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Youth in Residential Facilities: “Am I Safe?,” “Do I Matter?,” and “Do You Care?”

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ABSTRACT

Youth in residential facilities need to perceive that they are safe. Their perceptions of the quality of treatment and care they receive are affected by how staff behave toward and communication with them as well as by the extent to which they can participate in decisions about their daily lives and futures. To better understand how youth perceive safety and experience residential facilities, we conducted a qualitative study involving eight youths between 16 and 18 years of age living in Norwegian public residential facilities. We investigated 1) their perceptions of safety and 2) their experiences of and reaction to staff behaviors and attitudes. Our findings show that these youths perceive safety as related to their own room and to the people around them. They also indicate that the everyday life of youths can vary: it may be characterized by passivity and by waiting for the start of life or of daily activities, such as school. Our findings about staff attitude and behavior point to the need for youth care services to focus on the communication abilities of staff rather than on the problematic behaviors of youth. These findings have implications for facilities that provide care and treatment to youth.

KEYWORDS

Youth perspectives and experiences; residential facility; safety; staff behavior and attitude; powerlessness

Implications for Practice

- Youths’ feelings of safety in residential facilities are linked to their rooms and the people around them
- Staff behaviors, attitudes, and communication matter to youth
- Youth want staff to appreciate their perspectives and allow them to calm down, participate in activities, and share their thoughts and feelings
- There is a need for residential facilities to maintain focus on the communication abilities of staff
- Further research is needed and should include youths’ perspectives on and experiences of living in residential facilities

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Introduction

Safety is often referred to as one of the most fundamental needs of youth in residential care facilities (Bath, 2015; Furnivall, 2018; Moore et al., 2017). From a youth perspective, safety has both emotional (feeling safe) and interpersonal (being safe) dimensions. Being safe can be understood as the state of being protected from harm or other non-desirable outcomes. Feeling safe means being confident that one is not in danger. Youth often live in residential facilities as a result of harmful and disrupted relationships with caregivers upon whom they depended; they have thus suffered trauma, disappointment, and abandonment (Braxton, 1995; Briggs et al., 2012; Carr et al., 2020; Collin-Vézina et al., 2011; Gharabaghi, 2019). In many cases, they experience considerable turbulence, fear, and disrupted attachment as a result of the abuse and neglect they were subject to (Collin-Vézina et al., 2011; Greger et al., 2015). If a youth does not feel safe, s/he may exhibit behaviors and experience emotions that are shaped by a survival instinct. Safety is a core dimension of quality in residential settings and needs to include youth's own assessment of the settings safety (Farmer et al., 2017). It is essential that residential care provide an environment where youths can feel both calm and safe, so that they can overcome the effects of past abuse, heal, and attend to developmental tasks (Bath, 2015; Hawkins-Rodgers, 2007; Holden et al., 2010; Moore et al., 2017).

The issue of safety is fundamental to well-being. It is therefore closely related to the quality of interpersonal connections, as only in relationships with others can youth begin to feel safe and to heal (Bath, 2015). Safety is the first pillar of trauma-informed care. Youth's sense of safety is strongly linked to staff quality, which include the ability of staff to relate effectively to youth and to maintain control of care environments (Freundlich et al., 2007). In addition, feeling safe contributes to youths' perceptions of a healthy social climate (Leipoldt et al., 2019; Pérez-García et al., 2019). The second and third pillars are Connections and Coping (Bath, 2015). Staff should be committed to building and maintaining appropriate therapeutic relationships with youth; according to some scholars, "relationship is the intervention" (Stuart, 2009). They need to build trusting relationships that both allow youth to participate and provide enough structure to help them succeed (Ungar & Ikeda, 2017). The main moderating factors for feeling cared for and loved are feeling safe and enjoying social support (Lausten & Frederiksen, 2016).

Staff members are responsible for how they form relationships with youth; these relationships greatly influence whether youth perceive themselves as subjects in inter-subjective meetings (Pelto-Piri et al., 2014), or as merely objects of routine-based care. A variety of research and training has focused on the essential roles of staff and organizational leadership to determine how

best to keep youth in residential care safe (James, 2011). Youth report better psychological and behavioral outcomes when they experience staff as available, reliable, respectful, and honest (Bell, 2002; Manso et al., 2008; McLeod, 2010).

An open environment that supports youth's opportunity for personal growth and safety is of central importance (Connor et al., 2003; Winstanley & Hales, 2014) both to youth outcomes and the reduction of aggression within the institution (Fraser et al., 2016). Additionally, fewer aggressive incidents is associated with a better care and treatment environment for youth and with a better working environment for staff, both of which should be goals of residential care facilities (Visser et al., 2020). Thus, the first imperative in working with traumatized youth is to create a safe place for them (Bath, 2015). Safety itself may depend on one of the pillars of trauma-informed care: comfortable connections between traumatized youths and their care providers, such as staff in residential facilities.

Even though some studies conclude with high youth perception of safety (Huefner et al., 2020), several other studies reveal that the residential-care experience of many youths is marked by a lack of safety, by sustained violence, and by continual threats of physical, emotional, and sexual abuse (Attar-Schwartz, 2014; Attar-Schwartz & Khoury-Kassabri, 2015; Freundlich et al., 2007; Gibbs & Sinclair, 1998; Mazzone et al., 2018; Sekol, 2013). Youths' perception of an unsafe environment has been associated with having experienced peer aggression (Lanctôt et al., 2016; Leipoldt et al., 2019), and has itself led to higher levels of aggressive behavior on the part of youth who have experienced aggression (Martinelli et al., 2018; Strijbosch et al., 2019).

Additionally, several studies reported in a review by Ten Brummelaar et al. (2018) suggest that youth have limited opportunities to participate in decision-making while in residential care, even though participation is a fundamental right for all youth growing up in residential care. Such participation is considered a key factor affecting youths' current or future living circumstances and it may improve the quality of their experiences living in residential care facilities (Ten Brummelaar et al., 2018). Youth wish to be included in a meaningful manner during every stage of care, from pre-admission (Roesch-Marsh, 2012) to transition-out-of-care phases (Fudge Schormans & Rooke, 2008). A review by Van Bijleveld et al. (2015) identified the personal relationship between youth and social workers as one of the most important facilitators of participation. A positive relationship with good communication between youth and staff, which focuses on understanding, closeness, respect, and reciprocity, is essential to promoting participation (Brown et al., 2010; Cousins & Milner, 2006; Henriksen et al., 2008).

Several studies suggest that a lack of youth participation during residential care can lead to outcomes seen as negative. A study by Roesch-Marsh (2012) reported youth emotional and behavioral problems. However, the behavior described as 'difficult' or 'manipulative' could also be understood as

reflecting youths' efforts to exercise some influence in a situation that did not offer other ways to do so (Tew, 2006). Another study reports passivity – youths declining or ceasing to ask questions or challenging decisions – as an outcome of lack of participation (Fudge Schormans & Rooke, 2008). Unless people feel able to exert some control over their lives, they cease trying to do so, according to the theory of learned helplessness (Maier & Seligman, 2016; Seligman, 1974). Among youths in residential facilities, learned helplessness can manifest itself as the inability to express their will and the belief that they have no influence over their own lives. Some studies of youth's experiences of decision-making procedures report feelings of helplessness, a lack of knowledge, and low self-confidence among youths as a result of their lack of opportunities to make decisions about their own lives (Bessell, 2011; Leeson, 2007). People who feel unable to solve problems for themselves become more dependent on others or withdraw into themselves. Powerlessness derives from a lack of decision-making power, the inability to make choices, and exposure to disrespectful treatment (Young, 2011). People are most likely to experience powerlessness when they occupy a clearly subordinate status, as do youth in residential facilities, and when others – in this instance, professional staff – wield power and decision-making authority over them (Barnes & Mercer, 2005). Powerlessness is experienced as a loss of control and a belief that, regardless of what one does, the present situation will not change (Maier & Seligman, 2016). It may also be described as an overwhelming feeling of helplessness. This feeling may result from a lack of free will or the inability to express freely one's needs, opinions, thoughts, and feelings (Young, 2011). Youth in residential care tend to have more intense feelings of powerlessness than do youth as a whole due to their unmet dependency needs and the high degree of structure required by the therapeutic environment (Braxton, 1995).

The aim of residential-youth care facilities is to care for, protect, and prepare youth for independent life in society (Ten Brummelaar et al., 2018; Whittaker et al., 2016). The environment and structure in these facilities, such as personal involvement by staff and a predictable set of rules, can affect how youth understand the reason for decisions and their ability to gain the experiences and skills needed for subsequent life in society (Henriksen et al., 2008). Placement in Norwegian residential-care facilities may occur after a court order or a municipal decision that has itself been made in response to troublesome behavior, substance abuse, or difficult home conditions. The Norwegian Directorate of Children, Youth, and Family Affairs is responsible for ensuring that public residential-youth facilities in Norway provide quality care, protection, and safety to youth. Staff in these facilities have undergone a training program – “The Basic Training Program in Safety and Security” (see, Slaatto, Mellblom, Kleppe,

Baugerud et al. (2021)) – and have been introduced to trauma-informed care as part of the framework for understanding youth living in these facilities.

The Current Study

Several youth facilities have devoted considerable resources to improving the quality of practice (Slaatto, Mellblom, Kleppe, Baugerud et al., 2021) and the interest in understanding the safety needs of youth in residential care has grown. However, there is limited research that considers how youth in residential facilities themselves define and experience safety, what their safety concerns are, and how they would like systems and staff to respond to their needs. Therefore, this current study investigated 1) youth perceptions of safety in residential facilities and 2) their experiences of and reaction to staff behaviors and attitudes.

Method

The plan for this study was to conduct qualitative focus-group interviews with youths at three different state-run residential facilities, including those with youth in long-term placements for substance and behavioral problems and those with youth in placements due to difficult home conditions. After ethical considerations, we found focus-group interviews to be an appropriate method since they could offer vulnerable individuals a feeling of safety that they might lack if interviewed individually. Although the first interview at one of the facilities was planned as a focus-group interview, it became instead a group interview as we were unable to foster discussion among the three youth participants, who individually directed their answers to the interviewer and did not speak directly to each other. Covid-19 restrictions then prevented us from conducting further in-person and group interviews. Thus, we conducted three additional interviews by telephone, with one individual at a time from the same facility. In January 2022, we conducted two more interviews to increase the number of respondents. Although the interviews did not proceed as originally planned, the resulting data is rich and potentially valuable and thus worth sharing.

Sample

The first author approached managers of three residential facilities that had previously permitted focus-group-interviews with staff members (see, Slaatto, Mellblom, Kleppe, Baugerud et al. (2021)). Each facility was given written information about the study and our request to recruit youth. The inclusion

criteria for participating youth were 1) currently living at the residential facility and 2) age 16 or older. Youths fitting these criteria at the three selected facilities were then given oral and written information about the study by staff. One facility was able to recruit three out of six qualified youths, and another recruited three out of ten youths. The third facility did not recruit anyone. In December 2021, the first author reached out to two of these facilities to recruit more youths to extend the sample. One of the facilities recruited two more youths. Each of the eight participating youths signed an informed-consent letter. Of the eight participants, six were male and two were female. All ranged in age from 16 to 18. One facility was a drug-and-behavior treatment facility and the other a care facility; each housed from six to eighteen youths ranging in age from 12 to 19. Even though the facilities are different and specialized in order to cover specific youth needs, all staff members have attended the same education and training program regarding safety and security. We could not find any differences between the facilities regarding these issues when analyzing the interviews.

Data Collection and Analysis

The first interviews took place from February 2020 to May 2020. The group interview was conducted by two of the study authors. To supplement the data material, two additional phone interviews were conducted in January 2022. The interview guide was based on two themes: youth perceptions of safety at the facility and youth perceptions of staff behavior, communication and attitude. The themes were presented to the participants, and the interviewer asked several questions related to each theme (see, [Table 1](#)). To establish rapport, the interviewer first talked about the project and then started the interview by asking the participant to “tell me about what a regular day is like for you.” The interviews were conducted by the first author and ranged from 13 to 56 minutes. The interviews were digitally recorded and transcribed verbatim by the first author.

Inspired by the Stepwise-Deductive Induction (SDI) method (Tjora, 2019), we strove to represent the responses of the youths truthfully and empirically grounded by reproducing accurate quotes (Krefting, 1991). The only alteration to the quotes involved omitting “filler” words, such as “um” or “uh,” that perform a function in oral communication but lack meaning when written.

Table 1. Themes and questions from the interview guide.

Main theme:	Questions:
Safety	What does safety mean to you? What do you see as safe and unsafe?
Conflicts with staff – staff behavior and attitude	What do staff do when a conflict arises between youth and staff? How do you feel treated by staff in such situations? Do you feel heard, seen, understood, and taken into consideration? What happens after conflicts? How do you wish to be treated by staff?

Additionally, we write “he” or “him” to refer to the participants, to mask their gender. The first author developed a list of initial codes to extract the essence of the material. The software package NVivo was used to keep track of the many codes demanded by the high degree of analytical detail. To ensure quality, the codes were not produced prior to the coding, which would have led to replication rather than systematization of the empirical content (Tjora, 2019). To increase reliability and ensure that no information was lost or coded inconsistently, the second author also coded the interviews. Similar codes were then collapsed, and new codes were added to the list created by the first author until the authors reached consensus. The final list served as a codebook and foundation for the next step: grouping the codes. The last step was to analyze and interpret the content in the code groups to capture the essence of the youths’ responses.

Ethical Considerations

The project was granted approval by the Norwegian Center for Research Data (ref. 339013). We administered the study in accordance with the principles for ethical research of the Norwegian National Committee for Research Ethics. Confidentiality was very important, particularly since one interview was conducted at the youths’ residential facility and the staff were aware of the youths’ participation. When writing up the findings, we removed all potentially identifying characteristics from the material.

Findings

We identified three code groups corresponding to youth perceptions and experiences (see, Table 2). We also selected quotes (which we translated from Norwegian to English) that exemplify the youths’ shared views as well as the differences in their experiences that emerged during our analysis. The three code groups fit together under the overarching theme of safety conditions. The first was the importance of safe private space with caring staff around. The second main is the perception that the stay at residential facility involved waiting for life to resume. The third main is the importance and complexity of relations and connections to staff, including interpretations of staff behavior and attitudes.

Table 2. Code groups.

Code group 1: Am I safe?	Feeling safe in my own room Feeling safe with people around me A lack of safety
Code group 2: Do I matter?	Staying in my room all day and night, waiting I have a plan for my day
Code group 3: Do you care?	Staff behavior in conflict situations Desirable staff behavior

“Am I Safe?” (Code Group 1)

Feeling Safe in My Own Room

When asked where they feel safe, several youths agreed that their rooms are safe spaces for them. As one put it, “My safety is my own room.” Another said, “To live on the second floor. Always lived on the second floor. In residential facilities I have not lived on the second floor. Then I feel a little vulnerable because right outside my window is the street.” One answered, “No, not as long as I’m in my room all the time” to the question, “Is there something that makes you feel unsafe at the facility?”

Feeling Safe with People around Me

The participants stressed that the people around them, both other youth and staff, are central to their sense of safety. As one participant stated, “. . . that I have people around me all the time . . . is safety for me . . . I feel very uncomfortable being alone.” Another participant also said that knowing the people around him is important: “My safety is the other youths that live here. I know most of them well. And then there are some staff members that I feel pretty safe around, and others that I am not so completely safe around.” Some of the youths said that feeling that the staff care about them is important to their sense of safety. One participant noted, “When there are staff who care, then it feels pretty safe.” Another youth stated that “. . . I know that there is always someone I can talk to if I need to and that they [the staff] themselves come and knock on the door just to stop by.” He continued, “I have been in a very bad mood towards most of them [staff] and they have handled it very well.”

In contrast, one participant said, “I am actually involved with adults as little as possible because I do not like people knowing so much about or interfering in my things.” Another youth said he tried “to keep emotions out of it . . . because it is a professional workplace. So I feel that I also have to be professional.” When talking about the facility, one youth said, “. . . Adults . . . a bit annoying that they come and go . . . For them it is just a job.”

A Lack of Safety

Regarding any lack of safety, one youth commented, “There is nothing that is scary or makes me afraid here.” Another said, “I think the only thing that can be unsafe for me can be myself. I know I can be a danger to myself. Unsafe . . . is that if I actually do something that is not good for me, it is just me, not because of the others or that I live here.” One participant expressed it this way: “If I am not safe, it is due surely to some problems I have gotten myself into that I have to fix.”

Another participant said, “I have heard other youths that have screamed and shouted that they (staff) should not hold so hard . . . does not sound very good.” He continued, “I struggle with loud conflicts. It sends me easily into an anxiety attack.” Another participant talked about other youths living at the facility who were threatening him. He put it this way:

I have heard a lot the time I have spent here. As I have told those who have threatened me, I have just given them a knife and said, “you can do it or you can shut up.” Mostly it’s just words. They only have a façade as gangster, when they actually are not . . . so I don’t care so much. I know that the threats are not real . . . I can look at them and see that . . . they say it, but immediately when you give them a weapon, and say that “okay, come and stab me then,” then . . . they do not dare, they just shake . . . and I got my friends so I can just . . . say their names and then I get to know what they have done and where they are in relation to the street . . . Most of them are just 15-year-olds with attitude problems . . .

“Do I Matter?” (Code Group 2)

Staying in My Room All Day and Night, Waiting

Four of the eight participating youths had no organized daily activities. As one described a typical day: “I sleep a lot during the day since I don’t go to school anymore . . . When I feel like eating, I do that, but really, I am just in my room.” He continued that sometimes, he “does something at the residence with the adults. They help me a little with finding something that I can do to fill my days.” Another participant offered a similar description: “I wake up, then I fall asleep, and then I do that five more times, and then I actually wake up, go to the computer, talk to my girlfriend, and then I go to bed again. I don’t do much. I just sit in my room 24/7.” He continued,

I’m pretty much on hold. I’m just waiting with everything. It is pretty boring. I don’t do anything with my life right now, I’m just waiting until I have moved out . . . then I will get a job, I will start exercising, start a family.

When asked the reason for staying in one’s room all day, every day, one participant responded, “I feel in my heart that there is nothing out there needing me or that I need.” Another said, “I understand that a person sits in the room because . . . there is nothing to get up for.” Unpredictability and lack of control over one’s life were cited by one participant as the reason he was not looking for a job. “Suddenly I get a job, and then the next day: Hey, you are moving out now!”

I Have a Plan for My Day

Two of the youths interviewed attend school as part of their daily routine. According to one, “I wake up and go to school and I stay at school until it ends. Then a staff member calls me between three and four o’clock and asks what my plans are and if I need help with anything.”

Another stated that, “I don’t do much, I do what I’m supposed to, wake up, go to school, come home, eat dinner, maybe play a little, nothing more than that.” Another described setting a routine:

I usually have a week plan, so I get up, eat breakfast, talk a little with the others. After I have eaten, then I take some tobacco and a coffee, and after that I start on my week plan that we have written . . . and after that I usually watch Netflix or play with the others or hang out with the other teens.

One of the youths said he was preparing to move out of the residential facility. “My day consists of looking for apartments and a possible job.”

Participants were then asked if they knew of plans for their future and whether they had participated in developing them. One youth answered, “. . . Most [of the youths] have some difficulties with themselves, so I don’t believe that they really think about what they want to do going forward. So, it is actually more about . . . what do we do now”

“Do You Care?” (Code Group 3)

Staff Behavior in Conflict Situations

In response to a question about what staff do when a conflict arises, one participant answered, “I can’t register what they are doing, I’m angry and don’t understand what is going on” In contrast, another youth said, “very calm (staff), they don’t get angry . . . controlled . . . sometimes they get stressed, but that is human. You can trust them.” Another commented, “Staff care about us. They talk and try to solve the problem They talk to you and ask, “what do you want us to do to make it better for you?” They don’t get so stressed They try to be normal and show us patience.” He continued, “sometimes they (staff) support me . . . it depends on who is working.” Similarly, another youth said, “Person-dependent. Some are very nice, but others have grumpy voices. The nice ones come and talk to me and try to calm me down. Depends on who, if I feel understood.” Another one offered, “Some of them try to explain, but others just say, ‘no, this is how it is, you are not allowed therefore.’”

As shown, some of the youths reported that staff are open to talking about things, other youths reported that even if they present good arguments, staff will not change their opinions about something. As one participant stated, “One can argue and come up with all the good points there are. But they go strictly by the rules. I usually have the best points, but I never win.” Another said, “They [the staff] understood why I became irritated, but at the same time, they won’t change their minds In the end, I just give up.” One youth stated,

I feel that they [staff] are . . . a bit too “into” the rules. Sometimes they should bend the rules a bit It doesn’t really help, it is just more annoying. They could have left the rule, not thought about it, because that would have done us both good. And I don’t mean that they should let us smoke or something, but give us a little space, let us calm down. Not just go straight into a meeting to talk about it and stuff. Let us calm down, let us go for a walk, let us let out some anger.

He continued, “Because I would rather go for a drive and listen to hip-hop and curse in the car instead of punching someone. I feel that’s better.” Another youth said about staff reactions to conflicts, “Sometimes they back off and other times they get to the level as me, for example, both of us get pissed off at each other.” Another youth stated that staff “. . . say themselves that they like to push youths’ buttons, just to irritate us and . . . to see how we react It is not fun. It is not okay either.” He continued,

Some of us don’t think twice before we just hit you. It is your fault, because when staff put pressure on youth who have problems with anger or other things. If you get punched, I don’t care. He said that he needed some time, and that you shouldn’t talk about it so much, and you keep doing it . . . and push those buttons, then . . . they deserve it. He warned you I think it is more that the facility wants to test if kids are going to do something. But if you test that way then . . . even the staff have said they like to push the buttons to see the reaction, but is it useful? Because if he gets really pissed and punches you, then he lost control because you pushed his buttons, then he will get punished and have problems because you were an idiot and fucked with him. Is that okay?

If the conflicts escalate, some of the youth mentioned that it can result in staff writing a restraint protocol.” As one explained “. . . they write reports, they can misunderstand what I have said. Maybe I have said something I didn’t mean, for example, “I will kill you.” I don’t mean it, but they take it seriously.” Complaining about the treatment is reported pointless, according to this youth, “I get thrown in my face almost every day that I can complain to my appointed county representative but that doesn’t do shit.”

Desirable Staff Behavior

Although one participant said simply, “You can’t like everybody,” several others reflected on the qualities, behaviors, or virtues they wished to see in staff. “Showing that he cares,” as one participant put it, is important. Staff can demonstrate caring in simple ways. For example, they can “. . . ask if everything is okay . . . say that they can talk about it with them,” in the words of one youth. Another wished that staff would “participate in activities.”

One youth wished staff expressed personality and genuineness and “would not be so exacting about following the rules all the time, that they would be a bit more themselves too so that they don’t seem just like they are only employees, that I feel that they are people too.” Similarly, one youth said, “They can listen to what I have to say, instead of just following the rules. They need to put themselves in my situation and listen to what I have to say.” Another wanted reciprocity. As he explained, staff should be

pretty open and share. For example, if I want to talk about something, then I want to feel that I am not just talking to a stone, you know, that they also are putting something into the conversation. So, for example, if I’m talking about my feelings, so at least try to talk about what they are experiencing, you know, not just give, but also get a little too.

With respect to conflicts, one participant said, “If I am having a conflict, then I really want to know the reason why I am being told ‘no.’ Talk about in a proper way; then it’s easier for me to accept it. If someone doesn’t do that, I get pretty upset.” Another youth said that, after a conflict, “I don’t want them [the staff] to pick on me and take it up in a bad way . . . that it has all been my fault, that they instead see it from both perspectives.” Several youths pointed out that staff need to be patient, flexible, and good at handling stress.

Discussion

“Am I Safe?”

According to most of the participating youths, being around other youths and staff who care and who they know is essential to feeling safe. Although the importance of positive relationships has long been recognized, there is now good scientific evidence from human services that safety and connections with others are critical ingredients in healing and growth (Bath, 2015). The fact that only one of the youths reported hearing loud conflicts between staff and youth living in the facility that made him uncomfortable could be interpreted to mean that the facility is perceived to be safe by most of the youth.

The participant who stated that he had been threatened by other youths but was unafraid of the threats, can indicate that there could be a competition among peers, which demands specific coping skills of the youth. One needs to show toughness in order not to be taken advantage of by others (Anderson, 2000). Peer status, and thereby protection from others, is attained by defying authority and repressing peers (Van der Helm et al., 2018). Social problem behavior may therefore hamper the development of a therapeutic group climate and may even result in repression and unsafety.

The participant who had been threatened also said he wanted to be as little involved as possible with staff. This could indicate that he is assuming responsibility for the situation and/or that he lacks confidence in the staff. It is also possible that he did not want to admit that the threats made him feel unsafe or to offer evidence of an unsafe situation. Although he said he did not feel unsafe, other youths, hearing about the threats, could feel that their facility is not safe, in the same way that overhearing loud conflicts between staff and youths caused one youth to experience anxiety, as he told us. The participant also said staff rarely talked to him about what he had heard and did not ask him if he was okay afterward. This participant’s comments, as well as the comment by another youth that he is safe as long as he stays in his room, raise the possibility that the living environment is perceived as unsafe. Such perceptions can make it difficult for youth to heal, overcome the effects of past abuse and neglect, and attend to developmental tasks (Bath, 2015; Hawkins-Rodgers,

2007; Holden et al., 2010; Moore et al., 2017). As Bath (2015) asserts, the first imperative in working with traumatized children is creating a safe place for them.

Two of the youths said that they posed the only potential threat to their own safety. Their statements could be interpreted as specific to these individuals' own behavioral issues or situations and as indicating that they perceive other residents, staff, and the facility itself as safe. Or it could be that these youths take responsibility for unsafe situations and blame themselves. We can assume that many youths placed in residential facilities have experiences of taking care of themselves and that being removed from their original home does not easily change their behaviors and attitudes. As some of them stated, they are involved with staff as little as possible and fix their problem themselves. This may suggest that they feel alone and/or cannot depend on staff to help them, which in turn, could generate feelings of being unsafe. The quotes regarding professionalism – “it’s just a job” and “feeling investigated” – underline a possible distance between staff and youth. Whereas studies have focused on the importance of connections and relationships in enhancing youths' feelings of safety (Bath, 2015; Gharabaghi, 2019; Stuart, 2009), research is lacking on how physical facilities themselves affect feelings of safety. This study suggests that youths' private rooms and these rooms' locations can be important to youths' perceptions of safety.

Do I Matter?

Only half of the interviewed youths engaged in any organized daily activities, such as school, or followed a weekly plan. The others described days of staying mainly in their rooms, sleeping and gaming, waiting for their lives to resume. Two of the youths expressed the feeling that no one needs them, they have no purpose; they do not need anyone or anything, and thus there is nothing to get up for. They voiced feelings of being on hold, just waiting, not knowing how to occupy their time or where they would be going next. These expressions could suggest that these youths feel that they do not matter. In contrast, the youths who had plans and was attending school did not describe their life this way.

One youth said, in explanation for why he did not bother to look for a job, that he might be moving the next day. This could mean that this youth suffers from a lack of predictability, control, and influence over his life and future due to uncertainty about the duration of his stay in the facility. As another youth pointed out, the youths had some difficulties with themselves; he believes that they mostly think about the present, and really do not think about what they want to do going forward. It can be challenging to focus on the future if the present feels problematic or meaningless. This perspective may influence how some youth relate to their future decisions. The lack of predictability and influence in one's own life can create passivity (Fudge Schormans & Rooke,

2008), feelings of powerlessness (Young, 2011), learned helplessness (Maier & Seligman, 2016; Seligman, 1974); it can also trigger escalating frustration (Engström et al., 2020). Additionally, self-confidence can wane, weakening youths' resilience and their ability to solve their own problems. Providing youth with opportunities to understand how they relate to others and to the world, giving them a clear sense that they matter, and strengthening their self-confidence all appear essential (Gharabaghi, 2019).

“Do You Care?”

Several of the participants mentioned that staff care, are available, talk to them, and are trustworthy. This finding is similar to other studies (Harder et al., 2013, 2017). These behaviors fit the care-based staff-interaction style (Engström et al., 2020) and the importance of emotional recognition by staff (Cameron & Maginn, 2008; Lausten & Frederiksen, 2016; Warming, 2015). Several youths shared their thoughts about what a good staff member would say and do. Such a staff member would demonstrate caring, be present and patient, spend time with youth, and participate in activities. Youths also wished for staff members to be open, to share, to explain the rules, to take youths' perspectives into consideration, and to allow youths time and space to calm down. Such a staff member, described as the “Caregiver” by Ungar and Ikeda (2017), is someone who has reasonable expectations and imposes structures but is also flexible in negotiations with youth when rules are broken.

If staff fail to explain a youth's question, such as why a particular activity is not permitted, the youth may become upset, as in the case described by one participant in our study. Engström et al. (2020) offered similar findings of youth reporting difficulty understanding rules, which triggered escalating feelings of frustration which, if unaddressed by staff in discussions with the youth, often led to youth threats of violence. Berg et al. (2011) emphasize the importance of staff staying calm and talking to youth in a supportive way to prevent aggressive situations. Staff should strive to maintain open, respectful, and co-operative relationships to maximize youth's potential to regain self-control. As Cashmore (2002) found, youth want to be informed, have options, and be given opportunities to voice their opinions. Bessell and Gal (2009) suggest that youth should be invited to be partners with the staff who care for them. The youth in our study also pointed out that the care and treatment they receive from staff are person-dependent. When asked about how they perceive and experience communication and contact with staff, several of the youth we interviewed responded, “it depends who . . .”

The comment by one youth that staff like to push residents' buttons to see how they will react could be interpreted to mean that staff are exercising their power. Deployment of protective power may be perceived as oppressive and disempowering by those – in this case, the youth – subjected to this power

(Tew, 2006). This perception may be enhanced if past experiences have led youths to assume that adults are untrustworthy. The challenge for staff is to exert the right amount of control over youth in their care, remembering that quality care and treatment require rules and expectations as well as youth engagement. A tendency of staff to rescue rather than to work in partnership with youth may stifle or further undermine the ability of youth residents to mobilize power on their own behalf. The unintended result may be to perpetuate, rather than combat, youths' feelings of powerlessness. As one of the youths said, he assumes that if a conflict between him and staff escalates, it will result in a restraint protocol. The dual nature of social work as providing support/care for as well as exercising control over youth has long been recognized, but it is again a topic of discussion given current interest in responsabilisation and governance (Warming & Fahnøe, 2017). The melding of these two aspects of social work within residential care facilities can create emotional tension for youth and uncertainty about their safety (Furnivall, 2018; Moore et al., 2017).

Another interpretation of the participant's comment that staff like to push youth's buttons is that youths in residential care are easily triggered and affect-dysregulated. As indicated earlier, many youths in residential facilities are traumatized, and the most pervasive and far-reaching impact of complex trauma is the dysregulation of emotions and impulses (Bath, 2015). It stands to reason that a primary focus of work with traumatized youth needs to be on supporting them to learn new ways of effectively managing their emotions and impulses. As Bath (2015) points out, to develop the capacity for self-regulation, youth may need first to be other-regulated through interactions with stable and caring adults.

Regardless of staff intentions, this youth's perception is that staff push buttons just to see the reaction. He questioned the usefulness of what the staff do, which suggests that he does not understand why the staff do what they do. Since he sees their actions as malicious, he expresses that staff deserve to get punched in retaliation. The violence, in his interpretation, is the fault of the staff, who either were focused on their own agenda rather than on the needs of the youth or were failing to respond to the youth's concerns and frustrations. As Roesch-Marsh (2012) suggests, a violent response could be a behavioral and emotional reaction to a lack of participation. Depending on the scenario, staff may switch between deploying co-operative power and protective power. Such a shift may confuse youth and may potentially feel oppressive to them if they perceive staff to have abandoned their previous commitment to mutuality and respect. Protective actions by staff may seem to "come out of the blue" and feel like oppressive betrayals of trust. This suggests the need in social work to always be "upfront" about issues of power and authority, to thereby enable youth to feel better able to trust staff and enter into working relationships with them that they see as partnerships.

Limitations

Several limitations should be noted. A first limitation of the present study is that it is based on relatively small sample. We could have chosen a different method, that might have created a larger sample of youth. The risk of that could be that we missed out on details and nuances that qualitative interviews may capture. Access to youth in such living situations is quite limited and their voices are rarely reflected in research studies. Despite the small sample size, we believe that conveying words and thoughts of these youths is important and valuable. The interviews varied in length. We assume that the shorter interviews also revealed relevant and meaningful information about what mattered to the participants. Second, we have done our best to listen carefully to the youth interviewed and to put their perspective central in this study. An important question is whether the results did indeed reveal the voices of youth and were not prone to selection bias or a prejudiced view of the researchers. The participants may have offered comments that they believed the interviewers wanted to hear. Being asked to talk about their residential facility and its staff may have made the participants feel vulnerable and at risk of sanctions if their comments were not kept confidential. We tried to reduce the likelihood that participants would shape their responses for these reasons by explicitly and clearly saying that no answers were wrong, and that staff would not be told what had been said. Here again, a different method such as for example, survey, that preserve the anonymity when answering, could have been helpful. Third, we approached the participants via the residential facility managers. We thus cannot be sure the managers provided every youth who fit our selection criteria with precise information. We concede that a different sample of youths might have generated different or additional descriptive codes and code groups. We also concede that a different age group could have provided different information. Another issue is that we do not know whether the youth interviewed were representative of all youth in residential care. There is a possibility that we reached youth with more confidence to participate in research or more benevolence to contributing without being paid for example. These sample aspects may have affected the findings of this study. Fourth, after the quality assurance process, we increased the rigor of the research process. We were careful not to apply preexisting theories and own experiences. The second author reviewed and coded the interviews to detect potential coding bias. After discussions between the coders, a small number of coding groups were modified. This modification did not affect the units comprising the theme, however. Finally, due to the nature of this study, the results may not generalize to all adolescents in the population. We are also unable to generalize from our data to other populations or other settings. However, we argue that our findings contribute meaningfully to research concepts related to youth perspectives and experiences of living in residential facilities.

Conclusion

Even though the sample is relatively small, this study makes a contribution to understanding how youth living in residential facilities perceive and experience life in the facility. The findings further illustrate the complexities of everyday life and relationships between staff and youth. Our study indicates that staff behaviors and attitudes toward the youths in their care are crucial to these youths' experiences. Study participants indicated the importance to them of positive relationships with staff and of staff considering their perspectives. Our research highlights significant lessons from the experiences of youth in residential care. First, with respect to youth perceptions of everyday life, it is important to be aware that some youths reported feeling that they were on hold, waiting, not knowing what was going to happen to them. Second, some staff members may behave in a way that increases youth aggression and results in violence and/or passivity and withdrawal. Staff play an important role in these youths' lives, and their interactions with youths profoundly influences how youths perceive the care they receive. Our findings, in conjunction with those of previously mentioned research, point in the direction of maintaining a focus on staff's relational and communication abilities rather than on youth's problematic behaviors. Overall, the results suggest that education and training for staff should focus on improving those skills that are perceived as important for meeting the needs of youth and yield best practice. More research is needed to gain knowledge about how staff can contribute to enhancing youths' feelings of safety, meaningfulness, and healthy development in their everyday lives and their futures.

Future research is urgently needed about youth's own perspectives on what they require to lead meaningful lives and experience healthy development; such information is fundamental to ensure that residential care and treatment are of high quality and to create a comprehensive and credible foundation for knowledge-based practice. We recommend and will continue to pursue deeper investigation into what youth safety entails in the context of residential care, how youth healing can be enhanced, and how a safe environment can be developed. More consideration should also be given to the importance attributed by youth in this study to their rooms and their location within their facility in relation to improving the quality of youth residential care. Further studies, it is hoped, can lead to enhancement of youth's perceptions of safety, participation, control and their feelings of connectedness and being heard, and can contribute to a reduction in youths' feelings of powerlessness and in incidences of conflict and aggression.

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References

- Anderson, E. (2000). *Code of the street. Decency, violence and the moral life of the inner city*. Norton & Company.
- Attar-Schwartz, S. (2014). Experiences of sexual victimization by peers among adolescents in residential care settings. *Social Service Review*, 88(4), 594–629. <https://doi.org/10.1086/679194>
- Attar-Schwartz, S., & Khoury-Kassabri, M. (2015). Indirect and verbal victimization by peers among at-risk youth in residential care. *Child Abuse & Neglect*, 42(april), 84–98. <https://doi.org/10.1016/j.chiabu.2014.12.007>
- Barnes, C., & Mercer, G. (2005). Disability, work, and welfare: Challenging the social exclusion of disabled people. *Work, Employment & Society*, 19(3), 527–545. <https://doi.org/10.1177/0950017005055669>
- Bath, H. (2015). The three pillars of traumawise care: Healing in the other 23hours. *Reclaiming Children & Youth*, 23(4), 5–11. https://www.traumebevisst.no/kompetanseutvikling/filer/23_4_Bath3pillars.pdf
- Bell, M. (2002). Promoting children's rights through the use of relationship [Article]. *Child & Family Social Work*, 7(1), 1–11. <https://doi.org/10.1046/j.1365-2206.2002.00225.x>
- Berg, J., Kaltiala-Heino, R., & Välimäki, M. (2011). Management of aggressive behaviour among adolescents in forensic units: A four-country perspective. *Journal of Psychiatric and Mental Health Nursing*, 18(9), 776–785. <https://doi.org/10.1111/j.1365-2850.2011.01726.x>
- Bessell, S., & Gal, T. (2009). Forming partnerships: The human rights of children in need of care and protection [Article]. *International Journal of Children's Rights*, 17(2), 283–298. https://crawford.anu.edu.au/pdf/staff/sharon_bessel/2010/forming_partnerships_IJCR_published_version.pdf
- Bessell, S. (2011). Participation in decision-making in out-of-home care in Australia: What do young people say? *Children and Youth Services Review*, 33(4), 496–501. <https://doi.org/10.1016/j.childyouth.2010.05.006>
- Braxton, E. M. (1995). Angry Children, Frightened Staff. *Residential Treatment for Children & Youth*, 13(1), 13–28. https://doi.org/10.1300/J007v13n01_03

- Briggs, E. C., Greenson, J. K. P., Layne, C. M., Fairbank, J. A., Knoverek, A. M., & Pynoos, R. S. (2012). Trauma exposure, psychosocial functioning, and treatment needs of youth in residential care: Preliminary findings from the NCTSN Core Data Set. *Journal of Child & Adolescent Trauma*, 5(1), 1–15. <https://doi.org/10.1080/19361521.2012.646413>
- Brown, J. D., Barrett, K., Ireys, H. T., Allen, K., Pires, S. A., & Blau, G. (2010). Family-driven youth-guided practices in residential treatment: Findings from a national survey of residential treatment facilities. *Residential Treatment for Children & Youth*, 27(3), 149–159. <https://doi.org/10.1080/0886571X.2010.500137>
- Cameron, R. J., & Maginn, C. (2008). The authentic warmth dimension of professional childcare. *The British Journal of Social Work*, 38(6), 1151–1172. <https://doi.org/10.1093/bjsw/bcm044>
- Carr, A., Duff, H., & Craddock, F. (2020). A systematic review of the outcome of child abuse in long-term care. *Trauma, Violence, & Abuse*, 21(4), 660–677. <https://doi.org/10.1177/1524838018789154>
- Cashmore, J. (2002). Promoting the participation of children and young people in care. *Child Abuse & Neglect*, 26(8), 837–847. [https://doi.org/10.1016/S0145-2134\(02\)00353-8](https://doi.org/10.1016/S0145-2134(02)00353-8)
- Collin-Vézina, D., Coleman, K., Milne, L., Sell, J., & Daigneault, I. (2011). Trauma experiences, maltreatment-related impairments, and resilience among child welfare youth in residential care. *International Journal of Mental Health and Addiction*, 9(5), 577–589. <https://doi.org/10.1007/s11469-011-9323-8>
- Connor, D. F., McIntyre, E. K., Miller, K., Brown, C., Bluestone, H., Daunais, D., & Lebeau, S. (2003). Staff retention and turnover in a residential treatment center. *Residential Treatment for Children & Youth*, 20(3), 43–53. https://doi.org/10.1300/J007v20n03_04
- Cousins, W., & Milner, S. (2006). Children's rights: A cross-border study of residential care. *The Irish Journal of Psychology*, 27(1–2), 88–96. <https://doi.org/10.1080/03033910.2006.10446331>
- Engström, I., Engström, K., & Sellin, T. (2020). Adolescents' experiences of the staff's different interaction styles in coercive youth care in Sweden: A qualitative study. *Issues in Mental Health Nursing*, 41(11), 1027–1037. <https://doi.org/10.1080/01612840.2020.1757794>
- Farmer, E. M. Z., Murray, M. L., Ballentine, K., Rauktis, M. E., & Burns, B. J. (2017). Would We know it if we saw it? Assessing quality of care in group homes for youth. *Journal of Emotional and Behavioral Disorders*, 25(1), 28–36. <https://doi.org/10.1177/1063426616687363>
- Fraser, S. L., Archambault, I., & Parent, V. (2016). Staff intervention and youth behaviors in a child welfare residence. *Journal of Child and Family Studies*, 25(4), 1188–1199. <https://doi.org/10.1007/s10826-015-0312-6>
- Freundlich, M., Avery, R. J., & Padgett, D. (2007). Care or scare: The safety of youth in congregate care in New York City. *Child Abuse & Neglect*, 31(2), 173–186. <https://doi.org/10.1016/j.chiabu.2006.09.002>
- Fudge Schormans, A., & Rooke, J. (2008). When there are no choices: The consequences of a lack of adult living placements for young adults with intellectual and/or developmental disabilities leaving child welfare care. *Journal of Developmental Disabilities*, 14(1), 107–126. <http://citeseerx.ist.psu.edu/viewdoc/summary?doi=10.1.1.620.4389>
- Furnivall, J. (2018). Reclaiming complexity: Beneath the surface in residential child care. *Journal of Social Work Practice*, 32(4), 373–390. <https://doi.org/10.1080/02650533.2018.1503164>
- Gharabaghi, K. (2019). *A hard place to call home*. Canadian Scholars.
- Gibbs, I., & Sinclair, I. (1998). Private and local authority children's homes: A comparison. *Journal of Adolescence*, 21(5), 517–527. <https://doi.org/10.1006/jado.1998.0175>

- Greger, H. K., Myhre, A. K., Lydersen, S., & Jozefiak, T. (2015). Previous maltreatment and present mental health in a high-risk adolescent population. *Child Abuse & Neglect*, 45(July), 122–134. <https://doi.org/10.1016/j.chiabu.2015.05.003>
- Harder, A. T., Knorth, E. J., & Kalverboer, M. E. (2013). A secure base? The adolescent–staff relationship in secure residential youth care. *Child & Family Social Work*, 18(3), 305–317. <https://doi.org/10.1111/j.1365-2206.2012.00846.x>
- Harder, A. T., Knorth, E. J., & Kalverboer, M. E. (2017). The inside out? Views of young people, parents, and professionals regarding successful secure residential care. *Child and Adolescent Social Work Journal*, 34(5), 431–441. <https://doi.org/10.1007/s10560-016-0473-1>
- Hawkins-Rodgers, Y. (2007). Adolescents adjusting to a group home environment: A residential care model of re-organizing attachment behavior and building resiliency. *Children and Youth Services Review*, 29(9), 1131–1141. <https://doi.org/10.1016/j.childyouth.2007.04.007>
- Henriksen, A., Degner, J., & Oscarsson, L. (2008). Youths in coercive residential care: Attitudes towards key staff members' personal involvement, from a therapeutic alliance perspective. *European Journal of Social Work*, 11(2), 145–159. <https://doi.org/10.1080/13691450701531976>
- Holden, M. J., Izzo, C., Nunno, M., Smith, E. G., Endres, T., Holden, J. C., & Kuhn, F. (2010). Children and residential experiences: A comprehensive strategy for implementing a research-informed program model for residential care [Journal article]. *Child Welfare*, 89(2), 131–149. <https://login.ezproxy.oslomet.no/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=eue&AN=105051886&site=ehost-live&scope=site>
- Huefner, J. C., Ringle, J. L., Gordon, C., & Tyler, P. M. (2020). Impact of perception of safety on outcomes in the context of trauma. *Children and Youth Services Review*, 114(July), 105060. <https://doi.org/10.1016/j.childyouth.2020.105060>
- James, S. (2011). What works in group care? — A structured review of treatment models for group homes and residential care. *Children and Youth Services Review*, 33(2), 308–321. <https://doi.org/10.1016/j.childyouth.2010.09.014>
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, 45(3), 214–222. <https://research.aota.org/ajot/article-abstract/45/3/214/2734/Rigor-in-Qualitative-Research-The-Assessment-of?redirectedFrom=fulltext>
- Lanctôt, N., Lemieux, A., & Mathys, C. (2016). The value of a safe, connected social climate for adolescent girls in residential care. *Residential Treatment for Children & Youth*, 33(3–4), 247–269. <https://doi.org/10.1080/0886571X.2016.1207218>
- Lausten, M., & Frederiksen, S. (2016). Do you love me? An empirical analysis of the feeling of love amongst children in out-of-home care. *International Journal of Social Pedagogy*, 5(1), 90–103. <https://doi.org/10.14324/111.444.ijsp.2017.07>
- Leeson, C. (2007). My life in care: Experiences of non-participation in decision-making processes. *Child & Family Social Work*, 12(3), 268–277. <https://doi.org/10.1111/j.1365-2206.2007.00499.x>
- Leipoldt, J. D., Harder, A. T., Kaye, N. S., Grietens, H., & Rimehaug, T. (2019). Determinants and outcomes of social climate in therapeutic residential youth care: A systematic review [Nursing homes & residential care 3377]. *Children and Youth Services Review*, 99(April), 429–440. <https://doi.org/10.1016/j.childyouth.2019.02.010>
- Maier, S. F., & Seligman, M. E. P. (2016). Learned helplessness at fifty: Insights from neuroscience. *Psychological Review*, 123(4), 349–367. <https://doi.org/10.1037/rev0000033>
- Manso, A., Rauktis, M. E., & Boyd, A. S. (2008). Youth expectations about therapeutic alliance in a residential setting. *Residential Treatment for Children & Youth*, 25(1), 55–72. <https://doi.org/10.1080/08865710802209826>

- Martinelli, A., Ackermann, K., Bernhard, A., Freitag, C. M., & Schwenck, C. (2018). Hostile attribution bias and aggression in children and adolescents: A systematic literature review on the influence of aggression subtype and gender. *Aggression and Violent Behavior*, 39(March–April), 25–32. <https://doi.org/10.1016/j.avb.2018.01.005>
- Mazzone, A., Nocentini, A., & Menesini, E. (2018). Bullying and peer violence among children and adolescents in residential care settings: A review of the literature [Nursing homes & residential care 3377]. *Aggression and Violent Behavior*, 38(January–February), 101–112. <https://doi.org/10.1016/j.avb.2017.12.004>
- McLeod, A. (2010). A friend and an equal?: Do young people in care seek the impossible from their social workers? *The British Journal of Social Work*, 40(3), 772–788. <https://doi.org/10.1093/bjsw/bcn143>
- Moore, T., McArthur, M., Death, J., Tilbury, C., & Roche, S. (2017). Young people’s views on safety and preventing abuse and harm in residential care: “It’s got to be better than home.” *Children and Youth Services Review*, 81(October), 212–219. <https://doi.org/10.1016/j.childyouth.2017.08.010>
- Pelto-Piri, V., Engström, K., & Engström, I. (2014). Staffs’ perceptions of the ethical landscape in psychiatric inpatient care: A qualitative content analysis of ethical diaries [Article]. *Clinical Ethics*, 9(1), 45–52. <https://doi.org/10.1177/1477750914524069>
- Pérez-García, S., Águila-Otero, A., González-García, C., Santos, I., & Del Valle, J. F. (2019). No one ever asked us. Young people’s evaluation of their residential child care facilities in three different programs [Article]. *Nadie nos ha preguntado nunca. La evaluación de los jóvenes sobre sus hogares de acogimiento residencial en tres programas diferentes*, 31(3), 319–326. <https://doi.org/10.7334/psicothema2019.129>
- Roesch-Marsh, A. (2012). ‘Out of control’: Making sense of the behaviour of young people referred to secure accommodation. *The British Journal of Social Work*, 44(2), 197–213. <https://doi.org/10.1093/bjsw/bcs102>
- Sekol, I. (2013). Peer violence in adolescent residential care: A qualitative examination of contextual and peer factors. *Children and Youth Services Review*, 35(12), 1901–1912. <https://doi.org/10.1016/j.childyouth.2013.09.006>
- Seligman, M. E. (1974). Depression and learned helplessness. In Katz, M. M., Friedman, R. J., Winston, V. H., & Wiley, J. (Eds.), *The psychology of depression: Contemporary theory and research* (pp. xvii, 318–xvii, 318). John Wiley & Sons.
- Slaatto, A., Mellblom, A. V., Kleppe, L. C., Baugerud, G. A., & Kjøbli, J. (2021). Conflict prevention, de-escalation and restraint in children/youth inpatient and residential facilities: A systematic mapping review. *Children and Youth Services Review*, 127(august), 106069. <https://doi.org/10.1016/j.childyouth.2021.106069>
- Slaatto, A., Mellblom, A. V., Kleppe, L. C., & Baugerud, G. A. (2021). Safety in residential youth facilities: staff perceptions of safety and experiences of the “Basic training program in safety and security.” *Residential Treatment for Children & Youth*, 39(2), 1–26. <https://doi.org/10.1080/0886571X.2021.1978035>
- Strijbosch, E. L. L., Wissink, I. B., van der Helm, G. H. P., & Stams, G. J. J. M. (2019). Building a positive group climate together: How monitoring instruments are part of an improvement process in residential care for children. *Children and Youth Services Review*, 96(January), 266–277. <https://doi.org/10.1016/j.childyouth.2018.11.051>
- Stuart, C. (2009). *Foundations of child and youth care*. Kendall Hunt.
- Ten Brummelaar, M., Harder, A. T., Kalverboer, M. E., Post, W. J., & Knorth, E. J. (2018). Participation of youth in decision-making procedures during residential care: A narrative review. *Child & Family Social Work*, 23(1), 33–44. <https://doi.org/10.1111/cfs.12381>

- Tew, J. (2006). Understanding power and powerlessness: towards a framework for emancipatory practice in social work. *Journal of Social Work*, 6(1), 33–51. <https://doi.org/10.1177/1468017306062222>
- Tjora, A. H. (2019). *Qualitative research as stepwise-deductive induction* (Vol. 26). Routledge.
- Ungar, M., & Ikeda, J. (2017). Rules or no rules? Three strategies for engagement with young people in mandated services. *Child and Adolescent Social Work Journal*, 34(3), 259–267. <https://doi.org/10.1007/s10560-016-0456-2>
- van Bijleveld, G. G., Dedding, C. W. M., & Bunders-Aelen, J. F. G. (2015). Children's and young people's participation within child welfare and child protection services: A state-of-the-art review. *Child & Family Social Work*, 20(2), 129–138. <https://doi.org/10.1111/cfs.12082>
- van der Helm, G. H. P., Kuiper, C. H. Z., & Stams, G. J. J. M. (2018). Group climate and treatment motivation in secure residential and forensic youth care from the perspective of self determination theory. *Children and Youth Services Review*, 93(October), 339–344. <https://doi.org/10.1016/j.childyouth.2018.07.028>
- Visser, K. M., Jansen, L. M. C., Popma, A., Vermeiren, R. R. J. M., & Kasius, M. C. (2020). Addressing aggression in the residential setting for juveniles with mild intellectual disability through training in non-violent resistance. *Child & Youth Care Forum*, 50(2021), 333–349. <https://doi.org/10.1007/s10566-020-09576-z>
- Warming, H. (2015). The life of children in care in Denmark: A struggle over recognition. *Childhood*, 22(2), 248–262. <https://doi.org/10.1177/0907568214522838>
- Warming, H., & Fahnøe, K. (2017). Social work and lived citizenship. In H. Warming & K. Fahnøe (Eds.), *Lived citizenship on the edge of society* (pp. 1-22). Rights, Belonging, Intimate Life and Spatiality. Palgrave.
- Whittaker, J. K., Holmes, L., Del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J., Bellonci, C., Berridge, D., Bravo, A., Canali, C., Courtney, M., Currey, L., Daly, D., Gilligan, R., Grietens, H., Harder, A., Holden, M., James, S., Kendrick, A., . . . Zeira, A. (2016). Therapeutic residential care for children and youth: a consensus statement of the international work group on therapeutic residential care*. *Residential Treatment for Children & Youth*, 33(2), 89–106. <https://doi.org/10.1080/0886571X.2016.1215755>
- Winstanley, S., & Hales, L. (2014). A preliminary study of burnout in residential social workers experiencing workplace aggression: Might it be cyclical? *The British Journal of Social Work*, 45(1), 24–33. <https://doi.org/10.1093/bjsw/bcu036>
- Young, I. M. (2011). *Justice and the politics of difference*. Princeton University Press. <https://doi.org/10.1515/9781400839902>