

Adolescents Who Sexually Abuse and Residential Accommodation: Issues of Risk and Vulnerability

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Summary

This article, arising out of quantitative and qualitative research studies conducted by the authors, begins with a brief overview of current knowledge about male adolescent sexual abusers and associated policies, procedures and services. A particular concern raised by professionals and welfare agencies, who are struggling to develop appropriate responses to young sexual abusers, concerns the circumstances and problems of young people who are placed in residential accommodation as a result of their sexually abusive behaviour, often where there are also child victims of sexual abuse. The vulnerability of young sexual abusers and the risk they pose to others is considered in the light of the findings of qualitative research by one of the authors into the construction and control of children and their sexualities in residential children's homes. This research suggests that the inadequate ways in which sexual behaviour in children's homes is perceived and managed, serves to compound the problems of both the sexually abusive and non-abusive adolescents placed there. The findings from both authors' research are then theorized within broader conceptual frameworks about the nature of childhood, childhood sexuality and institutionalization and its links with peer sexual abuse.

Since the early 1990s in the United Kingdom there has been a growing recognition that a significant proportion of all reported sexual abuse of children is perpetrated by other children and young people. Thus overview reports (NCH, 1992; Openshaw *et al.*, 1993; Grubin, 1998), based on official criminal statistics and research studies into incidence and prevalence, consistently conclude that between about 25 and 33 per cent of all alleged sexual abuse involves young perpetrators, predominantly male adolescents.

Young male sexual abusers are often portrayed as having a number of social skills deficits, frequently being described as socially isolated, lacking dating skills and sexual knowledge, and experiencing high levels of social anxiety (Awad and Saunders, 1989; Becker and Abel, 1985; Fehrenbach *et al.*, 1986; Manocha and Mezey, 1998; Shoor *et al.*, 1966). They may also manifest academic and behavioural educational difficulties and experience poor familial stability (Kahn and Chambers, 1991; Ryan and Lane, 1997). Relatively high proportions (between 25 per cent and 60 per cent, depending on the study cited) also report having been victims of sexual abuse themselves (O'Callaghan and Print, 1994).

Some of the existing empirical studies are, however, flawed in that they do not adequately compare adolescent sexual abusers with either non-offending adolescents or, for example, with violent and non-violent other offenders. And in the case of those that do, the results are not clear cut, some studies suggesting that many of the characteristics just described are also common in the backgrounds of other violent and non-violent young offenders (see, for example, Bischof *et al.*, 1995, Ryan 1999) whereas other studies suggest some significant differences (see, for comparison, Ford and Linney, 1995; Katz, 1990). Nevertheless male adolescent sexual abusers often present with a number of socio-emotional problems which make them both a potential risk to others, as well as a risk to themselves, and hence vulnerable.

When discussing factors associated with the development of sexually abusive behaviour in young people, Becker (1988) has proposed a model which includes micro and macro factors. These include individual factors such as poor cognitive ability and histories of abuse, familial factors such as unsupportive carers, and societal factors such as attitudes which condone coercive male sexual behaviour. Correspondingly, Swenson *et al.* (1998) have proposed the adoption of a multi-systemic model of treatment, although, at present, most approaches are based on clinical notions of individual pathology and utilize cognitive behavioural treatments (Hoghughy *et al.*, 1997; Erooga and Masson, 1999).

Developments in policy, procedures and services in the UK

Since 1994 one of the authors has been conducting research into the development of policy, procedures and services in relation to young sexual abusers in the UK, focusing particularly on developments in England (Masson, 1995a, 1995b, 1997, 1997/8). The research has comprised detailed analysis of central government and

local guidance on how professionals are expected to manage such young people, semi-structured interviews with practitioners and managers based in local welfare agencies and a national survey by questionnaire of a range of professionals involved in this area of work.

In summary, what has emerged is that since the 1990s in England there has been a growing, although by no means unanimous perception, that there is a problem in relation to young people who sexually abuse, which needs addressing. However the original official or semi-official child protection discourse that such young people are different from other young offenders and that, if untreated, they are likely to grow into adult sex offenders, is not universally shared. Indeed it is apparent that this area of work is characterized by ongoing debates and uncertainties about the nature of peer sexual abuse, which impact on the implementation of policy and procedures and the development of services.

Thus issues which are regularly raised include the extent to which the problem really exists; whether it is possible to agree what sexually abusive behaviour is, as compared to sexual experimentation or sexually inappropriate behaviour; whether this is behaviour that youngsters will grow out of or into; whether and how responses should be tailored to the age of the young person; and how young abusers should be reacted to: as victims/abusers or both. The more pragmatic but associated issues that are regularly identified centre on the difficulties of dovetailing child protection and youth justice systems and the problems raised when processing 'abusers' through child protection systems created for children as victims. Doubts are also being expressed about the appropriateness of existing assessment and treatment facilities in the context of little monitoring and evaluation of the outcomes of such services.

Young people who sexually abuse and residential accommodation

A proportion of young people suspected of sexually abusing others are assessed as needing to be removed from their home and/or community because of the risk they pose to themselves or others. However the survey of professionals' views referred to above (Masson, 1997/8) indicated concerns about the availability of appropriate residential accommodation, with particular reservations about young sexual abusers being placed in the same residential accommodation as child victims, with the vulnerability to abuse of 'looked after' children often highlighted. Such concerns have been echoed in other research and literature (Bankes *et al.*, 1999; Epps, 1999). Farmer and Pollock (1998), in their study of 250 'looked after' children, found that the 96 abused and abusing children emerged as a particularly disadvantaged and problematic group. The abuser children (75 per cent of whom were adolescent males), seemed to have the most difficulties and were at high risk of sexually abusing other children in their placements.

In terms of management of the sexually abused and abusing children, many issues

and concerns were evidenced in Farmer and Pollock's study (1998). These included a lack of careful placement planning; inadequate preparation, training, supervision and support of carers; differential responses to the sexualized behaviour of girls as opposed to boys both within and outside their placements; and low level use of existing child protection procedures to investigate and manage further instances of abusing behaviour. Farmer and Pollock argued that the therapeutic needs of the young people were often not met, and the high stress levels experienced by their carers were also highlighted.

Evidence for all these aspects was found in the qualitative research conducted into children's residential homes between 1994 and 1996 by one of the authors of this article (Green, 1998). Ethnographic fieldwork in two local authority children's homes was undertaken, comprising semi-structured interviews with children, residential workers, managers and social workers, participant observation and documentary analysis. Ethnographic research was chosen, first, because in-depth, graphic, textured data, which are only really obtainable using unstructured and loosely structured methods (Geertz, 1973), were needed to understand the complexity of the relationships between sexuality and sexual abuse issues and how they were construed, and secondly, because the research was exploratory and the methods used needed to be flexible and adaptable, given that little previous research had been conducted. The two homes researched were in different local authorities and these settings manifested contrasting geographical and architectural features, one home being purpose built and located in an inner-city multi-ethnic area, with the other situated in a converted council house in a semi-rural, mainly white locality. The researcher devoted a significant amount of time conducting the ethnographic research, often spending a number of days each week at each home to ensure continuity and to build up trusting relationships with both staff and children. The homes were also studied at varying times of the day and week, including weekends, evenings and night-times. Interviews were conducted not only with those living or working within the settings but with those who had regular contact with the settings, such as social workers. Confidentiality and anonymity were guaranteed for both staff and children, except in situations where previously unknown or current abuse was uncovered or where the researcher became aware that a child or staff member was at significant risk of harm.

In terms of the methods used within the ethnographic fieldwork, semi-structured interviews were more successful with workers than with the children, who often equated the concept of an interview with previously oppressive child protection and police interviews and were subsequently guarded about what they revealed. Far more accurate information was gauged from observing the children or engaging them in more spontaneous informal conversation and after comparison of data from formal interviews with other sources, it was decided that formal interviews were not an effective way of gaining representative information from the children. Using different methods within the ethnographic fieldwork was very important as it allowed continual triangulation and cross-triangulation of data (Robson, 1993). For example, observed behaviour of staff and children could be constantly compared with what

they said both formally and informally, alone and in front of others, with what others said about them, and with what was recorded in agency logbooks and care plans.

Non-ethnographic interviews were also conducted with other workers and managers and ex-residents. These interviews were conducted not only to supplement the ethnographic data but to enable past workers and past residents to give a retrospective view of their experiences and to allow comparison and triangulation with the ethnographic data in terms of evaluating representativeness and assessing whether the data and themes emerging from the ethnographic data were typical or atypical of residential children's homes. Data were accessed from over 100 settings and 15 local authorities, and 110 respondents, in total, were interviewed.

The study was concerned with the analysis of a wide range of sexual behaviours, knowledge and attitudes and was not exclusively focused on sexually abusive children living in residential care and some general findings from this research about sexual abuse, sexuality and institutionalization are located within the public domain (Parkin and Green, 1997; Green, 1998; Green and Parkin, 1999). In this article, however, issues about sexually abusive male adolescents are the primary focus, with the findings concentrating on how sexually abusive adolescent behaviour is just one form of behaviour located on a continuum of abusive sexual behaviour prevalent in children's homes. The 'normality' of such behaviour in an enclosed, institutionalized environment where sexist, homophobic and violent behaviour is frequently seen as acceptable, and where staff feel uninformed, unsupported and under-resourced is highlighted.

The nature of sexual activity in the children's homes

One of the key findings from the research was that rarely was sexual activity a consensual, reciprocal or non-exploitative activity for the children accommodated there. Many of the young women had previously been sexually abused and were either unable to resist unwanted sexual advances or alternatively they emotionally juxtaposed sexuality and love and were unable to differentiate between the two, thinking that having sex was a form of love or a way they could procure love and affection. Many young women also overtly or covertly exchanged sex for physical commodities like money, drugs and cigarettes, although such practices would frequently be vociferously denied.

Correspondingly many young men (some of whom had also been sexually abused), saw sex as a form of physical conquest, divorcing the practice from affection, emotion and commitment and using it as a means of enhancing their limited power base at the expense of the young women. Both the young women and the young men were also at risk of being sexually targeted, abused or groomed for abuse, not only by/from their peers, within and outside the residential homes, but by paedophiles, drug pushers and pimps.

In terms of the previous literature cited on sexually abusive adolescents, the majority of the children, both abusive and non-abusive, abused and non-abused, conformed to many individual and familial characteristics associated with identify-

ing adolescent sexual abusers. Many of these factors have also been seen to be linked with a vulnerability to being sexually abused (Finkelhor, 1984; Parton and Wattam, 1999). This suggests that societal, structural and organizational factors need to be taken into account, alongside individual and familial characteristics.

Normalized/ritualized peer abuse

There were numerous incidents of peer sexual abuse within the settings. Due to the institutionalized manner in which most of the settings operated (which will be elaborated upon later), these practices often became normalized and accepted by the children.

In a way I guess it is abuse if you are pushing someone into sex who doesn't want to, which is what happened. But you just got to accept it and see it as normal and didn't talk about it. Other kids would join in with it too and if a lad was forcing a girl into sex the other kids would hold the door shut and that sort of thing (ex-resident, referring to early 1990s).

Initiation ceremonies involving boys performing unwanted sexual acts on the girls were also viewed by the girls as more of a joke than as abuse, even though they contradictorily found them really unpleasant.

I've woken up a few times in care and I know it sounds disgusting but there's been a lad trying to put his penis in my mouth. I've woken up a lot of times to that (ex-resident, referring to late 1980s and early 1990s).

Did the lads force themselves on you other than that? (researcher)

Not force themselves, they did it for a joke . . . and they used to do it mainly to the new girls who came in.

However, initiation ceremonies that merged together bullying and sexualized violence were not always targeted on the females by the males, although gender appeared often to be a key component in many of them. The following example comes from a male ex-resident who was placed in a boarding school which took children with behavioural and learning difficulties.

I remember at 11 or 12, us all being scared little boys who were away from home for the first time and at 12 o'clock the doors were slammed open and a couple of 5th year boys came in and made us crawl along the floor on our stomachs in our pyjamas and repeat a line saying 'I'm a stupid wart hog with dripping fanny juices' or something like that. And if we turned round they would belt us up the arse with a hockey stick or if you went too fast that would happen as well.

The following example relates to older girls utilizing sexual age-related power over younger ones, in an isolated, single sex institution.

That's one of the things the big girls used to do to you. They came round to our beds as we got older. . . . Later the younger ones behind the big girls backs used

to fall in love with each other. We used to meet on the stairs and have a little feel, that sort of thing. But at night-times it was always the big girls.

Issues of power, gender and homophobia

Peer sexual abuse also often took place within a context of gendered, sexist and homophobic assumptions. Females were often seen by the males as purely existing for their sexual and physical pleasure and as a means of enhancing their status. Conversely females were frequently looking for a relationship, romance and love. Sometimes this led to genuine misinterpretation between the sexes. But at other times the males deliberately manipulated the females in order to procure sex.

The lads would compare notes about different girls and you'd avoid the ones no one had got anywhere with and you just went from one to the other.

What did it mean to you sex . . . ? (researcher)

Absolutely nothing to do with love and feelings, emotions, totally devoid of it, as far as I was concerned it was something that made me feel good you know. It was just my thing . . . , the conquest was definitely the most important looking back now—another notch on me bed (male ex-resident).

This relationship I had was shit . . . he treated me like shit and like I was a slag. He'd see me, want to sleep with me and then fuck off and not want to see me. And it was the first relationship I'd had since my Dad abused me. And I didn't, well I couldn't stop it (15 year old female resident).

A number of female residents and ex-residents did not define what had happened to them in the homes as peer sexual abuse, but interpreted it in a gendered context of indoctrination, socialization and female disempowerment, facets often exacerbated by past sexual abuse. Whether it would therefore be seen as abuse, might hinge on a number of factors, which might include whether the boys were aware of the girls' powerlessness and inability to say no.

Respondent: I think the lads really saw sex as something they did to the girls and that they could do to anybody and it didn't matter.

Researcher: How do you think the girls saw it?

Respondent: I think they saw it as something that happened to them that they had no control over. They had no choice, it just happened and you had to go along with it.

Homophobic peer abuse was rife and in most cited or observed cases, males perceived as gay or known to have engaged in same sex sexual behaviour were subject to much taunting and abuse, abuse which in some cases could be seen to include sexually abusive elements.

One lad turned gay in care because he didn't really like girls and then he started selling himself . . . the other lads spat at him, brayed him (beat him up) and cig burned his arse (female ex-resident).

Other forms of peer sexual abuse that again may not fit neatly within conventionally accepted definitions, included females coercing or manipulating other girls into selling themselves for sex.

Caught Carol trying to put Mitch's quilt through the window. She was also determined to burn all her clothes because Mitch will not go out 'working' with her (extract from a residential home's logbook—1991).

Although it was extremely rare for females to abuse males or other females sexually, residential workers did talk about this happening on rare occasions and normally involving older teenage girls and younger males.

The girls would definitely playfight with them and they would often touch their genitals . . . One night I witnessed the 2 lads outside performing mock fellatio on the girls. . . . They also used to have the lads on their laps and clutch them to their breasts in a way that could be seen as maternal, but I didn't think it was (male residential worker).

Staff attitudes and responses and potential consequences

To understand why peer sexual abuse occurs in residential homes and the forms it takes within these settings and, correspondingly, to look at how it needs to be addressed and dealt with, its occurrence needs to be framed and contextualized within the institutionalized organizational context of the settings, grassroots staff values, attitudes and knowledge and managerial responses, as well as the children's past familial and abuse histories to which reference has already been made earlier in this article.

Residential staff responses to sexuality and sexual behaviour also affect children's sexual behaviour and understanding of sexuality. Grassroots residential workers had little support, training, policies or guidelines to help them deal with such issues and as a result staff responses to sexuality were in the main, framed by ignorance, fear, embarrassment and their own moral values, including those around gender and sexual orientation. The legal age of consent also presented a problematic situation for staff, because although these settings were children's homes, they were simultaneously located within organizations where public sphere rules and myths predominated (Parkin, 1989; Green, 1998; Green and Parkin, 1999). These included the myth of the asexual organization and these rules also limited the amount of discretion or risk taking staff might be able to levy in terms of contravening the age of consent, because of the potential impact they felt this could have on their professionalism or the organization's perceived reputation. This meant their responses towards any forms of sexual activity were likely to be negative.

The most common staff response to sexuality was denial and invisibilization, a response which could have disastrous consequences in terms of peer sexual abuse.

In one unit I was working in, a sixteen year old boy and a girl were in a relationship and the staff let them spend long periods together in the bedroom and they were obviously having sex but nothing was said. After the boy left, the

girl showed no desire to see him and when I asked her why she said she didn't want to because he had been beating her up and forcing her into sex (residential worker).

Sometimes staff reluctance to engage with issues of sexuality could be attributed to their location of children within an asexual vacuum of innocence and purity, whereby they felt discussing sexuality would implicate them in a form of child pollution or would encourage indiscriminate sexual activity. Such reluctance was further exacerbated by inadequate staff support, training, policies and guidelines. Staff, therefore, often saw it as inappropriate to work on sexuality issues with children, who had previously been sexually abused and/or were exhibiting aggressive and misogynist sexualized behaviour.

He's too young to be talking about sex. He's already been abused. He should be out playing with other children at his age.

A few months later the aforementioned resident sexually abused another 11 year-old boy.

When residential workers did intervene, it often involved punitive responses and the stopping of any detected sexual activity, without any discussion with the young people. This resulted in staff being unaware of how the children construed such sexual activity and whether or not it was consensual. It also imparted messages to children, who were often very confused about sex, and in danger of sexually exploiting other children, that it was unacceptable to overtly discuss the issues.

The staff caught me having sex and separated us and I was trying to say to them 'is it wrong or is it natural?'. I thought it were part of growing up and they were saying that, but also that you must not do it. I just didn't understand, I think I was confusing wanting sex with wanting love and it was totally devoid of either. There I was having sex but there was no love, then I was feeling love (for someone else) and to me it had nothing to do with sex. So therefore I was like totally unbalanced completely as far as where I was emotionally (male ex-resident).

Other ways in which staff intervened included selective technical contraceptive advice, which tended to be given almost exclusively to girls by mostly female staff. This rarely involved discussion about the girls' feelings and whether they were being coerced or manipulated into sex. At the same time, only addressing females invisibilized and left unaddressed issues of male victims and male abusers, as well as allowing male staff to evade responsibility for dealing with such issues.

Staff also often inadvertently influenced the children's sexual attitudes and subsequent peer abusive behaviour by their promulgation of sexist and homophobic attitudes.

I hear the other staff using derogatory slang like 'pouf'—nonchalantly in conversation like they aren't even aware they are saying it (residential worker).

In terms of gender, some male residential workers referred to their wives openly as 'her indoors' and talked about women as 'a bit of skirt'. One female residential worker disclosed she had found one of the residential workers encouraging the teen-

age boys to give her marks out of ten for her appearance and another talked about one of her co-workers openly commenting on a rape case in the newspaper he was reading, in front of the boys, saying he thought the woman had provoked the rape because of what she was wearing. Both female and male residential workers and children also often tended to blame females rather than males, or both equally, for any sexual activity that occurred. They thus seemed to inadvertently and unknowingly collude with widely projected, sexist, societal myths around female sexual provocativeness and male sexual incontinence.

Both staff and children's attitudes around gender and homophobia therefore need to be contextualized within wider societal structures and discourses, which covertly or overtly promote the image that women are predominantly fetishized sexual and reproductive beings. Homophobic attitudes are also gendered in the sense that gay men or women are not seen as bonafide men or women and gay males, or males not conforming to hegemonic masculine stereotypes, are frequently derided by likening them and their assumed passive and receptive sexuality and weak personalities to those associated with women (Lees, 1993; Halson, 1991). These kinds of knowledge, attitudes and behaviour described by Green (1998) can perhaps be seen as extremes of more widespread social constructions of masculinity which result in 'normal' male sexual aggression against females (Kelly *et al.*, 1992; Meyer, 1996), constructions which thrive in the contexts of prohibition, secrecy and adult discomfort in relation to children's sexuality and sexual development, as outlined above.

Theorizing the findings: the nature of childhood, childhood sexuality and the impact of institutionalization

In order to understand the contested nature of issues about young male sexual abusers outlined above and the ways in which children's sexualities were being responded to in the residential homes' research, it is argued here that broader conceptual frameworks are needed.

Childhood innocence

Jenks (1996) and others (Hendrick, 1994, 1997; and McGillivray, 1997) have argued that throughout history and across cultures there appear to have been two overarching or dominant ways of conceptualizing the child—what Jenks calls the Dionysian conception (the child as initially evil, corrupt and in need of surveillance and curbing) and the Appollonian conception (the child as innocent, untainted, needing nurturance, caring and protection).

Jenks' argument is that Appollonian social constructions of children have been dominant through much of the late twentieth century, in spite of an increasing body of contrary evidence suggesting children are both exploited and abused as well

sometimes exhibiting abusive behaviour themselves (see, for example, Ambert, 1995; Fineran and Bennett, 1998, Gelles, 1997; Varma, 1997; Wiehe, 1997). In such circumstances the 'discovery' of sexual abuse by children and young people in the early 1990s can be seen as problematic in a context where children and young people are predominantly seen as innocent, angelic and untainted.

Outrage and punitive responses against adult perpetrators of child abuse are common but how does one react to young people accused of the same kinds of behaviour? In such circumstances denial and minimization of what has happened or punitive, rejecting responses, as described above, can easily be extremes along a continuum of anxiety driven adult coping strategies. One graphic non-sexual illustration of this involved the public and media demonization of the young killers of Jamie Bulger (Franklin and Horwath, 1996; McGillivray, 1997; Muncie, 1999).

Childhood sexuality

The difficulties of conceptualizing young people as abusers in a context where they are typically constructed as dependent innocents and of developing appropriate responses to them, may be further compounded when *sexual* abuse is involved. Sexuality is an emotionally charged area at the best of times and childhood sexuality is rarely conceived of in a positive manner (Ryan and Lane, 1997), often being pathologized or inadequately represented in textbooks (Yates, 1982) or research, with a few selective exceptions (e.g. Goldman and Goldman, 1988, Barbaree *et al.*, 1993). Meyer (1996) also makes the point that the sexualities of less powerful groups such as women and children are typically defined within a dominant white, male, heterosexual social discourse.

What seems clear, however, from the research that *has* been undertaken (see, for example, Wade and Cirese 1991, Barbaree *et al.*, 1993; Martinson, 1997) is that children are sexual beings and that sexual development takes place throughout the life cycle and includes physiological/biological; emotional; cognitive; gender identity; socialization and interpersonal development. Certainly complex processes accompany the development of adult sexual identity. These include responding to strong moral prohibitions, navigating ambiguous, inaccurate or punitive adult responses and information (Evans, 1993) and being aware that sexuality is scripted as private, is value laden and can be used to express a variety of different feelings, including anger and aggression (Plummer, 1990).

The research already cited also indicates that there are a wide range of normal sexual behaviours in children and that children's knowledge, behaviour and affect are influenced by variables of age, class and gender as well as by societal and cultural differences (Smith and Grocke, 1995). Moreover behaviours thought to be indicative of sexually abusive situations, such as excessive masturbation, oversexualized behaviour, an extensive curiosity or sexual knowledge and genital touching, were conversely also found to be common in the 'normal' community-based group of families studied. One can appreciate how professionals may struggle, therefore, to come to shared agreements about the differences between sexual experi-

mentation, sexually inappropriate and sexually abusive behaviour in situations where sexual abuse by young people is alleged.

Indeed if the focus on child sexuality is narrowed down to peer sexual abuse then one of the paramount issues that becomes apparent, is how peer sexual abuse can be defined. This is an issue pertinent to all peer sexual abuse (Masson, 1997/8), but it will be explored here solely in relation to residential care. Need such abuse necessarily involve unwanted physical touching or coercively induced sexual activity? Should verbal sexual humiliation, sex obtained through psychological manipulation or performing mock sexual acts on others constitute peer sexual abuse? The examples below might be seen as indicative of child peer sexual abuse, even if they did not fit conventionally accepted definitions?

We bought the kids a mike and some karaoke stuff and Gary made a diverse tape and I know lots of young males have violent sexual fantasies but this overstepped the mark. He was talking about cutting his girlfriend's tits off on it and rape and really crude stuff and it was pretty violent. He was playing it back to the other kids who thought it was funny. . . .Then he played it back to her when she came back from school. She was upset and left the room crying but then forgave him because he convinced her it was a joke (residential manager).

It was always important for the girls to know if you were going out with them before they let you have sex with them. . . . But often if you dumped them straight afterwards they would be saying you'd raped them (male ex-resident).

One time when I was doing some artwork with him (resident, aged 12) he mixed some paint in a mug and was going round to the girls and simulating masturbation and asking the girls to drink it. Some girls were upset but others just laughed (residential worker).

Correspondingly it may not be easy to differentiate between who is the victim or the recipient of the abuse and who is the abuser. One interesting example involved a teenage girl who was initiating two younger males into sexual activity, who later urinated over her because they said they were angry with her. Similarly language frequently used and accepted by the children (and sometimes staff) in residential homes, which humiliates and degrades, such as children calling each other 'slags' and 'poufs' should perhaps be seen as constitutive of peer sexual abuse.

In the ethnographic study, this problem of general definition seemed compounded even further by staff uncertainty about what constituted peer sexual abuse and what was merely indicative of normal adolescent/child sexual experimentation.

I remember when I first started here one lad kept on grabbing another between the legs and the younger lad didn't like it. However, when I asked the manager what to do she just ignored it. And I kept on asking myself is it normal for 12 and 13 year old lads to be grabbing each other between the legs and I just didn't know what to do (residential worker).

In a parallel vein many of the children also exhibited uncertainty about what constituted peer abuse. The following quotation comes from a 15 year-old girl, after one of the male residential workers had had an in-depth discussion with the girls on whether every man could be seen to be a potential rapist.

It is rape, isn't it Lorraine, when you say no and a man still goes ahead and does it, even if it's your boyfriend?

The quotation below comes from a male ex-resident who was in a home with older females and, as a mature adult, is still unsure if he would categorize the sexual acts that occurred as abusive.

About 9 I remember going into the girls' dormitories and we used to get into bed with each other. I saw it more as having a sister but they were older than I was and they certainly didn't see it as a brother in the bed with them because of the acts they used to perform. But that was normal goings on at the home. So I didn't see it as abusive like with my mother and uncle, although I might do now. I saw it more as a warm and loving relationship.

Institutionalization and its links with peer abuse

What emerges from the analysis thus far is that matters of childhood sexuality and development are highly complex and charged with both emotion and proscription. Recognizing the sexuality of children and young people may be problematic in itself, given prevailing notions of childhood innocence and asexuality, and working with young people whose behaviour has been deemed to be sexually abusive readily leads into much wider and contested debates about normal child sexual development and gender relationships.

Whilst young people seem very interested in sexual matters, they usually have to develop sexual knowledge and understanding on their own and with their peers, because of the discomfort and prohibitions of adults, responses it seems, which are not only confined to parents. Thus evidence suggests that there is a lack of professional training about childhood sexuality and about working with children on sexual issues (NCH, 1992; Farmer and Pollock, 1998), with the result that many paid carers and their supervisors also feel ill-prepared for direct, detailed work with young people around these issues, particularly if they carry unresolved uncertainties and negativities from their own childhoods.

However it is also argued here that how residential settings operate in general terms have a very significant effect on both the children's and the staff responses to sexuality and sexual abuse issues. Children's homes are now becoming increasingly smaller, with homes accommodating fewer than ten children coming to be seen as more desirable and the norm (Aymer, 1992) and many are now community-based. However the ethnographic research already discussed demonstrated that links with the wider organization or the wider community were limited and ex-residents sometimes used phrases like 'living in a goldfish bowl' or 'a world within a world' to refer to their experiences there. Few attended school or had regular links with their family and the quality and continuity of relationships with social workers varied considerably. Most homes were also seen by children and staff alike as last-resort, undesirable placements and were predominantly inhabited by teenagers with histories of abuse and neglect, who displayed a range of challenging behaviours.

Despite disagreement from some commentators (e.g. Berridge and Brodie, 1998)

it is therefore both theoretically feasible and practically useful, to locate and understand these settings within Goffman's (1961) ideal type typology of an isolated 'total institution', whereby the normal socially and geographically differentiated domains of the family, work and education are collapsed into one domain, as evidenced by the previous paragraph. The emphasis on control and surveillance at the expense of care and development would also fit Goffman's typology as would divisive staff/resident relationships and separate cultures.

It may be that few commentators make an analogy between Goffman's concept of 'total institutions' and contemporary children's homes because many homes are visually different, smaller and less geographically isolated than the huge asylums and institutions that Goffman was writing about in the 1950s and 1960s. However, because Goffman's analysis invokes a Weberian ideal type typology, proposing a loose constellation of features which define 'total institutions', many, but not all of which are necessarily present in every case (Jones and Fowles, 1984), it is not essential for contemporary children's homes to conform to every feature documented by Goffman. What was revelatory from the ethnographic research, however, was the fact that many children's homes did conform to virtually all the features documented by Goffman. The few non-conforming features such as the smaller nature and intra-community location of many homes (in comparison to older institutions) were therefore deceptive, in that they gave the inaccurate impression that children's homes were not isolated from the wider community.

Other important features of 'total institutions' documented by Goffman, other than isolation and the corresponding collapse of domains, were uniform treatment of 'inmates', 'batch living', control and surveillance by staff, negative stereotyping of staff and inmates by each other and the emergence of divisive staff and inmate cultures and counter cultures, referred to as 'binary management'. Goffman also described 'total institutions' as 'storage dumps', where official aims of humanitarian treatment were subjugated to perceived bureaucratic and organizational needs. All of these features were evident in the contemporary children's homes studied which were frequently referred to by both staff and children in the language of containment as 'dumping grounds', a term often used alongside the colloquialism 'heads for beds', which referred to the indiscriminate and un-thought out placement of children in any available home, regardless of how appropriate it was for their needs or the needs of other children with whom they would be placed. The emphasis on control and surveillance was evidenced by a preoccupation with locks and alarms, children feeling subject to continual scrutiny with no privacy, practices illustrated by workers checking children's bedrooms every hour during the night and children having their movements documented in logbooks. Children and staff also often made comparisons between the homes and prison life. Regimentation and rigidity was evident by the way children were often deprived of spontaneity, individuality and preparation for independence, by, for example, punishing all children for the misdemeanours of one, having set mealtimes with limited menu choice, the inauguration of privilege systems and staff unwillingness to deviate from set routines for the benefit of the children.

Divisive staff and child cultures were manifested by the lack of trust children

showed in the staff, their feelings of being stigmatized and labelled and the emergence of an 'us and them' dichotomy, which acted as an impetus for the 'fraternization process' (Goffman, 1961). Children frequently perceived the staff as punitive and controlling and developed their own forms of resistance, space and privacy as well as an abusive form of hierarchy known as the 'top dog' system. This involved one or more children exercising considerable power over other children and some staff via the use of psychological and physical threats and manipulation. The staff culture similarly was often very abusive not only in terms of child treatment but in how staff treated other staff and many workers reported being victimized by other staff if they attempted to work in a child-centred and non-institutionalized manner (Parkin and Green, 1997).

Likewise the residential staff would talk about the homes often being very unrelenting, aggressive and abusive places in which to work. Many said any staff disclosures or evidence of weakness or stress would be seen as a personality deficit, rather than as an inevitable part of work with very challenging and abused children. They also felt unsupported and unappreciated by management as well as lacking the necessary skills and training to deal with many of the issues the children generated, including sexuality issues. These types of cultures therefore, unsurprisingly, often resulted in staff just concentrating on control and surveillance and becoming desensitized to the needs and feelings of the children.

All they tend to do about things like prostitution is to tell you not to do it again and make you feel dirty and try and watch you (ex-resident).

The way most residential units operated both generally and in terms of sexuality and sexual abuse therefore also exacerbated the potential for abuse and minimized the possibility that children would disclose peer abuse to staff or other children. Any sign of difference, weakness or vulnerability would render children in residential care vulnerable to harassment and abuse by their peers and many residents and ex-residents talked of 'dog eat dog' or a pack mentality pervading. The case scenario below involved an 11 year-old boy who sexually abused a boy of similar age.

The boy who was being removed decided he was going to tell the other kids—all this is bullshit what they accused me of doing. And the only thing the other boy, the victim of the abuse was worried about, was that now the others knew he would become a target and he did . . . he had to hand over his pocket money to the other lads before he even saw it and he was bullied unmercilessly, called all sorts of names and eventually they beat him up. The girls did it differently—they would take things from him in return for his affection and then they wouldn't give him any. He had victim stamped across his forehead . . . and they just thought this lad's a victim and he wants kicking while he's down (residential worker).

The aggressive but enclosed nature of the homes would also help explain why (as in earlier quotations) peer sexual abuse often became normalized and accepted by the children. As in the Castle Hill Inquiry (Brannan *et al.*, 1993) paedophiles within the settings would utilize and try and mould the children's top dog culture to their advantage, by encouraging, giving power to and rewarding older boys they had

already sexually abused, to groom younger boys for adult abuse. An institutionalized, Goffmanesque setting as described above, therefore provides an ideal, isolated arena for such grooming procedures to take place and remain undetected or unacknowledged for considerable periods of time.

Conclusions

Many issues therefore emerge when studying sexually abusive male adolescents and residential care settings and the conclusion has to be drawn that the needs of many of these young people may be ill-served by placement in residential accommodation. The research revealed that not only were sexuality issues in residential care consistently mishandled but that sexually abusive and sexually abused children were rarely dealt with in a sensitive and therapeutic manner, and that most staff responses were reactive and technical or punitive, rather than being proactive and sensitive. As a consequence young sexual abusers placed in such institutions are likely to remain a risk to others, at the same time as their therapeutic needs remain unmet.

As regards the future, various aspects of research and policy development are indicated, two of which are highlighted here. First, further research into child sexuality and sexual development is urgently required, research which takes in broader perspectives such as male patriarchy and issues of structural and individual power than have hitherto been explored. In this process it will be of key importance to listen to what children are saying about their experiences and understanding of sexuality and sexual abuse, for adults and children to enter into more open dialogue about matters of sexual development and sexual behaviour. Only through such research will the necessary conceptual frameworks emerge which will facilitate the further development of appropriate services for children and young people who sexually abuse others.

The albeit small-scale ethnographic research which was supplemented by a substantial number of non-ethnographic interviews described in this article would also suggest that, ideally, a major re-evaluation of residential accommodation in terms of care and control issues is required, together with the development of specialist training and support for staff. The staff in the residential establishments studied were not only continually undervalued and unsupported, but they were also frequently left to handle sexuality issues according to their own values and fears, without the help of the necessary and vital training and support mechanisms.

There have been numerous scandals, reviews and inquiries relating to abuse in residential childcare over the last ten years (de Cruz, 1998; Gallagher, 1999) and many recommendations have been put forward. These have included improved and better integrated managerial structures, career prospects, training and vetting of staff, placement preparation, independent complaints and whistleblowing procedures and the provision of 'independent visitors' to all children in care. Very few of these recommendations have been successfully or fully integrated. Many of the inquiries and reviews also fail to adequately analyse pertinent issues in relation to gender and sexuality (Pringle, 1993), the powerlessness of children in relation to adults and

ongoing organizational failures either to give children the confidence to complain or to take children's allegations seriously. Also the very fact that so few of the recommendations have been fully implemented, despite numerous inquiries reiterating the same problems and often suggesting similar solutions, says a great deal about how much value is placed upon the most vulnerable and disempowered children by our society.

The implementation of the practice and policy recommendations outlined above would no doubt be beneficial as regards improving the quality of residential care, but in a society where children are disempowered, rendered dependent and possess few sexual or other rights (Evans, 1993), where the most disadvantaged and powerless children receive the most stigmatization and the fewest and lowest status resources (Rose, 1989; Parton, 1984, 1991) and where adult, hierarchical and genderized, heterosexuality is naturalized and unproblematized (Hearn, 1987; Meyer, 1996), it is questionable how much the micro context of residential care can change, given that any changes will inevitably be profoundly influenced by and contextualized within macro societal attitudes and politics.

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