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Theorizing Sexuality, Sexual Abuse and Residential Children's Homes: Adding Gender to the Equation

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Summary

This article is primarily concerned with emphasizing the importance of gender in relation to understanding and responding to sexuality and sexual abuse/exploitation issues within residential children's homes. Initially, past research and inquiry reports are analysed and evaluated, not only in relation to their overall conclusions and recommendations, but also with regard to their consideration, misrepresentation or omission of gender issues. A theoretical framework is then drawn up which takes into account historical debates and contestations around notions of gender. This illustrates how gender is frequently conflated or merged with understandings about sex and sexuality. This theoretical conceptualization is then extended to consider the effects of the social construction of childhood and childhood sexuality, and how sex, gender and sexuality may commonly be represented and understood within organizational, public-sphere contexts. Important findings from a recent in-depth qualitative research project focused on sexuality issues in children's homes are then presented thematically and through narrative excerpts. These findings are also located within and made comprehensible in relation to the theoretical framework previously constructed. The conclusion examines the implications of the findings presented and their theorization, and briefly evaluates the usefulness of recent policy initiatives intended to improve the care and development of 'looked after' children.

Keywords: Children's homes, gender, sexuality, sexual abuse

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Introduction

This article analyses how gender impacts upon and affects sexuality and sexual-abuse issues in residential children's homes, as well as investigating why, long-term, gender has been such a neglected and disregarded factor. Initially, the setting under investigation will be historically contextualized. Following this, past scandals, inquiries and research into sexuality and sexual abuse in children's homes will be critically appraised. The methodology utilized to conduct the research on which this article is based, and which exposed major shortcomings in how sexuality/abuse issues were responded to and their resultant consequences, will then be outlined and justified. Following this, a theoretical analysis of the power of gender and the inextricable interconnections between sex, gender and sexuality will follow. The findings from the research will then be situated and made comprehensible within this synthesized theoretical framework, as well as being linked to the gendered social construction of childhood and the mythology of the agendered, asexual organization. Finally, in the conclusion, overall implications will be set out and recent policy initiatives will be briefly analysed in relation to children's sexual safety and protection from abuse.

Residential children's establishments

Residential children's homes are institutions run by the local authority and, increasingly, also by private and voluntary organizations. They provide a short-term or long-term living environment for approximately 6,000 children in England and Wales (Gallagher, 1999), many of who emanate from deprived socio-economic backgrounds (Bebbington and Miles, 1989; Gibbons *et al.*, 1995). The age of the children who live in residential child-care establishments has been increasing at the same time as the number of homes available is decreasing (in conjunction with an ideological preference for fostering). The group catered for currently in residential care is, therefore, now disproportionately adolescent, manifesting challenging behaviour, psychological problems and having experienced disrupted and often abusive family backgrounds (Aymer, 1992; Kahan, 1994; Frost *et al.*, 1999; Sinclair and Gibbs, 1998). Children and staff generally see residential homes as undesirable 'last-resort' placements, which are low status and often poorly resourced. However, some research has shown that at least some children prefer residential care to foster-care, because they do not feel that residential care threatens or presents a challenge to relationships with their peers or their biological family or family of origin (Sinclair and Gibbs, 1998; Save the Children, 2001). The staff-to-child ratio has steadily been increasing, alongside a trend for smaller homes and fewer residents (Langan and Day, 1992), the average per home now being seven (DoH, 1998).

Contemporary children's homes also tend to be located within community-based settings, rarely geographically or visually typifying their isolated monolithic orphanage and workhouse predecessors (Berridge and Brodie, 1998).

However, they can still clearly be encapsulated and understood within Goffman's ideal-type typology of a total institution in most other respects (Goffman, 1961; Green, 1998). Additionally, children's homes still seem to be a necessity for a minority of children who are unable to adapt to any other type of placement, as evidenced by the failed attempt to close all children's homes in Warwickshire (Cliffe and Berridge, 1992). Nevertheless, children's homes continue to be under-resourced, stigmatized and tainted by their historical association with the Poor Law and workhouses (Corby *et al.*, 1998). If better resourced and afforded higher status, some might be, as Wagner (NISW, 1988) suggested, a successful placement of choice for more teenagers.

Past research relating to sexuality and sexual abuse in residential child-care

There have been numerous scandals in relation to the physical, psychological and sexual abuse of children in residential establishments over the last two decades (Levy and Kahan, 1991; Wardhaugh and Wilding, 1993; Berridge and Brodie, 1996; Corby *et al.*, 1998; Gallagher, 1999). These have generated numerous inquiries but, for the purpose of this article, only inquiries dealing with sexual abuse will be referred to, although different types of abuse often occur together and one form of abuse may increase vulnerability to other forms (Parkin and Green, 1997; Green, 1998).

In the 1980s and 1990s, a number of British and American commentators identified and lamented the lack of research into sexuality and sexual-assault issues in residential children's homes (White, 1987; Parkin, 1989; Bloom, 1992; Bullock *et al.*, 1993; DoH, 1998; Farmer and Pollock, 1998; Parkin and Green, 1999). The situation has changed little since then, although some recent research has taken sexual abuse and exploitation into consideration (Farmer and Pollock, 1998; Gibbs and Sinclair, 2000, Cawson *et al.*, 2002). The numerous government inquiries conducted after scandals in the last fifteen years (e.g. Warner, 1992; Utting, 1991, 1997; *The Waterhouse Report*, 2000) have yielded some interesting information and subsequent recommendations. They are, however, problematic in that they are frequently conducted in a juridico-legal framework and frequently address concrete issues, such as better training, resourcing and inter-agency/disciplinary communication, rather than significant, theoretical issues such as power, and sexual, gendered and generational disparities and inequalities (Green and Parkin, 1999; Green, 2000).

Pringle (1993, 1995, 1998) and Colton (2002) seem to be amongst the few lone voices who have expounded the significance of gender in analysing child sexual abuse (in residential care) and the fact that this has been a key omission in the inquiries. Some of the inquiries unfortunately perpetuate and legitimize prejudicial and inaccurate attitudes in relation to gender. For example, Warner (1992) suggested that all applicants for residential worker positions should be robustly questioned about their sexual orientation. However, aside from the

issue of possibly contravening civil liberties, particularly in view of the 1998 Human Rights Act, few (if any) applicants are likely to admit to being child abusers and it is far more likely that gay identities will be seen as dangerous or suspicious (Sone, 1993). Utting (1997) corroborates this fear by claiming that 'homosexually abusive men' assault boys in residential care. Utting (1997) thus reflects and endorses the prevailing 'common sense' view that all adult male abuse of boys is homosexual and that all gay men are an intrinsic risk to the safety of teenage boys. The Utting report has also been criticized for incorporating terminology such as 'preferential paedophiles' (p. 97) whilst failing to clarify the meaning of the term (Trotter, 2000). Some academic literature has also analysed certain inquiries or reviewed the findings and recommendations of a number of inquiries (e.g. Brannan *et al.*, 1993; Berridge and Brodie, 1996) but, even then, prejudiced misconceptions are still evident. Corby *et al.* (1998, p. 51), in their otherwise pertinent analysis of residential child-care and child-abuse inquiries, similarly write uncritically about 'homosexual abuse' and 'homosexual offences' against children and young people.

Although it is important to acknowledge that both gay men and religious personnel who espouse celibacy may be abusers (Trotter, 2000), most research on child sexual abuse shows that both boys and girls are predominantly abused by heterosexual men (Finkelhor, 1986; Kelly *et al.*, 1991; Pringle, 1993; Cox, 2000). Therefore, albeit seemingly inadvertently, for government inquiries and some academic literature to reinforce homophobic notions of gay men as sole perpetrators of child sexual abuse, and to ignore a wealth of reputable research identifying most abusers as heterosexual, is extremely worrying.

One relatively recent study conducted research in two local authorities into sexually abused and abusing children in foster and residential care (Farmer and Pollock, 1998). In their study of two-hundred-and-fifty 'looked after' children, they found that the ninety-six sexually abused and abusing children emerged as a particularly disadvantaged and problematic group. In terms of gender differentials, male residents were far more likely to be abusers of their male and female peers and half of those previously sexually abused then abused another child. Of their interview sample of forty children, a third (twelve females and one male) had been sexually abused and had either been regularly involved in prostitution or were susceptible to being sexually exploited. One in five of the girls claimed that she had been raped or sexually assaulted whilst in residential or foster-care and over two-thirds of the interview sample (twenty-seven/forty) were deemed to manifest 'risky' sexual behaviours. Residential workers seemed unable to deal with the sexualized behaviour of girls and the sexually abused youngsters were rarely offered adequate therapeutic support in relation to past abuse or abusing behaviour. Additionally, child-protection procedures were seldom used to investigate further instances of abusive behaviour and abuse allegations were poorly recorded. Although the sample size was too small to generalize from, Farmer and Pollock estimate that a third of the children newly 'looked after' each year will be abusers or abuse victims or fit both categories (DoH, 1998).

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Another recent study, which examined physical and sexual violence in residential children's settings, and involved interviewing seventy-four young people and seventy-one members of staff in fourteen different settings, conversely found that reports of unwelcome sexual violence were low. Females, however, were three times more likely to report this and to have perceived it as having been very damaging. There were, additionally, clear gender differences between patterns of aggression, although homophobic abuse was reported by both staff and residents to be rare (Cawson *et al.*, 2002). This study also reinforced the finding of Farmer and Pollock's study in relation to staff's reluctance and inability to deal with sexual violence. Another article on bullying and sexual harassment, based on a wider study involving two-hundred-and-twenty-three children in forty-eight homes in five authorities, found that 23 per cent of the females and 9 per cent of the males reported that someone had tried to take sexual advantage of them after admission to the home and that fellow residents were the most likely perpetrators—not staff (Gibbs and Sinclair, 2000). Other studies have also concluded that peer sexual abuse and exploitation is a common phenomenon (Farmer and Pollock, 1998; Green and Masson, 2002) and there is an emerging evidence-based literature which aims to act as a general resource for practitioners and policy makers dealing with this population (e.g. Calder, 2001).

There have been a number of insightful and well conducted studies into adolescent sexuality, most often female sexuality, by feminist researchers, who view gender as being a key issue in sexual development and sexual behaviour (e.g. Lees, 1986, 1993; Halson, 1991; Holland *et al.*, 1998). There is, however, little comparable research in relation to children's homes, with the exception of a few well conducted small-scale pieces of research that deal with selected aspects of sexuality, such as prostitution (Jesson, 1993; O'Neill, 1994) and same-sex sexual behaviour (McMillen, 1991). These research studies have illustrated how punitive staff responses disempower and disadvantage the children involved. This is because some staff tend to hold prejudicial attitudes in relation to prostitution and same-sex sexual behaviour and project these onto the children, pathologizing them and seeing them as immoral.

The relationship of gender to issues of sexuality and sexual abuse in residential child-care has, therefore, been a highly neglected and often untheorized area, in relation to both abuse inquiries and other research studies. Bullock (1993) has argued that much of the research on residential child-care has been government-funded, leading to a plethora of policy-relevant, empirical studies which tend to reflect government priorities and policies and are weak theoretically:

Studies that explore questions about the structure of society or which seek to challenge existing thought and practice, are increasingly uncommon (Bullock, 1993, p. 225).

In analysing recent DoH-commissioned studies, conducted in the late 1980s and 1990s and referred to and summarized in the DoH publication, 'Caring for children away from home: Messages from the research' (1998), Bullock's rather depressing claim appears, to some extent, to be borne out, at least in

relation to gender. Certainly, one study was commissioned on sexually abused and abusing children in state care (Farmer and Pollock, 1998) and did stress that males were more likely to be abusers. Another study referred to the fact that 14 per cent of the children whom they studied had been sexually exploited (Sinclair and Gibbs, 1998). However, in none of these studies is there an in-depth, theoretical exposition of the role that gender plays in defining the children's sexuality and staff attitudes; and, accordingly, little recognition is given to gender's importance in understanding how these settings operate, and the sexual abuse and exploitation of children within them. The research that will be drawn upon in this article found that gender was of tremendous importance when analysing sexuality and sexual abuse, and the pages that follow demonstrate how and why gender was of significance.

Methodology

This article draws on literature related to residential child-care and findings from research into sexuality and sexual-abuse issues in children's homes (Green, 1998), the data collection process of which took place between 1994 and 1997. The research was independent and funded by a Ph.D. studentship, and the researcher's interest in sexuality and sexual abuse issues in children's homes stemmed from an earlier research project into social-work students' experiences of different types of residential care and the researcher's own interest in young people and sexuality. This earlier study found that although sexuality was an 'ever-present' issue for staff and residents, it was an almost 'never-present' organizational issue in terms of training, procedures and guidelines (Parkin, 1989).

The research referred to here was qualitative, involving extensive ethnographic fieldwork in two children's homes, located in two different local authorities over a two-year period, documentary analysis of newspaper reportage and a large number of non-ethnographic interviews. The ethnographic studies involved participant observation, formal interviews with residential workers and managers, social workers and children, and documentary analysis of organizational documents, such as logbooks and care plans.

The non-ethnographic research involved semi-structured interviews with residential and ex-residential workers and managers, ex-residents and a variety of other personnel, who had extensive knowledge or experience of working with 'looked after' children or ex-residents. These included HIV/AIDS workers, aftercare workers and workers with young male and female prostitutes. The residential workers were drawn from social-work student cohorts at three universities, over a period of three years and experiencing different stages in their training. Ex-residents and other personnel were drawn from aftercare groups, personal contact and a range of other organizations via 'purposive' and 'snowball' sampling techniques. Overall one-hundred-and-three interviews took place, both within and outside the ethnographic fieldwork, and one-hundred-and-ten interviewees were involved. Thirty-nine interviews were con-

nected to the ethnographic studies and sixty-four interviews were with respondents unconnected to and not accessed via the ethnographic studies. Most interviews were with single respondents, although a small number of interviews were with two people or conducted with a group. The interviews outside the non-ethnographic fieldwork were undertaken for triangulation purposes (Robson, 1993), so the findings from the ethnographic studies could be compared with a much wider range of past and contemporary settings, and the views of previous as well as current residents could be compared. Data were therefore accessed in relation to over a hundred settings and fifteen local authorities. Some respondents also referred to homes run by private or voluntary organizations, although local authorities provided the majority of settings.

Although data were accessed from many respondents and included both extensive ethnographic fieldwork and interviews from sixty-four other respondents, it is not possible to claim that the findings from this research are representative of all children in residential care or can necessarily be generalized. The study was in-depth, qualitative and exploratory and adopted some tenets of grounded theory (Glaser and Strauss, 1967), whereby the findings and questions asked are said to emanate largely from the research process rather than certain questions or areas being pre-determined prior to the research commencing. This notwithstanding, all research is affected by prior knowledge and reading of related literature (Strauss, 1987), as well as the researcher's own autobiography, disciplinary areas and interests (Stanley, 1990; Henwood and Pidgeon, 1995). Consequently, these other considerations will impact on the data-collection process, analysis and interpretation. The data were also collected in the mid-1990s and subsequent legislative and policy initiatives could have altered children's experiences of living in residential care. Although a variety of settings in many different local authorities were studied, the research also took part largely in a particular geographical area and therefore cannot account for regional variations which may occur outside of this area. However, the findings dealt with in this article were widespread and subject to saturation, theoretical sampling and constant comparison (Glaser and Strauss, 1967). Additionally, there was prolonged involvement, negative case analysis (Padgett, 1998) and constant triangulation across and within methods, and theoretically (Robson, 2002). All of these strategies aimed to reduce bias as far as possible and enhance the validity and trustworthiness of the data and their theorization.

Theorizing sex, gender and sexuality

These three frequently used and seemingly obvious and innocuous 'common-sense' words have, over the last three decades, provoked extensive discussion, debate and controversy. Initially, sex roles and sex-specific behaviour were accepted as natural. Parsons and Bales (1955), emanating from a functionalist perspective, wrote of the rational, instrumental male whom they compared with the expressive, nurturing housewife. Both of these stereotypical characters

were best suited and best served society by inhabiting a monogamous, complementary, heterosexual, familial lifestyle. Anthropologists, Tiger and Fox (1972), writing seventeen years later, claimed that such sex-stereotyped behaviour was inevitable because of evolutionary genetic dictates, resulting in men being naturally more aggressive and sexually predatory, and women more caring. Socio-biological and evolutionary psychology theorists have continued arguing for a biological basis to gender ever since then (e.g. Wilson, 1975; Dawkins, 1976; Moir and Jessel, 1989), but their sources of evidence and reasoning have been contested and frequently negated, often even by those within their disciplinary field (Rose *et al.*, 1984). The cross-cultural, inter-societal and historical variability of gender, well documented by anthropologists, feminists and other social scientists (Mead, 1935; French, 1985; Herdt, 1988; Cheng, 1996 (ed.)), also suggests that the arguments of these evolutionary and biological essentialists are flawed, although they are frequently accepted and vigorously defended by the media and the general public.

For much of the 1970s and 1980s, feminists and gender-aware social scientists generally accepted the argument that biological sex was a natural dictate, involving chromosomal, anatomical, reproductive, hormonal and other physical differences between men and women (Lindsey, 1990). Conversely, gender, in terms of social and psychological facets that are exclusively linked to one sex or the other in a particular culture, came to be understood as a socially constructed phenomenon. It varied historically and cross-culturally, and was a product of socialization rather than nature (Oakley, 1972). Feminists also began to explore a concept of patriarchy whereby society was seen to be male dominated and controlled (Millett, 1972; Hearn, 1987; Walby, 1990). Patriarchy, it was claimed, disadvantaged women and rendered them subordinate because they exerted minimal power, were viewed as inferior to men and subjected to processes of othering (Gherardi, 1995; De Beauvoir, 1974). A number of gender theorists also began to re-analyse organizations and to realize that previous theorists had treated organizations as gender-neutral and had failed to analyse gender, or the significance of the relationships between sex, gender, organizations and power in an explicit manner (Green *et al.*, 2001). Feminists and other social scientists did not deny that adherence to strict gender roles straitjacketed and constricted the opportunities and functioning of *both* men and women. They, however, also saw men as benefiting from a patriarchal system in terms of disproportionate allocations of power and resources (Reynaud, 1983; Hearn, 1987) and the ability to enact societally condoned violence (e.g. rape, domestic violence) in order to maintain patriarchal power, if self-disciplinary, discursive techniques of power were unsuccessful (Foucault, 1979, 1981; Walby, 1990). One example of this may be the ways in which male rape of women is often condoned or excused in terms of men's 'biological' inability to exercise sexual control—*the male sexual incontinence theory* (Dyer, 1985). This condoning of abuse is also often transposed onto the rape of children, with the blame being juxtaposed onto the child (Evans, 1993) or the female partner of the rapist (Kennedy, 1992; Lees, 1997).

Contemporary theorists agree that femininity and masculinity in different cultures may vary considerably (Grosz, 1990; Lorber and Farrell, 1991), but they often

extend the argument by demonstrating within one society that there are many different types of masculinities and femininities (Hearn, 1992; Connell, 1995). These are significantly affected by class and race/ethnicity dimensions (Ferree *et al.*, 1999), with white, middle-class, hegemonic masculinities being exalted and celebrated, and complicit and alternative masculinities, as well as all types of femininities, being negated and marginalized (Connell, 1995). The notion of sex-role theory or gender as the product of childhood socialization has also become increasingly unpopular (Stanley and Wise, 2002) and it now tends to be seen as lifelong 'work in progress' (Ferree *et al.*, 1999). Hence, it is more common to see gender as dynamic and to talk of 'doing gender' (West and Zimmerman, 1987) rather than being a gender. Butler's work (1990, 1993), which will be discussed later, also demonstrates the performative, reiterative and often painful process of 'doing gender'.

In recent years, critical contestation of the notion that sex is a purely biological and undisputed category and that gender is socially constructed has become more accepted. Two seminal and oft-cited pieces of work, which question the demarcation between sex as a biological fact and gender as a socially constructed facet, are Laqueur's 'Making Sex' and Butler's Foucauldian-influenced 'Gender Trouble', although the idea that sex is as much a social construction as gender significantly predates both Butler and Laqueur (see Stanley, 1984). Laqueur (1990) shows, through historical analysis of diagrams and writings, how medical discourse and its representation of the sexual organs shaped the notions of there being two distinct sexes, and of women's reproductive functions and women as inferior. Prior to this, women and men were thought to be relatively similar, both physically and mentally, and women were thought to possess an internal rather than an external phallus. Butler (1990, 1993) also questions the naturality of binary biological sex.

If the immutable character of sex is contested, perhaps this construct called 'sex' is as culturally constructed as gender, indeed perhaps it already was gender, with the consequence that the distinction between sex and gender turns out to be no distinction at all (Butler, 1990, p. 7).

Butler's analysis also brings into question not only whether there can be clear demarcation lines between sex and gender, but also whether it is possible to separate out sexuality from sex and gender. This is because desire is heterosexualized and is produced within divisive, binary and asymmetrical oppositions between masculine and feminine, which are understood to emanate from one's status as male or female (1990, p. 17). Therefore, identities in which gender does not follow from sex or where desire does not link to sex or gender are seen as anomalous or unintelligible. In Butler's analysis of subverted and transgressive categories, such as the act of 'camp' or 'drag' by gay men, she shows how, in their farcical and parodied representations of womanhood, they expose gender as socially constructed, and as 'copy to copy' rather than 'copy to original'. One cannot copy an original if it is a chimera or denotes 'hyperreality' in the age of the simulacrum (Baudrillard, 1983, 1987), by functioning as a copy of an object or an event that no longer or never actually existed (Seidman, 1994).

These arguments about the instability, interdependency and inseparability of notions of sex, gender and sexuality seem to be substantiated, even when analysing contemporary texts that deal with gender. Some conflate the three terms, use them interchangeably, substitute one term uncritically for another (e.g. using the word 'gender' to refer to biological sex) (Green, 1998), or use the word 'gender' to refer to women alone (McDowell, 1995). The fact that both sex and sexuality can be legitimately interpreted in a number of different ways does not help the situation. For example, 'sex' can be used to refer to biological status as male or female, or an act that may be presumed to be heterosexual intercourse (Saraga, 1998), but could potentially involve enacting wider forms of mutual or solitary desire. From a post-modernist perspective, 'sex' could symbolically represent a multiplicity of different features, which may or may not involve desire or pleasure (Simon, 1996).

It can therefore be argued that sex, gender and sexuality are so inter-merged that they often appear inseparable (Green, 1998). The interconnections between the three concepts help to construct and consolidate a very puissant and influential naturalized patriarchal edifice, whereby sexuality is incomprehensible without linking it to pre-conceived essentialist notions around gender and sex. The two sexes, genders and sexualities are then incorporated into one of two seemingly seamless but dichotomized entities: the hierarchically heterosexual, masculinized man or the sexually hetero passive, feminized woman. These entities and the symbolism associated with them (Gherardi, 1995) are, however, problematic, unstable and precarious, and incorporate numerous ambiguities and inconsistencies (Butler, 1990). These sexualized, sexed and gendered binary constructions are also not separate entities in their own right, as they continually refer and defer to each other. Each is, in essence, meaningless without the reference point of the other, as Derrida (1978) has demonstrated with his concept of *differance*.

In analysing the impact of gender on sexuality and sexual-abuse issues in children's homes, one must be very aware not only of the socially constructed nature of these terms and problems with definition, but must also comprehend how all three terms inter-link, reinforce, construct and constitute each other. Superimposed on this awareness needs to be an understanding and evaluation in relation to the setting under study: children's homes, the social construction of childhood and the symbolic asexualizing and agendering of organizations, in direct contradiction to their actual gendered and sexualized operationalization.

Adding childhood into the equation

How issues of gender impact upon the sexual behaviour, beliefs and experiences of young people, and the attitudes and responses of residential staff and the wider organization, in respect of children's homes, needs to be initially located within the social construction of childhood. Childhood is often seen as a natural, universal, timeless and unchanging category. However, since the work of Aries (1962) and more contemporary theorization and research into the nature of childhood (Jenks, 1996; Corsaro, 1997; Gittens, 1998; James *et al.*, 1998; Lee, 2001), it has

become apparent that there are numerous conceptualizations of childhood across different cultures and historical periods. Nevertheless, two overarching and dominant ways of conceptualizing the child have remained central. Jenks (1996) refers to these as the 'Apollonian conception', where the child is seen as innocent, asexual, untainted and needing nurturance and protection, and the 'Dionysian conception', where the child is seen as initially evil, corrupt and in need of surveillance or curbing. Stainton-Rogers (2001) also draws on two similar discourses in relation to how children are perceived and treated: the discourses of care and control. She maintains that much of the time, these contradictory discourses exist unproblematically alongside each other. There are, however, examples of when the two come into conflict with each other, the issue of corporal punishment being one and child sexuality another (Green *et al.*, 2002).

It is also important to note that in our society, children have very few rights (Franklin (ed.), 1995, 2001) and extant rights are generally determined by adult agreement and the ability to communicate in adult language (Parton and Wattam, 1999 (eds); Green, 2001). There is, simultaneously, a great fear of children's having rights and of their subsequently being able to overpower adults (Wyness, 2000; Alderson, 2000), which is often used as a justification for not empowering children.

In Evans' discussion (1993, 1994) of society's refusal to acknowledge and deal with children's sexuality, the implications of the way in which childhood and childhood asexuality are socially constructed and used to justify not according children basic societal rights, are clear. Evans argues that the separation between childhood and sexuality is socially constructed and involves rigorous policing to keep the two boundaries separate. This results in the legitimization and perpetuation of arguments that posit children as too immature and undeveloped to be informed about sexuality and that claim that informing them about sexuality is a form of perversion, which will both corrupt them and lead them to be corrupt (Jackson, 1984).

How is the social construction of childhood, then, related to gender, sexuality and sexual abuse? Meyer (1996) argues that the sexualities of less powerful groups such as women and children are typically defined within a dominant, white, male, heterosexual discourse. Children, similarly to women, have been patriarchally labelled as provocative and, hence, deserving of enforced sex (Evans, 1993). The dichotomous and contradictory patriarchal definition of woman as Madonna (pure, asexual and untainted) or whore (corrupt, voraciously sexual and indiscriminate) (Chesler, 1974; Tseelon, 1995) can, in many ways, be compared with Jenks' Apollonian and Dionysian conception of the child. Warner (1994) similarly claims that children are seen as either angels or devils, and placed on a pedestal whereby they are represented unrealistically as being separate from society and guarantors of society's humanity. Certainly, childhood sexuality is rarely conceived of in a positive manner (Ryan and Lane, 1997) and is frequently pathologized or inadequately represented in textbooks (Yates, 1982). The desired childhood innocence must be an asexual and unknowing one. But, as Kitzinger (1997) so convincingly argued, innocence is a

double-edged sword that punishes the knowing child and leaves the unknowing child undefended and unable to name and conceptualize abuse. Abusers also sexualize the innocence or 'enforced ignorance' of children and exploit it. Liddle (1993), in a paper that analyses the reasons why child sexual abuse committed by men is so common, argues that men are socialized into eroticizing and fetishizing those that are ideally constructed as being less powerful, smaller, more passive and more acquiescent than them—women. Liddle therefore contends that it is only a small step to shift that eroticization onto those who are even smaller and less powerful—children—therefore gendering and sexualizing women and children in a similar way. One surprisingly highly acclaimed textbook (Davis, 1983, 1993), *Sex and the Social Worker* (Cosis-Brown, 1992; Hanvey, 1993), contains a chapter on residential care, in which he asserts that fourteen-year-old boys seduce powerless residential workers:

... there is no doubt in my mind that that Keith's heightened awareness, his detailed knowledge of sexual activities and his particular stage of adolescent development combined to give him unnatural powers of seduction vis a vis the young worker (Davis, 1993, p. 67).

Such a worrying assertion not only ignores organizational and generational power inequalities between workers and children and the worker's responsibilities to protect, but 'buys into' the Dionysian notion of the culpable, sexually provocative child. It therefore seems as though children's sexuality and the abuse of them are gendered not only in terms of the propensity of men as abusers, but in how the sexuality of children is binarily conceptualized and understood.

The additional effect of analysing sex, gender and sexuality in organizations

Organizations are located in the public sphere of work and politics, and are generically associated with men, male power and masculine-assigned characteristics, such as science, culture, technology, rationality, control and authority. Women are seen as being ideologically located within the private sphere of the family and are associated with emotionality (often conflated with irrationality), domesticity, sexuality, reproduction, nurturance and nature. The two spheres are treated as mutually exclusive arenas, although they continually influence each other (Pateman, 1989). Where women are located in organizations, they numerically predominate in lower-status servicing, welfare or caring roles (Abbott and Wallace, 1990; Adkins, 1992), replicating their ascribed feminine role in the private sphere, as is the case with social work and, more specifically, children's homes.

Males still disproportionately inhabit the managerial upper echelons of most organizations (Reskin and Padavic, 1994; Connell, 2002), including social work organizations (Howe, 1986; Hugman, 1991). Many of these male higher managers exclude and discourage female peers through processes of 'homosociability', discreditation, trivialization and attaching demeaning, maternal and sexual

labels to them (Savage and Witz, 1992; Yancey-Martin, 1996; Green *et al.*, 2001). Even in the lower echelons of the organizations studied by Yancey-Martin (1996), men who were experiencing difficulties with their jobs were very loath to ask for help. Yet, ironically, they would deride females for requesting support for identical or similar problems. Masculinity has often been perceived of as a disembodied and self-estranged state, requiring constant affirmation via conquest (Hollway, 1996), which may lead a compulsive urge to control self and others in organizations (Kerfoot and Knights, 1992). This may explain the reluctance of some men to ask for help and their attempts to exclude women from higher positions. In his study of mainly male managers, Jackall (1998) additionally found that most were dishonest, competitive, self-serving and exploitative, regardless of organizational goals.

Residential-care settings are located within the intermediate zone (Stacey and Davies, 1983) between public and private spheres, as they both represent a home for children and are part of the public world of work and organizations. Because of this, public and private rules are blurred but public sphere rules tend to predominate (Parkin, 1989; Parkin and Green, 1997). Organizations present themselves as agendered and asexual entities but, in spite of this, gender is a key determinant of how organizations operate. This is particularly the case when looking at the myth of the asexual organization. This myth is, however, exposed by the reality of certain masculinist, hierarchically heterosexist forms of sexuality, often being actively organizationally encouraged or covertly colluded with (Hearn and Parkin, 1987, 1995; Hearn *et al.* (eds), 1989).

The following sections will analyse the empirical data on children's homes thematically and in relation to the theoretical framework and issues outlined above. Specific reference will be paid to the children's sexual and gendered behaviour, and grassroots and managerial staff's interpretations and responses to it. The evidence drawn upon will also be relatively contemporary, dealing only with the 1980s and 1990s but mainly with the mid-1990s. Following this, in the conclusion, the theoretical and practical implications of how these settings operate and the staff and children's behaviour will be explored and evaluated. The possible impact of recent policy initiatives to improve the care of 'looked after' children will also be considered.

Invisibilization and denial

'Heads in the sand, eyes wide shut'

Although many children in children's homes have past histories of abuse and neglect, often including sexual abuse (Kahan, 1994; Sinclair and Gibbs, 1998; Green, 1998), suffer disrupted schooling and are adolescents, there was an almost desperate attempt to avoid dealing with sex education and sexual issues in children's homes.

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The staff I saw did not seem to respond to the children's sexual behaviour at all. It was as if they had put blinkers on and were saying this is not happening (residential worker).

Staff frequently showed great fear about talking to the children about sexuality and sexual abuse for fear that they would be seen as corrupting the children and unleashing a rampant, untameable sexuality.

You shouldn't be talking to him about sex at his age. He's far too young and he's already been abused. He should be out playing (comment made to the researcher by a residential worker).

This denial did not only emanate from grassroots workers and internal managers, but also from their supervisory external managers. They rarely implemented guidelines, training or policies in relation to sex education and sexual behaviour (with the exception of generic child-protection guidelines), or intervened when aware of concerns of a sexual nature. However, most staff were informally aware that the managers wanted them to prevent or deny any sexual activity occurring in the building and to avoid overt consideration of the issues.

It's just this big hidden area. If you can imagine social services as this big pan, (and in it children's homes) there's renting and prostitution and all that sort of thing. . . . And [the managers] try and keep it at the bottom so nobody can see it, but occasionally it pops up so they push it back down again. If we were prepared to use education and therapeutic intervention, then we could maybe move it from the bottom of the pan to the top and then stop it. . . . But they won't do it because of the politics and fear the papers would get hold of it and know they had a problem (HIV/AIDS worker).

This managerial ostrich position extended to attempting to cover up and minimize incidents of sexual abuse or exploitation:

The police told me the director had been really sly and tried to quash all the complaints without adverse publicity (residential worker).

There was a bloke who was sexually abusing kids in his care and there could have been a lot of kids so they could have done a massive backtracking investigation, but [the managers] didn't do that because they could have had 50 kids claiming criminal compensation (HIV/AIDS worker).

Whether or not the managers intervened to prevent the abuse, the children's needs or rights were rarely taken into account:

Some kids were found to be involved in paedophile rings . . . and they were all split up and moved into homes they didn't know . . . and the managers wanted to HIV test them without their consent. . . . And it was all about nicking these paedophiles and snuff movies and not much thought went into these kids (residential worker).

A guy doing temping spoke to the newspapers about the girls being picked up at 9 a.m. by their pimps and dropped back at the children's home early

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in the morning. Now social services say they've solved the problem but they haven't. They've just moved the girls out to another area (HIV/AIDS manager).

This denial of and difficulty with dealing with sexuality/sexual-abuse issues reinforces research previously cited (Farmer and Pollock, 1998; Cawson *et al.*, 2000; Gibbs and Sinclair, 2000). Drawing on the theoretical framework previously outlined, such behaviour can be conceptualized in terms of the social construction of an idealized asexualized childhood, as staff did not want to admit or address the fact that the children in care were sexual beings or might be subject to sexual exploitation, alongside the mythology of the asexualized and agendered organization, whereby public-sphere rules tend to override private, domestic-sphere rules. Public-sphere rules, therefore, posit organizations as neutral, objective, bureaucratic settings (Weber, 1958), concerned with performance and efficiency, and unaffected by considerations of gender or sexuality. The behaviour of higher managers could also be understood in terms of conquestual, hierarchic, hegemonic masculinity (Hearn, 1991; Connell, 1987, 1995) and not wanting to admit that they had problems or needed help (Yancey-Martin, 1996), whilst, at the same time, wanting to be seen as authoritative and competent. These factors superseded the needs and protection of children and grass-roots staff, and, at the same time, demonstrated the interconnections between gender, sex and sexuality.

The children's behaviour and the blurring of sex, gender and sexuality

Many of the children were sexually active but their sexual knowledge and contraceptive awareness were poor, although this was often disguised by authoritative sexual slang. The boys strived and strained to perform aggressive and competitive masculinity, which included the sexist diminution of women and the punishment and negation of non-conformist male peers. It also included body performativity (Morgan, 1993).

Will is trying to behave in a way he sees as macho. He strides around the yard gobbing a lot, dragging heavily on his cigarette and posturing. He stands with his legs wider apart and shoulders raised high. It looks incongruous, artificial and wrong for a twelve year old that has the physical development and height of a six or seven year old (fieldnotes, 1996).

Young males, females and their adult carers were extremely aware that it was unacceptable for males to seek affection overtly, as this would denote vulnerability and invalidate masculinity:

What happens with the lads is now they can't get close to you by horseplay, is they will give you a dig on the arm (or tap or brush against you). It's a way of getting contact but not being seen as soft (male residential worker).

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'Are you a man or are you queer?'

A sensitivity of feelings or a non-aggressive stance was also commonly interpreted as evidence of feminization and homosexuality, and was rigidly policed, as boys who did not conform to stereotypical notions of working-class masculinity were often marginalized, derided and ridiculed:

If a boy was effeminate, if he had a high voice, if he didn't associate with girls, if he didn't like rough and tumble, the other lads would say he was queer (residential worker).

Similarly, the teenaged boys made naturalized, essentialistic connections between same-sex male desire and behaviour, male rape and 'feminine' tendencies, and were prepared to threaten or attack those whom they labelled as gay:

Homophobia was mainly from the young men and was very prevalent and it was things like 'We aren't getting any wuffers in here, we'll fucking kill them'. And '... they would all be after shagging you when you was asleep' and 'They're all nancy boys and all they want to do is cook and sew' or 'They've all got AIDS or are gonna get it, and they are all perverts and no better then child abusers' (local-authority HIV/AIDS worker).

One lad turned gay in care... and started selling himself. They [the other boys] spat at him, brayed him and beat him up and cig burned his arse (female ex-resident).

This behaviour reveals hierarchies of power and prestige in relation to masculinity and illustrates how complicit working-class masculinities, although themselves marginalized and 'mutilated' (Cockburn, 1991; Connell, 1995), further marginalized and harassed those performing alternative masculinities, such as gay and non-macho masculinities. These research findings also run contrary to the research conducted by Cawson *et al.* (2002), where homophobic abuse was found to be rare, but this may be because different methodology was involved and because different and perhaps narrower definitions of what constituted homophobic abuse may have been applied in Cawson's study. These findings also corroborate how concepts of gender, sex and sexuality are merged and often used and interpreted in very contradictory and ambiguous ways (Butler, 1990; Gherardi, 1995). For example, some quotations above demonstrate how some young men are labelled as gay, not because of their sexual behaviour or identity, but because they do not conform to aggressive notions of working-class macho masculinity. Young men assumed to be gay by peers were also perceived, contradictorily and simultaneously, as *both* intimidatory and predatory—characteristics associated most often with macho heterosexuality—and as weak and feminized 'nancy boys'.

The boys and some of the girls were also prepared to victimize and scapegoat other boys who had been sexually abused by adult males, seeing them as weak and feminized for being abused. Women were also sexually objectified, even by some of the younger males:

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I know what to do. You get the dick and you stick it in the fan and you just keep going and... give them one (eleven-year-old male).

'No self-control'

The younger males also colluded with the view that men had an overriding need for sex and that women only really engaged with sex for reproductive purposes, rather than through desire:

Men need it [sex] more.

If women wants babies and men wants sex, then they do it (two eleven-year-old males in conversation with the researcher).

They therefore were conforming to the sexist images of woman as closer to nature and reproduction than men and lacking in a discourse of desire (see Fine, 1988), as well as colluding with socio-biological theories of essential male and female personality and sexual difference, which disadvantaged and objectified the females.

If not satisfied in some way, this perceived, overriding male sexual need was seen as comprehensibly and justifiably leading to rape. This belief, therefore, can be seen to be linked into essentialist notions of men as unequivocally needing sex, being potentially unable to control their sexual actions (Dyer, 1985) and, consequently, blameless if rape ensues:

I'm going to send it [soft-core pornographic magazine] to my brother in prison because they never see women in there (thirteen-year-old male).

I think there are women warders and probation officers (researcher).

Well, I wouldn't want him to get another six years for raping one of them.

'Stand by your man'

The girls conversely saw boyfriends as trophies and as a way of attaining status and love, and were often prepared to trade in sex for affection or the status of a boyfriend. They also had very gender-stereotyped ideas of the appropriate relationships between males and females, which disempowered them and minimized their agency:

I've told her [female resident] that she shouldn't run around doing her boyfriend's washing... but she loves him and thinks it's her duty (female residential worker).

The young women rarely also insisted on contraception being used, for fear of contravening notions of passive feminine sexuality. They felt that asserting themselves in this way would lead to their being negatively labelled as 'slags',

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an overriding master status and subsequently losing their partners. These findings, therefore, reinforce much of the previous work done on teenage sexuality by feminist researchers (e.g. Holland *et al.*, 1998). The fifteen-year-old female resident referred to below was open that she did not enjoy sex with her boyfriend, who also hit her if she refused to have sex or give him money:

Elaine talking about Stevie refusing to use anything when he has sex with her, but she is so frightened of losing him she won't say anything. She says he has promised to stand by her if she gets pregnant (fieldnotes, 1996).

Many of the boys saw sex with the girls purely in terms of conquest terminology and applied a sexual double standard (Halson, 1991; Lees, 1993):

It was alright when they were receiving sexual favours but as soon as that was over and done with she was a tart, a slut, a no gooder (residential worker).

'Normative peer abuse'

The girls and boys also often accepted the sexual exploitation of girls as the norm and rarely conceptualized such behaviour as abuse:

I've woken up a few times in care . . . and there's been a lad trying to put his penis in my mouth . . . they did it for a joke . . . mainly to the new girls who came in (ex-resident).

The girls, additionally, failed to see the males as accountable for abusive or unfaithful behaviour, believing that the males were unable to stop themselves:

She's just a slag sleeping with Rita's boyfriend . . . so we had to sort her out.

What about Jim, nobody forced him to have sex with her? (researcher).

You can't blame the boys. If it's offered to them on a plate they'll take it won't they (fifteen-year-old female resident).

In this manner, both males and females frequently condoned male-to-female sexual violence. Inaccurate biological explanations underpinned their acceptance and aggressive policing of divergent male and female roles and behaviours, and gave some credence to feminist claims of patriarchy. Again, inconsistency can be identified, as the males' 'supposed' biological inability to sexually control themselves contradicts gender-stereotyped views of men's being rational and 'in control', yet these anomalies were rarely acknowledged or even noticed by staff or residents.

Punitive and gendered staff responses

Similar to the children, many staff also held very stereotypical, naturalized views about sex, gender and sexuality, although the most common staff

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response to sexual behaviour was denial or refutation and the second most common response was an attempt to stop and punish sexual behaviour within the building, without any accompanying explanation. These two responses were associated with staff fear, lack of training and guidelines, notions of organizations as asexual and beliefs about childhood's being a time of innocence. When staff, on occasion, did intervene, often the intervention was guided by gendered assumptions and norms, which centred on the primacy and acceptance of hierarchic male-instigated heterosexuality (Hearn, 1987). Alternatively, they colluded with abusive male behaviour by ignoring its existence.

'Sexuality is women's business and women's shame'

Male staff frequently denied responsibility for sexuality issues or that teenaged boys were involved and projected issues of sexuality solely onto females. The following quotation comes in an interview after the respondent had repeatedly denied that the children's behaviour and sexuality in the mixed-sex unit that he managed had ever been an issue:

If you talked about various children their sexuality must have cropped up at some time? (researcher).

Certainly female sexuality was not something I was ever involved in. It was handled by the female staff and seen as women's business (male residential worker/Dip SW student).

The sexual behaviour of girls was frequently highlighted and problematized—a finding replicated by other researchers (Mills and Karban, 1996)—whilst the behaviour of young males was often ignored or downplayed:

Issues of sexuality were mainly you don't do it on the premises. There would be advice of sorts in terms of contraception and family planning and staff would go with the young people to the family planning clinic. But it was always female staff with girls, boys never got sent down or asked to go (residential worker).

If we've got some girls we know are promiscuous, we'll send them up the clinic (residential worker).

Sally is giggling and flirting with some of the lads and is wearing just a bra which they try and spray deodorant down. Mary (staff) appears, shoos the boys off and says to her reprovingly 'What on earth are you doing, showing yourself off like that for' (fieldnotes, 1995).

Negative gendered responses to girls involved in prostitution, or seen as sexually active, emanated from both male and female workers:

Mary had make-up on and we were going out. . . . And Mark (staff) looked at her and said 'where do you think you're going, the red light district?'

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And before when I've been dressed up he's just grunted at me and said I look cheap (resident-17).

'Stereotyping abusers: Gay and sensitive is dangerous, macho and straight is safe!'

Furthermore, the misconception in relation to conflating male homosexuality with the sexual abuse of boys, as identified earlier in the literature and illustrated by the boys' behaviour and attitudes, was deeply entrenched in many adult respondents' discourses. This again evidences blurred boundaries in defining what constitutes sex, gender and sexuality, and illustrates rigid policing of 'congruent', stereotypical, gendered, sexed and sexualized behaviour:

If any of my workers was gay there would be a bit of a warning bell. I don't want a repeat of what happened before, a paedophile sexually abusing kids in my care (residential manager).

Assumptions were also made about abuse and staff members' sexual orientations, purely on the basis of personality characteristics:

One boy told the other one he had been sexually abused but not by who. . . . The assumption was made that it was a young, single, effeminate male staff member, although the boy much later disclosed it had been his foster father. The police were called in, a full investigation went underway and this young effeminate man was suspended for three months. He was later re-instated but the whole thing had upset him so much he didn't last long (residential manager).

Similarly, abused boys were somehow seen to have been latently homosexual and therefore complicit in their own abuse:

We were really surprised this lad had been abused by the manager, he never showed any kind of gay tendencies—he was a real male and if any of the others had implied he had done sexual favours for money he would have gone mad (residential worker).

When male sexual abuse of boys was unambiguously recognized as abuse, it was often recognized as such because of staff's prejudices and homophobic misconceptions about anal penetration and homosexuality. This also sometimes resulted in the abuse of girls being seen as less abusive if it *only* involved vaginal rape, because it was categorized as heterosexual abuse and therefore seen as more normative and subsequently less harmful:

Anal abuse was seen as more horrible [by child protection and social workers] for girls than vaginal abuse. But in my mind they are both horrible and one is no worse than the other. But I think that's other people's stuff around gay men and anal penetration is seen as something dirty and disgusting. . . . And vaginal penetration was seen as normal, so the girls went through something normal that they didn't like (HIV/AIDS worker).

Implications and conclusion

The preceding sections have demonstrated how important evaluating the power of gender and recognizing the blurred divisions between sex, gender and sexuality are when understanding sexuality and sexual-abuse issues in children's homes. Gender is also of importance in analysing how childhood is socially constructed and policed as a perceived period of idealized innocence, both in children's homes and the wider society. These theoretical constructs consequently help to explain why sexuality and sexual issues were ignored as far as possible, or reacted to retrospectively in punitive and technical ways. Often, this led to children's being relatively uninformed or, at worst, misinformed, about sexuality and abuse issues and unwilling to broach such taboo issues with staff, or admit to consensual or non-consensual sexual activity. The mythical notion of the asexualized and agendered organization (Hearn and Parkin, 1987, 1995; Hearn *et al.* (eds), 1989; Green *et al.*, 2001) also contributed to sexuality issues being disregarded or seen as invalid, or dominant and often aggressive male sexualities being covertly colluded with, as the norm. This is because children's homes are located within the masculine public sphere of organizations, where sexuality is seen as invalid or certain masculine hierarchic heterosexual manifestations of it are implicitly condoned.

Staff were, therefore, often unsupported managerially, being left to fall back on their own morals and rarely being given relevant training and guidelines. 'Common-sense' moralistic views around sex, gender and sexuality also led to sexually exploitative male behaviour being either denied or condoned, whilst female sexuality was illuminated and problematized, but the sexual exploitation of girls was ironically often seen to be their own fault. The denial of male sexuality, both exploitative and non-exploitative, led not only to sexually abusive male/female behaviour by male teenagers often being ignored, but it also often left the vulnerability of the teenage boys, in relation to their own peers and adult child sexual abusers, being unacknowledged and unaddressed.

The confluences made between sensitive and nurturant masculine behaviour, homosexuality and child abuse also resulted not only in peer abuse of some children, but also in certain staff members being erroneously labelled as potential child abusers and others being unproblematically seen as safe. Negative staff attitudes towards same-sex sexual behaviour also led to children, particularly the boys, being fearful of exploring their sexual identity with staff, or of admitting adult or peer abuse by a member of the same sex.

Other factors, not previously mentioned, that exacerbated the sexual vulnerability of the children included the macho culture of many children's homes—a fact also identified by previous researchers (Berridge and Brodie, 1996), and the institutionalization of the settings (Goffman, 1961), where staff and the wider organization were more concerned with surveillance, control and containment issues than the children's care, welfare and development (Green and Parkin, 1999; Green, 2000). The situation was additionally not helped by the fact that staff, at the time, were faced with unclear and contradictory legislation

around the age of consent, which differed for same-sex and different-sex sexual acts. They were also fearful of discussing homosexuality with the children because of the potential legal implications of section 28 of the 1988 Local Government Act, which stipulates that staff within local authorities should not 'promote homosexuality as a pretended family relationship'. The children's past histories of sexual, physical and psychological abuse also led to low self-esteem and poor assertiveness skills, and rendered them more vulnerable to being sexually exploited (Green, 2000).

The overall cumulative effect of denial and punitive and gendered, responses to sexuality and sexual behaviour frequently left children uneducated about sexual abuse and sexuality issues and reluctant to discuss them with staff. This resulted in both sexes being at risk of contracting sexually transmitted diseases, and of the girls becoming pregnant. Many of the children were also at considerable risk of sexual abuse from their peers, sexually abusive members of staff and predatory outside adults, such as child-sexual abusers and pimps, although girls appeared at a disproportionately higher risk from their male peers than many of the males were from either their female or male peers.

When analysing sexual and sexual abuse issues in children's homes, an understanding of gender and the inter-connections between sex, gender and sexuality and how these are perceived and responded to, by the organization, workers and the children who live in residential homes, is therefore of central importance. Certainly, recommendations such as more trained staff, police-checking job applicants, independent advocates and complaints systems, better inter-disciplinary communication and more resources, which have been made by the various inquiries, may be important. Interestingly, though, at least one study has shown that better-trained staff do not inevitably improve the standard of care (Sinclair and Gibbs, 1998). Much research and many of the inquiries additionally ignore gender issues or weave 'common-sense', inaccurate, prejudicial and dangerous gendered beliefs into their reports or recommendations (e.g. Warner, 1992; Utting, 1997). Perhaps, as Bullock (1993) has argued, most research has been governmentally commissioned and is only concerned with facile and superficial policy recommendations. These will continue to be ineffective until the very real theoretical and substantive issues are addressed and faced. These include acknowledging the socially constructed nature of childhood, gender and child asexuality, as well as the myth of the asexual, agendered organization and evaluating how these social constructions have very real and disadvantageous effects on the misnomered 'looked after' children who inhabit these fallacious residential 'care' settings or children's 'homes'.

On a positive endnote, there do seem to be some advances in the field in relation to training. For example, the Scottish Institute for Residential Child-care runs courses on gender issues, sexuality, sex education and sexual health, and working with sexually aggressive and sexually abused young people in care, although, interestingly, in none of the course titles are sexuality/sexual abuse *and* gender situated together. It is, however, hoped that the analysis offered here may help to improve or add to the development and justification

of these courses and similar training and policy initiatives. Despite these steps forward, there remains sustained criticism that little real effort has been made to understand or analyse the root causes of abuse in children's homes (Wolmar, 2000)—abuse which has historically been downplayed (Smart, 2000). Even the Utting Inquiry (1997) was more concerned with future responses than with a retrospective analysis of why abuse had occurred (Colton *et al.*, 2002). Without a significant and theoretical understanding of why there have been consistent problems and scandals in relation to sexuality and sexual abuse issues in children's homes, then how can one begin to even address, let alone attempt to successfully implement, appropriate and necessary responses?

Recent policy initiatives in England and Wales which embrace quantitatively measured performance indicators, such as the introduction of the (LAC) Looking After Children, Good Parenting, Good Outcomes system, Quality Protects and the National Standards for Residential Childcare (2001), seem to reflect this preoccupation with responding to problems without recourse to a depth understanding of why things have gone wrong. Other criticisms of these initiatives, particularly the LAC system, are based on claims that they have not adapted well for individual practice, completion has been inconsistent and uneven (Bailey *et al.*, 2002) and they may be misinterpreted (Ward and Skuse, 2001). Measuring instruments such as the Action and Assessment records (AARs) are also often mistakenly seen as objective documents, in much the same way as Durkheim (1951) represented suicide statistics as being impartial records of fact. Measurable outcomes and targets are seen as guarantors of quality (Knight and Caveney, 1998; Garrett, 1999, 2002) and it is assumed that standards can be subdivided into categories that are measurable and can be assessed (Watson, 2003). Garrett gives the example of how the AAR booklet for those aged over fifteen 'rattles through emotive questions on alcohol, drug use and sexuality in just four pages' (1999, p. 298). If this is the prime policy method for ascertaining quality, including sexuality issues and those pertaining to abuse (taking into account the complex analysis conducted above on the connections between gender, sexuality and sexual abuse, which also reinforced previous research demonstrating staff's reluctance to engage with sexuality and sexual-violence issues), then it is unlikely that there will be significant progress in the near future.

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