Accepted Manuscript

Bullying and peer violence among children and adolescents in residential care settings: A review of the literature

Angela Mazzone, Annalaura Nocentini, Ersilia Menesini

PII: S1359-1789(17)30197-0
DOI: https://doi.org/10.1016/j.avb.2017.12.004
Reference: AVB 1161

To appear in: *Aggression and Violent Behavior*

Received date: 25 June 2017
Revised date: 19 December 2017
Accepted date: 19 December 2017

Please cite this article as: Angela Mazzone, Annalaura Nocentini, Ersilia Menesini , Bullying and peer violence among children and adolescents in residential care settings: A review of the literature. The address for the corresponding author was captured as affiliation for all authors. Please check if appropriate. Avb(2017), https://doi.org/10.1016/j.avb.2017.12.004

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

ACCEPTED MANUSCRIPT

Title: Bullying and peer violence among children and adolescents in Residential Care settings: A review of the literature

First author (corresponding author):

Angela Mazzone, PhD, Department of Educational Sciences and Psychology, University of Florence,
Address: Via di San Salvi, 12, Padiglione 26, 50135 Florence, Ital
email address: mazzoneangela@gmail.com

Second Author:

Annalaura Nocentini, PhD, Assistant professor, Department of Educational Sciences and Psychology, University of Florence
Address: Via di San Salvi, 12, Padiglione 26, 50135 Florence, Italy.
email address: annalaura.nocentini@virgilio.it

Third Author:

Ersilia Menesini, PhD, Full Professor, Department of Educational Sciences and Psychology, University of Florence
Address: Via di San Salvi, 12, Padiglione 26, 50135 Florence, Italy.
email address: ersilia.menesini@unifi.it

ACCEPTED MANUSCRIPT

ACCEPTED MANUSCRIPT

Abstract

The present paper offers a review of the phenomena of bullying and peer violence among children and adolescents living in residential care settings (RCS). The review was conducted on four databases (Scopus, Web of Science, PsycINFO and ERIC). Findings of the 31 full-text papers included in the present work showed that bullying and peer violence involve various forms of direct and indirect attacks. While bullying in RCS involves severe and repeated aggressive actions, peer violence seems to be characterized by distinct levels of severity; i.e., low-level attacks are infrequent and isolated, whereas high level attacks may be severe and frequent. Several individual factors, such as age, gender, and length of stay in RCS were found to be associated with both bullying and peer violence. Contextual risk factors such as activities, structure and facility size, along with a residential peer culture characterized by a high level of hierarchy and a poor emotional bond between children and staff, contributed to bullying and peer violence. Furthermore, findings of the studies included in the present review showed that both perpetrators and victims manifest a number of behavioral and psychological problems. Overall, the present study offers a picture of bullying and peer violence among institutionalized children. However, distinct operationalization of constructs among studies, together with the use of different methods and measures, made comparisons among studies difficult. Future research should overcome these limitations in order to promote validity and compatibility of research in this field of study.

Keywords: bullying; peer violence; victimization; peer abuse; residential settings; institutional care

Introduction

ACCEPTED MANUSCRIPT

Bullying has been documented as a phenomenon taking place in several contexts, such as in school, home (i.e., bullying among siblings), prison, and the workplace (Menesini, Camodeca & Nocentini, 2010; Monks et al., 2009). While definitions of bullying may differ semantically depending on the context in which it occurs, there is a common key concept: Bullying is a subtype of proactive aggressive behavior, defined as continuous and goal-directed behavior aimed at harming another individual in the context of a power imbalance (Monks et al. 2009; Smith & Thompson, 1991; Volk, Dane & Marini, 2014).

In recent years, various studies documenting bullying and related forms of aggression, i.e., peer violence among children living in Residential Care settings (RCS) have been published (Cawson, 2009; Gibbs & Sinclair, 1999; 2000; Sekol & Farrington, 2009; 2010; 2013; 2016). Nevertheless, these phenomena have been undetected for a long time. In the present study, we offer an overview of the studies investigating bullying and peer violence among institutionalized children and adolescents, with the aim to deepen our knowledge about their characteristics and prevalence in residential care context.

1.1 Residential care settings for children and adolescents

In the present review, we use the term "residential care setting" (RCS)[1] to refer to community-based care for children who cannot be looked after by their own parents, in most cases due to neglect or abuse (Segura, Pereda, Abad & Guilera, 2015). The Malmö and Stockholm Declarations on Children and Residential care (1990; 2003) used respectively the terms "community-based care" and "community-care" in order to refer to a

[1] The term "residential care settings" will be used throughout the present paper to refer broadly to different institutional care settings for children, including Children Homes and Foster care.

ACCEPTED MANUSCRIPT

system of care opposite to large institutions and leading to family-like units. Residential care settings accommodate a group of children, who reside in the same facility and share common spaces and activities. Children have access to educational, therapeutic and upbringing services by professional staff (e.g., educators; social workers; psychologists; Ainsworth & Thoburn, 2013). Residential care settings are generally closed environments with specific organizational characteristics (e.g., organization of activities and routines; system of rules) and sub-culture (e.g., informal norms shared within the group; Rus et al., 2016). They vary from large institutional care facilities to small family-like care services. The services adopted have changed over time and have been influenced by political, economic, and social changes across different countries, while the length of time children stay in care and their age when entering in RCS depend upon different social policies and legislation in different countries (Ainsworth & Hansen, 2008; Browne, Hamilton-Giachritsis, Johnson & Ostergren, 2006). In most cases, institutionalized children share a common background, namely they come from unstable environments and face a wide array of problems, such as trauma and behavioral disorders (Ainsworth & Hansen, 2008). Most of them may have had several prior out-of-home placements and could be placed in the program by juvenile courts or state social services (Ainsworth & Hansen, 2008).

As documented in the literature, institutionalized children and adolescents might be exposed to several forms of harassment and victimization, even while under the protection of the welfare system (Ellonen & Pösö, 2011). Previous research has shown that this population of children manifests serious difficulty in living peacefully with others (Ainsworth & Hansen, 2005). Indeed, most of them have had previous traumatic experiences such as destructive family relationships and experiences of victimization,

ACCEPTED MANUSCRIPT

which may affect their ability to establish positive relationships with peers and find constructive strategies to solve conflicts (Pinchover & Attar-Schwartz, 2014). Therefore, recent social policies (e.g., Stockholm Declaration on Children and Residential care, 2003), contributed to a de-institutionalization of children living in RCS, in order to provide them with alternative systems of care (Ainsworth & Thoburn, 2013). In this respect, the United Nations Guidelines for Alternative Care of Children (Cantweel, et al., 2012) specifies that residential facilities should be small and organized around the children's rights and needs, in a family-like setting. . Therefore, in the past few years, large residential care facilities were closed in several European countries. However, the process of de-institutionalization was understood and responded differently across the various countries and jurisdictions (Ainsworth & Thoburn, 2013). Unfortunately, in several countries, not enough surrogate family placements are available; therefore, children may still be placed in large institutions for a long time to come (Browne et al., 2006).

1.2 Bullying and peer violence

While much literature about bullying at school agrees about the operationalization of bullying as a systematic and repeated behavior aimed at harming a weaker peer who is not able to defend him or herself (Smith, 2016), a shared definition of bullying among institutionalized children is missing. The general disagreement about bullying characteristics could be due to the inconsistent terminology used in this field of research, with certain papers using the term "bullying", while others referring to "peer violence" (Sekol & Farrington, 2009). However, several scholars agreed at least on some of the characteristics of bullying among institutionalized children. For instance, in residential care aggressive behavior does not need to be intentional or repeated to constitute bullying

ACCEPTED MANUSCRIPT

(Monks et al., 2009; Sekol & Farrington, 2009; 2016). Indeed, children who bully their peers might not have the intention to cause harm; instead, they could be interested in obtaining material goods, as well as a high status in the peer group (Sekol & Farrington, 2009; 2016). Further, due to the closed and relatively inescapable social context, children may be victimized at each moment of the day or night, which makes fear of future victimization - rather than repetitiveness - one of the main characteristics of bullying in RCS (Sekol & Farrington, 2009; Sekol 2016).

Beyond bullying, episodes of peer violence, such as physical, verbal and sexual violence have been documented as common forms of aggression among institutionalized children (Barter, Renold, Berridge & Cawson, 2004). Peer violence as assessed by children and staff's views seems to be shaped by normalization of violence among residents (Barter et al., 2004). Furthermore, peer violence enhances conformity to peer group norms and aims at preserving group hierarchy (Sekol, 2013). As pointed out above, literature has often adopted a broad categorization when referring to behaviors related to bullying and peer violence. Although some similarities between the two phenomena might exist, such a categorization could obscure the nature and characteristics underpinning different forms of aggression among peers.

In order to provide insight into the actual nature of bullying and peer violence among institutionalized children, in the present work, we have reviewed current literature regarding these behaviors. Specifically, the goals of the present review are: 1) Understanding how current literature operationalized the constructs of bullying and peer violence; 2) Assessing whether the definition of bullying in care differs from that of bullying at school; 3) Addressing the prevalence of bullying and peer violence in RCS; 4)

ACCEPTED MANUSCRIPT

Addressing different forms of bullying and peer violence in RCS; 5) Understanding individual and contextual risk factors associated with bullying and peer violence in RCS.

1. Method

2.1 Search strategy and study selection

2.1.1 Inclusion and exclusion criteria

The following inclusion criteria were defined: 1) a selection of studies investigating bullying and peer violence among children living in institutional care settings, such as Residential facilities, Children Homes and Foster care; 2) scientific availability of studies (i.e., scientific journals and conference papers); 3) papers in English, due to difficulties in translating papers in other languages. No specific time-frame was chosen. We excluded dissertations without the full text available and conference proceedings without conference papers available in the databases and studies from Grey literature. Furthermore, we excluded: 1) studies investigating bullying in other contexts, such as school, home, prison, and bullying among foster siblings and among children living in kinship care; 2) studies investigating other forms of abuse (e.g., domestic violence; urban violence; elderly abuse; sexual abuse).

Search strategy

Papers were searched on four scientific databases relevant to the field of Developmental Psychology: Scopus, Web of Science, PsycINFO and ERIC. Given that bullying in RCS was differently operationalized in different studies, and that the terms: "bullying"; "victimization"; "peer abuse"; "peer violence" were used interchangeably (Sekol & Farrington, 2009), we also included studies using these terms in order to denote an abuse of power by stronger children towards weaker peers. While there might be a subtle

ACCEPTED MANUSCRIPT

theoretical difference between the abovementioned terms, they all refer to a systematic aggressive behavior among peers. Thus, the following keywords were used for our search: "bullying"; "victimization"; "peer abuse"; "peer violence".

Further keywords, referring to the context of RCS were used to narrow our search and exclude the studies not related to the focus of the present study. The contextual keywords were the following: "Institutional care"; "Residential care"; "Residential facility"; "Out-of-home"; "Children Home"; "Foster care". The keywords for each domain were combined using the conjunction AND (e.g., bullying AND residential care; bullying AND children home; Victimization AND institutional care). Search fields involved were: abstract title/abstract/keywords for Scopus, abstract for PsycINFO and Web of Science and title/author/source/abstract/descriptor for ERIC. As a final step, citations in the collected publications were screened (Liberati et al., 2009). Each reference was screened by title/abstract/text and was included only if the topic matched the topic of the present study.

The scientific databases search was first conducted in March 2017 and then updated in September 2017. Papers were read in full, in order to determine their relevance according to the following inclusion criteria: a) Studies of bullying among children and adolescents in RCS, children homes and foster care; b) the focus was about the nature and the extent of bullying and peer violence among children and adolescents living in institutional care, as well as the associated psychological and behavioral variables associated with these phenomena.

In respect to the setting, we included only studies with samples of children and adolescents living in Residential care settings, such as Home for children, whereas we excluded studies carried out with young offenders living in Correctional homes. However,

ACCEPTED MANUSCRIPT

some studies merged findings about bullying and peer violence in different types of institutions (e.g., Children homes and Correctional homes). These studies were included in our review in case authors stated that findings across the samples were comparable (Sekol, 2016).

Finally, we excluded studies focused on adult abuse of children living in RCS, as well as bullying and peer victimization at school of children living in RCS. The results of this selection process are reported below and in Figure 1.

[Table 1 – Table 2]

[Figure 1]

2. Results

The literature search on the scientific databases yielded 1000 papers, of which 806 were deleted after reading the abstract, as their focus was not coherent with the goal of the present research (e.g., some of them were about bullying among young offenders, bullying among nurses and elderly abuse in Institutional settings). Further, 23 papers were screened by text and excluded, as their focus was not coherent with the goal of the present study, while 141 papers were duplicates. Altogether, 30 papers matched the focus of the present work; however, two papers presented the same findings (i.e., Barter, 2011; Barter et al., 2004), therefore only one of them was included in the present review. Overall, 29 papers were included in the present work, of which 26 were scientific articles, 1 was a book and 2 were book chapters (see Table 1). As pointed out above, as a final step, we also screened the references of the collected publications. This search strategy yielded 7 relevant publications, which were not identified through the first search method. The 6 papers were read in full. However, 2 papers were excluded as they were about general maltreatment and

ACCEPTED MANUSCRIPT

abuse rather than bullying, while 2 of them were counted as duplicates and excluded (i.e., Barter 2003 and 2008), as they presented the same results showed in a paper found through the database search (i.e., Barter et al., 2004). Similarly, 1 paper was excluded (i.e., Sinclair and Gibbs, 1999), as it showed the same findings presented in a paper found through the database search (Sinclair & Gibbs, 1998). Finally, 2 papers found through reference screening were included in the present review. Overall, 31 publications were included in the present work.

4.1 Definition of bullying and peer violence

The term bullying has been used to denote a range of distinctive behaviors, which make comparisons among studies difficult (Kendrick, 2010; Sekol, 2016). Beyond the term "bullying", the broader terms "peer abuse" and "peer violence" were also used to denote any form of physical, emotional, and sexual intimidation (Barter, 2003; 2008; 2011; Barter, et al., 2004; Kendrick, 2011). It has been suggested that due to the complexity of bullying in RCS, a broader definition - compared to bullying at school - of bullying is needed (Sekol & Farrington, 2009). In this respect, Kendrick (2011) broadly defines bullying in RCS as *"the behavior of one person or group, which causes distress to another person or group as a result of physical threat, assault, verbal abuse or threat"*. Furthermore, the vast majority of research on bullying in RCS relies on the definition of bullying in prison (Ireland, 2012; Sekol & Farrington, 2009). This is explained by the fact that, similarly to prisons, residential settings are more or less inescapable social systems, which make the victim vulnerable to bullying. Based on this assumption, Sekol (2016) gives the following definition of bullying in RCS, which was originally developed by researchers investigating bullying in prison (Ireland, 2012) and adapted for residential settings (Sekol, 2016):

ACCEPTED MANUSCRIPT

"Residents are victims of bullying when they are subject to direct and/or indirect aggression happening at least 2-3 times a month by the same or different perpetrator(s). Residents are also being bullied when they believe that they had been aggressed towards even if the actual intention of the bully to cause harm or the imbalance of power is not immediately evident".

Therefore, this definition seems to suggest that the main criteria of bullying in institutional care is repetitiveness over time. Although the actual intention to cause harm and the imbalance of power are included in the definition, they could be less evident and strong as compared to other contexts. Indeed, the bully might be interested in gaining status and power over the peer group, rather than intentionally harming the victim (Monks et al., 2009; Sekol, 2016). In other words, bullying might not be aimed at causing harm per se, but it could be oriented at further social and material goals. Furthermore, a phenomenon ascribed as "baroning" - a term borrowed from prison bullying research – is often reported by studies about bullying in care (Ireland & Ireland, 2003; Sekol & Farrington, 2009; Sekol, 2016). Baroning is an exploitative relationship, *"in which goods are given to the prisoner by another person who later demands for a high rate of interest"* (Sekol & Farrington, 2009, pag. 16). This coercive control mechanism could make the imbalance of power less visible, as the victim enters this relationship voluntarily. Furthermore, the victim might be promised protection from future victimization by other aggressive children (Sekol & Farrington, 2009).

Another feature that has been suggested to be particularly important in the definition of bullying in RCS is the fear of future victimization. Indeed, due to the characteristics of the closed social environment, bullies have easier access to the personal information of

ACCEPTED MANUSCRIPT

their victims, which makes it easier to intimidate and control them (Sekol, 2016). In addition, the residential living system is per se inescapable, which makes victims particularly vulnerable to bullying.

Hence, bullying at school and bullying in residential care settings differ in several ways. Repetitiveness seems to be a common characteristic in both forms of bullying. However, intentionality and imbalance of power are less important in the operationalization of bullying in RCS (Sekol & Farrington, 2009; Sekol & Farrington, 2010). Instead, fear of future victimization contributes to better illustrating this phenomenon.

As pointed out above, the extant literature merged distinct behaviors ascribable either to bullying or peer violence under a homogeneous category (Barter, 2011). In general, the expression "peer violence" has been used to refer to a broader category (compared to bullying), including all forms of physical, emotional and sexual intimidation and violence (Barter, 2011). Some authors acknowledged the importance of addressing children's views and experiences when examining peer violence (Barter, 2011; Barter,et al., 2004; Luminet & Barter, 2016). Therefore, in some qualitative studies, authors do not offer a definition of peer violence, rather this phenomenon was defined only through staff and children's interpretation (Barter 2011; Barter et al., 2004). Different levels of severity were attached to peer violence attacks. While low-level attacks were viewed as having little impact, being infrequent and not involving a severe use of force, high-level attacks were frequent, severe, and involved a wider power structure (Barter et al., 2004). Therefore, high level attacks were carried out by stronger children directed towards the vulnerable ones (e.g., those younger and scared). Children described high-level peer violence episodes as a phenomenon involving the whole peer group, with some of the children actively

ACCEPTED MANUSCRIPT

participating, while others stood by as passive supporters (Barter et al., 2004). These episodes of peer violence happened mostly among same-sex children. The victim was often described as deserving the aggressive action on grounds of either revenge or provocation. However, girls also described peer violence as an act of defense either of themselves or of the younger children, while boys described physical violence as a natural male instinct (Barter et al., 2004).

4.2 Prevalence of bullying and peer violence

The prevalence of bullying was taken into account in some of the papers included in the present study. Bullying seems to be a major problem in RCS, with research findings documenting half of the children living in RCS being victimized or bullying their peers (Sekol & Farrington, 2009; Sekol, 2016). Other studies documented even higher rates, with three quarters of residents experiencing bullying as either a bully or a victim at least two or three times a month (Gibbs & Sinclair, 2000; Sekol & Farrington, 2009). For instance, Sekol (2016) found that bullying and victimization highly overlapped each other. Indeed, the majority of adolescents included in the sample were involved in bullying as either bully (55.9%) or victim (70.6%) two or three times a month or more often, (i.e., residents were classified as bullies or victims if they reported at least one item indicative of bullying or at least one item indicative of victimization). Additionally, among those who were bullies, 84.2% were also victims, while 66.7% of victims were also bullies. Hence, pure victims and pure bullies were the least prevalent group compared to the bully/victim group.

The pioneering research on peer violence, by Barter and colleagues (2004), documented that almost three-quarters of residents either engaged in high levels of physical violence (i.e., severe and frequent attacks) or were victimized themselves. More than 80%

ACCEPTED MANUSCRIPT

of residents were involved in low levels of physical violence, which were defined as infrequent, isolated, and quickly solved. Research findings by Barter and colleagues (2004) were confirmed in more recent literature. For instance, Khoury-Kassabri and Attar-Schwartz (2015) reported that nearly three quarters of adolescents were victims of at least one act of peer violence (i.e., verbal violence), while two thirds of residents had been victims of indirect forms of violence and more than a half had been victims of gossip and rumors spread about them. However, a smaller prevalence of peer violence has been reported in other studies. For instance, Euser and colleagues (Euser, Alink, Tharner, van Ijzendoorn, & Bakermans-Kranenburg, 2014) documented that 9% of adolescents who were victimized within RCS reported that the perpetrator was a peer. In addition, adolescents living in RCS were at higher risk of peer violence than those living in foster care or from the general population (Euser et al., 2014; Sherr, Roberts & Gandhi, 2017). However, it is important to note that this study focused only on physical violence; therefore, other forms of peer violence may have been overlooked.

4.3 Forms of bullying and peer violence

Among direct forms of bullying, research findings documented verbal victimization (e.g., name-calling; insults to victims or their families; sexist language) as the most common one (Cawson, 2000; Monks et al., 2009; Parkin & Grinn, 1997; Sekol & Farrington, 2009). Coercive control, namely being forced to do something (e.g., chores) or to lie for others was also found to be a common form of bullying, together with physical victimization and intimidation (e.g., being stared at in a threatening way; Sekol & Farrington, 2009). Indirect forms of bullying, such as gossiping and spreading rumors were also detected (Segura et al., 2015; 2016; Sekol & Farringoton, 2009). Relational bullying

ACCEPTED MANUSCRIPT

such as ignoring and excluding has also been documented (Barter, 2003; Cawson, 2010), together with attacks on personal belongings either through theft or deliberate destruction (Sekol & Farringoton, 2009).

Coherently with findings about bullying in school, girls are more involved, both as victims and as perpetrators, in indirect forms of bullying and in general, they are more likely to admit involvement in bullying (Barter, 1997; Sekol & Farrington, 2009). A few research findings were available in respect to the association between ethnicity and cultural affiliation, and bullying. Gibbs and Sinclair (2000) found no evidence that black and ethnic minority children were bullied more than their peers who did not belong to ethnic minorities. Alternatively, further research findings documented that minority ethnic children are at risk of being bullied (Cawson, 2009).

In respect to peer violence, research findings documented direct physical and verbal attacks, as well as non-contact attacks, such as intimidation by looks or gestures; invasion of privacy; property damage; threats of physical injury and coercive control mechanisms (Barter et al., 2004; Barter, 2003; 2011; Khoury-Kassabri & Attar-Schwartz, 2013). The most severe attacks happened in young people's bedrooms and during the night hours, when staff supervision was scarce (Barter et al., 2004). Verbal insults often targeted appearance, ethnicity, or family (Barter, 2011). Children belonging to minority groups were more likely to experience racist name-calling and discrimination from their peers (Barter et al., 2004; Kendrick, 2010). In a study by Attar-Schwartz and Khoury-Kassabri (2015), investigating peer violence in Jewish and Arab RCS (i.e., in Israel it is common to segregate Arab and Jewish children in distinct facilities in order to maintain their cultural identities), lower levels of verbal insults were found in Arab RCS compared to the Jewish ones. The authors pointed

ACCEPTED MANUSCRIPT

out that among Arab children, verbally insulting someone is a serious humiliation that might lead to severe sanctions and conflicts among people. This explanation could justify why verbal violence is less prevalent among Arab children. Indirect forms of peer violence, such as gossiping and social exclusion have also been documented (Attar-Schwartz & Khoury-Kassabri, 2015), although associations with cultural affiliation were non-significant. Importantly, gender and age differences have been found in respect to peer violence. In particular, boys have been found to suffer from physical forms of peer violence, whereas girls are more likely to be relationally victimized (Khoury-Kassabri & Attar-Schwartz, 2014).

4.4 Individual and contextual risk factors associated with bullying and peer violence

In this paragraph, we will offer an overview about the individual and contextual risk factors associated with bullying and peer violence.

As to individual risk factors, qualitative findings suggested that youngest children, newcomers and children with previous maltreatment experiences are at risk of being victimized (Barter et al., 2004; Kendrick, 2010; Sekol, 2016). The inappropriate age-mix (i.e., children of different ages living in the same facility) also contributes to increase the levels of peer violence and bullying (Kendrick, 2010; Sekol, 2016). Although qualitative studies can hardly offer a robust evidence about the risk factors for bullying and peer violence, these findings were consistently confirmed also across quantitative studies (Attar-Schwartz, 2014; Attar-Schwartz & Khoury-Kassabri, 2015; Gibbs & Sinclair, 2000; Khoury-Kassabri & Attar-Schwartz, 2014; Sekol & Farrington, 2016).

ACCEPTED MANUSCRIPT

Length of stay is another variable that may be associated with bullying and peer violence. A qualitative study by Barter and colleagues (2004) documented that peer violence was common in RCS accommodating children for both short and medium-long time-span. However, quantitative studies rather suggested that the longer children are placed in an institution, the fewer aggressive behavior and social problems they manifest (Attar-Schwartz, 2008; Kim & Chun, 2016). In this respect, it has been suggested that children who spend a long time in the same residential facility could have the opportunity to experience an uninterrupted relationship with educators and peers, which may enable them to develop a secure attachment (Attar-Schwartz, 2008).

As documented across qualitative and quantitative studies, the characteristics of the social context, such as the structure and size of the residential homes and the lack of clear placement, aims and activities also contribute to bullying. For instance, children and adolescents who live in larger residential settings are exposed to an increased risk of victimization, compared to those who live in familial-group settings (Barter et al., 2004; Khoury-Kassabri & Attar-Schwartz, 2014). Indeed, in larger RCS it could be harder for staff members to supervise children and to create a warmer and positive context (Khoury-Kassabri & Attar-Schwartz, 2014; Sekol, 2016).). Perception of staff members as strict exposes children to an increased risk of being victimized (Khoury-Kassabri & Attar-Schwartz, 2014). Indeed, children who perceive staff members as strict are less willing to warn them when faced with bullying. Further, it has been proposed that being strict and adopting punitive methods could allow children to think that violence is a way to handle problems and may lead them to accept it (Khoury-Kassabri & Attar-Schwartz, 2014).

ACCEPTED MANUSCRIPT

The characteristics of the social context make bullying and peer violence complex phenomena. However, if on one hand the organizational characteristics of RCS might contribute to bullying and peer violence, on the other hand, these phenomena constitute an obstacle to the creation of a safe environment (Bamba & Haight, 2009).

Finally, despite the intertwinement between individual and contextual factors was not examined in previous literature, in fact, when looking at the risk factors associated with bullying and peer violence, the conjoined contribution of individual and contextual variables should be investigated. In this respect, a qualitative study by Sekol (2013) documented that, overall, four interrelated individual and contextual factors contributed to peer violence in Croatian RCS: 1) Residential peer culture (e.g., peer hierarchies), with older males at the top of hierarchies. 2) Vulnerability at the beginning of the institutionalization (i.e., maltreatment within the family context). 3) Deprivation (i.e., lack of food; poor access to material goods, such as school equipment), together with stigmatization in the home-community. 4) Poor social relationships with staff members (e.g., youth consider staff members to be uninterested and burned out by their own jobs).

4.5 Peer hierarchies

Research findings documented that RCS make the creation of a peer culture and peer hierarchies easier, which increases the likelihood of bullying and peer violence (Barter et al., 2004; Sekol, 2016) and makes victims more vulnerable to the aggressor. In particular, Parkin and Grinn (1997) documented that peer group hierarchies represent a central mechanism in the dynamics of bullying within RCS. The authors of this study documented the existence of networks of "top dogs", namely a minority of youth, especially older males, exerting power over their peers by actual or perceived physical strength and manipulation tendencies. In a

ACCEPTED MANUSCRIPT

study by Barter and colleagues (2004), the authors found that children perceived new admissions as a threat to their position in the hierarchy. Therefore, victimization of newcomers was seen as a legitimate strategy to protect one's own status. Worryingly, peer hierarchies are sometimes tolerated and accepted by staff members (i.e., peer violence is often seen as normal across some developmental stages), which might contribute to strengthen the reputation of the "top dogs" (Monks et al., 2009).

Furthermore, peer culture in RCS is associated with a poor relationship with staff members and a strong anti-grassing culture i.e., children are reluctant to report peer-violence episodes to staff members and are prone to follow the rule that staff members should not be warned when episodes of violence occur. The anti-grassing peer-culture may reflect the importance of boundaries among residents, as well as a tendency to consider peer violence as a normative behavior; however, it could also reflect a fear of revenge by those who are aggressive (Sekol, 2013).

4.6 Behavioral and psychological risk factors associated with bullying and peer violence

Although there is a lack of systematic investigation in respect to the association between behavioral problems and bullying and victimization, a few research findings documented that victims of bullying in RCS often present adjustment problems, such as hyperactivity, conduct problems and emotional symptoms (Khoury-Kassabri & Attar-Schwartz, 2014). Victims are also low in their social and emotional self-efficacy (i.e., respectively the ability of building up relationships with peers and being assertive and the perceived ability to cope with negative emotions). Furthermore, low levels of happiness are documented among victimized children living in RCS (Gibbs & Sinclair, 2000).

ACCEPTED MANUSCRIPT

Children who experience peer victimization, together with other forms of victimization (e.g., electronic victimization; sexual victimization; caregiver victimization; conventional crime) manifest internalizing (e.g., anxiety and depression symptoms) and externalizing problems (e.g., severe rule-breaking behavior; attention problems; Segura, et al., 2016). Furthermore, it seems that adolescents who experience the highest levels of peer victimization also report high levels of aggression and runaway behavior (Attar-Schwartz, 2013; Freundlich, Avery & Padgett, 2007; Kim & Chun, 2016).

Overall, most of the literature investigated the behavioral and psychological variables associated with victimization, while only a few studies investigated the profiles of children who bully their peers. Findings showed that these children tend to be neurotic, disagreeable and careless and that especially male bullies lack affective empathy (Sekol & Farrington, 2015). Conduct problems have been found among those children who tend to be involved in peer conflicts and bullying (Osborn, Delfabbro & Barber, 2008). Conversely, literature indicates that children with better psychosocial adjustment (i.e., low levels of aggression; poor social and emotional problems) are those experiencing lower levels of peer violence in the RCS (Attar-Schwartz, 2008).

In conclusion, it is worthy to note that the study design of most of the abovementioned researches were cross-sectional, therefore, causality could not be inferred. However, the only longitudinal data available from the studies included in this review (Gibbs & Sinclair, 1999), documented that adolescents who reported attempted bullying at time-point one were more likely to manifest adjustment difficulties (i.e., low self-esteem; impaired ability to communicate with others; emotional and behavioral problems) at time-point two.

Discussion

ACCEPTED MANUSCRIPT

The present study offered a review of literature about bullying and peer violence in RCS, adopting a psychological standpoint. Based on the studies included in this review, bullying in RCS could be defined as a systematic abuse of power perpetrated by stronger and older children towards the weaker and younger ones. Several studies highlighted fear of future victimization as one of the main characteristics of bullying in RCS. As pointed out above, fear of future victimization overcomes the actual intention of causing harm and makes bullying in residential settings more similar to bullying in prison, rather than to bullying at school (Sekol & Ireland, 2016). Indeed, contrary to children who are victimized at school, institutionalized children may not have the possibility to experience a context where they can feel protected and safe from bullying. Overall, literature stressed that imbalance of power and intent to cause harm could be masked by other goals pursued by the children who bully their peers. Indeed, bullying is not only aimed at causing harm and distress to the victim, but it is also a way to gain social power and obtain material goods (Monks et al., 2009). However, gaining power over the peer group has been also identified as a social goal of children who bully their peers at school (Volk et al., 2014). Furthermore, another specific characteristic of bullying in RCS is the anti-grassing culture that contributes to reinforce the dynamics of bullying and prevents adults from stopping bullying (Sekol, 2013).

Although bullying and peer violence share some attributes, from the studies included in the present review, it seems that while bullying involves serious and repeated attacks, peer violence episodes may involve different degrees of severity (Barter et al., 2004). Indeed, only high-level attacks are severe, frequent, and involve the whole peer group, whereas low-level attacks are infrequent and quickly resolved.

ACCEPTED MANUSCRIPT

In spite of the variability in bullying and peer violence rates across different studies, findings are consistent in documenting that overall both are widespread phenomena. Variability across studies can be explained by the fact that studies taking into account both direct (physical; verbal) and indirect forms of bullying and peer violence (e.g., social exclusion; gossiping) might have highlighted higher rates of bullying and victimization (Sekol, 2016), while those assessing only one form of peer violence and bullying might have overlooked the others (Euser et al., 2014). Furthermore, using different time-spans to detect the frequency of bullying and peer violence could have also affected the prevalence of bullying and peer violence reported across different studies.

Findings of the present study showed that individual vulnerabilities associated with bullying and victimization among children in care are aspects that need to be taken into consideration. As for the literature on school bullying, it is often difficult to understand whether these characteristics are predictors or consequences; however, in this review it was found that in the long run, victimized looked-after children presented unhappiness, along with adjustment and behavioral problems (Sinclair & Gibbs, 1999).

Furthermore, in order to understand bullying and peer violence in RCS, it is important to analyze the characteristics of the context where these phenomena take place. Two main relational factors seem to be very relevant for the maintenance of bullying dynamics: The relationship with staff members and peer relationships. In relation to the former, the institutional context seems to be built on a foundation of discipline and control, rather than on emotional bonding. Hence, a poor relationship with staff members may encourage bullying and discourage the tendency to warn them when bullying occurs. Regarding the latter, as documented in the pioneering study by Parkin and Grinn (1997)

ACCEPTED MANUSCRIPT

and confirmed in a more recent study by Sekol (2016), peer hierarchies are at the core of bullying in RCS. Hence, we may assume that the ongoing process of constituting informal groups provides a social context for bullying.

Limitations and Considerations for future research

Although the present review offers an extensive picture of the phenomenon of bullying and peer violence among children in care, it is not exempt from limitations. To begin with, we realize that excluding grey literature (e.g., dissertations) might constitute a publication bias. We are aware that following a more strict protocol and criteria would have made the contribution of this review more robust. Furthermore, we consulted only a limited number of databases, which were mainly relevant to the field of Developmental Psychology. We realize that consulting a larger number of scientific databases relevant to further disciplines (e.g., Education; Sociology) might have strengthened the contribution of this work.

Overall, the findings of the present review showed that scientific literature about bullying in RCS is still scarce. As noted by Monks and colleagues (2009), most literature falls within social welfare, or sociological perspective, therefore, there is a lack of studies about psychological aspects related to bullying in RCS (e.g., moral emotions and (im)moral cognitions of children involved; victims' coping strategies to deal with bullying and peer violence; attachment style of children involved in bullying).

Contextual characteristics associated with bullying and peer violence among institutionalized children are under-investigated. We suggest that future studies should adopt a contextual approach, focusing on the RCS-level factors that might help to explain the variables triggering bullying and peer violence and contributing to their maintainability.

ACCEPTED MANUSCRIPT

While peer group hierarchies have been documented (Parkin & Grinn, 1997; Sekol, 2016), less is known about the group dynamics of bullying episodes. For instance, little is known about the presence of other peers, such asbystanders who may either reinforce bullying by helping the bully or witnessing it passively, or defenders of the victim. Therefore, we suggest that future research focus on the dynamics of bullying, as well as on the bullying-related behaviors.

Besides, methodological characteristics of the studies included in this review limit the generalizability of the findings. In particular, cross-sectional designs, small and not representative samples, a distinct operationalization of constructs among studies, together with different methods and measures adopted (i.e., qualitative versus quantitative methods; general questions to assess the constructs) made comparisons among studies difficult. Future researches should overcome these limitations in order to enhance validity and commonality of research in this field of study.

Furthermore, the specific characteristics of the residential settings in which bullying and peer violence were detected, together with the national contexts in which they were investigated could have also affected the findings of the research presented in this review (Lutman & Barter, 2016). For instance, Sekol (2013; 2016) documented that in Croatian institutions children were not able to satisfy their basic needs, as in most cases they were even deprived of food. This picture contributed to their frustration and ultimately to bullying.

In addition, some of the studies included in the present review merged the findings about bullying and peer violence in distinct residential care contexts (Attar-Schwartz, 2009; Sekol, 2013; 2016), such as Children Homes, Correctional institutions, Community residential

ACCEPTED MANUSCRIPT

homes and State residential homes (Sekol & Farrington, 2009; 2013). While Children homes accommodate children and adolescents without behavioral problems, Correctional homes, Community residential homes and State residential homes accommodate either youth manifesting delinquent behavior or youth with antisocial behavior, who need long-term professional help (Sekol & Farrington, 2009; 2013; Sekol, 2013; 2016). These studies were not excluded, as the authors stated that results did not differ across type of institution (e.g., Sekol, 2016). In addition, as reported in the Introduction section, therapeutic goals are among the goals of residential care settings. However, we acknowledge that findings from institutions accommodating children with distinct background and behavioral characteristics may have affected the findings of the present review.

Finally, a longitudinal perspective about bullying in institutional care is missing. Indeed, the vast majority of studies included in this review adopted a cross-sectional design. Therefore, it is somehow difficult to draw a conclusive picture of the associations between bullying and peer violence and behavioral and emotional problems; i.e., emotional symptoms could be either triggered or caused by bullying, or alternatively they could be a risk factor for bullying and victimization. We suggest that longitudinal studies uncover the stability and change of bullying dynamics over time, as well as the long-term consequences of bullying and victimization.

ACCEPTED MANUSCRIPT

Table 1 Full text papers evaluated

References	**Object of study**	**Excluded**

ACCEPTED MANUSCRIPT

1. Attar-Schwartz, (2008)	Victimization by peers	
2. Attar-Schwartz (2009)	Victimization by peers	
3. Attar-Schwartz (2013)	Victimization by peers	
4. Attar-Schwartz & Khoury Kassabri (2015)	Victimization by peers	
5. Bamba & Haight (2009)	Bullying	
6. Barter (1997)	Bullying	
7. Barter (2003)* [a]	Peer violence and bullying	Excluded
8. Barter (2008)* [a]	Peer violence	Excluded
9. Barter (2006)	Sexual abuse of children in RCS	Excluded
10. Barter (2011)*	Bullying and Peer violence	
11. Barter & Lutman (2016)	Peer violence among foster siblings	Excluded
12. Barter, Renold, Berrdge & Cawson (2004)*	Peer violence	
13. Berrick, Courtney, & Barth (1993)	Physical and sexual abuse	Excluded
14. Cardoos, Zakriski, Wright, & Parad (2014)	Aggressive behavior	Excluded
15. Cawson, (2009)	Bullying and Peer abuse	
16. Chang, Lin, Chang, Tsai, & Feng (2013)	Maltreatment	Excluded
17. Edwards & Batlemento (2016)	School-bullying	Excluded
18. Ellonen & Pösö (2011)	Abuse by adults	Excluded
19. Eltkin, van der Helm, Wissink, & Stams (2015)	Bullying in correctional homes	Excluded
20. Euser, Alink, Tharner, van Ijzendoorn & Bakermans-Kranenburg (2014) [a]	Physical abuse	
21. Farruggia & Germo (2015)	Maltreatment	Excluded
22. Font (2015)	Sibling abuse	Excluded
23. Forouzan &Nicholls (2015)	Maltreatment	Excluded

ACCEPTED MANUSCRIPT

24. Freundlich, Avery & Padgett (2007)	Peer violence and Bullying	
25. Gibbs & Sinclair (1999)	Bullying	
26. Gibbs & Sinclair (2000)	Bullying	
27. Greger, Myhre, Lydersen, & Jozefiak, (2015)	Maltreatment	Excluded
28. Gravilovici & Groza (2007) [a]	Maltreatment and abuse	Excluded
29. Gusler & Jackson (2017)	Maltreatment	Excluded
30. Havlicek, (2014)	Maltreatment	Excluded
31. Hobbs, Hobbs & Wynne (1999) [a]	Maltreatment and abuse	Excluded
32. Huefner, Ringle, Chmelka, & Ingram (2007)	Maltreatment	Excluded
33. Kang, Chung, Chun, Nho, & Chung (2017)	Delinquency	Excluded
34. Karnink (2001)	Sexual violence	Excluded
35. Kendrick (2011)	Peer violence and Bullying	
36. Khoury Kassabri & Attar-Schwartz (2014)	Victimization by peers	
37. Kolko et al. (2010)	Maltreatment	Excluded
38. Kim & Chun (2016)	Victimization	
39. Littlechild (2011)	Suggestions for intervention	Excluded
40. Long et al., (2017)	School bullying	Excluded
41. Liu, Chu, Neo, Ang, Tan, & Chu (2016)	Abuse and Interpersonal trauma	Excluded
42. Lutman & Barter (2016)	Peer violence	
43. Monks et al., (2009)	Bullying	
44. Osborn, Delfabbro & Barber (2008)	Bullying	
45. Parkin & Grinn (1997) [a]	Bullying and peer abuse	
46. Pinchover & Attar Schwartz (2014)	Victimization by peers	
47. Rebbe, Nurius, Ahrens & Courtney (2017)	Maltreatment	Excluded
48. Schneiderman et al., (2013)	Maltreatment	Excluded

ACCEPTED MANUSCRIPT

49. Segura, Pereda, Abad & Guilera (2015)	Victimization by peers
50. Segura, Pereda, Guilera & Abad (2016)	Victimization by peers
51. Sekol (2013)	Bullying and Peer violence
52. Sekol (2016)	Bullying
53. Sekol & Farrington (2009)	Bullying
54. Sekol & Farrington (2010)	Bullying and Victimization
55. Sekol & Farrington (2013)	Bullying and Victimization
56. Sekol & Farrington (2016a)	Bullying
57. Sekol & Farrington (2016b)	Bullying
58. Sherr, Roberts & Gandhi (2017)	Peer violence
59. Sinclair & Gibbs, 1998*	Bullying
60. Sinclair & Gibbs (1999)*[a]	Bullying

Note: Stars (*) indicate that the same research findings were presented across different papers by the same author/s. Therefore, only one paper for each author/s respectively was included in the present review. Superscripts ([a]) mark the papers found through references screening.

ACCEPTED MANUSCRIPT

ACCEPTED MANUSCRIPT

Table 2. Overview of papers included in the review

Reference	*Sample size*	*Number of RCS*	*Mean Age/Range*	*National Setting*	*Measures*	*Main measured variables*	*Main findings*
Attar-Schwartz (2008)	N=4420	57	6-18 (*M*=13.32; *SD*=3.07)	Israel	Adult-report	Peer violence; Depression; Anxiety; School functioning; Drug and Alcohol abuse; Organizational problems; Contact with parents; Physical conditions; Aggression; Emotional problems;	Different organizational aspects, such as after school activities and food were associated with better child outcomes, such as less peer violence.
Attar-Schwartz (2009)	N=4061	54	6-20 (*M*=13.32; *SD*=3.11)	Israel	Adult-report	Peer violence; Problems in school-functioning; Special education needs; Setting-level characteristics; After-school activities; Physical condition;	Poor school functioning was associated with peer violence (e.g., physical, verbal and sexual), fewer after school activities and setting characteristics.

ACCEPTED MANUSCRIPT

Attar-Schwartz (2013)	N=1749	32	11-19 (*M*=14.06; *SD*=3.11)	Israel	Self-report	Physical victimization by peers; Runaway behavior; Adjustment difficulties; Perception of social environment; Organizational factors	Runaway behavior was associated with adjustment difficulties and physical violence by peers and staff.
Attar-Shwartz & Khoury Kassabri (2015)	N=1324 (54% male)	32	11-19 (*M*=14.6; *SD*=3.11)	Israel	Self-report	Verbal and Indirect victimization by peers; Adjustment difficulties; Self-efficacy; Physical maltreatment by staff; Perceived social climate	Girls and children with low self-efficacy were more at risk of being indirectly victimized. Young age, adjustment difficulties, physical maltreatment by staff and poor social climate contribute to verbal and indirect victimization.
Bamba & Haight (2009)	N=11 (5 boys and 6 girls) and 18 staff members (13 women and 5 men)	1	10-15 (*M*=12.6)	Japan	Participant observation, Interviews	*Ibasho* creation and interpersonal relationships within the institution	Children reported positive relationships with peers, which contributed to the creation of Ibasho (i.e., a safe place, where experiencing security, belonging and acceptance). However, episodes of bullying and rejection by peers were also documented.

ACCEPTED MANUSCRIPT

Barter (1997)	-	-	-	-	-	-	Bullying in RCS is a widespread phenomenon. Boys are involved in physical forms of bullying, whereas girls are more involved in psychological forms of bullying. The staff often underestimates bullying.
Barter (2003; 2008; 2011) and Barter et al., (2004)	N=71 (44 boys and 27 girls) and 71 staff members	14	8-17	England	Semi-structured interview with youth and staff	Four forms of peer violence: Direct physical attacks; Non-contact attacks; Verbal attacks; Unwelcomed sexual behaviors	Three-quarters of youth experienced physical assaults as either victims or perpetrators. Boys were more involved in physical forms of violence. Half of youth experienced non-contact forms of violence (e.g., attacks on property; threats of physical injury). Nearly all youth experienced verbal violence. Peer hierarchies were common in all RCS participating in the study.
Cawson, (2009)	-	-	-	-	-	-	Children looked after by local authority or kept in custody are particularly vulnerable to bullying. Psychological attacks, such as name-calling, spreading lies and rumors about the victim, insults to families are more common than physical attacks.

ACCEPTED MANUSCRIPT

							Younger and smallest children are more vulnerable to bullying.
Euser, et al., (2014)	N=329 (63% boys)	79*	12-17	The Netherlands	Self-reports	Dating violence; Parent-child conflict; Physical abuse by different perpetrators	More boys than girls reported physical abuse by different perpetrators. Physical abuse was not related to country of birth, educational level and age. Physical abuse by older youth living in RCS was documented by 9% of victims
Gibbs & Sinclair (1999)	N=141 youth; 47 heads of home; 141 social workers	48	-	England	Structured interviews with residents at T1 and self-report at T2. Guided interviews with heads of RCS. Adult-report (staff) at	Bullying; Harassment; Adjustment; Mood; Relation with family	Residents who were victimized at T1 were more distressed at the time of the interview and less adjusted at T2.

ACCEPTED MANUSCRIPT

					T1 and T2		
Gibbs & Sinclair (2000)	N=223	48	10-17	England	Semi-structured interviews with residents	Bullying; Sexual Harassment; Happiness	Bullying and harassment were associated with poor happiness.
Kendrick (2011)	-	-	-	-	-	-	Bullying is the behavior of a person or a group, which causes distress to another person or a group. Threat, assault and verbal abuse are among the most common forms of bullying.
Khoury-Kassabri & Attar-Shwartz (2014)	N=1324 (54% male)	32	11-19 (*M*=14.6; *SD*=3.11)	Israel	Self-report	Physical victimization by peers; Adjustment difficulties; Self-efficacy; Social Climate; Physical victimization by staff.	Over half of the sample experienced at least one form of physical victimization by peers. Adolescents with adjustment difficulties or low self-efficacy and adolescents who had experienced victimization by staff were vulnerable to peer victimization.
Khoury-Kassabri & Attar-Shwartz (2015)	N=1324 (54% male)	32	11-19 (*M*=14.6; *SD*=3.11)	Israel	Self-report	Indirect and verbal victimization by peers; Adjustment difficulties; Self-	Vulnerability to indirect victimization was higher among girls and among adolescents with low self-efficacy.

ACCEPTED MANUSCRIPT

						efficacy; Physical maltreatment by staff; Perceived social climate.	Vulnerability to verbal and indirect victimization was higher among adolescents with adjustment difficulties, maltreatment by staff and low perception of friendliness.
Kim & Chun (2016)	N=425	-	-	Korea	Self-report	Peer victimization; Peer relationships; Peer delinquency; Adjustment difficulties; Satisfaction with the placement; Length of stay in out-of-home placement	Children with higher peer delinquency scores, or who were victims of bullying, had higher rates of aggressive behavioral problems
Lutman & Barter (2016)	-	-	-	-	-	-	This rapid review of the literature includes studies about peer violence in foster care published between 1995 and 2011. The authors point out that research investigating peer violence among children in foster care is still scarce. Further, they underline the need for investigating more in depth the different forms of violence and the circumstances in which they happen.

ACCEPTED MANUSCRIPT

Monks et., 2009	-	-	-	-	-	-	This review of the literature documented that bullying in RCS is a widespread phenomenon, with half of residents claiming they had either bulled others or been bullied themselves. An institutional culture, with negative peer hierarchies and acceptance of violence contributes to bullying.
Osborn et al., (2008)	N=364 (212 boys and 152 girls)	-	4-18 (*M*=12.92)	Australia	Self-report and Adult-report	Emotional symptoms; Conduct problems; Hyperactivity; Peer relationship problems	A consistent part of children and adolescents manifested peer problems and conduct disorders (e.g., bullying other children), which constitute a serious risk for other children in the placement.
Parkin & Grinn (1997)	N= 90	2	-	England	Observations and interviews	Sexual abuse and Peer abuse; Residential culture	Residential culture is characterized by peer hierarchies: Older children exert power over their peers. These are referred as "top dogs". Staff also relied on top dogs in order to control other children.
Pinchover & Attar-Shwartz (2014)	N=1324 (54% male)	32	11-19	Israel	Self-report	Adjustment difficulties; Physical victimization by	A negative association was found between perceived social climate and adjustment

ACCEPTED MANUSCRIPT

						peers; Social climate.	difficulties. Physical victimization by peers was also negatively related to social climate. Physical victimization by peers was positively related to adjustment difficulties through social climate.
Segura et al., (2015)	N=129 (64 boys and 65 girls)	18	12-17 (*M*=14.58; *SD*=1.62)	Spain	Self-report	Different forms of interpersonal victimization;	Poly-victimization was a common experience among residents. The most common lifetime and past year form of victimization were witnessing victimization and indirect victimization.
Segura et al., (2016)	N=127 (62 boys and 65 girls)	18	12-17 (*M*=14.6; *SD*=1.61)	Spain	Self-report	Different forms of interpersonal victimization; Emotional and Behavioral problems.	Poly-victimization predicted rule-breaking behavior, thought problems and anxiety/depression problems. Sexual and electronic victimization predicted withdrawn/depressed behavior, aggressive behavior and attention problems.
Sekol & Farrington (2009)	N=292 (153 boys and 139 girls)	20*	*M*=15.4	Croatia	Self-report	Direct and Indirect forms of Bullying	Residents were classified as bullies or victims if they reported at least one behavior indicative of bullying others or being bullied two or three times a month or more often. Three-

ACCEPTED MANUSCRIPT

							quarters of residents reported at least one behavior indicative of bullying and victimization. Indirect victimization was prevalent in Children's Homes. Girls were more involved than boys in indirect bullying either as a victim or as a perpetrator.
Sekol & Farrington (2010)	N=601 (404 boys and 197 girls)	20*	11-21 (*M*=15.9)	Croatia	Self-report	Bullying; Empathy; Self-esteem; Personality.	Bully-victims did not differ from pure victims and pure bullies on the measured variables.
Sekol & Farrington (2013)	N=16 (9 boys and 7 girls). N=6 staff members	1*	13-19 (*M*=15.8)	Croatia	Self and peer-report; Staff-report	Direct and indirect bullying; Victimization.	In general, there was a significant agreement between self and peer-reports and staff reports in identifying bullies and victims.
Sekol & Farrington (2015)	N=601 (404 boys and 197 girls)	20*	11-21 (M_{boys}=15.8; M_{girls}=15.9)	Croatia	Self-report	Bullying; Empathy; Self-esteem; Personality.	Male and female bullies tended to be disagreeable, careless and neurotic. They were likely to approve bullying and manifested bullying also at school. Male bullies lacked affective empathy.

ACCEPTED MANUSCRIPT

Sekol & Farrington (2016)	N=601 (404 boys and 197 girls)	20*	11-21 (M_{boys}=15.8 M_{girls}=15.9)	Croatia	Self-report	Bullying; Empathy; Self-esteem; Personality.	Low scores on agreeableness and conscientiousness were related to female victimization. No differences were found for empathy between victims and non-victims. Low self-esteem and believing that bullying was part of normal life within RCS predicted victimization in boys and girls.
Sekol (2013)	N= 120	20*	11-21	Croatia	Focus-group	Peer violence (i.e., direct and indirect forms of aggression).	Four interrelated themes contributed to explain peer violence: 1)Peer culture; 2)Vulnerability at the beginning of the Institutionalization; 3)Deprivation and stigmatization; 4)Poor relationship with staff.
Sekol (2016)	N=272	10	11-21	Croatia	Self-report	Bullying and victimization (physical, verbal, relational, sexual harassment); Social and environmental characteristics of RCS.	Bullying and victimization are overlapping phenomena. Bullies and victims reported lower levels of perceived peer support than other residents.
Sherr et al., (2017)	-	-	-	-	-	-	This systematic reviews addresses the prevalence of

ACCEPTED MANUSCRIPT

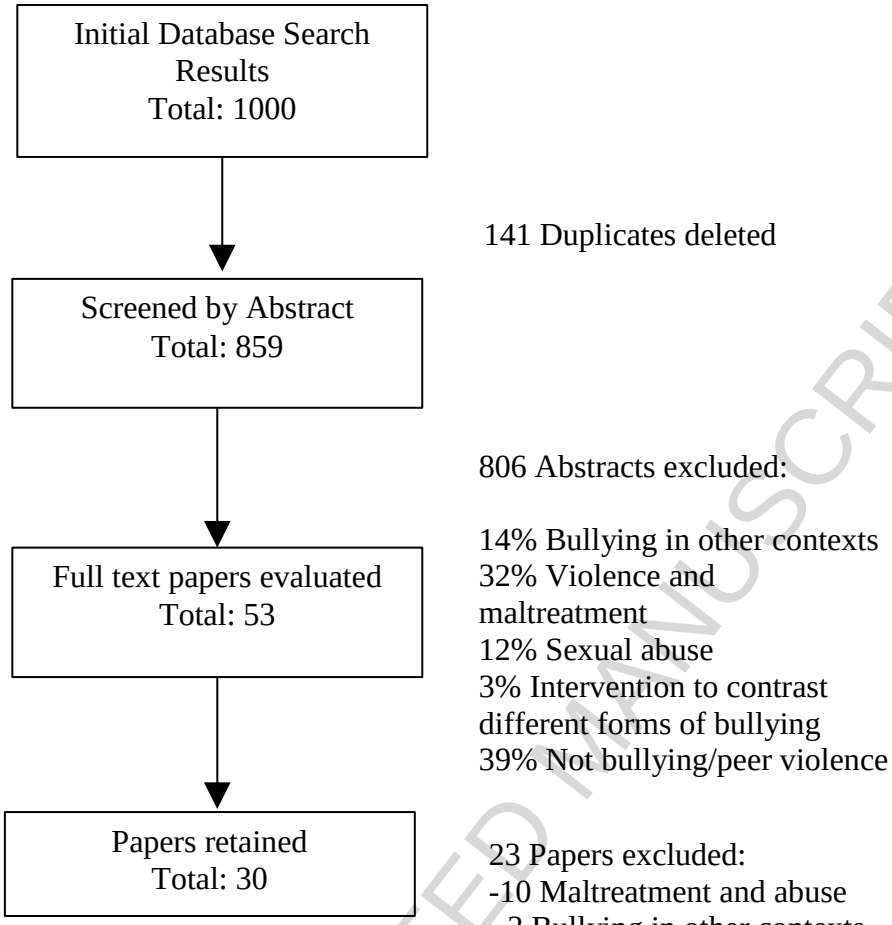
							different forms of abuse and violence in Institutional care, as well as interventions to contrast them. The only study about peer violence reported is by Euser et al., (2014; see above in this table).
Sinclair & Gibbs (1998; 1999)	N=223	48	10-17	England	Self-report; Staff-report	Support from other residents; Resident involvement; Resident behavior (e.g., bullying); Resident morale	Bullying was a widespread phenomenon in all children's homes participating in this study. Homes characterized by support and involvement reported less bullying and a better relationship between staff and residents.

Note: Stars (*) indicate that researches were conducted in different types of RCS. Underscores indicate either that the information is missing, or that the information is not applicable.

ACCEPTED MANUSCRIPT

ACCEPTED MANUSCRIPT

Figure 1. Flow chart of papers selection (scientific database searching)



ACCEPTED MANUSCRIPT

ACCEPTED MANUSCRIPT

References

Ainsworth, F., & Hansen, P. (2005). A dream comes true – no more residential care. A corrective note. *International Journal of Social Welfare, 14,* 195-199. doi: 10.1111/j.1468-2397.2005.00359.x

Ainsworth, F., & Hansen, P. (2008). Programs for high needs children and young people. Group homes are not enough. *Children Australia, 33,* 41-47. doi: 10.1017/s1035077200000201

Ainsworth, F., & Thoburn, J. (2013). An exploration of the different usage of residential childcare across national boundaries. *International Journal of Social Welfare*, 1, 1-9. doi: 10.1111/ijsw.12025

Attar-Schwartz, S. (2008). School functioning of children in residential care: The contributions of multilevel correlates. *Children & Youth Services Review, 30,* 229-248.

Attar-Schwartz, S. (2009). Emotional, behavioral and social problems among Israeli children in residential care: A multi-level analysis. *Children and Youth Services Review, 30*(2), 229–248.

Attar Schwartz, S. (2013). Runaway behavior among adolescents in residential care: The role of personal characteristics, victimization experiences while in care, social climate, and institutional factors. *Children and Youth Services Review, 35,* 258-267.

Attar-Schwartz, S. & Khoury Kassabri, M. (2015). Indirect and verbal victimization by peers among at-risk youth in residential care. *Child Abuse & Neglect, 42,* 84-09.

Bamba, S. & Haight, W. (2009). Maltreated children's emerging wellbeing in Japanese state care. *Children & Youth Services Review, 31,* 797-806. doi: 10.1016/j.childyouth.2009.02.006

Barter, C. (1997). Who's to blame: Conceptualizing institutional abuse by children. *Early Child Development and Care, 133(1),* 101-114.

Barter, C. (2003). Young people in residential care talk about peer violence. *Scottish Journal of Residential Child Care, 2,* 39-50. doi: 10.1080/14043850701276402

ACCEPTED MANUSCRIPT

Barter, C. (2006). Discourses of blame: deconstructing (hetero)sexuality, peer sexual violence and residential children's homes. *Child & Family Social Work, 11*, 347-356. doi:10.1111/j.1365-2206.2006.00425.x

Barter, C. (2008). Prioritising young people concerns in residential care: responding to peer violence, in *Residential child care: Prospects and Challenges* (ed. A. Kendrick), Jessica Kingsley Publishers. London.

Barter, C. (2011) Peer violence in residential children's homes: A unique experience. In: I., Monks & C. P., Coyne (Eds). *Bullying in Different Contexts: Commonalities, Differences and the Role of Theory* (pp. 61-86). Cambridge University Press. ISBN: 9780521132596

Barter, C., Renold, E., Berridge, D. & Cawson, P. (2004). *Peer violence in Children's Residential Care*, Palgrave, Macmillan, Basingstoke.

Barter, C. & Lutman, E. (2016). A life less ordinary: Foster carers' view and experiences of negative peer interactions in fostering households. *Child Abuse Review, 25,* 273-286. doi: 10.1002/car.2377

Berrick, JD., Courtney, M., & Barth, RP. (1993). Specialized foster care and group home care: Similarities and differences in the characteristics of children in care. *Children & Youth Services Review, 15,* 453-473. doi: 10.1016/0190-7409(93)90026-6

Browne, K., Hamilton-Giachritsis, C., Johnson, R., & Ostergren, M. (2006). Overuse of Institutional care for children in Europe. *British Medical Journal, 332*, -487. doi:10.1136/bmj.332.7539.485

Cantweel, N., Davidson, J., Elsley, S., Milligan, I., & Quinn, N. (2012). Moving forward: Implementing the Guidelines for the Alternative Care of Children. UK: Centre for Excellence for Looked After Children in Scotland

ACCEPTED MANUSCRIPT

Cardoos, SL., Zakriski, AL., Wright, JC., & Parad, HW. (2014). Peer experiences in short-term residential treatment: individual and group-moderated prediction of behavioral responses to peers and adults. *Journal of Abnormal Child Psychology, 43(6),* 1145-1159. doi: 10.1007/s10802-014-9964-8

Cawson, (2012). Children living away from home. In: H., Cleaver, P., Cawson, S., Goring, & S., Walker (Eds). *Safeguarding children: A shared responsibility* (pp. 77-110). John Wiley & Sons Ltd., Chichester, West Sussex, UK. doi: 10.1002/9780470721506.ch4

Chang, HY., Lin, LL., Chang, YT., Tsai, MC., & Feng, JY. (2013). Psychometric testing of the Chinese version of ISPCAN Child Abuse Screening Tools Children's Home Version (ICAST-CH-C). *Children & Youth Services Review, 35(12),* 2135-2139. doi: 10.1016/j.childyouth.2013.10.020

Edwards, WE., & Batlemento, P. (2016). Caregiver configurations and bullying among high school students. *Journal of Child & Family Studies, 25(9),* 2885-2893. doi: 10.1007/s10826-016-0442-5

Ellonen, N., & Pösö, T. (2011). Violence experiences in care: Some methodological remarks based on the Finnish child victim survey. *Child Abuse Review, 20,* 197-212. doi: 10.1002/car.1181

Eltkin, EMA., van der Helm, P., Wissink, IB., & Stams, GJJM. (2015). The Relation between Living Group Climate and Reactions to Social Problem Situations in Detained Adolescents: "I Stabbed Him Because He Looked Mean at Me". *International Journal of Forensic Mental Health, 14(2),* 101-109. doi: 10.1080/14999013.2015.1033110

Eusener, S., Alink, LRA., Tharner, A., van Ijzendoorn, MH., & Bakermans-Kranenburg, MJ. (2014). Out of home placement to promote safety? The prevalence of physical abuse in residential and

ACCEPTED MANUSCRIPT

foster care. *Children and Youth Services Review, 37,* 64-70. doi: 10.1016/j.childyouth.2013.12.002

Farruggia, SP., & Germo, GR. (2015). Problem behavior among older youth in foster care: Examining gender. *Children & Youth Services Review, 48,* 20-30. doi: 10.1016/j.childyouth.2014.11.005

Font, SA. (2015). Child protection investigation in out-of-home care: Perpetrators, victims and contexts. *Child maltreatment, 20,* 251-257. doi: 10.1177/1077559515597064

Forouzan, E., & Nicholls, TL. (2015). Childhood and Adolescent Characteristics of Women with High versus Low Psychopathy Scores: Examining Developmental Precursors to the Malignant *Personality Disorder Journal of Criminal Justice, 43,* 307-320. doi.org/10.1016/j.jcrimjus.2015.06.001

Freundlich, M., Avery, RJ., & Padgett, DP. (2007). Care or scare: The safety of youth in congregate care in New York City. *Child Abuse & Neglect, 31,* 173-186.

Gibbs, I., & Sinclair, I. (1999). Treatment and treatment outcomes in children's home. *Child & Family Social Work, 4,* 1-8. doi: 10.1046/j.1365-2206.1999.00087.x

Gibbs, I., & Sinclair, I. (2000). Bullying, sexual harassment and happiness in residential children's homes. *Child Abuse Review, 9,* 247-256. doi: 10.1002/1099-0852(200007/08)9:4<247::AID-CAR619>3.0.CO;2-Q

Greger, HK., Myhre, AK., Lydersen, S., & Jozefiak, T. (2015). Previous maltreatment and present mental health in a high-risk adolescent population. *Child Abuse & Neglect, 45,* 122-134. doi: 10.1016/j.chiabu.2015.05.003

Gusler, S. & Jackson, Y. (2017). The role of poly-victimization in predicting differences in foster youths' appraisals. *Child Abuse & Neglect, 69,* 223-231. doi: 10.1016/j.chiabu.2017.04.020

ACCEPTED MANUSCRIPT

Havlicek, J. (2014). Maltreatment histories of foster youth exiting out-of-home care through emancipation: a latent class analysis. *Child Maltreatment, 19,* 199-208. doi: 10.1177/1077559514539754

Hawkins, DL., Pepler, DJ., & Craig, WM. (2001). Naturalistic Observations of Peer interventions in bullying. *Social Development, 10,* 512-527. doi: 10.1111/1467-9507.00178

Huefner, JC., Ringle, JL., Chmelka, MB., & Ingram, SD. (2007). Breaking the cycle of intergenerational abuse: The long-term impact of a residential care program. *Child Abuse & Neglect, 31(2),* 187-199. doi: 10.1007/s10826-009-9278-6

Ireland, J. (2012). Understanding bullying among prisoners: recent research and introducing the multifactor model of bullying in secure settings. *International Journal of Adolescent Medicine & Health, 24,* 63-68. doi: 10.1515/IJAMH.2012.009

Ireland, J. L. & Ireland, CA. (2003). How do offenders define bullying? A study of adult, young and juvenile male offenders. *Legal & Criminological Psychology, 8,* 159-173. doi: 10.1348/135532503322362942

Kang, H., Chung, S., Chun, J., Nho, CR., & Chung, IJ. (2017). Developmental outcomes among Korean adolescents in out-of-home care: A longitudinal study comparing kinship foster care and institutional care. *Children and Youth Service Review, 76,* 118-124. doi: 10.1016/j.childyouth.2017.03.006

Karnik, NS. (2001). Between victim and victimizer: The narrow corporal path of being a foster child. *Children & Youth Services Review, 23,* 743-759. doi: 10.1016/S0190-7409(01)00158-X

Kendrick, A. (2011). Peer violence in provision for children in care. In: C., Barter, & D., Berridge (Eds). *Children behaving badly?* (pp. John Wiley & Sons, Ltd, Chichester, UK. doi: 10.1002/9780470976586.ch6

ACCEPTED MANUSCRIPT

Khoury Kassabri, M. & Attar-Schwartz, S. (2014). Adolescents' report of physical violence by peers in residential care settings: An ecological examination. *Journal of Interpersonal Violence, 29(4),* 659-682. doi: 10.1177/0886260513505208.

Kim & Chun, (2016). Aggressive behaviors among Korean children in out-of-home care: The role of placement characteristics. *Children and Youth Services Review, 55,* 56-61. doi: 10.1016/j.childyouth.2016.04.023

Liberati, A., Altman, DG., Tetzlaff, J., Mulrow, C., Gøtzsche, JP., Ioannidis, JPA.,…& Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: Explanations and Elaboration. *PLOS Medicine, 6,* 1-28. doi: 10.1136/bmj.b2700

Littlechild, B. (2011). Conflict resolution, restorative Justice approaches and bullying in young people's residential units. *Children & Society, 25,* 47-58. doi: 10.1111/j.1099-0860.2009.00259.x

Liu, D., Chu, CM., Neo, LH., Ang, RP., Tan, MY., & Chu, J. (2016). Multiple Trauma Exposure and Psychosocial Functioning in Singaporean Children in Out-of-Home Care. *Psychological Trauma: Theory, Research, Practice & Policy, 8(4),* 431-438. doi: 10.1037/tra0000098

Long., SJ., Evans, RE., Fletcher, A., Hewitt, G., Murphy, S., Young, H., & Moore, GF. (2017). Comparison of substance use, subjective well-being and interpersonal relationships among young people in foster care and private households: a cross sectional analysis of the School Health Research Network survey in Wales. *BMJ Open,* 7, 1-10. doi: 10.1136/bmjopen-2016-014198

Lutman, E., & Barter, C. (2016). Peer violence in foster care: A review of the research evidence. *Child & Family Social Work, 1,* 1-10. doi: 10.1111/cfs.12284

ACCEPTED MANUSCRIPT

Malmö Declaration (1990). FICE International Bulletin, No. 2. International Federation of Educative Communities, Zurich, Switzerland.

Menesini, E., Camodeca, M., & Nocentini, A. (2010). Bullying among siblings: The role of personality and relational variables. *British Journal of Developmental Psychology, 28,* 921-939. doi: 10.1348/026151009X479402

Monks, CP., Smith, PK., Naylor, P., Barter, C., Ireland, JL., & Coine, I. (2009). Bullying in different contexts: Commonalities, differences and the role of theory. *Aggression & Violent Behavior, 14,* 146-156. doi: 10.1016/j.avb.2009.01.004

Osborn, AL., Delfabbro, P., & Barber, JG. (2008). The psychosocial functioning and family background of children experiencing significant placement instability in Australian out-of-home care. *Children & Youth Services Review, 30,* 847-860. doi: 10.1016/j.childyouth.2007.12.012

Parkin, W. & Grinn, L. (1997). Cultures of abuse within residential child care. *Early Child Development & Care, 133,* 73-86. doi: 10.1080/0300443971330106

Pinchover & Attar Schwartz, S. (2014). Institutional social climate and adjustment difficulties of adolescents in residential care: The mediating role of victimization by peers. *Children & Youth Services Review, 44,* 393-399.

Rebbe, R., Nurius, PS., Ahrens, KR., & Courtney, ME. (2017). Adverse childhood experiences among youth aging out of foster care: A latent class analysis. *Children & Youth Services Review, 74,* 108-116. doi: 10.1016/j.childyouth.2017.02.004

Schneiderman, JU., Smith, C, Arnold-Clark, JS., Fuentes, J., Duan, L., & Palinkas, LA. (2013). Overweight and obesity among Hispanic children entering foster care: A preliminary

ACCEPTED MANUSCRIPT

examination of polyvictimization. *Child Maltreatment, 18,* 264-273. doi: 10.1177/1077559513508236

Segura, A., Pereda, N., Abad, J., & Guilera, G. (2015). Victimization and poly-victimization among Spanish youth protected by the child welfare system. *Children & Youth Services Review, 59,* 105-112. doi: 10.1016/j.childyouth.2015.10.011

Segura, A., Pereda, N., Guilera, G., & Abad, J. (2016). Poly-victimization and psychopathology among Spanish adolescents in residential care. *Child Abuse & Neglect, 55,* 40-51. doi: /10.1016/j.chiabu.2016.03.009

Sekol, I., & Farrington, DP. (2009). The nature and prevalence of bullying among boys and girls in Croatian Care Institutions: A descriptive analysis of children's homes and correctional homes. *Kriminologija I Socijalna Integracija, 17,* 15-33.

Sekol, I., & Farrington, DP. (2010). The overlap between bullying and victimization in adolescent residential care: Are bully/victim a special category? *Children and Youth Services Review, 32,* 1758-1769. doi: 10.1016/j.childyouth.2010.07.020

Sekol, I. & Farrington, DP. (2013). The reliability and validity of self, peer and staff reports of bullying and victimization in correctional and care institutions. *Psychology, Crime & Law, 19(4),* 329-344. doi: 10.1080/1068316X.2011.631541

Sekol, I., & Farrington, DP. (2015). Psychological and background correlates of bullying in adolescent residential care. *Journal of Social Work, 1,* 1-24. doi: 10.1177/1468017315581530

Sekol, I., & Farrington, DP. (2016). Personal characteristics of bullying victims in residential care for youth. *Journal of Aggression, Conflict & Peace Research, 8(2),* 99-113.

Sekol, I., & Ireland, J. (2016). Bullying in secure settings. *Journal of Aggression, Conflict & Peace Research, 8,* 1-5. doi: 10.1108/JACPR-12-2015-0203

ACCEPTED MANUSCRIPT

Sekol, I. (2013). Peer violence in adolescent residential care: A qualitative examination of contextual and peer factors. *Children and Youth Services Review, 35,* 1901-1912. doi: 10.1016/j.childyouth.2013.09.006

Sekol, I. (2016). Bullying in adolescent residential care: The influence of the physical and social residential care environment. *Child Youth Care Forum, 45,* 409-431. doi: 10.1007//s10566-015-9336-8

Sherr, L., Roberts, KJ., Gandhi, N. (2017). Child violence experiences in institutionalized/orphanage care. *Psychology, Health & Medicine, 22,* 31-57. doi: 10.1080/13548506.2016.1271951

Sinclair, I., & Gibbs, I. (1998). *Children's Homes: A study in diversity.* John Wiley & Sons, Ltd, Chichester.

Sinclair, I., & Gibbs, I. (1999). Measuring the turbulence of English Children's Homes. *Children & Youth Services Review, 21,* 57-74. doi: 10.1016/S0190-7409(99)00005-5

Smith, P. K., & Thompson, D. A. (1991). Practical approaches to bullying. London: David Fulton.

Stockholm Declaration on Children and Residential Care (2003). Children and Residential Care Conference, May 12–15. (Available at www.children-strategies.org/)

Volk, AA., Dane, AW., & Marini, ZA. (2014). What is bullying? A theoretical redefinition. *Developmental Review, 34,* 327-343. doi: 10.1016/j.dr.2014.09.001

ACCEPTED MANUSCRIPT

Highlights

- A review of bullying and peer violence in residential care was conducted
- Bullying and peer violence among institutionalized children are wide-spread phenomena
- Peer hierarchies are associated with bullying and peer violence
- Poor social bond with professionals and anti-grassing culture increase bullying and peer violence
- Poly victimization increases the risk for behavioral and psychological problems

ACCEPTED MANUSCRIPT