‘Looked After’ Children in Residential Care in the UK: Ongoing Issues of Sexual Vulnerability and Exploitation

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What Are We Dealing With?

*It is rape Lorraine isn’t it when you tell someone you don’t want to have sex with them and they go ahead and do it anyway, even if it’s your boyfriend?*

(15 year old female resident)

*We were really surprised this lad had been abused, he never showed any kind of gay tendencies – he was a real male and if any of the other boys had implied he had done sexual favours from money he would have gone mad.* (male residential worker)
OFFICIAL STATISTICS AND DEFINITIONS

‘Looked-after children’ and ‘children in care’ - placed by a local authority with family members, foster carers or in a residential care home through a care order under section 31 of the Children Act 1989 or by a voluntary agreement with the child’s parents under section 20 of the Act.

In the year ending 31 March 2013, 68,110 children were looked after by local authorities in England, a majority – 74% (50,900) were in foster care placements. 9% (6,000) were in children’s homes, secure units and hostels.

March 2012 - 2,074 registered children’s homes with 11,765 places & 16 secure homes with 281 places. 36% 1-3 children, 31% 4-5 & 33% 6 or more children.

Context and Continuities

From the workhouse and orphanages to today’s small-scale community settings

Constant Themes – children of the poor as ‘moral dirt’ (Ferguson, 2007) and the stigmatization, surveillance and control of the disrespectful and ‘dangerous classes’ (Rose, 1989)

‘Total institutions’ (Goffman, 1961), warehousing and containment

Poorly trained and supported staff

Poor L/T adult outcomes along several measures
Changing Themes

The ideological preference for fostering led to changes in the homes, the children placed in them and perceptions of them as a last resort placement.

Smaller homes, more community based, fewer children placed, older adolescents with multiple histories of neglect and abuse and many disrupted previous placements.

The quasi-marketisation of health and social care has led to the demise of many ‘in-house’ LA controlled homes to much more private and voluntary sector provision.
International Differences

• In many countries residential homes more the ‘norm’ than fostering and size and location varies considerably

• Different terminology across countries - children ‘in care’, ‘in out of home care’, ‘looked after’, ‘mandated’ ‘accommodated by the Local Authority’ and different philosophies and approaches, e.g. social pedagogy in Scandinavia and Germany

• Different cultures, ideologies, legislation and policies and welfare regimes - liberal, corporatist-statist and social-democratic (Esping-Andersen, 1990)
The Ongoing Saga of the Abuse of Children in Residential Care – Different Forms of Abuse

Many different types of abuse, often overlapping: physical, sexual, emotional/psychological, neglect (Stein, 2006)

Sanctioned abuse (i) (approved treatment/rehabilitation) e.g. ‘Pindown’ (Levy and Kahan, 1991)

Sanctioned abuse (ii) sexual and other abuse masquerading as treatment or therapy, e.g. Frank Beck’s regression therapy

Individual direct abuse by staff
Different Forms of Abuse

Organised or semi-organised sexual abuse inside and outside the settings

Institutional or system outcome abuse

Peer sexual abuse and bullying
Historic Sexual Abuse Scandals in the UK and The Subsequent Inquiries

Green’s research in the mid to late 1990s took place within a backdrop of governmental inquiries into the sexual abuse of children in residential care (e.g., Utting, 1991; 1997; Warner, 1992; The Waterhouse Report, 2000).


These inquiries produced very pragmatic recommendations such as more rigorous vetting and selection of staff, better trained and more qualified staff, more attention being paid to managerial and supervisory processes, better complaints procedures, appointment of a children’s commissioner.
The Shortcomings of the Inquiries

The inquiries were, however, generally atheoretical and neglected pertinent issues of power related to SES, gender, sexuality and generational inequalities.

They based their recommendations on settings that may have been very atypical and on retrospective accounts.

They often deployed prejudicial and homophobic language, Utting (1997), for example, talks of ‘homosexually abusive’ men in residential care sexually assaulting boys.
The Shortcomings of the Inquiries

• They focused almost exclusively on insider staff abuse of children, neglecting issues of general sexual vulnerability, peer sexual abuse and sexual exploitation from outside of the settings

• There were, furthermore, limited lessons to be learnt from the inquiries due to insurance companies placing gagging clauses on Local Authority’s publicisation of their findings for fear of unlimited insurance claims
Other earlier research on sexuality and children in residential care homes

Jesson (1993) studied one LA in England where many young women came into care because of concerns around ‘promiscuity’ and then gravitated into prostitution whilst living in residential homes.

O’Neill’s (1994) research with adult female prostitutes in England revealed many had ‘care’ backgrounds, had previously been sexually abused and had engaged in much runaway behaviour whilst in care (see also Coy, 2009).


US research found very poor sexual knowledge and sex being used as a trade-in for affection and much homophobic abuse from staff and residents in children’s homes (Beckham et al, 1979; McMillen, 1991; Mallon, 1996).
Objectives of Green’s Research

To explore and understand through in-depth qualitative research:

- How children in residential homes understand and enact sexuality (sexuality in the broadest possible sense) and whether these children are a particularly vulnerable group

- Staff and organisational responses to children’s sexuality and sexual abuse allegations

*Research increasingly became focused on sexual exploitation as sexual behaviour which incorporated pleasure and mutuality and therefore was consensual and non exploitative was virtually non-existent*

Parkin and Green, 1997; Green and Parkin, 1999; Green, 2000; Green, 2001 (a and b); Green et al, 2001; Hearn, Parkin and Green, 2001; Green and Masson, 2002; Green, 2005; Green, 2006; Green and Day, 2013)
Methodology

- Ethnographic research over three years in two children’s homes in two different LAs
- Non-Ethnographic interviews with residential and ex-residential workers, ex-residents and other relevant personnel such as HIV/AIDS workers and outreach projects working with care-leavers and young prostitutes
- A total of 110 interviews conducted – 64 outside of the ethnographies
- Documentary analysis of media reportage of scandals and inquiries (data collection 1994-1997)
Focusing on the Findings: The Children’s Stories, Experiences and Behaviour

Pre-care histories of sustained abuse and neglect, often including CSA and disrupted and poor attachments

74% of children into care in England because of abuse and neglect according to official documentation but estimating incidence and prevalence, of particularly CSA, is highly problematic because of different methodologies, sources and definitions. Furthermore, most abusers are never detected and many children never disclose (Putnam, 2003; Hunter, 2006; Pereda et al, 2009).

Males less likely to disclose CSA than girls (King, Coxell and Mezey, 2000)

Well documented links between CSA and a range of physical and mental health problems as well as later sexual exploitation and high risk sexual behaviour (Lalor and McElvaney, 2010)
Children’s ‘In Care’ Experiences - Objects in Transition

Devaluation, stigmatisation and frequent moves in care

I thought I should hide as I got to the front door. You were seen to be naughty if you ended up in a children’s home and even the other kids used to say ‘what have you done then?’ (female ex-resident, early twenties)

I’ve been in care two and a half years and not once has someone suggested I have any say in where I go to live. They’ve moved me about all over the place. And kids in care just get treated like objects and kicked from pillar to post and back again. And then they just move us somewhere else we they can forget about us for six to eight months. (female resident, 15)
Other Relevant Issues

- Divisive but interpenetrating staff and children's cultures
- Much peer bullying and harassment and the existence of ‘top dog’ and ‘buzz’ cultures
- Mental health issues prevalent and utilising drugs and alcohol to deal with emotions but the children’s difficulties rarely responded to
- If external therapeutic support offered (this was rare), children often unable to access it or take advantage of it
- *They expect you to go into a room with a stranger and pour your heart out to them and I just can’t do that* (15 year old male)
- Close relationships with biological family, or health and welfare workers rare
Children’s Sexual Knowledge, Attitudes and Behaviour

Sexual knowledge very poor but often disguised by authoritative slang

I know what you do. You get the dick and stick it in the fan and you just keep going ... and give them one (11 year old boy)

I think they appear to be sexually knowledgeable but they’re not. They know all the sexual terminology and the slang and the sexual practices. And they will have watched porn videos and almost invariably will have had sex. (female residential worker)

One girl who sexually active at 13 and involved in prostitution had no idea what oral sex was, no idea about HIV/AIDS and she didn’t really know about pregnancy and fertilisation occurring when the sperm meets the egg. She knew how to do it but that was about it. (female residential worker)
Much indiscriminate sexual activity and conflation of sex and love – sex as trade-in for physical affection or material commodities

I didn’t really go out with lads before but with being abused and stuff I started to sleep around and I thought it was right. And because my parents and no one else had ever loved me that was my only way of showing love (female, 14)

I want someone to be with for a while but then they want sex and I don’t … But I’m scared if I say no they’ll get violent and force me, which is what happened before, so I just go along with it anyway. (female, 14)
Gendered and homophobic peer sexual abuse

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 too and if a lad was forcing a girl into sex the other kids would hold the door shut (female ex-resident)

Sex was absolutely nothing to do with love, feelings, emotions, totally devoid of it … the conquest was definitely the most important looking back now – another notch on me bed (male ex-resident)

One lad turned gay in care … and started selling himself … the other lads spat at him, brayed him (beat him up) and cig burned his arse (female ex-resident)
Staff Behaviour, Attitudes and Responses to Sexuality

Characterised predominantly by embarrassment, panic, fear, avoidance and denial

*They (the residential staff) were of the opinion if we don’t talk about it, it will go away and it’s best to keep quiet. And if they get pregnant we will take them down to the GP and arrange an abortion. And I suppose the response to anything of a sexual nature in children’s homes was reactive* (male HIV/AIDS worker who did sex education with children in homes).
Staff responses often technical or reactive/punitive

They don’t tell you anything about sex here. They just send you to the family planning clinic. You leave with same knowledge about sex you came in with apart from that you learn from the other kids (female, 15)

They don’t talk to you about sex here. I got pregnant and lost the baby and then they put me on the pill (female, 17)

My main view regarding promiscuity and prostitution is what we should make our girls be aware and be careful. It’s OK being promiscuous if you can handle the situation. I also like to make them aware being promiscuous can lead to rape. But other than that I don’t have any feelings … with prostitution it’s up to them as long as they avoid pregnancy and diseases (female residential worker)
Punitive Staff Responses to Sexual Activity

If children were caught having sex in the building they were often immediately separated and reprimanded and sometimes sent to different homes and opportunities for sex and relationship education and discussion were lost.

- When I got caught having sex I was trying to ask the staff is it wrong or is it natural. I thought it was a normal part of growing up and they said that but at the same time they said we shouldn’t do it, so I couldn’t get a handle on it all. (male ex-resident)
Sex Seen as Women’s Business

Sexuality was never an issue. It was embarrassingly touched upon in terms of menstruation, suspected sexual activity, or attractions between the kids. It certainly wasn’t on the agenda to be dealt with?((male residential home manager)

How was it dealt with informally? (interviewer)

Umm (long silence) that’s a difficult question

If you talked about various children surely their sexuality must have cropped up at some point?

Certainly female sexuality was not something I was ever involved in. I wouldn't have expected to be involved. The girls’ sexuality was handled by female staff and seen as women’s business.
Stigmatising same-sex sexual behaviour and children exploited through prostitution

Use of derogatory language by staff such as whores, slags, poufters, queers and degrading treatment

_You said the staff made you feel dirty, can you give me any examples? (interviewer)_

_They looked at you funny or gave you the silent treatment If you were talking to a lad in the home they would say something like ‘don’t you know she charges £15 so start saving your pocket money up. They never did anything in the way of talking to you and trying to understand why you were doing it. Just sly comments and dirty looks. (17 year old female resident)_
Conflating Male Homosexuality with the Sexual Abuse of Boys

If any of my workers was gay there would be a warning bell. I’d have to be sure they weren’t imposing their attentions on the kids. I don’t want repeat of what we had before, a paedophile sexually abusing kids in my care.

(male “heterosexual” care home manager)
Protecting Organisational Reputation and Avoiding Abuse Allegations – Defensive Practice

- Although homes and organisations varied, the focus was very much on staff, particularly men, never being alone with children
- No sex in building (or alternatively completely ignored)
- Pregnant teenage girls moved to other accommodation
- Any planned or supportive touch avoided – play-fighting, restraint and ‘touch hunger’ (Steckley, 2011; Green, 2013, see also Horwath, 2000 re defensive practice)
Theorising and Understanding the Residential Workers and Children’s Responses

- Goffman and ‘total institutions’ (1961)

- Organisation sexuality (Hearn and Parkin, 1989; Hearn et al, 1989)

- Public and private divide and anomalies

- The social construction of childhood of gender and sexuality and interconnected oppressions and divisions
Changes in Policy and Practice

- 1998 Quality Protects
- The Care Standards Act (2000)
- The Children (Leaving Care) Act (2000)
But Current Abuse and Historic Revelations Continue


- The historic physical, psychological and sexual abuse of children in industrial schools in Ireland by religious and other personnel (Commission to Inquire into Child Abuse, 2009; Powell et al, 2013; Garrett, 2013)

- The sexual grooming of vulnerable young women (some in LA care) in Rochdale and Rotherham by gangs (2011/2012) (BBC News 03.07.2012)
Recent Report – History Repeating

“Professionals are failing some children by not picking up the signs of abuse or exploitation. The Inquiry heard that some professionals perceive these children as ‘troublesome’, ‘promiscuous’, ‘criminals’ or indeed ‘slags who knew what they were getting themselves into’ rather than extremely vulnerable young people in need of support.”

(APPG for Runaway and Missing Children and Adults and the APPG for Looked after Children and Care Leavers, ‘Report from the Joint Enquiry into Children who go Missing from Care’, June 2012, pp 9–10)
Key Risk Factors in Relation to Children’s Sexual Vulnerability to Exploitation

• Abusive pre and in-care backgrounds, disrupted and problematic placements and attachments- rarely any relationships of trust with other children or adults

• Abused children placed with children who were known to have sexually abused their peers

• Distorted conceptions of both sexual and non-sexual relationships and a tendency to blur sexual and non-sexual affection

• Little sex education, poor school attendance and a search for self-esteem, identity and “love” through risky encounters
The Homes

- Public/private sphere dichotomy and the myth of the ‘asexual organisation’
- Enclosed and isolated institutional settings
- Emphasis on ‘warehousing’ and containment and reducing risk
- Measurable performance indicators and bureaucratisation
- Either no policies on sexuality or policies that are reactive, punitive and about organisational or worker self protection
The Residential Staff

• Discomfort, embarrassment, little confidence around sexuality/abuse issues

• Prejudicial views around gay sexuality, “promiscuity”, and girls sexually exploited through prostitution

• Little general staff training or support and relevant training to deal with sexuality/abuse rare
The Residential Staff

- Staff insufficient knowledge to differentiate between consensual and non consensual and exploitative and non exploitative behaviour

- Defensive behaviour for fear of false allegations

- Dehumanisation and stigmatisation of children

- Felt powerless & often undervalued and unsupported
Recent research

Greater recent documentation of ‘looked after’ children in England in residential homes shows very poor mental health (Melzer et al, 2003; Mooney et al, 2009; McCauley and Davis, 2009)

Australian research with staff who worked with looked after children found they had some very problematic and sometimes inaccurate and damaging ideas about children’s attachment difficulties and appropriate responses (McLean et al, 2007)

Because of the current audit and performance indicator culture in the UK, tangible outcomes such as educational achievement are elevated over psychosocial aspects such as identity and attachment (McMurray et al, 2010)
Sexual Health Needs
(Dale et al, 2010)

• A recent study of Scottish of ten ‘looked after’ young people (included those in foster care), aged 12-19 found they were still more vulnerable to coercive or exploitative sexual activity than their non-looked after peers, more likely to engage in sex, less likely to receive contraceptive advice and more likely to become parents at a younger age. Even those who had limited knowledge of contraception did not feel able to apply it.
Recommendations – Policy and Practice

• A clear understanding of the risks posed by defensive practice and an ability to balance risks that does not privilege organisational and worker protection over children’s needs and rights

• Residential care as a moral rather than a rational-technical endeavour (Smith, 2010)

• The culture of residential care and the status and stigmatisation associated with it need to be shifted from ‘last resort’ to a valued, planned and chosen vital child welfare resource (see also Hellinckx, 2002/3)

• On going staff support and supervision for dealing with children with very challenging behaviour and support for staff’s own reactions and responses to that behaviour
Recommendations – Policy and Practice

• Staff training on attachment and how to work with children with problematic attachment experiences and changing internal working models

• Staff modelling of nurturant and positive relationship behaviours

• A consideration of the use of planned positive touch (“body work”) rather than touch as restraint

• Proactive and on-going work on relationships, sexuality, self esteem, ‘doing family’ (Holland and Crowley, 2013) and identity
Recommendations – Policy and Practice

• On-going training/qualifications/supervision for residential workers on how to deal proactively with both sexual abuse and sexuality issues, to incorporate an understanding of their frequent inseparability with looked after children (LAC) in care homes.

• Specialist training on child protection procedures with this specific group and what constitutes a child protection issue

• Active involvement and participation of the children in decisions about their lives

• Therapeutic outside resources available and geared to the children's needs and delivered in ways children are able to utilise them
Recommendations – Policy and Practice

• Using ‘emotional labour’ to work with these children in a respectful manner and some understanding of how the counselling and psychotherapeutic literature successfully harnesses ideas of unconditional positive regard

• From ‘optimum professional distance’ to optimum professional proximity’ – emotional engagement but not dependence (Soldevila et al, 2013)

• Consideration of the social pedagogy approaches used in Scandinavia and Germany (Cameron, 2004; Cousee et al, 2010)
Useful References and Bibliography

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