



## Research to Practice Series Safe and Sound: The safety concerns of young people in residential care

The Institute of Child Protection Studies **Research to Practice Series** links the findings of research undertaken by the Institute of Child Protection Studies, to the development of policy and practice in the area of child, youth and family welfare.

### About the Institute of Child Protection Studies

The Institute of Child Protection Studies at the Australian Catholic University was established in 2005 to carry out high quality research, evaluation and professional development to enhance outcomes for children, young people and families.

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### Safe and Sound: The safety concerns of young people in residential care

Issue 17 of the ICPS Research to Practice series explores the factors leading to children and young people's vulnerability in residential care, what children and young people think about safety in the context of residential care, and their key interpersonal safety concerns. It draws from a study conducted by ICPS and colleagues from Griffith University and Queensland University of Technology, for the Royal Commission into Institutional Responses to Child Sexual Abuse, which interviewed 27 children and young people with lived experience of residential care in Australia. More information about the project is provided at the end of the issue. Issue 18 will discuss strategies for preventing harm and responding to safety concerns.

Residential care forms a small but important component of the out-of-home care (OOHC) system in Australia, with 4.7% of children in OOHC in residential care (2,394 children in June 2015) (AIHW, 2016). Residential care provides congregate residential placements for children and young people with paid staff, situated in community settings. In Australia, residential care is considered to be a placement of 'last resort' for children and young people requiring OOHC, used when other types of OOHC are unsuccessful or unavailable. Residential care can be used as a short, medium or long-term option.



## Section 1

### Factors leading to children and young people's vulnerability in residential care

Some of the most disadvantaged and vulnerable young people in the OOHC system are cared for in residential facilities (Bath, 2008a). Young people in residential care often have complex support needs, may display highly challenging behaviours, and the majority have previously experienced sexual or physical abuse or neglect, or have complex histories of trauma (AIFS, 2011; Bath, 2008a).

The incidence of child sexual abuse in residential care has been found to be higher than in other forms of OOHC (Euser et al., 2013; Segura et al., 2015). Research has also found high rates of peer sexual violence in residential care (Barter, 2006; Euser et al., 2013). A large study of 1309 children and young people, for example, found that almost 40% of participants in residential care reported having been victims of at least one unwanted sexual behaviour by a peer in the month before the survey (Attar-Schwartz, 2014).

Several studies highlight the need to contextualise child sexual abuse and peer sexual violence alongside other forms of violence and abuse. Child sexual abuse, which often occurred before entry into care, often occurred alongside other maltreatment types, such as physical abuse, emotional abuse and neglect (Milne-Collin-Vezina, 2014; Segura et al., 2015). Other commonly experienced forms of victimisation experienced in care included peer victimisation and physical violence by adults and peers (Attar-Schwartz, 2014), as well as bullying, physical violence, threats and intimidation by peers (Barter et al., 2004).

There are a range of individual and structural factors that lead to young people in residential care being more vulnerable to child sexual abuse and peer sexual violence.

#### Individual factors

- Previous abuse and trauma (Gibbs & Sinclair, 2000; Segura et al., 2015)
- Gender – younger women may be more vulnerable (Gibbs & Sinclair, 2000; Segura et al., 2015)
- Age – older young people more likely to report incidences of child sexual abuse (Attar-Schwartz, 2014; Gibbs & Sinclair, 2000)
- Social, emotional and psychological issues (Attar-Schwartz, 2014, Farmer & Pollock, 2003; Freundlich, Avery & Padgett, 2007; Segura et al., 2015)

#### Structural factors

- Historical and cultural factors, including how children in residential care are often regarded as a 'problem' rather than needing and deserving protection (Barter, 2003; Green, 2001; 2005)
- Young people in these settings more likely to hold an 'us versus them' attitude in relation to staff, and to be reluctant to seek help or disclose abuse (Attar-Schwartz, 2014; Barter, 2003; Gibbs & Sinclair, 2000)
- High turnover of staff and young people (Euser et al., 2013; Freundlich et al., 2007; Milne & Collin-Vezina, 2014)
- The mix of young people (Attar-Schwartz, 2014; Euser et al., 2013)



## What does safety mean in the context of residential care?

Children and young people said that residential care felt safest when it was home-like; where young people felt welcome, where things felt 'normal', and where adults looked out for them. Residential care was safest when adults and institutions took children and young people's safety seriously, and had strategies in place to protect them from harm. They said that residential units felt safer when they had multiple trusted relationships within and outside of the unit, where they got along with peers who were not aggressive or abusive, where there was a sense of stability and predictability, rules were in place for residents, there were minimal physical risks, and they felt they had a say in how things operated.



*'It's like you know you're not going to be hurt or anything like that. It's just like a sense of comfort in a particular place or with a particular person.'* (Young man, aged 17–20)



*'[In a safe residential unit] you feel at home. You're not going to get hurt.'* (Young woman, aged 13–16)

*'There's, like, lots of people that are watching over each other and stuff, so that kind of makes you feel safe.'* (Boy, aged 10–12)



Children and young people assessed their safety in residential care by taking notice of how they felt, arguing that feeling safe was an essential element of being safe, and that it was not possible to be safe in residential care without feeling at ease or relaxed. Some reported that they knew residential care units were safe when they wanted to spend time there, and where they had some refuge away from the stresses and concerns of the world outside. Additionally, they took notice of their physical environment, identifying units as unsafe when there were signs of disarray and destruction. They also watched the behaviours of others, to identify who to avoid and to find out whether others were safe.



*'Yeah, there's people coming in and out. No one's really stable there ... With every new batch there's new problems to face and you have to constantly work out how to deal with [new residents and their behaviours].'* (Young woman, aged 17–20)

## What are the safety concerns of young people in residential care?

Children and young people<sup>1</sup> in this study often understood safety as the absence of unsafe peers, workers and other adults; and not being exposed to physical, emotional or sexual harm. As such, most of the participants in the study did not believe that residential care was a safe place, due to the often chaotic and unstable nature of care, the constant churn of adults and children, and the pervasive risks that were present. Instead, they felt it was somewhere they had to protect themselves from multiple interpersonal risks. Children and young people identified safety concerns related to peers, staff and adults outside residential care.

### Peers

In relation to their peers, children and young people identified bullying and harassment, sexual harassment or assault, safety risks and witnessing violence, self-harm and abuse of peers as concerns. Retention success is not easily defined and may be different for different types of caring models. However, there are important principles in ensuring that foster carers feel supported (Sinclair et al., 2004):

*[There is violence in units.] Like [young people] trying to hit and kick and trying to wave sharp objects at them and stab them and that sort of thing and trying to push them over and violence towards them.' (Young man, aged 13–16)*



### Bullying and harassment

Bullying and harassment were identified as a significant issue. Participants often talked about being teased, harassed and emotionally intimidated by other residents. Physical violence permeated the residential care experience of most participants in the sample, with some reporting minor incidents and others describing major assault. They felt that if physical threats were not effectively dealt with, children and young people might be exposed to other types of harm. Even when they were not directly assaulted, many reported living in fear and having to hide from other young people for extended periods of time. They reported that this emotional distress kept them from ever feeling safe within residential care, unable to relax or let their guards down, fearing that they might be harmed as a result.

*'One of the kids that lives with us, when he gets angry he chucks things around.' (Boy, aged 10–12)*

A number of young people felt that their peers were more likely to use violence than young people not in residential care, because of the powerlessness that living in care fostered. They said that violence was used as a way of asserting themselves and taking control, but also to protect themselves from harm. Older children and young people observed that there was often a pecking order within residential care, which was often ignored or encouraged by staff, either unintentionally or intentionally.



*'I don't really like to tell. I don't feel safe around [another young person] because he hits me sometimes, and he steals all my stuff. That's why I got a lock on my door. And that's why I have to – he gets cranky and he – see on the window? How it's got scratches. Yeah. That's him.' (Girl, aged 10–12)*

1. Participants were aged 10-20 years. Children include participants aged 10-12, while young people were aged 13-20. Where this issue refers to 'older young people', this relates to 17-20 year olds.

## Sexual harassment or assault

Among the participants, there appeared to be two views in relation to sexual relationships among young people in residential care. The first view, mostly held by children, was that it was inappropriate for young people to ever have a sexual relationship with a peer. The second group of mostly older participants observed that sex was an inevitable part of residential care, and that young people were likely to behave sexually in both appropriate and inappropriate ways. They felt that it was problematic when young people used violence or threats to talk their peers into having sex. Similarly, the small number who had either been pressured into prostitution or had observed others being pressured into prostitution, believe that this was a problem because their choice to have sex was being undermined.

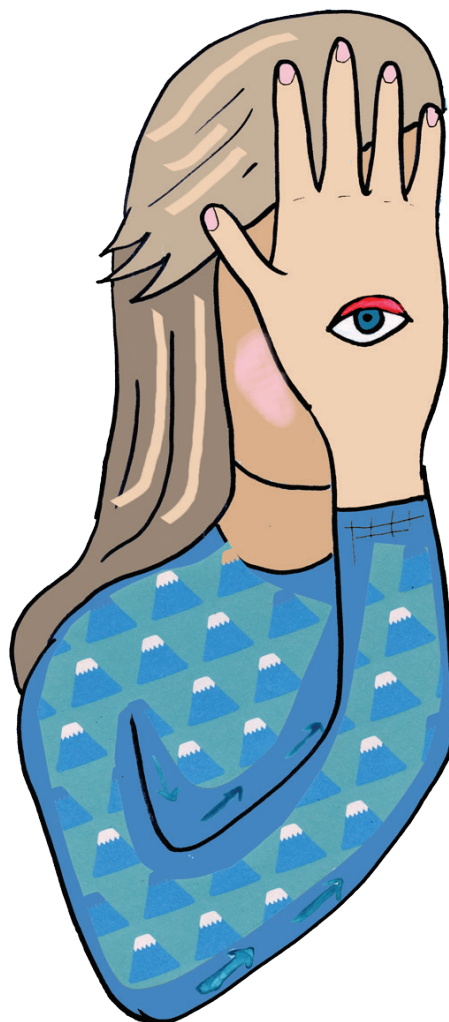
Older participants reported that young people were often strongly discouraged from having sexual relationships with peers, which meant that if they chose to have a sexual relationship, they would hide these relationships from workers; fearful about possible consequences of being caught having sex by a worker. They recognised that hiding their relationships from workers became an issue when things went wrong, and reported that they may be disinclined to go to workers if they were being pressured into having sex or being harmed within the relationship.

## Witnessing violence, self-harm and the abuse of peers

Exposure to the behaviours of others had a significant and long-term negative impact on their own mental health and sense of safety. Within care, many had encountered peers who were physically and sexually assaulted, self-harmed, attempted suicide and demonstrated great distress and trauma. They reported that this took its toll. Young people often reported feeling guilty because there was little they could do to help their peers, and they experienced sadness and depression when they empathised with their friends. The grief they experienced was significant when they lost important relationships through suicide or overdoses.

Self-harm was raised as a safety issue by a number of young people, who reported it as something young people did when they felt unsafe, when they were unable to cope with bullying or harassment, could not cope with their past experiences of abuse and neglect, when they felt as though they had no control over their lives or when others had caused them harm.

Children and young people in residential care often have to live with others for short periods of time, are placed with new people with little notice, and with little information about their peers and any problematic behaviour to watch out for. As they were more likely to be bullied or harassed by peers than by adults, the need to 'suss out' others was more pressing.





## Staff

Children and young people felt that it was unlikely that they would be abused or harmed by a worker, although a small number reported that they had encountered or heard about abusive staff. Some were concerned by those who forged inappropriate and overly familiar relationships with them. Three children raised concerns related to a lack of privacy and noted that some staff made them feel uncomfortable, but did not generally relate this to concerns about their sexual safety. Older participants identified other risks related to workers, including poor sexual boundaries, physical assault, and sexual abuse as possible threats to children and young people.

*'Me and a bunch of resi kids were sitting in a room one night, heard the front door open, next thing I'm hearing two of the staff members having sex on shift. It's great. It is something you come across.'*  
(Young woman, aged 17–20)

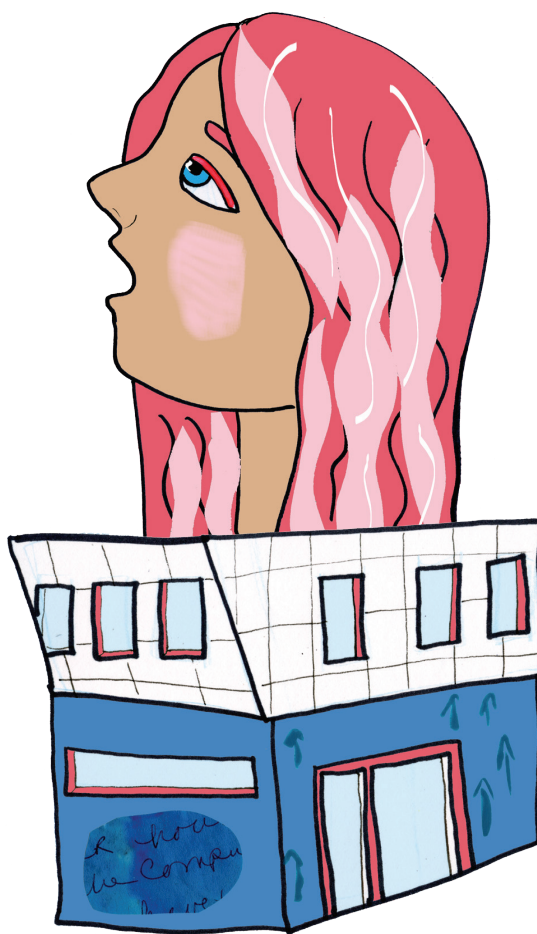
When asked, many of the young people talked about creepy adults who made them feel uncomfortable. Sometimes they pointed to things these adults did: such as getting too physically or relationally close to young people, saying or doing inappropriate things, or acting erratically. They identified inappropriate behaviours, such as dressing in inappropriate ways or having sexual conversations that seemed out of place. Four young people reported having either had sex with a worker, or living in a unit where this had occurred, and they felt it was inappropriate for an adult to have this type of relationship.

*'But we actually had a staff member who was quite willing to take young people to his home. He actually was our drug dealer at one point but I wasn't aware of it at first until, like I knew he was making drugs but I wasn't aware he was taking young people home. Until I made a friend she took me back to her place, he lived with her and that's when I found out.'*

(Young woman, aged 17–20)

Children and young people assessed how safe a worker was based on their past experiences, on the ways that others were behaving and responding to the worker, and on what they had heard from their peers. While younger participants were more likely to report that they thought workers were safe, older young people were more skeptical and used their own strategies for determining whether a staff member was safe or not.

*'Sometimes you get paranoid because they [workers] might act real nice or do stuff so that they can take advantage. You hear about that so you look out for it.'* (Young woman, aged 13–16)





## Adults outside residential care

A small group of older young people reported that adults outside of the residential care system sometimes took advantage of children in care, exploiting their need for relationships, intimacy, physical and financial resources. A third of older participants identified risks related to sexual exploitation and inappropriate sexual relationships with adults not associated with the OOHC system.

There were varying views about whether young people saw sexual activity with adults as problematic. Older participants said that young people in care did have sex with older peers and adults outside of residential care, and this only became a problem when these adults forced them into having sex, were violent, drugged them or took advantage of their vulnerability. Five participants talked about men who sat outside residential care units waiting to prey on young people (mostly young women) who they knew were vulnerable. Others talked about young women being approached by older men who established relationships with them that appeared to be harmless, but which turned out badly, or which were, in retrospect, harmful and inappropriate.

*'At the time I thought nothing of it, I thought yeah I'm getting attention from a guy. I thrived on it, because being in resi you literally you want attention, you want someone to look at you and you think that they think the world of you when really you don't understand but clearly the older guy, there's only one thing they want from you at that time. And particularly when you mention the word you're a virgin, they particularly love it.'* (Young woman, aged 17–20)

Older participants believed that young people in residential care were more at risk of being abused or exploited because (a) they did not have parents to watch out for and protect them; b) they had experienced sexual abuse in the past and although they realised that it was wrong, were more likely to accept adults' advances in the hope that they would be given attention and love, and c) they were more likely to seek sex, believing that it was a way to develop a relationship with an adult and to demonstrate their relationships.

*'[I met an older guy] and next thing I know he's rocking up at my resi unit wanting to see me, texted me at 12 o'clock at night that he's next-door at the carpark, and it surprised me and it still surprises me to this day, the encouragement I got from one of the staff members, she was fully encouraging it, "Yep go see him. You know, have you got something sexy to wear." It's like she was facilitating it.'* (Young woman, aged 17–20)

A number of participants believed that until young people have their financial, relational and intimacy needs met, they are at risk of seeking out or sustaining unhealthy and harmful relationships with adults.

Although children were generally positive about their experiences in care, many older participants were pessimistic about the capacity of residential care settings to provide a safe environment. They believed that their time in residential care was more about developing their own strategies for escaping or managing harm, rather than institutions or adults protecting them from it.

Participants recommended a range of strategies to address their safety concerns, relating to addressing the barriers to seeking help, implementing structural, operational and service-level strategies to prevent harm, and improving the skills and capacity of workers to respond to concerns when they are raised. These are described in more detail in Issue 18: Creating safe residential services for children and young people.

### About the Study

This study was commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse, building on the first Children's Safety Study. It explored the experiences of young people and their safety in residential care, and aimed to understand what young people believed institutions are doing to identify, prevent and respond to sexual abuse and problematic sexual behaviours among young people. The study included interviews with 27 children and young people aged 10 – 21, and a workshop with young people and key stakeholders to develop a youth-centred response to sexual abuse.

More information about the project, along with links to associated publications, is available at [www.acu.edu.au/icps](http://www.acu.edu.au/icps)

### References

For a complete reference list, please refer to the report.

Moore, T., McArthur, M., Roche, S., Death, J., & Tilbury, C. (2016). *Safe and Sound: Exploring the safety of young people in residential care*. Melbourne: Institute of Child Protection Studies, Australian Catholic University. Royal Commission into Institutional Responses to Child Sexual Abuse.



ICPS. (2017). *YouTube animation on young people's safety in residential care*. Canberra: Institute of Child Protection Studies, ACU.

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