



RESEARCH ARTICLE OPEN ACCESS

Navigating and Surviving States of Calm, Threat, and Attack—A Qualitative Exploration of the Experiences of Social Care Workers in Secure Residential Care

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Received: 15 May 2025 | **Revised:** 11 October 2025 | **Accepted:** 14 October 2025

Funding: The authors received no specific funding for this work.

Keywords: holding environment | psychodynamic approach | qualitative multi-interview design | secure residential care | social care workers

ABSTRACT

Social care workers play a central role in supporting young people with early life trauma in secure residential care. While research has explored the experiences of young people in secure care and heightened emotional states common to these environments, the experiences of the social care workers themselves have received little attention. This study used a psychoanalytically informed, multi-interview qualitative design and analysis to explore the experiences of six social care workers with at least 1 year of experience in secure residential care. It explored how participants are impacted by their work experiences, and how they contain and process these work experiences in order to support themselves and sustain their capacity to provide consistent relational care and holding. Three core themes were identified from the analysis: “Keeping the young person in mind and safe,” “Maturing tolerance,” and “Head above water.” Core themes are discussed through a psychodynamic lens, encapsulating how participants provide a facilitative holding environment for the young people they work with as they move between navigating and surviving complex experiences, which at times stretch their capacities to continue providing this containment. A unique contribution of this research is that, with experience, participants developed an implicit skilled fight response in the face of threat, combined with attuned relational holding. Findings contribute to the limited literature on the experiences of social care workers in secure environments and have implications for research, practice, and policy development.

1 | Introduction

This research is concerned with exploring the experiences of social care workers who work with young people in secure residential care, hereafter referred to as secure care. The term “social care worker” may be different in different countries, such as “residential childcare worker” and “group worker.” In the context of this research, the work of a social care worker is to provide often-marginalized individuals and groups with care, emotional support, and protection via relationship-based practice, while upholding and advocating for their rights (Social Care Workers Registration Board 2017). While there is considerable

research about the experiences of young people in secure care (Barendregt et al. 2015; Carlsson et al. 2025; Ellis 2018; Gutterst-wijk et al. 2023; Harder et al. 2013) and on approaches that work in this environment (Anna Freud National Centre for Children and Families [AFNCCF] 2017a, 2017b; Hagelquist et al. 2023), there is comparatively minimal research on the experiences of social care workers in secure care (Ellis and Curtis 2021).

Secure care environments involve a balance between protecting young people and responding to antisocial behaviors of those with complex histories. Restrictions on the young people's freedom are implemented for their own protection and welfare

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(Harder et al. 2013; Lenneke et al. 2014). Hagelquist et al. (2023), Martin et al. (2022), and Price et al. (2018) observe that social care workers in secure care work with young people who often arrive with experiences of early childhood trauma and multiple family-based and residential placements. According to Lenneke et al. (2014), such placements tend to be in response to severe behavioral difficulties, often a result of experienced maltreatment, the severity of which precludes them from living with their families or participating in the community. Researchers indicate that, as a result, social care workers in secure settings are more likely to be working with young people who engage in antisocial behaviors, including lying, defiance, stealing, aggression, absconding, and acts of violence to oneself or others (Alink et al. 2014; de Felice et al. 2020; Hagelquist et al. 2023). Echoing this, a study by Lenneke et al. (2014) found that, irrespective of gender, youth care workers in secure care were at the highest risk of experiencing verbal and physical violence compared to those in other residential settings, younger youth care workers reporting a higher incident frequency than older ones. Additionally, some young people may have criminal tendencies or be young offenders before entering secure care (Ellis and Curtis 2021; Music 2016). A study by Höfte et al. (2021) found the climate in secure residential youth care in the Netherlands to have only slight differences to that in the juvenile justice institutional settings. Considering this, Cassidy and Heron (2020) positioned secure care as both serving rehabilitating young people and protecting the public.

Researchers have documented the emotional and relational demands faced by social care workers in secure care, which can take a psychological toll. Ellis and Curtis (2021), who explored the experiences of residential social workers in a secure children's home in the United Kingdom, found that staff walked a tight rope between emotional involvement and physical distance, appreciating that their work was regarded suspiciously due to a history of institutional abuse. In the context of such emotionally intense and ethically complex environments, Ruscombe-King et al. (2017) highlighted the importance of social care workers having a well-integrated ego identity—a clear and stable sense of who they are that remains resilient when facing such interpersonal dynamics. This is important as, while meeting with high levels of distress, having a strong and stable sense of self is essential toward quick decision-making and adaptability to change (Erikson 1968). Price et al. (2018) and Vliegen et al. (2025) argue that young people's behaviors in such settings can challenge social care workers' capacity to remain emotionally committed and to offer sensitive, reflective, responsive, and non-retaliatory containment. Other researchers (Andreou 2000; Benjamin 2004; Hagelquist et al. 2023; Music 2016; Rocco-Briggs 2008; Vliegen et al. 2025) explain that this is partly because working with traumatized young people tends to evoke in caregivers high states of arousal, fight/flight/freeze responses, behaviors reminiscent of past relational dynamics, and a hypervigilant stress response, as they experience the young people's projections and countertransference experiences. Hagelquist et al. (2023) also highlight the young people's difficulties in relationship building and maintenance as an added factor. Furthermore, experiences of an impaired ability to think are also appreciated as common when working with traumatized young people (Rocco-Briggs 2008; Vliegen et al. 2025; Zoppi 2025).

Acknowledging the complexity of these experiences, Vliegen et al. (2025) argue that working from a trauma-informed perspective, together with a commitment to mentalize, supports recovery from states of break down in mentalising. Mentalization is a way of holding a person in mind and involves the intentional application of reflective function to think about one's own and others' mental states toward increased understanding of the same and of behavior (Anna Freud National Centre for Children and Families [AFNCCF] 2017a, 2017b). These interpersonal processes are reminiscent of those experienced in the therapeutic process (Braucher 2000; Canham 2004; Webster 2025; Xie et al. 2023). For example, Benjamin (2004) describes how the therapist holds a space of thirdness through sustained internal awareness of their needs and the patient's needs while remaining empathically attuned to the patient, thus supporting the patient to regulate through affective resonance, potentially moving to interacting via a co-created third. Similarly, Winnicott and Britton (1947) and Winnicott (1964/2021) argued that the secure care environment adopts a parental function by offering young people a “facilitative holding environment”—an experience of reliable, consistent, and responsive graduated attunement to and meeting of their emotional and psychological needs, from at least one adult caregiver. They explained that such experiences of connection and containment support young people to work through key early experiences of deprivation toward emotional growth, personality integration, and healthier interpersonal relationships (Winnicott and Britton 1947; Winnicott 1964/2021).¹

Researchers discussed the multifaceted emotional challenges faced by social care workers as they respond to the young people's behaviors. For instance, Price et al. (2018), explained that social care workers may experience anger and hatred when perceiving that young people's acts of antisocial behavior are being met as signs of distress and that there are no clear consequences for the same. Similarly reflecting on emotional challenges, Hagelquist et al. (2023) observe that a sense of futility and helplessness is easily experienced by social care workers in secure care as what success looks like is hard to establish. Evidence suggests that if social care workers fail to accept such feelings as naturally occurring in this environment, they are more likely to experience disintegration in mentalising and enact rejecting, penalizing, or stigmatizing responses to the young person's behaviors (Anna Freud National Centre for Children and Families [AFNCCF] 2017a; Evans 2020; Hagelquist et al. 2023; Morey 2024; Price et al. 2018; Vliegen et al. 2025). In recognition of this, Steckley (2010) explained that organizational holding of staff and opportunities for staff to voice and self-reflect on their own countertransference reactions are essential for enabling staff to offer a containing environment to young people.

Considering the intensity of the secure care environment and the psychological and emotional demands placed on social care workers, attention to their wellbeing is imperative for enabling them to remain effective in their role. Hagelquist et al. (2023), also influenced by Winnicott and Britton (1947), argue that it is essential for social care workers in secure care to have at their disposition adequate time off, restful holidays, appropriate financial remuneration, space to live fulfilling personal lives, and

the consistent presence of colleagues who can understand, mentalize, and support them so that they, in turn, are able to show up feeling as emotionally stable and grounded as possible at any given time. Brend et al. (2025) further highlight the availability of time and space for reflection and supervision, opportunities for communication with the treatment team, cohesive treatment plans, experienced structural support from management and colleagues, and established violence-management frameworks with opportunities for debriefing. Exploring factors related to high perceived stress at the workplace, Achdut and Schwartz Tayri (2023) identified high workloads—seen in lack of recuperation, emotional exhaustion, and work-related stress—and low levels of social support and recognition as key factors. The absence of these supports has been consistently linked with difficulties with staff retention (Brend et al. 2025; Colton and Roberts 2007; Souverein et al. 2013). Additionally, Colton and Roberts (2007) and Souverein et al. (2013), note that staff retention may be related to intrinsic and extrinsic value associated with the role and work environment, job satisfaction, confidence in their ability to manage behavior perceived as challenging, opportunities for professional development, and burnout.

Addressing the lack of research on the experiences of social care workers in secure care and keeping in mind the likelihood of high employee turnover in similar settings, this research seeks to answer the research question: what are the experiences of participant social care workers working with young people in secure care? A multi-interview approach is adopted to address this question.

2 | Method

2.1 | Design

A qualitative psychoanalytically informed research design and multi-interview technique focusing on both content and process was adopted (Cartwright 2004; Holmes 2013a). The underlying assumption is that the combination of unstructured interviews and three in-depth interviews per participant allows for increased trust, richness in material, and deeper intersubjective researcher-participant experiences (Cartwright 2004; Clarke 2002; Holmes 2013b; Patel and Graham 2022). While participant-led, the interviews remained guided by the overarching research question, hence limiting the extent of free association by participants (Cartwright 2004).

The approach at its core is a reflexive and co-constructivist process (Cartwright 2004; Holmes 2013b). It considers transference-countertransference interactions based on the assumption that these are suggestive of intersubjective processes taking place between interviewer and interviewee, and between the interviewee and other characters in their narrative (Cartwright 2004; Holmes 2019; Ogden 1997). Such processes include the interlinked researcher's and participants' feeling states and emotional responses, bodily reactions, projections, enactments, introjections, and defences, as well as the spoken and unspoken yet heard through changes in tonality, silences, ways of expressing oneself, and interruptions (Cartwright 2004; Clarke 2002; Holmes 2013a, 2013b, 2019; Patel and Graham 2022). Regular

individual and group supervision throughout the research allowed for further reflections on, and processing of, the content and process aspects of the totality of the research against a psychoanalytic backdrop (Edwards 2008).

2.2 | Ethics

Ethical approval was received from the respective ethics committees of the academic and agency institutions. Participants had access to a senior clinical psychologist who acted as clinical advisor to the research and were directed to appropriate national mental health supports if needed. Ethical principles were outlined and discussed with the participants who then signed their fully informed consent at the start of the research. At the end of each interview, the researcher asked the participants whether there was anything they wished to have removed from what they had said.

2.3 | Recruitment and Participants

Participants were recruited on a voluntary basis from two secure care units in Ireland. In these secure care units, young people ages 11–17 are admitted by court order when secure care is deemed the best and only service that can meet their needs. While designed for 3-month stays, this can be extended if a suitable placement has not been secured or extended intervention is deemed necessary. Compared to residential settings, secure care units have higher staff ratios, an on-site school, and specialized on-site therapeutic services.

The researcher first approached the director and management at one of the participating two secure care units to get an understanding of potential interest in the research. These then issued a letter confirming their willingness to act as gatekeepers to the study; involving circulation of the information sheet and consent form to all the social care workers employed in their remit, including those on sick, assault, maternity, and vacation leave. Interested social care workers who met research criteria of (a) working in secure care and (b) working there for a minimum of 1 year, expressed their interest directly to the researcher via the contact details provided. The researcher also introduced the research in person to social care workers on shift on two occasions, with the aim of enhancing recruitment. Due to a low expression of interest and a high incidence of participants not showing up to scheduled appointments and then rescheduling, the researcher contacted the director of the second secure care unit and went through a similar process as with the first. Ethical approval was sought and obtained for this expansion from both the academic and agency ethics boards.

A total of six social care workers working in secure care makes up the participant sample of this research. Seven participants originally expressed interest and signed consent to participate in the study. One participant disengaged after the first interview and did not respond to the researcher's attempts at further communication. The interview data from this participant was deleted as this was deemed ethically appropriate.

Four female and two male social care workers participated in the study. All participants identified as White. Ages ranged between 20 and 65. Five of the six participants held a primary degree in Applied Social Care, the sixth holding a diploma in the same. At the time of the interviews, Paul and Breda had been working in secure care for between 1 and 4 years, Karl for between 5 and 10 years, and Clara, Mila, and Mena for 20+ years. All participant names used in this paper are pseudonyms to protect the anonymity of the participants.

2.4 | The Procedure

The participants were invited to talk about their experiences of working in secure care over three one-hour interviews, each spaced between one and 3 weeks apart. Each interview lasted between 50 and 75 min. While interviews were participant-led, areas of interest included participants' experiences at different points of their careers in secure care, satisfactions and challenges, interpersonal relationships, and self-care strategies. The interviews took place at the academic institution or at the therapeutic building within each of the secure care units, depending on participants' preferences. All interviews were audio-recorded using a double-encrypted device accessible only to the researcher, ensuring data protection and confidentiality. Regular group and individual supervision sessions with the academic supervisor informed the focus of each interview.

Prior to the first interview, the researcher recorded her thoughts, feelings, and imaginal states related to her experience of the communication process with the participants, and her readiness to engage with the participants. This reflexive practice was noted in the reflective journal. At the first meeting, participants' questions were addressed by the researcher, after which they provided written informed consent to take part in the three interviews. Once consent was obtained, the researcher started recording. The opening prompt was: "when you think of your work as a social care worker in secure care, what comes to mind?" Following this initial question, the researcher followed the participant's lead with minimal interference, allowing for free association by the participants within the limits allowed by the research question (Patel and Graham 2022). The researcher sometimes used prompts, reflections, and repetition of questions as needed. Throughout the interview, the researcher made a mental note of the participants' emotional and behavioral responses, as well as of her own internal reactions. At the end of each interview, the researcher invariably asked: "Is there anything from what you said that you want me to delete? Is there anything you would like to add? Are you happy for me to stop recording?" The researcher then stopped recording accordingly. Immediately after the interview, the researcher noted her interpersonal observations in the reflective journal, including her reflections on the interview and lingering feeling and imaginal states. Between interviews, the researcher continued to make notes of her internal processes and reflective insights.

At the beginning of the second interview, the researcher reminded the participants of the nature of the interviews and addressed any further questions. She then resumed recording, invariably asking the opening question: "Was there anything

that came to mind, following our last interview?" If participants had new thoughts or reflections, the researcher followed their lead. Otherwise, the researcher initiated with a question that linked to the previous interview. As with the first interview, minimal interference was used, and the researcher paid attention to both the participants' and her own emotional and behavioral responses. The same closing questions were asked at the end of the second interview, after which the researcher stopped recording. Right after the second interview, interpersonal and intrapersonal reflections were again documented in the reflective journal.

The third interview followed a similar structure to the second, with experiences from the first and second interviews being further elaborated on. As before, the researcher engaged in reflective journaling before and after the session.

A total of 18 digital audio recordings were transcribed and anonymized by the researcher. No transcription software was used to this end and only the researcher had access to the transcribed interviews. The transcripts included both verbal and nonverbal responses, such as pauses, changes in speech tone, rate, and pitch, emotional tonality of the voice, and enactments by both the researcher and each participant.

2.5 | Data Analysis

Central to all qualitative methods, analysis included understanding, bringing together, theorizing, and re-contextualizing data (Elliott et al. 1999; Morse 1994). Analysis was ongoing, starting from the point of recruitment whereby the researcher's and participants' worlds intersected (Patel and Graham 2022). The interviews were analyzed using a psychoanalytically informed approach (Cartwright 2004; Kvale 1999). It involved listening to and reading each interview and reflective material numerous times between interviews, and during-and-post-transcription. Inherent to the analysis was the participants' and researcher's subjective co-constructionist process wherein their verbalizations, anticipations of each other, and unfinished business came together via interpersonal processes (Cartwright 2004; Gemignani 2011; Patel and Graham 2022). Themes were considered based on participants' verbalizations of experiences that carried emotional and/or interpersonal salience (Cartwright 2004; Holmes 2013b). Special attention was given to understanding how each participant located themselves in their own narrative in relation to the "others" in their narrative (Cartwright 2004). The reflective journal was a core part of the reflexive process of analysis toward highlighting fantasies, defences, and interpersonal dynamics taking place between the researcher and participants, as perceived by the researcher (Cartwright 2004; Gemignani 2011; Ogden 1997). Potential themes were documented and color-coded, with corresponding quotes and processes noted alongside them, to facilitate the interrogation of their prominence and repetition in and across interviews (Cartwright 2004). Regular individual and group supervision added a further layer to the analysis in providing space for deeper reflection and theme refinement. The final writeup was shaped from the researcher's perspective (Cartwright 2004). The researcher making explicit her own thought and emotion

processes and biases added vulnerability and depth to the analysis (Braun and Clarke 2013; Cartwright 2004).

2.6 | Researcher Positionality

At the time of research, the researcher, who identifies as White, was a psychologist completing her final year of doctoral training. The researcher's interest in this research arose from her non-clinical background of working voluntarily with marginalized vulnerable young people in informal community settings, during which time she personally experienced and witnessed moments of verbal and physical aggression and violence. Through this, she became interested in gaining insight into the experiences of individuals working in a locked environment with young people who had experienced early-life trauma and were identified as being vulnerable and at risk. The researcher acknowledged a potential idealization bias toward social care workers and their work in secure care. This reflexive awareness, together with opportunities to explore it in individual and group supervision, supported the researcher to critically examine her bias and to attend more fully to the participants' experiences (Braun and Clarke 2013; Elliott et al. 1999).

Notably, during this research, the researcher was working in a secure psychiatric ward with young people—a locked setting where she carried a pager and a pin to call for help in the event of an incident or assault and witnessed people running to respond to alarms. The researcher perceived this allowed her further appreciation of participants' layered narratives of providing safety and care in a locked environment, while holding an outsider role in the research (Braun and Clarke 2013).

3 | Results

The participants voiced appreciation at interest being taken in their work and determination to portray their experiences holistically, sharing both the challenges they encountered and their hopes for the young people. They described the interviews as a useful space to voice and process their experiences, while they wondered aloud on what the researcher would include and leave out. Such reflections seem to be suggestive of an underlying transference-countertransference dynamic (Holmes 2019; Ogden 1997), with participants inviting the researcher to hold in mind multiple aspects of their work, just as they strive to do for the young people in their care.

The participants spoke with pride about their work which they described as being full-on all the time. They reflected on having a personal-professional fit; enjoying working with young people and supporting them in their life experiences, the fast pace and intensity of the work, everchanging activities, the goal-oriented focus which made the young people's progress tangible, and the opportunity to meet these young people in their pain and provide them with a safe space and safe relationships. This sense of fit may reflect aspects of the participants' true self resonating with their work (Winnicott 1971/2005). Additionally, the

participants reflected on how working in secure care seemed to increase their confidence in handling conflict in and out of work, supported them to empathize more with diverse life experiences, and gave them insight into the darker sides of people, such as aggression and suffering.

The more experienced participants highlighted how practices in secure care had evolved, noting that restrictive practices were now minimal and assaults less frequent compared to when they started. Karl, Mila, and Clara wondered whether the decrease in frequency of assaults was due to less restrictive practices, better understanding of the young people and their behavior, earlier diagnoses and medication of the young people as needed, or a combination of these. Such changes are suggestive of both structural and psychological containment in the secure care environment (Bion 1962b; Winnicott 1964/2021, 1971).

The researcher observed that participants often intertwined accounts of positive experiences with experiences of threat and danger, highlighting the intricate environment they worked in and suggestive of a co-existence of these internal states (Winnicott 1964/2021). This complexity was vividly captured in their metaphoric portrayals of secure care. One such portrayal was that of shifting between the experience of two, three, or all four seasons (Mena, Interview 3). A second portrayal was that of a place before and after a natural disaster, the two states both interchangeable and concurrent (Mila, Interview 3). Participants explained that, while some incidents had a build-up to them, incidents could also kick off at any moment, in Karl's words, "out of nowhere" (Interview 3). The incidents described included witnessed and experienced verbal threats, verbal abuse, various degrees of self-harm, physical assaults, and violence. The researcher observed that participants drank water or tea, asked for the question to be repeated, and changed the subject, sometimes mid-sentence, when recounting these experiences, suggestive of unresolved countertransference processes (Holmes 2019; Ogden 1997). The researcher too experienced herself in states of hyperarousal during interviews, and states of hypervigilance post-interviews, in the absence of threat. This may potentially be reflective of limits of inner boundaries common in working with trauma survivors (Winnicott and Britton 1947).

The participants positioned humor as being an invaluable coping strategy, enabling them to cope with the intensity of the work and to strengthen bonds between their colleagues. In Mila's words, "the humor would be quite dark, but it's definitely a coping mechanism that we would use as a staff team when we're having a particularly difficult time" (Interview 1). Humor also threaded throughout the interviews, serving to protect the self from overwhelm while maintaining connection (Freud 1928; Moran and Hughes 2006).

Taken together, these accounts highlight the complex interplay of pride, resilience, challenge, and vulnerability in participants' experiences. This complexity forms the foundation for the three core themes identified across interviews: "Keeping the young person in mind and safe," "Maturing tolerance," and "Head above water."

3.1 | Theme 1: Keeping the Young Person in Mind and Safe

This theme is about the structural and relational holding provided respectively by the building and the social care workers who hold the young people they work with in mind while navigating complex interpersonal experiences. Participants reflect on secure care as a temporary measure, often without longer-lasting change. The researcher was aware of her countertransference of appreciating the participants' passion, resourcefulness, and sense of responsibility toward the young people in their care.

Participants spoke of their roles in secure care and shared experiences of structural and relational safety. Mila commented that secure care is "a last-ditch attempt," noting that the young people "are at rock bottom when they come to us" (Interview 1). Echoing this, Karl emphasized, "we have to manage the crisis at the moment and to stabilize them and build them back with the skills they need to go back out there" (Interview 1). Clara underscored the relational aspect of the work, observing that, as they worked in a locked environment, "we're forced into conversation, into relationship" (Interview 2). This suggested that the restrictive nature of secure care paradoxically appeared to foster intimacy (Winnicott and Britton 1947; Winnicott 1964/2021). Breda highlighted the role of the setting in providing safety and containment, explaining that the young people "understand that while they can't get out, people also can't get in" (Interview 1). This seemed to suggest that the external structure of secure care mirrors internal psychic boundaries which, for the young people, are still in the process of being formed (Winnicott and Britton 1947; Winnicott 1956, 1963, 1964/2021). Karl drew on the role of open and direct communication between colleagues toward ensuring a united front with the young people, while recognizing individuality. He reflected, "if we're not on the same hymn sheet" ... "if we make mistakes, kids, kids could get hurt ... a staff member forgets to close the door, a kid attacks another kid" (Karl, Interview 3). Karl concluded, "once we get all that right then we can deliver the best care we can to these kids, and we can deal with anything" (Interview 3). This seems suggestive of the importance of the social care work team maintaining a cohesive container and resisting the defense of splitting, common when working with traumatized young people (Winnicott and Britton 1947; Winnicott 1964/2021). Metaphorically, gaps in this container may result in both psychic and physical injury (Winnicott 1964/2021, 1971, 1971/2005).

Participants described how they care for the whole person in secure care. This included physical care in terms of regularity of food and sleep, education, leisure, medical appointments, and supporting them in their personal hygiene and personal care. They also explained that as they work closely with the young people, they get to know them very well. As Breda reflected, "you know what their favorite ice-cream is ... or you're doing the laundry, and you know which clothes are whose" (Interview 3). Similarly, Mila shared, "I've been with young people when they've heard of ... a parent's death, we worked with a young person who experienced a miscarriage" (Interview 1).

The participants observed that, whenever feasible, they were assigned to work with the young people who developed a

trusting relationship with them. They also emphasized the importance of viewing the young people's behavior as being separate from who they are as individuals. As Mena stated, "you just see the kid" ... "these kids are in pain ... they're not consciously trying to hurt you or intimidate you" (Interview 1). Participants described how they coped and continued with their day after an incident. For instance, Clara recounted, "you pull the pin, I'm being whipped around, and then boom back in, we're having lunch" (Interview 1). Reflecting on this, Breda recalled that she initially found this transition "shocking" when "an hour later [post-incident] they were eating ice-cream" (Interview 1). Participants voiced that, following certain experienced or witnessed incidents, they were unable to get back to working with the young person as quickly, and expressed feeling a mixture of fear, disgust, anger, anxiety, and sadness. Paul shared that, following one such incident, he said to the young person, "I'm going to need a bit of space," and explained to the researcher, "I needed space and time away," to "deal with my own emotions, and then after that I was all right" (Interview 3). These experiences, particularly hinted at in Breda's and Paul's responses, seem suggestive of their own countertransference responses to the young people's behavior, and to their need to process and make sense of the young people's projected experiences of primitive emotions before reengaging with the young person (Vliegen et al. 2025; Winnicott 1956).

Participants explained that once emotions calmed post-incident, they initiated and engaged in the "life space interview" with the young person—a conversation in which they support the young person to think and talk about what happened, identifying triggers, and "teaching them new and better skills to manage stressful events or their emotions" (Mila, Interview 3). Participants underscored that they themselves benefitted from the restorative process following incidents, as Paul explained, "so that I can move past that [the incident]" (Interview 2). In addition to restorative conversations, participants noted that their own internal processing supported them to cope with, and learn from, their experiences. As Breda described, "I would think back on what happened, where it went wrong, what could've been done differently" (Interview 1). These processes of reflection and meaning-making are suggestive of ongoing psychological holding and containment at several levels—with the young people and of the individuals with themselves vis-à-vis reflective function (Vliegen et al. 2025; Winnicott 1946, 1964/2021; Winnicott and Britton 1947). They are also reminiscent of Benjamin's (2004) concept that once a person is able to appreciate and accept responsibility for their contribution in what occurred interpersonally, this opens up space for connection and therapeutic action.

Participants explained that an added aspect of the work involved pulling colleagues aside, and being pulled aside themselves, to discuss concerns. These conversations were described as including discussing moments they had experienced being placed in uncomfortable positions, the rationale behind interventions on which they were unclear, and times they experienced their colleagues to be veering from best practice. Mena reflected, "the constant reviewing and reflection of everything is refreshing for me, like to know that the kids are in good hands" (Interview 1). Such reflective practice with colleagues seems to be suggestive of a collective container wherein a facilitative

environment is continually created and co-created (Winnicott 1960, 1964/2021, 1971).

Participants spoke with pride about and belief in the young people they worked with, underscoring their own resourcefulness at nurturing the young people's skills and often acting as cheerleaders. For example, Breda described, "she [young person] was brilliant on the drums" ... "I have no interest in drums, but I would pretend I would love to be able to play drums" (Interview 2). Similarly, Mila shared an experience of taking a young person fishing, and later asserted that "anything positive in the young people's lives should be explored" (Interview 2). Participants also spoke of the sense of accomplishment they experienced from seeing the young people stabilize and, in Paul's words, "making strides in their own life" (Interview 1) while in secure care, with Mila reflecting that at times "things can be like really hopeful and flourishing and doing well" (Interview 3). Mena similarly observed, "you see people come alive" ... "you see lads ... playing hide-and-seek" and girls "that have no pride in themselves, like doing their hair and make-up again" ... "starting to get a sense of vitality about them" (Interview 1). These descriptions of the young people's behavior seem to be suggestive of moments when the young people seemed to feel safe enough for aspects of their true self to be expressed, indicative of their experiencing attuned relational and psychological safety with the participants and/or the participants' colleagues—akin to good-enough parenting (Winnicott 1971/2005).

Participants shared their experiences of working with the young people as they transitioned out of secure care and described how some young people kept in touch after discharge. Reflecting on this, Breda observed that while upon discharge some young people "skip out the door," others "crying, wouldn't leave their room, wouldn't pack their bag" (Interview 2). Paul shared that, post-discharge, "a lot of them actually ring back in" (Interview 1) and Karl recalled instances where, "we've kids who've rocked up here while they've been discharged" (Interview 1) or "called in threatening suicide" (Interview 3). Karl explained that these young people were "trying to get back in" ... "because they've enjoyed their time in secure care ... [starts wiping the table with his hands] and their relationships that they've built with staff" ... "they felt safe [stops wiping the table with his hands]" (Interview 1). Reflecting on this, Mena observed, "I think a lot of them do leave with the sense that they're cared for and that they mattered when they were here" (Interview 2).

Participants voiced appreciation of being a safe space for the young people, with Paul underlining that secure care "can be the only safe place they've ever known" (Interview 1). At the same time, they shared concerns for the young people's well-being. Karl reflected, "my initial thinking is being worried like, where are they coming from that they feel the need that they have to come to us?" (Interview 1), adding, "even though they're not in our care, we still have a duty of care to them" (Interview 1). While participants recognized the importance of secure care being short-term due to the restrictions placed on the young people's freedom, they voiced experiencing themselves to be going against the care they stood for as they were not able to offer these young people the containment they were asking

them for post-discharge. Breda asked, "who wants to pack the young child's bag and tell them they have to leave? Or trying to work with them while they're crying and they're asking, 'I really don't want to go, don't make me go' [interviewer's eyes teared up]" (Interview 2). Similarly, Clara, described her experience with a young person who showed up "crying at the gate, begging to come back in," and asserted, "there isn't one of us who wouldn't just love to bring her in for the night" (Interview 1). These narratives are suggestive of participants' internal conflict of upholding the young person's autonomy while discharging them into environments lacking the structure they believed was needed (Winnicott 1964/2021). They are also suggestive of countertransference, with the participants positioned as temporary transitional objects for young people no longer in their care (Winnicott 1971/2005).

Participants expressed the dismay and doubt they felt when learning about the poor outcomes most young people faced after leaving secure care, including suicide, death, or returning to a life of drugs, promiscuity, and crime. Reflecting on this, Mila voiced, "it's horrible" ... "you know that the child is able to do so much more" (Interview 1). Karl shared, "I wanted to eat myself up inside" (Interview 1), while Paul questioned, "what's the point?" (Interview 3). Clara, however, reflected, "we definitely make an impact on them" (Interview 1), as she and Mena wondered if secure care intervention was reaching the young people too late. While reflecting on several environmental factors that could play a role in young people's poor outcomes, the need for "a halfway point ... in the community" (Paul, Interview 1) was flagged, with the purpose of supporting young people to gradually transition from the fully protective and structured environment of secure care to the lack of safety and structure in the wider community—reminiscent of Winnicott's (1964/2021) concept of graduated attunement. As Mila observed, even when you have a child who's coming from a fully secure setting at home, "if you 'plonk them in the middle of somewhere, they wouldn't manage, even with all the life skills that they have. So how are we expecting these young people to manage?" (Interview 2). These narratives are suggestive of participants' emotional identification with the young people's pain as well as countertransference of despair in acknowledgment of systemic limitations (Winnicott and Britton 1947; Winnicott 1964/2021).

The participants resonated that they coped by focusing on giving the young people as much support, skills, and positive experiences as they could during their stay. In Mila's words, "even giving them 1 hour of their day that's a little brighter than what they were experiencing before" (Interview 1), while Clara described herself as "a memory maker" (Interview 1). They also held hope for the young people—"that somebody could see her [young person's] potential" (Clara, Interview 2), and that the young people leave secure care knowing "that not all adults are bad, you know, that you can trust people" and "that they are able to make positive choices" (Mila, Interview 2). Mena shared her hope that "there could be one thing that you do or one thing that you say that can resonate with a young person" (Interview 2). These moments in participants' narratives were suggestive of a belief in the power of experiences of emotional and psychological holding to support young people internally post-discharge (Winnicott 1960).

3.2 | Theme 2: Maturing Tolerance

In this theme, participants reflect on the sources of support they relied on at the start of their career in secure care, those they continue to rely on, and their experiences of navigating high turnover. This theme also captures accounts of a maturing confidence and tolerance in dealing with incidents, while portraying participants' reflections on incidents that continued to have a lasting impact on them.

Participants spoke of their emotional states and the sources of support they relied on at the beginning of their careers in secure care. Reflecting on this, Mena recalled, "it was definitely kind of nerve wrecking" (Interview 1), Mila echoing that it was "extremely daunting" (Interview 1). Participants explained that, in the beginning, they shadowed more experienced colleagues, whose guidance they valued for helping them learn to take a step back, read situations, and reflect on their experiences and responses—reminiscent of experienced emotional containment and reflective practice (Bion 1962b). As Karl recalled, "they were getting me up to speed on what's going on, 'ok, do you understand why you're doing this here now?'" (Interview 1). He reflected on this as having been central to his learning, as he observed, "I'd be worried about someone that's just starting now ... there's less than 10 of us that are there over four, 5 years" (Interview 1).

Considering the high turnover, participants described that team dynamics changed quickly, Breda noting, "someone might be here a year, but they might be the most senior member of staff that day because they've been here the longest" (Interview 1). This instability seemed mixed with the challenges of working shifts with mostly new colleagues. As Breda explained, "you're protective of everyone, but I'm conscious that they're new, so I'm watching them as well as trying to watch everything else" (Interview 1). Participants reflected that the experience of losing trusted colleagues was especially difficult, Paul describing it as, "you're losing a lifeline," as he voiced going through a process of wondering, "can I depend on them as much as I could depend on the other person?" (Interview 1). This is suggestive of disruptions in the containment function as colleagues come and go (Bion 1962b).

More experienced participants observed a change in the way that they approach incidents compared to when they were starting out. Clara explained that, while in a state of hyper-arousal and hypervigilance during an incident, "we go into this automatic pilot" (Interview 1), which Mena described as, "it's muscle memory, I do what I need to do" (Interview 2), to manage the situation. Mila observed that while at the beginning of her career she experienced "a stress response" at the first sign of conflict, now "I kind of become calmer and I become in control of my thoughts more, so I'm able to think clearly, I'm able to focus" (Interview 2). Reflecting on intervening when a young person is engaging in self-harm, Mena observed, "the other people that come in, they're freaking out and they're traumatized, whereas you're like, 'step aside'" ... "I would've been like that [at the start], adrenaline pumping, you know, shaking" (Interview 3). These accounts seem to speak to a move from a reactive stance to a more integrated self, suggestive of maturation of emotion regulation to a degree that the participant may remain functioning from the true self, with a maturing

ability to meet and manage the behavioral acting out of internal chaos of the young people (Winnicott 1964/2021, 1965, 1971/2005). Mena's narrative of intervening with calmness when less-experienced staff are in heightened emotional states seems to be suggestive of her acting as both an internalized container of the young person's emotions and behaviors, as well as a container for her less-experienced colleagues (Bion 1962a, 1962b).

The participants identified several soft skills they had honed and relied on to manage incidents effectively. Reflecting on these, Mila underscored accuracy in "reading situations" (Interviews 1 and 3) and contextualizing threats within an individual's pattern history. Karl highlighted skills learned in "therapeutic crisis intervention training" (Interview 2), including, as elaborated by Breda, that they "constantly deescalate [conflict] before anything fizzles" (Interview 1). Clara pointed out that they "can go into a room and do a risk assessment like that [snaps fingers]" (Interview 1). The participants also identified structural supports that they relied on to manage incidents more effectively. These included working in a locked environment—"the building lends itself to, to safety" (Breda, Interview 1)—trusting that the team will respond when the pin and pager were activated, and the ongoing monitoring, Karl observing, "there's cameras and everyone knows where you are at every single time" (Interview 1).

Participants reflected that, notwithstanding these identified supports, things do go wrong. For instance, Breda explained that "if someone assaults you unpredictably ... they've already assaulted you before you've pulled your pin, so you might have been on your own" (Interview 2). Similarly, participants voiced that they relied on relationship-building with young people as a mitigating factor for risk. In Mila's words, "nine times out of 10, if you have a relationship with a young person, you don't end up in really dangerous situations" (Interview 1). However, Karl recounted having experienced a "serious assault [brief shaking of the hands observed]" by a young person he "had a relationship [with]" (Interview 1). These narratives are suggestive of both ever-fluctuating states of calm and attack in the secure care environment, as well as the possibilities of rupture in containment (Winnicott and Britton 1947; Winnicott 1974).

Participants underscored two experiences that continued to impact them significantly, irrespective of their level of work experience. The first was witnessing a young person self-harming, with Paul observing, "we've had some really serious self-harmers" (Interview 1). Reflecting on this, Breda recounted, "I found that more difficult than, say, aggression" ... "like you're going home still worrying" (Interview 3). Mena echoed, "I would literally be getting home at like two or three and then ringing back in to make sure they're watching her [young person]" (Interview 1). Reflecting further on this, Mena described, "when you see somebody ... purple and blue in the face ... gasping for air," afterward, "it's hard not to ... let your mind go like they could die" (Interview 3). The second experience that participants reported struggling with was working with a young person who had a history of assaults who threatened for days and weeks before assaulting. Mena expressed, "I think that's one of the hardest things I would find," as she described, "say somebody's getting agitated, you know what's coming ... they could be pacing around ... and it's that kind of build-up, build-up, build-up" (Interview 2). Clara echoed, "you pretend it's all very cool, you're on [snaps

fingers twice], you're hyper hyper hyper on" (Interview 2). Paul and Karl described that they would be "moving something" (Paul, Interview 2), trying to minimize the risk" (Karl, Interview 3). Clara stated, "you'd rather bring it on" (Interview 1). The detail in which participants described both these experiences suggests unresolved affect while the residue of these experiences into their personal lives suggests overwhelm of their own internal holding environment (Winnicott 1956, 1964/2021, 1974).

Some participants spoke of the risk they experienced holding when on community activities or supervising/supporting family access visits with the young people, where they could not rely on the safety of a secure environment or the presence of the team. They explained that, while risk assessment is consistently done, things do go wrong. Speaking about their experiences of community outings, Clara reflected that due to their responsibility to keep the young people safe, there is "huge, huge, huge responsibility and stress every time you go outside the door" (Interview 3), while Mena observed, "you trust the systems that are around you" (Interview 2). Karl shared thoughts he experiences when a young person absconds during an outing he would be supervising: "You're like, 'I was the last person with them [thumps hand on the table], they went missing [thumps hand on the table], then something bad happened to them [thumps hand on the table]'" (Interview 3). These experiences, together with Karl's thumping on the table, seem to indicate anxiety and fear of being held responsible and of failing at being "good enough" in protecting and supporting the young person (Winnicott 1964/2021, 1965). Sharing her experiences of family access visits, Mila voiced, "there have been a few ... they were really positive, and it was quite a natural feeling" ... "it's positive for the young people to see ... we can all be together and not kill each other" ... "and then other ones that didn't go so well" (Interview 3). On the latter, Mila reflected, "I can imagine how painful that would be for them as a family not to be able to have that normalness with their own child" (Interview 3), her empathic attunement suggestive of a capacity for reflective functioning at a systemic level (Vliegen et al. 2025).

3.3 | Theme 3: Head Above Water

This theme captures the participants' experiences of their work being unseen and unappreciated by the wider community, as well as the need to be constantly vigilant and ways by which they survive through situations they could never fully resolve.

Participants voiced frustration and hurt at how their work was portrayed in the media and expressed experiencing that people, including friends and family, did not know or understand what their role involved. Reflecting on this, Breda outlined that, "in the media" ... "it's always the bad story that gets outshined" (Interview 1) ... "it's very frustrating because you see all the hard work people are doing" ... "you have like 10 years' brilliance and then one, one mistake that people will focus on" (Interview 3). Similarly, Mena explained, "people don't really understand what you do and if they heard for example that, you know, we use physical restraint ... they just think this is outrageous and, you know, that it's child abuse" (Interview 1). Mena elaborated, "you have that sense of shame, you know, where people think that you're" ...

"nearly abusing children" (Interview 1). Mena's account here seems suggestive of an internalization of societal suspicion and of a reactive countertransference of guilt and self-doubt (Bion 1962a; Winnicott 1964/2021). Related to this, Breda explained, "it's more people's perception that would make me probably avoid explaining what it is [I do]" (Interview 3), potentially suggestive of a defensive withdrawal (Winnicott 1965). Mena concluded, "we're probably on the lower rung of society in terms of people actually valuing what you do and caring" but "it's [secure care] required in society, it's needed" (Interview 1).

Participants explained that they do not talk about work with friends or family. Two reasons were given for this: the need for confidentiality; and second, as Mila noted, "they'd never in a million years understand anything, because unless you've been in the environment and you've had the experience, it seems crazy" (Interview 2). This narrative echoed across interviews, captured in Paul's words: "It's hard to get it unless you're there," together with a repeated question of "do you know [what I mean]?" (Interview 1). Such voiced experiences highlight an insider-outsider duality: a sense of shared containment by those actively working in the same environment, contrasted with a lack of such containment from outsiders (Bion 1962a). This duality imbued the researcher with both a sense of responsibility of capturing their experiences as wholly as possible and anxiety at not quite capturing their essence, being herself an outsider to secure care.

Participants reflected on their first experiences of entering secure care. They recounted echoing Paul's reaction on his first shift, "what am I after signing up for?" (Interview 1), with Mila explaining that the job description "didn't catch the full essence of what it was" (Interview 1). Participants emphasized that the intensity of working in secure care is such that it takes time to decompress after each shift before being back at work—"It's all like a constant recuperation and the back in" (Paul, Interview 1). Reflecting on this, Mena explained, "in the first couple of years you live and breathe the place" ... "when you're not there you're wondering what's going on" (Interview 1). More experienced participants expressed that, with time, they found it easier to not think about work outside of work. As Mena stated, "I would go and literally just not think about the place" (Interview 1). Clara and Mila shared that they worked on a reduced hour schedule. Mila evaluated "it's a good balance between home and work life" (Interview 1), while Clara observed, "at least it's 5 days' recovery" (Interview 1). Participants explained that the intensity of the work in secure care remains high in the absence of incidents. Reflecting on this, Mila explained that it can be "an emotionally busy day" (Interview 2), while Mena voiced, "you're probably always on high alert that something could go, and it does, and sometimes out of nowhere the alarm goes off" (Interview 2). Karl back at work from a few months out on assault leave, observed, "I feel like I haven't left because it's, it's, it's such a quick environment, you need to pick up things so quickly" (Interview 1). Paul emphasized his need for physical distance from the workplace as he stated, "I travel a lot" ... "just to sort of get away from it" ... "so when I'm away, I'm away from it" (Interview 1).

The participants reflected on experiences that appeared to take a lot out of them emotionally and seemed to challenge their ability to remain grounded at the workplace. As Karl explained,

“we’re all human and sometimes people might push your buttons,” noting, “that’s why we have to be very in tune with ourselves” (Interview 2). This is suggestive of an awareness of potential countertransference triggers which could result in acting out together with recognition of the importance of self-awareness to avoid such reactive engagement (Winnicott 1964/2021). The participants shared that being spat at was one of those situations in which they found it particularly difficult to remain non-reactive. Paul recounted being “spat at” ... “right into my eye” (Interview 2), and Karl “on the mouth” ... “in the face, in the eyes” (Interview 2). Being assigned to work with the same young person long-term was another experience that participants shared struggling to deal with. As Mila explained, “if you’re coming in shift after shift after shift and you’re working with the same young people, like, you get kind of frustrated and a little bit tired” (Interview 1). Sharing similar sentiments, Breda described, “they’re [young person] on observation so I had to sit down there but they would talk to me the whole night. So, for seven nights, it was draining” (Interview 2).

Participants underscored the importance of recognizing when they or their colleagues are struggling and of reaching out to, and relying on, their colleagues in these moments. Reflecting on this, Paul shared, “if you’re locked in a conflict cycle or you see somebody else locked in a conflict cycle,” he would offer, “do you need to go?” or “there’s a call for you” ... that would break it up” (Interview 2). Regular supervision and post-incident debrief after emotions calmed were also voiced as important.

The participants described several self-care strategies they practiced in their personal life—this seemed to be the time in which they were able to focus on how they were feeling and identify what they needed to process the day’s experiences. Strategies included spending time with family and friends, exercising, mindfulness, yoga, reading, a cry, and speaking with trusted colleagues. Yet, Breda shared, “if I’m tired, I’d cancel plans” (Interview 1). Similarly, Mena explained that she experiences times when she has “nothing left for me right now to give” and “I just need to put on my own life jacket and just kind of sit with myself for a while” (Interview 1). Some participants spoke of forgetting what they spoke about during interviews and having experiences of not recalling incidents when their colleagues bring them up. As Clara described, “I will deal with it [incident] very well ... but I won’t remember it. Like, I couldn’t write the report” (Interview 1) after the incident. These accounts are suggestive of experiences of strained emotional containment and dissociative defences so as to protect the psyche from being overwhelmed (Winnicott 1964/2021, 1974). Participants reflected on how their work in secure care is likely to affect their physical and mental health in the long term, some expressing that they were dealing with the same at the time of the interview. Reflecting on this, Mila observed, “you experience so much trauma when you’re working with young people because of their trauma” (Interview 1), suggestive of secondary trauma via empathic attunement (Cozolino 2017; Zoppi 2025).

Participants voiced having considered leaving secure care throughout their career. One of the reasons included the long shifts which, as described earlier, were experienced as leaving limited time or energy for their personal life. A second reason was financial remuneration. As Breda explained, “the money

isn’t reflective of the work that you do,” as she elaborated that secure care “should be on a different scale than other social care work [positions]” ... “it’s more of a dangerous job” (Interview 1). Mena shared similar views, and explained that the secure care allowance is “like two grand or something like that a year” (Interview 3). Related to this, Paul explained, “there’s talk actually about moving out of social care, giving us our own title and our own pay scale” (Interview 1). A third reason given by participants was experiencing assaults that shook their sense of safety to a degree suggestive of a temporary collapse of internal psychic holding (Winnicott 1974). Describing her experience of one such assault, Mila shared, “I went home, and I was like ‘I’m never going back,’” explaining that with “the support of my colleagues and my managers” ... “it took a couple of days, and then I came back” (Interview 1). Similarly, Mena voiced, “I remember just going home and going, ‘what am I doing?’” ... “I don’t know if you’ve ever had this feeling where something happened to you and your sense of safety, your sense of justice has been taken away from you, but that’s what it was like” (Interview 1). Reflecting on witnessing colleagues being violently assaulted, Karl shared, “I’ve witnessed some serious assaults here, and people then they’re half themselves after it” (Interview 1). Participants emphasized the importance of not delaying their return to work after an assault, indicating a need to restore a sense of mastery of their professional self at the workplace before fear can cloud that possibility (Winnicott 1974). As Mila recounted, “after 2 days I said, ‘I have to go back to work because if I don’t go back, I won’t’” (Interview 1).

4 | Discussion

This study adopted a multi-interview psychoanalytically informed approach to explore the layered experiences of social care workers working with young people in secure residential care. Holmes (2013b) and Patel and Graham (2022) highlighted that the combined multi-interview and lack of structure of the interviews in this approach allows for increased trust, richness of material, and interpersonal processes to be observed. Three identified core themes were “Keeping the young person in mind and safe,” “Maturing tolerance,” and “Head above water.” These themes are discussed below through a psychodynamic lens. The themes portray participants as working in a complex environment, fluctuating between handling and struggling to handle experiences that stretch their capacity to provide the facilitative holding environment they aim to offer the young people in their care.

Participants in this study, as social care workers, described themselves in relation to the young people they worked with; their very existence is connected to the needs of the young people. Intertwined in their role as carer and cared for, there is a resonance with Winnicott’s (1960) famous claim that “there is no such thing as an infant” (p. 59) in isolation, but a baby and mother together as a dual unity. Participants’ descriptions of societal reactions to their role and of society’s focus on the care of the young people, suggests public scrutiny of their work, resulting in a suspicion of external opinion—reflected in the participants’ wondering how the researcher will portray their accounts. This interplay is echoed in Ellis and Curtis (2021) and

Rose (2014). These accounts of scrutiny also evoked in the researcher an experience of the participants and the usefulness of their work as being invisible vis-à-vis wider society, suggestive of a societal failure of holding the caregiver in mind (Singer 1972). Similarly, in writing up this research, the researcher struggled to draw on literature pertinent to social care workers' experiences, her focus drawn to research on attuned environments facilitative for the young people. This was partly due to a lack of research discussing social care workers' experiences. However, it also suggests that the researcher may have experienced a parallel process of the participants' invisibility through projective identification, enacted through her struggle to identify research related to the participants' experiences (Bion 1962a; Klein 1946; Morey 2024). Processing this further, it is plausible to suggest that the experienced invisibility may be vicarious—reflecting the experiences of young people in secure care—and that the participants may be experiencing through projective identification (Klein 1946; Morey 2024). Such parallel process is reportedly common in settings of high emotional complexity and intensity (Morey 2024).

While expressing a desire to be known, participants appreciated that their experiences are largely unknowable, given the complexity of the secure care environment. This is reflected in trauma research, with van der Kolk (2014) observing that, after experienced trauma, the world becomes split between “those who know and those who don't” and that “people who have not shared the traumatic experience cannot be trusted, because they can't understand it” (p. 18). The intricate dynamics participants described handling and responding to were captured in Winnicott's (1958) description of, “dealing with an infant, but one who has the strength and cunning of the older child or adult” ... “we must supply for him an environment” ... “which must be able to take all the strains resulting from ruthlessness and impulsiveness” (p. 30). Across themes, the structural and relational aspects of secure care were experienced as providing a sense of holding to the participants and young people alike, serving as a therapeutic milieu in which such raw emotions and behaviors are expressed. This function of the environment was echoed in Price et al. (2018) and Winnicott (1971). Central to this were participants' caregiving practices, reminiscent of Winnicott's (1960, 1964/2021) observations that when caregivers understand the young people's behavior as reflective of their internal states, and distinguish between the young person's behavior and identity, they are better able to provide a facilitative environment.

The participants' responsiveness, genuine care, live sense of responsibility, and aliveness in experiencing moments alongside the young people, reflect qualities that Winnicott (1945, 1963, 1964/2021, 1971/2005) and Winnicott and Britton (1947) identified as essential toward providing the young people in secure care with good-enough attunement and the needed experiences of primary holding. The participants' proclivity for care, and hunger to meet, process, and make sense of painful experiences, offering them back to the young people in a usable way, is reminiscent of Bion's (1962a) concept of maternal reverie, and of Benjamin's (2004) concept of the symbolic co-created third. Yet, as participants navigated expressions of primitive emotions, projected states of trauma responses, transference emotions—including shame, rage, helplessness, fear, disappointment,

envy, rejection, despair, and hatred—and maladaptive relational patterns, their capacity to continuously provide an attuned environment responsive to the young people's emerging needs was stretched. This struggle is echoed in research (Andreou 2000; Hagelquist et al. 2023; Music 2016; Rocco-Briggs 2008; Vliegen et al. 2025; Webster 2025).

The researcher's mirroring of participants' internal states of hyperarousal throughout the interviews, suggests that they possibly required some kind of mirroring as a way of processing their experiences (Benjamin 2004; Morey 2022; Schore 2012; Singer 1972). It also reflects the participants' experiences of being hypervigilant in the workplace, described by van der Kolk (2014) as the body's response to an experienced state of being at risk of assault at any moment. These states of heightened arousal were observed when participants engaged in self-soothing strategies, such as drinking water or tea, using humor, asking for the question to be repeated, and changing the subject (Crittenden and Landini 2011; Freud 1928; Vaillant 1977). The difficulty in recruiting participants and the frequency of no-shows for scheduled interviews, suggests that, while the interview space was experienced as containing, talking about their experiences may have evoked strong emotions and thought processes, suggestive of secondary traumatic stress, making distance necessary (Cozolino 2017; Morey 2022; Schore 2012; Singer 1972).

Distance also seemed to function as a protective layer intra-psychically—sometimes referred to as a defensive split; experienced in some participants' struggle to recall certain incidents when their colleagues spoke about them, while others, by the end of the interviews, stated not remembering what they had shared in the interviews (Cozolino 2017; Morey 2022; Schore 2012; van der Kolk 2014; Zoppi 2025). This, together with participants' reflections on how they sometimes feel emotionally depleted in their personal lives, highlights the emotional energy required to be continually containing others' needs and emotions, as well as their own, simultaneously keeping everyone safe, until they can more fully process their experiences in the absence of the young people. Rose (2014) reminds that, in processing their own experiences, social care workers are also confronted with thinking about the details of the young people's early childhood traumatic experiences. van der Kolk (2014) noted that this processing is essential for a healthy integration of experiences, while Zoppi (2025) observes that a maintained split, over time, reduces an individual's quality of life.

Drawing on Bion (1962a, 1962b), Winnicott (1974), Vliegen et al. (2025), and Zoppi (2025), while participants show an ability to repeatedly survive actual and projected attacks while continuing to provide attuned holding—indicative of a capacity for frustration tolerance, an active alpha-function, and mature defences—their narratives also suggest possible cumulative trauma, as well as moments when a breakdown in their ability to contain and process these experiences can be at the surface. This was especially observed in participants' accounts of select experiences which made their way into their personal lives, shook their sense of safety, and made them doubt their ability to return to work. These responses potentially suggest that such experiences evoked in the participants an imaginal fear of collapse, flagging a need for emotional containment (Cozolino 2017;

Morey 2022; Winnicott 1974). Such fear of collapse is also suggestive of participants experiencing a parallel process of projective identification with the young people who, as Winnicott (Winnicott 1964/2021, 1974) noted, are themselves likely to struggle with a fear of collapse. As Benjamin (2004), Bion (1959), Winnicott and Britton (1947), and Winnicott (1964/2021, 1974) explained, in these moments, the participant social care workers may be dealing with both the physical incident and with the young people's transference emotions of envy, rage, and hatred toward the caregivers' capacity to contain their primitive emotions without collapsing, to engage in a shared symbolic third—a capacity the young people's primary caregivers may have struggled with.

Survival of such experiences is positioned as crucial by Winnicott (1971/2005), as he urged caregivers working with this population, “your job is to survive,” meaning, “not only that you live through it and that you manage not to get damaged, but also that you are not provoked into vindictiveness” (p. 196). The participants' reliance on their awareness of internal states, along with their use of internal and external supports to survive these experiences, evokes the imaginal presence of different layers of skin protecting against such collapse (Cassar 2020, 2022). Reflective spaces, including engaging in a restorative conversation with the young person, were identified as invaluable to this end, reminiscent of mentalization approaches (Anna Freud National Centre for Children and Families [AFNCCF] 2017a, 2017b; Vliegen et al. 2025), as well as offering a container for those containing (Bion 1962b). Such reflective spaces also recall Benjamin's (2004) concept of co-creating an intersubjective mental space and therapeutic connection, made possible when two entities (e.g., participant-young person, participant-colleagues, participant-researcher) recognize their separateness and acknowledge responsibility for their roles, thereby allowing space for them to be in relation with each other. The importance of these practices was echoed in research (Anna Freud National Centre for Children and Families [AFNCCF] 2017a, Hagelquist et al. 2023; Morey 2024; Price et al. 2018; Steckley 2010; Vliegen et al. 2025; Winnicott 1946, 1971; Winnicott and Britton 1947). Participants' strong reliance on conversations with trusted colleagues with whom they found shared meaning and comradeship through their collective experiences, together with their experiences of high turnover, evoked in the researcher's imaginal the idea of the everchanging womb—a changing yet crucial space offering containment and connection (Cassar 2020, 2022; van der Kolk 2014). In parallel process, it also mirrors the young people's experiences of the changing interpersonal aspect of the therapeutic milieu, as people come and go (Morey 2024).

Participants also identified several soft and structural skills as providing internalized holding over time, supporting them to respond more effectively to conflict and incidents. Specifically, their narratives suggest that, with increasing experience in managing crises, they developed trust in their ability to effectively apply therapeutic crisis intervention skills, which enabled them to respond to incidents with calmness and clarity despite their body's adrenaline response, while sustaining a facilitative holding environment. Similarly, participants reported increased confidence in being skilled to manage almost any conflict, suggestive of a need to conjure up such images of capability

toward an embodied sense of control (van der Kolk 2014). This is reminiscent of Winnicott's (1960, 1964/2021) emphasis on the importance of the mother trusting her instincts in responding to her baby; creating a holding environment through her attuned knowing. While this addresses participants' offering attuned internalized holding for the young people's projections and transference processes, it does not fully capture the participants' ability to override their adrenaline response when navigating physical attacks and incidents of varying degrees of self-harm which, as Winnicott (1971/2005) explained, hold real danger given the young people's physical strength.

Discussing the importance of acting in the face of threat, van der Kolk (2014) observed that the ability to physically respond and defend oneself in high intensity situations, enhances a sense of safety and reduces the risk of resultant trauma. Focusing on the effects of repeated exposure to, and tolerance of doubt, anxieties, primitive emotions, and pain—both one's own and others'—research on infant observation suggests that this expands one's internal receptivity (Maiello 2007). Maiello (2007) elaborated that it also strengthens the individual's ability to contain these states without resorting to defences of splitting, denial, surrendering, or acting out; supporting the increased ability to reliably exercise the maternal function. Separately these theories do not fully make sense of the participants' development of an implicit skilled fight response while continuing to provide a facilitative environment. This study suggests a dynamic synthesis of these two theories: an implicit skilled fight response in the face of threat, combined with attuned relational holding. Such a conceptualization appreciates participants' embodied fluency of concurrent crises handling and self-other regulation. To the best of the researcher's knowledge, this is new to research. It is important to stress that, despite this embodied attuned response, participants reported continued experiences that undermined their sense of safety, as earlier discussed—regardless of their length of work experience. As observed by van der Kolk (2014), everyone has a breaking point.

The participants remaining in secure care while numerous colleagues came and went, underscores the value they see in their work and their awareness of the need for it in society, which Winnicott (1956, 1964/2021, 1971/2005) discussed extensively. Moreover, participants' accounts of young people engaging in play and taking an interest in themselves while in secure care, and continuing to make contact long after they leave, are indicative of the safety they experienced in secure care (Lenormand 2018; Winnicott 1971/2005). This suggests that secure care can represent a safe haven and secure base for some of the young people who experience it (Bowlby 1988/2005; Gerhardt 2004; Rose 2014). Participants' despair and sense of futility at learning of most young people having poor outcomes after they leave further underscores participants' genuine concern for the young people, and points to the effort it may entail to retain hope and focus. This is echoed in research by Hagelquist et al. (2023), Webster (2025), and Winnicott (1964/2021). It also reminds of Winnicott's (1956, 1964/2021) observation that these young people may only develop a good internal environment after several years in a facilitative environment characterized by both control and warmth, with their antisocial behavior understood as a plea for this kind of care.

This study has several strengths. Firstly, it contributes to the scarce research on the experiences of social care workers in secure care. The strong representation of participants' voices in this study provides insight into the depth and complexity of their experiences. Secondly, adopting a psychoanalytically informed approach enabled a nuanced insight into the psychological, emotional, and interpersonal complexity of participants' experiences in the secure care environment and the helper-helped relationship (Cartwright 2004; Clarke 2002; Holmes 2013b; Patel and Graham 2022). Furthermore, the adopted multi-interview approach allowed for greater richness and depth of exploration of participants' experiences compared to the single interview, as well as for increased trust; essential given the sensitivity of the environment (Cartwright 2004; Holmes 2013b). An additional strength is the researcher's outlined positionality which adds depth, clarity, and vulnerability to the research (Braun and Clarke 2013; Elliott et al. 1999). Another strength of the study is the contribution to research that, with experience, the participants developed an implicit skilled fight response in the face of threat, combined with attuned relational holding. Further research is recommended to understand the development of such responses over time.

This study also has certain limitations. A limitation of the study is that, due to time constraints, a pre-proposal consultation was not held with different stakeholders in secure care. It is recommended that future researchers do this first step to enhance the relevance and applicability of the research to the environment (Concannon et al. 2019). Additionally, if there was more scope to hold the interviews alongside observing social care workers at work, it may have elicited further depth and reflection on interpersonal and intrapersonal processes at play in the secure care environment. Another limitation of this research is that it has a homogenous self-identifying White population of both researcher and participants. While this may reflect demographics in Ireland—with 86% identifying as White (Central Statistics Office and Northern Ireland Statistics and Research Agency 2025)—and is potentially also reflective of demographics within the participating secure care units, further research is warranted to understand dynamics of race and class within this population and the impact of these on the processes described above.

The current study has several implications for research, policy, and practice. Further to the implication for research outlined above, it is recommended that research in this setting is done using focus groups with different groups of stakeholders. This is believed to provide a more nuanced and layered view of experiences and processes in the secure care environment.

Drawing on the participants' experiences of the public's lack of knowledge and understanding of their role, and their desire for increased understanding, the implications for policy and practice include recognizing that social care workers in secure care can play a role in increasing public knowledge of their work. This can be done across both media platforms and in collaboration with academic institutions. Also drawing on the participants' experiences of a lack of structural appreciation, implications for policy and practice include the need for increased remuneration that reflects the high-risk and intensity of the work, together with shifts designed in a manner that allow social care workers the time to recuperate as well as

maintain fulfilling personal lives (Hagelquist et al. 2023; Winnicott and Britton 1947; Winnicott 1964/2021). Drawing across themes, an implication of this research for clinical practice is the importance of offering social care workers regular containing and reflective therapeutic spaces which have an understanding of the secure care environment (Anna Freud National Centre for Children and Families [AFNCCF] 2017a, Hagelquist et al. 2023; Morey 2024; Price et al. 2018; Steckley 2010; Vliegen et al. 2025; Winnicott 1946, 1971; Winnicott and Britton 1947). This would provide them with spaces where they can be themselves and respond to their own experiences without the young people being present. A second implication for clinical practice is the usefulness of this research in providing clinicians with insight on experiences of social care workers in the secure care environment, as described by the participants in this study, which can help inform clinical practice.

5 | Conclusion

This research shed light on the experiences of social care workers working in secure care used a multi-interview, psychoanalytically informed approach. Participants described the structural and interpersonal holding that they experienced at the workplace, as well as the self-care strategies they adopted as they navigated concurrent and alternating states of calm, threat, and attack. This, while holding the young people they were working with in mind and keeping them safe. The participants highlighted a lack of recognition and understanding of their work by the wider community. A contribution of this research is that, with more experience in dealing with crises, the participants developed an embodied skilled fight response in the face of threat, concurrently providing a facilitative holding environment. Further research is needed to better understand how these responses develop across time.

Acknowledgments

We would like to sincerely thank the participants who generously shared their time, experiences, and insights. Without their openness and willingness to engage in this study, this research would not have been possible.

Ethics Statement

This study was reviewed and approved by the School of Psychology Research Ethics Committee, Trinity College Dublin (Approval ID: SPREC 032024-10).

Consent

All participants provided written informed consent prior to participation.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data supporting the findings of this study are not publicly available due to their sensitive nature and to protect participant privacy, in accordance with ethical and institutional guidelines.

Permission to Reproduce Material From Other Sources

The authors have nothing to report.

Endnotes

- ¹ “Deprivation”—attunement is initially experienced by the child, then lost—through physical or psychological absence, illness, or death (Winnicott 1964/2021). “Privation”—from birth, attunement is never experienced by the child (Winnicott 1964/2021).

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