

# Does punishment in secure residential youth care work? An overview of the evidence

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## Abstract

**Purpose** – Violence is a common problem in secure residential units for young people. Group workers often think that young people have to learn to behave by means of punishment. The purpose of this paper is to investigate whether this approach is effective in these settings, and, if so, under what circumstances. Furthermore, it aims to provide alternatives to punishment when dealing with violence.

**Design/methodology/approach** – Recent evidence on the effectiveness of punishment in secure residential units is reviewed. In addition, methods which are promising in dealing with violence are described.

**Findings** – The review shows that punishment is often used to regain control by group workers or, alternatively, is a result of professional helplessness in the face of escalating problems. Only when the living group climate is marked by trust and cooperation can punishment be effective.

**Originality/value** – Punishment in secure residential settings can have severe negative consequences. Nevertheless, group workers are tempted to use it as a response to violence in an attempt to gain control.

**Keywords** Control, Alliance, Violence, Living group climate, Punishment, Secure and correctional care, Review

**Paper type** Literature review

## Introduction

In secure residential youth care, the young people (aged 4-18) are treated in living groups or wards by trained care staff, social workers or psychiatric nurses. These workers often encounter severe aggression by the residents (Bracha, 2006; Toch and Kupers, 2007; Whittle *et al.*, 2006). This has a considerable impact on their professional behaviour because they often fear getting hurt and experience loss of control (Van der Helm *et al.*, 2011). Group workers sometimes think that punishment for rule infraction(s) or “bad behavior” is a solution for dealing with both the antisocial behaviour and the sense of losing control (Hanrath, 2013). But in reality punishment often aggravates the situation and increases the likelihood of coercive responses by group workers, both of which damage the living group climate (Fontaine and Dodge, 2009; Patterson, 1976; Van der Helm and Stams, 2012). Approaches that are too rigid or excessively restrictive increase the risk of violence (Duxbury, 2002; Meehan *et al.*, 2006). Zimbardo (2007) and Hanrath (2013) show how “good people turn evil” in such situations. Fontaine and Dodge (2009), Dadds and Salmon (2003) and Van der Helm and Stams (2012) point to negative group dynamic processes which can explain why punitive behaviour occurs at the individual level and Patterson (1976) speaks of transactional processes, designated as a “coercion trap” in which group workers and young people escalate their reactions towards each other in order to achieve dominance.

Several researchers have focused on the detrimental effects of punishment and coercion in treatment (Fontaine and Dodge, 2009; Hanrath, 2013; Ibsen, 2013; Lipsey, 2009; Parhar *et al.*, 2008; Souverein *et al.*, 2013; Toch and Kupers, 2007). This has led Marshall and Burton (2010) to call for more research on the effectiveness of secure residential care. This paper contributes to this discussion by reviewing recent empirical evidence on the role of punishment in secure settings and provides practical suggestions for improving living group climates and reducing coercion. Repression is one of the factors affecting living group climate and in this the punitive attitudes of group workers and sanctions they administer play an important role. Research on repression is rooted in the work of Goffman (1961) and Sykes (1958) but also in Milgram (1974) and Zimbardo (2007). Recently, the debate about the detrimental effects of repression has been reopened by Ibsen (2013) in his discussion of adult prisons, so it is timely to reexamine the scientific evidence on the effects of punishment in all types of secure institutions.

## Method

To find relevant literature, a systematic search approach was conducted. The following databases were used: Academic search Premier, CINAHL, ERIC, PubMed and PsycINFO. Several keywords were entered and/or combined to create a search string: “punishment”, “history”, “repression”, “effects of punishment”, “repression and youth care”, “abuse in (secure residential) youth care”, combinations of “effect” and “punishment and upbringing”, “punishment in children”, “altruistic punishment”, “punishment and behaviour”, “punishment and society” and “punishment and (secure residential) youth care”.

In addition, several recent methods, which are promising in dealing with violence in secure provision effectively, are described. To find relevant literature about this topic a similar search approach was used with (a combination of) the keywords: “(secure residential) youth care”, “violence”, “de-escalation”, “control”, “aggression”, “trust” and “cooperation”.

The combination of “effect punishment” and “behaviour” resulted in 1,386 articles, the combination of “punishment” and “childcare” in 155 and the combination of “punishment” and “residential care” in 41. The combination of “de-escalation” and “aggression” resulted in another 15 articles and “de-escalation” and “violence” in 26. The snowball method was used during the literature search. In this method, certain articles are used as key documents and the citations of references to other sources about the same subject are followed to find other relevant literature.

A structured approach to appraise the emerging articles was used to improve the quality of the process using the MOOSE (Meta-Analysis of Observational Studies in Epidemiology) guidelines (Stroup *et al.*, 2000). Furthermore several inclusion criteria were utilised to make sure that the literature was relevant to current (residential) youth care. Articles were included when the article was oriented to Western societies and was published after 1990 (except for books). All those considered were published in peer-reviewed journals. Given the fact that it is ethically impossible to study punishment under artificially created conditions, no randomised control trials were found. However, several quasi-experimental design studies were identified. Furthermore, due to the conceptual nature of this research, some studies without a comparison group were included. These limitations mean that it will not be possible to draw any causal conclusions. In the end, 114 articles were included in this review.

## Results

### *Secure residential treatment*

Children and youths living in secure psychiatric units or youth correctional facilities are highly dependent on group workers (Harvey, 2005; Van der Helm, 2011). Detained youths – often with a history of maltreatment, neglect or abuse – have (comorbid) mental disorders and frequently have indulged in drug (ab)use and criminal behaviour (Anckarsäter *et al.*, 2007). When growing up, the development of behavioural and psychological autonomy is restricted by the many rules they have to obey in secure settings (Hanrath, 2013; Harvey, 2005; Sykes, 1958). Behavioural problems, for which youths are mostly treated (called “importational problems” by Gover *et al.*, 2000) often generate reactions from group workers who then respond too strictly or unfairly, or unprofessionally (called “deprivational problems” by Sykes, 1958). This can result in aggression

that is often followed by punishment (called transactional “coercive traps”: Dadds and Salmon, 2003; Fontaine and Dodge, 2009; Harvey, 2005; Ros *et al.*, 2013; Van der Helm *et al.*, 2011). Coercive cycles of interaction between group workers and young people lie at the root of the link between residents’ reactions and punitive responses (Caspi *et al.*, 2010; Fontaine and Dodge, 2009; Ros *et al.*, 2013). This situation further damages the quality of life for everyone in the unit (Van der Helm and Stams, 2012).

Van der Helm (2011) found that it was difficult, but not impossible, to create a non-coercive living group climate inside a secure setting. Schubert *et al.* (2012) found positive effects on young people’s behaviour when the living group climate was non-coercive (see also Parhar *et al.*, 2008) and Leeman *et al.* (1993) showed that an institutional group intervention based on justice and a positive peer culture can promote socio-moral development and decrease recidivism (see also Van Stam *et al.*, 2014). Furthermore, the institutional climate or living group climate may have influence whether an adolescent reduces antisocial behaviour through accepting an alliance with group workers (Bouffard and Piquero, 2010; Roest *et al.*, 2014; Schubert *et al.*, 2012). Recently, Hoogsteder *et al.* (2014) conducted a quasi-experimental study in a secure juvenile justice institution and found that violent offenders’ irrational cognitions, poor coping skills, aggression and recidivism risk were reduced and treatment motivation enhanced by a responsive and non-punitive living group climate that targeted the specific needs of the individuals those incarcerated. Notably, De Swart *et al.* (2012) reviewed the empirical literature on institutional youth care over the past three decades and showed that it can be just as effective as non-institutional interventions, but only if the residents receive (evidence-based) therapeutic care that “engages them in a supportive, constructive process of change” and “does not rely on external control and coercion” (Lipsey, 2009).

### ***Group workers and living group climate***

Group workers are responsible for creating a positive living group climate and have the difficult task of combining flexibility (e.g. therapeutic responsiveness) and control to maintain structure and safety (Van der Helm, 2011). Structure and safety are necessary to stabilise importational problems and enable treatment to take place. But, finding a balance between flexibility and control is difficult (Hanrath, 2013; Ibsen, 2013), especially when group workers become traumatised themselves and experience high stress levels due to frequent challenging incidents, anger and anxiety (“vicarious trauma”, Saakvitne, 2002). Fearful group workers tend to avoid conflicts or give in when confronted (“freezing or fleeing”, Van der Helm *et al.*, 2012). Alternatively, group workers may become angry and for that reason devise “chickenshit” rules (Harvey, 2005; Ibsen, 2013) such as “do not put mayo and ketchup together on your food”. Infractions of these rules often result in punishments which are perceived as unjust by the residents and this consequently leads to resistance, subversion and possible violence (Hanrath, 2013; Ibsen, 2013).

Stress induced by disobedience and aggressive incidents can lead to cognitive distortions among group workers and these can mirror those already applied to their clients. Examples are blaming others, minimising/mislabeling and assuming the worst (Barriga *et al.*, 2001). Blaming others refers to misattributing blame to the young people (Harvey, 2005; Groeneweg *et al.*, 2012; Van der Helm and Hanrath, 2012) and the minimising/mislabeling of young people’s challenging behaviour can result in staff defending unjust and harsh punishments, “He needs a good whack over the head now and then”[1]. Assuming the worst refers to attributing hostile intentions to others, seeing worst-case scenarios as inevitable or assuming that improvement is impossible – “He needs to be locked up with the key thrown away”. These cognitive distortions can lead to overcontrol and punitive behaviour by whole teams of staff (Green, 2009; Piquero *et al.*, 2010; Van der Helm and Stams, 2012).

### ***Punitive behaviour***

Some psychologists who are aware of the possible negative consequences of punitive approaches try to minimise punishment and shape young people’s behaviour by encouraging them to experiment with positive responses. However, group workers with a punitive attitude are unlikely to agree with such an approach. Recent research showed disagreement with the advice of psychologists to be one of the predictors of resignation by group workers (Youth Expert Centre, 2014). In circumventing punishment bans, they often devise “alternative” ones (Ibsen,

2013). Instead of imposing officially permitted sanctions, they take away rewards and privileges. This happens randomly and depends very much on the individuals involved. Examples are restraint of freedom, like “cell programs”, “end of the day” (which is an euphemism for locking up), solitary confinement with or without TV and sometimes without electricity. These are officially imposed to prevent self-harm or fire setting but actually bar clients from other forms of distraction or entertainment, such as a cd player or a game-station. The list of possible sanctions is seemingly endless, including eating dry bread, not replacing broken furniture, banning smoking, restricting visits, confiscating reading material or cancelling home leave (Hanrath, 2013).

In addition to all of this, treatment programmes can be cancelled and physical punishments administered contrary to official rules and Human Rights Charters (for a discussion, see Zimbardo, 2007; Hofte *et al.*, 2012). Medical records of injuries often show tell-tale signs of jumping on clients while restraining them or giving an extra “knee” when transporting them; unnecessary lengthy separations, tying up and physical assaults (Hofte *et al.*, 2012). Human rights are transgressed and, sometimes, group workers commit outright abuse (Coyle, 2002). Often, when group workers try to regain control by punishment, other group workers go along with it because they themselves depend on their colleagues for their own safety (Van der Helm and Stams, 2012).

Recent neurobiological research shows that aggression and fear can activate “motivational defense circuits” in the brain (LeDoux, 2014). These control, in the presence of threat predicting cues, defensive behaviours (goal-directed actions such as avoidance and other coping responses) and can be rewarding to the individual. De Quervain *et al.* (2004) and Strobel *et al.* (2011) also demonstrate that punishment activates this process and show that this supports the social preference theory in which people are seen to have a preference for punishing rule violations. Strobel *et al.* (2011) has confirmed this hypothesis and specified that punishment is even more rewarding for staff than direct interaction with the offender. This offers an explanation of why group workers often think that punishment works – because it can give them satisfaction. Zimbardo in his famous Stanford Prison Experiments and his book *The Lucifer Effect* (2007) shows how “good people turn evil”, and concludes that every person is capable of treating others cruelly in certain social situations. Other researchers (e.g. Hanrath, 2013) have argued that because of this “innate” tendency for punishment in humans, secure residential treatment constitutes a contradiction in terms. It creates a coercive cycle of reactance and punishment. Others, however, including Van der Helm (2011), who conducted extensive research in secure settings, and Haslam and Reicher (2012), who unsuccessfully tried to replicate Zimbardo’s experiment, question this “innate tendency for punishment” (for a discussion, see Sovereign *et al.*, 2013) and point to manipulation of the interventions by Zimbardo (i.e. setting up participants against each other and stimulating punitive behaviour) as the reason for their failed replication; they did not find a coercive cycle of aggressive interactions and therefore doubt whether every group worker has an innate tendency to punish or dominate the young people for whom they are responsible.

### *Detrimental effects of punishment*

It is hard to find scientific evidence for the effectiveness of punishment in secure residential settings. In contrast, negative effects have been well documented since the 1980s (Donnellan *et al.*, 1985; LaVigna and Donnellan, 1986; Matson and DiLoren). Subsequently, avoidance behaviour (refusing to come out of one’s room) is often punished with the result of increased isolation and aggression among residents (Fluttert, 2011; Ros *et al.*, 2013). When one resident is punished, staff often copy this behaviour and start punishing others, so aggravating difficulties and increasing aggression in the unit and generating “coercive traps” (Van der Helm *et al.*, 2012; Patterson, 1976). Extreme and harsh punishment diminishes trust as found in prison studies where inmates who have a hostile relationship with officers score higher on measures of recidivism (Listwan *et al.*, 2013). After a while, punishment is no longer contingent on operant behaviour but applied to elicited and non-operant responses (Dadds and Salmon, 2003); often, young people are aggressive or run away because they are afraid of peers, but they subsequently get punished for this. Punishment is often administered inconsequently and erratically (“shifting contingencies”, Dadds and Salmon, 2003) since group workers differ in their ways of dealing with challenging situations; but also now and then they refrain from administering punishment because they fear aggression (Dumas and Wahler, 1985). This can lead to intermittent

reinforcement (Zeiler, 1972) which can actually stimulate further deviant behaviour rather than contain it (Hutscherson II, 2012).

The experience of punishment and organised resistance by young people in punitive establishments or prisons can also stimulate “deviancy training” (Osgood and O’Neill Briddell, 2006) by which deviant behaviour is learned by newcomers (“school for crime”). Sometimes, youths who are emotional immature, intellectual disabled or mentally ill fail to understand why they are being punished or have forgotten which behaviours led to it (Dadds and Salmon, 2003). This is especially worrying as punishment in secure residential settings can reach extreme levels (Dadds and Salmon, 2003), causing physical harm, secondary traumatisation (Amir and Lev-Wiesel, 2004) and learned helplessness (Van der Helm, 2011).

### *Learning from punishment*

Duijvenvoorde *et al.* (2008) showed in their neurobiological research that reward based learning is far superior to punishment. Also several meta-analyses examining punishment related topics, such as corporal punishment (Ferguson, 2013), fail to show positive learning through sanctions and often report its negative consequences (Gershoff, 2002; Ma *et al.*, 2012; Taylor *et al.*, 2010).

On a societal level, Spellman (2000) showed that building 10 percent more prisons only reduced recidivism by 1-3 percent. Increasingly punitive measures have failed to reduce criminal recidivism and instead have led to a mushrooming correctional system, wherein in 2008 in the USA one out of 100 adults was held behind bars (Andrews and Bonta, 2010). Nagin *et al.* (2009) and Piquero and Blumstein (2007) found no beneficial effects of incarceration. Similarly, Gendreau *et al.* (1999) and Wright (2010) found no evidence of deterrence but the meta-analysis by Dolling *et al.* (2009) did reveal a positive effect on petty crime reduction, but not on levels of serious offending. Green and Winick (2010) found in a study of drug offenders that the length of time spent in prison and on probation had no detectable effect on rates of re-arrest. All of these findings suggest that, at least among those facing drug-related charges, incarceration and supervision do not deter subsequent criminal behavior, a finding reinforced by Loughran and colleagues (2009), who examined future rates of rearrests or self-reported offending among serious juvenile offenders and found no relation with the length of time spent in prison (see for comparable conclusions, Snodgrass *et al.*, 2011), and by Andrews and Bonta (2010) who found no positive effects of punishment without rehabilitation in their review of the literature.

One may therefore conclude that punishment has little positive effect but according to recent research, one needs to take a closer look at the function of punishment in society and the reason why it is administered. For thousands of years humans lived together as hunter-gatherers in groups of 40-80 people (Lee and DeVore, 1968). Mussweiler and Ockenfels (2013) argue that groups of human beings have developed evolutionary mechanisms for the “altruistic” punishment of free riders in order to maintain group cohesion. Disregarding negative short-term effects, in the long run, punishment can have a stabilising effect on groups by strengthening social cohesion and creating a shared social identity (Haslam, 2011, Henrich *et al.*, 2006; Okimoto and Wenzel, 2011). Important characteristics of altruistic punishment are consistency, proportionality and avoidance of punishment for the sole benefit of specific persons or groups (Hermann *et al.*, 2008; Mussweiler and Ockenfels, 2013).

There seems to be a link between levels of trust and punishment effectiveness, as Mussweiler and Ockenfels (2013) stated. A recent meta-analysis on this topic by Balliet and Van Lange (2013) brings these findings together at a societal level. In their research (83 studies with 7,361 participants in 18 countries) punishment was found to be ineffective in societies that had low levels of trust and communication. In high-trust societies, punishment had a moderate and positive effect. Not surprisingly, most low and high trust societies in the Balliet and Lange study coincide with the 2013 Global Corruption Barometer from Transparency International (2013). A recent study by Hilbe *et al.* (2014) also showed acceptance of punishment to be dependent on a democratic political regime. With regard to young people in secure and correctional care, Dadds and Salmon (2003) stress the importance of the environment for the effectiveness of punishment in that a positive environment is needed for it to produce successful behaviour modification. This shows that punishment only works when there is enough trust. Can these findings be translated to secure residential care?

Recent meta-analyses by Parhar *et al.* (2008) and Lipsey (2009) indeed show that positive results of secure residential treatment disappear when there is less trust and more coercion. These settings become even more criminogenic and coercive (Lipsey, 2009; Parhar *et al.*, 2008; Van der Helm, 2011). When looked at an individual level, children and adolescents who live in unstable situations (on the streets, in a survival mode with hypercompetition, emotional and physical neglect and/or considerable daily stress) are less influenced by punishment and are much more susceptible to all kinds of rewards (Luman *et al.*, 2011). This stems from a shift in their stress system (Hypothalamus-Hypophysis-Adrenal system (HPA-axis); Popma and Raine, 2006 2013). As a consequence, they become less afraid, display more interpersonal competition and risky behaviour (lower fear conditioning response; Raine, 2013). These young people do not learn from punishment to which they have become accustomed in lives marked by abuse and neglect (Popma and Raine, 2006; Raine, 2013). An adolescent remarked in one of the interviews in the qualitative research by Van der Helm (2011): "My mother used to scream at me: 'I wish you had never been born'. I was beaten and locked up as a child in a cupboard, smashed with a hot iron by my mother. I fought back and trusted nobody, I have survived the streets for many years. Do you really think it matters to me if you lock me up in my cell?"

### *Does nothing work with these children?*

Disruptive behaviour in children and adolescents is often thought to be associated with low activity of the hypothalamic-pituitary-adrenal (HPA) axis (Van Goozen *et al.*, 2000), although this is more relevant in clinical or high-risk samples than among the general population (Sondeijker *et al.*, 2007). The HPA axis controls reactions to stress: an increased production of cortisol during stress results in an increased availability of glucose in order to facilitate fighting or fleeing. However, Fisher and Stoolmiller (2002) found preliminary evidence showing that this biological vulnerability to antisocial behaviour can be altered through non-pharmacological programmes. In a foster care programme, aggressive juveniles were found to have a flattened daily pattern of cortisol levels before joining. After the intervention, they were found to be more normal and aggression levels had diminished. As the brain is flexible, it is possible to reverse this shift towards fear conditioning into one influenced by positive learning (Raine, 2013), an interesting idea for advancement in secure residential care. It is time to revise ideas of "incurable badness" (Green, 2009; Piquero *et al.*, 2010; Van der Helm and Stams, 2012) in favour of an orientation towards rehabilitation (Andrews and Bonta, 2010) and positive stimulation (Van der Helm and Stams, 2012).

### **Discussion: consequences for secure residential care and living group climate**

Punishment in secure settings only seems to work when there is some form of trust and some kind of alliance between the young people and the group workers. Living group climate is an essential part of this (Van der Helm and Stams, 2012). A positive climate is characterised by responsiveness of group workers (trust, communication and contact; Van der Helm, 2011), possibilities for growth and hope for a better future, a firm structure, safety and positive mutual contacts with a minimum of repression and punishment (Van der Helm *et al.*, 2011). Such a climate has been shown to result in fewer psychiatric problems in both young people and adults and less stress and aggression (Heynen *et al.*, 2014; Ros *et al.*, 2013; Van der Helm *et al.*, 2013).

A sense of trust, regular contact and cooperation have been shown to improve mutual communication between group workers and residents (Fluttert, 2011). As a result, group workers feel more in control and display increased flexibility in their professional behaviour, which positively reinforces a healthy living group climate (Van der Helm *et al.*, 2011). For group workers this presents a paradox: less punishment means more control, because the young people are better able to regulate their behaviour. Altruistic punishment is often accepted by young people and group workers as "part of the deal", and can regulate behaviour and cooperation in the living group. On the other hand, a coercive cycle of aggression and violence destabilises everyone (Fontaine and Dodge, 2009; Van der Helm and Stams, 2012).

To be able to display flexible professional behaviour in a secure unit, group workers need to be supported by inspiring leadership from psychologists and team leaders (Van der Helm *et al.*, 2011). They have to be able to interact with the young people, something that requires an

acceptable workload (Dekker, 2012) and cooperation (Van der Helm and Stams, 2012). A perceived positive work context by group workers can have a beneficial influence on living group climate (Van der Helm *et al.*, 2011) with more mutual contact, trust and less punishment. In these circumstances, punishments necessary to ensure safety and control are usually accepted by the residents (Brosnan and de Waal, 2014; Gardner and West, 2004).

Negative staff-patient interactions have been found to be a major antecedent of assaults on psychiatric wards (Duxbury and Whittington, 2005; Price and Baker, 2012). This suggests that staff communication skills rather than punishment are critical to reducing violence (Price and Baker, 2012). Price and Baker found several factors to be important for the process of de-escalation. De-escalation methods consist of a variety of psychological techniques aimed at reducing violent and/or disruptive behaviour (NICE, 2005) during the escalation phase through the use of verbal and non-verbal communication skills. The practice guidelines that emerged from Price and Baker's data synthesis are related to staff skills and the process of intervening. Considering the staff skills, they found that effective de-escalators express genuine concern for the patient, appear non-threatening, are able to empathise and have a permissive, non-authoritarian manner. Furthermore, they appear calm and use tactful language. In the process of intervening, efforts to establish a bond with the patient displaying aggression should be made to foster a sense of mutual regard and remove the need for aggression. Decisions regarding whether or not to intervene are based on knowledge of the residents' interpretation of their behaviour, dangerousness and the likely impact on other residents. Deciding on a strategy for de-escalation requires flexibility and creativity and is based on the individual needs and characteristics of each person involved. Effective interventions are based on the need to balance support and control and the match between the nature of the intervention and the risk posed by the client. To de-escalate, staff should avoid threats of sanctions, delivering ultimatums or entering into power struggles as more authoritarian approaches are associated with higher risk posed by the patient to themselves or others (Johnson and Hauser, 2001)

To help group workers improve their professional behaviour, several methods have been designed and implemented in secure care, such as non-violent resistance (Omer, 2004), the introduction of "de-escalation supporters" at Forensic Psychiatric Hospital Inforza (Ruiter, 2013) and immediate feedback methods: TOP-training (Aseib and Boekee, 2011). The first practice-based results are encouraging. For instance, Ros *et al.* (2013) found that a better living group climate was associated with less punishment and less aggression. Although Zimbardo and other critics certainly have a pressing message for secure care, it also seems that professionals working in secure units can be trained not to fall into the "punishment trap" of substituting mutual contact for repression. Living group climate and possible negative group dynamics have to be constantly monitored to ensure that punishment practices are not frustrating an open communication between the young people and group workers and affecting eventual successful rehabilitation (Van der Helm and Stams, 2012; Van Miert *et al.*, 2014).

## Practical implications

Dadds and Salmon (2003) offer some practical advice from their study to avoid "coercive traps", and these can be translated to group workers in secure residential care. They stress the importance of staff having knowledge about the negative consequences of punishment and adapting their behaviour accordingly. When punishment is used as a means of control or as an excuse for professional helplessness, it leads to shifting contingencies and usually backfires, resulting in a coercive cycle of negative interactions. Punishment should be mild and altruistic and serve educational aims. It should therefore only be used as a last resort to improve living group climate, and not for revenge, repression or incapacitation. Punishment has to be swift, fair and contingent upon the behaviour that needs to be changed. It also has to be clear, especially for adolescents with restricted emotional development or a mild learning disability (Dumas and Wahler, 1985; Patterson, 1976), so that sanction is understood and accepted. Punishment should not increase to extreme levels where it diminishes social contacts and causes bodily harm or secondary traumatising. Furthermore, young people and staff should always be offered "a way out".

## Limitations of the overview

Some of the articles that were reviewed are not specifically written about secure residential youth care. For example, the one written by Price and Baker (2012) about de-escalation on psychiatric wards focuses on adults. Young people are mostly treated for behavioural problems, while adults more often display personality disorders and/or psychiatric illness. It is therefore possible that for young people, different or additional de-escalation techniques are required to deal with aggressive behaviour.

## Implications for further research

Research should be extended to investigate whether the de-escalation techniques described by Price and Baker are also effective for young people. Furthermore, as it has been established that the actions of group workers are crucial for reducing aggressive behaviour in the unit, it is necessary that future research examines the characteristics and attitudes of the staff to find out how they can best be supported, a process that may also reveal that some people are more capable of doing this job than others. Lastly, the first practice-based results of training that helps group workers improve their professional behaviour and effectiveness are encouraging. Future research should examine whether these promising results continue to be replicated and apply in different contexts.

### Implications for policy and practice

- Punishment only works when there is some form of trust and a working alliance between the residents and group workers.
- Punishment should be mild and altruistic and serve educational aims instead of being used for revenge or repression.
- Experienced trust, regular contact and cooperation make group workers feel more in control.
- Staff communication skills are critical to reducing assaults.
- An open living group climate is associated with less punishment and less aggression.

## Note

1. Citations are derived from interviews with group workers as part of the ongoing “work climate research” in the Netherlands (Dekker *et al.*, 2014).

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