



Applied Essentials for the Helping Professions from the  
Centre for Children & Families in the Justice System



# PEER-TO-PEER AGGRESSION IN RESIDENTIAL SETTINGS:

## INCREASING UNDERSTANDING TO ENHANCE INTERVENTION



## **Peer-to-Peer Aggression in Residential Settings: Increasing Understanding to Enhance Intervention**

Written by:

Linda Baker, Ph.D., C.Psych.

Alison Cunningham, M.A.

Cindy Male, S.S.W.

Graphic Design by:

Jeanie MacWilliam, R.G.D.

The need for this resource, as well as some of the examples and promising directions, came out of a series of workshops facilitated by Linda Baker and Cindy Male. Readers with a specific interest in detention and custody settings are also referred to *Safe and Secure: Eliminating Peer-to-Peer Violence in Ontario's Phase II Secure Detention Centres*, produced by Alison Cunningham and her colleagues in 1997.

**The support of the Government of Ontario, through the Ministry of Community, Family and Children's Services, is gratefully acknowledged.**

The views expressed herein are those of the authors and the Centre for Children and Families in the Justice System of the London Family Court Clinic, Inc., and do not necessarily reflect those of the Ministry of Community, Family and Children's Services or the Government of Ontario.

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ISSN: 1703-7816 Sigma

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# What is it?

Peer-to-peer aggression or juvenile bullying includes a range of verbal, physical, and sexual behaviours used by one or more individuals to punish, harm or control another youth. When young people are living in the same setting (e.g., detention or custody facility, therapeutic care residence), aggressive expressions occur within a “clan-like” context. These behaviours often involve a repeated pattern of abuse with characteristics commonly associated with bullying and family violence. Consequences are often severe: shared living accommodations render victims captive, increasing their exposure to the aggressor (i.e., they cannot leave the aggressor and go to the privacy of their homes), and give the aggressor access to personal information for intimidating and controlling the victim (e.g., about family situations or personal difficulties).

## Defining Characteristics

Repeated peer aggression against the same young person in a residential setting typically is characterized by the following:

- intention on the part of the aggressor to harm, humiliate or control the victim
- substantial power imbalance favouring the aggressor
- learned use of aggression against others to satisfy personal wants
- reward for the aggressor which increases the likelihood the aggressive behaviour will be repeated. Examples of rewards include:
  - increased status within peer group
  - sense of power and control derived from victimization of peer
  - release of tension and stress, albeit a maladaptive one
  - material gain, such as food, cigarettes, clothes, sex
  - entertainment or alleviation of boredom
- aggressive behaviour is hidden and used when authorities are not looking or cannot see
- aggressor repetitively targets the same youth, when possible



## Peer-to-Peer Aggression in Residential Settings

Extremely subtle, seemingly neutral behaviours (e.g., a look, a word, a nudge, a kick under a table, teasing) can be used to reinforce the threat against, and control over, the victim in the presence of supervising adults. Accordingly, aggressors often experience limited or no repercussions, despite the presence of adults. This situation may contribute to the victims' belief that no one will or can stop the bullying.

*A youth was placed in detention for the alleged sexual assault of a child at the climber in a playground. Unbeknownst to staff, a group of peers learned of his alleged offence, physically assaulted him and called him "monkey," and then proceeded to intimidate him to do things for them in program. Staff heard "monkey" used a disproportionate number of times in peer discussions when he was present (e.g., "Sounds like a monkey."; "Would monkeys do that?"). This seemingly innocuous word was chosen because of the link to the climber where the alleged offence occurred. Its use served to remind the victim of what his assailants knew about him, and what they could do to him if he did not comply with their demands. Understandably, it was challenging for staff to make the connections that were painfully clear to the targeted youth.*

*Based on an actual incident.*



# Impacts on Victims

Peer aggression results in short and long-term consequences. Potential impacts range in severity and include emotional, social or physical effects. Frequently, victims experience one or more of the following:

- physical injury
- psychological distress (e.g., depression, traumatic stress reactions, anxiety)
- relationship difficulties
- substance abuse
- poor school performance
- self-harm or suicidal behaviours
- increased potential to be victimized by others
- increased potential to be an aggressor

# Impacts on Perpetrators

Perpetrators of peer aggression are rewarded by getting what they want in the short-term (e.g., status, material object, empowerment). The long-term effects of their aggressive style, however, may negatively affect their development, especially their capacity for meeting their needs in socially acceptable ways. When peer-to-peer aggression is not stopped, the misuse of power to satisfy personal “wants” is reinforced as a coping strategy. Also, inaction on the part of peer bystanders or supervising adults may contribute to inappropriate feelings of invincibility and entitlement on the part of the aggressor, who in turn, may perpetrate other forms of violence (e.g., dating violence) or engage in other antisocial activities (e.g., theft, property destruction).



# Potential Warning Signs

Some of the signs you may see in residential settings when peer-to-peer aggression is occurring include:

- injuries
- ripped clothing
- repeated and person-specific verbal and emotional teasing
- avoidance of an activity, a person or a location
- clinging to staff or behaving in a way that results in "arm's length supervision"
- somatic complaints
- status within the group (e.g., victims may be last to be seated at meals or last to be chosen in games; perpetrators may always be first and deferred to by others)
- withdrawal or changes in eating patterns
- self-harm behaviour
- poor hygiene
- acting out to get relocated away from the aggressor (e.g., Time Out room, another setting such as secure custody, or a different group home)
- extreme generosity or deference to another youth (e.g., giving up snacks or desserts, getting out of seat in front of television when certain peer enters the area, doing another's chores)
- finding weapons (e.g., homemade knives, socks stuffed with hard object such as soap)

Indicators of peer aggression may result from other conditions or situations (e.g., depression, accidents, dislikes). These signs should raise red flags and lead to greater observation, investigation and implementation of safeguards. A constellation of signs necessitates immediate attention, and may mean a number of conditions or problems co-exist (e.g., victimization by peer, victimization by adult, mental health problem). Young people are likely to feel more comfortable talking about their depression than their victimization.



# Scope of the Problem

There has not been a lot of research on the rates and types of peer-to-peer aggression at different ages in various types of residential settings (e.g., custody facilities, foster placements, treatment programs, group homes). Information is needed on both the incidence and the factors that inhibit or enable such aggression. Like all phenomena, the rate varies depending on how you define it and how you measure it (e.g., youth report, staff report, collected while in residence or when the youth is living elsewhere). The following factors are supported by surveys of young people in custody settings:

- staff estimates are lower than resident reports in both frequency and severity<sup>1,2</sup>
- some aggressive residents are able to completely hide assaults from supervising adults<sup>1</sup>
- rates are higher in some facilities than others, providing evidence of factors that increase and decrease the likelihood of peer-to-peer aggression

Some people view residential settings, especially correctional ones, as inherently violent places because they house people with histories of violence. However, research shows that some facilities have higher levels of violence than others. There are management styles and staff team actions that increase non-violent interactions among residents.



# Why don't kids tell us or ask for help?

## **"Rat" mentality**

- Belief that telling on someone is worse than being victimized, and that they would be rejected by the rest of the peer group for telling.

## **Developmental stage**

- During adolescence, needing help may be equated with weakness.

## **Gender socialization**

- Males may learn not to report victimization because it is viewed as implying vulnerability and inadequacy. These feelings are commonly evoked by victimization, and young people want to block them out or compensate for them in various ways (e.g., acting out, substance abuse, super-achieving).

## **Difficulty in trusting adults**

- Past experiences may have diminished the young person's capacity to trust adults or authority figures (e.g., childhood victimization, perceiving disclosures not believed).

## **Fear of retaliation (both in the setting and later in the community)**

- Fear that telling will make it worse. Perpetrators often threaten horrible consequences for telling.



### Adults cannot or will not do anything

- The perceived omnipotence of the aggressor, and the realistic appraisal of opportunities for future victimization, may cause the victim to decide nothing can be done. Failure to stop the aggressor in the past may also lead the youth to believe adults cannot or will not do anything.

### Low self-esteem

- Belief that they deserve what they are getting.

Many factors prevent young people from reporting or acknowledging peer aggression. Residents often deny or fail to report victimization by their peers. **When staff teams suspect peer-to-peer aggression, safeguards should be put in place to protect the suspected victim, regardless of whether there is concrete evidence (e.g., observed victimization, disclosure).** Decisions must be made about the type of measure(s) (e.g., programming/dynamic and/or surveillance/static), the focus of the intervention(s) (e.g., entire residential population, or a subgroup, suspected perpetrator(s), suspected victim(s)), and the level of intrusiveness required (e.g., program intervention, transfer). Failing to safeguard a victimized youth's well-being has serious costs to the victim, other youth in the residence, and the effectiveness of the program.



# Situations or Beliefs that Can Impede Intervention

Workshops on peer aggression with teams working in residential settings have produced the following list of attitudes, beliefs or situations that can impede staff efforts to prevent and respond to peer-to-peer aggression.

## **Lack of awareness**

- Individuals may not have had opportunities to increase awareness and understanding of peer-to-peer aggression. Indicators of victimization may not be recognized as part of a pattern of abusive behaviour.

## **Unintended negative effects from intervention**

- Intervention may not occur because of perceived limitations in staff members' ability to supervise and protect victims from additional or worse targeting.

## **Beliefs about survival in the real world**

- Belief that residents have to learn to handle "stuff" on their own, in their own way, to survive in their violent worlds (e.g., street, homes with domestic violence).

## **Just deserts**

- Young people who offend or engage in behaviours for which they could be charged if old enough, deserve what they get. This belief may be more likely to affect staff responses when the youth in question has committed serious interpersonal offences or is particularly bothersome or difficult to like.



### **Personal stress or fatigue**

- Working in custody or treatment settings is very demanding. Fatigue and stress related both to work and home can make it harder to attend and respond to signs of peer aggression.

### **Fear**

- Some individuals shared that they were reluctant to challenge aggressive residents because of what might happen to them when they worked nights, or to their families or associates.

### **Insufficient evidence to intervene**

- Some staff members told of situations where they were suspicious or even knew of someone who was being victimized, but felt they could not act because they did not have the evidence to confront the suspected aggressor.

### **Resignation**

- Belief there is nothing staff can do because they cannot supervise everyone all the time, especially outside of the program (i.e., the belief that this is a “normal” feature of such environments).

Prevention and intervention of peer-to-peer aggression requires that the conditions acting as barriers be recognized and effectively addressed.



# Enabling Factors

Residential staff members have identified factors that predispose or create opportunities for peer aggression:

## **Less effective supervision** due to

- reduction in the number of staff members on the floor
  - shift change
  - atypical situations
- visual barriers
  - purposeful positioning to block staff's view
  - physical layout of setting creates visual barriers (e.g., bi-level structure)
  - inability to observe because of the location and set-up of the activity (e.g., hygiene activities in bathrooms)
- distractions
  - accidental and staged diversions (e.g., planned scuffle, accident)
  - staff absorbed in TV program/movie or conversation
  - staff engaged in recreational activity, especially sports (e.g., basketball game)

**Staff beliefs and behaviours that minimize the seriousness of peer aggression** or otherwise create barriers to effective intervention and prevention

- see page 8 and 9 for examples

## **More than one youth per bedroom**

- while this is currently a reality for many settings, it is repeatedly featured in examples of peer victimization provided by staff participants in workshops from a wide range of settings

## **Program characteristics that contribute to depersonalization of others**

- examples include an emphasis on punishment rather than accountability and reasonable consequences; calling youth by surnames; power thrusting used at different levels of the organization as a means of controlling staff and residents

An environmental strategy to reduce peer-to-peer aggression is to structurally design settings so there is only one youth per bedroom.



# Routines Associated with Enabling Factors

Some components of residential programs are more vulnerable to enabling factors. Strategies to counter increased opportunities for aggression are needed for these activities:

- morning hygiene activities
- use of washrooms in residence and at school
- quiet time
- chores
- free time
- recreation
- line-ups for activity (e.g., to go out in yard, for meals, to return from school)
- meal time
- bed time



# Promising Practices – What You Can Do

- Assess for and address attitudes and situations that may impede your own or other staff members' efforts to prevent or intervene effectively to stop peer-to-peer aggression.
- Advocate for and participate in training to increase understanding of the dynamics of peer-to-peer aggression. Staff teams report that increased understanding of the dynamics and warning signs make it easier to recognize this form of relationship violence. Particularly important is the awareness of how seemingly neutral or mildly aggressive behaviours may be part of a pattern of abuse used to intimidate and control peer victims, even in the presence of staff members.
- Conduct an environmental and program scan to identify factors that may create opportunities for peer-to-peer aggression in your setting. This is likely to be most beneficial when:
  - done as a group exercise with staff teams
  - review includes all routines and activities, using the following headings: activity (e.g., wake-up until breakfast, school, after-school until dinner), location, types of potential aggression, enabling factors (e.g., reduced supervision)
- Learn from residents. Gather information by talking with residents individually or in a group. One approach is to assign residents the hypothetical task of designing a residential setting and program that would prevent or greatly reduce peer-to-peer victimization. Their ideas may reveal risks and potential solutions staff teams may not identify. Another suggestion is to inquire about peer-to-peer aggression in exit interviews.



- Develop strategies to reduce risks for peer aggression identified in the environmental and program scan with staff, as well as the information obtained from residents.
- Investigate and explore incidents or situations with a “peer victimization lens.” This is particularly important given that young people often deny their victimization and may mistakenly believe you know about and are ignoring the abuse. For example, what initially seems like and is described by residents as voluntary or mutually agreed upon behaviour (e.g., consensual sexual activity between similar aged peers, giving up snacks and desserts to a peer, doing a chore for a peer, assisting or doing homework, play-fighting) may have a very different meaning if a substantial power differential exists between the two residents.



# Special Considerations for Residential Settings

## Staff practices:

- create opportunities for ongoing development and training
- practise ongoing and effective communication (e.g., share warning signs, observations, concerns)
- provide supervision that supports and holds staff members accountable for practices to address and prevent peer-to-peer aggression

## Program characteristics:

- communicate explicit norms against aggression and for respectful behaviour
- achieve a balanced approach to security that emphasizes both programming and surveillance as a means to ensure safety
- provide staffing levels that are determined by: licensing requirements; the physical structure of the setting; risk and need levels of the resident population at any given time (e.g., Are there substantial power differentials within group? Are some youth particularly vulnerable?); professional maturity, experience and skill level of the staff teams
- develop programs that enable young people to identify with their cultures
- enhance programming to increase structure and decrease boredom and frustration



## Youth-centred approaches:

- implement anonymous feedback system (e.g., suggestion box, opportunities to confidentially and anonymously complete sentence stems – Staff should know that...The thing I worry the most about in this residence is...)
- inform residents of internal procedure for concerns and complaints, and take steps to ensure that the access procedures are private and safe for residents
- provide contact information for external advocates (e.g., child advocate, ombudsman), as well as safe opportunities and accessible methods for communicating with advocate (e.g., telephone, email)
- develop relationships between staff and residents and build in regular opportunities for communication
- implement interventions to foster healthy relationships, increase victim awareness, and to provide residents with information about resources in the community (e.g., Kids Help Line – 1-800-668-6868 from anywhere in Canada)



# An Overview

Staff in residential settings appear to underestimate the frequency and severity of peer-to-peer aggression.

Staff and facility managers can take steps to create a safer environment for youth.

Understanding the dynamics of peer-to-peer aggression, and how it is played out in residential settings, enables staff teams to view seemingly neutral or isolated behaviours in context, and to look for patterns of behaviour indicative of this form of relationship violence.

The impacts of peer-to-peer aggression in residential settings are typically serious, and include short-term and long-term impacts for the victim, as well as negative impacts for the youthful aggressor's development.

The defining characteristic of repeated, peer-to-peer aggression in residential settings is the power differential favouring the aggressor. The power differential can result from a variety of reasons, including physical size, gangs, ratio of aggressors to the victim(s), intelligence, and social status.

Adults must promptly and effectively intervene to stop peer-to-peer aggression. It cannot be left to the residents to solve because of: the relative power disadvantage of the victim; the intensified impacts of the abuse associated with the captive nature of the setting; the potential vulnerability of youth because of past victimization or exposure to violence; and the serious consequences of this form of relationship violence.

Residential staff teams that do not intervene to prevent and stop peer-to-peer aggression are providing placements for youth which may be psychologically and physically harmful. In some situations, the victimized peer has died.



Promising prevention and intervention is likely to be multi-faceted and multi-level, including strategies focussed on the program, the staff team, and the residents.

### **Trust your instincts and implement safeguards if you think someone is being harmed**

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During training workshops, a number of participants described situations where they knew something was wrong, but did not learn of the nature or severity of the aggression until the day victims were discharged or after they had been gone from the setting for some time. In each of the situations, the victims reported that others had also been victimized (they never came forward). None of the victims would speak to the police.

## References

- 1 Connell, A., & Farrington, D.P. (1996). Bullying among incarcerated young offenders: Developing an interview schedule and some preliminary results. *Journal of Adolescence*, 19, 75-93.
- 2 Leschied, A., Cunningham, A., & Mazaheri, N. (1997). *Safe and Secure: Eliminating Peer-to-Peer Violence in Ontario's Phase II Secure Detention Centres*. London, ON: Centre for Children and Families in the Justice System of the London Family Court Clinic, Inc.
- 3 Ombudsman of British Columbia (1994). *Building Respect: A Review of Youth Custody Centres in British Columbia*. Victoria, BC: Ombudsman of British Columbia.



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**Adolescent Relationship Violence: Increasing Understanding to Enhance Intervention (2002)** – Many students (36-45%) report some form of violence in their dating relationships, either as a victim or a perpetrator. Yet, the existence and impact of dating violence is often under-recognized and minimized both by young people and the adults who could offer support. This Sigma booklet includes information on healthy and unhealthy adolescent relationships, the warning signs of dating violence, reasons why it is difficult to leave abusive relationships, and intervention strategies.

**Ambiguous Loss in Adolescents: Increasing Understanding to Enhance Intervention (2002)** – Loss that is unresolved or occurs in confusing situations can create uncertainty for young people that compromises their ability to work through and cope with their losses. The challenges and negative impacts of ambiguous loss are often intensified by the accumulation of losses many young people experience (e.g., divorce, emigration/immigration, out of home placements). This Sigma booklet includes information on the impacts of ambiguous loss, approaches for supporting young people experiencing loss of this nature, and intervention strategies.