



Staff victimization at residential youth care institutions: An incident-based study

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Abstract

Conflicts are part of everyday life at residential youth care institutions, putting staff at risk of workplace victimization. Limited research has examined how these victimizations unfold and their associated risk factors. To explore this, we draw on a sample of 132 conflict incidents, reported by 50 staff members at Danish residential youth care institutions. We describe the types of victimizations, identify the incidents in time and place, and examine risk factors. Overall, the incidents unfold as dispute-related conflicts, often involving multiple staff members exposed to a range of victimization actions, most commonly hits and kicks. The incidents typically emerge in the adolescent's room or in the indoor common area, but unfold in multiple locations. Our findings underscore that staff victimization incidents and their associated risk factors are intertwined with the everyday routines of the institutions.

Keywords

interpersonal conflicts, workplace aggression, youth facilities, violence and threats, everyday routines, victimization

Residential youth care institutions are settings for frequent conflicts (Wästerfors, 2011). The adolescents in these institutions are highly vulnerable, often struggling with issues like self-harm, parental neglect, suicide attempts, addiction, and poor mental and physical health (Lausten, 2022). Many also have a history of criminal activity and violence. For staff working at these institutions, this implies a work life with high emotional demands when having to provide care to and enforce rules on at-risk adolescents (Taylor, 2011). This double role between performing care and control has been identified as a tension for staff who have to manage challenging youth behavior (McLean, 2015). Thus, while striving for ordinariness and connection with youth, staff simultaneously have to ensure risk management and damage control to manage everyday life in this context (Nolbeck et al., 2023). Here, safety measures include predictability, team coordination, training, and control of one's own emotions to avoid conflict escalation and a risk of violence (Slaatto

et al., 2022). Further, staff may use restraint and seclusion when needing to create safety and predictability, uphold routines, or demonstrate power (Midtsian, 2019).

Research suggests that staff-adolescents disputes commonly arise from behaviors such as profanity, aggression, or rule defiance (Wästerfors, 2011). The characterization of residential youth care institutions as sites of conflicts is reflected in the fact that staff here are at increased risk of assaults and recurrent victimization while at work (Harris & Leather, 2012). Evidence across Denmark, the United Kingdom, and the Netherlands shows that staff at residential youth care institutions are at high risk of victimization, including physical violence and threats. Specifically, studies indicate that up to 81% of staff experience at least one form of victimization annually, with rates of threats ranging from 39% to 78%, and physical violence ranging from 24% to 64% (Alink et al., 2014; Arbejdstilsynet, 2021; Winstanley & Hales, 2008). This elevated risk of victimization is associated with adverse effects on staff well-being, including emotional exhaustion, depersonalization, concerns about safety and violence, and a desire to exit the profession (Smith et al., 2021; Winstanley & Hales, 2015). Yet, despite the high prevalence of these issues, limited research has examined the mechanisms behind and the situational nature of staff victimization in this institutional context.

The purpose of the current article is to examine the types of everyday conflict situations that escalate to staff victimization in residential youth care institutions and to identify risk factors for these victimizations. As such, we examine one aspect of staff-adolescent conflicts, staff victimization, and in doing so, we draw on 132 conflicts sourced from interviews with 50 staff members from seven Danish residential youth care institutions. This data presents granular details about the face-to-face victimization incidents, including their unfolding, timing, location, and participants, derived from staff members' interview narratives. Thus, the study aims to examine the different plausible sources of staff victimization, whether individual, situational, or contextual (Nassauer, 2022).

One suggested source of victimization concerns the adolescents' individual characteristics—similar to research showing that, for example, individual-level attitudes and the gender of staff (in mental health services) correlate with willingness to use coercion (Doedens et al., 2020). For instance, a large proportion of adolescents in residential care have experience with risk behavior such as vandalism, theft, and violence (Lausten & Andreasen, 2022). Research has also found that an adolescent's age is positively associated with aggression (Eltink et al., 2018) and staff who work with children with a mild intellectual disability are at an increased risk of victimization (Alink et al., 2014).

Another contributing factor is the institutional and relational context in which events unfold. For example, studies indicate that staff in secure units are at a greater risk of victimization than those in open facilities or juvenile detention centers (Alink et al., 2014). The quality of the relational bond between adolescents and staff has also been identified as a potential risk factor for peer violence in this setting (Sekol, 2013), and the development of this bond has been linked to the amount of time spent in the institution (Henriksen et al., 2008). Lastly, the victimizations may be attributed to the situational opportunities for conflicts that are linked to how everyday routines are organized in time and space within the institutions (Felson & Eckert, 2017). For example, prior research on secure psychiatric wards has found that it is during the daytime activity hours that staff are at elevated risk (Urheim & VandenBos, 2006).

In the current paper, we approach the question of staff victimization from the situational perspective, utilizing an incident-based sampling strategy that offers detailed information about specific incidents with a risk of escalation, which is widely recommended

within the micro-sociological (Collins, 1983, 2008) and criminological (Wells & Horney, 2002) study of violent situations. This approach is not meant to prioritize situational explanations over individual or contextual ones. Rather, a situational approach appreciates how individual and contextual risk factors manifest in actual interactions (Nassauer, 2022). For instance, if individuals predisposed to violence are present, the situation is more likely to become violent—although it is crucial to note that these individual risk factors are only activated in specific situations (Bowman et al., 2018; Collins, 2008). In the current context, this likely means that adolescents with, for example, a prior history of disruptive or violent behavior only act in an escalatory manner under very specific, but currently unknown, conditions. As such, we apply a broad understanding of situational features, which includes initiating conflict parties (among adolescents or between adolescents and staff), adolescent intoxication status, number of staff present, location of incident (e.g., room, common area, etc.), and time of day.

In summary, our situational perspective enables us to examine the types of violence and threats to which staff are exposed, pinpoint these victimization events in time and space, and identify risk factors related to events that escalate to staff victimization.

Methods

Study context

In Denmark, approximately 12,000 children live in out-of-home care, predominantly with foster families. Less than a third are placed in residential care, and these children typically struggle with more complex problems such as substance abuse, crime involvement, and poor mental health (Lausten, 2022). Residential care institutions range from open to semi-closed and secure facilities, distinguished by different security levels and measures of restraint and regulation for the residents. In all types of facilities, staff are allowed to physically guide youth and use physical force for safeguarding. In open facilities, a care order can prevent a child from leaving the institution for up to 14 days. In semi-closed facilities, youth may be confined to a locked section or room for up to 30 days per year but no longer than five days at a time. In secure facilities, the most restrictive, youth can be placed in isolation, subjected to searches and drug tests, and have their communication and contact with others severely limited (see more in Enell et al., 2022).

Adolescents in institutional care are typically between 12 and 17 years old and placement in all institutions can be voluntary or compulsory. Youth aged 15–17 can also be placed in residential care in surrogate remand either pre-trial or while serving a sentence. There is no limit for the length of stay in open and semi-closed institutions, however, placement in secure institutions cannot exceed 12 months. In secure facilities, the youth's daily activities, such as school, leisure activities, and treatment, take place within the institution.

Data collection

Data was collected in collaboration with seven residential youth care institutions, ranging from open to secure facilities, between May and September, 2022. We gained access by contacting institutions, publicizing the project on social media, and through an organization in the social service sector. Upon access, management was asked to find staff to interview. Interviews were conducted by the first author. To ensure a diverse staff sample, we emphasized our interest in staff of various genders, ages, experience, and work approaches. However, in some instances, selection was primarily based on practical

considerations, such as who was available for an interview during the data collection period. Further, the local management rarely suggested substitutes for interview, despite their common presence in the institutions.

The decision to interview staff members was primarily driven by practical considerations. Interviewing adolescents about the same events reported by staff would have been unfeasible in our case, potentially doubling our already labor-intensive data collection process. Moreover, questioning adolescents in detail about how they victimized staff members could raise ethical questions and risk re-traumatizing them. However, we acknowledge that this approach has a significant limitation: our data represents only the staff's perspective and report of the events. Readers should keep this in mind when considering our findings.

In total, we interviewed 50 staff members. In this sample, 80% were men, with a mean age of 39.5 (range = 24 to 60). Sixty-eight percent had a BA degree in pedagogy, and the mean employment time at their respective institutions was 5.5 years (range = 0.06 to 25). In addition to these 50 staff members, the first author also interviewed local managers and conducted about 4–6 hours of field observations at each institution to gain institutional background information and to corroborate the self-reported insights from the interviews with real-life observations from the institutions.

Interview procedure

Each selected staff member was interviewed about conflict incidents in which they had been involved at their workplace. This means that the unit of analysis was situations, not persons, and such incident-based sampling strategy is recommended within micro-sociology (Collins, 1983). At the beginning of the interview, the interviewer explained the project's aim: to provide practice-relevant preventive knowledge about the types of conflicts and risk factors in residential youth care. For the purpose of this study, the interviewees were asked to describe three past conflicts with as much detail about the course of events as possible. Here, conflict was defined as a disagreement, discussion, or argument, between either the interviewee and an adolescent, or between multiple adolescents, or between a colleague and an adolescent. To ensure variation in the victimization outcome of the situations (Forgues, 2012), the interviewees were asked to describe conflict at different levels of escalation: one without threats or physical violence, one with threats, and one that escalated to violence. This means that while *all* sampled cases were conflictual, only a subset of these escalated to a point where staff were victimized. Interviewees were not simply asked to report on the latest events that they had been involved in; instead, we judged it more important for the reliability of data that they reported on cases that they could recall with a sufficiently high level of detail.

For each selected incident, the interviewee first described the incident and the interviewer then asked incident-focused follow-up questions about what was said and done, what sequential order it happened in, and who was present during the event (Lindegaard et al., 2015). It should be emphasized that the applied interview technique constrained the interviewees from abstracting away from the single event, by asking very detailed questions about the step-by-step unfolding of the incident. This incident-focused interview technique, which is notably different from the typical semi-structured interview, is inspired by Stern (2004) and previous applications within criminology (Lindegaard et al., 2015).

This approach was intended to mitigate issues like recall error, social desirability bias, and deception about past behaviors, which are common reliability issues when interviewing about past events (Small & Cook, 2023). For example, it is likely that the staff members

may, to some extent, have narrated events in a manner that downplays their own role in and even responsibility for the events (Baumeister et al., 1990; Goffman, 1961). Further, it should be noted that these and related limitations regarding the use of interviews as a source for situational knowledge are plausibly more apparent in the current study context than when interviewing about more mundane situations. Residential youth care institutions are a highly politicized field, where the manner in which staff narrate conflicts is likely influenced by the legal regulations of their work, their views on children, and their fundamental pedagogical viewpoints. As such, the data is unavoidably less objective than if we had, for example, video-observed the events as they happened *in situ* (Philpot et al., 2019), although we aim to approximate this ‘reality’ of the events with the use of our specialized interview techniques (Lindegaard et al., 2015; Maxwell, 2012; Stern, 2004). Nevertheless, we acknowledge the limitations of interview data up front, so that our results are read with these caveats and considerations in mind.

After each described event, the interviewer asked for personal characteristics about the adolescent involved in the incident. To ensure anonymity of the adolescent, the interviewer did not ask about personal identifiable information about the adolescent. The project has been approved by the Ethics Review Board of Department of Sociology, University of Copenhagen.

Data and coding procedure

From the 50 interviews, we sourced 132 conflict events. For the purpose of the study, the events were systematically coded for a range of characteristics. Three student assistants first transcribed the interviews in NVivo, and subsequently two of the assistants systematically coded each of the incidents using the online survey program SurveyXact. For this procedure, we developed a codebook of detailed behavioral definitions (Pallante et al., 2024). These definitions were both inferred inductively from a subset of data and based on existing categories in the literature (Heinskou & Liebst, 2017). For example, codebook definitions included what specific actions the conflict parties performed during each event, such as staff using force, or the adolescent spitting. Further, we coded individual (e.g., age, prior history of violence), situational (e.g., place where the incident occurred), and contextual (e.g., relational bond with adolescent) information about each event. In cases where more than one adolescent was verbally or physically involved in the incident, the coder had to select the adolescent who was primarily involved in the incident. If it was not possible to identify a primary adolescent, the coder randomly selected one focal adolescent.

To ensure reliability and validity of the codebook measures, the coding of data involved three phases. The first phase involved the first author training the two assistants in how to code the incidents. The procedure involved a number of events being coded independently by these three persons, who then discussed the doubts and inconsistencies in interpretations. This phase was terminated when a shared understanding of the codebook definitions was obtained. In the next phase, the two coders single-coded all incidents with the instruction to confer with the first author whenever they had any doubt about a measure. Lastly, a phase of validation followed. Specifically, the two coders—in liaison with the first author—double-checked events that had been flagged as particularly unclear and settled on a final coding. Due to resource and time constraints, we opted for this qualitative approach as an alternative to a formal intercoder reliability procedure. A benefit of the current approach was that it ensured a shared understanding of the measures throughout the coding phase and safeguarded against drift toward idiosyncratic interpretations.

Measures

Victimization measure

The dependent variable was dichotomous and captured whether the incident escalated to violence or threats against staff. Violence included acts such as kicking, hitting, spitting, scratching, biting, taking chokehold, pinching, shoving, and causing harm with an object. Unsuccessful attempts of violence were included (e.g., an adolescent trying to hit staff). Threats included verbal acts about inflicting harm such as “just wait, I will get you,” “I will kill you,” “I know where your family lives,” and nonverbal acts that convey a message about inflicting harm, such as holding an object that can be thrown or clenching a fist. Incidents without violence or threats included an event with an upset, frustrated, angry, or otherwise emotionally reacting adolescent who did not use (threats of) violence against staff.

Individual measures

We included the following variables pertaining to the adolescent in the incident. These measures were all based on the interviewee’s assessment and recollection of the adolescent. *Age* measured the adolescent’s age at the time of the incident. *Gender* was dichotomous and captured the adolescent’s gender. *Diagnosis* was dichotomous and captured whether the adolescent was diagnosed with a psychiatric illness. *Ethnicity* was dichotomous and captured whether the adolescent had another ethnic origin than Danish. *Previous violence* was dichotomous and captured whether the adolescent had a prior history of violence at the time of the incident.

Situational measures

We measured situational factors as conditions or circumstances that pertain to the situation: *Initial conflict dyad* was dichotomous and captured whether the conflict had begun between adolescents or between staff and adolescent/s. *Intoxicated adolescent* was dichotomous and captured whether the adolescent was assessed by the interviewee to be under the influence of drugs or alcohol during the incident. *Number of staff present* was continuous and measured the number of staff members present in the incident. For victimization events, this number only included staff present prior to the first act of violence or threat. For non-victimization events, the number included staff present during the event. *Location* was a dummy variable and captured whether the incident began in the adolescent’s room, the kitchen or dining area, another indoor common living space, outside on the institution’s property, or another place. *Time of the incident* was a dummy variable distinguishing between morning hours, afternoon, evening, and night.

Contextual measures

We included the following variables pertaining to the context of the incident. *Preceding event* was dichotomous and captured whether the interviewee reported any previous event or circumstance that might have influenced the incident (e.g., staff had found drugs in the adolescent’s room the day before, or the adolescent had received new information about their care placement). *Adolescent time at institution* was continuous and measured the number of months the adolescent had lived at the institution at the time of the incident. *Relational bond with adolescent* was a dummy variable and captured whether the interviewee assessed that the work of creating and having a relation to the adolescent had been good, moderate to fine, difficult, or non-existent (i.e., if staff did not know the adolescent either because staff worked at another unit or because the adolescent had just

arrived). *Secure institution* was dichotomous and captured whether the event occurred in a secure institution or in an open or semi-closed institution. See descriptive statistics in Table 1. For further details about the measures, see supplementary online materials at osf.io/wap4g/?.

Table 1. Descriptive statistics.

	Mean	SD	Min	Max	N
Conflict events					
No staff victimization	0.38	-	0	1	132
Threats against staff	0.17	-	0	1	132
Physical harm against staff	0.18	-	0	1	132
Threats and physical harm against staff	0.27	-	0	1	132
Individual adolescent factors					
Girl	0.25	-	0	1	132
Age	16.13	1.1	13	18	127
Other ethnic origin than Danish	0.43	-	0	1	129
Diagnosis	0.7	-	0	1	108
History of violence	0.92	-	0	1	121
Situational factors					
Staff present during event without victimization	2.58	1.75	1	9	50
Staff present prior victimization	2.96	1.5	1	8	82
Staff-adolescent initial conflict dyad	0.88	-	0	1	132
Intoxicated adolescent	0.13	-	0	1	120
Time					
Morning (06–11:59)	0.32	-	0	1	110
Afternoon (12–17:59)	0.39	-	0	1	110
Evening (18–23:59)	0.29	-	0	1	110
Night (00–05:59)	-	-	-	-	-
Location					
Adolescent's room	0.28	-	0	1	129
Kitchen or dining table	0.19	-	0	1	129
Indoor common area	0.29	-	0	1	129
Outside on the property	0.12	-	0	1	129
Other location	0.11	-	0	1	129
Contextual factors					
Preceding event or circumstance	0.3	-	0	1	128
Adolescent time at institution (months)	5.87	6.01	0	36	123
Relational work with adolescent					
Nonexistent	0.07	-	0	1	119
Difficult	0.21	-	0	1	119
Moderate to fine	0.21	-	0	1	119
Good	0.51	-	0	1	119
Secure institution	0.58	-	0	1	132

Analytical approach

Our analysis falls in three steps. First, we describe what types of victimization behaviors are typical for the material. Second, we identify how the events are linked to the everyday routines in time and space at the institutions. These steps use descriptive statistics, supplemented with chi-squared tests for independence and illustrative case descriptions from the material. In combination, we qualitatively analyze the types of events as they unfold in time and space to develop conflict types. Specifically, we identify what each conflict evolved around and qualitatively categorize distinct incident types (Maxwell & Miller, 2008). Third, we test risk factors of victimization with regression analyses. Specifically, we used a logistic regression model because the victimization outcome is binary, and because this estimation approach is recommended when data, as in the current case, mirrors a case-control rather than probability sampling design (i.e., we sampled on the dependent variable, instead of randomly selecting cases) (Forgues, 2012). All statistical analyses are run in Stata 17.

Results

Types of victimization

Victimization events at institutions are characterized by staff being involved in conflicts with adolescents that may result in exposure to various types of threats and violent acts. Figure 1 shows the types and prevalence of physical harm against staff. According to our staff-reported data, being hit is reported as the most prevalent (58%), and being kicked is the second most common act of reported violence (38%). Moreover, hits and kicks are typically not reported to be performed in combination with other violent acts, except for shoves against staff. This is illustrated by incident #1 from a semi-closed institution where a staff member describes how an adolescent refuses to follow house rules and go to bed. When one of the two present staff members points out that they have been discussing this for almost ten minutes and that they are authorized to physically guide him to his room, the adolescent becomes upset and shoves the staff member. Staff then restrain the adolescent, who breaks away and starts kicking and hitting one staff member.

On average, the data reported that three staff members are present before victimization occurs, and in 40% of events involving violent victimization, multiple staff members were described as being victimized. Prior to any victimization, there are on average two adolescents present and two adolescents involved in the incident (see Table S1 in supplementary online material). The presence and involvement of multiple adolescents is illustrated by incident #2 reported from a secure institution where four adolescents refuse to go to their rooms and instead remain seated at a table. After calling for additional staff to assist, the boys are physically guided to their rooms. As one boy repeatedly opens his door, a staff member stays outside his room to ensure he does not leave. When the boy opens the door again, he spits in the staff member's face.

In 24% of events with violence, staff described being victimized with objects such as doors, items taken from door locks, chairs, glass shelves, potted plants, candlesticks, pillows, razors, loudspeakers, liquids, or stones. Characteristically, these objects are part of the building's interior and readily available, reflecting how such victimizations occur as part of everyday routines of the institutions, including the use of everyday items (Felson & Eckert, 2017). This is exemplified by incident #3 at a semi-closed institution where staff describe an event involving an attempt to enter a girl's room after she begins kicking things in her room. The staff, unsure why she is upset, ask her multiple times if they

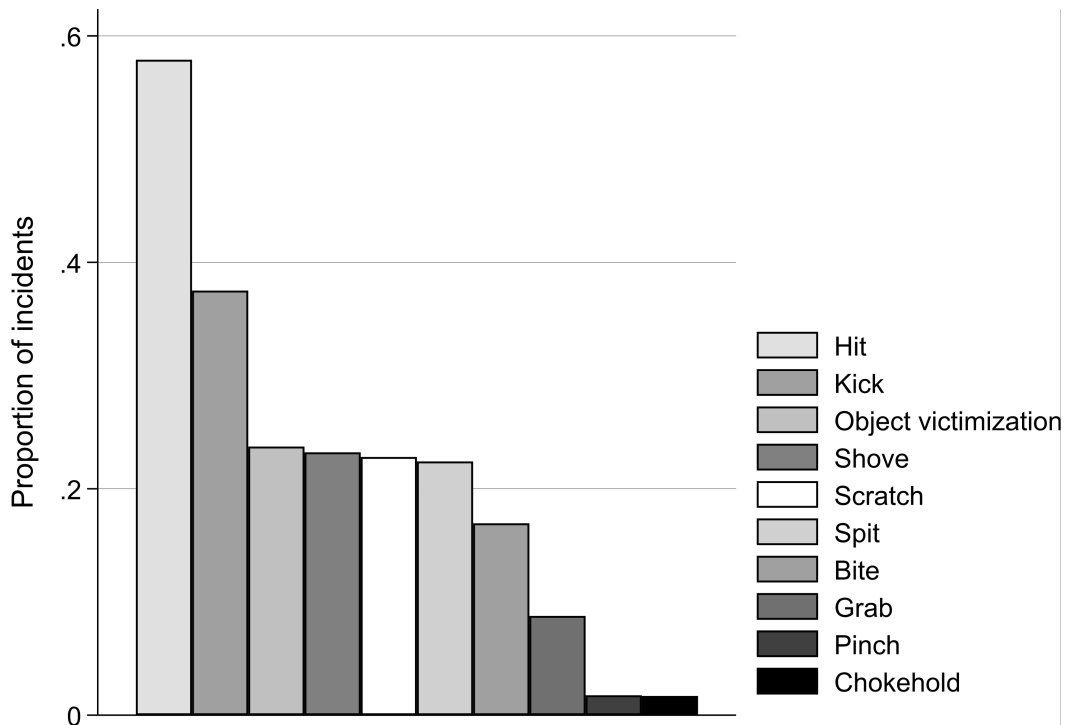


Figure 1. Proportion of the types of violent acts performed in the reported victimization incidents. Note: n = 59.

can assist and request that she open the door. She yells, “[I] will kill you if you enter.” Eventually, an employee opens the door, and as he enters, the girl slams the door into his head. Besides illustrating how interior objects may become instruments of harm, it appears from the incidents reported by the staff that events involving victimization with objects typically seem to lack prior threats with these objects. In only one reported incident does the adolescent both threaten and victimize staff with objects. In another reported incident, an adolescent threatens staff with a bottle, but it is unclear from the account whether the bottle is ultimately thrown at the staff or in another direction.

In 17% of events with a threat, staff described being threatened with objects such as homemade stabbing weapons, non-sharpened toothbrushes (held hidden in the hand and pocket as an unidentifiable object), alarm clocks, iron pipes, hanger rods, knives, radios, sharp pieces of plastic, bottles, and kitchen utensils. The risk of interior items being used as weapons is something of which both staff and management are aware. Consequently, in semi-closed and secure facilities, kitchen utensils are kept locked, and staff perform daily counts of cutlery and kitchen knives to ensure that nothing is missing. Incident #4, from a secure institution, illustrates the risks associated with these objects when conflicts arise and a sharpening steel has not been locked away. The staff member explains:

We want him out of the kitchen at this point. Ideally, we want him in his room, but we want him out of the kitchen, as there is a lot of cutlery and everything else he can get his hands on. He is not interested in that, so he ends up leaving, yes, walks around the kitchen, and then notices a sharpening steel lying on one corner of the kitchen table. It is something we usually keep locked up, and we always do that, and for some inexplicable reason, I did not keep it locked up while I was cooking. (...) He takes this sharpening steel, points it at me and tells me that now he’s had enough. He doesn’t really care if he

has to spend seven years in prison for smashing a pedagogue, as long as he gets out of this unit right now. And he makes some gestures with it, he moves it like that, as if he were hitting with a hammer, yes.

In this incident, the boy threatens staff with a sharpening steel, but they eventually manage to calm him down, and the boy decides to put down the steel.

As well as threats with objects, staff are also exposed to threats that suggest harm outside the institutional setting. These types of threats are reported to occur in 36% of events with threats and are characterized as personal threats relating to staff's family members or friends, or knowledge of the staff's address or full name. In incident #5, from a secure institution, staff have received a tip about drugs in the unit and have therefore initiated a search in the adolescents' rooms. During the search, the adolescents make several personal threats:

There are more threats like, "be careful when I get out, I will find you," and "I know exactly where you live," and things like that. It's in fact (...) really serious threats against us staff. It's very personal threats. There are some who are told that he's coming and fucking his daughter, and "be careful when you go to bed, because you never know who's behind the door," and all that stuff.

As this case indicates, personal threats typically suggest consequences for staff beyond the workplace. In this specific event, multiple staff members are targeted with threats, a feature observed in more than half of the victimization events that involve threats.

Overall, victimization events at residential youth care institutions are characterized by various types of violence—typically hits and kicks—and threats that often target more than one staff member during the event. Additionally, some conflicts also involve violence against the adolescent—defined as acts with intent to harm or punish the adolescent, distinct from authorized physical restraint. In 4% of all conflict events, the interviewed staff member described an adolescent being exposed to physical violence, and in 6% of the conflict events, the interviewee mentioned an adolescent claiming to have been exposed to physical violence. Given that these figures are based on self-reports by staff, who may have reasons related to social desirability to downplay such incidents of adolescent victimization (Small & Cook, 2023), it is important to consider that the actual numbers might be underreported.

Time and place

When living in an institution, the residents' routines in time and space are organized and often restricted (Gadon et al., 2006). The staff victimization was reported to occur in the morning (33%), the afternoon (39%), and the evening (27%). In our sample, no events occurred during the night, which may relate to the fact that institutions typically use other staff for night shifts, who were not included in the sample. There was found no difference between secure and open/semi-closed institutions with respect to the time of day when victimizations occurred, $X^2(2, n = 66) = 2.41, p = 0.30$.

Figure 2 illustrates where victimization events occur at residential youth care institutions. Here, only 11% of events take place in the kitchen or at the dining table, suggesting that staff victimizations do not typically occur during lunch and dinner situations in these settings. Instead, the majority of events were reported to occur either in the adolescent's

room (34%) or in the common indoor area of the institution (34%)—plausibly linked to the circumstance that the adolescents spend more time in these settings compared to the kitchen and the dining table, offering more opportunities for incidents to develop. We found a difference in where victimization events emerge across secure and open/semi-closed institutions, $X^2(4, n = 80) = 11.63, p = .02$, although the test was only just statistically significant and should be interpreted with caution. As such, victimization events at secure institutions may be more likely to occur in the adolescent's room compared to open/semi-closed institutions, where they are more typically observed in the indoor common area (see Table S3 in supplementary online material).

Victimization events in adolescents' rooms are primarily linked to three types of everyday routines at the institutions. The first type relates to staff searching for drugs or other contraband kept in the room, as earlier illustrated by incident #5 from a secure institution where adolescents made personal threats during a search. The second type arises when an adolescent is upset and staff attempt to enter the room, as seen in the above incident #3 from a semi-closed institution where a girl kicks and damages the things in her room and the situation escalates to victimization when staff try to enter. This highlights how conflicts may be instigated by the negotiation of access to private space. Staff must ensure the safety of the adolescents, but the room is often the only private space of adolescents living in out-of-home care.

The third type concerns conflicts relating to adolescents refusing to comply with the 'house rules' that they must follow, such as going to their rooms at bedtime, or showering or making the bed in the morning. These events are typically defined as "demand situations" by interviewed staff, characterizing how staff ask or demand that adolescents comply with the regulated routines and rules that are part of life at an institution. The below incident #6 from a secure institution illustrates such an event when an adolescent does not follow the rules and staff use restraint to make him comply. Here, the interviewee arrives mid-event with other colleagues:

He wants to go out in the unit, and he is then stopped with an arm across his chest, as far as I can understand. He wants to go out in the unit because he does not want to shower, he wants to go out and smoke. You can only do that when you have showered and your room has been approved. It ends up with... When I get there, they [the other staff] yell, "come on, where the hell are you guys?" and stuff like that, because they are extremely stressed. And he has a room which is down at the back, so it took a while before we got there. But he bites them, among other things, and it ends with us having him completely down on his stomach and completely... what I would call curled up, with his hands behind his back and his feet behind his back (...).

This case shows how conflicts can emerge in an adolescent's room in relation to the house rules that regulate when and under what conditions adolescents are allowed to engage in certain activities. As such, different types of conflicts arise in the space of the adolescent's room that may eventually escalate to victimization.

Compared to an adolescent's sole private room, the indoor common area is a shared space between adolescents and staff. Victimization events in the common area are characterized by four types of situations. Two of these are similar to those in the adolescent's room: instances of an upset adolescent and demand situations where the adolescent must comply with rules. However, two additional types of situations emerge

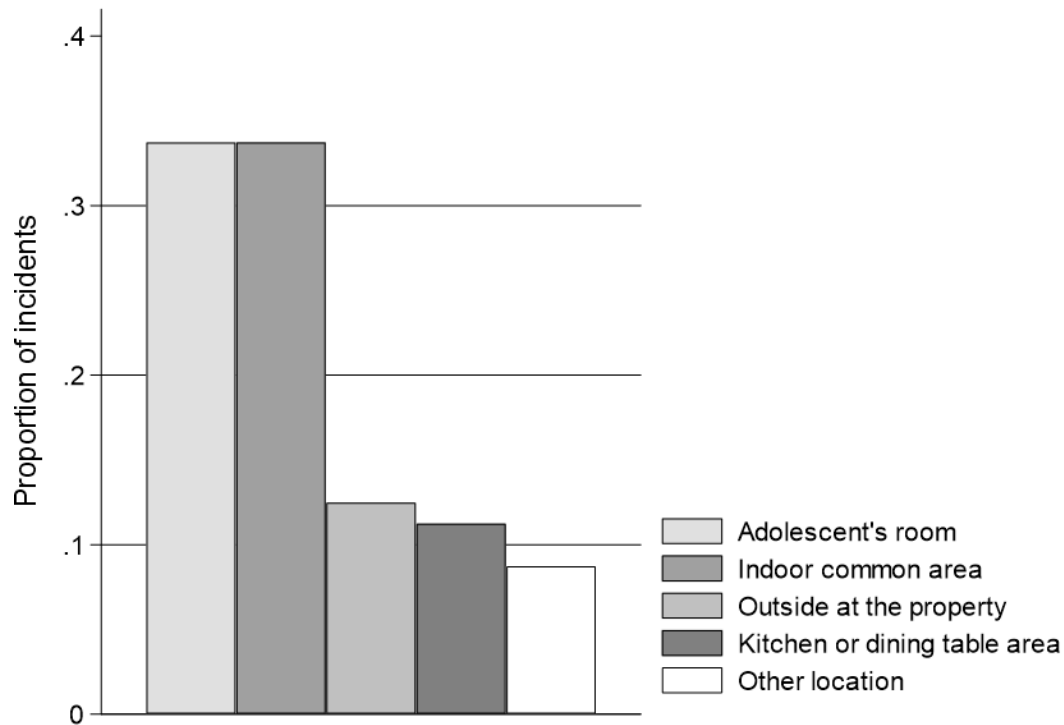


Figure 2. Location of the reported victimization incidents. Note: $n = 80$.

in the common area. The first additional event type is characterized by conflicts between adolescents, as seen in incident #7 reported from an open institution involving a boy who has left the premises to buy drugs. As he returns in the evening, the other adolescents are worked up and want to get hold of the boy for drugs or money. When one of them tries to enter his room and a staff member blocks the entrance, the adolescent strikes out to hit the boy and victimizes the staff with a head-butt, shoves, kicks, and punches.

The second additional event type relates to adolescents behaving in a disruptive manner, including situations where they try to escape the institution, appear intoxicated, or start destroying objects. For example, a staff member recounts incident #8 from a secure institution, describing a situation involving a bored adolescent who was the only youth in the unit that day. She declines to participate in suggested activities and is eventually left in the TV room. There, she starts ripping paper apart, which staff choose to ignore, before escalating to DVDs and “furniture that she starts ripping apart” as described by the interviewee. Staff initially attempt to stop her verbally, and then initiate physical guidance, to which she responds with threats and attempts to hit them with a loudspeaker. Consequently, staff use force to escort her to her room, where the conflict continues. Thus, the incident also illustrates that the majority of victimization events (70%) unfold in multiple locations, transitioning from one type of space to another. Specifically, in the reported incidents, 38% of victimization events occurring in multiple spaces were described as beginning in the indoor common area, as in the incident detailed above (see Table S4 in supplementary online material).

A prevailing characteristic of victimization events in adolescents’ rooms, common areas, and the overall data is that conflicts at the institutions are more dispute-related than predatory in nature (Felson, 2017). This applies to all of the examples cited above. Here, a common denominator is that conflicts typically arise from some disagreement or dispute,

for example, regarding the organization of everyday routines or what adolescents are permitted to do. Thus, the everyday routines in this institutional setting may be characterized as inherently involving some potential for ‘trouble’ with regulation, negotiation, and rule enforcement as part of everyday life (Emerson, 2015; Wåsterfors, 2011). Emotionally, these interpersonal conflicts are ‘hot-headed’ events that occur spontaneously, in contrast to the ‘cold-headed’ and predatory aggression where harm is used deliberately (Felson, 2009; Van Gelder, 2013). It should be noted that predatory violence does exist in the material but is atypical, accounting for only 10% of the victimizations. An example of this is incident #9, reported from a secure institution, where three adolescents, supervised by a staff member, were smoking in the courtyard. The day before, the same staff member had found hash in the boys’ rooms. While outside, the adolescents suddenly slapped the staff member’s phone out of his hand and kicked it away to prevent him from calling for assistance before they attacked him.

Risk factors

So far, we have examined the characteristics of victimization events. Next, we examine how a range of plausible individual, situational, and contextual risk factors take effect within these situations and increase the risk of victimization. This is done through a number of regression models, which are presented in Figure 3.

With respect to the individual-level risk factors, we find that events including an adolescent with an ethnic origin other than Danish are associated with a lower likelihood of staff victimization. However, the effect was only marginally significant and thus offers only weak evidence in favor of this association. Further, events involving an adolescent with a history of violence are associated with a higher likelihood of staff victimization. It should be noted, however, that the effect is only statistically significant at the traditional 95% confidence level, not at the Bonferroni-corrected 99.7% level, which accounts for the multiple comparisons made in Figure 3 (Sedgwick, 2011). Adding to this caveat, the effect showed fragility under alternative model specifications (see supplementary online material) and should therefore be interpreted with caution. Adolescent gender, age, and diagnosis are not found to be associated with staff victimization.

In terms of situational risk factors, conflicts in the kitchen or dining area are linked with a lower risk of staff victimization than those in an adolescent’s room. A further pairwise comparison shows that incidents in the kitchen and dining table area are also less likely to escalate compared to incidents in the indoor common area (see Table S6 in supplementary online material). Neither the time of the incident nor the number of staff present are linked to the likelihood of staff victimization. Additionally, the origin of the conflict—whether between staff and an adolescent or among adolescents—and the presence of an intoxicated adolescent were not linked to staff victimization. Finally, none of the examined contextual risk factors, including whether the victimization was linked to any preceding event or circumstance as assumed or known by the interviewee, correlate with victimization. This suggests that victimization is not precipitated by prior events but rather arises from disputes in daily situations (Felson, 2017).

Discussion

The aim of the current study was to explore the circumstances of staff victimization within residential youth care institutions and to delineate the risk factors associated with these victimizations. To this end, we analyzed 132 conflict incidents and considered the

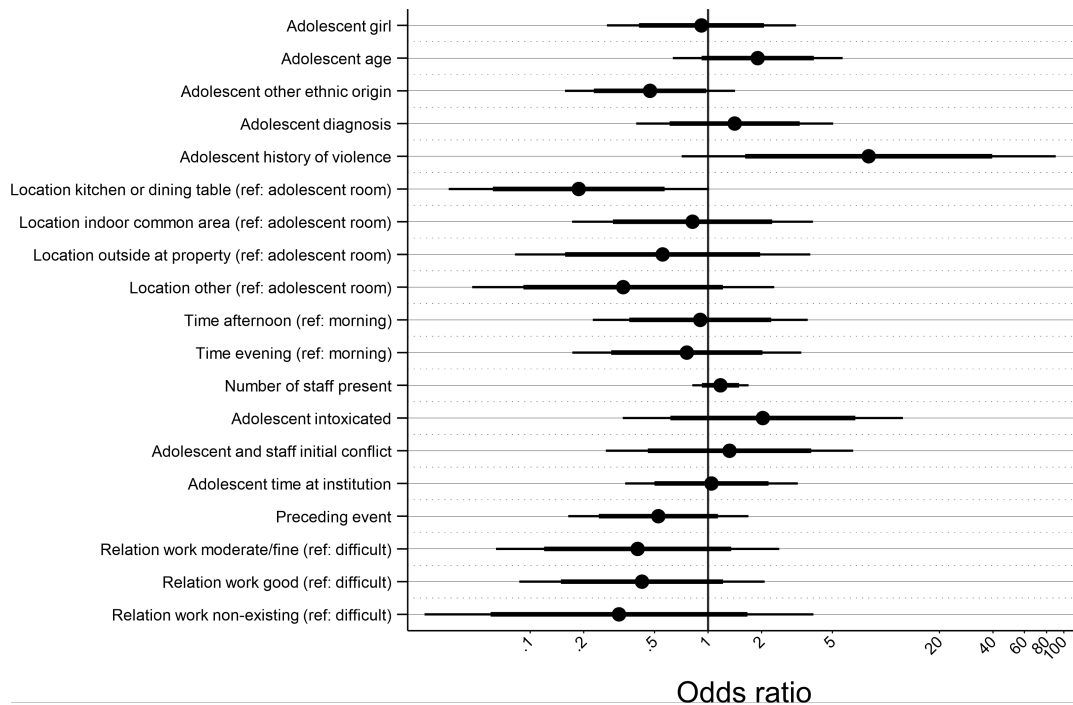


Figure 3. Bivariate regressions of risk factors of staff victimization. Note: The adolescent's age and time at the institution have been standardized to make their estimates comparable to the binary variable (Gelman, 2008). The regressions are run as 19 Bivariate models. See also Table S5 in supplementary online material. The bold line depicts a 95% confidence interval, and the thin line depicts a Bonferroni-corrected confidence level of 99.7%, calculated as $1 - 0.05 / 19$.

unfolding of the escalation to violence and threats through a situational theory prism (Collins, 2008; Felson & Eckert, 2017).

We found that hits and kicks were the most common types of violent victimization, typically with multiple staff members being present and harmed in the events. The high prevalence of these two violent acts aligns with findings from street violence (Heinskou & Liebst, 2017), suggesting that hits and kicks are not distinctively typical of the institutional study context but are simply the manner in which humans typically commit violence against each other in everyday, dispute-related conflicts. Supporting this observation, the predatory counterpart of aggression was uncommon, with only rare examples of predatory assaults on staff. Rather, the hot-headed disputes characteristic of the incidents tended to have been sparked by disagreements about the organization and enforcement of everyday rules and routines of the adolescents. Although different in intensity and prevalence, this type of dispute is similar in kind to the everyday parent-adolescent conflicts that are often centered around house rules (Deković, 1999). This interpretation also aligns with research on the adolescents' perspectives in the institutional care setting, which suggests that staff's rigid enforcement of rules can provoke aggressive reactions (Engström et al., 2020).

The everyday nature of the incidents in residential care is also manifested by the types of objects that the adolescents used against staff, such as a potted plant, a door, or a loudspeaker. These are everyday interior objects readily available in the environment, and as such, the adolescents only rarely prepare weapons to attack staff in a predatory manner—as seen in prison contexts (Lincoln et al., 2006). Lastly, we observed that victimizations often coincide with the organization of everyday routines in time and space. Specifically, the incidents tend to occur during activity—corroborating findings from previous studies (Gadon et al., 2006; Urheim & VandenBos, 2006)—and be concentrated

in common areas or the adolescents' private rooms, usually when staff enforce rules. The fact that the kitchen or dining area is less of a hotspot for victimizations may be ascribed to the 'tightly' structured activity of the dinner ritual taking place there (Goffman, 1966) with staff present serving as place-managing guardians (Eck et al., 2023).

While staff victimizations are linked to everyday situational dynamics, data also provided insights into the association between personal attributes and victimization. On the one hand, it is noteworthy that our findings did not align with expectations from prior research, such as the disproportionate likelihood of boys to use aggression (Card et al., 2008). On the other hand, we did find indications that adolescents' prior history of violence was a risk factor. Although this effect showed statistical fragility and should be interpreted with caution, this is in line with the insight that past behavior often predicts current behavior (Wood & Neal, 2016). Moreover, the result could indicate that adolescents with a higher degree of 'violent socialization' in family and peer groups have an increased risk of perpetrating staff victimization (Athens & Rhodes, 2017). Research shows that marginalized youth tend to trivialize violence as the accumulated familiarity with it makes them expect and accept it (Henriksen & Bengtsson, 2018). However, it should also be recognized that such personal risk factors only become influential in the context of specific everyday conflicts (Whitehead et al., 2018). In other words, without the conflict-related disputes characteristic of the current data, it is unlikely that any adolescents with potential individual-level risk factors would experience the hot-headed feelings that eventually make the victimization occur in that particular situation (Collins, 2008).

Unexpectedly, our examination revealed that none of the contextual risk factors, including the quality of the relationship between staff and adolescents, was associated with victimization. Here, it would be expected that a positive social bond would act as a protective factor against victimization (Eltink et al., 2015). Although the estimated effect pointed in that negative direction, it remained statistically non-significant. This lack of a clear association could be due to the measure being based on the interviewee's relation work with the adolescent, while typically, more staff members are involved in the events. Therefore, the interviewee may not be sufficiently involved in the conflict for their relationship with the adolescent to have an effect.

Policy implications

One practical implication of our results is the increased awareness that victimizations are structured around everyday routines in time and space. As is a general finding in sociological and criminological studies of situational opportunities for crime and violence (Felson & Eckert, 2017), there are 'hotspots' for staff victimizations, suggesting the efficacy of targeted conflict management strategies at these hotspots. For example, the analysis suggests that the adolescent's room is a space that requires specific conflict management strategies as incidents escalate when staff enter the room of an upset adolescent. This suggests the need for strategic considerations about whether and how to approach the adolescent in this personal space.

Another consideration for practice is the differentiation between predatory and dispute-related victimizations, recognizing that the former occurs less frequently than the latter. This indicates that staff are tasked not simply with addressing violence in general but with navigating two distinct forms of violence (Felson, 2017). Each form requires tailored measures—for instance, conducting room searches to confiscate weapons typically used in predatory attacks or cultivating an institutional culture that minimizes

the occurrence of disputes. Complicating matters further, these types of violence may feed into each other, making their management particularly challenging. For example, dispute-related conflicts—such as disagreements around or divergent understandings of rule compliance—may, in turn, instigate adolescents to engage in premeditated predatory retaliation towards the rule-enforcing staff members, as reported in incident #5. Reality-based training in conflict management, preparing staff and the institution to cope with such often messy and volatile events, is recommended (Collins, 2019).

Limitations

As with all studies, the current study has limitations. Above, we have already highlighted a few: that our interview data might offer a coarse-grained picture of the reality of the victimization incidents, and the reliance on staff interviews might present the staff in an overly favorable light, which ideally would have been balanced out by comparing with adolescent interviews. We believe that the best way to overcome these issues is to rely on more objective data sources, such as systematic naturalistic observations, either conducted onsite or ideally with the use of unobtrusively recorded video clips of the conflicts (Philpot et al., 2019). This could also avoid the risk of interviewees selecting events that may be extraordinary or stereotypical in their point of view—challenges we face with the current sample, where staff were not required to report about the most recent incidents.

We acknowledge another important limitation of our study: our sampling method. Instead of randomly selecting incidents, we deliberately sampled based on the outcome (our dependent variable) to ensure we included enough victimization events for analysis. However, this strategy means our sample is not informative about the prevalence of victimization incidents—i.e., the ratio of victimization cases in our data is determined by our design (King et al., 1994). While this non-random sampling approach may be less problematic for testing associations between variables (Collins, 1983), it means that the descriptive statistics we report should not be interpreted as representative of conflict and victimization events in Danish residential youth care institutions as a whole.

Data availability

To mitigate the risk of direct or indirect identification of any individuals or institutions included in our data, we have decided—against our usual open science practice—not to make the data publicly available. This decision stems from the combined circumstances that the data pertains to a sensitive topic and involves vulnerable individuals, and the fact that there are only a limited number of residential youth care institutions in Denmark, making complete anonymization potentially challenging. However, we will make the data available to scholars upon request, provided they agree not to make the data publicly accessible.

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