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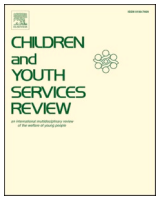

What happens to children who don't behave in residential care? A multi-informant mixed-methods study on discipline strategies

Katarina Hernandez [a], Maria Barbosa-Ducharne [b,*], Joana Soares [b]

[a] Faculty of Psychology and Education Sciences, University of Porto, Portugal
[b] Center for Psychology at the University of Porto

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ABSTRACT

In Portugal in 2021, 85% of children placed in out-of-home care were in non-specialised residential care. Evidence on discipline strategies used in these childcare contexts is scarce. This study aims at analysing the discipline strategies used by caregivers in residential care based on multiple informants' reports - children/adolescents in care, caregivers, and directors. It follows a theoretical framework that includes and relates the concepts of quality in residential care, positive discipline, and the child's rights. A total of 422 children/adolescents, 266 caregivers and 60 directors in 60 residential care centres participated in this study. Data on discipline strategies were collected by interviewing all the participants and analysed using a mixed methodology. A content analysis allowed for the identification of 32 subcategories, organised into six categories, which were computed into three major types of discipline strategies: Positive and Induction-Based Strategies, Punitive Strategies, and Strategies that Violate the Child's Rights. Additionally, a cluster analysis based on the reports of the three informants led to the identification of three groups of residential care centres that used different discipline strategies - Punitive Centres, Inductive Centres, and Rights-Violating Centres. Findings showed that Punitive Centres tend to be gender-mixed and Rights-Violating Centres tend to be gender-segregated. This study also revealed the frequent use of punitive discipline strategies that violate the child's rights in residential care, requiring the need to provide qualified training to caregivers on appropriate discipline strategies.

1. Introduction

Baumrind (1997) classified a "discipline encounter" as when a caregiver uses discipline to change a child's undesirable behaviour. In this "discipline encounter," there is an attempt to make the child understand that their behaviour is inadequate, and a discipline strategy is used to correct the behaviour.

Discipline is a crucial component of parenting, which requires consistency and understanding of the child's specific needs. It is essential to maintain their safety, health, and psychological well-being, as it guides and provides the child with tools to properly behave in society (Combs-Orme & Cain, 2008; Sanders et al., 2014; Straus, 2000). Therefore, discipline strategies refer to coercive and non-coercive behaviours, which include the assertion of power, the withdrawal of affection, and inductive practices (Hoffman, 1985).

Power assertion strategies involve physical and non-physical punishment, aiming at the child's obedience out of fear of sanctions, resulting in the immediate control of inappropriate behaviour but having negative emotional and behavioural consequences in the long run (Kim & Kochanska, 2015; Lee et al., 2015; Mackenbach et al., 2014). These strategies make it difficult for the child to reflect on their behaviour, as the focus is only on the consequence of the act (Hoffman, 2000; Readdick & Chapman, 2000). Physical punishment refers to using physical force to make a child feel some degree of pain/discomfort, with the intention of changing their behaviour (United Nations Committee on the Rights of the Child, 2007). It can vary in intensity from moderate to severe (United Nations Children's Fund, 2020), and research has shown that severe and violent discipline can have detrimental effects on the child's development, increasing internalised and externalised problem behaviours, antisocial behaviour, aggressiveness, and depression (e.g., Gershoff et al., 2018; Ward et al., 2021). Physical punishment has also been identified as an indicator of child abuse (Lansford et al., 2015). Non-physical punishment includes restrictive behaviours, such as forbidding activities and object use, and expressions of hostility and anger, such as screaming and offending. Psychological and verbal aggression also negatively affects the child's development, increasing

* Corresponding author at: Rua Alfredo Allen, 4200-135 Porto, Portugal.
E-mail address: abarbosa@fpce.up.pt (M. Barbosa-Ducharne).

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behaviour problems and decreasing socio-emotional well-being (Henaghan, 2017; World Health Organization, 2006).

Minimising the importance of the situation or devaluing the child's feelings was considered by Hoffman (1985) as an affection withdrawal discipline strategy, in which there is an expression of anger or dissatisfaction by ignoring or refusing to talk to the child (e.g., leaving the room or sending the child to bed). This discipline strategy can induce negative emotions in the child, such as anxiety and fear, due to the concern related to the loss of affection. Furthermore, depending on overall mood, the adult's parenting style may encompass negligent discipline without any criteria or consistency (Drayton et al., 2017).

Research has shown that timeout is one of the most used discipline strategies for withdrawing affection (Dadds & Tully, 2019; Ryan et al., 2016), with proven effectiveness in parenting education programs (Kaminski & Claussen, 2017). However, Sturge-Apple et al. (2006) found that parents' distancing reactions, even more than hostility, were directly associated with increased children's psychological problems and school maladjustment (Siegel & Bryson, 2016; Tompkins & Villaruel, 2020). Research has shown that when parents use assertion of power and withdrawal of affection as discipline strategies, their children tend to have more behaviour problems (Ruiz-Ortiz et al., 2017).

Contrary to the assertion of power and withdrawal of affection strategies, inductive discipline strategies provide for behaviour change through positive discipline, i.e., without evoking the fear of punishment or not being loved. Using non-aggressive, persuasive, and explanatory strategies, parents can teach their children socially appropriate behaviours/norms (Altschul et al., 2016; Cruz, 2013; Eisenberg & Fabes, 1998; Ren & Edwards, 2015). Hoffman (2000) emphasised that inductive discipline strategies also increase the level of empathy in children, as they enhance the children's reflective functioning by making them understand the impact of their behaviour on others. Furthermore, inductive strategies, whether focused on emotion, such as comforting the child or helping them to deal with their feelings, or focused on the problem, such as helping the child to think of ways to solve the issue, strengthen positive relationships between parents and children, contributing to a better child development and psychological adjustment (Carlo et al., 2011; Patrick & Gibbs, 2012) and stimulating the child's prosocial behaviour and reasoning about behaviour consequences (Holden et al., 2016; Siegel & Bryson, 2016).

1.1. Discipline strategies in residential care

Worldwide there are children who, for their protection, are temporarily removed from their birth families, being placed in contexts where other caregivers are responsible for "parenting" and discipline. In Portugal, the Child Protection Law aims to ensure that every child grows up in a family environment that respects their rights and responds to their basic, developmental, emotional, and social needs. When the development, health, and/or well-being of a child is/are threatened within their birth family, the state intervenes to remove risks and assure that the child's needs are met, placing them in out-of-home care. The Portuguese child protection system is highly institutionalised, so the child will likely be placed in residential/institutional care. Indeed, in 2021, 85% of children placed in out-of-home care were in non-specialised residential care (Instituto da Segurança Social [ISS], 2022).

The scientific community is assertive on the priority that should be given to family-based care to the detriment of institutional/group-based care, showing that the experience of institutionalisation is strongly associated with delays in physical growth, brain and cognitive development, attention problems and hyperactivity, and emotional problems, such as anxiety and depression, difficulty in forming secure attachments, as well as increased risk for psychopathology and substance abuse (e.g., Konstantopoulou & Mantziou, 2020; Leipoldt et al., 2019; Maneiro et al., 2019; van IJzendoorn et al., 2020; Yampolskaya et al., 2019; Yoon, 2017). Nevertheless, and against all scientific recommendations, in Portugal, alternative care is still mainly group-based (Barbosa-Ducharne & Soares, 2023). Furthermore, research on residential care in Portugal is scarce, and there is a paucity of information on how children in care are reared and the discipline strategies used in residential care.

A study carried out in Israel with 1,324 adolescents (11–19 years old) found high rates of maltreatment in the context of residential care, where 19% of adolescents reported being grabbed and pushed, 16% pinched, 12% slapped, and 11% kicked by their caregivers (Attar-Schwartz, 2011). The same study reported that about 30% of adolescents described being humiliated, insulted, or ridiculed, and 25% of the participants acknowledged some physical discomfort. Although in this study, abuse is not restricted to discipline situations, this evidence is essential because it provides data on the quality of care and contributes to the reflection on how society and child protection services fulfil the duty to provide protection/safety for children who had been removed from their homes (Attar-Schwartz, 2014; Barros & Fiamenghi, 2007; Bullock et al., 2006). Coercive patterns of adult-child interaction tend to occur in relationships within the birth family but are also reproduced in other contexts (Granic & Patterson, 2006).

The present study stems from the scarcity of research on discipline strategies in the context of residential care in Portugal. Assuming that such an environment, as a developmental context, needs to respond to the singularities of the child in care, the discipline strategies in the residential care context must be applied in an individualised, personalised manner, promoting the child's safety and respect for their rights. According to the quality standards in residential care (Del Valle et al., 2012), discipline strategies must be consistent, based on positive reinforcement of appropriate behaviours, and guided by a therapeutic approach. Discipline strategies carried out through coercive control, such as punishments, withdrawals from pleasurable activities, withdrawals of affection, and physical/emotional violence, reinforce an authoritarian environment that can be re-traumatising, contrary to the goals of quality residential care (Cavalcante et al., 2007). Contrarily, adopting positive, consistent care practices that consider children's voices (Rauktis et al., 2011) in a stable and mutually caring environment has been repeatedly acknowledged to reduce child abuse and neglect (Sege et al., 2018; World Health Organization, 2020).

Research has reported that children in residential care show more ambiguous emotions and maladjusted behaviours as a result of past adverse and traumatic experiences related to the absence/discontinuity of affection within their families (Campos et al., 2019; Pace et al., 2019; Seng & Prinz, 2008) when compared to children without any experience of family removal (Gearing et al., 2015). Thus, residential care must guarantee the presence of at least one adult who is genuinely committed to the child, establishing affective bonds that provide support in difficult moments (Carlos et al., 2013). Accordingly, discipline strategies require the ability to change inappropriate behaviours by understanding these inappropriate behaviours in the context of the child's adverse life story and showing responsiveness and trustworthiness, which promotes healthy development and emotion regulation (Costa et al., 2019; Lino & Lima, 2017), in terms of the respect for the child's rights.

Children in care have legal rights regarding their care placement, as defined in the Portuguese Child Protection Law. These include the right to privacy, respect, a wholesome education and the satisfaction of cognitive, social and emotional needs, access to health services, and the right to participate in all decisions related to them (Lei de Proteção de Crianças e Jovens em Perigo [Child Protection Law], Art. 58°). When residential care facilities do not guarantee these rights, they hamper the child's development (e.g., Cavalcante et al., 2007). Furthermore, the child in care has the right to preserve significant affective relationships. Placement in care must ensure the establishment of secure bonds so as to promote the repair of former unsafe relationships, allowing the child to experience positive and healthy family interactions (Costa et al., 2020). McWey and Cui (2017) showed that regular contact with at least one of the birth parents was positively related to the child's well-being in care. The absence of such contact has been significantly associated with the child's emotional and behavioural problems (Corval et al., 2017; McWey

et al., 2010).

In this way, positive discipline strategies require special attention from caregivers working in residential care. Undeniably, they play a crucial role as significant attachment figures in responding to the child's needs and promoting positive development (Zegers et al., 2008). Research has acknowledged how caregivers' professional experience/qualification and specific training in child protection may affect their consequent relationship with children in care (e.g., Montserrat & Melendro, 2017). When caregivers have specific training in child protection, positive interactions with the children will significantly increase (Weissman, 2004), and punitive discipline strategies will be significantly reduced (Hermenau et al., 2011; Hermenau et al., 2015). External supervision in residential care, providing specific advice to caregivers in relation to conflict, can also be helpful in reducing abusive practices and the violation of the child's rights (Bloom & Farragher, 2010; Byrne & Sias, 2010; Del Valle et al., 2007; Stalker et al., 2007). Further, positive practices and policies in residential care contribute to eradicating behaviours that violate the child's rights and reducing punitive discipline strategies (Horwath, 2000).

1.2. The present study

The present study aims to analyse the discipline strategies used by caregivers in residential care in Portugal. Based on a theoretical framework joining the concept of quality in residential care, positive discipline principles, and the child's rights, this study resorts to a multi-informant approach using reports on discipline strategies of children/adolescents in care, caregivers and directors of residential care centres, and a mixed methodology for data collection and analyses.

As such, the following specific goals were defined: (1) to identify and classify the discipline strategies used by the caregivers to control inappropriate behaviours, according to children/adolescents in care, caregivers, and directors, (2) to identify different types of residential care centres, according to the discipline strategies used, (3) to analyse whether the groups of residential care centres differ in terms of the caregivers' specific training and professional experience as well as the recruitment process used, and other variables related to the centres such as typology (gender mixed or segregated) and provision of specialised supervision.

2. Method

2.1. Participants

Four hundred twenty-two children/adolescents in care, 266 caregivers, and 60 directors from 60 residential care centres geographically distributed across mainland Portugal, the Azores, and Madeira, participated in the present study. Twenty centres (33.3%) were considered small (accommodating up to 12 children), 18 (30.0%) were medium (13 to 24 children), and 22 (36.7%) were large (25 or more children). Twenty centres (33.3%) were gender mixed, 21 (35.0%) were male segregated, and 19 (31.7%) were female segregated.

Out of the 422 participating children/adolescents, 195 were female (46.2%) and 227 male (53.8%). Participants were aged 6 to 25 (M = 14.41, SD = 3.28), with no significant gender-associated age differences, $t(420) = 0.85$, *ns*. Eighty-two participants (19.4%) were 6 to 11 years old, and 340 (80.6%) were 12 to 25. The number of children/adolescents participating in each centre ranged from one to 21 (Mo = 7, M = 7.03, SD = 4.12). At the time of data collection, the children/adolescents had been in care, on average, for three years and four months (M = 40.34 months, SD = 40.76, $Min.$ = 1, $Max.$ = 210 [17.6 years]).

Out of the 266 caregivers interviewed, 241 were female (90.9%), and 25 were male (9.1%). Caregivers were aged 20 to 72 (M = 40.00, SD = 10.15). In each centre, three to 15 caregivers (Mo = 4, M = 4.42, SD = 2.52) participated in the study. Caregivers' professional experience ranged from one to 444 months (37 years; M = 114.22, SD = 83.64). Furthermore, ten caregivers (3.8%) had a total schooling of four years, nine (3.4%) had six, 31 (11.7%) had nine, 64 (24.2%) had 12, 126 (47%) had a bachelor's degree, and 26 (9.8%) had a master's degree. One hundred and five caregivers (38.3%) had no specific training, 41 (15.4%) had training in psychology, 33 (12.4%) in social work, 21 (7.9%) in social education, 15 (5.6%) in early childhood education, six (2.3 %) in teaching, six (2.3%) in sociocultural animation, four (1.5%) in education sciences, four (1.5%) in sociology, and 31 (11.7%) in other fields.

Out of the 60 directors interviewed, 52 were female (86.4%), and eight were male (13.6%). They were aged 25 to 65 (M = 41.6, SD = 9.33), and their professional experience ranged from 12 to 312 months (M = 141.1[11.75 years], SD = 80.99). Twenty-seven (45.0%) had training in social work, 16 (26.7%) in psychology, three (5.0%) in early childhood education, two (3.3%) in social education, two (3.3%) in sociology and ten (16.7%) had training in other fields.

2.2. Instruments

ARQUA - P (Del Valle et al., 2018; Rodrigues et al., 2015) is a comprehensive assessment system consisting of different instruments that assess residential care quality based on the ecological model of human development (Bronfenbrenner, 2005). In the present study, only some instruments were used: the Request for Prior Information, the Interview for Children/Adolescents, the Interview for Caregivers, and the Interview for the Director.

The Request for Prior Information is an instrument used for collecting information on residential care centres (e.g., size, typology, supervision) and sociodemographic data of the children/adolescents, caregivers, and directors (gender, age, time in care, schooling, training and professional experience). The Interview for Children/Adolescents and the Interview for Caregivers are structured interviews used to assess the quality of residential care. They consist of closed-ended questions answered on a 5-point Likert scale (ranging from 1 = nothing/never to 5 = a lot/always) as well as open-ended questions. The Interview for Directors, on the other hand, is a semi-structured interview consisting of open-ended questions. All three interviews share a common open-ended question about 'Discipline Strategies' to get information on what happens to children who do not behave. A content analysis was conducted on the provided answers.

2.3. Procedures

This study is part of a larger project, the National Study on Residential Care Quality Assessment (EQAR, Barbosa-Ducharne, Campos, Leal, & Rodrigues, 2021), which resorted to a representative sample of 90 residential care centres. The present sample consisted of 60 residential care centres (66.7% of the total sample). All research procedures were previously approved by the University of Porto ethics committee.

In the event that the residential care centre agrees to participate in the study, the main responsible of the institution sign an Informed Consent Form, allowing the researchers to enter and remain in the facility and authorizing the consultation and collection of information. The confidentiality of the collected information, including the anonymity of the participants, is ensured by the researchers in the same document. The participation of each child/adolescent in this study was strictly voluntary, and before each participant's interview, the research goals were explained, and the confidentiality and anonymity of the collected information were assured. No authorization was sought from the parents of children and adolescents under 18 years old, as parental responsibilities are transferred to the Director of the residential care centre once the child is placed in care.

The evaluation visit was carried out by a team of three to five researchers with ARQUA-P training. Specifically, for the Interviews with Children/Adolescents, each child was interviewed by a trained interviewer in a comfortable environment, with the utmost regard for

confidentiality and privacy. Additionally, interviewers were instructed to adapt their language to the child's developmental level. At the beginning of each interview, the child reconfirmed their voluntary participation in the study and was informed of their right to interrupt the interview if desired.

In the interviews, the names of the children/adolescents were not used directly; instead, they were replaced with codes to maintain confidentiality. The interviews were conducted individually in an appropriate and comfortable setting to ensure the confidentiality and privacy of the data. Furthermore, researchers underwent comprehensive training on child protection, ethical guidelines, and procedures for handling disclosures of violence or abuse. This training encompassed identifying signs of distress or harm, responding sensitively, and knowing how to report such incidents. In cases where the child/adolescent disclosed exposure to violence and/or abuse during the interview, specific procedures were implemented to safeguard the child, protecting them from potential repercussions resulting from their openness or disclosure of the situation. It is essential to emphasize that researchers prioritize the well-being of the children throughout the research process.

Additionally, to respond to reports of abuse/maltreatment/violence, the interviewers received specific training on evidence collection and testimonial procedures to prevent further victimization of the children/adolescents involved, avoiding repetitive hearings during the judicial process in cases where violence and/or abuse were detected. Throughout the study, reports were filed with the Public Prosecutor's Office, signed by the members of the research team. The proposed informed consent statement provided to each participating residential care centre included a waiver of confidentiality obligation in cases where maltreatment was identified.

2.4. Data analyses

This study employed a mixed methodology for data analysis to comprehensively approach the topic under study. Given the multifaceted nature of this research topic, a combination of qualitative and quantitative methods was needed. Integrating different informants' perspectives required an initial qualitative approach to capture each individual's voice, followed by a quantitative approach involving all informants simultaneously. By combining these approaches, types and patterns of residential care centres were identified, thereby enhancing the overall validity and reliability of the findings.

In order to identify and classify the discipline strategies used by the caregivers of the residential care centres, reported by the children/adolescents, caregivers and directors (goal 1), content analysis was applied using the qualitative analysis program QDA Miner Lite. The answers to the question "What are the consequences/punishments for misbehaving?" were analysed, and categories were created to characterise different types of discipline strategies. The material gathered for analysis consisted of 750 reports, initially skimmed to get the gist of the content.

A list of key topics emerging from the reports was defined. This process was initially inductive (i.e., performing a bottom-up approach) but combined with a theoretical approach and "analysed according to criteria related to the theory that serves as a guide to the reading" (Bardin, 1977, p.131). This analysis was theoretically based on the Child's Rights, international standards for quality in residential care and principles of positive parenting discipline. The unit of analysis considered was defined as a strategy used to correct and guide the child's behaviour. A single answer/report could have contained several discipline strategies, so these were coded separately and according to different categories. Following thorough re-reading, the semantic categorisation criterion and the communicative intention of the contents led to a first system of categories and subcategories. As some of the categories were found to be similar to theoretical concepts of positive parenting discipline, these concepts were used to name them.

This qualitative analysis required inter-observer agreement and an agreement of 89.7% was obtained, reinforcing the validity and suitability of the coding system. To obtain this inter-observer agreement, the three judges independently coded the 422 answers the children gave and discussed the coding divergences to redefine the criteria. The final categories and subcategories were then established, as presented in Table 1.

Qualitative data were coded and entered in SPSS (IBM SPSS Statistics for Windows, version 27, IBM Corp., 2020) by identifying the presence or absence of a discipline strategy in narratives (coded with 1 and 0, respectively) for each participant. Univariate statistics were used to describe the categories obtained. Tables 2 to 7 present the frequencies and percentages for each category, according to the informant. The six categories were computed in three major types of discipline strategies used in further quantitative analyses.

In order to fulfil the remaining goals of the study, a database was created having the residential care centres as the unit of analysis. The counts for each of the three types of discipline strategies were included in this database, according to each informant. Bearing in mind that in each residential care centre, a different number of children/adolescents and caregivers participated in the study, a ratio of the counts of each discipline strategy was computed, i.e., for each residential care centre, the number of children/adolescents/caregivers who reported a discipline strategy was divided by the total number of participating children/adolescents/caregivers, accounting for the frequency of the strategy, according to each informant. These variables were explored in terms of the normality of the distribution and the existence of outliers, and no significant deviations from normality were observed, nor was there an existence of extreme values.

In order to identify the types of residential care centres according to the discipline strategies (goal 2), a cluster analysis was performed using a combination of the hierarchical method (exploration of the ideal number of clusters) and the non-hierarchical method (K-*Means*). The nine variables corresponding to the three types of discipline strategies (positive based on induction, punitive, and violating rights) according to the three informants (children/adolescents, caregivers, and directors) were used to define the clusters. These nine variables were standardised, so the respective Z scores were used in the cluster analysis. The ideal number of clusters obtained in the hierarchical method was a three-group solution, so this number was fixed in the non-hierarchical method. A one-way ANOVA analysis (Table 8) was used to verify the mean differences between clusters in the variables used to classify them. Post-hoc Hochberg and Games-Howell tests were used to observe the differences between groups, depending on whether the variances were homogeneous or not. The Hochberg test was selected for its appropriateness when group sizes are significantly different.

One-way ANOVA analyses were also performed to compare the groups regarding the caregivers' specific training and professional experience as well as the recruitment process used (goal 3). In order to explore associations between variables related to the residential care centres and the clusters found, the chi-square test was used (goal 3).

3. Results

3.1. Identification and categorisation of discipline Strategies: Content analysis

Through a content analysis of the answers to the question, "What are the consequences/punishments for misbehaving?" two thousand ninety-seven discipline strategies were identified, as per 750 reports of all the participants (children/adolescents, caregivers, and directors) who were interviewed. From this data set arose 32 subcategories organised into six major categories. Table 1 describes each identified discipline strategy (categories and subcategories) and presents example excerpts of the answers. Subcategories with a high frequency are hereby presented, as well as those that have proven to be relevant, despite not having a significant frequency. Tables 2 to 7 present the results of all the categories and subcategories.

Table 1
Discipline Strategies: System of Categories and Subcategories (N = 750).

Category and definition	Subcategory	Subcategory definition	Example quote
Punitive and Power Assertion Strategies Punishment based on the assertion of power, resorting to authority imposition in order to change the child's behavior.	Removal of wanted items	This means temporarily removing any item that the child values. This item can be for personal or common use (e.g., mobile phone, computer, television, etc.).	"Taking away headphones from the older children" (Caregiver 6); "Each day of missed school means a day without a cell phone" (Director 3);
	Extra household chores	This means giving the child extra household chores. These chores can be carried out with an adult, other children or alone.	"On duty during meals" (Caregiver 5); "Clean the bathroom, do the dishes." (Director 2);
	Not allowing outings	This means not allowing outings (alone or in group) for fun, entertainment, among others. These may include not going out with friends, boyfriends, and family.	"Not going out with others" (Caregiver 9); "Cannot have outings" (Child 4);
	Sleeping early	This means making the child going to bed earlier than normal on a daily basis.	"Go to bed earlier" (Child 8); "Earlier to bed" (Caregiver 12);
	Not allowing attendance or reducing attendance of extracurricular activities	This means the child in not allowed to attend or can only attend less extracurricular activities (in group and individually) such as sports, arts, workshops, among others.	"If the youngster practices sport, the opportunity to participate is taken away" (Caregiver 2); "The child does not go to karate" (Child 1);
	Imposing of random behaviors	This means imposing random behaviors which are disconnected from any context. This includes practices that cause discomfort to the child.	"Walk round the house" (Caregiver 3); "Eat boiled fish" (Child 2);
	Taking away/holding back pocket money	This means partially taking away pocket money or holding it back and only giving it to the child at a later point.	"Pocket money is held back, but not taken away" (Caregiver 1); "Pocket money is reduced but never fully taken away" (Diretor1);
	Not allowing attendance of recreational/leisure activities	This means not allowing the child to attend pleasurable activities, such as resting and having fun through games, music, dance, and other activities.	"Depriving children of going to the park" (Caregiver 4); "A weekend without playing" (Child 3);
	Withdrawal of privileges	This means withdrawing gratifying privileges and conditions which children were allowed at some point (e.g., being able to go to bed a little later). The number of privileges that are withdrawn and for how long may vary.	"Not having sweets at night before going to bed" (Child 6); "Withdrawal of some benefits" (Caregiver 10);
	Withdrawal of something one likes	This means temporarily withdrawing what the child prefers or wants that is not a basic need. This can be an object, food, a walk, an activity, etc.	"I try to take away something that they like" (Director 4); "Not having what we most love" (Child 5);
	Extra school tasks	This means giving the child to many extra school tasks and/or study time.	"More study time" (Caregiver 7); "Extra schoolwork" (Caregiver 8);
Category and definition	Subcategory	Subcategory definition	Example quote
	Collective punishment	This means giving punishment to a whole group of children, due to the behavior of one or more children in that group, based on the generalization of guilt.	"Nobody makes popcorn" (Caregiver 11); "Collective punishments" (Child 7);
	Complaining to the police	This means making a complaint to the police.	"Call the police" (Child 9); "Complain to the police in very serious cases" (Caregiver 13);
	Forcing the child to remain by the caregiver by restraining their activity	This implies a time when the child is brought closer to an adult, instead of distanced from an adult.	"Sitting beside me during meals" (Caregiver 14); "You must sit next to the caregiver" (Child 10);
Category and definition	Subcategory	Subcategory definition	Example quote
Punitive and Affection Withdrawal Based Strategies Punishment based on omission, characterizes by distancing the child from attention or affection.	Temporary isolation	This consists of isolating the child in a distant place and/or not allowing the child to be present in gatherings with other children.	"They don't eat together, they eat afterwards, this is one of the things that hurt the most" (Director 5); "Go to the stairs" (Child 11);
	Time out	This means sending the child to a secluded or specific place where they will remain for long enough to calm down or realize that he/she has behaved badly. The length of time of time out is usually equivalent to the age of the child.	"Taking the child away and sitting him in a quieter space, letting him calm down" (Director 6); "Go to a bench in the hallway alone and think about the evil things you did" (Child 12);
	Ignoring behavior	This includes paying selective attention and ignoring disruptive behaviors in an attempt to minimize them.	"Ignoring behavior" (Caregiver 15);
Punitive and Rights-Violating Strategies Based on Physical Abuse Punishment based on abuses that affect the child's body, resorting to the intentional use of actions against the child that result in damage to their health, development and dignity.	Food deprivation	This is related to physical neglect, while depriving the child of basic food. In this sense, the adult deliberately or maliciously fails to meet the child's nutritional needs.	"I didn't eat because they didn't wake me up, I don't eat anything if I'm late" (Child 15); "There are peers eating bread and drinking water, going to bed without supper" (Child 16);
	Excessive task overload	This means a type of abuse in the context of child labor. This includes a set/intensity of activities that are considered to have negative effects on the child's health, education and development.	"There is a caregiver who made a 7-year-old boy wash the floor" (Child 20); "Do the dishes for three months" (Child 21);

(*continued on next page*)

Table 1 (*continued*)

Category and definition	Subcategory	Subcategory definition	Example quote
	Deprivation of freedom	This consists of behaviors intended to prevent the child from moving, forcing them to remain in a certain place, thus compromising their well-being and healthy development.	"Staying locked up in the room without activities for a month" (Child 13); "Being grounded in the room for a week" (Child 14);
	Physical punishment	This means any act that implies physical contact resulting in physical damage to the child with the aim of injuring, such as pinching, pulling ears, slapping, etc. Evidence of physical punishment can be visible or not.	"Face slapping" (Child 17); "Pulling ears" (Child 18); "They only beat us, when necessary, they punched some boys who had given me some drugs" (Child 19);
Category and definition	Subcategory	Subcategory definition	Example quote
Punitive and Rights-Violating Strategies Based on Emotional Abuse Repeated patterns or extreme incidents of caregiver behaviors that violate the child's psychological development (e.g., safety, socialization, emotional and social support, cognitive stimulation, respect) and make the child feel worthless damage, unloved, disposable.	Social and family contacts deprivation	This denotes a violation of the child's rights in residential care, by which there is a deprivation of regular and personal contacts with the birth family and/or with people with whom they have a special affective relationship.	"We suspended weekends and home visits, and shortened holidays" (Director 7);"They forbade me from going home" (Child 25);
	Psychological abuse	This means psychological child abuse, such as rejecting, terrorizing, isolating, exploiting, belittling or ridiculing the child. This includes destructive criticism, the threat of abandonment, humiliation, etc.	"Sitting in the bathroom with the door closed and the light switched off" (Child 22); "We can threaten that the family won't come to visit" (Caregiver 16);
	Verbal abuse	This means the use of inappropriate language with the aim of insulting/disrespecting the child (e.g., offensive and disrespectful expressions, shouting).	"They make horrible jokes, they criticize us" (Child 23); "They yell, they scream" (Child 24);
	Embarrassment/ humiliation	This includes actions in which someone humiliates, demeans, disdains and/or diminishes the value of the child.	"They took them in the van because they simply hate going with adults" (Caregiver 17)
	Violation of participation rights	This consists in not guaranteeing the child's right to freely express their opinion on issues that concern them, to have their opinions taken into account in solving problems that affect them, according to their age and maturity, and capacity for discernment.	"They have no voice in the choice of certain subjects" (Director 5);
Category and definition	Subcategory	Subcategory definition	Example quote
Punitive and Rights-Violating Strategies Based on the Withdrawal of Items Punishment based on the total appropriation, and for a long period of time, of something that rightfully belongs to the child. The discipline strategies included in this category are a violation of the child's rights.	Withdrawal of total pocket money	This is the total withdrawal of the child's weekly/monthly allowance. It is, therefore, a violation of the rights of the children in residential care.	"Not getting pocket money" (Director 8);"Withdrawing the weekly allowance" (Caregiver 18);
	Withdrawal of personal items [a]	This represents the illegitimate appropriation of the child's personal items. The adult, with the intention of punishing the child, totally deprives them of access to various personal items for a long period of time.	"I didn't have my cell phone for six months" (Child 26); "My tablet was taken away, I didn't have it for a year and 5 months (Child 27);
Category and definition	Subcategory	Subcategory definition	Example quote
Positive and Induction-Based Strategies Practices that allow the child to reflect and adequately understand the instructions that are given to them through persuasion and explanations.	Apologizing	This denotes the act of acknowledging a mistake and saying sorry. This is a form of expression of regret for something that has been done and the intention to fix it.	"Kiss and apologize" (Caregiver 22);
	Reflective dialogue	This means a dialogue/conversation that establishes a horizontal exchange between a caregiver and a child, in which there is the possibility of analyzing lived experiences and reflecting on actions.	"Talk and explain that that behavior cannot happen" (Director 6); "Reflectional dialogue with the child" (Caregiver 21);
	Positive compensation	This means compensate a negative situation through positive actions in order to neutralize harmful results.	"A bad thing must be compensated with five good things" (Caregiver 23);"Only in the case of material damage do we purposely deduct half of the weekly allowance" (Caregiver 24) ; [b]
	Behavior reflection	This includes carrying out activities that encourage reflection and debate on onés behavior. This activity, which can be performed in a large group or individually, aims to provide observation, analysis and interpretation of emotions, feelings, and evaluation of their own actions.	"Reflecting about the situation" (Caregiver 19);"Reflect on disrespecting friends or adults" (Caregiver 20);

Note. The identification of the participants was coded and is indicated in the table by numbers in brackets after each quote.

[a] The subcategory "Withdrawal of personal items" differs from the subcategory "Removal of wanted items", insofar as the former represents a violation of rights, according to the form and intensity of the practice committed.

[b] In this quote, there was a partial withdrawal of pocket money, but in the context of the answer given by the participant, the strategy was applied in a contextualized and non-arbitrary way, so it is included in the scope of positive strategies, differentiating itself, therefore, from the subcategory "Taking away/holding back pocket money".

Table 2
Punitive and Power Assertion Strategies: Descriptive Data by Informant.

Subcategory	Child		Caregiver		Director		Total	
	n	%	*n*	%	*n*	%	*n*	% [a]
Removal of wanted items	233	54.6	170	39.8	24	5.6	427	56.9
Extra household chores	142	56.3	104	38.5	14	5.2	270	36.0
Not allowing outings	87	46.8	84	45.2	15	8.1	186	24.8
Sleeping early	96	52.2	78	42.4	10	5.4	184	24.7
Not allowing attendance or reducing attendance of extracurricular activities	42	48.3	38	43.7	7	8.0	87	11.6
Imposition of random behaviors	29	58.0	18	36.0	3	6.0	50	6.7
Taking away/ holding back pocket money	11	26.2	27	64.3	4	9.5	42	5.6
Not allowing attendance of recreational/ leisure activities	18	48.6	16	43.2	3	8.1	37	4.9
Withdrawal of privileges	11	47.8	11	47.8	1	4.3	23	3.1
Withdrawal of something one likes	4	23.5	12	70.6	1	5.9	17	2.3
Extra school tasks	8	47.1	9	52.9	–	–	17	1.2
Collective punishment	6	85.7	1	14.3	–	–	7	0.9
Complaining to the police	2	40.0	1	20.0	2	40.0	5	0.7
Forcing the child to remain by the caregiver by restraining their activity	2	40.0	3	60.0	–	–	5	0.7

Note. [a] Percentage in relation to the total number of study participants (N = 750).

In the first category - *Punitive and Power Assertion Strategies* (Table 2) - the subcategory *Removal of Wanted Items* was the most frequent, having been mentioned by 427 participants, thus indicating that 56.9% of the respondents reported a temporary removal of wanted items, as a common discipline strategy (e.g., "Each day of missed school means a day without a cell phone"). The second highest frequency was obtained in the subcategory *Extra Household Chores* (36%), in which 270 participants reported assigning extra household chores to children. Such tasks would be carried out with adults, other children, or alone (e.g., "Clean the bathroom, do the dishes").

Regarding the second category, *Punitive and Affection Withdrawal Based Strategies* (Table 3), 118 participants (15.7%), mostly children (n = 80), mentioned the subcategory *Temporary Isolation*, which consists of isolating the child in a remote place and/or not allowing the child to be present at gatherings with other children, (e.g., "They don't eat together, they eat afterwards, this is one of the things that hurts the most").

Table 3
Punitive and Affection Withdrawal Based Strategies: Descriptive Data by Informant.

Subcategory	Child		Caregiver		Director		Total	
	n	%	*n*	%	*n*	%	*n*	% [a]
Temporary isolation	80	67.8	35	29.7	3	2.5	118	15.7
Time out	6	13.0	34	74.0	6	13.0	46	6.1
Ignoring behaviour	–	–	2	100.0	–	–	2	0.3

Note. [a] Percentage in relation to the total number of study participants (N = 750).

Table 4 presents data related to the third category – *Punitive and Rights-Violating Strategies Based on Physical Abuse* – and shows that 52 participants (6.9%), among them 46 children, reported deprivation of basic food as a discipline strategy, accounting for the subcategory *Food Deprivation* ("There are peers eating bread and drinking water, going to bed without supper"). The subcategory *Excessive Task Overload* included a set of activities carried out by children that are considered to have negative effects on their health, education and development ("There is a caregiver who made a 7-year-old boy wash the floor"). This subcategory was reported by 42 participants (5.6%), of which 33 were children. Only children reported that the subcategories *Deprivation of Freedom* (consisting of preventing the child from moving, forcing them to remain in a specific place, thus compromising their well-being and healthy development; (n = 26, 3.5%), e.g., "Staying locked up in the room without activities for a month"), and *Physical Punishment* (physical contact inflicting pain to the child, intending to injure, with or without visible evidence, such as pinching, ear pulling, slapping.; (n = 23, 3.1%), e.g., "Face slapping").

As for the fourth category, *Punitive and Rights-Violating Strategies Based on Emotional Abuse* (Table 5), it is worth noting that 211 participants (143 children, 53 caregivers and 15 directors), corresponding to 28.1% of the total respondents, voiced the subcategory *Social and Family Contacts Deprivation*, which included not allowing a child to keep in regular contact with their birth family and/or with people with whom they have a significant relationship, ("We suspended weekends and home visits, and shortened holidays").

The fifth category, *Punitive and Rights-Violating Strategies Based on the Withdrawal of Items* (Table 6), includes two subcategories. Indeed, one is related to strategies based on the total withdrawal of the child's allowance (subcategory *Withdrawal of Total Pocket Money*, n = 149, 19.9%; "Not getting pocket money"), and the other refers to the illegitimate appropriation of the child's personal items (subcategory *Withdrawal of Personal Items*, n = 12, 1.6%; "My tablet was taken away, I didn't have it for a year and five months").

The sixth category, *Positive and Induction-Based Strategies* (Table 7), included four subcategories cited by only 35 participants (4.6%). The

Table 4
Punitive and Rights-Violating Strategies Based on Physical Abuse: Descriptive Data by Informant.

Subcategory	Child		Caregiver		Director		Total	
	n	%	*n*	%	*n*	%	*n*	% [a]
Food deprivation	46	88.5	6	11.5	–	–	52	6.9
Excessive task overload	33	78.6	8	19.0	1	2.4	42	5.6
Deprivation of freedom	26	100.0	–	–	–	–	26	3.5
Physical punishment	23	100.0	–	–	–	–	23	3.1

Note. [a] Percentage in relation to the total number of study participants (N = 750).

Table 5
Punitive and Rights-Violating Strategies Based on Emotional Abuse: Descriptive Data by Informants.

Subcategory	Child		Caregiver		Director		Total	
	n	%	*n*	%	*n*	%	*n*	% [a]
Social and family contacts deprivation	143	67.8	53	25.1	15	7.1	211	28.1
Psychological abuse	11	91.7	1	8.3	–	–	12	1.6
Verbal abuse	3	75.0	1	25.0	–	–	4	0.5
Embarrassment/ humiliation	2	50.0	2	50.0	–	–	4	0.5
Violation of participation rights	–	–	–	–	1	100.0	1	0.1

Note. [a] Percentage in relation to the total number of study participants (N = 750).

Table 6
Punitive and Rights-Violating Strategies Based on the Withdrawal of Items: Descriptive Data by Informants.

Subcategory	Child		Caregiver		Director		Total	
	n	%	*n*	%	*n*	%	*n*	% [a]
Withdrawal of total pocket money	93	62.4	46	30.9	10	6.7	149	19.9
Withdrawal of personal items	10	83.4	1	8.3	1	8.3	12	1.6

Note. [a] Percentage in relation to the total number of study participants (N = 750).

Table 7
Positive and Induction-Based Strategies: Descriptive Data by Informants.

Subcategory	Child		Caregiver		Director		Total	
	n	%	*n*	%	*n*	%	*n*	% [a]
Apologizing	2	16.7	9	75.0	1	8.3	12	1.6
Reflective dialogue	–	–	9	90.0	1	10.0	10	1.3
Positive compensation	–	–	7	70.0	3	30.0	10	1.3
Behaviour reflection	–	–	3	100.00	–	–	3	0.4

Note. [a] Percentage in relation to the total number of study participants (N = 750).

subcategory *Apologising* denotes the act of acknowledging a mistake and saying sorry ("Kiss and apologise"). The *Reflective Dialogue* subcategory is described as a horizontal dialogue between two people so as to analyse the lived experience and reflect on previous actions ("Reflectional dialogue with the child"). The subcategory *Positive Compensation* refers to a will to compensate for a negative situation through positive actions in order to neutralise harmful results ("A bad thing must be compensated with five good things"), and the subcategory *Behaviour Reflection* ("Reflecting about the situation", "Reflect on disrespecting friends or adults") includes carrying out activities that encourage reflection and debate on own behaviour.

3.2. Types of residential care centres in terms of discipline strategies according to children, caregivers and directors: Cluster analysis

The six previous categories were computed in three major types of discipline strategies: *Positive and Induction-Based Strategies*, *Punitive Strategies* and *Rights Violating Strategies*. For each one, the frequency was calculated according to each of the informants for each residential care centre, resulting in nine variables. A cluster analysis that used these nine variables allowed for identifying three groups of residential care centres regarding the discipline strategies used. Table 8 presents the descriptive statistics of the variables used to compute the cluster analysis and the one-way ANOVA comparing the three clusters. The three clusters had statistically significant differences for eight variables (cf. Table 8).

Cluster B differed significantly from Cluster A (*mean difference* = 0.28, p =.033, 95% CI [0.02, 0.55]) and Cluster C (*mean difference* = 0.33, p = 0.12, 95% CI [0.06, 0.60]), showing higher mean scores in relation to the variable *Positive and Induction-Based Strategies* according to the perspective of the caregivers. Contrarily, according to the children's and directors' perspectives, there were no statistically significant differences regarding *Positive and Induction-Based Strategies* between the three clusters (cf. Table 8).

As for the variable *Rights-Violating Strategies*, Cluster C showed statistically significant differences when compared to Cluster A according to all informants, namely directors (*mean difference* = 0.75, p <.001, 95% CI [0.38, 1.13]), children/adolescents (*mean difference* = 0.62, p <.001, 95% CI [0.29, 0.95]) and caregivers (*mean difference* = 0.66, p <.001, 95% CI [0.42, 0.89]). Similarly, Cluster C showed statistically significant differences from Cluster B, according to directors (*mean difference* = 0.92, p <.001, 95% CI [0.57, 1.27]) and children/adolescents (*mean difference* = 0.94, p =.005, 95% CI [0.42, 1.46]). Nevertheless, according to the caregivers, the difference between Clusters A and B was not statistically significant (cf. Table 8). Cluster C showed the highest mean scores regarding the *Right-Violating Strategies*.

Regarding the variable *Punitive Strategies*, Cluster A presented statistically significant differences to Cluster C, according to children/adolescents (*mean difference* = 0.53, p <.001, 95% CI [0.24, 0.82]) and caregivers (*mean difference* = 0.59, p =.018, 95% CI [0.08, 1.09]). From the directors' perspective, no statistically significant differences were observed between the clusters.

Stemming from the characteristics observed in the three clusters, Cluster A, which included 33 residential care centres, was denominated *Punitive Centres*, whereas Cluster B, which included only two residential care centres, was designated *Inductive Centres* and Cluster C, with 25 residential care centres, was named *Rights-Violating Centres*.

3.3. Characteristics of the types of residential care centres

The three types of residential care centres were compared for caregivers' specific training and professional experience. No statistically significant differences were observed according to the number of caregivers with specific training in the residential care centres, $F(2, 59)$ = 0.29, *ns*; nor the number of years of professional experience, $F(2, 57)$ = 0.63, *ns*.

Associations between the types of residential care centres and their

Table 8
Descriptive Results of the Variables Related to Discipline Strategies Based on Each of the Informants and Differences Between Clusters.

	Total *Clusters* A (N = 60) (n = 33)		*Clusters* B *Clusters* C (n = 2) (n = 25)		F (2, 59)	p	ηp^2
	M(DP)	*M(DP)*	*M(DP)*	*M(DP)*			
Positive and Induction-Based Strategies – Directors[d]	0.09(0.33)	0.09(0.29)[a]	1.00(1.41)[a]	0.00(0.00)[a]	11.22	< 0.001	0.28
Positive and Induction-Based Strategies – Children[d]	0.05(0.03)	0.00(0.00)[a]	0.15(0.03)[a]	0.00(0.00)[a]	1276.90	< 0.001	0.98
Positive and Induction-Based Strategies - Caregivers	0.08(0.16)	0.09(0.16)[a]	0.38(0.18)[b]	0.05(0.13)[a]	4.68	0.013	0.14
Rights Violating Strategies - Directors	0.47(0.65)	0.17(0.37)[a]	0.00(0.00)[b]	0.92(0.70)[c]	15.09	< 0.001	0.35
Rights Violating Strategies - Children	0.80(0.58)	0.55(0.42)[a]	0.23(0.15)[a]	1.17(0.57)[b]	13.10	< 0.001	0.32
Rights Violating Strategies - Caregivers	0.45(0.48)	0.18(0.24)[a]	0.25(0.35)[a,b]	0.83(0.47)[b]	24.36	< 0.001	0.46
Punitive Strategies - Directors	1.56(1.51)	1.44(1.56)[a]	0.50(0.71)[a]	1.80(1.47)[a]	0.91	0.409	0.03
Punitive Strategies - Children	1.87(0.51)	2.11(0.40)[a]	1.79(0.06)[a,b]	1.58(0.51)[b]	10.14	< 0.001	0.26
Punitive Strategies - Caregivers	2.41(0.82)	2.68 0.83)[a]	1.75(0.00)[a,b]	2.10(0.72)[b]	4.79	0.012	0.14

Note. Cluster A = Punitive Centers; *Cluster* B = Inductive Centers; *Cluster* C = Rights Violating Centers. Letters above the line in the means corresponding to each cluster, in each of the strategy variables, represent differences in means between pairs of clusters; different letters represent statistically significant differences; equal letters represent the absence of statistically significant differences. According to Cohen (1988): $\eta_p^2 \leq 0.05$ – small effect size, η_p^2]0.05 – 0.25] – medium effect size, η_p^2]0.25 – 0.50] - large effect size; $\eta_p^2 \geq 0.50$ – very large effect size.

[d] Robust tests for equality of means cannot be performed because *Cluster* A (Positive and Induction-Based Strategies – Children), *Cluster* B (Rights Violating Strategies – Director), *Cluster* C (Positive and Induction-Based Strategies – Director and Positive and Induction-Based Strategies – Children) have zero variance.

typology (gender-mixed or segregated), as well as the existence of external supervision, were explored. Regarding typology, a statistically significant association was observed, $\chi^2(2) = 8.27$, $p = .016$, $V = 0.37$, with a tendency for *Punitive Centres* to be gender-mixed and *Rights-Violating Centres* to be gender-segregated. As for external supervision by specialised professionals, no statistically significant association was observed, $\chi^2(2) = 3.80$, *ns*.

Mean differences between the types of residential care centres were also explored regarding the quality of the recruitment process (guaranteeing caregivers' qualifications, training, psychological profile, and aptitude to work). However, no statistically significant differences were observed, $F(2, 59) = 1.56$, *ns*.

4. Discussion

This study aimed to analyse the discipline strategies used by caregivers in residential care centres in Portugal based on the reports of children/adolescents, the caregivers themselves and directors. The results obtained will be discussed assuming a theoretical framework that includes and relates the concept of quality in residential care, positive discipline and the child's rights.

As for the first research goal, related to the identification and categorisation of the discipline strategies used by caregivers in residential care centres to control inappropriate behaviour, according to the report of children/adolescents, caregivers and directors, the category *Punitive and Power Assertion Strategies* was the most frequently identified in participants' responses and, therefore, divided into 14 subcategories (cf. Table 1). The high frequency of this category in the participants' reports reveals a reproduction of the coercive patterns of child–adult interaction, which have been a frequent discipline practice for parents searching for obedience and wishing to change their children's behaviour. This is a practice that leads to diverse emotional and behavioural problems (Kim & Kochanska, 2015; MacKenbach et al., 2014).

Children in residential care have a higher incidence of psychological problems and maladaptive behaviour (Campos et al., 2019) when compared to children living with their birth families (Gearing et al., 2015). Accordingly, the impact of punitive and power assertion discipline strategies on children in residential care can be devastating, given their past adversity and trauma experiences. It would be expected that residential care centres should promote a resilient environment for more self-regulated children. However, using punitive and power assertion discipline strategies propagates interpersonal conflicts, intense emotional dysregulation, and makes children more vulnerable (Straus, 2000). Thus, discipline strategies in residential care should be trauma-informed, promoting a culture of safety, empowerment, and healing, and driving and encouraging children to reflect upon their behaviour and improve conflict resolution. Promoting these competencies will never be achieved with punitive and affirmation of power discipline strategies based on arbitrary practices, which place the caregiver in a position of superiority in relation to the child.

Within the *Punitive and Affection Withdrawal Based Strategies* category, the subcategory *Temporary isolation* was the most frequent in children's responses, whereas the subcategory *Time out* prevailed in the caregivers' responses. The results of the current study confirm the popularity of this type of practice, which is one of the most common discipline strategies used by parents, and its use has intensified in recent decades (Ryan et al., 2016). Some parenting education programs that use *time out* as a discipline strategy in children without early adversity have clearly established efficacy to prevent or treat a variety of inappropriate behaviours and emotional dysregulation (Kaminski & Claussen, 2017). However, considering the characteristics of children in residential care, this type of practice damages or breaks the bond between the caregiver and the child, reflecting an unwillingness to help the child cope and regulate emotions and interpersonal conflicts (Siegel & Bryson, 2016). This is a concern that is worth considering since most children in alternative care have not only experienced abuse and/or neglect (enough to result in the removal from their birth family) but have also experienced separation from their parents and other significant figures. For these children, who have suffered severe abuse and neglect, the practice of isolation, including *time out*, can re-traumatise them, reactivating trauma memories and causing intense suffering (Dadds & Tully, 2019), in addition to reinforcing an insecure attachment pattern and expectation that the adult caregiver is unavailable. In residential care, discipline strategies characterised by reorienting a child's attention and interrupting disruptive behaviour by placing them on a chair or some specific corner should be a brief response to specific inappropriate behaviour and should be implemented in the proximity of the caregiver who should maintain an attitude of availability and accessibility. It is not about randomly isolating and leaving the child alone for a long time, but it should be about providing a clear message that the caregiver cares about the child (though disapproves of the behaviour), believes in the child's ability to demonstrate more positive behaviour and that the caregiver-child bond will be maintained throughout this discipline interaction. Thus, discipline strategies should meet the positive emotional development of the child, including the need to create healthy bonds with the caregiver (Carlos et al., 2013), who should be a significant attachment figure, supporting the child's anxieties, fears and expectations (Zegers et al., 2008).

Findings of the qualitative analysis for the category *Punitive and Rights-Violating Strategies Based on Physical Abuse* encompassed a wide variety of practices violating the child's rights, namely, deprivation of food and freedom, physical punishment, and task overload. Previous studies have corroborated these findings, pointing out that, unfortunately, three out of four children are regularly subjected to physical discipline by their caregivers (United Nations Children's Fund, 2020). It is therefore believed that this data evidence a culture of severe punishment practices, which tend to start in the family context and extend to other contexts involving children. Thus, a hostile and intimidating environment in residential care prevents the fulfilment of its primary mission of protecting and nurturing the development of the child in care. In this regard, studies have pointed out that discipline strategies based on physical punishment have been consistently associated with adverse mental health outcomes, such as poor school performance, behavioural problems, and low self-esteem (e.g., Kim & Kochanska, 2015). The results of the present study show the need for urgent action against these abusive discipline strategies that strengthen a cycle of violence in which children, who are more likely to be aggressive (mainly due to vulnerability and trauma history), continue to "learn" the same type of coercive behaviour applied by violent caregivers (Attar-Schwartz, 2014).

As for *Punitive and Rights-Violating Strategies based on the Withdrawal of Items*, the results showed frequent use of this strategy. In fact, 20% of the total participants reported the withdrawal of all the child's pocket money as a practice to correct inappropriate behaviour. Practices like this violate the child's rights in residential care, which are guaranteed by law (article 58, no. 1, Lei de Proteção de Crianças e Jovens em Perigo [Child Protection Law]).

Furthermore, the qualitative analysis showed that the participants voiced *Punitive and Rights-Violating Strategies Based on Emotional Abuse*. As such, destructive criticism, threats of abandonment, humiliation, less appropriate expressions with offensive and disrespectful connotations, shouts, and forbidding personal contact with birth family and/or with people with whom they have a special affective relationship are commonly referred by children/adolescents, caregivers, and directors. The discipline strategies categorised as *Social and Family Contacts Deprivation* were extremely frequent, as reported by 28.3% of the total participants. Forbidding children to contact their family members, besides being a severe violation of rights, can also negatively impact the child in care, who may develop attachment disorders (Corval et al., 2017) and show more symptoms of depression when compared to other children who frequently contact their families (McWey et al., 2010; McWey & Cui, 2017).

Moreover, further reflection should be carried out on how caregivers

correct the child's inappropriate behaviour in residential care. It is also essential to review and evaluate discipline practices in order to promote healthy behaviours that do not violate the child's rights. As such, it is necessary to break the cycle of distrust, fear and lack of dialogue, which are some negative characteristics of institutionalisation (van IJzendoorn et al., 2020).

Finally, contrary to what would be desirable, the category *Positive and Induction-Based Strategies* had the lowest frequency. Inductive discipline allows the child to be led to understand the need to change their behaviour (e.g., Altschul et al., 2016; Cruz, 2013; Eisenberg & Fabes, 1998). This is particularly important in children/adolescents in residential care who, as a result of previous adverse/trauma experience and group care in an institution during early childhood, have difficulties in terms of processing social information, executive functioning, inhibitory control and emotional regulation (van IJzendoorn et al., 2020). Therefore, they must have caregivers who help/guide them in reading social situations and controlling their behaviour. Inductive discipline strategies are means to achieve these goals.

Regarding the present study, the inductive strategies analysed in the participants' answers included reflective dialogues, activities to promote the child's understanding of socially appropriate behaviour, and incentives for positive practices of damage repair, among others. These discipline strategies have been recognised by research as being associated with the development of the child's social competence (e.g., Altschul et al., 2016; Ren & Edwards, 2015), as they guide them toward the needs of others. In other words, they promote their ability to function reflectively, as well as expand the transmission of moral issues and the internalisation of values and norms (Carlo et al., 2011; Holden et al., 2016; Siegel & Bryson, 2016), which are critical to the establishment of positive social interactions and, consequently, to the social integration and acceptance of the child. In this sense, inductive discipline strategies used in the context of residential care can allow caregivers to act as external regulators of children's behavioural adjustment as a means of helping them to learn to inhibit destructive behaviours by inducing empathy and awareness of the harm that misbehaviour can cause others (Hoffman, 2000).

Additionally, findings allowed for the categorisation of residential care centres according to the discipline strategies applied by integrating a multi-informant perspective, thus, making this categorisation completer and more reliable. Centres were categorised as punitive, inductive or rights-violating. Most proved to be *Punitive Centres* (55%), which were characterised by a high frequency of power assertion and affection withdrawal discipline strategies (e.g., partial withdrawal of pocket money, withdrawal from extracurricular activities, attribution of extra household chores, removal of items valued by children, extra homework, collective punishment). Even if these punitive centres were not rights-violating, fear and sadness were stamped on the reports of the children in care.

Findings also evidenced the disconnect between the discipline strategies used and the misbehaviour itself, showing no criterion or justification (Drayton et al., 2017), which prevents the internalisation of the necessary skills to promote positive social interactions (Lee et al., 2015; Hoffman, 2000), with no benefit to the child's later social behaviour (Hoffman, 1985). Therefore, this study revealed the pressing need to provide qualified training to caregivers in residential care on appropriate discipline strategies.

Inductive Centers (3%) were those with the highest frequency of positive/inductive discipline strategies from the perspective of all informants in this study. Inductive discipline strategies are more likely to occur in environments or contexts where the social/affective climate is favourable to the child (Altschul et al., 2016; Ren & Edwards, 2015). Therefore, inductive residential care centres seem to promote a balanced atmosphere that is not permissive nor authoritarian but focuses on respecting and guaranteeing the fundamental rights of the child in care. Caregivers who exercise positive "parenting" where empathy and a healthy affective bond prevail (Montserrat & Melendro, 2017) are respectful of the needs of the child in care.

The *Rights-Violating Centres* (42%) obtained the highest number of discipline strategies that violated the child's rights and were the ones with the least positive discipline strategies. These care centres seemed to expect to change unacceptable behaviours through coercive discipline strategies encompassing physical and emotional abuse, neglect, and other strategies resulting in actual or potential harm to the health, survival, development or dignity of the child in care (World Health Organization, 2006). The rights-violating centres identified in the present study evidenced non-compliance with multiple child's rights as stated in the Convention on the Rights of the Child, namely, the right to life, survival and development (Art. 6), the right to protection from physical or mental abuse, neglect or exploitation (Art. 19), torture or illegal detention (Art. 37), non-discrimination (Art. 2), the right to the best interests of the child (Art. 3), and participation rights (Art. 12). Furthermore, abuse is associated with numerous risk behaviours (e.g., depression, high-risk sexual behaviour, drug abuse, unwanted pregnancy), which can lead to illness and even death (Henaghan, 2017; World Health Organization, 2006).

In addition, the three groups of residential care centres were not distinguished in terms of the individual characteristics of the caregivers (specific training and professional experience). These results contrast with the limited research available. Contrary to previous research showing that caregivers' specific training has an impact on reducing physical abuse and violent punishment and increasing inductive strategies in residential care (Hermenau, et al., 2011; Hermenau, et al., 2015), in the current study, neither the level of professional experience in child protection nor the specific training in residential care, had an impact on the kinds of discipline strategies used. A reason for this unexpected result could be how the variable related to professional experience was operationalised, i.e., by having the residential care centre as the unit of analysis (all caregivers as one), the variability existing between caregivers was not considered within the same residential care centre, in terms of professional experience and specific training. In the present study, data were examined at a macro level, considering all caregivers interacting with all the children in each centre, rather than at a micro level, which would involve analysing individual interactions between each caregiver and child within the same centre. This approach may be considered a limitation of the study. That being said, the findings highlight the necessity of adopting an educational approach to enhance the living and working conditions in residential care centres, which has the potential to contribute to the transformation of unacceptable discipline strategies.

It is important to emphasize that directors hold the highest levels of specific training. Nevertheless, the findings of the present study indicate that despite their advanced training, directors lack awareness of the discipline strategies employed in the residential care centres where they work. This was evident from the discrepancies between their responses (showing little evidence of strategies violating children's rights) and the responses of other participants in the centre, including children, adolescents, and caregivers. Furthermore, even among those who are aware, they do not seem to consider these issues as violations of children's rights. On one hand, these rights-violating practices appear to replicate coercive patterns existing in our culture of care and adult-child relationships (Kim & Kochanska, 2015). On the other hand, the maintenance of these attitudes reveals the lack of specific preparation/training among caregivers working in residential care (Hermenau et al., 2011; Mackenbach et al., 2014.

Finally, associations were considered between the groups and the variables related to the residential care centres themselves, such as typology (gender-segregated or mixed) and the existence of external supervision, as well as differences between the groups regarding the recruitment process. Punitive centres tended to be gender-mixed, and those that violated the child's rights were more likely to be gender-segregated. Even if both groups used coercive discipline strategies, the gender-mixed ones responded more adequately to the needs of children/

adolescents with regard to normalisation (Del Valle et al., 2012). Accordingly, gender-mixed centres showed lower rates of discipline strategies violating the child's rights. In contrast, the rights-violating centres were mostly gender-segregated, thus validating the urgency of changing to better respond to the overall needs of children/adolescents in care.

No statistically significant associations were observed in relation to external supervision and the types of centres. The literature has shown that supervision is essential for support, training opportunities, stimulating reflection on work, personal development and promoting caregivers' well-being (Byrne & Sias, 2010; Stalker et al., 2007). Professionals more satisfied with work in residential care centres feel more self-confident in dealing with children/adolescents and solving work dilemmas and tensions. Nevertheless, the centres in the current study showed discipline strategies applied without understanding the children's real socio-emotional-behavioural needs, which is why the caregivers' lack of preparation was so evident. From this perspective, external supervision in residential care is essential to support the implementation of positive quality care practices that comply with the child's rights. As such, specialised external supervision is extremely valuable in preventing abuse and promoting the professional development of caregivers (Bloom & Farragher, 2010; Del Valle et al., 2007).

No statistically significant differences were observed between the groups of centres in relation to the caregivers' recruitment process (guaranteeing qualification, training, professional profile and aptitude for work). As most residential care centres revealed the use of punitive and rights-violating discipline strategies, it can be assumed that the caregivers' recruitment process did not contemplate the discipline strategies to be used or even the caregivers' psychological profile. Indeed, the recruitment needs to encompass more specific characteristics and profile analyses according to specific work requirements in residential care. Caregivers' attitudes and beliefs in relation to children's behaviours can influence a child's well-being (Montserrat & Melendro, 2017). Future research should focus on caregivers' individual characteristics so as to define evidence-based job requirements in this field.

4.1. Limitations

The current study presents some limitations that must be considered. Firstly, the study was based only on 60 residential care centres, corresponding to 66% of the nationally representative sample, thus limiting the representativeness of the conclusions. Furthermore, it was impossible to carry out tests of equality of means of greater robustness due to a zero variance in some variables. However, it should be noted that this sample is larger than usual in studies on residential care and that the statistical procedures used were carefully selected.

A second limitation relates to how caregivers' professional experience and specific training were operationalised. Indeed, by having the residential care centre as the unit of analysis (all caregivers as one), the variability existing between caregivers was not considered within the same residential care centre, thus, impacting the results obtained.

Another limitation was the non-inclusion of reports from younger children (under six), evidencing the need for further studies to give voice to children in this age group. Nevertheless, previous research on children's own perspectives regarding their experience in care is scarce, as most reports on institutional care rely on adult reporting, and children's voices are often absent from the debate (Rauktis et al., 2011). The present study is one of the exceptions that acknowledges the children's/adolescents' voices which is a significant contribution.

Also noteworthy as a study's limitation is the possibility that the complexity of the issue, with profound legal implications, may have conditioned the responses of caregivers and directors, who did not fully expose the reality of practices in residential care centres. In some centres, the reference to discipline strategies that violate rights appeared essentially in the reports of children/adolescents. Some social desirability in the discourse of adult caregivers can also configure a limitation. Similarly, there is also a possibility of underreporting regarding the children's responses, as they may be influenced by an unequal power relationship in which the caregiver holds dominance and/or control over the child. This power dynamic often leads to the objectification of the child and a lack of respect for their rights. However, even considering this potential influence, the children's reports in the present study (compared to those of the other participants) revealed a significant percentage of discipline strategies that violated their rights.

5. Conclusions

The results of the present study allowed for identifying the frequent use of punitive discipline strategies which violate the child's rights in the context of residential care in Portugal. This study also showed the consistency of the discourse of the different informants, children/adolescents, caregivers and directors, leading to the identification of groups of residential care centres according to the discipline strategies used. Finally, the present study showed the inexistence of a relationship between the (in)adequacy of the discipline practices and the characteristics of the caregivers' recruitment process, their training, and the existence of external supervision, thus, contradicting previous research that identifies these variables as promoters of positive discipline strategies and showing that these processes, essential in promoting the quality of care, need to be revisited.

5.1. Implications for practice

In addition to filling a gap in research, the present study provided relevant data for reflection on future action to improve care, contributing to the definition of policies aimed at consistently implementing positive discipline practices in residential care. The study findings show the urgency of investing in public and professional awareness of evidence-based childcare practices. The vulnerability that characterises children who navigate the protection system exacerbates the social responsibility of all the entities committed to the safety, well-being and respect for the child's rights.

This article is based on the Master's thesis of the first author and is part of a broader study on the Assessment of the Quality of Residential Care in Portugal (EQAR) conducted by the Group for Research and Intervention in Out-of-Home Care and Adoption (GIIAA) of the Faculty of Psychology and Education Sciences of the University of Porto (FPCEUP), under the direction of the second author. The authors have no known conflict of interest to disclose. The authors are profoundly grateful to the participating children, caregivers, and directors who agreed to share their care experiences. They also acknowledge all the EQAR researchers whose commitment to residential care quality is worth mentioning. A special thanks to Sonia Rodrigues, Joana Campos, Mariana Leal and Ana Catarina Martins. The authors sincerely thank Albina Silva Loureiro for all the language improvements and the proofreading of the paper.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

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References

Altschul, I., Lee, S. J., & Gershoff, E. T. (2016). Hugs, not hits: Warmth and spanking as predictors of child social competence. *Journal of Marriage and Family, 78*(3), 695–714. https://doi.org/10.1111/jomf.12306

Attar-Schwartz, S. (2011). Maltreatment by staff in residential care facilities: The adolescents' perspectives. *Social Service Review, 85*(4), 635–664. https://doi.org/10.1086/664009

Attar-Schwartz, S. (2014). Experiences of sexual victimisation by peers among adolescents in residential care settings. *Social Service Review, 88*(4), 594–629. https://doi.org/10.1086/679194

Barbosa-Ducharne, M., Campos, J., Leal, M., & Rodrigues, S. (2021). *Relatório de avaliação da qualidade do acolhimento residencial. Relatório final do estudo EQAR. [Report on residential care quality. Final report of the EQAR study*]. Not published.

Bardin, L. (1977). *Análise de Conteúdo* [*Content Analysis*]. Edições 70 Ltda.

Barbosa-Ducharne, M., & Soares, J. (2023). Residential care for children and youth in Portugal: A change as necessary as urgent. In J. K. Whittaker, L. Holmes, J. F. del Valle, & S. James (Eds.), *Revitalizing Residential Care for Children and Youth. Cross-National Trends and Challenges* (pp. 256–272). Oxford University Press.

Barros, R. C., & Fiamenghi, G. A. (2007). Interações afetivas de crianças abrigadas: Um estudo etnográfico [Affective interactions with children in shelters: An ethnographic study]. *Ciência & Saúde Coletiva, 12*(5), 1267–1276. https://doi.org/10.1590/S1413-81232007000500024

Baumrind, D. (1997). The discipline encounter: Contemporary issues. *Aggression and Violent Behavior, 2*(4), 321–335. https://doi.org/10.1016/S1359-1789(97)00018-9

Bloom, S. L., & Farragher, B. (2010). *Destroying sanctuary: The crisis in human service delivery systems*. Oxford University Press.

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. Sage.

Bullock, R., Courtney, M. E., Parker, R., Sinclair, I., & Thoburn, J. (2006). Can the corporate state parent? *Adoption & Fostering, 30*(4), 6–19. https://doi.org/10.1177/030857590603000403

Byrne, A. M., & Sias, S. M. (2010). Conceptual application of the discrimination model of clinical supervision for direct care workers in adolescent residential treatment settings. *Child & Youth Care Forum, 39*(3), 201–209. https://doi.org/10.1007/s10566-010-9100-z

Campos, J., Barbosa-Ducharne, M., Dias, P., & Rodrigues, S. (2019). Saúde mental de crianças e adolescentes portugueses em acolhimento residencial [Mental health of Portuguese children and adolescents in residential care]. *Configurações, 23*, 105–122. https://doi.org/10.4000/configuracoes.711

Carlo, G., Knight, G. P., McGinley, M., & Hayes, R. (2011). The roles of parental inductions, moral emotions, and moral cognitions in prosocial tendencies among Mexican American and European American early adolescents. *The Journal of Early Adolescence, 31*(6), 757–781. https://doi.org/10.1590/S0104-11692013000200015

Carlos, D. M., Ferriani, M. D. G. C., Silva, M. A. I., Roque, E. M. D. S. T., & Vendruscolo, T. S. (2013). Albergue institucional para proteger a adolescentes víctimas de violencia doméstica: ¿ la teoría o la práctica? [Residential care for adolescent victims of domestic abuse: Theory or practice?]. *Revista Latino-Americana de Enfermagem, 21*, 579–585. https://doi.org/10.1590/S0104-11692013000200015

Cavalcante, L. I. C., Magalhães, C. M. C., & Pontes, F. A. R. (2007). Institucionalização precoce e prolongada de crianças: Discutindo aspectos decisivos para o desenvolvimento [Early and prolonged institutionalization of children: Discussing decisive aspects for development]. *Aletheia, 25*, 20–34. https://www.redalyc.org/articulo.oa?id=115013454003.

Combs-Orme, T., & Cain, D. S. (2008). Predictors of mothers' use of spanking with their infants. *Child Abuse & Neglect, 32*(6), 649–657. https://doi.org/10.1016/j.chiabu.2007.08.006-

Corval, R., Belsky, J., Baptista, J., Oliveira, P., Mesquita, A., & Soares, I. (2017). Inhibited attachment disordered behavior in institutionalised preschool children: Links with early and current relational experiences. *Attachment & Human Development, 19*(6), 598–612. https://doi.org/10.1080/14616734.2017.1342172

Costa, M., Melim, B., Tagliabue, S., Mota, C. P., & Matos, P. M. (2020). Predictors of the quality of the relationship with caregivers in residential care. *Children & Youth Services Review, 108*, Article 104579. https://doi.org/10.1016/j.childyouth.2019.104579

Costa, M., Mota, C. P., & Matos, P. M. (2019). Predictors of psychosocial adjustment in adolescents in residential care: A systematic review. *Child Care in Practice, 27*(4), 1–30. https://doi.org/10.1080/13575279.2019.1680533

Cruz, O. (2013). Parentalidade [Parenting]. *Livpsic*.

Dadds, M. R., & Tully, L. A. (2019). What is it to discipline a child: What should it be? A reanalysis of timeout from the perspective of child mental health, attachment, and trauma. *American Psychologist, 74*(7), 794–808. https://doi.org/10.1037/amp0000449

Del Valle, J. F., Bravo, A., Martínez, M., & Santos, I. (2012). *Equar: Estándares de calidad en acogimiento residencial.* [*Equar: Residential care Quality Standards*]. Ministerio de Sanidad, Servicios Sociales e Igualdad.

Del Valle, J. F., López, M., & Bravo, A. (2007). Job stress and burnout in residential child care workers in Spain. *Psicothema, 19*(4), 610–615. https://reunido.uniovi.es/index.php/PST/article/view/8524.

Del Valle, J., Rodrigues, S., Leal, M., Martins, C. Campos, J., Barroso, R., & Barbosa-Ducharne, M. (2018). *Versão revista do ARQUA-P: Sistema Compreensivo de Avaliação da Qualidade do Acolhimento Residencial Português* [*Revised version of ARQUA-P – Comprehensive Assessment System of Residential Care Quality*]. Not published.

Drayton, A. K., Byrd, M. R., Albright, J. J., Nelson, E. M., Andersen, M. N., & Morris, N. K. (2017). Deconstructing the timeout: What do mothers understand about a common disciplinary procedure? *Child & Family Behavior Therapy, 39*(2), 91–107. https://doi.org/10.1080/07317107.2017.1307677

Eisenberg, N., & Fabes, R. A. (1998). Prosocial development. In N. Eisenberg (Ed.), *Handbook of child psychology: Social, emotional, and personality development., Vol. 3, 5th ed.* (pp. 701–778). John Wiley & Sons, Inc.

Gearing, R. E., Schwalbe, C. S. J., MacKenzie, M. J., Brewer, K. B., & Ibrahim, R. W. (2015). Assessment of adolescent mental health and behavioral problems in institutional care: Discrepancies between staff-reported CBCL scores and adolescent-reported YSR scores. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(3), 279–287. https://doi.org/10.1007/s10488-014-0568-y

Gershoff, E. T., Sattler, K. M., & Ansari, A. (2018). Strengthening causal estimates for links between spanking and children's externalising behavior problems. *Psychological Science, 29*(1), 110–120. https://doi.org/10.1177/0956797617729816

Granic, I., & Patterson, G. R. (2006). Toward a comprehensive model of antisocial development: A dynamic systems approach. *Psychological Review, 113*(1), 101–131. https://doi.org/10.1037/0033-295X.113.1.101

Henaghan, M. (2017). Article 12 of the UN Convention on the Rights of Children. *International Journal of Children's Rights, 25*(2), 537–552. https://doi.org/10.1163/15718182-02502012

Hermenau, K., Hecker, T., Ruf, M., Schauer, E., Elbert, T., & Schauer, M. (2011). Childhood adversity, mental ill-health, and aggressive behavior in an African orphanage: Changes in response to trauma-focused therapy and the implementation of a new instructional system. *Child and Adolescent Psychiatry and Mental Health, 5*(1), 1–9. https://doi.org/10.1186/1753-2000-5-29

Hermenau, K., Kaltenbach, E., Mkinga, G., & Hecker, T. (2015). Improving care quality and preventing maltreatment in institutional care–a feasibility study with caregivers. *Frontiers in Psychology, 6*, 937. https://doi.org/10.3389/fpsyg.2015.00937

Hoffman, M. L. (1985). Affective and cognitive processes in moral internalisation: An information processing approach. In E. T. Higgins, D. N. Ruble, & W. W. Hartup (Eds.), *Social cognition and social development: A sociocultural perspective* (pp. 236–274). Cambridge University Press.

Hoffman, M. L. (2000). *Empathy and moral development: Implications for caring and justice*. Cambridge University Press.

Holden, G. W., Ashraf, R., Brannan, E., & Baker, P. (2016). The emergence of "positive parenting" as a revived paradigm: Theory, processes, and evidence. In D. Narvaez, J. M. Braungart-Rieker, L. E. Miller-Graff, L. T. Gettler, & P. D. Hastings (Eds.), *Contexts for young child flourishing: Evolution, family, and society* (pp. 201–214). Oxford University Press. https://doi.org/10.1093/acprof:Oso/9780190237790.003.0010.

Horwath, J. (2000). Childcare with gloves on: Protecting children and young people in residential care. *British Journal of Social Work, 30*(2), 179–191. https://doi.org/10.1093/bjsw/30.2.179

Instituto da Segurança Social [Institute of Social Security] (ISS, 2022). *CASA 2021 –Caracterização Anual da Situação de Acolhimento* [*Annual Report on Out-Of-Home Care*]. Lisboa: ISS. https://www.seg-social.pt/documents/10152/13200/Relat%C3%B3rio+CASA_2021/d6eafa7c-5fc7-43fc-bf1d-4afb79ea8f30.

IBM Corporation Released. (2020). *IBM SPSS Statistics for Windows (Version 27.0)*. IBM Corporation Released.

Kaminski, J. W., & Claussen, A. H. (2017). Evidence base update for psychosocial treatments for disruptive behaviors in children. *Journal of Clinical Child & Adolescent Psychology, 46*(4), 477–499. https://doi.org/10.1080/15374416.2017.1310044

Kim, S., & Kochanska, G. (2015). Mothers' power assertion; Children's negative, adversarial orientation; And future behavior problems in low-income families: Early maternal responsiveness as a moderator of the developmental cascade. *Journal of Family Psychology, 29*(1), 1–9. https://doi.org/10.1037/a0038430

Konstantopoulou, F., & Mantziou, I. (2020). Maltreatment in residential child protection care: A review of the literature. *Dialogues in Clinical Neuroscience & Mental Health, 3*(2), 99–108. https://doi.org/10.26386/obrela.v3i2.171

Lansford, J. E., Godwin, J., Uribe Tirado, L. M., Zelli, A., Al-Hassan, S. M., Bacchini, D., … Alampay, L. P. (2015). Individual, family, and culture level contributions to child physical abuse and neglect: A longitudinal study in nine countries. *Development & Psychopathology, 27*(4pt2), 1417–1428. https://doi.org/10.1017/S095457941500084X

Lee, S. J., Altschul, I., & Gershoff, E. T. (2015). Wait until your father gets home? Mother's and fathers' spanking and development of child aggression. *Children and Youth Services Review, 52*, 158–166. https://doi.org/10.1016/j.childyouth.2014.11.006

Lei de Proteção de Crianças e Jovens em Perigo (LPCJP) [Child Protection Law].

Leipoldt, J. D., Harder, A. T., Kayed, N. S., Grietens, H., & Rimehaug, T. (2019). Determinants and outcomes of social climate in therapeutic residential youth care: A

systematic review. *Children and Youth Services Review, 99*, 429–440. https://doi.org/10.1016/j.childyouth.2019.02.010

Lino, A. M., & Lima, L. N. (2017). Emotional dysregulation as a predictor of peer attachment perceptions of adolescents in residential care. *Psychologica, 60*(1), 53–69. https://doi.org/10.14195/1647-8606_60-1_4

Mackenbach, J. D., Ringoot, A. P., van der Ende, J., Verhulst, F. C., Jaddoe, V. W. V., Hofman, A., … Tiemeier, H. W. (2014). Exploring the relation of harsh parental discipline with child emotional and behavioral problems by using multiple informants. The Generation R Study. *PLoS ONE, 9*(8), 1–9. https://doi.org/10.1371/journal.pone.0104793

Maneiro, L., Gómez-Fraguela, J. A., López-Romero, L., Cutrín, O., & Sobral, J. (2019). Risk profiles for antisocial behavior in adolescents placed in residential care. *Children and Youth Services Review, 103*, 278–286. https://doi.org/10.1016/j.childyouth.2019.06.012

McWey, L. M., Acock, A., & Porter, B. E. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children & Youth Services Review, 32*(10), 1338–1345. https://doi.org/10.1016/j.childyouth.2010.05.003

McWey, L. M., & Cui, M. (2017). Parent–child contact for youth in foster care: Research to inform practice. *Family Relations, 66*(4), 684–695. https://doi.org/10.1111/fare.12276

Montserrat, C., & Melendro, M. (2017). ¿Qué habilidades y competencias se valoran de los profesionales que trabajan con adolescencia en riesgo de exclusión social? Análisis desde la acción socioeducativa. [What skills and abilities are assessed in caregivers working with adolescent at risk of social exclusion? Analyses from a socio-educational approach]. *Educación XX1, 20*(2), 113–135. https://doi.org/10.5944/educXX1.13667

Pace, G. T., Lee, S. J., & Grogan-Kaylor, A. (2019). Spanking and young children's socioemotional development in low-and middle-income countries. *Child Abuse & Neglect, 88*, 84–95. https://doi.org/10.1016/j.chiabu.2018.11.003

Patrick, R. B., & Gibbs, J. C. (2012). Inductive discipline, parental expression of disappointed expectations, and moral identity in adolescence. *Journal of Youth and Adolescence, 41*(8), 973–983. https://doi.org/10.1007/s10964-011-9698-7

Rauktis, M. E., Fusco, R. A., Cahalane, H., Bennett, I. K., & Reinhart, S. M. (2011). "Try to make it seem like we're regular kids": Youth perceptions of restrictiveness in out-of-home care. *Children and Youth Services Review, 33*(7), 1224–1233. https://doi.org/10.1016/j.childyouth.2011.02.012

Readdick, C. A., & Chapman, P. L. (2000). Young children's perceptions of time out. *Journal of Research in Childhood Education, 15*(1), 81–87. https://doi.org/10.1080/02568540009594777

Ren, L., & Edwards, C. P. (2015). Pathways of influence: Chinese parents' expectations, parenting styles, and child social competence. *Early Child Development and Care, 185*(4), 614–630. https://doi.org/10.1080/03004430.2014.944908

Rodrigues, S., Barbosa-Ducharne, M., & Del Valle, J. F. (2015). *ARQUA-P: Sistema Compreensivo de Avaliação da Qualidade do Acolhimento Residencial Português [ARQUA-P – Comprehensive Evaluation System of Residential Care Quality]*©. Registo 2650/2015. Secretaria de Estado da Cultura, Inspeção-Geral das Atividades Culturais, Direção de Serviços de Propriedade Intelectual.

Ruiz-Ortiz, R., Braza, P., Carreras, R., & Muñoz, J. M. (2017). Differential effects of mother's and father's parenting on prosocial and antisocial behavior: Child sex moderating. *Journal of Child and Family Studies, 26*(8), 2182–2190. https://doi.org/10.1007/s10826-017-0726-4

Ryan, R. M., Kalil, A., Ziol-Guest, K. M., & Padilla, C. (2016). Socioeconomic gaps in parents' discipline strategies from 1988 to 2011. *Pediatrics, 138*(6), e20160720.

Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review, 34*(4), 337–357. https://doi.org/10.1016/j.cpr.2014.04.003

Sege R. D., Siegel, B. S., Council on Child Abuse and Neglect, & Committee on Psychosocial Aspects of Child and Family Health (2018). Effective discipline to raise healthy children. *Pediatrics*, *142*(6), 1–10. https://doi.org/10.1542/peds.2018-3112.

Seng, A. C., & Prinz, R. J. (2008). Parents who abuse: What are they thinking? *Clinical Child and Family Psychology Review, 11*(4), 163–175. https://doi.org/10.1007/s10567-008-0035-y

Siegel, D. J., & Bryson, T. P. (2016). No-drama discipline: The whole-brain way to calm the chaos and nurture your child's developing mind. *Bantam books.* http://dspace.vnbrims.org:13000/xmlui/handle/123456789/4854.

Stalker, C. A., Mandell, D., Frensch, K. M., Harvey, C., & Wright, M. (2007). Child welfare workers who are exhausted yet satisfied with their jobs: How do they do it? *Child & Family Social Work, 12*(2), 182–191. https://doi.org/10.1111/j.1365-2206.2006.00472.x

Straus, M. A. (2000). Corporal punishment and primary prevention of physical abuse. *Child Abuse & Neglect, 24*(9), 1109–1114. https://doi.org/10.1016/S0145-2134(00)00180-0

Sturge-Apple, M. L., Davies, P. T., & Cummings, E. M. (2006). Impact of hostility and withdrawal in interparental conflict on parental emotional unavailability and children's adjustment difficulties. *Child Development, 77*(6), 1623–1641. https://doi.org/10.1111/j.1467-8624.2006.00963.x

Tompkins, V., & Villaruel, E. (2020). Parent discipline and preschoolers' social skills. *Early Child Development & Care, 191*(12), 1–15. https://doi.org/10.1080/03004430.2020.1763978

United Nations Children's Fund. (2020). A familiar face: Violence in the lives of children and adolescents. https://data.unicef.org/resources/a-familiar-face/.

United Nations Committee on the Rights of the Child (CRC). (2007, March 2). *CRC General Comment No. 8 (2006): The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment (U.N. CRC/C/GC/8)*. https://www.refworld.org/docid/460bc7772.html.

van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., Duschinsky, R., Fox, N. A., Goldman, P. S., Gunnar, M. R., Johnson, D. E., Nelson, C. A., Reijman, S., Skinner, G. C. M., Zeanah, C. H., & Sonuga-Barke, E. J. S. (2020). Institutionalisation and deinstitutionalisation of children: 1 A systematic and integrative review of evidence regarding effects on development. *The Lancet Psychiatry*, *7*(8), 703–720. https://doi.org/10.1016/S2215-0366(19)30399-2.

Ward, K. P., Lee, S. J., Limb, G. E., & Grogan-Kaylor, A. C. (2021). Physical punishment and child externalising behavior: Comparing American Indian, White, and African American children. *Journal of Interpersonal Violence*, *36*(17/18), NP9885-NP9907. https://doi.org/10.1177/0886260519861678.

Weissman, R. (2004). Social work selection. *Child & Adolescent Mental Health, 9*(3), 139–142. https://doi.org/10.1111/j.1475-3588.2004.00094_1.x

World Health Organization. (WHO, 2006). *Preventing child maltreatment. A guide to take action and generating evidence.* https://apps.who.int/iris/bitstream/handle/10665/43499/9241594365_eng.pdf?sequence=1&isAllowed=y.

World Health Organization. (WHO, 2020). *Child maltreatment.* https://www.who.int/news-room/fact-sheets/detail/child-maltreatment.

Yampolskaya, S., Chuang, E., & Walker, C. (2019). Trajectories of substance use among child welfare-involved youth: Longitudinal associations with child maltreatment history and emotional/behavior problems. *Substance Use & Misuse, 54*(3), 437–448. https://doi.org/10.1080/10826084.2018.1504079

Yoon, S. (2017). Child maltreatment characteristics as predictors of heterogeneity in internalising symptom trajectories among children in the child welfare system. *Child Abuse & Neglect, 72*, 247–257. https://doi.org/10.1016/j.chiabu.2017.08.022

Zegers, M. A. M., Schuengel, C., & van IJzendoorn, M. H., & Janssens, J. M. A. M.. (2008). Attachment and problem behavior of adolescents during residential treatment. *Attachment & Human Development, 10*(1), 91–103. https://doi.org/10.1080/14616730701868621