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Under Pressure. Repression in Residential Youth Care
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Nowadays, there is still a group of youngsters who are placed in residential youth care facilities. These are youth with severe behavioral or psychiatric problems who cannot live at home or in foster care (Anckarsäter et al., 2007; Colins et al., 2010; Fazel et al., 2008; Leloux-Opmeer et al., 2016). Research shows that youth who are placed in residential youth care are characterized by more behavioral problems than those who receive ambulatory or foster care (Leloux-Opmeer et al., 2016). In general, youth in residential youth care are viewed as youth with a combination of behavioral and emotional problems, and problems between parent(s) and child. The admission is often involuntary, although it is thought to be in the best interest of the child. The goal of treatment is to prepare them to return to society and to offer perspective, which—depending on the age and the needs of the youth—can differ from returning to their parents or other network members, to transferring to an assisted or independent living environment.

One specific element of residential youth care keeps threatening the effectiveness of treatment in these institutions: institutional repression (hereafter: *repression*). Van der Helm et al. (2011) characterized repression by harsh and unfair control and punishment, a weak organizational structure, no flexibility, incremental rules, lack of privacy, extreme boredom, and humiliation of inmates. However, a clear definition and insights into the causes of repression remained absent. This dissertation aims to gain those insights and causes, in order to find ways to diminish repression.

The first study (Chapter 2) involved a literature study on the use and the effects of punishment *in* residential youth care institutions. Specifically, this study was aimed at generating more awareness of the negative consequences of punitive approaches by staff and to stress the influence of a positive environment in successful behavior modification. It showed that when punishment is used as a means of control or as an excuse for professional helplessness, it often leads to more violence instead of less. Professionals who created a working alliance with youth felt more in control and displayed increased flexibility in their professional behavior.

In Chapter 3, a scoping review on repression in residential youth care institutions was presented. In this review, repression was described from a humanistic perspective and consequently social psychological and organizational perspectives were used to describe transactional processes underlying repression. In this scoping review, repression was defined as a series of transactional processes between youth, authority figures, and the organizational approach and structure, characterized by an authority figure intentionally acting in a way that harms the youth, or by an authority figure unlawfully or arbitrarily depriving the youth of liberty or autonomy, fueled by institutionalization and intrapersonal processes in authority figures (fear, rationalization, lack of empathy, dehumanization), mediated by interpersonal processes (socialization and identification). These findings were used to offer implications for preventing, recognizing, and diminishing repression.

Chapter 4 presented the results of a qualitative study examining the experiences of 32 youth in open, secure, and forensic youth care institutions. The scoping review from Chapter 3 functioned as a framework in this study and the interviews with youth were used to validate the hypotheses from the scoping review and to increase the possibilities to recognize repression. 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, that staff members decide for the adolescents (i.e., loss of autonomy), or that they seem to forget adolescents are human beings (i.e., dehumanization). It was 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 fourth study (Chapter 5) described the conceptualization, development and validation of the Institutional Repression Questionnaire (IRQ), which is a self-report measure for youth in residential youth care facilities. A five-factor structure of the Institutional Repression Questionnaire was confirmed, comprising the subscales Abuse of Power, Justice, Lack of Autonomy, Meaning, and Humanization. The five subscales demonstrated good to excellent internal consistency and correlated all significantly and in the expected directions with Prison Group Climate Instrument (Van der Helm, Stams, & Van der Laan, 2011) and Basis Psychological Need Satisfaction and Frustration Scale – Intellectual Disability (Frielink, Schuengel, & Embregts, 2016). The study provided preliminary evidence to support validity and reliability of an adolescent self-report questionnaire of perceived repression as a multidimensional construct. Residential youth care institutions can use outcomes of the Institutional Repression Questionnaire to improve their living group climate.

In Chapter 6, a study into the relation between type of institution and work climate as reported by staff on experienced repression by youth is presented. By means of a multi-level analysis it was studied what factors in the work climate as reported by staff or which type of institution predict high or low amounts of experienced repression by youth. Data of 176 youth and 232 staff members from 41 living groups in seven Dutch residential youth care institutions were used. Repression was measured using the Institutional Repression Questionnaire, and work climate was measured using the Living Group Work Climate Inventory (Dekker, Van Miert, Van der Helm, & Stams, 2015). The study only confirmed that youth in open residential youth care institutions experience less abuse of power compared to youth in secure residential youth care institutions. No significant relationships were found between the elements of work climate and the five dimensions of repression.

This dissertation showed that current residential youth care in the Netherlands functions under considerable pressure. In youth care, support is

growing to move away from out-of-home placement—in particular residential care—and there is a shift towards family centered care and empowerment of the own family and social system. Replacing residential youth care institutions by other types of youth care reduces the risk of repression, because repression is closely linked to endemic characteristics of residential youth care institutions.

Despite the ethical problems and therapeutic drawbacks of residential youth care—in particular associated with the risk of repression—it might not be realistic to ban residential youth care from society completely. For a small group of the most vulnerable and traumatized youth, for youth who pose a severe threat to society, or for youth who committed a crime, it may (sometimes) be the only way to offer treatment. In that case, it is important to minimize the amount of repression in residential youth care and to create a therapeutic environment. From the perspective of self-determination theory (SDT), social workers and other staff members should therefore be responsive to the youth's 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 self-determination and constructive social development (Ryan & Deci, 2017).

Residential group climate research showed that it is possible to offer youth the prospects of positive development and perspective, without working solely from structure and control (Schubert et al., 2012; Van der Helm, 2011; Van der Helm & Vandevelde, 2018). About 50 years ago, antipsychiatry started transforming psychiatric residential facilities into therapeutic communities. This recently resounded in a Dutch field experiment, where a secure forensic hospital was transformed into a relational caring therapeutic community, which substantially reduced criminal recidivism rates (Schaftenaar et al., 2018). It would be interesting to see under what conditions residential youth care facilities can be transformed into therapeutic communities based on shared decision making between youth and staff. This would fulfill the youths' basic needs for self-determination, preparing the ground for a meaningful life and participation in society, which is antagonistic to repression.