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DOI

[10.1177/0743558417719188](https://doi.org/10.1177/0743558417719188)

Publication date

2019

Document Version

Final published version

Published in

Journal of Adolescent Research

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Citation for published version (APA):

de Valk, S., Kuiper, C., van der Helm, G. H. P., Maas, A. J. J. A., & Stams, G. J. J. M. (2019). Repression in residential youth care: A qualitative study examining the experiences of adolescents in open, secure and forensic institutions. *Journal of Adolescent Research*, 34(6), 757-782. <https://doi.org/10.1177/0743558417719188>

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Repression in Residential Youth Care: A Qualitative Study Examining the Experiences of Adolescents in Open, Secure and Forensic Institutions

Journal of Adolescent Research
2019, Vol. 34(6) 757–782
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DOI: 10.1177/0743558417719188
journals.sagepub.com/home/jar



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Abstract

Repression in residential youth care institutions can manifest itself openly in coercive measures or may be concealed in staff behavior that is endemic to residential youth care, such as soft power and strict behavioral control (i.e., structure), which threatens rehabilitative goals and might even violate children's rights. To increase awareness of particularly the more hidden aspects of repression, this qualitative study follows the framework method to examine processes that cause adolescents to experience repression. Semistructured interviews were conducted with an ethnic diverse sample of 32 adolescents from open, secure, and forensic (i.e., youth prisons) residential youth care institutions in the Netherlands. Results indicated that adolescents tend to accept structure, rules, coercion, and punishments, and that they expect staff to use their power to create order and safety.

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However, results also showed that restrictive measures may be approved by adolescents to cope with repression, taking the form of rationalization. Staff behavior perceived as unfair or excessive by the adolescents was conceived of as repressive. Respect for autonomy and providing treatment that is experienced as meaningful by the adolescents seem to decrease experienced repression.

Keywords

repression, residential youth care, power, autonomy, rationalization

Introduction

When children and adolescents (“youth”) with severe behavioral or psychiatric problems cannot live at home or in foster care, or are sentenced to imprisonment as punishment for criminal offences, they are placed in a residential youth care institution, which can be open (OYC), secure (SYC), or forensic (FYC; Leloux-Opmeer, Kuiper, Swaab, & Scholte, 2016; Ter Beek, van der Rijken, Kuiper, Hendriks, & Stams, 2016). The primary goal of these institutions is to prepare youth to return to society, and they should offer an environment wherein youth can attain adolescent developmental tasks, such as gaining autonomy, developing relationships with their peers, and starting to prepare for their future profession (Havighurst, 1948; Roisman, Masten, Douglas Coatsworth, & Tellegen, 2004). From the perspective of self-determination theory (SDT), psychiatric nurses or social workers should therefore be responsive to the juveniles’ needs for competence (i.e., perceptions of ability), relatedness (i.e., feeling socially accepted, included, and supported), and autonomy (i.e., exercising responsibility, choice, and decision-making) to facilitate constructive social development and personal well-being (Ryan & Deci, 2017). SDT states that excessive control, absence of challenges, and lack of connectedness result not only in loss of initiative and little responsibility but also in distress and psychopathology. Repression is a phenomenon in residential institutions that threatens the basic needs of competence, relatedness, and autonomy (de Valk, Kuiper, van der Helm, Maas, & Stams, 2016).

A recent scoping review defines “repression” as authorities intentionally acting in a way that harms the youth, or unlawfully or arbitrarily depriving the youth of liberty or autonomy (de Valk et al., 2016). They assert that repression is often hidden in aspects that are endemic to residential care, such as power, structure, and coercion. For example, staff’s acting may—consciously or unconsciously—worsen the youth’s problems or violate children’s rights

(Höfte, van der Helm, & Stams, 2012). Arbitrary use of power, structure, and coercion may result in youth viewing staff's behavior as unpredictable, unfair, and unsafe, which may cause reactance, demotivation, or even aggression (de Valk et al., 2016), and diminished chances of rehabilitation (Lipsey, 2009; Parhar, Wormith, Derkzen, & Beaugard, 2008) in youth.

Theoretical Framework

In residential institutions, the youth's freedom and autonomy become limited inevitably, because they are subjected to the power of the institution (Goffman, 1961). In these so-called "total institutions," living, education, and leisure are inseparable, while individuality and privacy are restricted. Foucault (1977) addressed the restriction of freedom in modern residential institutions by using the "Panopticon" as a metaphor. In the Panopticon, a circular prison, guards have total control because they can see everything from the central observation post. Furthermore, the relationship between staff and youth is grossly unequal in terms of social power (Chow & Priebe, 2013; Crewe, 2009; Paterson & Duxbury, 2007). Because of this inequality, staff can force compliance with authority by using the threat of sanctions, a practice that is referred to as "coercion" (Geller, Fisher, Grudzinskas, Clayfield, & Lawlor, 2006). More specifically, staff may use coercive measures in cases of crisis, such as solitary confinement or fixation. This may be used when youth are threatening, aggressive, or self-harming, and where verbal interventions are, according to staff, insufficient to control the situation (Gelkopf et al., 2009; Wynn, Kvalvik, & Hynnekleiv, 2011). Furthermore, staff members are able to dictate and impose restrictions on the movements and activities of the youth (Laing, 1974), and as a consequence, youth lose their autonomy and independence (du Plessis, 2013).

It has been argued that although policies in prison seem to encourage prisoners to be self-determined, these policies leave them with a pseudo-autonomous space in which they are trained to exercise their autonomy in predetermined ways—the so-called "soft power" (Crewe, 2009). According to Crewe (2009), soft power comprises those aspects of treatment and regulation that are accomplished directly through staff-prisoner relationships and indirectly through the policies that officers assist or put into effect. Soft power makes unnecessary or precedes the use of direct command or coercion—what might be referred to as "hard power." Soft power seems related to controlled independence (and more problem behavior), which was differentiated from self-endorsed independence (related to intrinsic motivation and better adjustment; Van Petegem, Beyers, Vansteenkiste, & Soenens, 2012). A lack of self-endorsed independence has recently been confirmed by a study, which showed

that participation in treatment programs was not experienced as meaningful by juveniles in forensic residential youth care (Ten Brummelaar et al., 2014), and, as such, the need for competence (Ryan & Deci, 2017) was unmet.

From a social-psychological perspective, repressive acting by staff may arise from negative transactional processes between youth and staff due to fear, dehumanization, lack of empathy, and rationalization. Fear can be caused by the continuous threat of aggressive behavior of the youth (Jacob, Holmes, & Buus, 2008). Consequently, staff may deploy controlling measures to ensure safety (Jacob et al., 2008; Saloviita, 2002). Countertransference, evoked by exposure to youth's aggression and violence, may diminish staff members' empathy toward youth (Stone, 2001).

It has been shown that a lack of empathy is related to repressive staff behavior, such as harsh punishments (Keysers, 2011). On the other hand, the presence of empathy has been associated with successful therapeutic relationships, more altruistic behavior, less aggression, and the development of moral principles (Eisenberg & Sheffield Morris, 2001; Mercer & Reynolds, 2002). Empathy is often proposed as a requirement for overcoming dehumanization (Halpern & Weinstein, 2004; Haslam, 2006), because active engagement with another person's inner thoughts and feelings requires recognizing that person's humanity. Dehumanization of youth involves stripping experience (the capacity to feel pleasure and pain) or agency (the capacity to plan, intend, and exercise choice) from them (Haque & Waytz, 2012; Haslam, 2006), allowing staff to experience less moral concern about their actions toward youth and justify acts that would otherwise be considered harmful (Bandura, 2002; Haque & Waytz, 2012; Paterson, 2011). Humanization, because it is linked to empathy, has the power to counteract repressive behavior (Bandura, 2002). Professionals who are physically and emotionally close to youths are more likely to understand them as unique persons needing individual care (Larsen & Terkelsen, 2013) and to meet the youth's need for relatedness (Ryan & Deci, 2017).

A milder form of dehumanization is rationalization, which is a cognitive defense mechanism that helps individuals to distance themselves and their group from the reprehensible moral stance implied by their actions (Ashforth & Anand, 2003). This justification process not only offers an excuse for staff's repressive acting but also encourages staff to forget these actions, or to reframe them as something necessary and perhaps even desirable or serving moral purposes (Ashforth & Anand, 2003; Bandura, 1999; Larsen & Terkelsen, 2013; Saloviita, 2002).

From an organizational perspective, some institutions have more repressive policies than others, because they take different approaches to institutionalized youth. Some have a more correctional approach, while others are orientated toward treatment and rehabilitation. Although institutions with a

rehabilitative goal are expected to be less repressive than institutions with a correctional approach (MacKenzie, 1997), rigid behavioral programming and point systems are often used in all types of residential institutions (Holmes & Murray, 2011; Lipsey, 2009). These programs were originally developed to stimulate “normal behavior,” but often offer little room for personalized treatment and autonomy (Holmes & Murray, 2011; Miller, Hunt, & Georges, 2006). Therefore, they mainly enhance controlled independence (Van Petegem et al., 2012). Depending on the interaction between the organizational and social-psychological processes, repression may become institutionalized (Ibsen, 2013). This means that repressive practices are enacted as a matter of routine, often without conscious thought or reflection (Ashforth & Anand, 2003). As such, repression becomes embedded in the organizational culture, which makes it difficult to counter.

The Current Study

Because repression threatens motivation for treatment, constructive social development, personal well-being, and, as a consequence, the rehabilitative goal of residential institutions, it is important to recognize it to be able to prevent repression. As youth are the ones experiencing repression, they are the most important source of information on repression. Therefore, it is examined what processes cause youth in OYC, SYC, and FYC institutions to experience repression by means of a qualitative study following the framework method.

Data and Method

Data Collection

The current study is based on semistructured interviews with adolescents from 19 residential youth care institutions (2 OYC, 10 SYC, and 7 FYC) in the Netherlands ($N = 384$). These institutions offer treatment to boys and girls of 12 to 21 years old. The interviews were part of a research project *What works in residential youth care?* financed by Dutch SIA-RAAK funding—stimulating practice-based research—, belonging to the NWO (Dutch Organization for Scientific Research [Nederlandse Organisatie voor Wetenschappelijk Onderzoek]). The primary research focused on living group climate in general, with repression as one of many topics that were investigated. Adolescents were selected by means of convenience sampling. Students of the Leiden University of Applied Sciences and the University of Amsterdam conducted the interviews between 2009 and 2014, after receiving

interview training and having signed a nondisclosure agreement. Adolescents who wished to participate signed an informed consent form. A topic list about living group climate was used to guide the interviews. Specific questions that were asked to elicit youth perceptions of repression were, for example, “What do you think of the rules in the institution?” “Do you think your stay is useful? Why?” and “What do you think are good/bad characteristics of staff?” As a token of gratitude for their participation, the adolescents received a small reward (a magazine or shower gel). The interviews were audio-recorded and transcribed (verbatim) for coding purposes. Afterward, the audio recordings were deleted to guarantee anonymity.

Data Selection

To ensure that the original data would meet the aims of the current study, several steps were followed. First, the interviews that had not been transcribed verbatim were deleted ($n = 15$). Second, from all 19 residential institutions (stratified purposeful sampling; Patton, 1990), interviews were randomly selected one by one (random purposeful sampling; Miles & Huberman, 1994). It was judged whether the transcript included relevant information and whether this information was of sufficient depth and richness (Moerman, 2010; Rubin & Rubin, 2012). More specifically, an interview was included when a respondent revealed personal events or feelings (depth) about themes that were linked to repression (relevance) and elaborated on these (richness). Unless the answers arose from a clear probing mistake made by the interviewer (such as suggesting answers or making two or more requests in one return; Moerman, 2010), the interview was selected for further analysis. After 30 interviews had been reviewed, no new theoretical aspects emerged from further coding and comparison (saturation; Mason, 2010). This selection process was extended with two more interviews to ensure that no new themes would emerge.

Nine participants were female (one in OYC, six in SYC, and two in FYC) and 23 participants were male (three in OYC, nine in SYC, and eleven in FYC), aged between 13 and 20 years. Sixty-nine percent of this group were born in the Netherlands. A total of 47% and 28% of the adolescents' mothers and fathers, respectively, were Dutch. These numbers on gender, age, and ethnicity are comparable with Dutch averages (Dienst Justitiële Inrichtingen, 2016; Ministerie van Volksgezondheid, Welzijn en Sport, 2016; Vermaes & Nijhof, 2014).

Analysis

The transcribed interviews were analyzed using frame analysis (Goffman, 1974), analyzing key themes across cases as well as within individual cases

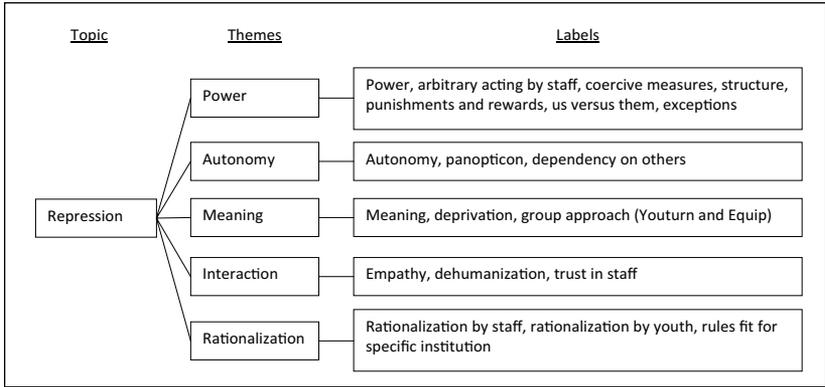


Figure 1. Tree diagram of themes and labels.

(Gale, Heath, Cameron, Rashid, & Redwood, 2013). Therefore, it was possible to account for differences that might exist between gender, ethnic backgrounds, and type of institution. A combined approach of deductive and inductive analysis was used: codes were preselected based on the theoretical framework, and open coding was used on a few ($n = 3$) transcripts to ensure that important aspects of the data were not missed and to refine the existing codes. Two researchers did this independently and then agreed on a set of codes to apply to all subsequent transcripts. All codes were provided with a brief description of their meaning and examples of what ideas or elements might be summarized under that code. One researcher then applied this analytical framework by indexing subsequent transcripts. During this phase, themes arose that were related to repression but were not yet included in the framework. To include these themes, new codes were created and applied to all previous and subsequent transcripts.

Overarching themes were extracted from the data by reviewing the quotations, which were ordered by gender, ethnic backgrounds, and type of institution, and by making connections within and between participants and categories. This process was influenced by the original research objectives and by new concepts generated inductively from the data. Ultimately, the 19 codes could be grouped together in five processes that cause youth to experience repression (see Figure 1 for a tree diagram). Throughout the analysis, a research diary was kept to record reflexive notes, impressions of the data, and thoughts about interpretation, which were regularly discussed with team members. Atlas.ti was used to support the organization and categorization of data.

Results

Power and autonomy were two main themes in the theoretical framework, and these themes were found to be two of the five processes that caused youth to experience repression. Therefore, these findings are presented first. The third theme is closely related to autonomy, because it encompasses how adolescents may experience repression due to a perceived lack of meaning during their stay in the institution. The fourth theme explains how interaction between staff and adolescents influences experiences of repression. The final theme shows how rationalization by both staff and adolescent may affect the perception of repression.

They Abuse Their Power

Staff can use their power to make and apply rules, to provide structure, to impose sanctions, and to use coercive measures if considered necessary. In general, the adolescents who were interviewed accepted the exercise of power if they viewed it as necessary and fair. For example, many adolescents mentioned that they benefited from the rules or that it would be chaotic if there were no structure, as the following quotations illustrate:

In any case, I reckon this structure is necessary; otherwise, it becomes a madhouse and the isolation cells would be full every day. (P20)

Rules ensure that the adolescents systematically get a daily schedule again. (P18)

However, the way staff members enforced the rules could be repressive. For example, adolescents described how rules suddenly changed or how staff members sometimes made up rules themselves. Adolescents also gave examples of staff members who forbid youth to do something but failed to follow the rule themselves, as in the following example:

In the group, there were no telephones or mobiles and one of the group leaders was always on his phone in the group. (P30)

Some adolescents thought that staff members were too strict in enforcing the rules and that they were never willing to make exceptions for specific individuals. Adolescents shared their ideas about how staff should exercise their power ideally:

A good group leader needs to be able to create structure, but can also make lots of exceptions when things are going well. (P7)

Sometimes, you also need to just treat people like people, and not do everything exactly according to the rules or the made-up rules that you invented in a few seconds. (P23)

Repression was also felt as a result of the arbitrary use of coercive measures. Participants recalled the use of coercive measures such as restraint, seclusion, strip-searching, and restrictions on calling, visits, and Internet use. Some adolescents described the use of restraint and seclusion in relation to a clear crisis situation. However, a substantial number of adolescents also mentioned seclusion being used when there was no crisis situation or simply for practical considerations. One example of seclusion motivated by a practical consideration was a girl being locked up in her room because the staff members had to take the other adolescents to school.

Most adolescents described being kept to a restricted program for the first days of their stay, during which they were not allowed to see their group members. They were only allowed to leave their room or cell for one hour a day, and in some cases, they were not allowed to go to school. There were no reports of forced medication.

Particularly in the FYC institutions, coercive measures were used as disciplinary sanctions. Although these sanctions are restrictive, adolescents did not seem to experience them as arbitrary. In general, adolescents in FYC talked about disciplinary sanctions as an understandable reaction to negative behavior. For example, one boy explained,

Every week people are sanctioned. That they need to stay disciplined, then they have to stay in their room. 24, 48, 72 hours. . . . Yes, every week there are, on average, 2 to 3 people on sanction. Always the same ones too, almost always. They smuggle hash. Lighters, cigarettes, tobacco. They take that to their room, even though actually you're not allowed that in your room. (P12)

Adolescents in OYC and SYC also mentioned predetermined punishments:

For example, if you kick your door one time, then you have to go to the isolation cell. (P15)

It was not only punishments that were often predetermined: Many adolescents mentioned that they could earn more freedom and privileges (such as TV) by showing good behavior. However, in some cases, it was ambiguous whether adolescents were punished for bad behavior or whether they were rewarded for good behavior.

During the week, I can go to bed at 10 p.m., and in the weekends at 11 p.m. But if you're late for breakfast, you don't get the half hour. (P21)

Aside from the arbitrary use of power, adolescents might also have experienced repression when they felt that staff members simply abused their power. Boys in particular thought that staff members sometimes provoked them and sent them to their room or cell when they reacted to the provocation, as in the following example.

They keep pushing until you say something and then they can lock you up.
(P13)

Adolescents mentioned several instances of staff members showing their power, as in the following excerpt from an interview with a boy in SYC.

R: They brought in a raid team when the group was really rowdy. Luckily not me, I'd only been in here a few days, I didn't have a clue what was happening. All of a sudden, at 1.30 at night, it had been really rowdy at dinner; I'd gone back to my room. Suddenly, at half one at night, I heard this guy say . . . This is colonel whatsisname. And then: hands on your head, feet against the door with your face to the window, light on, and if you don't cooperate we'll use force. One guy did something wrong. Not on purpose. He put his foot against the wrong door. You have the cupboard door and then there's the regular door. He put it against the cupboard door. Cos them all sleeping, so you wake up and you think that your first door is your door. And he was hit a couple of times with the stick. . . . And some guys it was 4 or 5. . . . They used handcuffs to put them down on the floor. . . . Later, they were allowed to come back, after they had completely trashed their room, and all their stuff was put downstairs, in this room. Then they were allowed in their room. But they had absolutely nothing. Only a bed to sleep in. . . . The rest couldn't sleep either the next day. Because they all thought, yeah: they're going to come again. And the problem is that the IBT team [internal assistance team] can only come in the JJs [juvenile detention centers]. And not in here. Unless it's so rowdy or so bad that there's a riot in the night. . . . The call was early evening, at the start of the evening the call was made. But that IBT team wasn't available then, and then they came at 1.30 at night when everything was quiet. . . . Then there was no point anymore, so it's also unjustified too. Look, if they come straight away, okay. Although, there wasn't even that much going on.

I: That seems quite scary to me, when you're asleep.

R: Yeah, it happens. But now you know what will happen if it really gets out of hand. (P21)

Adolescents often felt that having a discussion with staff members was pointless, because they perceived staff members as not being open to

discussion. Especially in FYC, the adolescents mentioned a strong “us versus them” culture, as indicated in the following fragment:

They’re supervisors and they work here; they’re not going to believe me anyway, that’s standard. (P3)

They Decide for Me

A second theme that influenced whether adolescents experienced repression was whether staff made decisions for adolescents, which they were able—and willing—to make for themselves. If staff members did so, their autonomy was restricted without justification. Some girls staying in OYC and SYC reported on the one hand an urge to influence their treatment program and on the other hand that staff granted them the possibility to use this influence. For example,

I can just let them know if I need help from the group leaders. (P18)

On the contrary, one girl (P8) experienced frustration because the staff members decided on her treatment goals, and she did not see why these goals were relevant for her. The boys in the OYC or SYC settings did not mention whether they wanted to learn something or whether they were granted the opportunity to develop themselves. The boys seemed to feel restricted in more practical ways, for example, by set bedtimes or the inability to walk out of the institution when they felt like it. One boy in particular gave a clear example of restricted autonomy:

You can’t just leave when you want to, the fridge is locked, you can’t just make a call when you want to, everything, I mean everything, has to be discussed, even whether you want to go upstairs, or get a cup of water or something. (P28)

Contrary to the adolescents in OYC and SYC, none of the adolescents in FYC mentioned the frustration of not being able to leave the institution when they wanted to. Moreover, the adolescents reported almost no instances of experiencing autonomy. They seemed to have accepted the restrictions on their autonomy as an inevitable aspect of being in FYC. This is captured in the following quotations:

We’re stuck here, so we don’t get to decide. (P13)

In prison, you know you can’t go anywhere, so I didn’t really have a problem with it or anything. (P9)

When autonomy was restricted in an extreme way, characteristics of a Panopticon were recognizable. Indicators of this total control were adolescents mentioning that everything they said or did was reported, or adolescents mentioning that they were being watched constantly. This made one boy (P32) from an FYC institution so suspicious that he even wanted to check that the interview was not being tapped through the telephone in the room.

It Doesn't Make Sense

Closely related to autonomy, which is a necessary precondition for adolescents to develop themselves, was the way in which the institution provided the adolescents with favorable prospects. The elements of their stay (either treatment or punishment) had to make sense to the adolescents for them to be motivated to learn something. Because this meaningfulness was closely related to autonomy, the adolescents in OYC or SYC and in FYC described different processes related to repression for this theme as well. In OYC and SYC, adolescents were looking for meaning during their stay and were frustrated when they could not find it. The meaning was for example easily found when adolescents agreed with their placement in the institution:

I'm in here mostly for my own safety now. . . . Everything that you learn in institutions, you'd better stuff that in your rucksack, rather than chuck it in the rubbish bin. Because you're going to need all of it. (P18)

Furthermore, some adolescents found meaning in compliments they received from staff members. This is clear in the following quotation from a boy:

That gives me the feeling that I am doing it right if they say that. (P21)

However, many adolescents reported receiving treatment that they (thought they) did not need. In general, adolescents who reported experiencing a lack of meaning wished the treatment to be more oriented toward their individual needs. The following quotation is an example of a mismatch between what the adolescents and staff members wanted:

Here, I am supposed to learn how to get on with people and yeah, I'm not really the kind of person who's going to behave rudely. (P29)

Consequently, many participants, especially boys, reported just following the requisite steps to finish the program as soon as possible.

That you have to go outside and, for example, post a letter, or go to the station to see what time which train is coming. Just purely those things that you need to do to get the steps. (P6)

This may even result in adolescents faking problems to get out of the institution:

You saw people who got out because it was going worse than before. So, I thought, if I get worse, I'll get out. I played the pathetic kid, the hyper kid, the quiet kid, the aggressive kid, and the scared kid. I tried everything to make sure that maybe I would get chucked out of here. (P27)

Reports of adolescents doing whatever it takes to get out were very similar to reports of adolescents in FYC following the standard steps in the case of a forced treatment order. Some adolescents even reported receiving no treatment at all, as in the following quotation:

It's not like the group leaders are really bothered. It's more like they think: we'll leave it to the therapists or something. . . . It's not like a lot is done with you, it's more that you just do your time. And then you can go. (P26)

In FYC, adolescents mentioned just serving their sentence, and said that if they learned something, it was that they do not want to return there again.

From the interviews, several other factors arose that caused adolescents to experience a lack of meaning during their admission, and thus repression. First, adolescents reported receiving "group treatment," such as EQUIP and Youturn. None of the adolescents thought it was effective, and they described it as "useless" or "a kindergarten." Furthermore, the way adolescents often talked about their treatment and prospects indicated that they felt they had little influence in these matters, and that they were highly dependent on staff members or external parties (such as child protection services):

And then they discuss what your treatment is going to be. . . . They give you stupid points to work on. (P8)

Next year I'll be 18, so yeah, they need to hurry up a bit about what they actually want to do. (P3)

Last, in "normal life," the meaning was derived from basic aspects of life, such as education, family and friends, leisure time, and freedom. However, many adolescents experienced deprivation in these aspects. They mentioned,

for example, receiving no appropriate education, being bored, missing their family and friends, and feeling locked up.

Don't Forget We Are Humans

Adolescents experienced repression depending not only on how staff acted but also on how the adolescents interacted with individual staff members. Sometimes adolescents felt staff members did not regard them as individuals with human experiences and thoughts, as reflected in the following quotations:

It is about people here. And some of the rules, I think, are you serious? (P31)

Sometimes they abuse their position a bit, you know, that they are better than us. Thinking that they can do anything, while they are supposed to treat us like people too. (P23)

Dehumanization of adolescents made it easier for staff members to use coercive measures. The following examples illustrate how dehumanization becomes apparent in the use of coercive measures in noncrisis situations or as group punishment.

If you refuse to do something, you have to go into "iso" [separation unit]. (P9)

Then they said, if this doesn't get cleared up, everyone is going to their room. (P24)

One boy from a SYC institution also mentioned that staff members thought he was depressed because he often remained in his room. However, he reported doing this because he just did not want to be on the living group, as it was too crowded and noisy. In FYC institutions, more than in OYC or SYC, dehumanization seemed to arise from the abovementioned "us versus them" culture. Adolescents thought that staff members would never believe them and would not be responsive to their needs just because they are criminals. The following quotation demonstrates the distance between adolescents and staff:

They don't do a thing about your future here; they think, you're locked up so tough shit, forget it. (P1)

When staff members did not have time for individual adolescents or when they did not listen to or understand what they had to say, adolescents were prone to experiencing more repression. One boy offered a solution for this:

Just have a good conversation, don't punish with a whole day in your room.
(P21)

However, it was only when a sincere understanding of the adolescent's need was combined with staff behavior that confirmed this understanding that empathy had the power to counter repression. It can be derived from the interviews that adolescents experienced empathy when staff granted them things. For example,

There are always people who give and people who don't give. (P33)

Adolescents were more likely to accept staff with relevant education and life experience as authority figures. This led adolescents to have more trust in staff members, and consequently, adolescents experienced less repression. Trust was also created when staff members reacted empathetically to adolescents when sharing their emotions or irritations. For example, one boy (P33) explained that he was initially anxious to share his feelings with his coach, but after he experienced that his coach treated this information honorably, he started to trust him. On the contrary, distrust could arise because adolescents were not always sure that staff treated personal information confidentially, as in the following example:

I want to know beforehand what they put into the computer and what I can just tell normally, without immediately telling the whole of [name of institution] and that the staff can read it. (P31)

Especially in FYC, youth were concerned about what staff wrote down in the reports or what was shared with external parties. The interviews also provided examples of adolescents being empathetic toward staff when they acted repressively, as in the following quotation:

People were anxious, treated me with a lot of fear, and . . . because I've done certain things. Fought quite a lot with the personnel in various institutions. I arrived here with a special team of five men who brought me to the iso and normally . . . then people see that and they're scared and cautious and hang back and yeah, that's tiring and I think, yeah . . . this just sucks. (P2)

Another boy in FYC understood why staff members sometimes acted arbitrarily:

On the treatment side, there are boys that the supervisors take a step back from when they get angry. They try to let them have their way as much as possible,

so that they don't get into problems with them, you get that sort around here, yeah. (P12)

It Is Just the Way It Is

In all three types of institutions, adolescents gave several examples of staff's acting that indicated that staff rationalized their repressive behavior. Sometimes this rationalization took the form of euphemistic labeling, such as "intake programs" (i.e., restricted programs during first days following admission), "rest hour" (i.e., all adolescents had to stay in their rooms for an hour during the day), and "end of the day" (i.e., adolescents were punished for behaving badly by having to stay in their rooms for the rest of the day), but sometimes staff seemed to be looking for reasons to explain why they behaved repressively. The following quotations are examples of how staff offered adolescents reasons to explain the repression they used.

Just punishment. That's it. But they try to hide it. Treatment, treatment, this, that. Bigger off! This isn't treatment, this is just punishment. (P33)

It's a structure group, so you have a lot of structure. (P25)

Sometimes staff members did not even have clear reasons for their acting, and they might have replied that it is "just the way it is." An unexpected finding was that, besides staff, adolescents also seemed to rationalize repression, which could take the form of habituation. The following quotations show how adolescents became accustomed to repression:

Every day an alarm goes off, so you learn how that works. (P4)

... That if you say something and they say something back about your behavior, that you learn to deal with that. Supervision on site is quite normal for an institution like this. And yeah, an alarm situation is part of it to make a kid calm down. (P21)

In FYC, youth seemed to "accept" repression as part of their punishment, so they rationalized repression more on the basis of the idea that it was their own fault.

I'm not here for a holiday, but because I did something bad. That's why I just accept it. (P12)

This relates to the finding that adolescents experienced less repression if they thought that it was compatible with the sort of institution in which they

were staying. The following quotations demonstrate how adolescents rationalized in these cases:

[About the fact that he cannot leave the building] In prison, you know you can't go anywhere, so I didn't really have a problem with it or anything. (P9)

Yes, of course, there need to be rules. It's a prison. You're not in here because you've been kind on the outside. (P10)

In cases where adolescents thought the restrictions were incompatible with the environment, they experienced more frustration. For example, a girl from an OYC institution mentioned that she had to stay inside six hours a day, four times a week for a period of three months. Another adolescent held the view that the rules at each living group should match the goal of that particular living group. He experienced the rules at his living group as particularly severe, while he thought that the rules at another living group were more lenient. His opinion is illustrated in the following quotation:

We are not at the treatment side yet, so that's unfair. (P23)

To conclude, when adolescents were able to rationalize rules, structure, and deprivation, among other potentially repressive aspects, they seemed to experience less repression.

Discussion

Five processes that are related to adolescent's perception of repression emerged from this study. Adolescents may perceive their stay to be meaningless, that repression is "just the way it is" (i.e., rationalization), that staff abuse their power, decide for the adolescents (i.e., loss of autonomy), or seem to forget adolescents are human beings (i.e., dehumanization). As such, adolescents may experience a social environment inside the institutions that hinders the three basic needs (i.e., autonomy, relatedness, and competence) for positive development, according to SDT.

As supposed in the scoping review of de Valk et al. (2016), the power imbalance appeared to be one of the main causes of adolescents experiencing repression. Perception of arbitrary or excessive use of power—for example in rules and punishments—caused reactance in adolescents. In addition to the power that is "visible" to adolescents, examples of soft power were given. This became apparent mainly in the treatment goals of behavioral interventions directed toward normalizing behavior. Adolescents felt coerced to achieve these goals, while they were presented as something positive to

encourage behavioral change. Furthermore, youth gave examples of their autonomy being restricted without justification, as they were not always given the freedom to make decisions they were able and willing to make for themselves. Finally, empathy appeared to be a protective factor against repression.

This study offered new insights into repression that were not accounted for in the scoping review (de Valk et al., 2016). There were clear indications of repression—such as the illegitimate use of coercive measures—that were unexpectedly not experienced as such by the adolescents because they became accustomed to repression (habituation), because they empathized with staff, or because they thought the amount of repression was compatible with the environment in which they were staying (rationalization). This may cause youth to accept repression, which may be considered a form of cognitive dissonance reduction (Festinger, 1957).

Another unexpected finding was that adolescents in FYC described the use of coercive measures as “disciplinary punishment,” which is supported by chapter X of the Dutch Juvenile Penitentiary Custodial Act. The director of an FYC institution may impose sanctions—such as solitary confinement, exclusion of activities, and restriction of leave—when a staff member concludes that adolescents are involved in actions that are incompatible with order and safety in the institution or with the execution of the custodial punishment. In Dutch law, no attention is paid to the aspect of learning as part of disciplinary punishments, although “disciplinary” implies an expectation that the adolescents will not act wrongly again. Notably, research has shown that punishments can only be effective if there is trust and a positive working alliance between adolescents and staff, and when it serves educational aims (de Valk et al., 2015).

Last, this study offered deeper insights into how the unlawful or arbitrary restriction of autonomy is related to repression, as the findings showed that restricted autonomy sometimes resulted in lack of meaning during adolescents’ stay in the institutions. This hinders full resocialization, which should be the goal of residential youth care institutions, and the only justification for restricting the adolescent’s freedom (European Convention on Human Rights, 1950, art. 5; United Nations Convention on the Rights of the Child, 1989, art. 37).

A gender difference was found in the processes relating to autonomy and meaningfulness that caused adolescents to experience repression. While the girls were looking for opportunities to experience progress in their personal development (intrinsic motivation), the boys often mentioned that they were just doing what is expected of them to be “released” (extrinsic motivation). Consequently, girls experienced more repression when they were not granted opportunities to develop themselves, whereas boys experienced more repression when it was not obvious what was necessary for them to complete

treatment. More research is needed on this topic, as gender differences in motivation are important for effective treatment. Unlike these gender differences, no indications of cultural influences were found in experienced repression. This supports the SDT statement that although the needs for autonomy, relatedness, and competence may be valued differently in different societies, the functional role of it is universal (Chirkov, 2007; Ryan & Deci, 2017).

It can be concluded from this study that adolescents accept structure, rules, coercion, and punishments, and that they expect staff to use their power to a certain extent to create order and safety. However, when adolescents think staff's acting is unfair or excessive, they experience repression. The adolescents indicated a need for humanity in staff's acting in the interviews. Furthermore, the adolescents gave several examples of the presence of soft power in the institutions, which created a pseudo-autonomous space. Because adolescents rationalize a substantial number of staff's acting, they may not always experience repression. This might be seen as a form of cognitive dissonance reduction to cope with repression, but adolescents might still be harmed by repression, as their needs for competence, relatedness, and autonomy remain unmet.

Implications

This study emphasizes once again the difficulty of finding a balance between asserting power to offer a safe and structured environment and promoting self-determination of youth to stimulate rehabilitation and positive transition into adulthood in the three types of residential institutions (van der Helm, Boeke, Stams, & van der Laan, 2006). To promote self-determination in youth in residential institutions, interventions to stimulate a rehabilitative group climate with respect to the adolescents' autonomy are being developed. One such intervention is shared decision-making (SDM), in which professionals and clients make decisions together (i.e., relatedness) using the best available evidence (Elwyn et al., 2012). It is supposed that SDM has benefits for clients, because care is only effective when it matches individual situations and preferences (i.e., autonomy; Sheldon & Elliot, 1999) and when a therapist creates conditions for an empowering mind-set, trust, belief in the effectiveness of treatment, and personal power to bring about change (i.e., competence; King, Currie, & Petersen, 2014; Lipsey, 2009). SDM could also be used to increase youth's participation at the living group, for instance, by making shared decisions on rules and structure.

When the main cause of repression is the conscious or unconscious misuse of power by staff members or the rationalization of this misuse, coaching staff members on the job could be considered. Senior team members or team leaders

may coach the team, but when repression is institutionalized, an external coach might be more effective (de Valk et al., 2016). Coaching should be directed toward using alternatives to repression, such as SDM (Elwyn et al., 2012), de-escalation programs (National Institute for Health and Care Excellence [NICE], 2005), or Non-Violent Resistance (Omer, 2004).

The findings of this study offer an additional source of information that can be used to identify and become aware of repression in residential institutions, which might be used to improve existing instruments that assess group climate or to develop new instruments to assess repression in residential youth care (Tonkin, 2015).

For Dutch FYC institutions in particular, making an addition to the Dutch juvenile penitentiary custodial act should be considered. As described before, this act supports the use of coercive measures, such as disciplinary punishments. However, treatment could have more effective results when not only the placement itself but also the disciplinary punishments are directed toward positive development and rehabilitation.

Limitations

In qualitative research, the researcher is a central figure who influences, if not actively constructs, the collection, selection, and interpretation of data (Finlay, 2002). Reflexivity and a critical attitude were promoted through critical conversations between the authors of this study, thus reducing the risk of biased interpretations.

Because secondary data were used, the researchers selected the interviews that offered the most relevant and rich information. This may have resulted in an overrepresentation of participants with higher cognitive capacities. Consequently, the finding that adolescents were able to empathize with staff members may not generalize to adolescents with lower cognitive capacities, who are less able to adopt another person's perspective (Ibanez et al., 2013).

Although the selection of interviews continued until saturation was reached, extreme examples, such as sexual and physical abuse by staff, have not been found in the current sample. To trace these examples, extreme case sampling would have been suitable, using multiple sources of information (official registration of incidents and interviews with both adolescents and staff) and a sampling method that allows for conclusions to be drawn about the incidence and prevalence of extreme incidents that violate judicial and ethical norms. However, the current study focused on the perception of less visible forms of repression, which nevertheless may have negative effects on the rehabilitative efforts of residential youth care institutions (de Valk et al., 2016).

Despite the limitations of the study, the insights offer a new source of information that can be used to identify and become aware of perceived repression in residential institutions. Further research is necessary to investigate the effectiveness of the measures that have been suggested to prevent repression. Stimulating adolescents' autonomy and ensuring that treatment is meaningful to them seem to be important factors in diminishing repression. Furthermore, future research should also focus on the staff's experiences to gain a better understanding of the transactional processes underlying repression.

Acknowledgments

The authors would like to thank all the youths who shared their experiences with us, and the students who conducted and transcribed the interviews.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This study was made possible by the support of the Reformed Civil Orphanage (in Dutch: *Gereformeerd Burger Weeshuis*), Rotterdam, the Netherlands.

References

- Ashforth, B. E., & Anand, V. (2003). The normalization of corruption in organizations. *Research in Organizational Behavior*, 25, 1-52. doi:10.1016/S0191-3085(03)25001-2
- Bandura, A. (1999). Moral disengagement in the perpetration of inhumanities. *Personality and Social Psychology Review*, 3, 193-209. doi:10.1207/s15327957pspr0303_3
- Bandura, A. (2002). Selective moral disengagement in the exercise of moral agency. *Journal of Moral Education*, 31, 101-119. doi:10.1080/0305724022014322
- Chirkov, V. I. (2007). Culture, personal autonomy and individualism: Their relationships and implications for personal growth and well-being. In G. Zheng, K. Leung, & J. G. Adair (Eds.), *Perspectives and progress in contemporary cross-culture psychology* (pp. 247-263). Beijing, China: China Light Industry Press.
- Chow, W. S., & Priebe, S. (2013). Understanding psychiatric institutionalization: A conceptual review. *BMC Psychiatry*, 13(169), 1-14. doi:10.1186/1471-244X-13-169
- Crewe, B. (2009). Soft power in prison: Implications for staff-prisoner relationships, liberty and legitimacy. *European Journal of Criminology*, 8, 455-468. doi:10.1177/1477370811413805

- de Valk, S., Kuiper, C., van der Helm, G. H. P., Maas, A. J. J. A., & Stams, G. J. J. M. (2016). Repression in residential youth care: A scoping review. *Adolescent Research Review, 1*, 195-216. doi:10.1007/s40894-016-0029-9
- de Valk, S., van der Helm, G. H. P., Beld, M., Schaftenaar, P., Kuiper, C., & Stams, G. J. J. M. (2015). Does punishment in secure residential youth care work? An overview of the evidence. *Journal of Children's Services, 10*(1), 3-16.
- Dienst Justitiële Inrichtingen. (2016). *Justitiële Jeugdinrichtingen* [Correctional Institutions for Juvenile Offenders; Fact sheet]. Retrieved from https://www.dji.nl/binaries/dji-infosheet-jeugdinrichtingen-juli-2016-copy_tcm41-121765.pdf
- du Plessis, R. (2013). Constructing patient–psychiatrist relations in psychiatric hospitals: The role of space and personal action. *Social Semiotics, 23*, 424-443. doi:10.1080/10350330.2012.739003
- Eisenberg, N., & Sheffield Morris, A. (2001). The origins of social significance of empathy-related responding. A review of empathy and moral development: Implications for caring and justice by M. L. Hoffman. *Social Justice Research, 14*, 95-120. doi:10.1023/A:1012579805721
- Elwyn, G., Frosch, D., Thomson, R., Joseph-Williams, N., Lloyd, A., Kinnersley, P., . . . Barry, M. (2012). Shared decision making: A model for clinical practice. *Journal of General Internal Medicine, 27*, 1361-1367. doi:10.1007/s11606-012-2077-6
- European Convention on Human Rights, art. 5, September. 1950. Retrieved from http://www.echr.coe.int/Documents/Convention_ENG.pdf
- Festinger, L. A. (1957). *A theory of cognitive dissonance*. Stanford, CA: Stanford University Press.
- Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research, 2*, 209-230.
- Foucault, M. (1977). *Discipline and punish: The birth of the prison*. London, England: Penguin Books.
- Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology, 13*(117). doi:10.1186/1471-2288-13-117
- Gelkopf, M., Roffe, Z., Behrbalk, P., Melamed, Y., Werbloff, N., & Bleich, A. (2009). Attitudes, opinions, behaviors, and emotions of the nursing staff toward patient restraint. *Issues in Mental Health Nursing, 30*, 758-763. doi:10.3109/01612840903159777
- Geller, J. L., Fisher, W. H., Grudzinskas, A. J., Clayfield, J. C., & Lawlor, T. (2006). Involuntary outpatient treatment as “desinstitutionalized coercion”: The net-widening concerns. *International Journal of Law and Psychiatry, 29*, 551-562. doi:10.1016/j.ijlp.2006.08.003
- Goffman, E. (1961). On the characteristics of total institutions. In *Asylums: Essays on the social situations of mental patients and other inmates* (pp. 1-124). New York, NY: Doubleday Anchor.
- Goffman, E. (1974). *Frame analysis: An essay on the organization of experience*. Cambridge, MA: Harvard University Press.

- Halpern, J., & Weinstein, H. M. (2004). Rehumanizing the other: Empathy and reconciliation. *Human Rights Quarterly*, *26*, 561-583. doi:10.1353/hrq.2004.0036
- Haque, O. S., & Waytz, A. (2012). Dehumanization in medicine. *Perspectives on Psychological Science*, *7*, 176-186. doi:10.1177/1745691611429706
- Haslam, N. (2006). Dehumanization: An integrative review. *Personality and Social Psychology Review*, *10*, 252-264.
- Havighurst, R. J. (1948). *Developmental tasks and education*. New York, NY: Longman.
- Höfte, S. J. C., van der Helm, G. H. P., & Stams, G. J. J. M. (2012). Het internationaal recht en knelpunten in de gesloten jeugdzorg: Adviezen voor de praktijk [International law and bottlenecks in secure youth care: Suggestions for practice]. *Justitiële Verkenningen*, *38*(6), 84-99.
- Holmes, D., & Murray, S. J. (2011). Civilizing the "Barbarian": A critical analysis of behaviour modification programmes in forensic psychiatry settings. *Journal of Nursing Management*, *19*, 293-301. doi:10.1111/j.1365-2834.2011.01207.x
- Ibanez, A., Huepe, D., Gemppe, R., Gutiérrez, V., Rivera-Rei, A., & Toledo, M. I. (2013). Empathy, sex and fluid intelligence as predictors of theory of mind. *Personality and Individual Differences*, *54*, 616-621. doi:10.1016/j.paid.2012.11.022
- Ibsen, A. Z. (2013). Ruling by favors: Prison guards' informal exercise of institutional control. *Law & Social Inquiry*, *38*, 342-363.
- Jacob, J. D., Holmes, D., & Buus, N. (2008). Humanism in forensic psychiatry: The use of the tidal nursing model. *Nursing Inquiry*, *15*, 224-230. doi:10.1111/j.1440-1800.2008.00420.x
- Keysers, C. (2011). Sensations. In *The empathic brain—How the discovery of mirror neurons changes our understanding of human nature* (pp. 132-134). Amsterdam, The Netherlands: Social Brain Press.
- King, G., Currie, M., & Petersen, P. (2014). Child and parent engagement in the mental health intervention process: A motivational framework. *Child and Adolescent Mental Health*, *19*(1), 2-8. doi:10.1111/camh.12015
- Laing, R. D. (1974). *The politics of experience and the bird of paradise*. Harmondsworth, UK: Penguin.
- Larsen, I. B., & Terkelsen, T. B. (2013). Coercion in a locked psychiatric ward: Perspectives of patients and staff. *Nursing Ethics*, *21*, 426-436. doi:10.1177/0969733013503601
- Leloux-Opmeer, H., Kuiper, C., Swaab, H., & Scholte, E. (2016). Characteristics of children in foster care, family-style group care, and residential care: A scoping review. *Journal of Child and Family Studies*, *25*, 2357-2371. doi:10.1007/s10826-016-0418-5
- Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims & Offenders*, *4*, 124-147. doi:10.1080/15564880802612573
- MacKenzie, D. L. (1997). Criminal justice and crime prevention. In L. W. Sherman, D. Gottfredson, D. L. MacKenzie, J. Eck, P. Reuter, & S. Bushway (Eds.), *Preventing crime: What works, what doesn't, what's promising* (pp. 1-76). Washington, DC: National Institute of Justice.

- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research, 11*(3), Article 8.
- Mercer, S. W., & Reynolds, W. J. (2002). Empathy and quality of care. *British Journal of General Practice, 52*, 9-12. doi:10.1016/j.jpsychores.2014.03.005
- Miles, M., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: SAGE.
- Miller, J. A., Hunt, D. P., & Georges, M. A. (2006). Reduction of physical restraints in residential treatment facilities. *Journal of Disability Policy Studies, 16*, 202-208. doi:10.1177/10442073060160040101
- Ministerie van Volksgezondheid, Welzijn en Sport. (2016). *Jaarrapport 2016 Landelijke Jeugdmonitor* [Annual Report 2016 National Youth Monitor]. Den Haag, The Netherlands: Centraal Bureau voor de Statistiek.
- Moerman, G. (2010). *Probing behaviour in open interviews*. Amsterdam, The Netherlands: VU University.
- National Institute for Health and Care Excellence. (2005). *Clinical practice guidelines for violence. The short-term management of disturbed/violent behaviour in psychiatric in-patient and emergency departments guideline*. London, UK: Author.
- Omer, H. (2004). *Nonviolent resistance. A new approach to violent and self-destructive children*. Cambridge, UK: Cambridge University Press.
- Parhar, K. K., Wormith, J. S., Derkzen, D. M., & Beauregard, A. M. (2008). Offender coercion in treatment: A meta-analysis of effectiveness. *Criminal Justice and Behavior, 35*, 1109-1135. doi:10.1177/0093854808320169
- Paterson, B. (2011). How corrupted cultures lead to abuse of restraint interventions. *Learning Disability Practice, 14*, 24-28.
- Paterson, B., & Duxbury, J. (2007). Restraint and the question of validity. *Nursing Ethics, 14*, 535-545.
- Patton, M. Q. (1990). *Qualitative Research & Evaluation Methods* (2nd ed.). Newbury Park, UK: SAGE.
- Roisman, G. I., Masten, A. S., Douglas Coatsworth, J., & Tellegen, A. (2004). Salient and emerging developmental tasks in the transition to adulthood. *Child Development, 75*, 123-133. doi:10.1111/j.1467-8624.2004.00658.x
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Los Angeles, CA: SAGE.
- Ryan, R. M., & Deci, E. L. (2017). *Self-Determination Theory: Basic psychological needs in motivation, development, and wellness*. New York, NY: Guilford Press.
- Saloviita, T. (2002). Challenging behaviour, and staff responses to it, in residential environments for people with intellectual disability in Finland. *Journal of Intellectual & Developmental Disability, 27*, 21-30. doi:10.1080/1366825012010918
- Sheldon, K. M., & Elliot, A. J. (1999). Goal striving, need satisfaction, and longitudinal well-being: The self-concordance model. *Journal of Personality and Social Psychology, 76*, 482-497.
- Stone, D. T. (2001). Countertransference issues in adolescent residential settings. *Journal of Child and Adolescent Group Therapy, 11*, 147-157.
- Ten Brummelaar, M. D. C., Gerrits, G. M., Post, W. J., Harder, A. T., Kalverboer, M. E., Pultrum, T. A., . . . Knorth, E. J. (2014). Perceptions of participation: The

- views of male young people on the care process in a juvenile justice facility. *International Journal of Child and Family Welfare*, 15(1/2), 53-75.
- Ter Beek, E., van der Rijken, R., Kuiper, C., Hendriks, J., & Stams, G. J. J. M. (2016). The allocation of sexually transgressive juveniles to intensive specialized treatment: An assessment of the application of RNR principles. *International Journal of Offender Therapy and Comparative Criminology*, 1-22. Advance online publication. doi:10.1177/0306624X16674684
- Tonkin, M. (2015). A review of questionnaire measures for assessing the social climate in prisons and forensic psychiatric hospitals. *International Journal of Offender Therapy and Comparative Criminology*, 60, 1376-1405. doi:10.1177/0306624X15578834
- United Nations Convention on the Rights of the Child, art. 37, November, 1989. Retrieved from <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- van der Helm, G. H. P., Boekee, I., Stams, G. J. J. M., & van der Laan, P. H. (2006). Fear is the key. *Journal of Children's Services*, 6, 248-263. doi:10.1108/17466661111190947
- Van Petegem, S., Beyers, W., Vansteenkiste, M., & Soenens, B. (2012). On the association between adolescent autonomy and psychosocial functioning: Examining decisional independence from a self-determination theory perspective. *Developmental Psychology*, 48(1), 76-88.
- Vermaes, I. P. R., & Nijhof, K. S. (2014). Zijn jongeren in JeugdzorgPlus anders dan jongeren in de open residentiële jeugdzorg? [Do youth in secure youth care differ from youth in open youth care?] *Orthopedagogiek: Onderzoek En Praktijk*, 53(1), 33-46.
- Wynn, R., Kvalvik, A.-M., & Hynnekleiv, T. (2011). Attitudes to coercion at two Norwegian psychiatric units. *Nordic Journal of Psychiatry*, 65, 133-137. doi:10.3109/08039488.2010.513068

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