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Original Research Article

Violence in residential child care: A review of a symposium on practitioner experiences

Sydney Guinchard[a] & Danny Henderson[b]

[a] The Why Not Trust for Care-Experienced Young People [b] Care Visions

Abstract:

Throughout the history of residential child care (RCC), concerns about violence perpetrated against children who are looked after away from home have been persistent. These include the misuse of restraint, as punishment or to force compliance. Currently, proposed solutions to restraint reduction encompass increased regulation, training, and monitoring of workers in RCC. However, this neglects the reality that children sometimes exhibit violent and aggressive behaviour that necessitates restraint. We argue that advising against restraint is not sufficient, and that the environment needs to be conducive to this, including the physical and psychological safety of workers. In the current discourse on RCC, workers' experiences of being subject to violence in their roles are seldom mentioned. To better understand how RCC workers manage and cope with violence, we held a 'symposium on violence' with 20 RCC workers from one organisation in Scotland. In this paper, we present the main themes identified through reflective meaning-making discussions of participant accounts. These issues are discussed alongside relevant research and theories, with the aim of developing an understanding of violent behaviour as a complex phenomenon and, in doing so, offering initial learning from the symposium. The discussion concludes by outlining the need for safe spaces where practitioners can reflect on their experiences of violent behaviour to recover, learn, and maintain a healthy caring culture.

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Introduction

Throughout the history of residential child care (RCC), concerns have persisted about violence perpetrated against children looked after away from home (Radford et al., 2023). This violence has included physical abuse by individuals with malevolent motivations (Black & Williams, 2002; Marshall et al., 1999), systemic neglect, and maltreatment involving cruel and emotionally abusive practices (Shaw, 2007). Such behaviours were often used as a means of punishment or discipline (Kendrick, 2023). Violence towards children can also involve programmed or sanctioned abuse enabled by policies (Stein, 2006), including the misuse of physical restraint. A striking example of this is the Kerelaw Residential School and Secure Unit, where restraint was found to be regularly deployed as punishment and to enforce compliance of young people where there was no risk of harm (Frizzell, 2009).

Due to occurrences of restraint misuse or overuse with children in RCC, the issue of restraining children is central to current discourse around change directives for the care system. Most notably, the Independent Care Review (Scottish Government, 2017), which was commissioned to carry out a 'root and branch' review of the care system, resulted in *The Promise*, an ambitious and transformative change agenda for the entire care system (Independent Care Review, 2020). Regarding RCC, *The Promise* is primarily concerned with prioritising relational practice, reducing stigmatisation, and addressing adversities and poor outcomes among care-experienced individuals (*The Promise*, 2020). Significantly, *The Promise* asserts that Scotland 'must strive to become a nation that does not restrain its children' (Scottish Government, 2024). Understandably, the inquiries and reviews mentioned thus far were primarily concerned with protecting children from future abuse and adversity through the introduction of safeguards.

The phenomenon of violence in RCC

Within current practice guidance, standards, and regulations, protecting children from experiencing violence and physically restrictive practices is, appropriately, at the forefront (CYCJ, 2024; SSSC, 2024; *The Promise*, 2020). However, a key missing aspect is the experiences of RCC workers. For instance, take the following regulation from the Scottish Government

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(2011), which guides the Care Inspectorate's current position on restraint:

> A provider must ensure that no user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of *that or any other service user*. (4[1][c]).

The above solely mentions the safety of those cared for. Regarding staff, the only guidance is that they must receive appropriate training and qualifications to fulfil their caring and safeguarding roles. However, those who work in RCC know that experiencing violent behaviour is likely, if not inevitable. RCC workers are subject to many forms of violent and aggressive behaviour from children in their care, including but not limited to biting, punching, kicking, pushing, and hitting (Smith et al., 2017), not to mention, more frequently, verbal aggression. Regardless of the causes of the behaviour exhibited by the child, this can be experienced as workplace violence. Workplace violence can be defined as 'any action, incident, or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, or injured in the course of, or as a direct result of his or her work' (Chappell & Di Martino, 2006, p.30). Workplace violence has a host of negative impacts on workers, including a reduced sense of physical and psychological safety, anxiety, low mood, sleep disturbances, interpersonal problems, fatigue, and irritability (Munobwa et al., 2023a; Peddie et al., 2025; Smith et al., 2017), all of which contribute to low morale and high staff turnover. While we may assume that the consequences of workplace violence are minor for most RCC workers, based on anecdotal evidence we know that for some the impact and injuries can be life changing, sometimes leading to extended absences or leaving the sector altogether.

Considering this, an approach that only considers the rights of children to feel safe and secure in RCC, framing the issue as 'vulnerable service users versus abusive staff,' overlooks a significant aspect of the environment that may contribute to unethical practices, including overuse of restraint (Paterson et al., 2025). Further, solutions thus focus on how practitioners are monitored, managed, and regulated (Johnson & Steckley, 2023), often scrutinising split-second decisions made in high-pressure situations

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to protect both children and workers. This is not enough to ensure that Scotland becomes a country that does not restrain its children. Rather, we should work to address the root causes of violent and aggressive behaviour enacted by children, understand how workers cope in the face of violence, and why certain decisions are made, including those that end in restraint. Only then, we argue, can practice be done differently to better support children in RCC.

A note on terminology

In RCC, it is less commonplace than in other service contexts to refer to aggressive behaviour (verbal or physical) from young people as 'violence,' with such acts more often referred to as dysregulation or distress. While violent and aggressive behaviour from children towards staff is almost always underpinned by some form of distress, it is simultaneously true that the actions of children in RCC are, at times, violent, and this can be experienced by workers as workplace violence. It is also worth noting that most professions outside of RCC have a 'zero-tolerance' policy for violence against staff, but for those working in RCC, violence is understood to be simply 'part of the job' (Smith, 2020). Neither of these positions is satisfactory, or conducive to developing our understanding of the causes of violence, or the impact of violent behaviour on those involved.

Violent behaviour tends to be conceptualised as a byproduct of other disadvantages or inequalities, such as poverty, child maltreatment, and mental illness. While this offers an explanation, it does not absolve acts of violence from having an impact on those who are subject to it, children and workers alike. As Hearn et al. (2022) posit, violence is an *inequality in and of itself* that persists across social structures and does not need to be explained by something else to legitimise its existence Many children in RCC have been disadvantaged by violence, either as victims, as witnesses, or by institutions. As a result, they may behave violently towards others, including authority figures such as RCC workers. From this perspective, we can understand violence as an inequality that both children and staff in RCC must reconcile. Therefore, we can recognise the nuance of the potential for both children and staff to be disadvantaged by violence at any one time.

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The symposium on violence

In March 2025 we held an in-person symposium on violence over three days with 20 staff members from a single RCC organisation in Scotland, with a range of related experiences and an interest in the issues being explored. While initially approached by their managers, participants attended voluntarily. The symposium was arranged, in part, with deference to the aspiration set out in *The Promise* towards restraint reduction. It was also intended that learning from the symposium could help improve the capacity of the participating organisation to care for children who may present a risk of harm. It was considered important by the organiser and lead facilitator of the symposium, a senior manager with practice development responsibilities, that the aims of the symposium were pursued through an understanding of violent behaviour and how this manifests in RCC. The aims were:

I. To explore the phenomenon of violence broadly and within RCC from the perspective of staff with lived experience of violent behaviour,

II. To consider how the personal and professional experiences of RCC practitioners inform their responses to violent and aggressive behaviour that can cause harm,

III. To identify themes, insights, and learning related to the understanding, prevention, and management of violence in RCC that can inform organisational culture, care, and leadership,

IV. To form a preliminary understanding of how the care sector in Scotland as a whole may more effectively work towards violence reduction while prioritising the safety and wellbeing of children *and* the workforce.

The symposium was facilitated by the secondary author, a senior manager within the organisation, another member of the RCC organisation, and the head of the Scottish Violence Reduction Unit. Participants were first introduced to the aims and programme of the symposium. They were then led through in-depth discussions and critical

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reflection with each other and the facilitators, which were prompted by presentation material meant to provoke questions about the nature of and discourse around violence. This included a definition of violence (World Health Organization, 2002), statements on the nature of violence (Scottish Government, 2022), competing perspectives on the causes and how it can be prevented (Frameworks Institute, 2014;), and discussion of the media coverage of children who had perpetrated serious violence against other children. Small group discussions were primed by questions – including what participants considered to be violence, how they respond to violence, and any experiences enacting or being subject to violence – and feedback was intermittently shared with the wider group. During the final session, participants co-created potential solutions to violence in RCC, including how to minimise use of physical restraint.

Limitations

The original intention of the symposium was to generate a broader understanding of the relevant issues to inform organisational development, rather than to formally gather data as evidence for research. This, and that the content was devised by the lead facilitator, and the symposium was facilitated by senior managers, may have influenced the responses and inputs from participants. As such, the data gathered has limitations. However, the primary author – who is not a member of the host organisation – was present at the symposium, with the role of listening to the group's discussions, keeping detailed notes, and identifying initial themes as they emerged. Following the symposium, participants were asked if they would like to provide feedback to contribute to our understanding and demonstration of the impact that the symposium had on them and their practice, some of which is presented in this article. The authors, alongside the second facilitator from the involved organisation, met following the symposium and throughout the writing of this article to refine themes and identify areas to be further explored through consultation with the literature.

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Themes identified from the symposium

Difficulty defining violence

There was agreement among participants that how we define and talk about violence will mediate how it is addressed. The first theme identified through discussions was the difficulty defining violence and its causes. Initially, there was hesitancy among participants to categorise certain behaviours that young people exhibit as violence. Participants spoke about *The Promise* and other changes to the culture around residential care, and how this discouraged professionals from framing behaviour as violent, instead encouraging the term 'distress', without acknowledgement that both attributions can be accurate. Several participants spoke about instances where children were verbally or physically aggressive towards them or their colleagues and this was later recorded as the child being in a state of distress or dysregulation. While staff recognised that emotional distress was frequently a catalyst for violent and aggressive behaviour by children, they also affirmed that behaviours such as children shouting, pushing, hitting, or breaking property could be experienced by workers as violent interactions. This led to the group positioning violence as a subjective experience, encompassing a wide range of behaviours that result in alarm, degradation of dignity, and/or physical or moral injury of the person targeted. It was also suggested that caution be exercised when defining violence in such broad terms, as the meaning we attribute to an event ultimately influences how we respond to it (Lazarus & Folkman, 1984).

Some discussion was directed to how violence persists through various levels of culture and society, through governments, legislation, procedures, localised communities, and individual interactions. This aligns with the concept of a *violence regime* as coined by Hearn et al. (2022), which serves to integrate conceptualisations of violence from across disciplines. A violence regime, they suggest, allows for recognition that violence can be found in every corner of society, including oppression of groups through systemic inequalities, violent policies carried out by institutions, and global economic inequalities. This attests to the difficulty of differentiating what is and is not violence, especially if we acknowledge

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that violence contains more than the infliction of immediate physical injury alone. During the symposium, participants grappled with how violence was perceived to be disproportionately present in their own lives and the lives of the children they work with. In reflecting on their own experiences of violence, they could simultaneously recognise the impact of those inequalities that are linked with violence among the children they support, including socio-cultural context, sectarianism, justice system contact, and experiences of care.

Defining causes of violence

As the symposium participants expressed, violence is extremely complex and cannot be reduced to being solely a symptom of distress. Violence may be defined simply as a phenomenon in which a person attempts to harm another person to fulfil a need. This can manifest interpersonally (e.g. injuring a member of a rival gang to gain status in one's own) or on a larger scale (a political leader starting a war in another country to secure a resource). While this need might be emotional regulation, it can also relate to control, significance, belonging, or to right a perceived wrong. One longstanding conceptualisation of violence is the 'frustration-aggression' hypothesis, originally proposed in 1939 by Dollard and colleagues, which proposed that frustration *always* leads to aggression. This hypothesis has been criticised since, aptly being seen as an oversimplification of the drivers of violence. Kruglanski et al. (2023) reworked this hypothesis and thus introduced the concept of a *significance quest* as moderating the relationship between frustration and aggression. Their argument is that frustration only leads to aggression if one's significance, or need to matter and gain/retain social status, has been threatened. Aggression then becomes a way for a person to reestablish their significance, especially if they lack an alternative. A person is more likely to use aggression to regain significance – as opposed to more socially productive strategies such as doing good deeds – if they have limited cognitive resources, reduced capacity to emotionally regulate, or have learned from past experience that aggression is the appropriate way to respond to a frustration. Aggression does not necessarily need to be *reactive* and driven by anger or hurt, but may be *proactive*, in which case aggression is seen as a means for someone to

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meet their goal of possessing heightened significance (Kruglanski et al., 2023).

Shame and the 'shame/violence cycle' was also named by participants as a motivator of violence by children. Workers further expressed that shame can be attached when they need to act in a way that can be experienced as violent by children, such as restraining a child. Shame in its psychological context is defined as 'a highly unpleasant self-conscious emotion arising from the sense of there being something dishonourable, immodest, or indecorous in one's own conduct or circumstances' (APA, 2018). Shame, then, can feel to an individual like a loss of significance or of social inclusion. As in Kruglanksi et al.'s theorisation, this may lead to violence when the person feeling shame is unable to manage the emotion differently. The shame/violence cycle takes this process one step further, noting that shame is also felt by the *victim* of violence, thereby causing the cycle to repeat (Gerodimos, 2022). Children in RCC may hold shame for several reasons – shame around being in care, their family history, harm inflicted upon them, and their ways of coping. Negative early childhood experiences, especially those that involve neglect or abuse, can create a felt sense in a child of being 'unlovable and bad,' leading to shame (Gerodimos, 2022).

In the context of RCC, some participants alluded to felt shame and the subsequent need for significance as a driver of violent behaviour or communication from both children and staff. When rules, regulations, and safeguarding procedures need to be balanced with a child's need for autonomy, this can create a situation in which both the child and staff are trying to maintain their significance and have their needs met. For the child this might be autonomy and respect, and for the worker this might be following rules and appearing competent in their role. Workers emphasised that if mutual understanding is not present, the outcome can be the child enacting verbal or physical violence, and, in some cases, the worker using a form of violent communication or restraining the child. This is likely to reinforce the shame felt by the child while also shaming the worker for responding in that manner under immense pressure. Thus, the shame/violence cycle continues.

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Processing of violence experiences

By the end of the symposium, participants shared how useful it was to have a space where they could openly reflect on their experiences of violence, and the extent to which they have, or have not, been able to process these. Some even noted that it allowed them to unearth violent experiences in their personal past and consider how these may have shaped the ways in which they appraise and respond to violence in their professional role. The importance of providing workers spaces to reflect on and process difficult experiences – including of workplace violence, vicarious trauma, and burnout - has been demonstrated with other client-facing roles such as nursing (Cannizzaro et al., 2026; McDermott et al., 2018). However, this has not been explicitly stated as a need for RCC workers, despite such professionals experiencing very similar stressors in their roles. Workplace violence can have a significant psychological impact on those who are subject to it, and lack of dedicated time to process violent experiences can worsen its psychological toll.

Munobwa et al. (2023a) studied Swedish social workers' cognitive appraisals of encounters with violent clients, finding that the major sources of stress resulting from workers' experiences of client violence were: (1) threats to professional identity, (2) threats to private life, and (3) threats due to uncertainty about the duration of client violence. They determined that repetitive or prolonged violence from *the same client* was particularly harmful, even when workers downplayed its severity. The ongoing threat of violence, as one would experience in an RCC setting where they are spending extended time with children who may subject them to violence, leads to a greater psychological burden than one-off experiences of workplace violence. Thus, it is of particular importance to validate RCC workers' experiences of violence and to ensure support after incidents occur, as being repeatedly subject to violence from the same child(ren) over a prolonged period, sometimes several years, can have a compounding detrimental effect on workers' psychological safety if left unaddressed.

Some have referenced the stressor-stress-strain model in conceptualising how workplace stress, including physical violence, have personal and

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professional consequences for staff, noting that social support, personal history of trauma, and training on managing violence all influence whether workplace violence has a negative impact (Dufour et al., 2021). A similar conceptualisation is offered in Lazarus and Folkman's model of stress and coping, which suggests that one's experiences, goals, and beliefs impact how stressful encounters are cognitively appraised, in turn influencing the extent to which the event creates distress, and the resultant responses (Lazarus & Folkman, 1984; Munobwa et al., 2023b). This literature suggests that multiple levels of personal and workplace factors may mediate the relationship between workplace violence, psychological harm, and professional practice. The exact relationships and ways to target these to improve the experiences of professionals and children and young people in care remain underexplored. Based on participants' accounts of the impacts of the violence symposium, protected spaces that allow for the processing of violent workplace encounters, focusing on the impact to staff rather than solely on the child's perspective, may be a good place to start.

Integrating personal and professional identities

Worker to child relationship

Participants in the symposium discussed the difficulty of managing an RCC role that has strict professional and safeguarding expectations while also requiring workers to fulfil a familial-type (Kendrick, 2013) role for the children they care for. While there are relatively few studies on the impact of violence on RCC workers, and its management, McLean (2013) investigated the 'unique tensions' that come with managing children's behaviour in RCC. A key theme from this research reflected what was shared in the symposium. Workers in the McLean study had expressed difficulty trying to balance their role as a professional and as a caring, warm, pseudo-parent to children. Staff in the study reflected on feeling naturally closer to some children than others, embodying more of a parental role towards them, but needing to maintain a level of distance and equity in how they treated all children. Maintaining a clear professional role presented further difficulty when workers experienced inconsistency in their relationships with children, not being able to predict behaviour or maintain a positive dynamic with all of them. Finally, as has

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been reflected often when talking about restraint in RCC, there was particular difficulty balancing control and connection (McLean, 2013). Needing to control behaviour that could be dangerous to staff or to the child themselves could damage the positive connection that staff have with that child. Some workers expressed discomfort with restraint, feeling they were put into the role of an 'abusive parent,' while others, interestingly, saw restraint as an opportunity to strengthen their connection with a child, as it could demonstrate a desire to protect and care for them. All these tensions were similarly raised by workers in the violence symposium, as they reflected on the range of relationships they've had with children throughout their careers.

On this note, Steckley (2018) looked at physical restraint in RCC through the lens of containment and catharsis. The author completed interviews in 20 different residential centres in Scotland and found that both staff and young people frequently stated that young people's acts of verbal abuse, property destruction, or physical violence were a result of 'under distancing,' or feeling overly vulnerable to emotions, which created an intense emotional response that often had a somatic (or bodily) component that was overwhelming. Children and practitioners both identified that some children, some of the time, appeared to be looking to release or discharge a build-up of emotions or somatic sensation through the process of physical restraint.

It is significant that some children, albeit a minority, did reflect that what they experienced was potentially a form of catharsis in some incidents that involved being physically restrained. Four young people interviewed even said that they would sometimes deliberately act 'at risk' so that they would be restrained, simply because they wanted the release and physical comfort of being held. This speaks to the dilemma that residential workers experience when needing to provide warmth, empathy, and parent-like comfort to young people in their care, while also being expected to maintain a level of professionalism and distance in a work context. It further reflects the dissonance that can affect the worker-child relationship when restraint *is* employed out of care and to contain a child's distress, but it cannot always be predicted whether the child will experience this as violence or not, and if it will undermine the carer's

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relationship with them. Then, of course, there is the dissonance between restraining a child to protect them and emerging policy indicating that restraint should never happen.

Worker to organisation relationship

Another significant theme that participants raised was a hesitancy to talk about experiences of workplace violence with those they work with. Staff reflected that often, when children behave violently within RCC, the focus of colleagues and managers can quickly narrow in on the worker, with subsequent inquiry into how they handled the situation overshadowing any impact the incident may have had on them. Research shows that peer support, supervisory support, and feeling valued are enablers of psychological safety at work (Peddie et al., 2025). On the contrary, normalisation of workplace violence and an unsupportive team and management are key barriers. Working in an environment with high emotional demands, exposure to trauma, and management of children with complex needs already has a profound impact on the health and wellbeing of workers, which can be compounded when their experiences of violence are not recognised and empathised with.

Participants sometimes feared negative consequences resulting from judgements about how they managed a high-pressure situation in which a child acted violently. They highlighted that in these situations, workers need to act quickly and decisively, often without time to consult a supervisor and plan the best course of action. Thus, what a worker needs to do to keep themselves and the child safe may not be explicitly stated in guidelines. This can make workers anxious about being seen by managers and colleagues as 'doing the wrong thing'. Workplace cultures in social care can create an expectation that workers remain unaffected by violence and are always able to manage it when it occurs (Munobwa et al., 2023a). This also potentially contributes to a culture of silence around workplace violence. If workers are made to believe that they either need to be immune to violence or be able to prevent it completely, this can lead to them holding shame around being subject to violence and feeling difficult emotions as a result. Ultimately, this negatively impacts practice as RCC workers may not feel safe to talk about such experiences at all,

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removing the opportunity to further develop as a professional and learn better strategies for managing violence.

Role of personal history

> If there was a lightbulb moment, it was realising how much of my own background influences how I see and respond to violence. That hit me a bit, but in a useful way. It's something I've been thinking about since, and it's helped me look at certain situations with a slightly different lens. (Symposium participant)

One of the overarching takeaways for participants in the violence symposium was the impact of having time to think about their own past experiences of and attitudes towards violence. Many participants were able to make connections between their personal history – even situations that occurred long before they became RCC workers – and the ways they instinctively respond to violence in their roles. Psychodynamic approaches can provide a lens through which to consider this. While there is a lack of literature explicitly stating how our responses to violence may be influenced by past experience, psychodynamic theory suggests that when implicit feelings arise in any social or relational situation, it is likely because we have been in a similar situation before. From the psychodynamic perspective, if we are unaware of these automatic processes we are unable to change them, so bringing these into the conscious mind is a valuable way in which to alter our learned responses. While the validity of psychodynamic theory generally is widely debated, there is evidence from other domains to affirm that bringing the influence of past experiences into our consciousness enables behaviour change. For instance, evidence from studies of mindfulness interventions shows that becoming aware of one's emotions and their associated automatic responses decreases impulsivity and improves self-regulation (Liang et al., 2024; Mas-Cuesta et al., 2024; Papies et al., 2011).

The psychoanalytic-informed theory of Transactional Analysis, put forth by Eric Berne (1957), proposed that we have 'ego states' that we shift, or 'transact,' between during interactions. These are: the child ego state, in which we respond to a situation as we would have as children; the parent

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ego state, in which we respond to a situation as our parent(s) would have, copying their behaviour; and the adult ego state, in which responses are based in the here and now. The adult state tends to require conscious effort to be in, while the child and parent states are more automatic and unconsciously driven. Further, transaction into child and parent ego states is more likely when there is some form of interpersonal conflict.

We may hypothesise, then, that when an RCC worker experiences violence from a child, they can transact into any of these three ego states, with the most automatic (and therefore likely) being the child or parent state that is based on early life experiences. According to this theory, only in the ideal adult ego state will the worker be able to respond directly to the given situation within their professional identity, being aware of any automatic processes that could pull them into a child or parent ego state. Based on the Karpman drama triangle (Karpman, 1968), a framework based on transactional analysis, depending on what state a worker enters, they may become a persecutor, rescuer, or victim during conflictual situations. The persecutor may blame or punish the child for the behaviour, the rescuer will go above and beyond to soothe the dysregulated child, and the victim will feel targeted and helpless.

These roles relate to different types of 'helper roles' that have been identified through research with social workers (unfortunately, such research has not been done with RCC workers). Munobwa et al. (2023b) conducted qualitative research with social workers in Sweden who experienced client violence. They found that social workers responded to client violence either by embracing the client, disapproving of the client, or being indifferent towards the client. Relating to the transactional analysis roles, a rescuer would embrace the client, viewing violence as a 'cry for help', a persecutor would disapprove of the client, viewing violence as poor behaviour, and the victim may withdraw, becoming indifferent to the client.

If we think about these helper roles alongside the relevant ego states, we can imagine how the ego state entered when faced with the largely unpredictable and emotionally charged interaction that is violence from a

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child will dictate what type of helper role a worker embodies. While all of the above helper roles have value and function appropriately in certain scenarios, it is valuable for workers to become consciously aware of what roles they fall into automatically when faced with violence in a high-pressure environment, so that they are then able to intentionally occupy a role that is most appropriate for whichever situation they and the child are in.

Throughout the symposium, participants shared their past experiences of violence and how these impact on them in their roles. Some workers further noted that this was the first time they were able to engage in such discussions and that they found it extremely beneficial and eye-opening. Participants also shared information about their personal attitudes towards violence, originating from their upbringing, culture, belief system, and sense of morality. Workers agreed that becoming more aware of the experiences, thoughts, and feelings that underly their responses to violence would allow them to more purposefully manage violence in RCC.

> I found myself thinking a lot about my own practice, but also about my home life and the experiences that have shaped how I understand violence. I feel like I have a clearer idea of what I'm actually seeing when certain behaviours come up, and I'm a bit more tuned-in to what might be sitting underneath them. It's made me pause and think more, rather than just react on autopilot.
> (Symposium participant)

Discussion

By the end of the three-day symposium on violence in RCC, there was consensus among participants that violence is a complex issue that requires a complex solution. Regarding restraint specifically, there emerged an awareness that its use is extremely nuanced and context dependent. This suggests efforts to reduce or eliminate restraint should work to change the conditions in which it occurs, rather than framing restraint as a discrete concern.

If there is one key message to take away from the symposium, it is that being subjected to violence is an extremely personal experience, and

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therefore understanding how workers process, make meaning of, and cope with such experiences could make a significant contribution to reducing violence in RCC. If RCC staff are given the opportunity to reflect on how their automatic responses to violence are influenced by various personal, social, and contextual factors, they may be better positioned to try practicing in different ways. If we want to ensure that children in RCC are responded to in the most ethical and compassionate ways when they are experiencing distress and exhibiting violent or aggressive behaviour, we should start by creating an environment in which workers have the capacity to do so.

Throughout the symposium, participants negotiated definitions of violence and the reality that children in RCC sometimes act with violence towards others, including staff. There is no doubt that children in RCC should not be broadly or individually labelled as 'violent,' as this reinforces stigmatisation and risks defining an entire group by behaviour that is exhibited by some children, some of the time. With that said, the aversion to calling violent and aggressive behaviour 'violence' and renaming all instances of emotional or physical harm to another person as 'distress' invalidates the very real experiences of violence that RCC workers have told us they face on a regular basis. Participants acknowledged that violent behaviour is very often a byproduct of emotional distress in children, but that some acts nonetheless are felt as violence by the workers who are targeted, which in turn has a profound influence on how incidents affect workers psychologically. Holding these two truths simultaneously may be one way to create a care sector that protects children while upholding their workers' right to safety. Over-regulation of workers rather than working to a nuanced understanding of how violence impacts the wellbeing of both children and workers can unintentionally lead to the harm that policies aim to prevent (Smith, 2020). As Smith (2020) aptly puts it, children cannot be safe if their caregivers are not.

Conclusion

The symposium discussed here was an opportunity for participants to voice their perspectives, process their experiences of violence in and beyond the workplace, and reconcile with the complexity of violence, without fear of judgement from the group. This was markedly different from their in-work experiences, such as incident debriefs in which professional accountability is the primary focus. The symposium created a

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holding space for participants where they were enabled to acknowledge the emotional, moral, and psychological impact of their experiences. This included the fear of being blamed for incidents involving violent behaviour or judged for how they responded. These conditions not only supported participants to process their experiences of violence, but also to consider the influence on their practice. Participants benefitted from a safe environment to develop a deeper understanding of violence as a complex phenomenon, influenced by subjective perspectives, context, and circumstance.

As the symposium progressed, participants appeared to move through varying degrees of discomfort and confusion towards curiosity and personal discovery as to what influences their own attitudes about violence, and in turn, how they behave when confronted by the threat of violence. This took on the character of a conciliatory journey through the self to the professional realm. This process involved supporting one another to grapple with the messiness and complexity of the inherent issues, resolving dissonance through respectful listening and supportive challenge. There were other tangible outputs from the symposium that will inform how the participating organisation can improve how violence is understood, prevented, and managed safely when it occurs. However, from the authors' perspective, the most significant aspect of this was the quality of dialogue, the care that participants exhibited towards each other, and the profound insights they shared. This demonstrates the value of intentionally creating psychologically safe spaces away from day-to-day operations, where practitioners can reflect on their experiences, resolve tensions between their personal selves and professional roles, and surface practice wisdom that can benefit the entire sector. While worthy of pursuit for its own sake, the humanising effect on participants of this symposium likely also served to enhance the caring capacity of the wider community of practice.

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About the authors

Sydney Guinchard is the research, evidence, and impact lead at the Why Not Trust for Care-Experienced Young People. In her role, she evaluates the organisation's various programmes and communities for care-experienced young people at different points of transition, including parents, students, young people in secure care, and those leaving care. Prior to entering this role, she had worked in a diverse range of social care settings, including homelessness services, inpatient psychiatry, and residential care. Sydney has an MSc in clinical health psychology from University of Strathclyde and a BA with a double major in psychology and music from the City University of New York. Personally, Sydney's research interests lie in the social-psychological origins of disadvantage, long-term adversity, and poor mental health; community-based, psychosocial approaches to early intervention; and holistic approaches to violence reduction amongst young people.

Danny Henderson has worked in residential care for more than 30 years, in various roles. His work is concerned with how the transformative potential of relationships can be realised in residential child care. His perspective has been influenced by an interest in social pedagogy. Through the work represented here and in other projects, Danny has become increasingly curious about the synergy between the welfare and development of practitioners and how this can enhance their capacity to meet the needs of the children and young people they support. In recognition of the extent to which the personal self is the medium through which authentically caring relationships form, in care practice and leadership. He is keen to develop approaches to personal learning and development that promote the safe and effective use of self, whilst maintaining fidelity to the ethics and purpose of professional practice.

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