence upon the institution for special services (*e.g.* the residential school attended by the child may be the only resource available in the state). (Brookhouser et al, 1986, p. 153; see also Galbally, 1993; Kelly, 1992a; Sullivan et al, 1991; Utting, 1991; Westcott, 1993)

In the UK, research by Westcott (1993) identifies children with disabilities as additionally vulnerable to abuse precisely because of the settings in which they are placed. Nine adults with learning disabilities and eight adults with physical disabilities were interviewed about their experiences of abuse both as children and as adults. Many of them had spent long periods in hospitals, psychiatric institutions or special schools and "for this group many of the abusive incidents to be reported occurred in these hospitals and institutions" (Westcott, 1993, p. 14). The interviewees identified the settings they were put into and their experiences in those settings as a factor in their abuse (Westcott, 1993, p. 17).

> Disabled interviewees themselves pinpointed the following contributory factors: physical and social isolation; lack of choice; lack of physical and psychological resources to defend oneself; physical immobility; and the ability to `switch off' one's body at will. This latter factor arises from the frequent intrusive behaviour displayed by able bodied professionals and other adults (Westcott, 1993, p. 33).

The institutional context of abuse is also identified as exerting additional pressures against telling about the abuse (Westcott, 1993).

Degener also raises the issue of the experience of children with disabilities of intrusive medical examinations and treatment and its implications.

> They might have to undergo repeated therapy and surgery, all of which are likely to produce in the child negative feelings towards his or her own body. If a child has never been allowed to say `no' to being touched by doctors, nurses or even parents, how can we expect the child, or later the woman, to resist a sexual attack (Degener, 1992, p. 154; see also Galbally. 1993)

Cross (1992) identifies some of the abusive aspects of medical intervention itself where "children have been denied adequate pain control" and some "children with physical impairments, because of the nature and relative frequency of surgery, have suffered greatly from preventable pain. (Cross, 1992, p. 194)

Incidence of Abuse of Children with Disabilities

Much of the information on the relative incidence of institutional abuse of children with disabilities comes from the work of the Center for Abused Handicapped Children at the Boys Town National Institute for Communication Disorders in Children. Sullivan et al (1987) studied 100 deaf children who received evaluation and/or treatment services at the Center. "Sixty-four per cent of the deaf youth attended residential schools. Of these, 40 were abused in the school, 10 in the home and 15 at both the school and home" (Sullivan et al, 1987, p. 29; see also Brookhouser, 1987b).

Sullivan et al (1991) studied "482... consecutively referred children and adolescents with identifiable handicapping conditions and documented maltreatment who were evaluated at the Center... over a 4-year period" (Sullivan et al, 1991, p. 189). House-parents in residential schools or other institutions were responsible for 24.2% of sexual abuse perpetrated by females and 7.2% of physical abuse perpetrated by females, while house-parents were responsible for 15.3% of sexual abuse perpetrated by males and 13.8% of physical abuse perpetrated by males (Sullivan et al, 1991, p. 191).

> Children who attended residential schools were significantly more likely to be victims of sexual abuse than children who attended school in mainstreamed settings (Sullivan et al, 1991, p. 192)

Knutson and Sullivan (1993) present information on a group of 351 children referred to the Center... who presented with specific communication difficulties (associated with a hearing impairment, a speech and language impairment, or a cleft palate). It was found that while neglect and most emotional abuse took place in the child's home, over 60% of the sexual abuse and approximately 40% of the physical abuse took place in residential schooling (Knutson and Sullivan, 1993, p. 9).

Identification of Abuse

Identifying abuse, particularly sexual abuse, is a complex and difficult task with able-bodied children, and is much more difficult where the child has a physical or learning disability (Westcott, 1991b).

> Problem behaviour is too often accepted as normal for people with mental handicaps, so that symptoms which may signal alarm in a child or young person without handicaps are perceived as the inevitable consequence of the handicap (Walmsley, 1989, p.7)

Elvik et al also discuss problems related to the medical examination of "developmentally disabled" children and adults in a residential setting (Elvik et al, 1990)

Another major issue in identification may be a child's difficulty with communication. The attempt to communicate about an abusive experience "may be misunderstood,

disregarded, or discredited because of the handicapping condition" (Authier, 1987, p. 237; see also Brookhouser, 1987a)

Kennedy (1992) discusses the issues for child protection work in the use of different communication methods for children with disabilities, for example: British Sign Language for deaf children; deaf blind manual alphabet for deaf blind children; Makaton signs and symbols for children with learning disabilities; Paget Gorman signed speech (PGSS) for children with language disorders; communication boards for children with cerebral palsy or multiple disabilities (Kennedy, 1992, pp. 170-175; see also, Marchant and Page, 1992; Sullivan and Scanlon, 1990). Kennedy concludes that such communication systems "can enable good work (albeit rather more basic and simplistic) with abused children with disabilities and communication differences" (Kennedy, 1992, p. 176). However, the difficulties are "compounded by our limiting of the vocabulary disabled children use in order to deny their sexuality" (Kennedy, 1992, p. 176; see also Authier, 1987). Limitations of vocabulary may also impact on identification of other forms of abuse. Marchant and Page give an example where "the child did not have the words `shut' `smack' or `hit' on her word board" (Marchant and Page, 1992, p. 7). Some children have such impaired communication/ language capacity that they cannot use such systems; others do not have access to skilled teaching in the systems; and there is also a lack of persons skilled in using the systems (Kennedy, 1992)

Knutson and Sullivan stress the role of specialist staff in identifying the abuse of children with disabilities.

> The high rate of out-of-home maltreatment in the communicatively impaired sample and the high rate of residential placements in the sexually abused groups strongly suggest that aural rehabilitation specialists and speech-language pathologists should be sensitive to abuse in residentially placed populations (Knutson and Sullivan, 1993, p. 9).

Brookhouser et al similarly highlight the role of the otolaryngologist.

> As a primary physician for most deaf children, the otolaryngologist must be able to recognized signs and symptoms of sexual abuse, as well as to initiate appropriate referrals both to insure the safety of the child and to comply with state reporting requirements (Brookhouser et al, 1986, p. 157)

Responding to Abuse

Marchant and Page highlight the gross inadequacies of services to provide therapeutic work for children with disabilities who have been abused.

> ... we had major difficulties in accessing any kind of help for these children, and the feeling was not only of falling between stools, but of amazement at the number of different stools available to fall between (Marchant and Page, 1992, p. 31)

Sullivan and Scanlan (1990) discuss the effectiveness of psychotherapeutic intervention techniques for children with disabilities who have been sexually abused. 72 young people who attended a residential school for the deaf had been "sexually victimized more than once by dormitory staff, family members, and/or older students" (Sullivan and Scanlan, 1990, p. 32; see also Sullivan, 1993).

> Preliminary data on handicapped victims of sexual abuse suggest that the children are emotionally traumatized and require therapeutic intervention (Sullivan and Scanlon, 1990, p. 135)

Half the young people underwent psychotherapy[33]. One year after the start of therapy, the treatment group had significantly lower scores on the Child Behaviour Checklist which was used to record behavioural problems and competencies.

> Therapy with the girls was found to be particularly effective in alleviating symptoms of depression, aggression, and cruelty. For boys, the treatment groups had significantly lower scores on the aggression, hyperactivity, delinquency, immaturity, hostile withdrawal, and uncommunicative scales (Sullivan and Scanlon, 1990, pp. 32-33)

Kelly (1992b) raises another issue which needs to be addressed in responding to the abuse of children with disabilities and this concerns the failure of the criminal justice system to take account of the needs of these children. In particular, Kelly expresses concern about the delays in cases coming to court; the lack of concern to create supportive conditions for the children such as the provision of screens; and "abusive defence tactics" (Kelly, 1992b, p. 189, see also Westcott, 1993).

Prevention through Education

Craft and Hitching (1989) describe the adaptation of Kidscape material for use with older children with special educational needs. They consider that sex education programmes have a vital part to play in the protection of children with disabilities because they: give a context for teaching about the cultural and legal parameters of sexual expression; can be the setting for work on self image and self assertiveness; can give students not only the confidence to talk about situations which make them feel uneasy but also the vocabulary with which to accurately describe events and behaviour; and sex education programmes help students identify adults in whom they can confide.

> ...planned and purposeful teaching, supported by staff and managers who are aware of, and sensitive to, the issues involved is a contribution to safety which we must not neglect (Craft and Hitching, 1989, p.36; see also Sullivan and Scanlon, 1990)

[33] The nontreatment control group was possible because parents of half the young people refused the offer of free psychotherapy services for their child (Sullivan and Scanlan, 1990, p. 32).

Runaways and Child Prostitution

Running Away

Estimates suggest that children and young people go missing approximately 100,000 times in the UK every year (Abrahams and Mungall, 1992; Payne, 1995) and.

> ...there is evidence that a substantial proportion of those young people run away from residential care homes, so they are directly the responsibility of the social services; they are likely already to have experienced serious difficulties in their lives; and running away is likely to increase their vulnerability to problems still further (Payne, 1995, p. 334)

Abrahams and Mungall, in a study of running away in four sample police force areas, found that 4,166 young people were reported runaways from home, 1,826 from residential care, and 76 from foster care. However, young people in residential care were more likely to run away repeatedly, so that almost three-fifths of the 102,000 estimated runaway incidents were young people in residential care (Abrahams and Mungall, 1992, p. 9)[34].

> The 40 establishments which recorded the highest numbers of runaway incidents accounted for 58% of all recorded runaway incidents from residential care, and 34% of all reported runaway incidents overall, a very high proportion (Abrahams and Mungall, 1992, p. 17).

The `top 40' residential establishments with high runaway numbers varied widely in size and type which "implies that aspects of the regimes in operation, or of the group dynamics in residential resources may influence running away behaviour" (Abrahams and Mungall, 1992, p. 17).

Rees, in a study of running away amongst young people under 16 in Leeds, found that one in seven of all young people run away and stay away for at least one night before the age of 16 and "for many young people, even if they come to no physical harm, running away is a lonely and frightening experience" (Rees, 1995, p. 66). Running away was a much more common experience for young people in residential care and 80% of the young people surveyed in children's homes had run away compared with 14% of those surveyed in schools (Rees, 1995, p. 66). Almost half the young people in residential care interviewed by Triseliotis et al "said that they had left the placement at least once without permission" (Triseliotis et al, 1995, p. 181). While half of these were `occasional' absconders who were only away for a few hours or at most a day, the `habitual absconders' "had run away more than four times and for some there had been periods when it was a daily occurrence. Absences were also longer, sometimes exceeding a week or more" (Triseliotis et al, 1995, pp. 181-182).

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[34] Abrahams and Mungall do make the point that while some parents may be reluctant to report their runaway children missing, in contrast, residential care staff may be less reluctant and are likely to report a missing child in accordance with agency policy (Abraham and Mungall, 1992, p. 7) and "most runaway incidents from care included in the study consisted of a young person simply absenting her or himself from where they were otherwise supposed to be, not of a dramatic row followed by the young person storming out" (Abrahams and Mungall, 1992, p. 24)

Stein et al (1994) carried out research with young people in contact with four Children's Society street-work projects. 102 young people completed questionnaires and 36 were interviewed. Seventy percent of the young people had lived in substitute care and 84% of these had lived in a children's home; 57% had experienced foster care; and 17% had been placed in secure care (Stein et al, 1994, p. 21). Most of the young people from residential care had started running away before they went into care which "means that we can't simply view young people who run away from care as "absconders". Instead we need to view their running away within the context of their lives" (Rees, 1995, p. 66).

> As a result of running away, attention is often drawn to the family situation and this can lead to the young person being removed from the family and placed in substitute care. Once in care, many young people continue to run (Stein et al, 1994, p. 44)

Kufeldt and Nimmo (1987) studied runaway and homeless youth in Calgary. Over a one year period 489 young people were interviewed and two distinct groups were identified: "runners" who tend to leave their homes with the intention of not returning and thus their runs are extended; and "in-and-outers" who run away as a temporary coping mechanism. Fifty-three percent of the "runners" were from child welfare facilities (Kufeldt and Nimmo, 1987, p. 540)

Payne suggests that there are five categories of `missing person': *Runaways* (missing people) tends to be applied to young people who go missing and implies an element of `spur-of-the-moment' decision-making in response to some fairly immediate social pressure in their immediate surroundings; *Throwaways* (rejected missing people) refers to people (particularly children) who are thrown out of their home; *Pushaways* (people forced to go missing) refers to the situation where the members of the person's social network forces them to leave, for example in situations of physical or sexual abuse or domestic violence; *Fallaways* (people who have lost contact) where relationships which were once important fall away until all contact is lost. *Takeaways* (people forced out of contact) includes kidnappings for criminal intent such as sexual or physical violence and also parental abductions (Payne, 1995, p. 337)

The main reasons for running away include problems at home or in care, including verbal, physical and sexual abuse; rejection; school problems; general unhappiness (Abrahams and Mungall, 1992; Payne, 1995, p. 341; Rees, 1995, p. 68; Stein et al, 1994, p 39). The main factors identified by young people as contributing to their running away from substitute care included: being taken into care feeling outside the control of the young person; negative experiences of the care system; not wanting to be in care; poor relationships with staff (young people feeling ignored or not listened to); peer pressure; bullying; running away for excitement (Rees, 1995, pp. 68-69; Stein et al, 1994, pp. 35-40). Running away was "often a response in situations were the teenagers felt powerless or hopeless in relation to an immediate crisis or longer-term prospects" (Triseliotis et al, 1995, p. 182).

In the US,

> Research has demonstrated an alarming incidence of abuse and neglect among today's runaway and homeless youth population... Several studies have shown that a much higher rate of childhood sexual abuse has been found among runaways than among the general population... Farber and his colleagues (1984) found that 75% of the 199 runaways in their sample had been subjected to severe maltreatment in the year prior to running away (Powers et al, 1990, p. 88; see also Janus et al, 1995)

There are considerable risks associated with young people going missing.

> Even if a `missing persons incident' is of short duration, young people may still be placed at risk of abuse or exploitation in order to obtain care or somewhere to live; they may become the victims of crime; or they may take to unconventional lifestyles, including crime, drug and alcohol abuse, and prostitution, in order to survive (Payne, 1995, p. 343)

Stein et al (1994) found that over half the young people (56%) had stolen or shoplifted while they were away, and at least one in seven (15%) had provided sex for money (Stein et al, 1994, p. 44).

Janus et al (1995) investigated runaways' experiences of physical abuse and in addition to the abuse they experienced prior to running away, a large proportion had experienced physical abuse on the street: over half had been punched; two fifths kicked; one quarter had been assaulted with a weapon or had their head banged on wall or floor or been thrown around a room (Janus et.al, 1995, p. 440)

> What is clear from these data is that middle- and late-aged adolescents are not able to protect themselves from physical risk. Neither gender nor increased age prevent them from experiencing a broad array of criminal assault (Janus et al, 1995, p. 443)

Perhaps the most concerning finding of this study was that "over half the youth who identified assailants reported them as employed in or involved with institutions dedicated to their care" (Janus et al, 1995, p. 443)

> The implications are sobering. Not only are these youths physically assaulted at home, not only are they subject to assault from intimate partners and friends as well as casual acquaintances and predators alike when they reach the street, but once they have left home, they are subject to assault in those institutions to which they turn for assistance (Janus et al, 1995, p. 443)

Kufeldt and Nimmo (1987) found that almost three-quarters of the "runners" and over a half of the "in-and-outers" had been approached to take part in illegal activities:

> For the in-and-outers, [the street] is perhaps a cry for help or a respite. For the runners it may begin as a respite but becomes an escape. The sad reality, and the motivation for our research, is that it is no true escape. The continuation of

> the spiral is the abuse, neglect, and exploitation that exists on the street. The culmination may be maturation into the exploiters of the next generation of runaways or the lost and lonely derelicts and bag people. The sad and final outcome for some may be death (Kufeldt and Nimmo, 1987, p. 540)

Abrahams and Mungall (1992) argue that there needs to be a co-ordinated approach between police and social work to young people who run away. Since a significant proportion of runaway incidents originate from a relatively small number of residential care homes, there needs to be an active response to evidence of a pattern of going missing which should involve reporting within the agency, investigation of reasons and preventive action within the home.

> In particular there needs to be awareness that frequent running away by several young people from a single home may indicate abuse or other failings in the management or practice in the home (Payne, 1995, p. 346)

The Inquiry into the police investigation of complaints of child abuse in Leicestershire children's homes between 1973 and 1986 found that "in almost every case the contact between the Police and abused child came about as a result of the child being missing from a Chilldren's Home" (Police Complaints Authority, 1993, p. 168) but complaints of abuse were not believed and the children were returned to the children's homes where they had been abused.

There is also a need to provide support to a young person in re-integrating on their return and in resolving the difficulties which led to the runaway incident in the first place.

> Both help with reunions and investigation of local patterns of help require much more effective co-operation between local agencies likely to be involved, especially the police and social services departments, together with other agencies which offer residential care for young people (Payne, 1995, p. 346)

Stein et al stress that:

> Just as attempts to improve the quality of life in families could contribute to the prevention of running away, so improving the quality of life in substitute care may prevent young people running again and for longer. Strategies to improve resourcing, service delivery and staff training would have a general impact; more targeted programmes addressing the reintegration of runaways into substitute care settings could have a similarly beneficial effect (Stein et al, 1994, p. 119)

Child Prostitution

> **Angela:** Care needs changing a lot - a lot - they need to be more careful on who they are employing - and people in homes have been abused that much they just turn to work - out on the street - when I first started working I said, "oh well, I might just as well go out and get paid for working rather than getting abused by someone" - that's when I first started working (O'Neill, Goode and Hopkins, 1995, p. 14)

While there is very little literature and research on child prostitution in the UK (Jesson, 1993; Barrett, 1995), a clear link is made between residential care and prostitution; with a significant number of children and young people involved in prostitution who are, or have been, in the care of local authorities (O'Neill, Goode and Hopkins, 1995; Lee and O'Brien, 1995; Childright, 1995).

Jesson (1993) describes three perspectives on prostitution: the traditional structuralist perspective in which the emphasis is on "male biological appetite" and there is "social containment of female sexuality within marriage for one man (monogamy), which simultaneously allows male sexuality to be satisfied by prostitution" (Jesson, 1993, p. 520); `the prostitutes' perspective which emphasises "a discourse of legally recognized work, choice and civil rights"; and the feminist perspective which sees prostitution as "an institution which reflects the oppression of women in society, or the sexual exploitation of women by men" and is thus "felt to be an undesirable occupation, which adds to women's exploitation" (Jesson, 1993, p. 521). However, Jesson suggests that these three perspectives shed little light on the question of young women in care who become involved in prostitution and argues that it is important to distinguish between the behaviour of adult women and that of adolescent women. Drawing on the work of Weisberg (1985), Jesson lists a number of background characteristics which she states, "tend to have a chronological, sequential order"

> - the home environment is unstable (not an original biological family)
> - the children tend to come from broken homes where they have often experienced physical and emotional abuse
> - the children have experience of early sexual activity, often sexual abuse within the family experience
> - the children have a history of poor school attendance
> - the children run away from home, and from *care institutions*
>
> (Jesson, 1993, p. 524, emphasis in original)

In their research with young people in care and who have left care, O'Neill, Goode and Hopkins identified a number of experiences of the care system expressed by the young people. These included: the fear and loneliness of moving into care; problems around fitting in and `going along' with the group even if it means prostitution; lots of moves between homes or from foster care to residential care; lack of privacy; daily harassment, abuse and incivilities; and the problems of leaving care - not being adequately prepared, living in temporary accommodation, unemployment, difficulties in entering or maintaining college courses (O'Neill, Goode and Hopkins, 1995, p. 16)

Lee and O'Brien state that the evidence "clearly points to a prevalence of disruption and discord in the early lives of young people involved in prostitution. It shows sexual abuse, neglect, school problems, unemployment and running away are particularly associated with prostitution" (Lee and O'Brien, 1995, p. 12). Prostitution is then a survival strategy for life on the streets and "many of these girls and young women enter prostitution with all the associated risks, in order to survive as they are denied an adequate income by any other means" (O'Neill, Green and Mulroy, forthcoming).

> The issue of young people providing sex for money as a means of survival came across powerfully in the information we gathered from young people and professionals. This is an issue of particular concern, as many young people would have experienced the abuse of power within their birth families and were then exposed to the abuse of adult male power on the streets in order to survive (Stein et al, 1994)

So, as Jesson emphasises, the link between early sexual abuse and prostitution may not be a direct one, but rather that sexual abuse leads to running away (Jesson, 1993, p. 526; Finkelhor et al, 1986; Ennew, 1986; see also Joseph, 1995).

Lee and O'Brien (1995) consider that the Children Act in England provides the framework for responding to children and young people involved in prostitution.

> The Children Act provides for the development of services for children and young people in need and many young people involved in prostitution will have a series of needs that are not being met. The Act also provides for interagency work on child protection and emergency intervention when the welfare of a child is at risk (Lee and O'Brien, 1995, p. 21)

However, they stress that the law "whilst recognising the need to protect young people from sexual abuse and exploitation, also allows for children as young as ten to be prosecuted for offences relating to that abuse" (Lee and O'Brien, 1995, p. 31) and "the police are increasingly using the criminal justice system to respond to younger women on the street and involved in prostitution" (Lee and O'Brien, 1995, p. 47). They conclude that:

> If more consideration is to be given to the welfare of young people and less use made of the criminal justice system for dealing with young people involved in prostitution, it is essential that the police service places more emphasis on its obligations and powers under the Children Act and less on its ability to caution and arrest young people (Lee and O'Brien, 1995, p. 35).

The National Commission of Inquiry into the Prevention of Child Abuse also stressed that the emphasis of criminal proceedings should be placed "on the identification and prosecution of clients and pimps who exploit children through prostitution" (Williams of Mostyn, 1996, p. 47).

Jesson found that social work responses also tended to be punitive "in the sense of controlling the young woman's social freedom and residential movements, between

children's homes and often into secure accommodation" (Jesson, 1993, p. 528). O'Neill, Goode and Hopkins (1995) stress that the system of residential care needs to be adequately funded, staffed and resourced to meet the needs of children and young people in care and that any interventionary strategy should start with the need to train residential care staff (O'Neill, Goode and Hopkins, 1995, p. 16).

> The local authority survey findings suggest that very few child care workers have experience of developing an understanding of the behaviour of adolescent prostitutes or of developing appropriate long-term interventions (Jesson, 1993, p. 529)

Lee and O'Brien also argue that there needs to be "an increased recognition of children and young people's rights to be consulted and the full introduction of children's care plans are likely to reduce young people's estrangement from their families and their negative experiences of residential care" (Lee and O'Brien, 1995, pp. 53-54). They stress the importance of interdepartmental communication and planning of services at both national and local level. O'Neill, Green and Mulroy (forthcoming) pick up on this theme from a youth work perspective and stress that "a multi-agency response to young people's needs must mobilise to change the current socio-legal situation so that protection, harm minimisation and the welfare of the children and young people is absolutely paramount" (O'Neill, Green and Mulroy, forthcoming; see also Williams of Mostyn, 1996, p. 47))

Bullying, Peer Abuse and Self-Harm

> **Jas**
> *"... I was physically abused by two other young people because I didn't fit their particular set of `rules'."*
> (Safe & Sound, 1995, p. 3)

> **Rob**
> *"... I was assaulted by male and female staff and I was also bullied by other young people all the time. Staff encouraged this sort of bullying by other residents as a way of controlling you"*
> (Safe & Sound, 1995, p. 6)

Gwynn et al (1988) emphasise that the group living experience has a profound impact on the socialisation and rehabilitation of emotionally disturbed young people and that while the peer group can make a contribution to positive social development, "the interpersonal problems of emotionally disturbed children may make group living a barrier to treatment... the peer culture influence in residential centers is generally negative, one in which antisocial values are reinforced while prosocial values are undermined, negatively reinforced, or punished" (Gwynn et al, 1988, p. 104)

> There is a growing awareness that bullying does not just affect the lives of children in schools but extends to many other organisations in which numbers of people have to live and work in close proximity. There is an increased concern about bullying in the work place, armed forces, hospitals, residential institutions such as children's homes, and homes for the aged - and, most certainly in prisons (Tattum, 1995, p.18)

Bullying can be defined as "the behaviour of one person or group which causes distress to another person or group as a result of physical threat, assault, verbal abuse or threats" (Support Force for Residential Child Care, 1996, p. 63). Connell and Farrington (1996) identify three key elements:

> First, there is physical, verbal or psychological attack, threat or intimidation that is intended to cause fear, harm or distress to the victim. Second, there is an imbalance of physical or psychological power, with a more powerful person, oppressing a less powerful one, or with several people ganging up on a victim. Third, there is a continuous series of incidents between the same people over a prolonged time period (Connell and Farrington, 1996, p. 75)

Despite the extensive literature on bullying in schools, there is a very limited amount of research that has been carried out on bullying in institutions and there is little basic data about its prevalence, frequency, or nature (Connell and Farrington, 1996, p. 78).

Extent of Bullying and Victimisation

Connell and Farrington carried out two pilot studies in the summer of 1992 and summer of 1993 at an open-custody facility for young offenders in Ontario, Canada. There were 10 residents at each point of study and all were white, male young offenders aged between 16 - 18. 70% of residents were involved in bullying, just under half as bullies and a quarter as victims. There was no overlap between bullies and victims. While the majority of current bullies (6 out of 9) had also been bullies in previous custodial facilities and all had previously been in custody, "the five victims were the *only* subjects who were serving their first custodial sentences" suggesting that "their lack of experience in custody might well have been a contributory factor to their victimization" (Connell and Farrington, 1996, p. 86).

> Bullies were given high status, often by both staff and residents, and it was the common opinion that being a bully gave you "jail respect". The majority of residents felt that bullying was just a normal part of life in custody and helped to establish and maintain the "hierarchy" (Connell and Farrington, 1996, p. 85).

Browne and Falshaw (1996) describe factors related to bullying at the Glenmore Youth Treatment Centre which offers specialised secure care facilities for severely disturbed and anti-social young people aged between 13 and 18 years. Of 44 young people involved with the Youth Treatment Service over a 6 month period, almost half (47%) regularly bullied their peers and over half (56%) were frequent victims of bullying. Three-fifths (58%) of the incidents involved violent assault. One-quarter (27%) of the young people were neither bullies nor victims, but just under one-third (30%) were both bullies and victims (Browne and Falshaw, 1996, p.124). There was a significant relationship between bullying behaviour and sexual harassment toward others on the units. Bullies were significantly more likely to have come from broken homes and to have committed violent crimes. All had a history of aggression, fighting and bullying in previous schools. Bullying at school was significantly associated with a high number of care placements, a higher number of special schools, under-achievement, educational special needs, vandalism and criminal property damage, car crime, thieving and violent crime. The victims who never bullied had a history of being bullied at previous schools and a history of alcohol abuse(Browne and Falshaw, 1996, p. 125).

The Howard League Commission of Inquiry into Violence in Penal Institutions for Teenagers under 18 also found staff condoning bullying, particularly with young people serving sentences:

> While prison staff appear far more comfortable working with sentenced prisoners, better relationships often go hand in hand with unwritten rules, and the use of bullying and the prisoners' own pecking orders as mechanisms of control... *I don't exactly know what makes a good nick... It's generally a question of knowing when to turn a blind eye... Good "barons" can be helpful if they don't get into too much and stick to stuff that's safe like cannabis...* (Howard League, 1995a, p. 27)

All the prisons visited by the Commission saw reducing bullying as a major priority, reflecting the extent of official concern but "even in the "better" institutions it is clear that a culture of verbal threats, "taxing" and competing regional loyalties is deeply entrenched" (Howard League, 1995a, p. 34). Bullying was seen as part of the "natural order" of prison life by many of the young people

> *... everyone does it. If I don't someone else will. You've got to learn to stand up for yourself... I'm doing them a favour really. I don't hurt anyone... I usually only have to look at them.* (Howard League, 1995a, p. 38)

Little (1990), in his study of young offenders in a remand centre and a youth custody centre, found that "actual violence between prisoners is rare" (Little, 1990, p. 124). Fights were planned but involved little physical violence; "Pugilists, adversaries in combat, have a respect for each other when the episode is complete" (Little, 1990, p. 136). However, a recent survey carried out between April 1994 and December 1995 in two adult male prisons and two Young Offender Institutions, found high levels of victimisation (Edgar and O'Donnell, 1997). The authors argue that because of the subjective nature and `looseness' of the concept of bullying, "it is easier to think of preventive strategies for well-defined behaviours" (Edgar and O'Donnell, 1997, p. 15). Victimisation is defined in terms of "six discrete behaviours: assault, threats of violence, verbal abuse, cell theft, robbery, and social exclusion" (Edgar and O'Donnell, 1997, p. 16). The survey found that, in the previous one month period, one in three young offenders had been assaulted; half had been threatened with violence; over half had received hurtful insults; a quarter had suffered cell theft; and, one in ten were the victims of robbery (Edgar and O'Donnell, 1997, p. 16). A quarter of young offenders were both victims and victimisers in the previous month.

> Assault, verbal abuse, and threats of violence were largely mutual. The behaviour tended to be reciprocated, and the roles of victim and victimiser were fluid. These types of victimisation were *egalitarian*. Robbery, exclusion and cell theft were quite different. There was little overlap. Those who were excluded or robbed were not likely to have excluded or robbed others. These types of victimisation tended to be *hierarchical* (Edgar and O'Donnell, 1997, p. 16).

Skett et al (1996) provide further evidence of the levels of violence. In one young offender establishment, adjudications records for 1994 were examined to identify reports relating to "rule 47 para 1 (Commits any assault), para 4 (Fights any person), para 17 (Uses threatening abusive insulting words or behaviour), para 21 (In any way offends against good order and discipline) and para 22 (Attempts, incites, assists any of the above)" (Skett et al, 1996, p. 11). 686 reports were identified, a rate of 138.6 reports per 100 prisoners. These consisted of: fighting - 429 (62.5%); assault on staff - 51 (7.4%); assault on inmate - 119 (17.3%); threats against staff - 67 (10.2%); threats against inmate - 10 (1.5%); offends against good order/attempts etc. - 10 (1.5%). In 93.9% of cases the charges were proved. In 152 cases there was minor physical injury, a further eight required medical attention and one required hospitalisation. (Skett et al, 1996, p. 11). In four-fifths of cases, the inmate only had one offence and thus "it seems that violence within the institution is widespread throughout the population" (Skett et al, 1996, p. 12). As an indication of the extent to which official

records will be an under-estimate of the level of violence, Edgar and O'Donnell found that "less than one in five of those who had been victimised said that they had informed an officer afterwards" (Edgar and O'Donnell, 1997, p. 16).

There is less systematice evidence of the levels of bullying and victimisation in residential care but inspection reports and research with young people gives some indication. The Social Services Inspectorate study of residential care in Northern Ireland found that inspectors "noted across all sectors significant levels of bullying and peer child abuse" (Social Services Inspectorate, undated a, p. 38). Similarly, the Social Services Inspectorate report on the inspection of residential child care services in 11 authorities in England identified "incidents of abuse by one child of another which did not appear to have been investigated in accordance with guidance" (Social Services Inspectorate, undated b, p. 29). One in six of the young people in residential care in the Triseliotis et al study of social work services to teenagers stated that they had been bullied or ill-treated by other residents (Triseliotis et al, 1995, p. 176). Grimshaw and Berridge (1994) found that four per cent of the 67 children in their study of special residential schools had suffered severe bullying and bullying was suspected for a further 11 per cent (Grimshaw and Berridge, 1994, p. 104).

> My brother is lying there and someone else is punching him bad... and a member of staff standing there doing nothing. I said.. you should be sorting this out... she said I am not going to get hurt and I had to threaten her so she would help my brother
> (Young person in Buchanan et al, 1993, p. 59)

The extent of bullying experienced or witnessed by young people distressed the group facilitators of the Dolphin Project consultation (see also Fletcher, 1993). There was a suggestion that "with the restictions on the discipline procedures available to carers, there may be a tendency for carers to involve young people in controlling others, and this could result in considerable distress to some young people" (Buchanan et al, 1993, p. 75; see also Safe & Sound, 1995). The carers involved in the consultation were not aware of the level of bullying and the distress this caused (Buchanan et al, 1993, p. 72).

The Howard League Commission found that bullying "does occur within secure units but at a much lower level than within the prison system" (Howard League, 1995a, p. 76). In her study of a secure unit in Scotland, Kelly found a highly restrictive regime which "succeeded in controlling the movement of all inmates all of the time". Family visits were always supervised by a member of staff, all mail was read by staff and all phone calls monitored.. Such measures were used to "maintain psychological control of the children concerned and to prevent their association with each other, particularly in the form of `anti-authority cliques'" (Kelly, 1992, pp. 142-143). In this environment, "bullying... seemed limited, and at least within the instituion itself, rarely got beyond verbal threat" (Kelly, 1992, p. 190).

Walford (1989) sets his discussion of bullying in public schools in the context of a past where "although... initiation rites were perhaps the worst examples of ritualised sadism, bullying and violence were an integral part of the public school system," and "within the prefect system bullying was legitimated as part of a wider system of

corporal punishment" (Walford, 1989, p. 82; see also Benthall, 1991). About 200 pupils in one public school completed a questionnaire and "in all, more than 10 per cent of the boys mentioned bullying, violence or being teased…" (Walford, 1989, p. 83).[35] Walford suggests that bullying in public schools is no longer "a matter of gross physical abuse, but is a mixture of constant teasing and mild violence" (Walford, 1989, p. 87).

The study of the ChildLine Boarding School Line found that bullying was the most common problem referred to in one-fifth of calls.

> A special difficulty for children in boarding schools is that they cannot escape from those who bully them, by going home after school... Bullying in the dormitories is particularly distressing since it leaves the victims feeling they have no safe place to be. One girl spoke vividly of "the night-time horrors of the dormitories". (La Fontaine and Morris, 1991, p. 18; see also Morgan, 1993; Walford, 1989).

Forty-three percent of the cases of bullying of boys included reports of physical assault. Bullying was "severe, frequent or persistent enough to be reported by pupils as a `worst thing' about being a boarder by 7% of preparatory school pupils and 4% of both secondary and special school pupils" (Morgan, 1993, p. 44). Morgan suggests that these low percentages should not be grounds for complacency, since they do not reflect the total number of pupils being bullied and hide a wide range of variations between different schools.

Responding to Bullying

When an institution creates an atmosphere in which young people feel valued and safe, there is less likelihood of violence and bullying; where unhelpful stereotypes exist, violence and intimidation may regularly occur (Browne and Falshaw, 1996). Work carried out by the staff at the Glenthorne Youth Treatment Centre involved: f*or the bully* - assessing factors that elicit bullying behaviour in the individual; developing specific social skills and anger management; and, demonstrating support for the victim and developing the individual's understanding and empathy for others; *for the victim* -assessing factors in the individual that elicit bullying by others; developing specific social skills; showing support for the recognition of the victim's experience; and, demonstrating work is being carried out with the bully; *for the institution* - assessing methods of staff management and control of young people with challenging behaviour; and, reducing the use of threats, intimidation and humiliation by staff in managing young people and promoting reward systems to control behaviour (Browne and Falshaw, 1996, pp. 126-127).

The Prison service sets out five main elements to an anti-bullying strategy: measuring the problem; changing the climate; improving supervision and detection; supporting the victim; and challenging the bully. While individual establishments are expected to

[35] The questionnaire did not ask direct questions about bullying or violence but asked about "the most important personal problems" caused by life at the school and "the things you most dislike" (Walford, 1989, pp. 84-85)

develop their own strategies, their implementation is very uneven and most prisons "do little more than segregate bullies and place victims in "vulnerable units" (Howard League, 1995a, p. 40) The Commission describes the attempt at Lancaster Farms Young Offender Institution and Remand Centre to tackle bullying.

> The strategy includes rewarding positive behaviour, encouraging victims to come forward, addressing anti-social and offending behaviour and developing an active anti-bullying committee... The anti-bullying policy forms a key part of the induction programme including a one hour group work session on bullying... all prisoners are asked to sign an agreement not to take part in any bullying, not to help others to bully and to share information which may help to prevent bullying. Anyone who refuses to sign the agreement is prevented from earning any privileges, including home leave (Howard League, 1995a, p. 42)

In interviews with 92 prison staff, Edgar and O'Donnell found that just over half believed that the prevention of bullying was a priority for the Prison Service, there was wide variation in the extent to which staff were aware of both national and local anti-bullying strategies, and there was little consensus about how best to prevent victimisation (Edgar and O'Donnell, 1997, pp. 16-17). The authors stress that:

> Improved communication; training for staff in responding to victimisation, support for victims, and situational crime prevention all have the potential to reduce victimisation. Important as these elements are, they must be integrated in a comprehensive policy which links anti-victimisation initiatives to other programmes within the establishment and which clearly sets out the priority to be given to preventing victimisation. These coordinated strategies have become known as the `whole prison approach'. (Edgar and O'Donnell, 1997, p. 19).

Tattum (1995) outlines the development of an anti-bullying programme in the YOI/RC wing of Cardiff prison which houses young men aged 15-21. A range of strategies involving crisis-management, intervention and prevention are used. Crisis management entails isolation of the victim for his own safety but also isolation of the bully and challenge of his violent behaviour. Intervention strategies include:

> ... the Listener Scheme, which uses trained and trusted inmates to advise and counsel other inmates. The Helpline, which is the official Wing post box into which inmates can post notes to a trusted officer to tell about bullying cases. Other elements are increased time out cells, educational and recreational programmes, and increased contact with family and friends (Tattum, 1995, p. 19; see also Cooke, 1991; Davies, 1994)

Preventative approaches, which aim to create a humane and trusting climate, include a week-long Induction Programme and a well developed Personal Officer Scheme. Over the first two years of the programme, serious attempts of suicide fell from 23 attempts in 1992 to 8 attempts in 1994 and there was an 80% reduction in acts of self harm (Tattum, 1995, p. 19).

Staff vigilance is the most potent deterrent against bullying so that children and young people who bully will know that it will be dealt with, and the victims of bullying will

also have confidence. There needs to be open discussion about bullying and a clear statement of its unacceptability. In confronting the bully or bullies in relation to specific incidents it is important to:

- Be absolutely certain about the known facts
- Confront the “bully” with the allegations
- Make it clear that the behaviour is unacceptable
- See each “bully” separately if appropriate
- Be specific about sanctions if bullying does not stop
- Follow up to check that behaviour has ceased

(Support Force for Residential Child Care, 1996, p. 65)

La Fontaine and Morris recommend that boarding schools should consider promoting `whole school’ policies on bullying (La Fontaine and Morris, 1991, p. 55; see Sharp and Smith, 1993; Tattum, 1993, for discussion of `whole school’ policies on bullying)

Sexual Abuse by Young People

There is increasing evidence of the problem of the sexual abuse of children by other residents. White, writing in the mid-1980s, decried the lack of attention, in terms of research, information and reports, that this subject gets apart from in the aftermath of scandals such as Kincora.

> "Generally, speaking, there are now guidelines affecting the type and degree of corporal punishment, discipline or restraint in the residential care of adolescents. There do not seem to be guidelines of a similar nature for sexual contact and relationships" (White, 1987, p. 64)

Parkin argues that there is an ambiguity in terms of residential establishments. On the one hand they are 'homes': ambiguous, 'intermediate zones' where the domestic is part of the welfare bureaucracy. On the other hand, she argues that they have much in common with 'total institutions' in that they are concerned with the surveillance and control of their residents.

> "In the ambiguous intermediate zone the question of why issues of sexuality and sexual exploitation fail to reach formal decision-making processes could be seen as a mobilization of bias. This operates when essentially male-dominated decision-making processes protect oppressive men's sexuality, condoned and accepted in both the public and private realms." (Parkin, 1989, p. 122)

Fisher and Vine describe the situation in one English local authority. Their research showed that 26 children who had been placed in residential establishments as victims of sexual abuse were re-abused while in care by other residents. They conclude that the authority is:

> ... unique only insofar as it has had the foresight to recognise and deal with the problem. The problem exists in all areas if one wishes to see it. (Fisher and Holloway-Vine, 1990, p. 3)

In the United States, Spencer and Knudsen's study gave information on the perpetrators of sexual abuse in different out-of-home care settings.

> ... child perpetrators were involved in 6 per cent of the foster home cases; 70 per cent (88/126) of residential home cases; 50 percent (21/42) of state institution cases; and 67 percent (10/15) of hospital cases. Abuse by another resident also may indicate lack of supervision, but except for foster homes, other children or residents were more likely than custodial staff to be the perpetrators of sexual abuse (Spencer and Knudsen, 1992, p. 488)

The report on the ChildLine Boarding School Line found that there were 20 cases (13% of all sexual abuse cases) where children were abused by other children. In 15 of the cases the victims were boys and in all but three cases the abusers were boys (La Fontaine and Morris, 1991, p. 23). Morgan found that a very small number of pupils "wrote about sexual abuse by other pupils... or identified particular areas of the school or particular toilet blocks which were used for such activities" (Morgan, 1993, p. 45). Grimshaw and Berridge asked the child and four staff members in their study to assess current emotional and behavioural problems. Sexual exploitation (taking advantage of a partner) was identified most frequently by deputy heads (care); for a quarter (26.1%) of the children. Teaching staff identified this least frequently; for 14.1% of the children, and nine of the children (14.5%) self assessed this as a current problem (Grimshaw and Berridge, 1994, pp. 106-107)

King (1992) reviews the evidence on sexual assault in prison settings but states that although "sexual assault is acknowledged to occur in prisons, surprisingly little research has been undertaken to delineate the nature and extent of the problem" (King, 1992, p. 67) and there is no specific mention of young people in penal institutions. Dumond, however, cites one research study in the USA which indicates that just under 10% of residents in juvenile institutions in Southeastern USA reported sexual victimization and another which found that "sexual assault was five times more likely among youth in prison than in training school" (Dumond, 1992, p. 137; see also Cotton and Groth, 1984).

Kelly (1995) gives an example of a 14 year old boy who had experienced 28 different residential placements in the 11 years he had been in care and had been abused three times by different known juvenile abusers. As a former inspector of children's homes, Kelly found several instances of homes accommodating convicted or known juvenile abusers and sexually abused children. However, Kelly also found that the 95 per cent of staff interviewed during inspections were unaware of the Children Act guidelines that it is inappropriate to place a sexually abused child in a home accommodating children who are themselves abusers. Utting (1991) suggests as a principle that "victims of abuse should be separated from children who are perpetrators of abuse" (Utting, 1991, p. 34) and this "has implications for placement decisions and requires authorities to make available an adequate range of facilities" (Utting, 1991, p. 35).

The Centre for Residential Child Care make the important point, however, that while placing young people who have been sexually abused and sexually abusing young people in the same establishment should be avoided, it can never be entirely prevented

> The reason is that some young people do not reveal their history of sexual abuse or sexually abusing behaviour until after they have been placed, and some individuals have histories of having been abused sexually as well as of abusing others in this way. In the second place, some young people who have been sexually abused display such overtly sexualised behaviour as a result of their own abuse, that it can be perceived as, or actually becomes sexually abusive towards others, without that necessarily being their clear intention (Centre for Residential Child Care, 1995, p. 2; see also NCH, 1992, p. 34)

In an early paper, McNeil and Morse discuss the management of sexual behaviour in residential settings. They describe the range of behaviour as including "sexual language and gestures, "playing the dozens"[36], group and individual masturbation, homosexuality, exhibitionism, attempts to promote heterosexual experience and some standard and not-so-standard perversions" (McNeil and Morse, 1964, p. 116). They describe the management of sexuality as following a general set of principles. Sexual language is not "reacted to with shock or surprise but it is *not* encouraged by any staff member" and "although the fact of sexuality is not disapproved, it is classified as a private activity and the source and nature of public views of sex are explained" (McNeil and Morse, 1964, p. 116; see also Lambert, 1976). Children are supplied with sexual information whenever it is requested and the request is deemed legitimate. McNeil and Morse see the problems of controlling sexual behaviour as arising primarily from the "fusion of sex and aggression" (McNeil and Morse, 1964, p. 119).

> The fusion of sexuality with issues of power, domination, and aggression undoubtedly reflects in most of these youngsters the extent to which they felt dominated, controlled, and sometimes abused in relation to early caretakers (Crenshaw, 1988, pp. 67-68)

McNeil and Morse highlight a number of issues in the adult response to sexuality. They warn against the generalized suppression of sexual behaviour or the denial of its existence. Along with understanding the individual child, group dynamics need to be taken into account in the decision to intercede and the technique of intervention, and the handling of sexual incidents must address both the individual and the group. They stress the importance of sex education and supervision of the day-to-day interaction of staff and children (McNeil and Morse, 1964, pp. 121-122)

Hargrave (1991) provides a descriptive analysis of critical sexual incidents reported by 95 workers in three residential agencies. Workshops on developmental sexuality were held in the agencies and each staff member provided a written description "of the most difficult sexual incident that he or she had managed in his or her career in residential treatment" (Hargrave, 1991, p. 415). These were subsequently reviewed by two independent judges. The incidents were categorised as: heterosexual incidents, 16 (16.8%); homosexual incidents , 26 (27.4%); staff approached by child or adolescent, 23 (24.2%); singular sexuality, 12 (12.6%); deviant sexuality, 12 (12.6%); miscellaneous, 6 (6.3%).

[36] "Sexual language may evolve into "playing the dozens" as an exercise in verbal sexual proficiency, it may take the form of peer sexual invitation, or it may find its outlet in an exhibitionistic display of sexuality on the part of the child" (McNeil and Morse, 1964, p. 117)

> An overview of these results suggests that the pattern of incidents clearly follows the expected course of sexual development, with higher rates of heterosexual incidents in adolescent treatment environments and higher rates of homosexual incidents in child settings. (Hargrave, 1991, p. 416)

Hargrave argues that the data support the need for training in child and adolescent sexual development; therapeutic management of sexual behaviour of children in group settings; and agency policy and procedures in such incidents (Hargrave, 1991, p. 416)

Carrey and Adams (1992) carried out an analysis of the patterns of sexual acting out in the psychiatric inpatient ward of the Pierre Janet hospital, Quebec, over a one year period. Sexual acting-out was defined as discrete episodes involving at least two children that consisted of "either sexual intercourse, oral-genital contact, digital penetration, or touching of the other child's genitalia" (Carrey and Adams, 1992, p. 19). Twelve children (out of 32 admissions) were involved in seven episodes, committing a total of 32 acts. Six of the children were involved in more than one episode.

> ... the type of sexual activity included anal penetration (2), oral-genital contact (2), attempted sexual intercourse (1), and fondling (2)... coercion may have been a factor in ... two episodes (Carrey and Adams, 1992, p. 20)

Although numbers are small, the study found that "children with past histories of sexual abuse, foster care, learning disabilities, and lack of parental involvement were more likely to sexually act-out" (Carrey and Adams, 1992, p. 23). Carrey and Adams found that an educational approach was the single most important intervention in dealing with sexual acting-out. Information was provided on physical and sexual development and appropriate sexual behaviour[37],

> Instruction about sexuality is embedded in the overall context of interpersonal relationships linked with tenderness, intimacy, and respect for the other person. Most of these children have linked sexuality with sadistic, aggressive domination or humiliation of the other person (Carrey and Adams, 1992, p. 21)

Although advocating caution about the use of behavioural approaches, time-out, negative reinforcement (e.g. giving children a reward each time they do not engage in the undesirable behaviour), role playing, and use of contracts, were used.

Staff reactions to sexual acting-out "included feelings of anger, betrayal and impotence" and "there were many differences of opinion about what reparative or punitive consequences should follow the acting-out" (Carrey and Adams, 1992, p. 22).

> One partial solution as to what kind of consequence the child should receive depended on whether the acting-out was the result of previous sexual abuse, delinquent acting-out, or age-appropriate sexual exploration (Carrey and Adams, 1992, p. 22).

[37] The issues covered depended on the age of the children, for example, the "preschoolers are not taught about sexuality per se but about respect for their own bodies and the bodies of others and the privacy that can be expected" (Carrey and Adams, 1992, p. 21)

In one case, sexual acting-out "was so out of control that instead of further contamination of the milieu, the treatment team decided to discontinue treatment and refer the child to a more structured setting" (Carrey and Adams, 1992, p. 23).

White (1987) suggests that:

> ... the management of sexual drives, approaches, fantasies, is perhaps the most pressing practical task for staff and clients (White, 1987, p. 53)

He goes on to emphasise the degree to which this affects relationships between staff and young people.

> "What is not perhaps realised by those who have not experienced the group care situation first hand is how much of daily living and planning revolves around the issue of sexual behaviour, taboos and fears. Any member of staff at any time is worried about being alone with a child" (White, 1987, p. 53)

Crenshaw (1988) suggests that one of the most difficult judgements for residential workers is the extent to which sexual behaviour is reflective of a developmentally normal process (such as curiosity about sex or experimentation and sex play of a relatively innocent form) and "to what degree is it reflective of developmental disturbance, characterized by excessiveness, compulsiveness, confusion with aggression, and fusion with drives for power and domination, and intertwined with attempts to manipulate, control, and/or dominate peers." (Crenshaw, 1988, p. 58)

Similarly, the Centre for Residential Child Care (1995) stress that not all sexual behaviour between young people is sexually abusive:

> It is natural for young people to experiment with one another, and to exhibit sexual curiosity (Centre for Residential Child Care, 1995, p. 9)

But "the other side of the coin is that **young people <u>do</u> abuse sexually"** and "just as it is a mistake to see all sexual behaviour as abusive, so there is also a danger in seeing everything as "experimentation"" (Centre for Residential Child Care, 1995, p. 9; see also NCH, 1992, p. 25)

The Centre for Residential Child Care identifies six main reasons why sexual abuse induces such anxiety among residential staff: some young people can talk and act in ways which may be experienced as so sexually explicit, provocative and even seductive that residential workers feel very uncomfortable and awkward in knowing how to respond to it; listening to a young person describing the details of sexual abuse they have experienced can be very hard to take, such that residential workers may understandably want to avoid the subject when the young person raises it; residential workers can at times feel very vulnerable, fearing that it may be alleged they have also sexually abused the young person; residential workers can feel very isolated with the responsibility of trying to provide safe care; in any group of people, there are likely to be adults who have themselves been sexually abused and residential staff are no exception; and the uncertainty around knowing what has happened and whether it was sexual abuse can

provoke anxiety (Centre for Residential Child Care, 1995, pp. 3-4; see also NCH, 1992, p. 17)

Westcott and Clement (1992) found that approximately one-third of the peer abusers in their study had a previous known history of abuse (Westcott and Clement, 1992, p. 14). NCH (1992) suggests that in many residential establishments, abusive histories are not openly acknowledged and the "young people are allowed to develop a 'cover story'". This can interfere with treatment of the abusive behaviour. Openness about what a child has done can raise fears of 'scapegoating', of being ousted by their peer group, or violence. On the other hand, many carers feel that openness is necessary so that other young people can protect themselves against abuse (NCH, 1992, p. 16). The report concludes that if a young person needs to develop a 'cover story', the placement is an inappropriate one (NCH, 1992, p. 34). The report recommends that:

> ... there is a need within the Continuum of Care for the establishment of more specialist residential treatment facilities for children and young people who have abused other children, who are assessed as being in need of this type of intervention. (NCH, 1992, p. 34)

In relation to foster care:

> The Committee recommends that such placements should never be made if there are younger, or developmentally less advanced children or young people in the foster placement (NCH, 1992, p. 36)

Foster carers, furthermore, must have received specialist training in this area of work, although the Committee stated that "there appears to be little, or no specific formal training available for staff or foster carers who are working, or seeking to work in this field" (NCH, 1992, p. 39) Foster carers must also have easy access to support.

Kelly reports that there is often no departmental guidance to residential staff; placement decisions were usually made without consideration of the need to activate child protection procedures; social workers and residential key workers of abused and vulnerable children in many homes were not party to the placement decision; they were not given relevant information about the abuser's history; information was inadequate and often delayed; risk assessments were not done and there was no ongoing monitoring of risk (Kelly, 1995, p. 26).

> Despite a succession of public inquiry reports raising the need for training, it is sobering to think that the vast majority of qualified and unqualified children's home staff have received little or no training in the assessment of risk, in disclosure work or in the treatment of sexually abused and abusing children and young people (Kelly, 1995, p. 27)

Skinner also stresses that where young people who have been abused and young people known to have abused others have to be placed in the same residential unity, there must be careful assessment of the risks, agreed protection plans and appropriate levels of surveillance. Work will also require to be undertaken to enable the young person to accept responsibility for the behaviour and learn more appropriate ways of relating to

others. This has implications for agencies' placement policies, staffing levels, training and supervision and requires access to external expert consultancy. (Skinner, 1992, p. 34; see also Centre for Residential Child Care, 1995). Doran and Brannan (1996) also highlight the need to "assess vulnerability in young people prior to placement" but argue that the "current shrinking local authority provision and climate of public opinion favouring punishment of young people, particularly adolescent boys, militated against good practice in relation to vulnerability issues" (Doran and Brannan, 1996, p. 165).

The Centre for Residential Child Care stress the importance of a culture of anti-oppressive practice, "devaluing people on the basis of gender, race, disability or any other difference between them is unacceptable, be it between staff and staff, staff and young people, or between young people themselves" (Centre for Residential Child Care, 1995, p. 9). It is absolutely necessary for staff to model good, respectful, balanced relationships and young people must be "helped to develop self-respect, and the skills to be clear and firm about what they want and do not want, without becoming aggressive and devaluing to other people in the process" (Centre for Residential Child Care, 1995, p. 9).

> It's... important to challenge openly behaviour and attitudes which they or other people may display which diminish others or misuse power(Centre for Residential Child Care, 1995, p. 14).

There must be honesty about what goes on and who knows and "healthy and open attitudes to sex, which assist young people to develop their own sexuality at their own pace, as they mature, are vital" (Centre for Residential Child Care, 1995, p. 9).

> ... it is not difficult to include information about what is considered acceptable behaviour in sexual terms. This can include issues such as touching, privacy, sexual language, pornography etc. By being specific, you give permission to young people to say "no" to advances by other young people or adults, and you also give a clear message to potentially abusive individuals that their behaviour will not be acceptable or accepted (although they themselves are and will be accepted). (Centre for Residential Child Care, 1995, p. 16; see also Crenshaw, 1988).

Individual care plans and contracts need to include the issue of acceptable and unacceptable forms of behaviour and contact, including sexual ones, between the young person and staff and other residents (Centre for Residential Child Care, 1995, p. 17).

> The Committee also affirm the importance of children and young people in residential care having a programme of preventative education, and an environment which allows for discussion and openness about sexual matters... In residential care, the atmosphere and attitudes of staff play a crucial educative function, and gender issues such as how the young people are treated and the way in which relationships between female and male staff are dealt with should not be played down (NCH, 1992, p. 26)

O'Mahoney (1989) calls for written policies to be available in social services departments and in residential establishments about sexual relationships for young people

in care which will address questions such as what boundaries need to be drawn and what exactly constitutes a sexual relationship. Guidelines need to address relationships between consenting peers of the same age and distinctions need to be made between adolescent experimentation and continuing sexual relationships. The effects of heterosexual or homosexual relationships on the rest of the residential unit need to be addressed and staff "have to know what limitations are placed on a young person's sexual development because he or she is in residential care, who is responsible for their implementation and what supports there will be when conflict arises" (O'Mahoney, 1989, p. 32; see also Crenshaw, 1988; Harrell and Orem, 1980).

Fostering the Sexually Abused Child

The difficulties and problems involved in fostering children who have been sexually abused have been discussed by Macaskill (1991); Roberts (1986, 1989, and 1993) and Batty (1991). Of particular relevance to this review is the incidence of sexualised behaviour. Macaskill's study showed that there was clear evidence of sexualised behaviour in 80 per cent of the 80 cases (Macaskill, 1991, p. 71)

> Sexual overtures from abused children included a range of behaviour from touching the foster or adoptive parents' genital areas, through to demands for sexual intercourse (Macaskill, 1991, p 73)

In over half the placements, some type of sexual activity was directed towards another child in the family (Macaskill, 1991, p. 86). Roberts also discusses this. She writes:

> The most immediate problem for many foster families is that the sexually abused child will teach other children in the home sexual play. Very young children may be particularly vulnerable to being interfered with. At the other extreme, older children in the home may be invited and provoked into a sexual relationship which they do not understand (Roberts, 1986, p. 10)

What effect this behaviour has on the further likelihood of sexual abuse in foster care? A study in the US found that younger children who were sexually abused in foster homes were likely to have been previously sexually abused although this was not as likely for older victims (McFadden and Ryan, 1991, p. 224). Russell suggests that perpetrators of sexual abuse may be able to identify and exploit children who have already been sexually abused and "MacFarlane reports that approximately 25 per cent of the children in one study who were in treatment were revictimized by someone else during the treatment period (personal communication, 1982)" (Russell, 1984, p. 267). In linking inappropriate sexual behaviour to the possibilities of further sexual abuse, however, care must be take not to repeat the argument of the 'seductive child'. Responsibility for the abuse must remain firmly with the perpetrator. Morris and Wheatley (1995) also highlight the particular vulnerability of children who have previously been sexually abused to abuse in foster care (Morris and Wheatley, 1995, p. 59).

It was noted above that stress could be a factor in the sexual abuse of children, and Macaskill points out that fostering for children who have been sexually abused is itself extremely stressful.

> Abused children invaded family life, unsettling established roles and relationships and sapping away the energies of those caring for them. Foster and adoptive parents were especially vulnerable as their tolerance level was often stretched to its ultimate level. Several admitted that it was virtually impossible to estimate in advance how heavy the personal toll would be of caring for an abused child. (Mackaskill, 1991, p. 69)

Benedict et al (1996) compared the child health characteristics before and during the foster care experience in a sample of foster children who were the victims of substantiated maltreatment in foster care with those of a group of children in foster care who were not maltreated. Significantly more children overall with substantiated maltreatment reports during foster care had physical health, developmental, behaviour and mental health problems reported than did the children not reported as maltreated in foster care (Benedict et al, 1996, p. 565).

> This population of foster children, both maltreated and nonmaltreated, had a multitude of health, development and school problems... maltreatment while in foster care was associated with probable exacerbation of existing problems or precipitation of new problems in this foster child sample, particularly for the children who were sexually abused (Benedict et al, 1996, p. 567)

McFadden and Ryan (1991) comment that much of abuse in foster care happens "not in inadequate families but in families stressed by the rigors of fostering, especially sequential overloading" (McFadden and Ryan, 1991, p. 215). They go on to stress the importance of regular reviews which would assess levels of stress in the foster home. This also raises important issues about the need for additional supports and resources to foster carers who are caring for children and young people who are severely troubled and exhibiting disturbed behaviour. The call for foster care to be incorporated into the formal economy as a professional, salaried service (Maclean, 1989; Rhodes, 1993; Robinson, 1991; see also Cavanagh, 1992) has recently led to the establishment of such a service in some departments.

Suicide, Self -Harm and Deaths in Care

Suicide and self-harm of young people living away from home is of continuing concern. Most attention has been paid to this in penal institutions. During 1993-94, “at least 12% of young people in Young Offender Institutions (YOIs) were recorded (907 incidents) as having deliberately harmed themselves” (Howard League, 1995b, p. 2). The suicides in 1990-91 of Philip Knight, Jeffrey Horler and Craig Walsh, all 15 year old boys in prison (Howard League, 1995b), through to the deaths of Kelly Holland and Arlene Elliott, 17 year old girls in Cornton Vale have highlighted the vulnerability of young people incarcerated in prison (Galloway, 1997)[38].

[38] These were followed by the deaths of four young women aged between 19 and 26 in Cornton Vale (Galloway, 1997)

A study of suicide attempts and self harm in a representative sample of 16 prison establishments in England between July 1991 and June 1992 identified 305 incidents involving 248 prisoners (Liebling and Krarup, 1994, p. 39; Liebling, 1995, p. 175)[39], The study found that 43 per cent of the prisoners were under 21 whereas 17 per cent of the average daily prison population in 1991 and 31 per cent of annual receptions into custody were under 21 (Liebling, 1995, p. 176)[40]. The youngest person was 14 years old (Liebling and Krarup, 1994, p. 40)

The Howard League Commission found widespread self-harm throughout the prison system. The majority of those who self-harm are young and includes two thirds of all female prisoners (Howard League, 1995a, p. 57). While some young people have serious behavioural and psychological problems which the Prison Service cannot address or have deep-seated personal problems which cannot be resolved while they are in prison, most self-harm and suicide attempts are a response to pressures within the prison system and bullying (Howard League, 1995a, p. 60). Liebling studied suicidal behaviour in four young offenders institutions. A group of 50 prisoners who had attempted suicide were interviewed as well as a randomly selected control group (Liebling, 1992; 1993). Those who had attempted suicide had fewer qualifications from schools (most had difficulty in reading and writing). They were more likely: to have been involved in violence at school and have been the victims of bullying; to have been in local authority care; to have received psychiatric treatment and to report major alcohol and drug problems; and to have injured themselves before coming into custody. The suicide attempt group were also more likely to have spent time on remand; described themselves as more isolated in prison; and were far more likely to report difficulties with other inmates (Liebling, 1992, pp. 14-15; 1993, pp. 392-394).

> The most significant point to emerge from the responses to questions about the experience of imprisonment was the consistency with which the subject group were (and felt) worse off than their fellow inmates in terms of the availability and desirability of work, education, PE, and other methods of occupation.. They did not see as many opportunities for themselves in prison, nor did they seem able to make constructive use of their time. The combination of practical constraints and their own lethargy left them helpless and resourceless in the face of hours of unfilled time. Inmates in the subject group appeared to be less able to occupy themselves constructively when locked in their cells. They felt more bored, did less, got more bored as the sentence went on, and yet spent more time there. If there is a vulnerability factor not yet explored in prison suicide research, this must be one of the most significant (Liebling, 1993, p. 394)

Liebling argues that a "new understanding of risk should be based on the notion of vulnerability to suicide" and may be "reframed in terms of inmates' coping ability" (Liebling, 1993, p. 403). She differentiates between three groups of prison suicides: the psychiatrically ill, life/long sentence prisoners, and `poor copers'. The `poor copers'

[39] However, Liebling also writes that the "data recieved were not a complete sample: regular checking... suggested that the data were unevenly incomplete for particular establishments and/or at particular times during the year" (Liebling, 1995, pp. 175-176)

[40] The figure for the percentage of prisoners aged under 21 is different in the two papers, Liebling and Krarup give the figure as 52% (Liebling and Krarup, 1994, p. 40)

have a lower age profile, "constitute the most numerous group of prison suicides and... the significance of the immediate prison situation may be most acute in these cases" (Liebling, 1995, p.182; see also Power and Spencer, 1987).

In relation to residential care, the Dolphin Project consultation with 45 young people looked after in three local authorities found that just under one-fifth (18%) "made unsolicited statements saying they had undertaken acts with the intention of ending their life" (Buchanan et al, 1993, p. 81). The report also presents figures from unpublished research that 20% of 11-17 year olds presenting at accident and emergency departments were `looked after' young people and that "75% of the repeaters, that is those who had been seen previously as a result of an act of deliberate self harm were in residential care" (Buchanan et al, 1993, p. 81). Kendrick (1995) discusses the breakdown of residential placements and found that self-destructive behaviour such as self-mutilation or suicide attempts were involved in a small number of cases and three of the thirteen secure care placements in the study were because of self-destructive behaviour (Kendrick, 1995, p. 80).

The Howard League Commission found that there were issues of self-harm in secure accommodation although "there was very little evidence of self-harm as a response to bullying" and it "is widely believed that much of the self-harming seen in secure units is related to a past history of abuse" (Howard League, 1995a, p. 79). The main response to self-harm involved providing constant observation, counselling and referral to specialist agencies but the Commission was concerned about the lack of proper training for staff. The review of secure care in Scotland presents information on 74 young people in secure care on a date in 1994[41]. 62 of the 74 young people (83%) were considered to be a risk to themselves - 15 of the 16 girls and 47 of the 58 boys (Social Work Services Inspectorate, 1996, p. 20). The review of secure care also looked at cases of children who had died in care since 1989 and examined information on young people aged 11 or over whose deaths were not from natural causes[42]. The causes of death "included drug overdoses, solvent- and drug-related deaths, road traffic accidents where the child had taken a risk (for example by being a passenger in a stolen car), hangings and murder.

Preventing Suicides and Self-Harm

In response to the sharp increase in the numbers of prison suicides in the 1980s, the "Prison Service with the support of the Samaritans decided on a fundamental change of direction" (Biggar and Neal, 1996, p. 209). In 1991, it established the Suicide Awareness Support Unit and the Samaritans appointed a full-time Prison Liaison and Development Officer. The death of Phillip Knight in Swansea Prison led to the development, with the involvment of community representatives and prisoners themselves, of the Listener Scheme where prisoners were supported and trained by the Samaritans "to befriend other prisoners not so fortunate or skilled at coping with prison life" (Davies, 1994, p. 126; see also Biggar and Neal, 1996).

[41] This date is not specified

[42] The review does not give figures for deaths of children in care or for those who had not died from natural causes.

> The prisoners called themselves **Listeners**, for that is what they were called on to do. Like their Samaritan colleagues in the community, the Listeners were to shoulder the burden of others (Davies, 1992, p. 19).

The young offender wing, however, was not represented on the Listener Scheme because "it proved impossible to select a suitable candidate from this age group... and all four Listeners situated on `normal' location were regularly called to the young offender unit to respond to individual cries for help" (Davies, 1994, p. 127).

In the first 12 months there was a 50 per cent reduction in the incidence of serious self-harm and there were no deaths. While a number of other changes have taken place alongside the Listener Scheme, "it is widely acknowledged that the scheme has played an important part in the changes that have occurred at Swansea" (Davies, 1994, p. 128). Davies also stresses that the Listener scheme has brought about a change in the climate in the prison, chipping "away at traditional assumptions of **them** and **us"** and promoting prisoner involvement:

> Listeners are actively involved in planning, implementing and decision-making in key areas of a prisoner's life. Give prisoners responsibility and they are likely to respond constructively, humanely and professionally. (Davies, 1992, p. 21)[43]

Liebling argues that the recognition of significance of the environment in self-harm and suicides means that

> ... prevention strategies may take on a broader and more supportive approach... For many prisoners, support may be offered in the form of contact, activity and time spent listening (by staff, prisoners, or others...). Many of the more immediate `solutions' to suicide risk may be located on wings rather than in health care centres. Multi-disciplinary teams able to co-ordinate health care, probation, psychology, and regime-based provision for those at rist are well placed to make the necessary connections between `suicide awareness' and other related policy areas such as sentence planning, throughcare, incentives, and `positive regimes'... (Liebling, 1995, pp. 181-182)

The Support Force for Children's Residential Care stress that it is important for staff not to view self-harming behaviour as an indication of a failing placement but rather "in terms of work in progress" (Support Force for Children's Residential Care, 1996, p. 81)

> For the majority of children and young people demonstrating these behaviours, it is likely that they will have low confidence, poor self esteem, and few interests. A pro-active approach by residential staff will ensure that these problems are faced in a systematic and planned way that avoids a jollying-along approach (Support Force for Children's Residential Care, 1996, p. 81)

Appropriate referral to the general practitioner, in the first instance, and to a consultant is essential.

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[43]Samaritan branches are now involved in all prisons and young offender institutions in England and Wales and by 1996 there were 83 Prisoner-Befriending Schemes (Biggar and Neal, 1996)

Alcohol and Drug Abuse

Heads of secure units in Scotland "said that half of the young people in secure accommodation were having problems with drug, alcohol or substance abuse" (Social Work Services Inspectorate, 1996, p. 39). However, only one unit had a written policy on the management of problems associated with alcohol, drug and substance abuse, and only three units "reported that their staff were trained to identify and cope with the unpredictable or disruptive behaviour which results from being drunk or using drugs or solvents" (Social Work Services Inspectorate, 1996, p. 39).

> Children in care find alcohol and other dangerous substances particularly attractive and are at risk of harming themselves and others, including the risk of death. (Social Work Services Inspectorate, 1996, p. 39).

Since 1993, two young people in secure care have died as a direct result of drug, alcohol or substance abuse; one of them was on home leave (Social Work Services Inspectorate, 1996, p. 40). The review recommended that:

> All care and education staff in secure units should receive training in how to deal with drug, alcohol and substance abuse...
> Each unit's quality development plan should include a section on drug, alcohol and substance abuse which sets out targets for action and a timetable (Social Work Services Inspectorate, 1996, p. 41).

Grimshaw and Berridge found that "solvent abuse was alleged in a maximum of nine per cent of cases (by care staff) but children and teachers both put it as low as three per cent.... alcohol abuse was alleged in a maximum of 24 per cent of cases (by care staff) but teachers perceived it in six per cent, slightly lower than children" (Grimshaw and Berridge, 1994, p. 106)

In their study in a young offender establishment, Skett et al found that three-quarters (49) of the 65 prisoners admitted using drugs and all respondents "agreed that drugs were readily available inside, especially cannabis" (Skett et al, 1996, p. 9). Over one-third (37%) of the total sample admitted to using cannabis at least once a day and 11% admitted to taking amphetamines every day. The authors comment on the specific issue of "bullying and taxing (particularly in a young offender institute), related to the possession, concealment and exchange of drugs and currencies (Skett et al, 1996, p. 9).

The Support Force for Children's Residential Care consider that residential staff will need information about preventing drug and solvent abuse and to be able to recognise the signs and symptoms. They will need counselling skills but also access to specialist counselling services. Drug-related issues should be discussed with children and young people, working towards preventing experimentation. A "heavy approach, with grim and dire warnings of the dangers of drugs and solvents" may not have the desired effect as it may glamorise them. They should be aware of their responsibilities as a role model and also be constantly vigilant (Support Force for Children's Residential Care, 1996, p 103)

Control, Sanctions and Physical Restraint

Setting Limits, Defining Boundaries

> Setting limits, and defining boundaries are important aspects of proactive residential care. These activities should be carried out as positively as possible (Support Force for Children's Residential Care, 1996, p. 52)

Inconsistency in responding to children and young people in residential care, because of a failure to set clear boundaries, can have very damaging implications. However, this does not mean that the more rules and regulations there are, the better it will be for the children and young people and "residential units/homes should have only those rules and limits that are absolutely necessary for reasonably smooth day-to-day operation" (Support Force for Children's Residential Care, 1996, p.52). It is important the children and young people know who is setting the limits and why; whether they can have a part to play in deciding the limits; exactly what the limits are; what will happen if they are not adhered to; that the limits will be consistently applied; and who benefits from them and why. Children and young people also need to be prepared in terms of the less obvious boundaries which apply in social situations outwith the residential home (Support Force for Children's Residential Care, 1996, p. 53)

Rewards and Positive Reinforcements

In reinforcing rules, it is important to "make greater use of rewards and positive reinforcements, and only use sanctions and punishments where absolutely essential (Support Force for Children's Residential Care, 1996, p. 58). Members of residential staff can provide positive reinforcements by:

- recognising that something has been attempted or achieved, and acknowledging it. This can apply whether it relates to something practical, personal, or social.
- saying "Thank you" for complying with a request
- saying "Thank you" for any small courtesies, given voluntarily
- giving encouragement in the form of feedback during a task

(Support Force for Children's Residential Care, 1996, p. 59).

Kahan comments that "the most successful rewards in any school or home are those provided by staff who recognise effort and provide genuine praise and support for what a child is doing" (Kahan, 1994, p. 108). Swanson and Richard suggest the following guidelines in giving praise: make eye contact; be sincere; praise the specific behaviour; give praise immediately; gradually increase praise; do not contaminate praise (e.g. by saying "Why didn't you do that before"); and vary the wording so praise does not become repetitious and meaningless (Swanson and Richard, 1988, p. 80).

More tangible rewards may also be needed, particularly for severely damaged children and young people.

> ... it is worth remembering that it will be necessary to vary these rewards according to the individual. Even where the behaviour of two children or young people is similar, they may need different rewards in order to motivate them. (Support Force for Children's Residential Care, 1996, p. 59).

It is important that any system of rewards is clear to the child or young person and linked explicitly to the specific improvements in behaviour which are expected (Kahan, 1994; see also Swanson and Richard, 1988).

A Positive Ethos

Millham et al (1981) argued that it is the 'ethos' of the establishment which effectively controls:

> ... by fashioning a system of mutually held expectations, values and norms of conduct which exercise restraint on members. Control in a community home rests, as it does in a family, in demonstrating that within its walls a child receives more physical care, more love, understanding and encouragement than he is likely to experience outside (Millham et al, 1981, p. 48)[44].

Young people must perceive that they are getting tangible benefits from the experience of residential care.

> Children's short-term instrumental preoccupations mean that they can be controlled by manipulation of rewards and sanctions which are immediate and tangible. Rules should be clear and self-evident, reiterated by staff but open to discussion with the children and holding the possibility of change (Millham et al, 1981, p. 49)

While there is no prescription for creating a positive 'ethos' in a residential establishment and there are many varied ways of establishing a caring and safe 'ethos', the authors suggest that there are five features which seem to be common to all successful establishments:

> "...(a) Young people should feel enriched by their residential experience in which they should perceive some caring role.
> (b) The pupils see themselves as acquiring clear instrumental skills during their stay in care.
> (c) Pursuit by the institution of a set of goals which are matched to the primary rather than to the secondary needs of the children. That is to the needs which necessitated absence from home rather than those brought about by living away. The aims are reiterated in a wide variety of ways and permeate the whole control process.

[44] Agnew also stresses the influence of a negative school ethos and dominant `male' values on increased aggressive behaviour and bullying (Agnew, 1989)

(d) Effective institutions demonstrate some consensus amongst staff, pupils and parents about what these goals should be and how they should be achieved. To maintain this consensus, leadership should be clear and consistent. Staff should be reminded of the strengths of residential care as well as warned against its weaknesses.
(e) The institution should make efforts to fragment the informal world of children by a variety of structural features. This may be by creating small group situations, by appointing senior children to positions of responsibility or by close staff/pupil relationships." (Millham et al, 1981, p. 52)

The Influence of the Organisation on Staff Attitudes

Krause (1974) studied the relationship between staff attitudes on authoritarianism, dogmatism and coercion and the type of institution in which they were employed and the position held in the institution and found that there was a clear association.

> Child care workers, regardless of their education, age or experience in the institution, selected alternatives for handling problems on the basis of the type of institution in which they were employed. For example, regardless of age and background characteristics, child care workers in Intensive Treatment programs selected mainly normative handling alternatives, while child care workers in Group Care programs selected mainly coercive handling alternatives (Krause, 1974, p. 28)

While it was originally assumed that individuals who scored high on authoritarianism and dogmatism would favour more coercive handling techniques, this was not supported by the findings. This suggests that "specific attitudes regarding compliance orientations developed as a result of socialization experiences in the institution and were not determined by basic attitudes" (Krause, 1974, p. 29; see also Baldwin, 1990) and the author stresses the importance of staff training, supervision and communication in influencing the attitudinal climate of the institution.

Rindfleisch and Baros-Van Hull also studied direct care workers' attitudes toward the use of physical force with children and the findings were somewhat different to those of Krause (Rindfleisch and Baros-Van Hull, 1982). One hundred direct care givers in 15 children's homes in Ohio completed a self-administered questionnaire to examine the relationship between a number of social factors and attitudes toward the use of physical force.

> Five factors were found to be uniquely associated with willingness to use force:
> 1. Amount of resentment toward the children;
> 2. Management of routines of everyday life in an organization-centered way;
> 3. Seldom or never participating in decision making in the facility
> 4. Size of the community in which the direct care giver was reared; and
> 5. Age of the care giver.
>
> (Rindfleisch and Baros-Van Hull, 1982, p. 120)

The authors suggest that the higher levels of willingness to use force by older carers "can be interpreted as an effect of their having come to maturity at an earlier period, when use of force was widely supported in the society as a normal means of care giving" (Rindfleisch and Baros-Van Hull, 1982, p. 121). However, it can be seen that two of the factors are organisational and the authors suggest that increasing carers' participation in decision making and individualising children's care will lower the amount of force likely to be used. They also suggest that, based on the findings about resentment toward the children, care giving may "flow less from generosity and concern with the needs of children, but more on the basis of the care giver's feelings of equity and inequity resulting from the exchange between him/herself and the children (Rindfleisch and Baros-Van Hull, 1982, p. 121). They link this to burnout which is characterised by hostility toward clients and agency, apathy, detachment of oneself from client problems and duties on the job, negativism, lack of attentiveness, increased absenteeism, cynicism, and little motivation to perform well on the job (Rindfleisch and Baros-Van Hull, 1982, p. 122). The authors again stress the importance of selection and training procedures in establishments.

Averting Crises

Katz (1988) stresses the importance of identifying the situations, events or experiences that may underlie or trigger crisis-related episodes and of helping children and young people to develop skills in handling such situations that might otherwise develop into crises (Katz, 1988, p. 48). Certain general situations are seen as placing some children at greater risk of out-of-control behaviour: transition periods; perceived competitive situations; home visits or family visits; perceived change in a relationship with a team member; stressful situations ; or a decrease in the level of supervision (Katz, 1988, pp. 34-35). When triggering events have been identified, children can be helped to become more aware of them and to anticipate and plan for situations that they find particularly troubling. Children can also be helped to recognise emotional warning signs and to learn and use more effective responses to emotionally difficult situations (Katz, 1988, pp. 42-47)

Sanctions

> "Ill-considered and inappropriate discipline can increase the psychological damage already experienced by children in residential care and where knowledge exists, alternative rule of thumb methods should have no place" (Millham et al, 1981, p. 1)
>
> ... effectively controlled institutions and successful staff are characterised by the sparing use of sanctions" (Millham et al, 1981, p. 48)

Sanctions must be clearly defined and, wherever possible, be both immediate and consistent. Equally, they must be achievable as it is pointless to make threats which cannot be carried out. Again, sanctions and punishments must be appropriate to each child and young person and must be relevant to the problem, although there may be a tension between consistency of sanctions and responding to the individual child. Kahan (1994) states that it is likely to be better to deal with each event as seems most

appropriate at the time so that the child can understand the connection between the `offence' and the sanction and each day can be seen as a new start (Kahan, 1994, p. 108). A punishment for an individual should not affect the rest of the group. Sanctions in the form of withdrawal of privileges are suggested to be the most effective (Kahan, 1994, p. 109) and the Support Force for Children's Residential Care suggest that a range of sanctions might include: reproof; reprimand[45]; reparation; and loss of privileges (Support Force for Children's Residential Care, 1996, p. 61; see also Swanson and Richard, 1988).

> Our authority will come from being true to ourselves, expressing concern and disapproval in a personal and authentic way. In order for our disapproval to mean something to another person, on its own and without a complicated and impersonal system of sanctions to back it up, we have to build relationships on mutual affection, respect, trust, acceptance and commitment (Burton, 1993, p. 69; see also Harrell and Orem, 1980)

The Use of Sanctions

Skinner (1992) lists the range of measures used in residential establishments: restricted leisure activities (82% of establishments); early to bed (74%); physical restraint (67%); control of pocket money (62%); extra tasks (46%); isolation (20%); withholding of normal clothing (11%); grounding/staying in unit boundaries (6%); reduction in family contact (5%); loss of home visits (4%); reparation for damage (4%) (Skinner, 1992, p. 64; see also Harvey, 1992).

The draft guidelines on care sanctions and restraints (Skinner, 1992) lists controls which are not permitted..

> *1. No young person regardless of age should be subjected to any form of physical punishment, or the threat of physical punishment. No young person should be hit or smacked* (Skinner, 1992, p. 98).

Millham et al (1981) argue that corporal punishment is inappropriate for a number of reasons. Firstly, "difficult children and adolescents can be and are controlled by means other than corporal punishment" (Millham et al, 1981, p. 37). They also argued that those establishments which made use of corporal punishment tended to be ineffective when measured by other criteria such as rates of absconding and other disruptive behaviour. Finally, they argue that there is evidence that corporal punishment is generally applied to those children who are least likely to be affected in a positive way by it (Millham et al, 1981, p. 38).

> *2. No young person should be deprived of any meal, nor should normal planned menus be modified or altered for the purposes of punishment* (Skinner, 1992, p. 98)

[45] Swanson and Richard suggest that "soft reprimands, ones that only the child can hear, are more effective in reducing disruptive behavior..." and although "soft reprimands initially require more work, they usually "pay off" in terms of the child's showing more positive behavior and the staff's having to reprimand less" (Swanson and Richard, 1988, p. 84)

> *3. No young person should be deprived of contact with any professional e.g. field social worker, lawyer, doctor* (Skinner, 1992, p. 98).

Isolation was at the very core of the `pindown' regime in Staffordshire and also involved restricting access to fieldworkers and other professionals. Children and young people in Leicestershire children's homes were similarly deprived of contacts with professionals (Levy and Kahan, 1991; Kirkwood, 1993).

> *4 Depriving a young person of contact with parents or adults with whom they have a significant relationship should never be used as a sanction; this includes, for instance, cancelling home leave* (Skinner, 1992, p. 98).

Millham et al (1981) also identified limiting access to parents, friends and relatives as an inappropriate sanction and although they suggested that denial of home leave was only considered appropriate in situations where serious offences had occurred as a direct result of being on leave.

> Any opportunity to keep family and other relationships going or to foster new ones should..., be sought by the residential institution and by the child's field social worker. This curtailment of family and neighbourhood contacts for short-term control ends might be effective but will make ongoing relationships more difficult (Millham et al, 1981, p. 44).

> *5. Withdrawal of communication or positive engagement ("being sent to Coventry") should not be used* (Skinner, 1992, p. 98)

Again, this was central to the regime of `pindown' in Staffordshire with extremely damaging results (Levy and Kanhan, 1991)

> *6 No young person should be sent to bed early. This can be a more frightening and lonely experience than may be evident from the young person's behaviour. It is effectively unsupervised exclusion from the group and therefore carries potential dangers. Young people may be disallowed from staying up late to watch T.V. etc.)* (Skinner, 1992, p. 98)

> *7. Withholding or use of medication, or medical or dental treatment, should not be used as a sanction* (Skinner, 1992, p. 98)

Millham et al considered that the use of drugs was not appropriate for the control of children since: "... a need to sedate young people often reflects a failure to establish relationships within the home and arises out of other problems in the institution such as staff shortages or inexperience" (Millham et al, 1981, p. 47). Moss et al (1990) identified the use and abuse of sedation to be a widespread practice, particularly in adolescent psychiatric units (Moss et al, 1990, pp 6-7). Complaints about the methods used in St Charles Youth Treatment Centre included the injection of sedative drugs against the young person's will and by force and these complaints were upheld by an independent inquiry (Howard League, 1995a, pp. 88-89)

> *8. Humiliation in any form should not be used* (Skinner, 1992, p. 98)

Millham et al (1981) also considered that the threat of transfer or threat of removal to another residential setting was also considered to be unacceptable.

> As a threat, it is widely used and, sadly, transfer itself is frequently employed to rid the institution of difficult children. Unfortunately, it creates a problem child out of one that is initially merely irritating and testing-out (Millham et al, 1981, p. 41)

Millham et al (1981) suggest that group punishment "is effective in checking a general drift of indiscipline - a growing casualness on the part of the children which is highlighted by some obvious deficiency" (Millham et al, 1981, p. 42). However, the use of group punishments to get an individual to own up to a misdemeanour was not thought to be warranted.

The use of public disapproval was considered to be appropriate only "when it is an integrated part of an institution's philosophy and related to its implemented goals" (Millham et al, 1981, p. 44). In other situations, "such sanctions can crystallise a 'we and them' polarity" (Millham et al, 1981, p. 45). In a similar vein, the authors:

> "... would discourage the hostile identification of children in other ways such as forcing them to wear unusual clothes or to eat alone. Keeping boys in pyjamas to discourage their absconding behaviour still seems a popular control device in some institutions and can last for several days" (Millham et al, 1981, p. 45)

The 'pindown' experience in Staffordshire showed the degree to which inappropriate sanctions can become routinised, not just in terms of controlling severely disturbed and violent young people, but as a knee-jerk response to any child who is perceived as not conforming to the rules.

Skinner (1992) stresses that for all staff the development of skills in setting clear limits for acceptable behaviour, and the use of appropriate sanctions and controls is essential. Induction training should include training on the establishment's approach within the context of agency policy and guidelines and should emphasise the importance of consistency in the staff team's approach. It should also cover how staff can raise concerns about inappropriate sanctions and controls used by other staff.

Restraint and Holding

> **Seán**
> *"I was physically assaulted by residential workers when they were trying to `restrain' me. This happened all the time. They'd `restrain' you to make sure you went along with their instructions. Physical assaults were just a routine part of the home's discipline procedure"*
> (Safe & Sound, 1995, p. 6)

> ... residential staff should not take action to restrain a child or young person except as a very last resort (Support Force for Children's Residential Care, 1996, p. 89).

80 per cent of the young people in the NAYPIC survey complained of forcible restraint which they felt was unnecessary.

> Most young people felt that staff went far further than was necessary. They also felt restraints were used for petty reasons, like one girl who told us four male staff had restrained her for running in a corridor (Moss et al, 1990, p. 6)

The Howard League Commission found that the use of physical restraint in secure units varies considerably and "some units still appear to use it virtually every day while in others, it is very rare" (Howard League, 1995a, p. 81). Grimshaw and Berridge, in their study of residential schools, gave a number of examples where physical restraint was used "where the circumstances included children's attempts to move out of a supervised area or to refuse compliance with the routine" (Grimshaw and Berridge, 1994, p. 94)

> In these cases there is room for doubt about the extent to which these actions were in keeping with the spirit of the guidance and regulations issued under the Children Act 1989... (Grimshaw and Berridge, 1994, p. 94)

Leadbetter (1996) suggests that the issue of physical restraint has remained a taboo subject in many agencies.

> The historical tendency has been to "individualise" the question of the management of challenging behaviour. To frame it simply as a matter of individual staff competence with risk viewed as simply "part of the job". This perspective has effectively de-emphasised the role and responsibilities of the agency and focused the responsibility for risk assessment and intervention on the individual staff member, who inevitably remains in the frame when things go wrong (Leadbetter, 1996, p. 36; see also Ross, 1994)

The failure to produce practical guidance and training, he suggests, is likely to drive practice underground and to reinforce the high levels of stress experienced by staff who deal regularly with challenging and difficult behaviour.

Lindsay (1996) stresses that while the most important parts of a policy involving physical restraint are those which "relate to avoiding, de-escalating and debriefing after incidents involving violence", physical restraint is sometimes necessary and has to be a part of the policy. Policy also needs to be linked extremely closely to training and management. Unless policy is absolutely clear and specific:

> …staff will lack confidence, being unsure what the agency wants them to do in difficult situations…
> …Young people will be unclear about how difficult behaviour of any sort will be responded to…
> … Restraint techniques will be used which are inappropriate and/or hidden…

… Restraint may not occur when it should do...
(Lindsay, 1996, p. 8)

Lindsay suggests that the criteria for selection of a method of physical restraint should be considered from the perspectives of: young people; staff; managers/agency; and general issues. From the perspective of young people, the method must take account of: dignity (avoiding humiliation and `loss of face'); effectiveness (must work, so young people feel it will restore control rapidly); safety (must minimise risk of injury); pain (must not deliberately use pain); clarity (must be easy to understand so young people know in advance what will happen if restraint is used); release (can be safely and gradually released as the young person regains control); `onlookers' (avoids danger to other young people in the vicinity) (Lindsay, 1996, p. 9).

From the perspective of staff, it must take account of: dignity (allowing staff to feel comfortable in its use); effectiveness (must work so staff can predict results in any situation); safety (must minimise the risk of injury); learning (must be relatively easy to learn); simple (must be easy to apply in a range of situations; confidence (must result in staff feeling more confidence in handling these situations (Lindsay, 1996, p. 9).

From the managers' and agency viewpoint, it must be: acceptable (to staff and young people); accountable (specific enough to allow monitoring); learning (must be easy enough to teach rapidly and get thorough coverage of staff); practical (must be possible to do with the number of staff available (Lindsay, 1996, p. 10).

In general, the method must take account of: size/age (must be appropriate to the size and age of children and young people; gender (must be appropriate for use with different genders); cultural/religious issues (appropriate to different cultures and religions of children and young people); abuse (must take account of children and young people who have been abused); physical factors (account must be taken of disabilities and medical issues); environment (must be possible within the envisaged environment (Lindsay, 1996, p. 10).

In discussing technical aspects of physical restraint, Leadbetter (1996) comments that "in the absence of regulation, the decision about which method of physical restraint is acceptable within any care sector agency rests on the judgement of responsible managers and politicians" (Leadbetter, 1996, p. 34). However, rigorous published research on the safety of different approaches is not available. Stark (1996) found that "there was no information available to allow comparison of injury rates to clients and staff using different restraint techniques" (Stark, 1996, p. 29). Following allegations that at least 6 children had suffered broken bones during restraint at Aycliffe, the methods in operation were prohibited. However, The Howard League Commission found evidence that arm and wrist locks were still being used by staff (Howard League, 1995a, p. 83)

Leadbetter states that there are basically four approaches which have been used as the basis of a restraint system

- The immobilisation of the subject by the use of weight or strength

- The restriction of movement of the long bones by some form of hold or lock
- Maintaining the subject in an off balanced position
- The use of pain compliance

(Leadbetter, 1996, p. 40)

Leadbetter poses four key questions which must be asked of any technique or system: are the techniques being taught effective?; do they contain specific foreseeable risks?; are the techniques ethical?; are they appropriate to the specific setting? (Leadbetter, 1996, p. 41)

In relation to the issue of effectiveness, Leadbetter stresses that any approach must offer a realistic chance of success since a situation will be escalated and prolonged if an approach is not successful. It is essential that restraint systems offer a selection and hierarchy of responses which can be matched to situations of escalating behaviour. Similarly, the ability to easily and progressively relax techniques is crucial (see also Kahan, 1994, pp. 130-131). Leadbetter suggests that a number of technical factors will influence the question of effectiveness: an effective technique will minimise the subject's freedom of movement since the more limbs which are unrestrained, the greater the risk of injury to all parties; the grips used must be secure which invariably requires two points of contact with the grasped limb, the grip closed and the hands opposed; and probably with a very resistant subject floor restraints offer a greater degree of security but it is absolutely essential that if a restraint involves a descent to the floor that the restrainer is able to control their own balance since uncontrolled descents are a significant source of potential injury (Leadbetter, 1996, pp. 42-43)

In terms of the safety of a technique, Leadbetter cautions that no system can offer an unequivocal guarantee of safety since there are too many variables involved. Stark (1996) identifies the main issues in relation to injuries associated with restraint techniques. Restraint methods should offer protection to the head, neck, airway and abdomen since damage could lead to severe injury or death. Other potential injuries include injury to a long bone (e.g. arm or thigh) such as a spiral fracture resulting from the long bone being twisted further than anatomically possible; joint injuries to bones, tendons or ligaments resulting from moving the joint further than it usually moves or forcing it in a direction other than its normal movement. Small joints (such as those in the wrist or hand) are vulnerable to injury because large pressures can be exerted at one point (Stark, 1996, p 31-32).

Leadbetter lists commonly reported sources of injury as including: involvement of excessive staff numbers; failure to co-ordinate the intervention of staff; failure to give explicit protection to the head of the restrained person; the application of weight or pressure to the back or abdomen; failure to control descents; wrist injury. He stresses that the safety of both staff and young people require equal consideration (Leadbetter, 1996, p. 43). It is essential that all residential staff are appropriately trained. Leadbetter emphasises that there is clear evidence that staff competence will decrease over time, highlighting the need for periodic update training (Leadbetter 1996. p. 44)

Ethical issues about restraint techniques probably require the most difficult judgement since some techniques, even if effective, will be inappropriate in relation to specific

children and young people because of differences such as age, gender, health, disability, or previous experience of physical or sexual abuse. Staff must be aware of a child or young person's: history (e.g. physical or sexual abuse); fears or phobias; size and maturity; state of health; state of mind (whether they are under the influence of alcohol, drugs, solvents, etc.) (Support Force for Children's Residential Care, 1996, p. 90).

Some techniques may also be more likely to compromise the dignity of the young people and careful consideration needs to be given to the use of certain techniques, including:

- All Techniques which involve `flooring'.
- Techniques which involve holding the trunk such as Bear Hugs.
- Techniques which involve `straddling' a young person on the ground.
- Techniques which involve pain compliance such as wrist locks
- Techniques which push a young persons face into the floor

(Leadbetter, 1996, p. 45)

Finally, Leadbetter discusses the question of whether approaches work for a specific care setting. He identifies a number of issues for consideration. The age, needs, size and potential risks of specific resident groups must be taken into account. The composition of the staff group and the number of staff on duty at any one time is also an important consideration. The physical layout of the building is crucial and the environment in which incidents occur (for example, confined spaces such as corridors or rooms where there are hard floors) will determine the practicality and safety of particular techniques (Leadbetter, 1996, pp. 45-46)

In the prison service, training on physical "control and restraint" (C & R) methods "is a key part in the nine weeks basic training received by every prison officer. This reflects the emphasis on security and physical control implicit in the concept of imprisonment" (Howard League, 1995a, p. 43). A number of prisoners complained of excessive force being used during restraint and the Commission concluded:

> ... it appears to be no accident that restraint is used less routinely in the institutions with better developed anti-bullying policies... In any event, it is a matter of some concern that prison staff routinely resort themselves to potentially dangerous restraint measures when it is not required as a matter of urgency to protect someone from serious injury (Howard League, 1995a, p. 44)

Creating A Safe and Secure Environment

> The establishment of an environment in which young people feel safe and secure is the first priority. This entails the establishment of routines within the unit and definitions of acceptable behaviour which are understood by everyone - both staff and young people. Security is provided for children and young people through continuity of care and experience in an environment which is predictable and consistent, Physical and emotional security are the basis for healthy growth and development and residential care must provide this before anything else can be achieved (Skinner, 1992, p. 62)

Mercer (1982) stressed that most approaches to institutional abuse at the time he wrote, emphasised reporting, investigation and correction of incidents and that this must be:

> ... followed up by more comprehensive thinking about the problems of residential facilities, about measures to prevent abuse, and finally about positive, rather than negative, constructs for improving the quality of care in residential facilities (Mercer, 1982, p. 128)

Daly and Dowd stress that a harm-free environment is not only free from abuse and neglect "but also promotes children's rights and offers children the opportunity to receive care and treatment that promote spiritual, emotional, intellectual, and physical growth" (Daly and Dowd, 1992, p. 489). The Support Force for Children's Residential Care highlight the importance of creating an "aware culture" which includes "the elements necessary for a positive care environment, and the shared awareness that staff need to have, to reduce the possibility of children and young people being abused" (Support Force for Children's Residential Care, 1996, p. 83). However, the Social Services Inspectorate was concerned that child protection within the homes and the potential which exists for abuse were not as high on the agenda of staff as one might have expected (Social Services Inspectorate, undated b, p.,28)

The Support Force for Children's Residential Care identified a number of areas to reduce the risk of abuse. Exclusiveness and secrecy in relationships between young people and adults should be challenged. Taking children and young people home should be generally discouraged but if it is to happen it should be an integral part of the care plan and closely monitored. Trips and outings should be spread across the staff group and there should be careful monitoring if a member of staff is closely linked to a particular young person or group of young people or frequently comes in while off-duty or volunteers for extra duties. There should be clear guidelines about appropriate privacy boundaries in relation to personal care and hygiene activities and access to bedrooms. No pornographic or erotic materials should be held on the premises and children and young people should always be appropriately dressed in photographs. Staff need to be aware of what constitutes normal sexual development patterns and when these are being breached. There needs to be awareness of the impact of sexual abuse on children and young people. The establishment needs to operate with an anti-oppressive environment; where sex can be talked about as part of

health development; and where children and young people can express their concerns (Support Force for Residential Child Care, 1996, pp 84-86).

> An atmosphere of open communication is essential for the prevention of child sexual abuse since, almost by definition, sexual abuse demands a closed, secretive environment... Residents need to feel that staff will work hard to understand their communication and that staff will help youngsters distinguish what is real from what is imagined without being afraid to hear what is real (Suskind, 1986, pp. 26-27)

McGrath stresses the individual responsibility of the child care worker to protect a positive climate for children and young people in their care. As a professional, the child care worker needs to maintain a professional attitude in a "concrete, shift-by-shift way" (McGrath, 1986, p. 63).

> Read at least one article a week related to your clients. Explore new ideas, introduce and force discussion at team meetings on professional techniques when faced with problems which children and young people bring with them for your care. Make constant reference to child care practice as a professional act, in the day-to-day routine. Stated another way don't overpersonalize (McGrath, 1986, p. 63).

The child care worker should inform him/herself about the law, rules and procedures. He or she should consult with, involve, and challenge managers and policy-makers both in specific situations and in day-to-day routine. Other team members should be trusted to share "an essentially positive and healthy respect for clients" (see also Baldwin, 1990)

> Develop and nurture your liking for clients as persons. Guard very concretely and practically against the erosion of your own positive regard, liking and enjoyment of children or young people in care, for their complexity and their difficulty (McGrath, 1986, p. 64).

The child care worker must examine and reflect on the mistakes in their practice "and "own" the behaviours, not for the purpose of feeling guilty and bad, but to identify the lines of alternative ways of handling things, to pinpoint the missing elements of support, either structural or situational, which led to the error, with a view to building a more solid foundation for improved child care practice tomorrow or the next shift" (McGrath, 1986, p. 64).

In the face of abuse, "approach fellow workers individually and privately and share your concerns" (McGrath, 1986, p. 63), when situations go too far:

> ... confront, bluntly and directly. Pay the price of your refusal to accept "that's just the way things are here." with the support of other members of the team, this price is often less costly and less painful, in the long run, than the price of compromise (McGrath, 1986, p. 64).

Harrell and Orem argue that there are "three possible "breaks" in the circle of silence surrounding the child, and thus three forces with potential to stop institutional maltreatment or prevent it from happening" (Harrell and Orem, 1980, p. 38). These are: *the child* - self-reporting, ombudman, advocacy; *the staff* - selection, training, support; *the community* - involvement, review.

Listening to Children

> But probably the best lesson to be learned from Castle Hill is that the pupils themselves first brought forward the information which led to action. Those disclosures made to parents at home, and the follow-up by the police and social worker team, proved more significant than the many investigations and inspections, cursory or otherwise, which took place at the school (Fielding, 1991, p. iii)

However, this has to be set against the need to believe such disclosures since, as was noted above, Brannan et al highlighted that parents and professionals were unable initially "to accept and comprehend the sheer volume and extent of the abuse" (Brannan et al, 1993, p. 273). Young people themselves, have expressed a reluctance to talk to anyone about their difficulties because they believe that: adults are unable to understand their experiences and concerns; adults make little effort to listen and impose their own views; adults trivialise issues or over-react (Butler and Williamson, 1994; see also Buchanan et al, 1993; La Fontaine and Morris, 1991).

Complaints Procedures

> **Girl, 16**
> *... one member of staff used to walk in on me when I was undressing without knocking. I just felt there was a lack of privacy in the home. I complained to B... but he didn't do anything about it.*
> (Social Services Inspectorate, undated a, p. 66)

> Complaining is rarely easy. Most people prefer to avoid conflict and, although complaints procedures are - at least in part - intended to depersonalise conflict, they will never completely do away with the stress involved in challenging others. There are real emotional costs to any potential confrontation with an individual or organisation (Simons, 1995, p. 4; see also Lindsay, 1992)

Complaints procedures have two main purposes: resolving individual or group complaints on particular matters; and improving services (Gulbenkian, 1993, p. 102). Warner (1992) conducted a survey which showed that almost all local authorities "have arrangements whereby children can make complaints outside the line management of the home. In over 80% of cases this can be done privately (eg., by the use of Freephone facilities, tear-off slips to the Director of Social Services), or by direct access to the head of the independent inspection unit or Children's Rights Officer." (Warner, 1992, p. 103). However, in inspections of residential child care services in 11 authorities in England between November 1992 and March 1993, the

Social Services Inspectorate found that in seven of the authorities "children's ability to complain was significantly limited by a lack of user friendly information" (Social Services Inspectorate, undated b, p. 22). Both children and residential staff were dissatisfied with the complaints procedures in that "some were unclear about the outcome of complaints, whilst others were not confident that their views would be taken seriously or that they would be supported during investigations" (Social Services Inspectorate, undated b, p. 22).

> Children in care have shown extreme reluctance in complaining, doubting, with some justification, that anyone will believe them and fearing, with equal justification, victimisation and reprisals if they complain against those who can exercise so much power and control over their lives (Lindsay, 1992, p. 437; see also Moss, 1990)

Triseliotis et al found that:

> Almost two thirds of residents in children's homes had been given information about how to make a complaint but in residential schools the proportion was only a third. The advice was usually to report the matter to a member of staff or the social worker. The practice of giving information about how to pursue a complaint outwith the unit was largely confined to two agencies (Triseliotis et al, 1995, p. 181).

In one agency, young people were routinely given written information on admission to care which "included a prepaid post-card addressed to the district manager which could be used to initiate a complaint and most young people were aware of how it could be used" (Triseliotis et al, 1995, p. 181). Significantly, Triseliotis et al found that awareness of complaints procedures was less common among those in foster care than in residential care (Triseliotis et al, 1995, p. 278; see also Fletcher, 1993). Lindsay highlights the issue of children and young peoples' lack of knowledge of complaints procedures and it "is incontrovertibly the case that no child "being looked after" will be able to use a complaints procedure which s/he does not even know exists" (Lindsay, 1992, p. 434).

In Northern Ireland, each child should receive an information booklet which explains their rights and responsibilities and outlines how to make a complaint. Inspectors "noted that some children had not received their booklets" and where a booklet was provided "often this occurred sometime after admission" (Social Services Inspectorate, undated a, p. 43). A significant number of parents said that they did not know how to make a complaint. Some children were concerned that there might be recriminations or disapproval by staff if they complained and Inspectors considered that "the absence of an independent investigation system for the handling of serious complaints may result in children perceiving that their views are not taken seriously" (Social Services Inspectorate, undated a, p. 44). The Social Services Inspectorate Report also pointed out that some of the procedures which apply to children in children's homes "do not extend to those living with foster carers or home-on-trial"(Social Services Inspectorate, undated a, p. 72) and that "all children in care should be covered by a uniform complaints and child protection procedures". (Social Services Inspectorate, undated a, p. 72)

The Children Act 1989 requires all authorities and agencies providing care for children and young people to have a complaints procedure. The procedure must include an arrangement for an "independent person" to oversee the investigation, and to ensure that the complaint is dealt with thoroughly and fairly (Support Force for Children's Residential Care, 1996, p. 108; see also Gulbenkian, 1993). In Scotland, the National Health Service and Community Care Act 1990 made complaints procedures statutory for all client groups (Black, 1992)

Lindsay questions the effectiveness of the independent element of the complaints procedure as set out in the Children Act.

> Potentially, there is nothing independent about the Children Act 1989 provision for complaints procedures. The spirit of "independence" is too easily compromised by close or former association or by the appointment of "independent persons" who might not reasonably be expected to have much understanding of matters relating to the care system (Lindsay, 1992, p. 439)

He also expresses concern about the way in which there "has been a tendency for social work managers to rule that "*serious allegations*" fall outside the remit of complaints procedures" (Lindsay, 1992, p. 437). He therefore stresses the need for children and young people to have unrestricted access to independent advice and advocacy (see below)

There needs to be a culture "which makes it easy for children to complain, and welcomes complaints for the positive contribution they can make to the development of services (Gulbenkian, 1993, p. 102). *Working Together* stresses that "it is essential that children and staff are encouraged to report their concerns to the appropriate persons in the local area" (Home Office, 1991, p. 34).

> An essential part of effective management arrangements for children's homes are robust and accessible complaints procedures that provide for the thorough and speedy investigation of:
> - Complaints and allegations by children against staff and other children
> - Concerns by staff about the behaviour of other staff or superiors towards children
>
> (Warner, 1992, p. 102)

Reacting positively to complaints will: help children and young people to make complaints and criticisms in an acceptable way; enable complaints to be dealt with as close to the user of the service as possible; make it possible to deal with the majority of issues raised on a day-to-day basis within the home; give opportunities for complaints to be raised about matters outside the residential unit - e.g. school or family; make children and young people aware that they have rights; help them raise complaints about difficult issues and matters that might have appeared alright to them within the context of their experience but which are not generally acceptable in society; and reduce the number of complaints that have to be dealt with formally. (Gulbenkian, 1993, p. 110)

Rindfleisch (1988b) describes a demonstration project in Ohio to test the effectiveness of alternative approaches to detecting and reporting possible maltreatment. The case finding methods tested were an advocate within the line of authority; a complaint box accessible to staff and residents, an advocate outside the line of authority and a hot line accessible to residents and staff. The hot line and advocate outside the line of authority generated the most investigations, however, the use of the hot line as a case-finding mechanism was not well received by child protective agencies. The internal advocate outside the line of authority, however, was accepted by both residential facilities and child protective agencies (Rindfleisch, 1988b, p. 60)

Access to Telephones and Telephone Helplines

> Easy access to a telephone where they can speak privately and publicity about telephone hotlines should be available to all children resident in homes and schools. (Home Office, 1991, p. 35)

The provision of an easily accessible and private telephone in schools and residential homes may be the first step in providing children with a means to talk to someone about abuse they are suffering (Westcott and Clement, 1992, p. 19; see also Utting, 1991; Skinner, 1992). The Social Services Inspectorate found that five out of 11 authorities had equipped all the children's homes visited with pay phones, four had some and two had none. However, there were instances of telephones kept in locked rooms (Social Services Inspectorate, undated b, p. 19). Triseliotis et al also noted that lack of privacy in residential establishments "extended to telephones where often it was not possible to have a private conversation with a parent or friend" (Triseliotis et al, 1995, p. 180; see also La Fontaine and Morris, 1991). In the Who Cares? Trust/ National Consumer Council survey, 36% of young people in residential care and 29% of those in foster care said they could not use a phone in private when they needed help (Fletcher, 1993, p. 71)

Childline was established in 1986 "to listen to, comfort and protect children in trouble or danger" and by 31st March 1994, the agency had counselled 383,952 children (Morris and Wheatley, 1994, p. 7).

> Our counsellors aim to listen attentively to what children say; to encourage them to explore their feelings, to think through how difficulties might be tackled; to consider how they want to proceed and the consequences of taking particular courses of action. We try, wherever appropriate, to help them identify an adult they trust, in whom they could confide their problems and concerns (Morris and Wheatley, 1994, p. 8).

When Childline first reviewed the use made by children in care of the helpline, "we found them to be among the most troubled and unhappy children to whom we have talked, and among the most isolated and alone" (Morris and Wheatley, 1994, p. 12). Following this review a special line for children in care was established in 1992. While the Childline study described above focuses on the 676 children counselled in the first six months of the special line, 508 children in care were counselled in the

subsequent year and another 1,711 children who called the main ChildLine number identified themselves as currently or previously in care (Morris and Wheatley, 1994, pp. 18-19).

> We began Childline for Children in Care to contribute to the wellbeing of children in care... If only one thing is taken from this document, it should be the absolute necessity for us all to combine in finding ways which enable children to be heard (Morris and Wheatley, 1994, p.19).

Morgan (1993) describes the Oxfordshire pupils' telephone helpline run by the social services inspection unit which was welcomed by many pupils and although "as yet too new to evaluate in practice,... it is certainly being used by pupils to raise their welfare concerns" (Morgan, 1993, p. 52)

> Information about confidential telephone help-lines, the identification of trusted people who agree to offer support and advice, contact with other children in care, confidential medical advice (and encouragement to use it) all encourage children to identify and use the protective strategies they find most helpful (Boushel, 1994, p. 38)

Child Care Reviews

The importance of including children and young people in decision making and planning has long been recognised and Sinclair highlights that "the right of children to participate is closely linked to their rights to protection" (Sinclair, 1996, p. 91). Child care review meetings are important in involving children and young people in decision-making and research in both Scotland and England has shown that children and young people are routinely invited to attend review meetings and planning meetings (Kendrick and Mapstone, 1991, 1992; Sinclair and Grimshaw, 1995). However, it must be recognised that the formal and bureaucratic nature of such meetings and the large numbers of professionals who may attend them can inhibit children and young people from fully participating and they will not always be appropriate for younger children. Gulbenkian (1993) call for the extension of formal review arrangements involving the children themselves to "all children being accommodated in institutions and quasi-institutional settings thoughout the UK" (Gulbenkian, 1993, p. 170).

Internal programme audit

Daly and Dowd (1992) argue that there should be an internal programme audit, a system to detect abuse or neglect. They describe a system where each child is periodically interviewed confidentially and asked whether any adult or youth has ever treated him or her improperly . Over 500 interviews take place annually, revealing an average of 18 claims of inappropriate adult activity. All allegations of inappropriate practices are investigated by a person knowledgeable about the program but independent of its day-to-day administration (Daly and Dowd, 1992)

Consultation

As well as listening to individual children, the importance of consulting more generally with children and young people about the standard and provision of services has been highlighted by Buchanan et al (1993) and Freeman et al (1996). Freeman et al describe a consultation exercise carried out in Strathclyde Social Work Department in "the preparation of a plan for the development of child care services" (Freeman et al, 1996, p. 229). In the first stage of the consultation, 150 young people in residential care or attending intermediate treatment groups took part in group discussions in order to "elicit young people's views on the child care services in general, not just their own children's home or intermediate treatment unit" (Freeman et al, 1996, p. 229). The second stage took the form of a three day residential event.

> Consultation sessions were interspersed with football and gymnastic sessions, and with other group activities designed to help the group communicate, as well as for fun. The methods used in the residential consultation sessions included group discussions, workshops where groups worked on presentation of sketches and role plays on selected themes, and the use of questionnaires. Group leaders wrote reports on the activities of their groups, group discussions were recorded and the group presentations were videotaped. (Freeman et al, 1996, p. 231)

Consultation with the young people continued through the analysis and report-writing stage and four young people "took a report to the [Social Work] committee and spent an hour discussing it with Regional Councillors who endorsed specific recommendations" (Freeman et al, 1996, p. 237). .

Such consultation of children and young people and their families needs to be high on the agenda in developing the new, statutory local authority Children's Services Plans (Kendrick et al, 1996; Sutton, 1995)

Children's Rights

> Many people complain that the idea and practice of children's rights has distracted attention away from the *real* issues in residential care - control and discipline, resources, staff cutbacks and low morale. In reality what children's rights often does is turn our minds and actions on young people and away from staff and the organisation: *young people become the most important part of residential services*. This new way of thinking - where young people are at the forefront of everything we do - means continually questioning our attitudes, practice and behaviour (Willow, 1996, p. 108)

Children's Rights Officers and Child Advocates

> Children's rights officers in social work departments can provide a useful background for children's rights and promote good practice in residential child care. They also provide an appropriate way of handling the vast majority of complaints and concerns (Skinner, 1992)

Since the first children's rights officer was appointed by Leicestershire County Council in 1987, an increasing number of local authorities have established such posts. While some local authorities have located children's rights services in social services or social work departments, many "have entered into partnership with voluntary child care organisations to establish some independence for them" (Willow, 1996, p. 31).

> The purpose of children's rights services are, generally, to provide independent advocacy, support and representation to young people who are looked after in various settings. Most children's rights and advocacy officers have regular and frequent contact with young people and offer advice and information to help resolve difficulties (Willow, 1996, p. 31)

Other specialist posts include Birmingham's Young Person's Forum Co-ordinator who has "a key role in advocating on behalf of young people who are looked after both regionally and nationally" and posts "for the investigation of complaints and allegations of abuse in residential and foster care" (Willow, 1996, p. 32). In 1993, in line with its policy that children should not be incarcerated in penal institutions, the Howard League established the Troubleshooter Project which has sought to "provide an independent body to log, monitor and intervene in cases where 15 year olds have been remanded or sentenced into prison custody." The project has three direct objectives: Rescue - to remove 15 year olds from custody as quickly as possible; *Research* - to monitor the cases of 15 year olds remanded or sentenced into penal custody; *Advocacy* - to provide advocacy services to young people while they remain in prison custody (Howard League, 1995b, p. 3).

> An independent advocate may make all the difference to a young person in prison. Even real fears which are voiced by a young person in custody may not be take as seriously by the prison authorities when it is only the young person who is voicing those fears... Other concerns which the Howard League brought to the attention of youth justice teams included incidents of self harm, assaults on a young person and the relocation of a young person to the segregation unit (Howard League, 1995b, pp. 28-29)

In the United States, draft federal standards "indicate that every institution should have a formal child advocacy program to represent residents' interests" and every child "should have an identifiable advocate" (Harrell and Orem, 1980, p. 45).

Children's Commissioners

In 1981, Norway established the Ombudsman for Children through national legislation "in recognition that children needed an independent spokesperson, a national defender, and a public conscience arouser on their behalf" (Flekkoy, 1989, p. 114). The Ombudsman for Children deals with individual cases through "information and persuasion" and dealt with some 4,500 cases in its first six years involving: children in institutions, child welfare and child abuse; child care and public leisure facilities; school problems; cultural and consumer questions; family circumstances (divorce, conflicts with neighbours, family economy, housing and labour, etc.); and physical conditions, urban and rural planning (Flekkoy, 1989, pp. 116-117). the Ombudsman for Children is also influential in creating public debate and raising public awareness about children's issues, and in the legislative process. The Swedish Children's Ombudsman is employed by a voluntary organisation, Radda Barnen (Save the Children) and thus works outside the state administration (Ronstrom, 1989, p. 123)[46]. The Swedish Ombudsman works to: mould public opinion and disseminate information on the needs and rights of children; conduct research; provide education and training; and offers a telephone advisory service for individual cases (Ronstrom, 1989, pp. 124-126)

In 1984, the Jerusalem Children's Council was established to "function as an informed advocate and lobby on behalf of the children of Jerusalem" (Rauche-Elnekave, 1989, p. 103) and in 1986 a children's ombudsman was appointed under the auspices of the Council to: receive complaints concerning children; to discover weaknesses in legislation and in provision of welfare and education services; and to provide information to the public about the needs and rights of children (Rauche-Elnekave, 1989, p. 103). New Zealand established a Commissioner for Children in 1989, funded by and having administrative links with the Department of Social Welfare; and Costa Rica appointed the Defensor de la Infancia in 1987 and gave the initiative full legal status in 1990 (Ludbrook, 1994, p. 7; see also Rosenbaum and Newell, 1991)

In Australia, while there have been calls for a Children's Commission at national and state level, only South Australia has set up a government agency authorised to speak and act on behalf of children, The Children's Interests Bureau "has a wide brief to make comment and safeguard children's rights" (Boss et al, 1995, p.xxv). Its mandate includes: increasing public awareness of children's rights and children's welfare; research, evaluation and monitoring of the policies of the statutory state welfare authority; and providing independent advocacy for children at risk and/or in state care (Harvey, 1993)

The National Commission into the Prevention of Child abuse suggests that priority be given to establishing the role of Children's Commissioner. The main responsibilities of the Commissioner would be:

[46] The Finnish ombudsman for children also functions outside the state administration and"is the legal arm of the Mannerheim League for Child Welfare, a private advocacy group" (Rauche-Elnekave, 1989, p. 105)

> ... to promote the welfare of children throughout the geographically defined area of his/her responsibilities.
> ... to give advice on and keep under review the working of legislation affecting children and... to draw up and submit to the Secretary of State proposals for amending legislation affecting children.
> ... periodically report on the degree of compliance achieved with the UN Convention
> ... establish advisory groups of children and young people to provide input on a range of different policy areas.
> ... conduct research or assist... any other research into children's issues which appeared necessary or expedient.
> ... publish an annual report to Parliament which would provide regularly updated information about children...
> ... issue codes of practice containing practical advice relating to the conduct of services, statutory or voluntary, for or affecting children...
> ... make a regular review of complaints procedures involving children and used by public authorities.
> ... to report on the extent to which recommendations of child abuse inquiries, past or present, have been or are being implemented.
> (Williams of Mostyn, 1996, pp. 60-61)

The National Commission also considered that the Children's Commissioner could promote a Charter for Children "bringing together all issues concerned with children for which public services are responsible" (Williams of Mostyn, 1996, p. 61; see also Rosenbaum and Newell, 1991; Gulbenkian, 1993)

Children and Young People's Organisations

Willow stresses the importance of the the collective action of young people in the development of rights and entitlements of young people (Willow, 1995; see also Lindsay, 1992). In 1975, the National Children's Bureau's *Who Cares?* conference brought together 100 young people and led to the *Who Cares? Young People's Working Group* and the production of the first national publication of the views of young people in care (Page and Clark, 1977). In 1979, the National Association of Young People in Care (NAYPIC) was formed. Its aims were to:

- promote the views and opinions of young people in care and those who had left care;
- offer advice and assistance to young people in care and ex-care;
- educate the public and child care professionals on matters relating to young people in care

(Willow, 1996, p. 26)

We saw above that NAYPIC produced one of the first studies of abuse in the care system (Moss et al, 1990). NAYPIC continued to campaign for improvements in the care of children and young people until 1994. The Who Cares? magazine developed from a local magazine into a national publication with a distribution of over 30,000 and the Who Cares? Trust also provides a telephone linkline for young people in

residential and foster care. In Scotand, Who Cares? Scotland and in Wales, Voices from Care also provide support, advice and a campaigning voice for young people in care. Black and in Care has been influential in raising awareness of the rights and needs of black young people (Willow, 1996). Safe & Sound has been formed by a group of young people who were abused in care to provide a support and advice service and to work with professionals to develop safe child care services (Safe & Sound, 1995)

Staff Recruitment, Selection and Assessment

> Systems of staff selection which are properly organised, and properly conducted, are essential to building any good staff team. The vulnerability of many of the young people in residential child care, and the dependency they must have on the staff to whose care they are entrusted, are such that very particular care in staff selection should always be taken (Skinner, 1992, p. 69)

Many of the inquiry reports dealing with abuse in residential care have highlighted inadequacies in recruitment practice. Williams and McCreadie (1992) in the Inquiry into Ty Mawr Community Home wrote:

> We were deeply disturbed to establish that recruitment of care staff sometimes occurred simply on a visit to the job centre. Appointments were made by County Council members. We regard this as unsatisfactory (Williams and McCreadie, 1992, pp 11-12).

Levy and Kahan (1992) state that:

> The problems in Staffordshire social services department which led to the Inquiry were in no small measure due to poor staffing policies and practices... They included restrictive advertising, inadequate staff selection procedures, low staffing ratios, dependence on untrained staff, over use of volunteers and casual staff, lack of training, lack of supervision, absence of career structures for residential staff and inadequate budget support (Levy and Kahan, 1992, p. 161)

In Staffordshire Social Services Department, posts tended to be filled from within the department and while Levy and Kahan acknowledge that this gave a level of stability in the organisation they considered that it led to a resistance to innovative thinking. Selection procedures were also considered to be lax and a number of witnesses to the Inquiry "commented critically on the interviewing process which they believed was often merely a formality" and they "were also aware of the inevitability of references being drawn from the internal sources..." (Levy and Kahan, 1992, p. 161). The Inquiry also identified a readiness to appoint unqualified staff even to posts requiring a qualified person (Levy and Kahan, 1992, p. 161).

The Social Services Inspectorate study of small unregistered children's homes raised a number of concerns about staffing (Social Services Inspectorate, 1995). Social services departments reported that some homes were recruiting people, often

students, who had little or no experience and without relevant qualifications. They were often employed on part-time or short-term contracts leading to high staff turn-over and lack of stability for the young people in their care. There were examples of staff employed "after only cursory recruitment checks and provided with only minimal, if any, basic training for the job" (Social Services Inspectorate, 1995, p. 11). There was also a lack of clarity about police checks for staff in small private homes.

> There were some examples quoted of very unsuitable, unsatisfactory people moving into this area of provision. There were some who had a history of financial misdealing ... There were others against whom allegations of both physical and sexual abuse had been made prior to them setting up small homes, and some of these have subsequently been convicted and sentenced. In all the cases given as examples, however, local authority checks had not been sufficiently robust to prevent them from placing children in the care of these people (Social Services Inspectorate, 1995, p. 11).

The Social Services Inspectorate report on the inspection of residential child care services in 11 authorities in England found that 27% of staff had not been subject to a police check and suggested that this might be explained by staff being in post before the requirement for police checks came into force. In addition the local authorities were not able to supply information on 13% of the staff and only two authorities were able to supply the information for all staff (Social Services Inspectorate, undated b, p. 74)[47]. The Department of Health Consultancy list had been checked for less than half the staff and this information was not available for a quarter of staff. The report also found that there was no consistent approach to the range of selection methods used (Social Services Inspectorate, undated b, p. 75).

Following the trial and conviction of Frank Beck for numerous sexual and other offences in a local authority children's home, an enquiry was established to look specifically at selection and recruitment methods for staff working in children's homes (Warner, 1992). Following the publication of *Choosing with Care*, the Support Force for Children's Residential Care (SFCRC) was established "to offer advice to individual authorities on the quality of care and management with particular reference to the appointment, selection, personnel management, support, development and training of residential care staff" (Support Force for Children's Residential Care, 1995, p. 3)

Defining the Post

> At present many staff enter employment in children's homes with no very clear idea about the purpose of their job and what they are supposed to achieve (Warner, 1992, p. 30)

[47] There is a typographical error in relation to the figure of 27%. Initially, the report states "27% were identified as having been the subject of police checks". Later, it states "Given the need now to have police checks on staff, it is surprising that 27% of the staff overall had not been checked". I have assumed that the latter is the accurate statement.

Warner (1992) considers that the first step in improving employers' practices in the recruitment of staff is to use clear, up-to-date statements of the purpose and functions of children's homes as the basis for job descriptions for heads of homes and care staff (Warner, 1992, p. 30). Alongside the job description, a person specification should be drawn up which will provide a set of criteria against which to measure the suitability of candidates. This should be produced for each vacancy and should consider the skills, personal attributes, experience and qualifications needed for the particular post (Warner, 1992, pp. 31-32; see also Support Force for Children's Residential Care, 1995, pp. 7-9).

Advertising Posts

> A feature of children's homes where disturbing episodes have occurred has often been a reluctance to fill vacancies from a wide field of competition (Warner, 1992, p. 33).

The Inquiry stresses the importance of openness and competition in advertising posts, and employers should advertise posts externally to the home in all cases and, apart from situations where an employer faces redundancies, externally to the employing authority; nationally in the case of posts for head of home (Warner, 1992, p. 34). SFCRC state the aims of advertising as:

> to draw a strong response of potentially suitable candidates in order to have a range of people from whom to choose;
> to give unsuitable candidates the information they need in order to decide not to apply;
> to present an image of the agency, local authority, department or service with a view to future recruitment.
> (Support Force for Children's Residential Care, 1995, p. 18)

Selecting Staff

> Most appointments are made on the basis of an application form and a formal interview. In many cases the interviews are conducted in panels of four or more people, which is hardly a forum for exploring aspects of personality (Warner, 1992, p. 43)

Selection procedures need to aim at all stages to collect as much relevant information about a candidate as possible so that decisions on the most appropriate candidate can be made on an informed basis. The interview on its own is not a good predictor of further job performance (Warner, 1992, p. 43). Kahan (1994) reiterated concern at the widespread use of the panel interview as the main method of selection since its "limitations and unreliability as a method are now so well established that managers need to explore the use of more penetrating and work-specific methods" (Kahan, 1994, pp. 289-290; see also Bowles, 1995).

Application forms for posts in children's homes should be specifically designed for the posts and collect relevant, core information, as defined by the job description and person specification. Written exercises can be designed to test clarity of thought and expression and the results of written exercises should be used in the selection process (Warner, 1992, p. 47). SFCRC see written exercises, in addition to testing literacy skills, as indicating the candidate's ability to: understand instruction; think clearly and pick out key issues; analyse problems; organise material logically; apply professional knowledge; communicate; and demonstrate self awareness (Support Force for Children's Residential Care, 1995, p. 33)

All short-listed candidates should be required to visit the home in advance of the interview and meet with staff and young people (Warner, 1992, p. 48).

> The visit is used to gather information about the candidates' reactions to the home, the staff they meet and the children and young people, and their reaction to the candidates. It is also used to provide information for the candidate (Support Force for Children's Residential Care, 1995, p. 33)

Lindsay and Rayner (1993) describe an initiative by The Children's Society and Cleveland's children's rights service to involve young people in the recruitment process. Five young people were involved in interviewing groups of candidates to "assess each candidate's ability to communicate with and relate to young people" (Lindsay and Rayner, 1993, p. 24). A common `fault' identified by the young people was a failure by candidates to see young people as individuals and not simply as problems to be dealt with.

> The young people... felt they had been listened to and treated as responsible people, an experience which they commonly contrasted with their interactions with social services. In particular, they prized highly the principle of being given a say in who looks after them. They brought experience and insights to the interviewing process which could not have been matched within any conventional interviewing panel. They provided the employing agency with a critical opportunity to observe how well the candidates actually interacted and communicated with young people (Lindsay and Rayner, 1993, p. 25)

The SFCRC state that there are strong arguments for involving children and young people in the selection of staff and "that they have a stake in the outcome of the interviews and a right to be involved" (Support Force for Children's Residential Care, 1995, p. 18). However, the SFCRC stresses that the process has to be handled carefully if it is to be effective. Children and young people should be properly briefed and trained and it should be made clear that they are not involved in the actual decision-making.

Group exercises can simulate the environment of the children's home although the Inquiry stresses that they need to be carefully planned and assessors need to be thoroughly trained (Warner, 1992, p. 49).

> Residential child care workers have to be **good team members**, presenting a consistent approach to the children and young people they care for, being

> complementary to other team members in terms of their skills and the roles they play, standing in for each other and providing support. These aspects of the work are dynamic, and therefore perhaps best seen in a dynamic situation, such as a group exercise (Support Force for Children's Residential Care, 1995, p. 40)

Aptitude Tests and Personality Profiling

While the Warner Inquiry received conflicting views on psychometric tests, it concluded that:

> ... providing the appropriate level of tests are used for particular jobs and are administered and interpreted by qualified people, they are valuable in assisting the selection of staff for children's homes. In particular they have three main roles:
>
> - To provide information about the possession of certain skills and competencies important in the person specification.
> - To assess personality against the profile sought in the person specification
> - To provide information about the personality characteristics or abilities that need to be probed further at interview
>
> (Warner, 1992, p. 50)

Aptitude tests can provide a measure of more or less specific skills such as numeracy, comprehension and reasoning ability though they must be related to the specific requirements of the job description and person specification (Warner, 1992, p. 51).

Personality tests, although they should not be seen as a stand-alone method of selection, should be used to help determine the extent to which a candidate fits a person specification (Warner, 1992, pp. 52-53). Discussing methods of nurse selection, Bowles reviews the use of personality tests designed to assess factors such as: adaptation to stress; levels of autonomy; interpersonal skills; self-actualisation; and predisposition to caring (Bowles, 1995, pp. 28-29).

A number of screening tools have been devised to aid in the selection of workers with children and young people but it must be stressed that caution needs to used in considering these tools. McCormack and Selvaggio (1989) present details of an interview screening device designed to aid in the identification of sexual offenders, more specifically, the paedophile. The screening device was developed for a youth-oriented community agency which matches a child from a single-parent family with a caring adult volunteer from the community. Based on the work of Lanning (1986), McCormack and Selvaggio identify nine characteristics which could be operationalised into indicators:

1. *Indicates a preference for a child of a specific age...*
2. *Indicates a preference for a child who has a history of abuse and neglect...*
3. *Has himself a history of sexual abuse...*

4. *Had little social contact as a teenager...*
5. *Experienced frequent moves...*
6. *Has been overly active in the community in the affairs of children...*
7. *Has friends who are much younger than he...*
8. *Refers to children as innocent or pure...*
9. *Has many hobbies and interests that are appealing to children...*

(McCormack and Selvaggio, 1989, pp. 39-40)

A tenth characteristic was added based on work undertaken in the agency which "suggests that suspicion should be aroused if the volunteer is undergoing his second or subsequent match with a child" (McCormack and Selvaggio, 1989, p. 40). Questions to measure these characteristics were then incorporated into the 24 page volunteer interview questionnaire. While "devices such as the one presented here should not be used in isolation or used to "prove" that volunteer workers are child molesters" (McCormack and Selvaggio, 1989, p. 42), they can help the caseworker to feel more confident about the decision to reject a volunteer. Follow-up work was being carried out to develop an a scoring mechanism for the screening device and further work was to be carried on the validation of the instrument (McCormack and Selvaggio, 1989, p. 42).

Warner (1992) stresses that personality tests will not identify potential sexual abusers of children and cites the conclusions of a review of the literature:

> At best the available instruments are able to assess some of the psychological characteristics which make people vulnerable to paedophilia but these cannot be said to be determining factors (Wilson and Leslie, 1987, cited in Warner, 1992, p. 53)

Haddock and McQueen (1983) developed a battery of screening tests to identify an employee's potential for child abuse: "Milner's Child Abuse Potential Inventory, the Minnesota Satisfaction Questionnaire, and a General Information Form..." (Haddock and McQueen, 1983, p. 1022). This battery of tests was administered to a sample of 21 identified abusive employees and 21 non-abusive employees of out-of-home care institutions in Southern California.

> ... the combined variables of the CAP-I abuse scale, the subscales MSQ-10, MSQ-4, MSQ-2, the employees' number of own children, the monthly alcohol consumption, whether they viewed their parent's discipline as extreme, and [marital status][48] provided a 100% correct classification of non-abusers and 85.7% classification of the abusers (Haddock and McQueen, 1983, p. 1024)

While the authors acknowledge that this is an early attempt to develop an assessment tool to screen staff and that additional validity data is required to take account of gender, age, educational level, job classification and work environment:

> ...present use of these instruments is indicated as a preventative measure to understand the extent of the problem in an institution and then to enact steps to

[48] In the text, this appears as "mental status", however, in the discussion, the eighth factor is "marital status" and I have therefore amended this quotation

> reduce stress that affects employees' client care skills (Haddock and McQueen, 1983, p. 1028)

Ross and Hoeltke (1985) also describe a selection tool for residential child care workers which focuses on "life themes" of highly rated child care workers and uses these themes in selection interviews. Life themes are defined as "recurring patterns of thought, feeling and behavior" (Ross and Hoeltke, 1985, p.47). Highly successful child care workers were identified by agency supervisory and administrative staff and "theme constructs were developed that were believed to identify outstanding child care workers" (Ross and Hoeltke, 1985, p.48). The themes identified were:

> *Mission*... workers with a strong sense of mission are committed to making a significant contribution to young people...[and] have a clear service orientation and purpose related to their work activities.
> *Relationship*... [a] worker with strength in this theme has the ability to develop an approving and mutually favorable relationship with each young person. The child care worker likes young people and expects them to reciprocate...
> *Empathy*... provides the child care worker with feedback about an individual young person's feelings and thoughts...
> *Responsibility*... clear responsibility for his or her work and behavior and is a good model for others...
> *Kinesthic Work Orientation*... tend to be physically active and always involved in their work... sees work and physical activity as positive and personally satisfying.
> *Gestalt*... have a drive toward completeness and closure... However, they do not impose this "urgency for completeness" on others...
> *Activation*... capable of stimulating young people to think, respond, and learn
> *Courage*... have the ability to express their own emotionality in a positive, genuine way... are willing to risk rejection from others because of what they believe.
> *Objectivity*...has the ability to deal with issues fairly and openly... tends to get information from the people affected before making an important decision.
> *Developer*...has the capacity to receive satisfaction from the growth of others in a vicarious manner... gives time, talents, and resources to bring about the greatest change for the good in others...
> (Ross and Hoeltke, 1985, pp. 48-49)

On the basis of these themes, a 50-item structured interview was developed and the "final result was a structured, low-stress interview that assisted the interviewer in gaining an understanding of the talents of the interviewee and the depth of those talents (Ross and Hoeltke, 1985, p. 50). Theme-to-theme correlations indicated that each theme significantly contributed to the total score and that each of the themes represented "a unique core construct of the interview" (Ross and Hoeltke, 1987, p. 177). The instrument was validated against four external criteria: self-ratings, supervisor's ratings, resident children's ratings, and the MOOS Correctional Institutions Environment Scale (Form R), on a sample of 95 child care workers employed in 10 agencies in Iowa (Ross and Hoeltke, 1985, p. 51). The interview score was significantly correlated with all of the criteria in the initial concurrent validity study and with three out of four of the criteria in the repeat measures which

took place at 3 and 6 months and "... individuals earning high scores on the interview were also individuals who tended to be noted positively by both the worker's supervisor(s), by residents in individual units, and by themselves" (Ross and Hoeltke, 1985, p. 52). The authors conclude that:

> The achievement of predictive validity has the potential for great impact on group care, principally by decreasing the risk of turnover and institutional child abuse (Ross and Hoeltke, 1985, p. 54).

A follow-up study was carried out with repeats of the measures at 9 months and 19 months. The interview score was significantly correlated with the self rating and the supervisor's rating at 9 months but was not significantly correlated with any of the external criteria at 18 months. However, Ross and Hoeltke suggest that because of the reduction in the sample size to 30 because of resignations, transfers, firings, and promotion, the lack of predictiveness at the 18 month time period is of limited meaning (Ross and Hoeltke, 1987, p. 177). The study also compared the interview's ability to identify personnel who will remain in place against those who left. Results were statistically significant indicating "that the Child Care Perceiver Interview is able to predict those individuals who are likely to remain with an agency" (Ross and Hoeltke, 1987, p. 179). The impact of demographic characteristics were also investigated and it was found that the interview was independent of age, sex and race.

SFCRC stressed again that while psychometric testing can be a useful part of the recruitment process by providing certain types of information on a systematic validated basis, they should be treated with caution and "it is important to determine which characteristics are being assessed in the candidates before deciding whether psychometric testing is helpful in identifying them" (Support Force for Children's Residential Care, 1995, p. 41). Bowles also stresses that selectors "must first determine the desired qualities for nursing," but "the production of a set of clear-cut selection criteria is likely to be highly problematic" (Bowles, 1995, p. 28)

Interviews

The Warner Inquiry advocates that preliminary interviews should be used:

> ... to ensure shortlisted candidates have a full understanding of the requirements of the job and its difficulties. They can explore candidates' attitudes to control and punishment issues involving children; probe the extent to which they have characters strong enough to resist sexual temptation from children in their care; and whether their sexual interests were likely to cause them to pursue children for purposes of sexual gratification (Warner, 1992, p. 54; see also Support Force for Children's Residential Care, pp. 31-32)

Suskind (1986) suggests that vignettes might be used "to discover how the worker would deal with sexually charged situations and how he responds to and views issues of generational boundaries and adult responsibility" (Suskind, 1986, p. 23)

Final interviews should always contain the line manager for the post, his or her line manager and at least one other person independent from line management but should not involve elected members (Warner, 1992, pp. 59-60), and the Inquiry considers that the panel should consist of a maximum of three people. Employers are also urged to strive to achieve more balance in terms of race and gender in interview panels (Warner, 1992, p. 60). The final interview is used to: check factual information; to test the accuracy and consistency of the application form and curriculum vitae of the candidate with oral evidence; find out the candidate's views about him/herself; assess the candidate's motivation for the work; weigh up the candidate's likely commitment to the job; identify the values that underpin the candidate's work; clarify the candidate's attitudes to key issues; assess skills relating to interviewing and test the candidate's knowledge on a sample of important areas (Support Force for Children's Residential Care, 1995, p. 43).

References

> The current position on the pursuit and use of references is unsatisfactory, even though potentially useful information from previous employers can be very revealing about candidates. Although employers in all sectors seek references from two or three previous employers, many do not seek or obtain references until after the final interview (Warner, 1992, p. 55)

The Inquiry stressed that information obtained by telephone is often more accurate and revealing and "local authorities should abandon any embargoes on obtaining information about candidates by telephone" (Warner, 1992, p. 56). Candidates should be asked to name all previous employers and should be told that "the new employer reserves the right to approach any previous employer and will specifically ask about disciplinary offences" (Warner, 1992, p. 56; see also Support Force for Children's Residential Care, 1995, p. 29). References should be provided by people with direct experience of the candidate and should be encouraged to comment frankly on candidates' strengths and weaknesses in relation to job descriptions and personal specifications for the post (Warner, 1992, p. 58).

> ***Appointments should never be made subject to references*** (Support Force for Children's Residential Care, 1995, p. 29, emphasis in original)

In relation to the nursing profession, the Clothier Report recommended that "in addition to routine references the most recent employer or place of study should be asked to provide at least a record of time taken off on grounds of sickness" (Clothier, 1994, p. 128)

Warner summarises which techniques should be required and which should be optional for heads of home posts and for care workers in the form of a table:

TABLE 4.2

Selection Technique	Heads of Homes	Other Care Staff
Application Form	Required	Required
Written Exercise (as part of application form)	Required	Required
Visit to Home	Required	Required
Group Exercise	Optional	Optional
Aptitude Test	Required	Optional
Personality Profiling	Required	Optional
Preliminary Interview	Required	Required
References	Required	Required
Final Interview	Required	Required

(Warner, 1992, p. 64)

SFCRC gives examples of possible selection exercises programmes. For a basic grade unqualified residential care worker it suggests a one-day programme (with formal interviews on a second day) which includes: explanation of the appointment procedure; presentation by residential services manager and head of home; group discussion of a current child care issue; written exercise; tour round the home; (parallel exercises) i) presentation to panel including an assessor, staff member and young person; ii) question time. For a head of home position it suggests a two-day programme including: information session by divisional manager and residential services manager; psychometric testing; tour round the home; (parallel exercises) i) written exercise; ii) oral exercise; personnel information session; group exercise; formal interviews (Support Force for Children's Residential Care, 1995, Appendix E, pp. 11-12)

Mitchell (1993) reports on some of the recruitment changes being introduced by social services and social work departments following the Warner Report. Croydon Social Services Department ask candidates for managerial posts to "carry out practical exercises based, where possible, on authentic situations" which could include "a staff performance incident, a budget exercise, or handling a critical incident involving a child" (Mitchell, 1993, p. 28). Staffordshire SSD encourages service user involvement in the selection of all front-line posts and other social services departments were exploring the involvement of users. Oxfordshire SSD uses psychometric tests for managers and has extended them to include heads of homes (Sone, 1992, p. 6) and Kent SSD uses psychometric testing "automatically for posts carrying a salary of £19,500 and above" (Mitchell, 1993, p. 29). Staff interviews could involve "multiple interviews, group interviews, group discussions, and feedback sessions." A number of other departments were exploring the introduction of psychometric testing or extension to lower levels of management (see also Chamberlain, 1992; Healy, 1992).

Police Checks

> Checks on criminal records are widely considered to help protect society against people who may seek to abuse positions of trust. The police, who are responsible for maintaining records, have for many years made arrangements to release details of previous convictions of people in certain categories (The Scottish Office, 1996, p. 1)

In Scotland, police checks are mostly carried out by the Scottish Criminal Record Office (SCRO) although individual police forces have on-line access to the SCRO database. The majority of the checks are requested by statutory organisations in respect of potential employees who will have substantial access to children.

> As a result of the check, the prospective employer is given a list of previous convictions, or is informed that there are no such convictions. For potential employees who will have substantial access to children, the list includes convictions which would normally be "spent" under the Rehabilitation of Offenders Act 1974 (The Scottish Office, 1996, p. 1)

The Scottish Office acknowledges that police checks are not the sole answer to ensuring applicants' suitability as "many people who abuse positions of trust are not known to the police and have no previous convictions" (The Scottish Office, 1996, p. 1). Warner states that while only 4% of all offences committed result in a criminal conviction and police checks will reveal only a small proportion of child abusers, they can act as a deterrent (Warner, 1992, p. 72).

One of the recommendations of the Inquiry was that police checks should be extended to voluntary and private homes (Warner, 1992, p. 76). In December 1992, a Home Office Circular announced the extension of pilot schemes in England and Wales which provided vetting arrangements through the Voluntary Organisations Consultancy Service (VOCS) but the "scheme for police checks is only available to certain national voluntary organisations, although requests from other national organisations to be admitted will be considered" (Gulbenkian Foundation, 1993, p. 140). Private agencies do not at present have access to police records (Support Force for Residential Child Care, 1995, p. 48). The Scottish Office stated that from Autumn 1996 existing arrangements will extend to cover people who are working in voluntary child care organisations (The Scottish Office, 1996, p. 2).

In England and Wales, the police also disclose information which goes beyond the formal particulars of convictions and this "includes police cautions and bind-overs, which have no direct Scottish equivalent, and factual information about individuals which is deemed reliable and could indicate that an individual is unsuitable for the post in question" (The Scottish Office, 1996, pp. 4-5). Warner, commenting on the possible implications of the national computer system in England and Wales, considered that:

> it would seem to us likely that local police forces will continue in future to have sensitive but relevant information that needs to be passed on to employers about applicants for jobs in children's homes. We believe that it

> would not be in the best interests of children to do anything to jeopardise this flow of information (Warner, 1992, p. 75)

This has not been the practice in Scotland where only information about convictions and cases which have yet to come to court are disclosed but The Scottish Office has requested views about whether "the established Scottish practice of disclosing only conviction information (and details of pending cases) should be continued or whether the practice in England and Wales (of disclosing limited non-conviction information) should be followed in future" (The Scottish Office, 1996, p.5).

Hebenton and Thomas (1994) are critical of the way in which the Warner Report deals with criminal records checks; "Warner devoted some space and time to police checks but the analysis is slim and the chance for a wider public debate went missing (Hebenton and Thomas, 1994, p. 56). While the statement that "the Warner Report lay heavy emphasis on pre-employment screening by means of a criminal record check" (Hebenton and Thomas, 1994, p. 55) could be disputed, the authors do raise important issues. In particular, they discuss the important question of "the "interpretation" of criminal records as a pointer to a person's future behaviour". They point out that decisions are often made on nothing much more than "common sense" and that there is wide variation in interpretation and decision-making from authority to authority and even from section to section within the same authority. (Hebenton and Thomas, 1994, 57). In a draft code of practice, The Scottish Office proposes that:

> Organisations and their associates eligible to obtain access to criminal record information on their job applicants, volunteers or existing job holders would be obliged to:-
>
> (a) have a written policy on the employment of ex-offenders, and a written strategy/action plan for implementation of the policy;...
>
> (c) consider in each case:-
>
> - whether the conviction is relevant to the employment;
> - the length of time since the offence occurred;
> - whether the applicant had a pattern of convictions;
> - whether the applicant's circumstances had changed since the offence was committed;
>
> before deciding to rule the individual out; possession of a conviction must not be an automatic bar to employment....
>
> (The Scottish Office, 1996, pp. 8-9)

SFCRC strongly recommends that appointments should not be confirmed until checks have been completed. Where appointments are made subject to checks, "such staff should never be on duty with children unless they are closely supervised by a more senior member of staff" (Support Force for Residential Child Care, 1995, p. 48)

Other sources may be used for vetting potential employees although there is some confusion in the literature concerning the situation in Scotland.

In England and Wales, the Department of Health maintains a Consultancy Service Index "which lists people who have worked in the child care field and those who have been dismissed or have resigned in circumstances which suggest the welfare or safety of children has been put at risk" and "people who have been, or might have been, notified to the Department by the police following convictions for offences against children or which suggest that the person involved might be a risk to children (Support Force for Children's Residential Care, 1995, p. 49)[49]. In Northern Ireland, the Department of Health and Social Services maintains a register of people who have left or been dismissed from employment in circumstances which indicate they may pose a threat to children (Social Services Inspectorate, undated a, p. 41). An equivalent list is not kept in Scotland (Cullen, 1996, p. 141).[50]

In England and Wales, the Department for Education maintains a list (List 99) "of people who have been employed in schools who the Secretary of State has considered unsuitable for relevant employment. The names on this list are also included in the Department of Health's Consultancy Service Index" (Support Force for Children's Residential Care, 1995, p. 49). In Scotland, an equivalent list (List 1R) is maintained by the Scottish Office Education and Industry Department.[51]

SFCRC also states that superannuation information can be checked against the curriculum vitae provided by the candidate and inconsistencies can be investigated (Support Force for Children's Residential Care, 1995, p. 50). Finally, SFCRC states that CCETSW has details of "all the staff who obtained preliminary certificates or full professional qualifications issued by itself or CTC[52]" (Support Force for Children's Residential Care, 1995, p. 51) and verification of qualifications can be done through CCETSW's registry.

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The National Commission of Inquiry into the Prevention of Child Abuse recommended that a fully integrated and automated system should be established "to record information about all those working in children's services found guilty of, or cautioned or subjected to formal disciplinary action for, any kind of assault against children or other serious misdemeanour which has placed children at risk" (Williams of Mostyn, 1996, p. 51). This would be accessible to employers and voluntary organisations.

The Gulbenkian Foundation (1993) concluded that there has been "little attempt to look comprehensively at how to use recruitment and vetting procedures effectively to seek to safeguard children from ill-treatment and abuse by people working with or for them" (Gulbenkian Foundation, 1993, p. 147). Nunno and Rindfleisch also state that screening strategies have never been formally evaluated but that "our survey found

[49] SFCRC give contact addresses for the Department of Health Consultancy Service Index, the DfEE List 99 and CCETSW.

[50] Gulbenkian Foundation (1993) describe such a list maintained by the Social Work Services Group of the Scottish Office but this list had not been in operation for a number of years prior to 1993 (Children's Safeguards Review Team)

[51] Cullen states that these lists are held by local authorities (Cullen, 1996, p. 140)

[52] Central Training Council in Child Care, CCETSW's predecessor prior to 1971.

that many child protective professionals were sceptical of their usefulness since the great majority of abusers have not been identified formally by the judicial system, and reliance on police checks gives one a false sense of security" (Nunno and Rindfleisch, 1991, pp. 302-303)

Probation and Induction

Skinner (1992) stresses that there should be a period of probation for new staff and this must be linked to induction and probationary training and assessment. The report recommends that staff who have not previously worked in residential child care should serve a one year probationary period and that their performance should be assessed at level 2 of the Scottish Vocational Qualifications (SVQ) for Staff in Residential and Day Care Services (Skinner, 1992, p. 73). Warner (1992) also recommends a twelve month probationary period but considers that this should be regardless of the background of the person appointed (Warner, 1992, p. 82).

> Regular formal assessment should ensure that at all stages of the probation period the individual is aware of progress and of his or her shortcomings, and advised on how problems are to be tackled (Warner, 1992, p. 82).

Formal assessment should take place initially within six weeks of appointment, a further assessment within six months, and the final assessment at 12 months. Assessment should relate to the person specification and job description and initial progress and shortcomings should be formally identified, recorded and plans made for any necessary action (Support Force for Children's Residential Care, 1995, p. 61). A written certificate at successful completion of probation should be seen as "a record that the individual has satisfied line management that he or she is competent to work with children <u>in that particular home</u>" (Warner, 1992, p. 83, emphasis in original)

> If the worker's standards do not meet expectations after 12 months, it is then possible to extend probation, to redeploy the person, or, as a last resort, to dismiss them (Support Force for Children's Residential Care, 1995, p. 61)

The provision of induction training varied widely across different agencies in Scotland (Skinner, 1992, p. 74). The Skinner report recommends that:

> "all residential child care staff should have 2 weeks' induction training. This should be the training target given first priority" (Skinner, 1992, p. 74).

This needs to cover a general introduction to residential child care and in more detail needs to include: "the functions and objectives of the particular home, handling admissions, relationships with young people and children, their parents, other professionals, responding to crises, handling issues of sanctions and control ..." (Skinner, 1992, p. 74)

> ... our discussions with staff suggests that all too often induction of new staff is given a low priority... There are still about a fifth of employers providing no

> induction at all. This situation is in our view unacceptable and unsafe (Warner, 1992, p. 129)

Induction training must be flexible and personal so the first stage involves an assessment and identification of an individual's gaps in knowledge and experience. New staff must be given information on the home's aims, policies and principles. There will also be a need for information on the type of children looked after and their particular problems; the therapies used; and the aims of the home in terms of outcomes (Warner, 1992, p. 130). The Support Force for Residential Child Care sets out the purpose of the induction programme as:

> to ensure that the new member of staff can work safely, competently and consistently within legal and departmental requirements
> to enable the whole residential staff team to understand and be clear about their professional role and place within the organisation
> to raise the quality of unit practices and standard of care received by children and young people through consistent practice
> to enable new managers to effectively discharge their responsibilities with the best use of resources and achievement of good quality residential care in the minimum time after their commencement in post (Support Force for Residential Child Care, 1995, p. 58)

Induction training should be seen as part of an integrated staff development programme and should offer a variety of learning approaches (Support Force for Residential Child Care, 1995, pp. 59-60). A model two week induction programme is set out:

> *preparatory stage* - documentation and information sent to the new staff member before s/he starts work;
> *first week* - the induction process; role of the unit; care planning as a provider; policies and procedures; administrative systems;
> *second week* - corporate context and departmental perspective; role of the worker; child study; observation of direct work and external visits; reflection on learning and identification of future learning
> *evaluation of progress, follow-up and reinforcement* - close formal supervision and support should explicitly monitor progress in assimilating the requirements of the job and competence level (Support Force for Residential Child Care, 1995, Appendix Q, pp. 42-45)

Foster Care Assessment

Anderson (1982) comments that reviewing the literature:

> ... leads one to conclude that there is a common agreement about the qualities that are needed for good foster parenting, a frustration over how to determine ahead of time whether applicants possess those qualities, and a concern about the time involved in doing the studies. (Anderson, 1982, pp. 37 - 38; see also Shaw, 1989)

Anderson advocates an assessment process which involves: an initial interview to describe the agency and screen out grossly unsuitable applicants; a second interview to complete a questionnaire based on research by Cautley; a third interview to administer a genogram, a social and emotional history that includes detailed information about marriages, relationships, family, and occupation and education; a home visit to meet all members of the applicant family and to assess their emotional system and communication skills; and interviews with referees (Anderson, 1982, pp. 42 - 43). Anderson does raise the issue that "the process depends heavily on self-reporting and people do not always tell the truth, or the whole truth, about themselves" (Anderson, 1982, p. 45). This issue has been addressed by Ryburn and he argues for a model of assessment in which "the social work role is one of skilled facilitation and the evaluative judgements are those of the consumers" (Ryburn, 1991, p. 25). Shaw also stresses that in assessing “the actual or potential effectiveness of a foster family, it will be more fruitful (if more difficult) to apply a systems perspective than to study the personal characteristics of any one of the participants” (Shaw, 1989, p. 150)

Only one article was identified as focusing specifically on the issue of child sexual abuse in relation to the assessment of foster carers. Barnardo's New Families in Humberside, following an instance of sexual abuse by the foster father with the knowledge of the foster mother, changed their method of assessing foster carers. The assessment process stressed:

> **information giving** (interview with social worker + full day group meeting). Most of the children on referral to the Project were known to have been sexually abused and the likelihood of disclosure was stressed to prospective adopters. The need to investigate and assess as to whether the applicants' family is a safe one is clearly stated (to be open about what the procedures entail, and hopefully to deter potential sexual abusers)
>
> **information collection** (obtaining statutory and personal references, police checks, medicals etc.). With the knowledge and permission of the applicants, all referees are specifically asked whether they have any reason to believe that the applicant(s) would physically or sexually abuse a child. Previously married applicants are asked permission to contact their ex-spouse or a referee who knew them well during the previous marriage.

At this stage, a brief report goes forward to the adoption panel asking for a recommendation for the application to proceed or not.

> **Family and Individual Interviews** (a family form is completed by applicants, individual interviews and a family interview are conducted). The family form includes questions on how they learned the facts of life, previous significant relationships, courtship, adjustments to sex, and present sexual relationships. Individual interviews include questions on whether they feel a child would be `safe' in their family, and about issues of sexuality, and growing up. The family interview will address issues such as:

- the adults' and children's ability to be open and comfortable about bodily parts
- power relationships within the family
- family boundaries
- `open' and `closed' families
- the family's ability to accept and express feelings
- family secrets
- adult understanding of norms and taboos

(Francis, 1991, pp. 72 - 77)

Francis concludes that this paper is "one agency's attempt to address what we believe to be hitherto unexamined areas of work" and that the "fear that we may, despite all of our attempts to assess accurately, approve further abusing families is very real and does not go away" (Francis, 1991, p 78). NFCA also stress the importance of addressing attitudes to sex and sexuality in assessment as these will have direct implications for children placed in foster care. Assessment should provide:

> ... opportunity for discussion of sexual matters and provides a start for looking at sexual relationships both within and outside the family. It also opens discussion on dealing with sexualized behaviour from potential foster children, and gives an opportunity for considering how safe the placement can be for everyone. (NFCA, 1993, p. 8)

Finkelhor, Williams and Burns suggest that in relation to day-care, "many of the most heated public policy debates revolve around whether it is possible to develop procedures that would more effectively exclude potential abusers from day-care operations" (Finkelhor, Williams and Burns, 1988, p. 65). They concluded from their study that perpetrators did not have characteristics which would distinguish them easily from other staff members or other people in general. While a number of abusers had problem histories which may or may not have been related to their abusing, "the number of cases is truly impressive in which perpetrators appeared to be very upstanding individuals who made a good impression on parents and licensers and who had nothing noteworthy in their backgrounds" (Finkelhor, Williams and Burns, 1988, p. 68). They conclude that it is not feasible to screen people for problems in their backgrounds and ferret out child molesters.

There is no reason to believe that the situation would be any different in terms of other forms of care and it is unlikely that selection and assessment will ever be able to effectively screen out **all** abusers. Macaskill writes:

> Even when social workers may consider that they have undertaken the most thorough assessment and preparation of a substitute family, it is essential for them to recognize the possibility that sexual abuse could still occur within this foster or adoptive family (Macaskill, 1991, pp. 108 - 109, see also Pringle, 1993; Sone, 1992)

In relation to residential care, Utting makes a similar point:

> However good the checks employed in the selection of staff there can be no guarantee that staff will not abuse children placed in their care. Consequently there must be management machinery in place which can detect abuse and be alert to the potential for abuse (Utting, 1991, p. 36)

Support of Carers and Staff

Supervision

Supervision of staff in most chidren's homes is irregular and some temporary staff were entirely excluded from the supervisory process. In only a minority of homes is supervision a frequent occurrence, properly minuted and afforded clear priority (Social Services Inspectorate, undated a, p. 50). Warner found that formal appraisal systems for heads of homes existed in only 30% of local authorities and in 18% of authorities for care staff (Warner, 1992, p. 94). Supervision took place fortnightly to monthly in nearly all cases although "many employing authorities report that the bulk of supervision in children's homes is `informal'" (Warner, 1992, p. 95; see also Social Services Inspectorate, undated b) which was taken to mean unplanned, ad hoc and irregular. Warner recommended that

> The Government should require employers to ensure that regular supervision of all staff by line managers takes place at least fortnightly and appropriate remedial or developmental action is agreed, recorded and taken as a result (Warner, 1992, p.96)

Supervision presents an opportunity to raise concerns about particular children or the actions of another member of staff. An annual formal performance appraisal was also recommended (Warner, 1992, p. 97).

> Without regular and effective supervision care workers can become worn down as they find there is nobody with whom they can talk through their own reactions and responses to the behaviour with which they are confronted. Their own anger and frustration can turn in on themselves and the result is burn-out and less effective care for children. Standards can drop and inappropriate staff behaviour can develop unchecked (Warner, 1992, p. 94)

Suskind argues that "supervision that is sensitive to the subtle ways in which staff express their own need for help and their own dependency is most important" (Suskind, 1986, p. 24) and supervisors need to be alert to the signs of burn-out

Karban and Mills (1995) found, in a small scale study in one local authority, that experienced residential workers identified agency commitment and resources for supervision as one of the most important factors in recruiting suitably qualified and experienced staff to senior worker and manager posts; "the over-riding theme appeared to be an emphasis on the need for supervision for the manager himself and the opportunity to offer support and supervision to the team" (Karban and Mills, 1995, p. 26). The Support Force for Children's Residential Care have produced a practice guide to supervision which highlights the three strands to supervision

“getting the work done well - or oversight; staff support; staff development” (Support Force for Children’s Residential Care, 1995b, p. 7).

Training

Throughout this review, the importance and necessity of training has been consistently highlighted in the literature; "training of staff in institutions is a major factor in preventing and correcting institution abuse" (Harrell and Orem, 1980, p. 40)

> Training and staff development ensure that practice does not stagnate; and it can prevent poor practice becoming the norm, by encouraging staff to reassess their approaches and procedures. It is the prime means of bringing new ideas and practices into children's homes. Training is essential to good child care practice and ultimately the safety of children (Warner, 1992, p. 113)

Sluyter and Cleland (1979) stress that training should place an emphasis on development of caregiver skills, and suggest that there needs to be ongoing supervision, on-the-job training from a supervisor who is on-call 24 hours a day. They also stress that in-service training needs to include an explanation that both administrative action and possibly court action can and will be taken against any employee guilty of resident abuse - verbal or physical and that failure of employees at any level to record an accident or injury to a resident could lead to discharge (Sluyter and Cleland, 1979). Mills (1995) calls for training for residential staff "to be provided with the overall context of anti-oppressive practice" and with opportunities for "career developments through secondment policies for unqualified staff" (Mills, 1995, p. 62).

The training and support of foster carers has also been stressed as vital. A number of training programmes for foster carers on issues of child sexual abuse have been described in the literature (Blumler et al, 1986; Davis et al, 1987; Devine and Tate, 1991; Sanders and McAllen, 1995; see also, Pine and Jacobs, 1989). NFCA now provide a range of training courses which include: `Caring for children who involve others in sexual activities'; `Child protection and foster care'; `Managing behaviour'; Managing stress in foster care'; Men in child care'; `Safe caring: minimising the risk of false allegations'; `Sex and sexuality' (NFCA, 1996).

Since most sexual abuse in foster families is carried out by foster fathers, it is crucial that they are included in preparation and training about abuse and its effects on the victim. Finkelhor, Williams and Burns, in relation to day-care, stress the importance of:

> ... clear sexual-abuse-deterrence training for family members of day-care operators. Classes, literature, and briefings could be made mandatory for all those in the household, explicitly discussing sexual abuse, in the hope of thereby deterring some possible perpetrators. (Finkelhor, 1988, p. 69)

Macaskill also highlights the importance of preparing other children in the foster family. While most families in the study made some attempt to prepare the other children in a general way, very few prepared them in terms of the issue of sexual abuse and how this might affect them. She found clear evidence that "bringing a sexually abused child into the family placed the other children in a vulnerable situation, especially when they were not adequately forewarned about potential difficulties" (Macaskill, 1991, p. 84). She highlights the need to prepare other children for: sexual overtures from the abused child;

disruptive and anti-social behaviour; and inevitable loss of parental attention (Macaskill, 1991, p. 90).

Whistleblowing

> Evidence suggests that a procedure enabling staff to voice their concerns about the actions of other staff in the home or more senior management is essential. Staff have expressed to us their difficulty in making known their views about professional issues arising in homes... We have had our attention drawn to several cases where a member of staff has felt that they had to resign before they could express their concerns about their experiences (Warner, 1992, p. 104)

Staff in all children's homes must be able to raise concerns outside their line management structure in the confidence that genuine complaints will not have repercussions for them in their day to day work or their later careers (Warner, 1992; see also Gulbenkian, 1993).

External Support

Warner stresses the need for support from specialists in other agencies. such as child psychiatrists and educational psychologists

> The picture to emerge from our visits is that too often staff in children's homes are left to cope with abused, disturbed and violent young people without access to the specialist psychiatric and psychological services that are needed (Warner, 1992, p. 144)

Over half the heads of units in the survey of residential establishments in Scotland felt they needed additional support such as a specialist adviser, consultant or psychologist, and "often such a specialist was required to provide a service both to residents and/or staff, such as an independent counsellor" (Harvey, 1992, pp. 27-28). Warner also highlights the importance of staff care schemes such as stress counselling (Warner, 1992, pp. 154-155). Berry, in 1975, advocated as her main recommendation that all residential workers should have opportunities for support and consultation and "every residential unit requires a special senior supporter who devotes himself (sic) to the staff without being directly responsible for the children... a consultant, counsellor, supervisor or therapist (but not an inspector)" (Berry, 1975, p. 134)

Boushel also stresses the importance of emotional and practical support to foster carers to prevent `burnout' and stress-related abuse (Boushel, 1994, p. 36)

External Systems

Inspection, Monitoring and Standards

> An important safeguard for children's homes ought to be the new independent inspection and registration arrangements... `arms-length' unit (i.e., independent of the home's line management) for inspecting their own and private children's homes (Warner, 1992, p. 108)

Standards need to include: statement of purposes and objectives; physical state of repair of building; amenities available; privacy and individualisation; rewards and sanctions used; control procedures used; treatment and care policies; staffing levels; experience, qualifications and training of staff ; frequency and nature of supervision; children's rights and complaints procedures (Warner, 1992, p. 109).

Warner also stresses the importance of monitoring by line managers of homes through the effective collection of information and processes for acting on that information (Warner, 1992, p. 110) However, Social Services Inspectorate "identified considerable weaknesses in the external management and monitoring of residential child care services" (Social Services Inspectorate, undated b, p. 87)

Warner called for a national definition of standards which would provide a more rational framework for registration and inspection and recommended that

> The Government should commission the preparation of a Code of Practice defining the national standards of residential care for different groups of children and young people, that should be followed by all employers and inspection and registration units (Warner, 1992, p. 166)

In 1994, the Social Services Inspectorate published standards for residential care to support inspections of residential child care services (Social Services Inspectorate, 1994). The National Commission of Inquiry into the Prevention of Child Abuse suggest a number of points should be taken into account in the final determination of the future role of the social services inspection: regulation should be extended to cover all situations where children are cared for away from home; there should be an integrated approach to the inspection and regulation of provisions for children away from home, whether they be predominantly education, health, or social care in emphasis; the provision of care for children should not be seen in the same light as other "small businesses"; regulation should not be regarded as unnecessary bureaucracy but as essential to protect children from abuse; training for residential work with children should ensure that staff are equipped to work with children and young people who have often had very damaging experiences (Williams of Mostyn, 1996, pp. 91-92)

Family and Community Involvement

Effective programmes are consumer orientated, a harm free environment is open to the scrutiny of persons outside the treatment environment. Daly and Dowd describe a system which actively seeks consumer input. In each home of eight children, over 75 consumers are canvassed to assess caregiver pleasantness, concern and co-operation, as well as child improvement and development. Kahan (1994) states that effective monitoring of arrangements and activities in an establishment will include regular

review meetings of staff; regular written reports reviewing work and matters such as young people's behaviour. These reviews should incorporate feedback from young people as well as others associated with the establishment, particularly local authority inspection units. Kahan (1994) advocates that everyone visiting a residential establishment in an official capacity should be aware of their responsibility to safeguard the welfare of children and young people living there.

> ... it is important that parents, placing agencies and others with an interest in the children have regular access to the home or school to help ensure that children's welfare is properly safeguarded and promoted (Kahan, 1994, p. 187; see also Sullivan et al, 1987)

Parents and informal visitors also need to be told about complaints procedures and how to make their concerns known.

Whitaker stresses the importance of building community supports through linkages to family, neighbourhood, and other caregivers who are potential sources of social support to young people and their families (Whitaker, 1987, p. 89; see also Mercer, 1982). There is:

> ... no better antidote to institutional maltreatment exists than the presence of concerned, knowledgeable, and committed citizens asking "naive" questions. (Whitaker, 1987, p. 98).

Similarly, Boushel highlights how a `rich social network' for children in foster care can provide "potential confidantes, role models, opportunities to develop social skills, and intellectual and social stimulation" (Boushel, 1994, p. 36).

In the United States, federally sponsored projects have "sought to address the isolated nature of institutions by creating oversight criteria and citizens' review committees to examine day-to-day care of children and open the facility to the community (Nunno and Rindfleisch, 1991, p. 303; see also Harrell and Orem, 1980). Silberberg and Silberberg (1982) also advocate the establishment of community review teams, "consisting of consumers and sympathetic service providers would have investigative or appeal functions" (Silberberg and Silberberg, 1982, p. 136; see also Gil and Baxter, 1979; Whitaker, 1987)

Warner warns however, that while external visiting is an important part of the "checks and balances", it is important to remember that children's homes are primarily homes and "children should not be subjected to endless visits from strangers concerned for their welfare" (Warner, 1992, p. 101)

Conclusion

This review has aimed to pull together the research and literature on the nature and extent of abuse and other harm experience by children and young people living away from home. While it has focused on the negative aspects of abuse and harm, it has also aimed to highlight the measures which can protect children and promote their well-being. Central to the review has been the intention of highlighting the importance that children and young people gain a positive, individualised experience of care.

It is crucial that a holistic and integrated approach to the care and protection of child and young people is adopted. This must take into account their experiences of care on a day-to-day basis and link this to the wider organisational and policy contexts in which care is provided; to the relationships between differen professions and agencies; and to the social, economic and legislative processes which underpin the provision of care and the protection of children (Kendrick, 1995; Kendrick et al, 1996). This means that providing a safe and caring environment involves action at all levels; in day-to-day practice; in management and planning; and in politics and policy-making at local and national level. Children in the care of the state have often experienced abuse and neglect in their own home environment, the least they should expect is safety from abuse when in care.

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> If a society damns its institutions as reflecting its evil and uncaring self and therefore doesn't provide them with enough resources, it becomes a self-fulfilling prophecy that under-funded institutions will attract individuals who are less well trained and less motivated, less caring and less responsible, and less healthy, thereby providing an increasingly fertile ground for all kinds of abuse (Siskind, 1986, p. 28)

> "Who can we trust? Who do we trust? Who should we trust?
> (young person abused in care, Safe & Sound, 1995)

References

Abrahams, C. and Mungall, R. (1992) *Runaways: Exploding the Myth*, London, NCH.

Agathanos, H. (1983) Institutional child abuse in Greece: some preliminary findings, *Child Abuse & Neglect,* Vol 7, pp. 71-74. **(Greece)**

Agnew, S. (1989) Aggressive behaviour in boys: to what extent is it institutionalised?, in Tattum, D.P. and Lane, D.A. (eds) *Bullying in Schools*, Stoke-on-Trent, Trentham Books, pp. 59-72.

Ahmad, B. (1990) *Black Perspectives in Social Work,* London: Venture Press.

Ahmed, S, Cheetham, J., and Small, J.(eds) (1986) *Social Work with Black Children and their Families,* London: Batsford.

Alexander, B. (1996) Response to `A challenge to residential fundamentalists', *Centrestage, The Newsletter of Scottish Residential Childcare*, Issue 4, p. 4.

Allen, D. (1993) In the wake of Allitt, *Nursing Standard*, Vol 7 No 36, pp. 18-19.

Ammerman, R.T., Van Hasselt, V.B., Hersen, M., McConigle, J.J. & Lubetsky, M.J. (1989) Abuse and neglect in psychiatrically hospitalised multihandicapped children, *Child Abuse & Neglect,* Vol 13 No 3, pp. 335-343. **(USA)**

Anderson, L.M. (1982) A systems theory model for foster home studies, *Child Welfare*, Vol 61 No 1, pp. 37 - 47) **(USA)**

Atten, D.W., and Milner, J.S. (1987) Child abuse potential and work satisfaction in day-care employees, *Child Abuse & Neglect*, Vol 11, pp 117-123. **(USA)**

Audit Commission (1994) *Seen But Not Heard: Co-ordinating Community Child Health and Social Services for Children in Need,* London: HMSO.

Authier, K.J. (1987) The community basis for protecting handicapped children, in Garbarino, J., Brookhouser, P.E. and Authier, K.J. (eds) *Special Children - Special Risks: The Maltreatment of Children with Disabilities,* New York: Aldine de Gruyter, pp. 231-243. **(USA)**

Baldwin, N. (1990) *The Power to Care in Children's Homes,* Aldershot, Avebury.

Barn, R. (1993) *Black Children in the Public Care System,* London: Batsford.

Barrett, D. (1995) Child prostitution, *Highlight,* No 135, National Children's Bureau.

Batty, D. (ed) (1991) *Sexually Abused Children: Making Their Placements Work*, British Agencies for Adoption and Fostering, London.

Bedarf, A.R. (1995) Examining sex offender notification laws, *California Law Review,* Vol 83, pp. 885-939. **(USA)**

Bell, L. and Tooman, P. (1994) Mandatory reporting laws: a critical overview, *International Journal of Law and the Family,* Vol 8, pp. 337-356

Belson, P. (1993) Children in hospital, *Children & Society*, Vol 7 No 2, pp. 196-210.

Benedict, M.L., Zuravin, S. Brandt, D. and Abbey, H. (1994) Types and frequency of child maltreatment by family foster care providers in an urban population, *Child Abuse & Neglect*, Vol 18 No 7, pp. 577-585. **(USA)**

Benedict, M.I., Zuravin, S., Somerfield, M. and Brandt, D. (1996) The reported health and functioning of children maltreated while in family foster care, *Child Abuse & Neglect*, Vol 20 No 7, pp 561-571. **(USA)**

Benthall, J. (1991) Invisible wounds: corporal punishment in British schools as a form of ritual, *Child Abuse & Neglect,* Vol 15, pp. 377-388.

Berridge, D. (1985) Children's Homes, Oxford: Blackwell.

Berridge, D and Brodie, I. (1996) Residential child care in England and Wales: the inquiries and after, in Hill, M. and Aldgate, J. (eds) *Child Welfare Services: Developments in Law, Policy, Practice and Research*: London, Jessica Kingsley.

Berridge, D. and Cleaver, H. (1987) *Foster Home Breakdown*, Oxford: Blackwell.

Berry, J. (1975) *Daily Experience in Residential Life: A Study of Children and Their Care-Givers,* London: Routledge & Kegan Paul.

Besharov, DJ (1984) Child welfare malpractice: suing agencies and caseworkers for harmful practices, *Trial,* March, pp 56 - 64. **(USA)**

Besharov, D. (1987) Reporting out-of-home maltreatment: penalties and protections, *Child Welfare*, Vol 66 No 5, pp. 399-408. **(USA)**

Bibby, P (1996) Definitions and recent history, in Bibby, P. (ed) Organised Abuse: The Current Debate, Aldershot: Arena.

Biggar, K. and Neal, D. (1996) Caring for the suicidal in custody: developing a multi-disciplinary approach, *Omega - Journal of Death and Dying,* Vol 33 No 3, pp. 207-213.

Black and In Care (1992) *Black and In Care Annual Report 1991/1992*, London: Black and In Care.

Black, S. (ed) (1992) *Mustn't Grumble: Social Work Complaints Procedures,* Seminar Paper No. 2. Dundee: Social Services Research Group Scottish Branch.

Blatt E.R. (1992) Factors associated with child-abuse and neglect in residential care settings, *Children & Youth Services Review*, Vol 16 No 6, pp 493 - 517 **(USA)**

Blatt, E.R. and Brown S.W. (1986) Environmental influences on incidents of alleged child abuse and neglect in New York state psychiatric facilities: towards an etiology of institutional child maltreatment, *Child Abuse & Neglect*, Vol 10, pp 171 - 180. **(USA)**

Bloom, R.B. (1992) When staff members sexually abuse children in residential care, *Child Welfare*, Vol 71 No 2, pp. 131 - 145 **(USA)**

Blumler, J., Keyte, M., and Wiles, A. (1987) Training foster parents about sexual abuse, *Adoption and Fostering*, Vol 11 No 2, pp. 33-35.

Bolton F, Laner R, and Gai D (1981) For better or for worse? foster parents and foster child in an officially reported child maltreatment population, *Child and Youth Services Review,* Vol 3 Nos 1 - 2, pp 37 - 53 **(USA)**

Boss, P., Edwards, S. and Pitman, S. (eds) (1995) *Profile of Young Australians: Facts, Figures and Issues*, Melbourne: Churchill Livingstone. **(Australia)**

Boushel, M. (1994) Keeping safe: strengthening the protective environment of children in foster care, *Adpotion & Fostering*, Vol 18 No 1, pp. 33-39

Bowles, N. (1995) Methods of nurse selection: a review, *Nursing Standard*, vol 9 No 15, pp. 25-29.

Brannan, C., Jones, J.R., and Murch, J.D. (1993a) *Castle Hill Report: Practice Guide,* Shropshire County Council.

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

Brindle, D. (1997) Eighty are called by abuse tribunal, *The Guardian,* 18 January 1997, p. 6.

Brookhouser, P.E. (1987a) Ensuring the safety of deaf children in residential schools, *Otolaryngology - Head and Neck Surgery*, Vol 99 No 4, pp.361-368 **(USA)**

Brookhouser, P.E. (1987b) Medical issues, in Garbarino, J., Brookhouser, P.E. and Authier, K.J. (eds) *Special Children - Special Risks: The Maltreatment of Children with Disabilities,* New York: Aldine de Gruyter, pp. 161-178. **(USA)**

Brookhouser, P.E., Scanlan, J.M., Knutson, J.F. and Schulte, L.E. (1991) Patterns of physical and sexual abuse of communicatively handicapped children, *Annals of Otology, Rhinology & Laryngology,* Vol 100 No 3, pp. 188-194 **(USA)**

Brookhouser, P.E, Sullivan, P., Scanlan, J.M. and Garbarino, J. (1986) Identifying the sexually abused deaf child: the otolaryngologist's role, *Laryngoscope,* Vol 96 No 2, pp. 152-158 **(USA)**

Browne, K. and Falshaw, L. (1996) Factors related to bullying in secure accommodation, *Child Abuse Review,* Vol 5, pp. 123-127

Buchanan, A., Wheal, A., Walder, D., Macdonald, S. and Coker, R. (1993) *Answering Back: Report by Young People Being Looked After on The Children Act 1989,* Southampton: CEDR, Department of Social Work Studies, University of Southampton

Burton, J. (1993) *The Handbook of Residential Care*, London: Routledge.

Butler, I. and Williamson, H. (1994) *Children Speak: Children, Trauma and Social Work,* Harlow: Longman.

Caesar, G., Parchment, M. and Berridge, D. (1994) *Black Perspectives on Services for Children in Need,* London: National Children's Bureau and Barnardo's

Carbino, R. (1991) Advocacy for foster families in the United States facing child abuse allegations: how social agencies and foster parents are responding to the problem, *Child Welfare*, Vol 79 No 2, pp. 131 - 149. **(USA)**

Carbino, R (1992) Policy and practice for response to foster families when child abuse or neglect is reported, *Child Welfare*, Vol 71 No 6, pp. 497 - 509. **(USA)**

Carrey, N..J. and Adams, L. (1992) How to deal with sexual acting-out on the child psychiatric inpatient ward, *Journal of Psychosocial Nursing*, Vol 30 No 5, pp. 19-23. **(Canada)**

Cavanagh, J. (1992) Children and young people in out-of-home care: treating and preventing individual, programmatic and systems abuse, *Children Australia,* Vol 17 No 2, pp. 17-25. **(Australia)**

Cavara, M. and Ogren, C. (1983) Protocol to investigate child abuse in foster care, *Child Abuse & Neglect*, Vol 7, pp. 287-295. **(USA)**

Centre for Residential Child Care (1995) *Guidance for Residential Workers Caring for Young People who have been Sexually Abused and Those who Abuse Others,* Glasgow: Centre for Residential Child Care.

Chamberlain, L. (1991) On faith or fact? *Community Care*, 8 October 1992.

Cheetham, J. (1986) Introduction, in Ahmed, S, Cheetham, J., and Small, J. (eds) *Social Work with Black Children and their Families,* London: Batsford.

Childright (1995) Child prostitution - protection not prosecution, *Childright,* No 121, pp. 7-8.

Clayden, M. (1992) The aftermath of betrayal, *Community Care,* 15.10.92, pp. 20-22.

Cliffe, D. with Berridge. D. (1991) *Closing Children's Homes: An End to Residential Care?,* London: National Children's Bureau.

Clothier, C. (1994) *The Allitt Inquiry: Independent Inquiry Relating to Deaths and injuries on the Children's Ward at Grantham and Kesteven General Hospital During the Period February to April 1991,* London: HMSO.

Colton, M. and Vanstone, M. (1996) *Betrayal of Trust: Sexual Abuse by Men who Work with Children... In Their Own Words,* London: Free Association Books.

Conen, M.L. (1995) Sexual abuse by professionals in residential agencies for children and adolescents, *Praxis der Kinderpsychologie und Psychopsychiatrie*, Vol 44 No 4, pp. 134 - 140. **(Germany)**

Connell, A. and Farrington, D.P. (1996) Bullying among incarcerated young offenders: Developing an interview schedule and some preliminary results, *Journal of Adolescence,* Vol 19 No 1, pp. 75-93. **(Canada)**

Connett, D and Calvett, J. (1997) The school for sex abusers, *The Observer,* 9 March 1997, pp.8-9.

Cooke, D.J. (1991) Violence in prisons: The influence of regime factors; *Howard Journal of Criminal Justice*, Vol 30 No 2, pp. 95-109.

Cotton, D.J. and Groth, A.N. (1984) Sexual assault in correctional institutions: prevention and intervention, in Stuart, I.R. and Greer. J.G. (eds) *Victims of Sexual Aggression: Treatment of Children, Women and Men*, New York: Van Nostrand Reinhold, pp. 127-155. **(USA)**

Craft, A. and Hitching, M. (1989) Keeping safe: sex education and assertiveness skills, in Brown, H. and Craft, A. (eds) *Thinking the unthinkable: Papers on Sexual Abuse and People with Learning Difficulties,* London: FPA Education Unit.

Crenshaw, D.A. (1988) Responding to sexual acting-out, in C.E. Schaefer & A.J. Swanson (eds) *Children in Residential Care: Critical Issues in Treatment,* New York, Van Nostrand Rheinhold, pp. 50-76 **(USA)**

Crenshaw, W.B., Bartell, P.A. and Lichtenberg (1994) Proposed revisions to mandatory reporting laws:an exploratory survey of child protective service agencies, *Child Welfare*, Vol 73 No 1, pp. 15-27 **(USA)**

Crimmens, D. (1994) Residential childcare: the future of comparative European research, *Social Work in Europe,* Vol 1 No 1, pp. 22-26. (reproduced in Caredata)

Cross, M. (1992) Abusive practices and disempowerment of children with physical impairments, *Child Abuse Review*, Vol 1, pp. 194-197.

Crossmaker, M. (1991) Behind locked doors - institutional sexual abuse, *Sexuality and Disability,* Vol 9 No 3, pp. 201-219. **(USA)**

Daly, D.L. and Dowd, T.P. (1992) Characteristics of effective, harm-free environments for children in out-of-home care, *Child Welfare,* Vol 71 No 6, pp. 487-495 **(USA)**

Davies, B. (1992) Suicide awareness: the Listener Scheme at Swansea, in *Perspectives on Prison: A Collection of Views on Prison Life and Running Prisons,* London: HMSO.

Davies, B. (1994) The Swansea Listener Scheme: views from the prison landings, *Howard Journal of Criminal Justice,* Vol 33 No 2, pp. 125-136

Davis, E., Kidd, L. and Pringle, K. (1987) *Child Sexual Abuse Training Programme for Foster Parents with Teenage Placements*, Newcastle upon Tyne: Barnardo's North East Division.

Deisz, R., Doueck, HJ, George, N. and Levine, M. (1996) Reasonable cause - a qualitative study of mandated reporting, *Child Abuse & Neglect*, Vol 20 No 4, pp. 275 - 287. **(USA)**

Degener, T. (1992) The right to be different: implications for child protection, *Child Abuse Review*, Vol 1, pp. 151-155.

Department of Health (1991) *Patterns & Outcomes in Child Placement: Messages from Current Research and their Implications,* London: HMSO.

Devine, C. and Tate, I. (1991) An introductory training course for foster carers, in Batty, D. (ed) *Sexually Abused Children: Making Their Placements Work*, British Agencies for Adoption and Fostering, London.

DHHS (1980) *Proceedings - 1978 National Conference on Child Abuse and Neglect*, Washington, US Department of Health and Human Services. **(USA)**

Donald, T. and Jureidini, J. (1996) Munchausen Syndrome by Proxy: child abuse in the medical system, *Archive of Pediatric and Adolescent Medicine,* Vol 150, pp. 753-758.

Doran, C. and Brannan, C. (1996) Institutional abuse, in Bibby, P. (ed) *Organised Abuse: The Current Debate*, Aldershot: Arena, pp. 155-166.

Downey, R. (1992) Abuse of power, *Social Work Today,* 17 September 1992, pp. 12-13

Dumond, R.W. (1992) The sexual assault of male inmates in incarcerated settings, *International Journal of the Sociology of Law*, Vol 20, pp. 135-157. **(USA)**

Durkin, R. (1982a) Institutional child abuse from a family systems perspective: a working paper, *Child & Youth Services*, Vol 4, pp 15 - 22 **(USA)**

Durkin, R. (1982b) No one will thank you: first thoughts on reporting institutional abuse, *Child & Youth Youth Services,* Vol 4 Nos 1-2, pp. 109-113. **(USA)**

Earl-Hubbard, M.L. (1996) The child sex offender registration laws: the punishment, liberty deprivation, and unintended results associated with the Scarlet Letter laws of the 1990s, *Northwestern University Law Review*, Vol 90 No 2, pp. 788-862. **(USA)**

Edgar, K. and O'Donnell, I. (1997) Responding to victimisation, *Prison Service Journal*, No 109, pp. 15-19.

Edwards, P. and Miltenberger, R. (1991) Burnout among staff members at community residential facilities for persons with mental retardation, *Mental Retardation*, Vol. 29 No. 3, pp. 125 - 12. **(USA)**

Elliott, M., Browne, K. and Kilcoyne, J. (1995) Child sexual abuse prevention: what offenders tell us, *Child Abuse & Neglect,* Vol 19 No 5, pp. 579-585.

Elvik, S.L, Berkowitz, C.D. Nicholas, E., Lipman, J.L. and Inkelis, S.H. (1990) Sexual abuse in the developmentally disabled: dilemmas of diagnosis, *Child Abuse & Neglect*, Vol 14 No 4, pp. 497 - 502. **(USA)**

Ennew, J. (1986) *The Sexual Exploitation of Children,* Cambridge: Polity Press.

Fielding, N. (1991) Could it ever happen again? *Community Care,* 29.8.91, pp. ii-iii.

Finkelhor, D., Araji, S., Baron, L., Browne, A., Doyle Peters, S. and Wyatt, G.E. (1986) *A Sourcebook on Child Sexual Abuse*, Newbury Park: Sage Publications. **(USA)**

Finkelhor, D., Williams, L.M. and Burns, N. (1988) *Nursery Crimes: Sexual Abuse in Day Care*, Sage Publications, Newbury Park. **(USA)**

Fisher, D. and Holloway-Vine, J. (1990) *Nottingshamshire Young Sex Offenders Group*, information paper.

Flekkoy, M.G. (1989) Child advocacy in Norway: the ombudsman, *Child Welfare,* Vol 58 No 2, pp. 113-122 **(Norway)**

Fletcher, B. (1993) *Not Just a Name: The Views of Young People in Foster and Residential Care*, London: National Consumer Council.

Francis, P. (1991) Child Sexual Abuse and Assessment of Substitute Families, in Batty, D. (ed) *Sexually Abused Children: Making Their Placements Work*, British Agencies For Adoption and Fostering, London.

Freeman-Longo, R.E. (1996) Feel good legislation: Prevention or calamity, *Child Abuse & Neglect*, Vol 20 No 2, pp. 95 - 101. **(USA)**

Friend, B. (1993) After Allitt, *Nursing Times,* Vol 89 No 21, p. 21.

Galbally, R. (1993) Child abuse and children with disabilities, *Australian and New Zealand Journal of Family Therapy,* Vol 14 No 4, pp. 225-228 **(Australia)**

Gallagher, B., Hughes, B. and Parker, H. (1996) The nature and extent of known cases of organised child sexual abuse in England and Wales, Bibby, P. (ed) *Organised Abuse: The Current Debate*, Aldershot: Arena, pp. 215-230.

Galloway, J. (1997) Forsaken on Romeo Block, *The Guardian Weekend,* February 8 1997, pp. 21-29

Garbarino, J. (1987) The abuse and neglect of special children: An introduction to the issues, in Garbarino, J., Brookhouser, P.E. and Authier, K.J. (eds) *Special Children - Special Risks: The Maltreatment of Children with Disabilities,* New York: Aldine de Gruyter, pp. 3-14. **(USA)**

Garrett, J.R. (1979) Institutional maltreatment of children: an emerging public issue, *Residential and Community Child Care Administration,* Vol 1, pp 57 - 68. **(USA)**

Gazan, H. and Flynn, J. (1986) The role of licensing in child placement and child protection, *Child Welfare,* Vol 65 No 2, pp 129-139. **(USA)**

Geddes, I. (1994) *Bullying and the Independent School*, M.Ed. Thesis, University of Edinburgh

Giovannoni, JM (1995) Reports of child maltreatment from mandated and non-mandated reporters, *Children and Youth Services Review*, Vol 17 No 4, pp. 487 - 501. **(USA)**

Gil, E. (1982) Institutional abuse of children in out-of-home care, *Child & Youth Services,* Vol 4 Nos 1-2, pp. 7-13. **(USA)**

Gil, E. and Baxter, K. (1979) Abuse of children in institutions, *Child Abuse & Neglect,* Vol 3, pp. 693-698 **(USA)**

Gilligan, R. (1996) Irish child care services in the 1990s: The Child Care Act 1991 and other developments, in Hill, M. and Aldgate, J. (eds) *Child Welfare Services: Developments in Law, Policy, Practice and Research*, London: Jessica Kingsley Publishers, pp. 56-74. **(Ireland)**

Glasper,E.A and Whiting, M. (1993) Implications of the Allitt case, *British Journal of Nursing,* Vol 2 No 11, pp. 555-556

Gough, D. (1996) An overview of the literature, in Bibby, P. (ed) *Organised Abuse: The Current Debate*, Aldershot: Arena.

Grimshaw, R. and Berridge, D. (1994) *Educating Disruptive Children: Placement and Progress in Residential Special Schools for Pupils with Emotional and Behavioural Difficulties,* London: National Children's Bureau.

Groze, V. (1990) An exploratory investigation into institutional maltreatment, *Children & Youth Services Review,* Vol 12, pp. 229-241. **(USA)**

Gulbenkian Foundation (1993) *One Scandal Too Many: The Case for Comprehensive Protection For Children in All Settings,* London: Gulbenkian Foundation.

Gustavsson, N.S. and Segal, E.A. (1994) *Critical Issues in Child Welfare*, Thousand Oaks: Sage Publications. **(USA)**

Gwynn, C., Meyer, R., and Schaefer, C. (1988)The influence of the peer culture in residential treatment, in C.E. Schaefer & A.J. Swanson (eds) *Children in Residential Care: Critical Issues in Treatment,* New York, Van Nostrand Rheinhold, pp. 30-49. **(USA)**

Hargrave M.C. (1991) Sexual incidents in residential treatment, *Child & Youth Care Forum*, Vol 20 No 6, pp 413 - 419. **(USA)**

Harrell, S.A. and Orem, R.C. (1980) *Preventing Child Abuse and Neglect: A Guide for Staff in Residential Institutions*, Washington: U.S. Department of Health and Human Services. **(USA)**

Harvey, J. (1992) A postal survey of heads of residential child care units in Scotland, in *The Review of Residential Child Care in Scotland: The Three Supporting Research Studies,* Central Research Unit Papers, Edinburgh: Scottish Office.

Harvey, J. (1993) Advocacy for children and protection of their rights within the public care system: the role of the child advocate within the South Australian Children's Interests Bureau, paper presented to the *Fourth Australasian Conference on Child Abuse and Neglect*, Griffith University, Queensland. **(Australia)**

Healy, P. (1992) Right for the job, *Social Work Today,* 19 November 1992, pp. 19-20

Hicks, C. and Nixon, S. (1991) Unfounded allegations of child abuse in the United Kingdom: a survey of foster parents' reactions to investigative procedures, *Child & Youth Services*, Vol 15 No 2, pp. 249 - 260.

HMSO (1995) *Child Protection: Messages from Research,* London: HMSO.

Home Office (1991) *Working Together Under the Children Act 1989,* London: HMSO

Home Office (1996) *Sentencing and Supervision of Sex Offenders: A Consultation Document*, London: HMSO.

Home Office/Scottish Office (1997) *Sex Offenders: A Ban on Working with Children: A Consultation Paper*, London: HMSO.

Howard League (1995a) *Banged Up, Beaten Up, Cutting Up: Report of the Howard League Commission of Inquiry into Violence in Penal Institutions for Teenagers under 18,* London: Howard League for Penal Reform

Howard League (1995b) *Troubleshooter: A Project to Rescue 15 Year Olds from Prison,* London: Howard League for Penal Reform.

Hudson, J.R. (1996) Response to `A challenge to residential fundamentalists', *Centrestage, The Newsletter of Scottish Residential Childcare*, Issue 4, p. 4.

Hughes, W.H. (1986) *Report of the Inquiry into Children's Homes and Hostels*, Belfast: HMSO

Hutchison, E. (1993) Mandatory reporting laws: child protective case finding gone awry? *Social Work,* Vol 38 No 1, pp. 56-63 **(USA)**

Ivory, M. (1996) Taking liberties, *Community Care,* 18.7.96, p. 21.

Janus, M.-D., Archambault, F.X, Brown, S.W, and Welsh, L.A. (1995) Physical abuse in Canadian runaway adolescents, *Child Abuse & Neglect,* Vol 19 No 4, pp. 443-447. **(Canada)**

Jerusalem, M.P. (1995) A framework for post-sentence sex offender legislation: perspectives on prevention, registration and the public's "right" to know, *Vanderbilt Law Review*, Vol 48, pp. 219-255. **(USA)**

Jesson, J. (1993) Understanding adolescent female prostitution - A literature review, *British Journal of Social Work*, Vol 23 No 5, pp 517 - 530

Jones, J. (1994) Towards and understanding of power relationships in institutional abuse, *Early Child Development and Care,* Vol 100, pp. 69-76.

Joseph, C. (1995) Scarlet wounding: issues of child prostitution, *The Journal of Psychohistory*, Vol 23 No 1, pp. 2-17. **(USA)**

Kahan, B. (1994) *Growing up in Groups,* London: HMSO

Kalichman, S.C. (1993) *Mandated Reporting of Suspected Child Abuse: Ethics, Law and Policy*, Washington, DC: American Psychological Association. **(USA)**

Kalichman, S.C. and Brosig, C.L. (1992) The effects of statutory requirements on child maltreatment reporting: A comparison of two state laws, *American Journal of Orthopsychiatry*, Vol 62 No 2, pp. 284-296 **(USA)**

Kamerman, S.B. and Kahn, A.J. (1990) Social services for children, youth and families in the United States [Special Issue] *Children and Youth Services Review,* Vol 12. **(USA)**

Karban, K and Mills, S. (1995) Testing the market - The recruitment of qualified and experienced residential child care staff, *Journal of Practice and Staff Development*, Vol 4 No 4, pp. 21-33.

Katz, M. (1988) Crisis intervention in residential care, in C.E. Schaefer & A.J. Swanson (eds) *Children in Residential Care: Critical Issues in Treatment,* New York, Van Nostrand Rheinhold, pp. 30-49. **(USA)**

Kelleher M.E. (1987) Investigating institutional abuse: a post-substantiation model, *Child Welfare*, Vol 66 No 4, pp 343 - 351. **(USA)**

Kelly, B. (1992) *Children Inside: A Study of Secure Provision*, London: Routledge.

Kelly, G. and Pinkerton, J. (1996) The Children (Northern Ireland) Order 1995: Prospects for Progress? in Hill, M. and Aldgate, J. (eds) *Child Welfare Services: Developments in Law, Policy, Practice and Research*, London: Jessica Kingsley Publishers, pp. 40-55

Kelly, L. (1992a) The connections between disability and child abuse: A review of the research evidence, *Child Abuse Review*, Vol 1, pp. 157-167

Kelly, L. (1992b) Can't hear or won't hear? - The evidential experience of children with disabilities, *Child Abuse Review*, Vol 1, pp. 188-190

Kelly, L. and Scott, S. (1993) The current literature about organized abuse of children, *Child Abuse Review,* Vol 2, pp. 281-287.

Kelly, J. (1995) Blissful ignorance, *Community Care,* 22.6.95, pp. 26-27

Kendrick, A. (1994) *Fostering Assessment in the Context of Child Sexual Abuse: A Literature Review,* Dundee: Tayside Region Social Work Department.

Kendrick, A. (1995) *Residential Care in the Integration of Child Care Services*, Central Research Unit Papers, Edinburgh: Scottish Office.

Kendrick, A. and Fraser, A. (1992) The review of residential child care in Scotland: a literature review', in *The Review of Residential Child Care in Scotland: The Three Supporting Research Studies*, Central Research Unit Papers, Edinburgh: Scottish Office.

Kendrick, A.J. and Mapstone, E. (1991) `Who decides?: child care reviews in two Scottish social work departments', *Children & Society*, Vol 5, No. 2, pp. 165 - 181.

Kendrick, A.J. and Mapstone, E. (1992) *Social Work Department Reviews of Children in Care*, Central Research Unit Papers, Edinburgh: Scottish Office.

Kendrick, A., Simpson, M. and Mapstone, E. (1996) *Getting it Together: Changing Services for Children and Young People in Difficulty*, York: Joseph Rowntree Foundation.

Kennedy, M. (1992) Not the only way to communicate: A challenge to voice in child protection work, *Child Abuse Review*, Vol 1, pp. 169-177.

Kennedy, M. and Kelly, L. (1992) Inclusion not Exclusion, *Child Abuse Review*, Vol 1, pp. 147-149

Kempe, C.H., Silverman, F., Steele, B., Droegmueller, W. and Silver, H. (1962) Battered-child Syndrome, *Journal of the American Medical Association*, Vol 181, p. 17-24. **(USA)**

King, M.B. (1992) Male rape in institutional settings, in Mezey, G.C. and King, M.B. (eds) *Male Victims of Sexual Assault.* Oxford: Oxford University Press, pp. 67-74.

Kirkwood, A. (1993) *The Leicestershire Inquiry 1992*, Leicester, Leicestershire County Council.

Knutson, J.F. and Sullivan, P.M. (1993) Communicative disorders as a risk factor in abuse, *Topics in Language Disorders,* Vol 13 No 4, pp.1-14. **(USA)**

Krause, K. (1974) Authoritarianism, dogmatism, and coercion in child caring institutions: a study of staff attitudes. *Child Welfare*, Vol 53, pp. 23-30. **(USA)**

Kufeldt, K. and Nimmo, M (1987) Youth on the street: abuse and neglect in the eighties, *Child Abuse & Neglect,* Vol 11, pp. 531-543 **(Canada)**

La Fontaine, J. (1990) *Child Sexual Abuse*, Polity Press, Cambridge

La Fontaine, J. and Morris, S. (1991) *The Boarding School Line: January - July 1991, A Report from ChildLine to the D.E.S.*, London: ChildLine.

Lambert, P. (1976) Memo to child care workers: notes on the management of sex and stealing, *Child Welfare,* Vol 55 No 5, pp 329-334. **(USA)**

Lambert, R and Millham, S. (1968) *The Hothouse Society: An Exploration of Boarding-School Life through the Boys' and Girls' Own Writings,* London: Weidenfield and Nicholoson.

Lanning, K.V. (1986) *Child Molesters: A Behavioral Analysis,* Washington D.C., Center for Missing and Exploited Children. **(USA)**

Leadbetter, D. (1996) Technical aspects of physical restraint, *Physical Restraint - Practice, Legal, Medical & Technical Considerations*, Glasgow, Centre for Residential Child Care, pp 33-48

Lee, M. and O'Brien, R. (1995) *The Game's Up: Redefining Child Prostitution*, London: The Children's Society.

Leenders, F. (1995) Malevolent intervention, *Paediatric Nursing*, Vol 7 No 9, pp. 6-7.

Levy, A. and Kahan, B. (1991) *The Pindown Experience and the Protection of Children: The Report of the Staffordshire Child Care Inquiry*, Stafford: Staffordshire County Council.

Lewis, C.L. (1996) The Jacob Wetterling Crimes against Children and Sexually Violent Offender Registration Act: An unconstitutional deprivation of the right to privacy and substantive due process, *Harvard Civil Rights-Civil Liberties Law Review,* Vol 31, pp. 89-118. **(USA)**

Liebling, A. (1992) Suicides in prisons - young offenders, *Prison Service Journal,* Issue 85, pp. 10-19.

Liebling, A. (1993) Suicides in young prisoners: A summary, *Death Studies,* Vol 17 No 5, pp. 381-409

Liebling, A. (1995) Vulnerability and prison suicide, *British Journal of Criminology,* Vol 35 No 2, pp. 173-187.

Liebling, A. and Krarup, H. (1994) Suicide attempts in male prisons, *Home Office Research and Statistics Department Research Bulletin,* No 36, pp. 38-43.

Liddell, M.J. (1990) Black on black: system abuse of adolescents needing care and protection, in Slattery, M. (ed) *VICSPAN Third Annual Conference: Proceedings*, Port Melbourne, Victoria, Victorian Society for the Prevention of Child Abuse and Neglect, pp. 134-143. **(Australia)**

Lindsay, M. (1992) Complaints procedures and their limitations in the light of the "Pindown" inquiry, *Journal of Social Welfare and Family Law*,

Lindsay, M. and Rayner, S. (1993) Balanced judgements, *Community Care,* 1 June 1993, pp. 24-25

Lindsay, M. (1996) Chapter Two, *Physical Restraint - Practice, Legal, Medical & Technical Considerations*, Glasgow, Centre for Residential Child Care, pp7-11.

Lindsey, D. (1994) Mandated reporting and child abuse fatalities - requirements for a system to protect children, *Social Work Research*, Vol 18 No 1, pp 41 - 54. **(USA)**

Little, M. (1990) *Young Men in Prison: The Criminal Identity Explored Through the Rules of Behaviour,* Dartmouth: Aldershot.

Long, T. (1992) `To protect the public and ensure that justice is done': an examination of the Philip Donnelly case, *Journal of Advanced Nursing,* Vol 17 No 1, pp. 5-9.

Lowe, M.I. and Verity, P. (1989) The right to dignity, fairness and compassion, *Foster Care*, March 1989, pp.14-15.

Ludbrook, R. (1994) *Why Australia Needs a Commissioner for Children,* Discussion Paper No 2, Sydney: National Children's and Youth Law Centre. **(Australia)**

Lunn, J. (1994) Implications of the Allitt inquiry, *British Journal of Nursing,* Vol 3 No 5, pp. 201-202

Lyon, C.M. (1996) The impact of legal provisions, England and Wales (with occasional notes on Northern Ireland), in Williams of Mostyn (1996) *Childhood Matters: Report of the National Commission of Inquiry into the Prevention of Child Abuse*, London: The Stationery Office, Appendix 11, pp. 262-333.

Macaskill, C. (1991) *Adopting or Fostering a Sexually Abused Child*, Batsford, London.

MacDonald, A. (1995) Allitt: lest we forget, *Paediatric Nursing,* Vol 7 No 9, pp. 10-11

MacDonald, A. (1996) Responding to the results of the Beverly Allitt inquiry, *Nursing Times,* Vol 10 No 92, pp. 23-25.

Maclean, K. (1989) Towards a fee-paid fostering service, *Adoption and Fostering*, Vol 13 No 3.

Mahoney, K.S. (1995) School personnel and mandated reporting of child maltreatment, *Journal of Law and Education,* Vol 24 No 2, pp. 227-239. **(USA)**

Marchant, R. and Page, M. (1992) Bridging the gap: investigating the abuse of children with multiple disabilities, *Child Abuse Review*, Vol 1, pp. 179-183.

Margolin, L. (1991) Child sexual abuse by non-related caregivers, *Child Abuse and Neglect*, Vol 15 No 3, pp. 213 - 221. **(USA)**

Margolin, L. and Craft, J.L. (1990) Child abuse by adolescent caregivers, *Child Abuse and Neglect*, Vol 14, pp. 365 - 373. **(USA)**

Marrett, M. (1991) Raw deal for black children in care, *Community Care Insight*, pp. vii-viii

Marshall, K. (1996) The National Commission of Inquiry into the Prevention of Child Abuse: Legal provisions, Scotland, in Williams of Mostyn (1996) *Childhood Matters: Report of the National Commission of Inquiry into the Prevention of Child Abuse*, London: The Stationery Office, Appendix 10, pp. 237-261.

Maslach, C. and Jackson, S.E., (1981) *Maslach Burnout Inventory*, California: Consulting Lists Press **(USA)**

Mattingly, M.A. (1981) Occupational stress for group care personnel, in Ainsworth, F. and Fulcher, L. C. (eds) *Group Care for Children: Concept and Issues*, London: Tavistock,

Maximé, J.E. (1986) Some psychological models of black self-concept, in Ahmed, S, Cheetham, J., and Small, J.(eds) *Social Work with Black Children and their Families,* London: Batsford, pp. 100-116.

McCormack, A. and Selvaggio, M. (1989) Screening for pedophiles in youth-oriented community agencies, *Social Casework: The Journal of Contemporary Social Work*, pp. 37-42 (**USA)**

McFadden, E.J. and Ryan, P. (1991) Maltreatment in family foster homes: dynamics and dimensions, *Child & Youth Services*, Vol 15 No 2, pp. 209 - 231. **(USA)**

McGrath T. (1986) Overcoming institutionalized child abuse: creating a positive therapeutic climate, *Journal of Child Care*, Vol 2 pp 59 - 65. **(Canada)**

McHale, J.V. (1992) Whistleblowing in the NHS, *Journal of Social Welfare and Family Law,*

McNeil, E.B. and Morse, W.C. (1964) The institutional management of sex in emotionally disturbed children, *American Journal of Orthopsychiatry,* Vol 34, pp 115-124 **(USA)**

Mercer, M. (1982) Closing the barn door: the prevention of institutional abuse through standards, *Child & Youth Youth Services,* Vol 4 Nos 1-2, pp. 127-132. **(USA)**

Millham, S., Bullock, R. Hosie, K. and Haak, M. (1981) *Issues of Control in Residential Child-care,* HMSO, London.

Mills, S. (1995) Creating a safe environment in residential child care, in Stone, K. and Vallender, I. (eds) *Spinning Plates - Practice Teaching and Learning for the Residential Child Care Initiative,* London: CCETSW, pp. 59-63.

Milner, J.S. (1991) Physical child abuse perpetrator screening and evaluation, *Criminal Justice and Behavior,* Vol 18 No 1, pp. 47-63. (**USA)**

Milner, J.S., Gold, R.G., Ayoub, C. and Jacewitz, M.M. (1984) Predictive validity of the child abuse potential inventory, *Journal of Consulting and Clinical Psychology*, Vol 52 No 5, pp. 879-884. **(USA)**

Milner, J.S. and Robertson, K.R. (1985) Development of a random response scale for the child abuse potential inventory, *Journal of Clinical Psychology,* Vol 41 No 5, pp. 639-643. **(USA)**

Mitchell, D. (1993) Natural selection, *Community Care,* 25 November 1993, pp. 28-29.

Molin, R. (1988) Treatment of children in foster care: issues in collaboration, *Child Abuse & Neglect,* Vol 12, pp. 241-250. **(USA)**

Monroe, L.D. and Schellenback, C.J. (1989) Relationship of child abuse potential inventory scores to parental responses: a construct validity study, *Child & Family Behavior Therapy*, Vol 11 No 3/4, pp 39-57. **(USA)**

Morgan, R. (1993) *School Life: Pupils' Views on Boarding*, London: HMSO.

Morris, S. amd Wheatley, H. (1994) *Time to Listen: The Experiences of Young People in Foster and Residential Care*, London: Childline.

Moss, M., Sharpe, S. and Fay, C. (1990) *Abuse in the Care System: A Pilot Study by the National Association of Young People in Care*, London, National Association of Young People in Care (NAYPIC).

Motz, J.K. & Nunno, M.A. (1988) Institutional abuse case review teams, in Bross, D.C., Krugman, R.D., Lenherr, M.R., Rosenberg, D.A. & Schmitt, B.D. (eds) *The New Child Protection Team Handbook*, New York: Garland Publishing, Inc. **(USA)**

NCH (1992) *The Report of the Committee of Inquiry into Children and Young People who Sexually Abuse Other Children*, London: National Children's Home.

NFCA (1993) Assessment, *Making it Work*, National Foster Care Association, London.

NFCA (1996) *Foster Care Training: A Guide to NFCA Training Courses in Scotland 1996/97*, Glasgow: NFCA

Nixon, S. and Verity, P. (1996) Allegations against foster families, *Foster Care,* January 1996, pp. 11-14.

Nunno, M. and Motz, J.R. (1988) The development of an effective response to the abuse of children in out-of-home care, *Child Abuse and Neglect*, Vol 12, pp. 521 - 528. **(USA)**.

Nunno M and Rindfleisch N (1991) The abuse of children in out of home care, *Children & Society*, Vol 5 No 4, pp 295 - 305

O'Connor, A. (1996) Mandatory child abuse reporting urged, *Irish Times on the Web*, http://194.125.58.5/irish-times/paper/0418/hom20.html. **(Ireland)**

O'Mahony, B. (1989) Key issues for managing adolescent sexual behaviour in residential establishments, in A. Hollows and H. Armstrong (eds) *Working with Sexually Abused Boys,* London: National Children's Bureau, pp. 31-34

O'Neill, M., Goode, N. and Hopkins, K. (1995) Juvenile prostitutes: the experience of young women in residential care, *Childright,* No 113, pp. 14-16.

O'Neill, M., Green, J., and Mulroy, S. (forthcoming) Young people and prostitution from a youth service perspective, in Barrett, D. (ed) *Child Prostitution,* London, National Children's Bureau.

Overton, J. (1993) Child abuse, corporal punishment, and the question of discipline: the case of Mount Cashel, *Critical Social Policy*, Issue 36, pp. 73-95

Page, R. and Clark, G.A. (eds) (1977) *Who Cares? Young People in Care Speak Out,* London: National Children's Bureau.

Parkin, W. (1989) Private experiences in the public domain: sexuality and residential care organizations, in Hearn, J. (ed) *The Sexuality of Organizations*, London: Sage Publications.

Parliament of Victoria Crime Prevention Committee (1995) *Combating Child Sexual Assault: An Integrated Model*, First Report upon the Inquiry into Sexual Offences against Children and Adults, Melbourne: L.V.North, Government Printer. **(Australia)**

Payne, M. (1995) Understanding going missing - issues for social work and social services, *British Journal of Social Work*, Vol 25 No 3, pp 333 - 348

Pine, B.A. and Jacob, M. (1989) The training of foster parents for work with adolescents, in Aldgate, J., Maluccio, A. and Reeves, C. (eds) *Adolescents in Foster Families,* London: Batsford.

Police Complaints Authority (1993) *Inquiry into Police Investigation of Complaints of Child and Sexual Abuse in Leicestershire Children's Homes: A Summary*, London: Police Complaints Authority.

Poteat, G.M., Cope, J.G., Choate, C. and Grossnickle, W.F. (1989) Wife abuse as it affects work behavior in a center for mentally retarded persons, *Journal of Clinical Psychology,* Vol 45 No 2, pp. 324-330 **(USA)**

Power, K.G. and Spencer, A.P. (1987) Parasuicidal behaviour of detained Scottish young offenders, *International Journal of Offender Therapy and Comparative Criminology*, Vol 31 No 3, pp. 227-35.

Powers, J., Mooney, A. and Nunno, M. (1990) Institutional abuse: a review of the literature, *Journal of Child and Youth Care*, Vol 4 No 6, pp. 81-95. **(USA)**

Powers, J.L., Eckenrode, J. and Jaklitsch, B. (1990) Maltreatment among runaway and homeless youth, *Child Abuse & Neglect,* Vol 14, pp 87-98.

Pringle, K. (1993) Child sexual abuse perpetrated by welfare personnel and the problem of men, *Critical Social Policy*, vol 36, pp. 4 - 19.

Rabb, J. and Rindfleisch, N. (1985) A study to define and assess severity of institutional abuse/neglect, *Child Abuse & Neglect*, Vol 9, pp 285 - 294. **(USA)**

Rauche-Elnekave, R, H. (1989) Advocacy and ombudswork for children: Implications of the Israeli experience, *Child Welfare,* Vol 58 No 2, pp. 101-112. **(Israel)**

Rees, G. (1995) Running away from residential care, in Stone, K. and Vallender, I. (eds) *Spinning Plates - Practice Teaching and Learning for the Residential Child Care Initiative,* London: CCETSW.

Reiniger, A., Robison, E. and McHugh, M. (1995) Mandated training of professionals - a means for improving reporting of suspected child-abuse, *Child Abuse and Neglect*, Vol 19 No 1, pp 63 - 69. **(USA)**

Repper, J. (1995) Munchausen Syndrome by Proxy in health care workers, *Journal of Advanced Nursing*, Vol 21, pp. 299-304.

Rhodes, P. (1993) Charitable vocation or 'proper job'? the role of payment in foster care, *Adoption and Fostering*, Vol 17 No 1, pp. 8 - 13.

Rindfleisch, N. (1988a) Combating institutional abuse, in C.E. Schaefer & A.J. Swanson (eds) *Children in Residential Care: Critical Issues in Treatment,* New York, Van Nostrand Rheinhold, pp. 263-283. **(USA)**

Rindfleisch, N (1988b) Political obstacles to reporting in residential child care settings, in Manye A. and Wells S. (eds) *Professional Responsibilities in Protecting Children,* New York: Praeger. **(USA)**

Rindfleisch N and Baros-Van Hull J (1982) Direct care workers' attitudes toward use of physical force with children, *Child & Youth Services,* Vol 4, pp 115 - 125. **(USA)**

Rindfleisch, N. and Bean, G.J. (1988) Willingness to report abuse and neglect in residential facilities, *Child Abuse & Neglect,* Vol 12 No 4, pp 509 - 520. **(USA)**

Rindfleisch N and Hicho D (1987) Institutional child protection: Issues in program development and implementation, *Child Welfare,* Vol 63, pp 329 - 342. **(USA)**

Rindfleisch, N. and Nunno, M. (1992) Progress and issues in the implementation of the 1984 out-of-home care protection amendment, *Child Abuse & Neglect,* Vol 16, pp 693-708. **(USA)**

Rindfleisch N., and Rabb J. (1984a) How much of a problem is resident mistreatment in child welfare institutions, *Child Abuse and Neglect,* Vol 8, pp 33 - 40. **(USA)**

Rindfleisch N., and Rabb J. (1984b) Dilemmas in planning for the protection of children and youths in residential facilities, *Child Welfare,* Vol 63, pp 205 - 215. (**USA)**

Roberts, J. (1986) Fostering the sexually abused child, *Adoption and Fostering*, Vol 10 No 1, pp. 8 - 11.

Roberts, J. (1989) Substitute care of abused and neglected children, *Adoption and Fostering*, Vol 13 No 3, pp. 37 - 43.

Roberts, J. (1993) Abused children and foster care - the need for specialist resources, *Child Abuse Review*, Vol 2, pp. 3 - 14

Robertson, K.R. and Milner, J.S. (1985) Convergent and discriminant validity of the child abuse potential inventory, *Journal of Personality Assessment,* Vol 49 No 1, pp. 86-88. (**USA)**

Robin, M. (1982) The abuse of status offenders in private hospitals, *Child & Youth Services,* Vol 4 Nos 1-2, pp. 79-87. **(USA)**

Robinson, J. (1991) Beyond the frontiers of fostering - the employment of a `professional carer', *Adoption and Fostering*, Vol 15 No 1, pp 47 - 49.

Robitaille, J., Jones, E., Gold, R.G., Robertson, K.R., and Milner, J.S. (1985) Child abuse potential and authoritarianism, *Journal of Clinical Psychology,* Vol 41 No 6, pp. 839-844 **(USA)**.

Rogers, R. (1993) Qualified in caring?, *Nursing Standard*, Vol 8 No 22, pp. 21-22.

Ronstrom, A. (1989) Sweden's children's ombudsman:: A spokesperson for children, *Child Welfare,* Vol 58 No 2, pp. 123-128. **(Sweden)**

Rosenbaum, M. and Newell, P. (1991) *Taking Children Seriously: A Proposal for a Children's Rights Commissioner,* London: Calouste Gulbenkian Foundation.

Rosenthal, J., Motz, J., Edmondson, D., and Groze, V. (1991) A descriptive study of abuse and neglect in out-of-home placement, *Child Abuse and Neglect*, Vol 15, pp. 249 - 260. **(USA)**

Ross, A.L. and Hoeltke, G. (1985) A tool for selecting residential child care workers: An initial report, *Child Welfare*, Vol 64 No 1, pp. 46-54. **(USA)**

Ross, A.L. and Hoeltke, G. (1987) An interviewing tool for selection of residential child care workers: a follow-up report, *Child Welfare*, Vol 66 No 2, pp. 175-183. **(USA)**

Ross, S. (1994) Controlling children's "challenging behaviour", *SCOLAG Journal*, August 1994, p. 115-116

Royal College of Nursing (1994) *The Care of Sick Children: A Review of the Guidelines in the Wake of the Allitt Inquiry*, London: Royal College of Nursing.

Royal College of Nursing (1996) Protection of nurses working with children and young people, *Issues in Nursing and Health,* No 39.

Russell, D. (1984) *Sexual Exploitation: Rape, Child Sexual Abuse and Workplace Harassment*, Sage Publications, Newbury Park. **(USA)**

Ryburn, M. (1991) The Myth of Assessment, *Adoption and Fostering*, Vol 15 No 1, pp. 21 - 26.

Safe & Sound (1995) *So Who Are We Meant to Trust Now? Responding to Abuse in Care: The Experiences of Young People*, London: NSPCC.

Sanders, R.M. and McAllen. A. (1995) Training foster carers of children who have been sexually abused: issues and dilemmas, *Child abuse Review*, Vol 4, pp. 136-145.

Savells, J. (1983) Child abuse in residential institutions and community programs for intervention and prevention, *Child Abuse & Neglect,* Vol 7, pp. 473-475 **(USA)**

Scottish Office (1996) *On the Record in Scotland: Proposals for Improved Access to Criminal Records,* Edinburgh: The Scottish Office.

Seymour, J. (1990) Family crisis, *Social Work Today*, 6 September 1990, pp. 14 - 15

Sharp, S. and Smith, P.K. (1993) Tackling bullying: The Sheffield Project, in Tattum, D. (ed.) *Understanding and Managing Bullying,* Oxford: Heinemann School Management, pp. 45-56..

Shaughnessy, M.F. (1984) Institutional child abuse, *Children and Youth Services Review*, Vol 6, pp. 311 - 318. **(USA)**

Shaw, M. (1989) Thinking about assessment of foster parents, in Aldgate, J., Maluccio, A. and Reeves, C. (eds) *Adolescents in Foster Families,* London: Batsford.

Silberberg, N.E. and Silberberg, M.C. (1982) Abusing poor children by trying to protect them, *Child & Youth Services,* Vol 4 Nos 1-2, pp. 133-137. **(USA)**

Simms, P. (1995) Measuring equality in residential care, in Stone, K. and Vallender, I. (eds) *Spinning Plates - Practice Teaching and Learning for the Residential Child Care Initiative,* London: CCETSW, pp. 53-58.

Sinason, V. (1989) , Uncovering and responding to sexual abuse in psychotherapeutic settings, in Brown, H. and Craft, A. (eds) *Thinking the Unthinkable: Papers on Sexual Abuse and People with Learning Difficulties,* London: FPA Education Unit, pp. 39-49

Sinclair, R. (1996) Children's and young people's participation in decision-making: the legal framework in social services and education, in Hill, M. and Aldgate, J. (eds) *Child Welfare Services: Developments in Law, Policy, Practice and Research*: London, Jessica Kingsley.

Sinclair, R. and Grimshaw, R. (1995) *Planning and Reviewing under the Children Act: Shaping a Framework for Practice*, London: National Children's Bureau.

Single, T. (1989) Child sexual assault in which the alleged offender is a child care professional, *Australian Social Work*, Vol 42 No 4, pp. 21-28. **(Australia)**

Siskind, A.B. (1986) Issues in institutional child sexual abuse: The abused, the abuser and the system, *Residential Treatment for Children & Youth*, Vol 4 No 2, pp 9-30 **(USA)**

Skett, S., Braham, L. and Samuel, J. (1996) Drugs and violence in a young offender establishment, *Prison Service Journal,* Issue 106, pp. 9-13.

Skinner, A. (1992) *Another Kind of Home: A Review of Residential Child Care,* Edinburgh: The Scottish Office.

Sluyter, G.V. & Cleland, C.C. (1979) Resident abuse: a continuing dilemma, *American Corrective Therapy Journal,* Vol 33, pp. 99-102 **(USA)**

Small, J. (1986) Transracial placements: conflicts and contradictions, in Ahmed, S, Cheetham, J., and Small, J.(eds) *Social Work with Black Children and their Families,* London: Batsford.

Social Services Inspectorate (undated a) *Caring for Children: A Study of Residential Care in Northern Ireland,* Belfast: Department of Health and Social Services.

Social Services Inspectorate (undated b) *Corporate Parents: Inspection of Residential Child Care Services in 11 Local Authorities, November 1992 to March 1993*, London: Social Services Inspectorate.

Social Services Inspectorate (1994) *Standards for Residential Child Care Services: A Handbook for Social Services Managers and Inspectors, Users of Services and their Families*, London: HMSO.

Social Work Services Inspectorate (1996) *A Secure Remedy: a Review of the Role, Availability and Quality of Secure Accommodation for Children in Scotland*, Edinburgh: Social Work Services Inspectorate.

Sone, K. (1992) Fostering abuse, *Community Care*, 13 February 1992, pp. 12 - 14

Spencer, J.W. and Knudsen, D.D. (1992) Out-of-home maltreatment - an analysis of risk in various settings for children, *Children & Youth Services Review*, Vol 14 No 6, pp 485 - 492 **(USA)**

Stark, C. (1996) Medical aspects of physical restraint, *Physical Restraint - Practice, Legal, Medical & Technical Considerations*, Glasgow, Centre for Residential Child Care, pp 29-32.

Stein, M., Rees, G. and Frost, M. (1994) *Running - the Risk; Young People on the Streets of Britain Today*, London, The Children's Society.

Sullivan, P.M.. (1993) Sexual abuse therapy for special children, *Journal of Child Sexual Abuse*, Vol 2 No 2, pp. 117-125 **(USA)**

Sullivan, P.M., Brookhouser, P.E., Knutson, J.F., Scanlan, J.M. and Schulte, L.E. (1991) Patterns of physical and sexual abuse of communicatively handicapped children, *Annals of Otology, Rhinology & Laryngology*, Vol 100 No 3, pp. 188-194 **(USA)**

Sullivan, P.M. and Scanlon, J.M. (1990) Psychotherapy with handicapped sexually abused children, *Developmental Disabilities Bulletin*, Vol 18 No 2, pp. 21-34. **(USA)**

Sullivan, P.M., Vernon, M. and Scanlan, J.M. (1987) Sexual abuse of deaf youth, *American Annals of the Deaf,* Vol 132, pp. 256-262

Support Force for Children's Residential Care (1995) *Code of Practice for the Employment of Residential Child Care Workers*, London: DoH.

Support Force for Children's Residential Care (1995b) *Staff Supervision in Children's Homes*, London: DoH.

Support Force for Children's Residential Care (1996) *Good Care Matters: Ways of Enhancing Good Practice in Residential Child Care*, London, DoH.

Sussman, A. (1975) Child abuse reporting: a review of the literature, in Sussman, A. and Cohen, S. (eds.) *Reporting Child Abuse and Neglect: Guidelines for Legislation*, Cambridge, MA: Ballinger, pp. 57-115. **(USA)**

Sutton, P. (1995) *Crossing the Boundaries: A Discussion of Children's Services Plans,* London: National Children's Bureau.

Swanson, A.J. & Richard, B.A. (1988) Discipline and child behaviour managment in group care, in C.E. Schaefer & A.J. Swanson (eds) *Children in Residential Care: Critical Issues in Treatment,* New York, Van Nostrand Rheinhold, pp. 77-88. **(USA)**

Swanson, D., (1987) Stress and burnout I: the development of a taxonomy, *Residential Treatment for Children and Youth*, Vol. 4 No. 3, pp. 9 - 30. **(USA)**

Tattum, D. (1993) Short, medium and long-term management strategies, in Tattum, D. (ed.) *Understanding and Managing Bullying,* Oxford: Heinemann School Management, pp. 59-75..

Tattum, D. (1995) Bullying in prisons, *Young Minds Newsletter,* Issue 22, pp. 18-19

Thanki, V. (1994) Ethnic diversity and child protection, *Children & Society,* Vol 8 No 3, pp. 232-244.

Thomas, B.R. (1982) Protecting abused children: helping until it hurts, *Child & Youth Youth Services,* Vol 4 Nos 1-2, pp. 139-154. **(USA)**

Thomas, N. (1995) Allegations of child abuse in local authority care, *Practice,* Vol 7 No 3, pp. 35-44.

Tolfree, D. (1995) *Roofs and Roots: The Care of Separated Children in the Developing World*: Aldershot: Arena

Tomison, A. (1995) New measures for combating child sexual assault, *Family Matters,* No 42, pp. 36-41. **(Australia)**

Tomison, A. (1996) A summary of mandatory reporting across Australia, *Child Abuse Prevention*, Vol 4 No 2, pp. 7-8. **(Australia)**

Triseliotis, J, Borland, M., Hill, M., and Lambert, L. (1995) *Teenagers and Social Work Services,* London: HMSO.

Turnbull, A. (1995) A challenge to residential fundamentalists, *Centrestage, The Newsletter of Scottish Residential Childcare*, Issue 3, p. 4.

Utting, W. (1991) *Children in the Public Care: A Review of Residential Child Care,* London: HMSO.

Verity, P. and Nixon, S. (1995) Allegations against foster families: Survey results, *Foster Care,* October 1995, pp. 13-16

Vinten, G. (ed.) (1994) *Whistleblowing: Subversion or Corporate Citizenship,* London: Paul Chapman Publishing Ltd.

Vizard, E. (1989) Child sexual abuse and mental handicap: A child psychiatrist's perspective, in Brown, H. and Craft, A. (eds) *Thinking the unthinkable: Papers on Sexual Abuse and People with Learning Difficulties,* London: FPA Education Unit, pp. 18-25.

Walford, G. (1989) Bullying in public schools: myth or reality, in Tattum, D. and Lane, D.A. (1989), *Bullying in Schools*, Stoke-on-Trent: Trentham Books, pp. 81-88.

Waller, B. and Lindsay, M. (1990) The abuse of power, *Community Care*, 21 June 1990, pp. 20 - 22.

Walmsley, S. (1989) The need for safeguards, in Brown, H. and Craft, A. (eds) *Thinking the Unthinkable: Papers on Sexual Abuse and People with Learning Difficulties,* London: FPA Education Unit, pp. 5-16

Walters, D. (1995) Mandatory reporting of child-abuse - Legal, ethical and clinical implications within a Canadian context, *Canadian Psychology,* Vol 36 No 3, pp. 163 - 182. **(Canada)**

Ward, D. (1997) Paedophile 'led a career of abuse', *The Guardian*, 8 March 1997, p. 5.

Wardhaugh, J. and Wilding, P. (1993) Towards an explanation of the corruption of care, *Critical Social Policy*, Issue 37, pp. 4-31

Warner, N. (1992) *Choosing with Care: The Report of the Committee of Inquiry into the Selection, Development and Management of Staff in Children's Homes,* London: HMSO.

Waterhouse, L, Dobash, R.P. and Carnie, J. (1994) *Child Sexual Abusers*, Central Research Unit Papers, Edinburgh: Scottish Office.

West, R. (1996) Protecting people in residential care, *Can Do - Newsletter of the New South Wales Community Services Commission*, Issue. 8, pp. 1-3. **(Australia)**

Westcott, H. (1991a) *Institutional Abuse of Children - From Research to Policy: A Review,* London: NSPCC.

Westcott, H.L. (1991b) The abuse of disabled children: a review of the literature, *Child: Care, Health and Development,* Vol 17 No 4, pp. 243-258.

Westcott, H. (1993) *Abuse of Children and Adults with Disablities,* London: NSPCC

Westcott, H. and Clement, M. (1992) *NSPCC Experience of Child Abuse in Residential Care and Educational Placements: Results of a Survey,* London: NSPCC.

Weisberg, D. (1985) *Children of the Night*, Boston: Lexington Books. **(USA)**

Whitaker, J.K. (1987) The role of residential institutions, in Garbarino, J., Brookhouser, P.E. and Authier, K.J. (eds) *Special Children - Special Risks: The Maltreatment of Children with Disabilities,* New York: Aldine de Gruyter, pp. 83-100. **(USA)**

White, K., (1987), Residential care of adolescents: residents, carers and sexual issues in Horobin, G. (ed) *Sex, Gender and Care Work*, Research Highlights in Social Work 15, Jessica Kingsley, London.

White, R. (1993) Residential care under review, *Child Abuse Review,* Vol 2, pp. 134-136.

Williams,G. and McCreadie, J. (1992) *Ty Mawr Community Home Inqury,* Gwent County Council.

Williams of Mostyn (1996) *Childhood Matters: Report of the National Commission of Inquiry into the Prevention of Child Abuse*, London: The Stationery Office.

Willow, C. (1996) *Children's Rights and Participation in Residential Care,* London, National Children's Bureau.

Zellman, G. and Antler, S. (1990) Mandated reporters and CPS: a study in frustration, *Public Welfare,* Vol 48 No 1, pp. 30-37. **(USA)**

Zuckerman, M, Abrams, HA and Neuhring, EM (1986) Protection and advocacy agencies: National survey of efforts to prevent residential abuse and neglect, *Mental Retardation*, Vol 24, pp 197 - 201. (**USA)**

Zuravin, S.J., Benedict, M. and Somerfield, M. (1993) Child maltreatment in family foster care, *American Journal of Orthopsychiatry,* Vol 63 No 4, pp. 589-596 **(USA)**