

Exploring the prevalence, forms, risk factors, and interventions associated with violence against children in alternative care settings: A scoping review

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ABSTRACT

Violence against children (VAC) in alternative care settings, including foster care, residential care, and kinship care, is a significant global concern. This scoping review synthesises evidence from 77 studies published between 2014 and 2024 across high, middle, and low-income contexts, examining the forms, risk factors, consequences, protective features, and interventions associated with violence in care. In line with PRISMA-ScR guidance, the review maps patterns in the evidence base but does not estimate pooled prevalence across settings.

Neglect was the most frequently reported form of maltreatment, often linked to poverty and limited external support, including in some informal kinship care contexts. Residential settings were commonly associated with reports of physical abuse and peer violence, while findings on sexual abuse varied across contexts. Emotional abuse was reported in all care settings.

Identified risk factors included placement instability, inadequate caregiver support, poverty, and prior exposure to violence. Reported consequences ranged from poor mental health and disrupted relationships to heightened risks of revictimisation. Evidence on effective interventions was sparse, although supportive caregiver-child relationships and trauma-informed models were noted as protective.

Important gaps remain in longitudinal and disaggregated evidence, particularly in low and middle-income contexts and with respect to peer violence, children with disabilities, and LGBTQI+ youth. While this review focuses on violence, it is essential to caution that many children experience alternative care as protective and nurturing, and our findings should not be interpreted as suggesting that all care arrangements are harmful. Strengthening family-based care, ensuring robust oversight, embedding protective, child-centred practices, and prioritising reintegration where possible are critical to reducing risks and promoting children's well-being.

1. Introduction

1.1. Rationale

Violence against children in alternative care settings, including foster care, residential care, and kinship care, is a significant global concern. Many children grow up in nurturing alternative care environments, where they receive the support needed to overcome trauma and they can transition into healthy adulthoods. However, children in these settings are also vulnerable to physical, emotional, and sexual abuse, as well as neglect, due to factors such as inadequate supervision, and insufficient training for caregivers, placement instability, and weak oversight (Moeschberger & White, 2022). Understanding these risks, alongside the protective factors that contribute to safe and supportive

care, is essential to improving outcomes for children in alternative care. **Table 1**

Globally, millions of children are placed in alternative care arrangements due to diverse reasons. Some enter care systems as a result of child protection concerns, while others are separated from their families due to poverty-driven factors, such as the need for access to food, shelter, healthcare, and education (Boyce et al. 2020). Most children in alternative care are placed in family-based settings, such as kinship care with extended relatives or foster care with unrelated carers, which can support continuity of identity and relationships when adequately resourced and monitored (Rogers et al., 2023). However, an estimated 5.4 million children worldwide reside in residential care settings (RCS) (Desmond et al. 2020), where care is often characterised by high staff turnover, institutional routines, and limited opportunities for stable

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attachments (Csáky, 2009; van IJzendoorn et al., 2011).

This review employs the World Health Organization's (WHO) broad definition of Violence Against Children (VAC), which explicitly encompasses neglect alongside physical, sexual, and emotional abuse. Although some literature uses 'child maltreatment' to describe these phenomena, the WHO's definition is intentionally comprehensive, aligning closely with our mapping objectives. We also recognise that violence against children occurs across settings, including family homes, street-connected contexts, schools, and leisure settings. Situating alternative care within this wider landscape avoids portraying it as uniquely harmful and allows examination of both risks and protective functions. This review takes a global scope (2014–2024), mapping English-language evidence; this breadth supports identification of recurring patterns and gaps across settings, while we acknowledge trade-offs in regional depth. We acknowledge the variability in terminology and suggest future studies further clarify definitional nuances between 'violence' and 'maltreatment'.

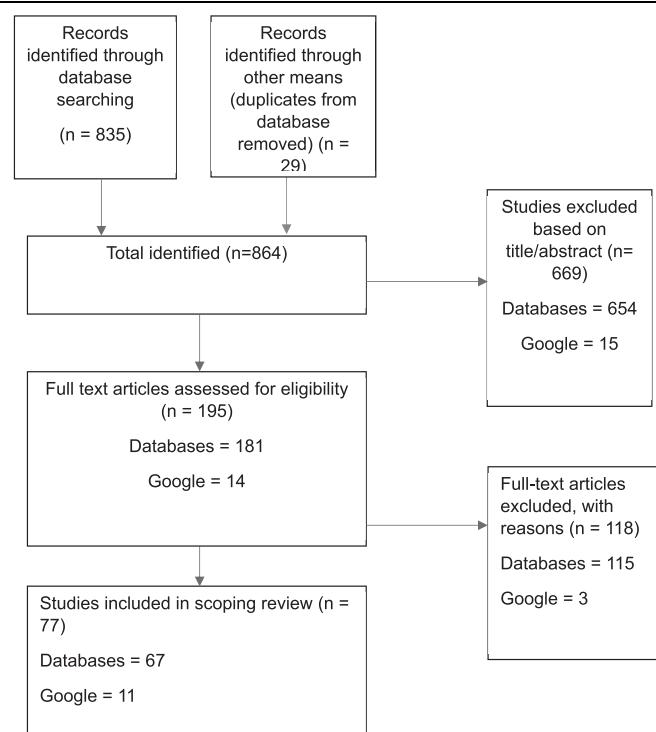
A growing body of research over the past 70 years has demonstrated that institutional care itself constitutes structural neglect. Studies consistently show that children in RCS experience higher risks of physical abuse, neglect, impaired cognitive development, and lower emotional well-being than those in family-based care (van IJzendoorn et al., 2008); Garcia Quiroga & Hamilton-Giachritsis, 2016). The Lancet Commission on deinstitutionalisation (Boyce et al. 2020) systematically reviewed the evidence and concluded that living in an institution can lead to significant impairments across physical, social, cognitive, and emotional domains, reinforcing the argument in the United Nations Guidelines on Alternative Care that institutional care should be replaced with safe, well-supported family-based alternatives. While the quality of alternative care varies across settings and contexts, evidence suggests that family-based care, when properly resourced, monitored and supported, offers better long-term outcomes for children's well-being and development.

This global review of evidence maps reporting on the prevalence,

forms, and risk factors of violence against children in alternative care, and considers the implications for reform that prioritise safe, well-supported family-based alternatives. Within this scoping review, we aim to map the existing evidence to inform future research, policy and practice. The review was timed to support a response by the Inter-Agency Working Group on VAC and Care for the Global Ministerial Conference on ending violence against children, which took place in Bogota, in November 2024. The decision to undertake a scoping review rather than a systematic review is grounded in the nature of the research questions and the current state of the literature on violence against children in alternative care settings, as justified in the points below:

- The broad aims of this review (exploring prevalence, types, risk factors and interventions) can be considered complex; the research focus itself is diverse, including different care settings and different types of violence. Scoping reviews are particularly suited for exploring such broad research questions, where the aim is to map the existing literature, identify key concepts, and clarify definitions within a complex or emerging field (Arksey & O'Malley, 2005). Capturing the full scope of existing knowledge would be more challenging with a systematic review, which typically focuses on more narrowly defined research questions.
- The literature on violence in alternative care settings is likely to include a wide range of study designs and outcomes, from qualitative interviews to quantitative prevalence studies. A systematic review, which typically focuses on synthesising results from studies with similar methodologies and outcomes, may not be able to accommodate this diversity. A scoping review, on the other hand, allows for the inclusion of diverse methodologies and outcomes, providing a comprehensive overview of the field .
- The goals of this review include to identify gaps in the current literature and to highlight areas where further research is needed. A scoping review, designed to summarise and disseminate research findings to inform the development of future research priorities

Table 1
Prisma Flow Chart.



(Tricco et al., 2018), is therefore an appropriate methodological choice (Munn et al., 2018).

In summary, this scoping review aims to provide a broad overview of the evidence base on violence against children in alternative care, highlight key areas for further investigation, and offer insights that may not emerge from a more narrowly focused systematic review.

1.2. Objectives and research questions

The primary objectives of this scoping review are as follows: to map how violence against children is reported and defined in alternative care settings; to describe the forms of violence experienced; to examine associated risk and protective factors; to review interventions designed to prevent or address violence in alternative care environments; and to identify gaps in the existing literature, including regional variation, to guide future research.

The review is guided by the following specific research questions:

1. How is violence against children defined and measured in alternative care research, and what forms (physical, emotional, sexual, neglect) are reported? What are the risk and protective factors associated with violence against children in these settings?
2. What are the psychological, emotional, and physical consequences of experiencing violence for children in these settings?
3. What interventions have been implemented to prevent or address violence in alternative care settings, and what evidence exists regarding their effectiveness?
4. What are the key gaps in the literature on violence against children in alternative care, particularly with respect to regional variation and methodological rigour?

2. Methods

2.1. Methodological principles

The methodological principles we used were based on the PRISMA-ScR checklist to ensure transparency and rigor. As will be discussed in the following sections, inclusion and exclusion criteria were predefined, and studies were screened in two stages: title and abstract screening, and full-text assessment. Two independent reviewers conducted the screening, resolving disagreements through discussion or, if needed, consultation with a third reviewer. The final selection is summarised in a PRISMA flowchart, detailing the number of records at each stage and reasons for exclusions. Consistent with the remit of scoping reviews, we mapped the extent, range, and nature of evidence and did not estimate pooled prevalence or make comparative prevalence claims across settings or regions.

2.2. Protocol and registration

A review protocol was developed and shared with partners working on other aspects of the inter-agency response. The protocol was not registered, due to the rapid nature of the review and the time limitation for completing the review for use in time for the November 2024 conference. We followed the protocol *a priori* and report the review in line with PRISMA-ScR to enhance transparency. The specific research questions were later refined during the review process in response to emerging evidence and peer feedback, but without altering the eligibility criteria.

2.3. Eligibility criteria

We focused on literature published in English over a ten-year period, from 2014 to 2024. This time frame was chosen to ensure that the findings were relevant to current practices and policies in alternative

care settings. Furthermore, our inclusion of a focus on interventions meant that we wanted to provide timely insights for policymakers and practitioners who are engaged in implementing and evaluating current interventions, hence the focus on the ten-year period. The review took a global scope while acknowledging trade-offs in regional depth.

In addition, in order to be eligible for consideration within this scoping review, articles needed to meet the following inclusion criteria:

- **Population:** Children and adolescents (up to 18 years old) in alternative care settings, including foster care, residential care, and kinship care.
- **Interventions/Outcomes:** Studies examining the reporting of prevalence, types, risk factors, outcomes, or interventions related to violence (physical, emotional, sexual abuse, and neglect) against children in alternative care. Outcomes were defined as the consequences of experiencing violence, such as impacts on mental health, relational outcomes, educational disruption, and longer-term well-being. Where possible, we prioritised studies that reported violence occurring within the alternative care placement or that enabled disaggregation from pre-care experiences.
- **Study Design:** All empirical study designs, including qualitative, quantitative, and mixed-methods studies. Grey literature (e.g., reports, theses) were also included (Peters et al., 2015).

Studies were excluded if they focused solely on adult populations or on children not in alternative care settings; they did not include empirical data (e.g. opinion pieces, editorials or commentaries). Only studies published in English were included due to resource constraints and feasibility. We acknowledge that this may have excluded relevant studies published in other languages from non-English-speaking regions.

2.4. Information sources

The following databases were searched to identify relevant literature: PubMed/MEDLINE; APA/PsycINFO; Scopus; Cochrane Library; JSTOR; ERIC. The most recent of these searches was conducted on 30th August 2024. These databases span health, psychology, education, and social sciences, supporting the review's global remit.

Additional searches were conducted in grey literature using sources such as Google Scholar and relevant NGO, IGO and government websites (e.g. UNICEF, WHO, BCN, Lumos, Hope and Homes for Children, SOS Children's Villages).

2.5. Search strategy

The search strategy was developed with the assistance of a subject librarian and included a combination of controlled vocabulary (e.g., MeSH terms) and free-text keywords. The search terms were structured around the following concepts:

- **Population:** "Children"
- **Setting:** "Foster care," "Residential care," "Kinship care," "Institutional care", "Kafala"
- **Type of Violence:** "Abuse," "Neglect," "Maltreatment", "Violence"
- **Interventions:** "Prevention," "Intervention," "Safeguarding," "Protection"

The search terms were developed iteratively, informed by prior scoping reviews (Authors Own 2021), and aimed to balance breadth and relevance. Broader terms such as "institutional care" were used to capture related concepts such as "group homes" or "orphanages." We acknowledge that some specific terms (e.g. "looked-after") may not have been fully captured and this is a potential limitation.

2.5.1. An example search string

(Children) AND (Foster care OR Residential care OR Kinship care OR

Institutional care OR Kafala) AND (Abuse OR Neglect OR “violence” OR “Emotional abuse” OR “Sexual abuse”) AND (Prevention OR Intervention OR Safeguarding OR Protection). Limits: ten-year period from 2014; language: English.

2.6. Selection of sources of evidence

Following the search process described above, the research team screened the available literature in two phases. Firstly, articles were screened based on their title and abstract to assess their relevance to the research questions. This process was conducted by two researchers, who independently assessed the title/abstracts; differences in opinion were resolved through discussion. It was not necessary to engage the third reviewer suggested by [Levac et al. \(2010, p. 4\)](#). Once the records were retrieved from the five databases they were screened for duplication. After duplicates were removed, 272 articles remained and were assessed for relevance based on their titles and abstracts.

The second phase of the screening process required the researchers to review the full text of the 272 articles. The primary focus during this phase was on assessing whether the violence had occurred within the alternative care setting – as will be discussed within section three, this was not always easy to ascertain. Two reviewers independently assessed full texts against the eligibility criteria; disagreements were resolved by discussion, with a third reviewer available if required (not used). A total of 73 articles from the databases and 4 from the Google Scholar search were deemed relevant to the research questions at this stage. This total number of articles was therefore 77.

[Levac et al. \(2010\)](#) summarise challenges associated with scoping reviews, stating that the process of selecting literature is not as linear as this description of the two-phase process might imply. It should therefore be noted here that the researchers engaged in frequent discussion during this process, which they considered, in line with [Levac et al.](#)’s suggestions, as “an iterative process” (2010, p. 4). The researchers kept relevant notes documenting their decisions, particularly relating to uncertainties regarding the focus of some articles, to ensure that the selection process was transparent and could be justified.

An iterative approach was also taken to the data charting process, as is relevant to a scoping review ([Levac et al., 2010](#)). The data abstraction form was initially developed based on the first reviewer’s previously published scoping review ([Rogers et al., 2021](#)) and modified as required given the research questions of the current study. The abstracted data related to the study details (including year of publication, author; country of study; study design); population; types of violence; risk factors; interventions and key findings. Consistent with the aims of a scoping review, we did not pool estimates or conduct meta-analysis.

Given the inclusion of research question five (‘what are the key gaps in the literature on violence against children in alternative care?’), the research team chose not to conduct a formal critical appraisal of the evidence based on study type, methods, sample size, or other criteria. Instead, the review sought to identify gaps by examining the overall breadth and characteristics of the available literature, including the diversity of study designs and methodological approaches. This is consistent with Prisma guidance where the intent is to map the evidence base rather than evaluate effectiveness.

Selected papers were downloaded and stored within a shared folder, to allow easy retrieval of the papers for both members of the research team. Data was summarised within a simple Excel file, which was again shared so that it could be accessed and edited by both members independently.

3. Findings

Across the 77 included studies, reporting of characteristics varied considerably in terms of context, definitions, and methods. See [Table 2](#) for a summary of study characteristics (n = 77).

As summarised in [Table 2](#), most originated from high-income

Table 2
Summary characteristics of included studies (n = 77).

Category	Sub-category	n	%
Year of publication	2013–2015	15	19.5%
	2016–2018	17	22.1%
	2019–2021	15	19.5%
	2022–2024	30	39.0%
Country income setting	High-income (HIC)	55	71.4%
	Middle-income (MIC)	15	19.5%
	Global / not specified	7	9.1%
Methodology	Quantitative	32	41.6%
	Qualitative	17	22.1%
	Mixed methods	15	19.5%
	Reviews (systematic / scoping / rapid)	13	16.9%
Type of violence	Maltreatment / abuse & neglect	27	35.1%
	Sexual violence / exploitation	15	19.5%
	Peer violence / bullying	11	14.3%
	Family / domestic violence	6	7.8%
Research questions addressed*	Historic / spiritual violence	4	5.2%
	Reviews / mixed focus	14	18.2%
	RQ1 – Forms / prevalence	46	59.7%
	RQ2 – Risk factors	43	55.8%
	RQ3 – Outcomes	25	32.5%
	RQ4 – Interventions	19	24.7%
	RQ5 – Practitioner perspectives	10	13.0%

*Totals exceed 100% because many studies addressed multiple research questions.

countries (71.4%), with fewer from low- and middle-income contexts (19.5%) or global/multi-regional in scope (9.1%). Studies most often focused on neglect or physical abuse, while sexual and emotional abuse were less consistently examined. Quantitative designs predominated (32; 41.6%), but there was also a substantial body of qualitative (17; 22.1%) and mixed-methods research (15; 19.5%), alongside review studies (13; 16.9%). Given this heterogeneity, findings are presented thematically by research question, following the approach recommended by [Mak and Thomas \(2022\)](#). The full characteristics of each study are presented in [Table 3](#), which sets out location, design, violence type, and research question coverage, providing the basis for the thematic analysis that follows.

The authors of this scoping review were confronted with difficulties when drawing findings from the literature, in part due to the different definitions used between contexts. Such difficulties were also articulated within the literature that was explored within this review; [Biehal \(2014, p. 49\)](#) asserts that “studies are not always directly comparable because they use different units of analysis”, suggesting that this is a known problem within this field of study. Given this heterogeneity in definitions, measures and time frames, the findings presented below describe patterns reported within studies. They should not be interpreted as pooled prevalence estimates or as rankings between kinship, foster, and residential settings, nor between care and non-care contexts.

Due to the inclusion criteria, the research team were confident that all articles focused on violence against children. However, it was sometimes unclear whether violence occurred before children entered alternative care, during their placement, or afterwards and this complicated synthesis. Methodological differences between studies also make the articulation of findings problematic. [Allrogen et al. \(2017, p. 27\)](#) explore how within one study, “various severe offenses with physical contact (e.g. touching of genitalia, assault with penetration)” are combined into “one category”, but elsewhere within the literature definitions of severe sexual victimization consider the frequency of “various, more broadly defined incidents”. [Katz et al. \(2020, p. 5489\)](#) suggest that survey instruments are often not “nuanced” enough to be useful; they explain how one definition found within a survey “includes both threatening physical violence and perpetrating physical violence”, but assert that “these are two substantively different things” ([Katz et al., 2020, p. 5490](#)).

Table 3

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
Alink et al. (2013)	Netherlands (HIC)	Physical and sexual violence	To investigate the prevalence of physical and sexual victimization of youth care workers in residential care; to test whether characteristics of the group care workers and the type of care facility influenced this prevalence.	Questionnaire (online) with five questions to explore the participants' experience with violence at work. Random sampling.	123 workers for group care; 32 for secure care; 23 for juvenile detention. 123 for regular residential care; 55 for care for children with a mild intellectual disability.	Database search	x	x			
Allroggen et al. (2017)	Germany (HIC)	Sexual victimization	To assess the lifetime prevalence of sexual victimization of adolescents living in an institutional setting; to describe the incidence of first time sexual victimization after admission to the institution; to describe circumstances of sexual victimization.	Data gathered through self-report questionnaires completed by participants from residential care facilities and boarding schools. Sampling method: all known boarding schools and institutions were contacted with a request to participate.	322 adolescents	Database search	x	x			
Astin and Smith (2021)	United States (HIC)	Domestic violence	To examine the gendered impact of learning about domestic violence in school on later reported domestic violence and perpetration and victimization among foster children.	Data from another study (Taussig and Garrido, 2018) which was gained from interviews (either in person or conducted by telephone). No mention of sampling methods.	190 participants.	Database search	x	x	x		
Attar-Schwartz (2014)	Israel (HIC)	Peer sexual victimization	To examine the prevalence of peer sexual victimization in Israeli residential care settings	Data gathered from an anonymous, structured self-report questionnaire completed by the adolescents.	1309 adolescents	Database search	x	x			
Ayaya et al. (2023)	Kenya (MIC)	Abuse	To compare recent child abuse (physical, emotional, and sexual) between OSCA living in institutional environments and those in family-based care; 2) to understand how recent child abuse among street-connected children and youth compared to these other vulnerable youth populations.	Data gathered through a standardized clinical encounter instrument which included a complete physical history and review of the participant's health symptoms plus a self-administered psychosocial instrument (for participants who could read or write) and a psychologist administered instrument for participants who couldn't read or write. No stated sampling methods.	2392 participants	Database search	x	x			
Badillo-Urquioala et al. (2024)	United States (HIC)	Sexual exploitation	To examine how caseworkers	Data gathered through semi-	32 caseworkers	Database search		x		x	

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
		(including trafficking).	collaborate with foster families to address adolescent online safety	structured interviews with caseworkers who worked with teenagers in foster care.							
Barter and Lutman (2016)	England (HIC)	Peer violence and intimidation	To explore foster carers' views and experiences of peer violence	Semi-structured focus group discussions. Thematic analysis. No mention of sampling methods.	32 foster carers	Database search					x
Bennett et al. (2023)	United States (HIC)	Child maltreatment	To describe the perpetrator profiles of youth in foster care using social network analysis.	Social network analysis of data gathered through questionnaires completed by foster youth and their caregivers	503 youth	Database search	x	x			
Berry et al. (2017)	UK (HIC)	Child sexual exploitation (CSE)	To explore the effectiveness of an intervention designed to reduce the risk of child sexual exploitation	Case study methodology; opportunity sampling.	One participant.	Database search					x
Biehal (2014)	United States; United Kingdom; Australia (HIC)	Maltreatment	To examine the evidence relating to maltreatment in foster care	Critical review of the literature	38 reviews	Database search	x	x			
Biehal et al. (2014)	United Kingdom (HIC)	Abuse or neglect	Phase one: to map out the scale of substantiated and unsubstantiated allegations in foster care; phase two: to identify the nature of the abusive or neglectful behaviours, and the characteristics of adults/children and the consequences for all.	Data gathered in two phases: phase one – survey; phase two – follow up survey. No stated sampling methods.	Phase one: 156 local authorities; phase two: substantiated cases of abuse.	Google scholar search	x		x		
Blakemore et al. (2017)	Global	Child sexual abuse	To articulate the impacts of institutional child sexual abuse on victims/survivors.	A rapid review of the literature from 12 databases, plus additional searches using the same search terms in the search facilities of publishers of academic peer-review journals, plus hand searches of references in the retrieved articles.	75 papers	Google scholar search				x	
Blumenthal (2022)	Austria (HIC)	Violence	To examine the role of shame and other affects in the context of stigmatisation and epistemic violence (p. 2)	Analysis of ethnographic field note plus semi-structure interviews	One ethnographic field note; 23 interviews (15 interviews with youth; eight interviews with caregivers).	Database search				x	
Branscum and Richards (2022)	United States (HIC)	Maltreatment	To present a multivariate analysis of predictors of running from care as well as trends in	Data gathered from the Adoption and Foster Care Analysis and Reporting System (AFCARS). Quantitative	597,911 children in foster care.	Database search				x	

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
Bremen et al. (2018)	Australia (HIC)	Family violence	predictors from 2010 to 2019. To explore the (1) types, (2) frequency and (3) impact of family violence perpetrated by a close family member of the child in care, directed towards the kinship care placement.	analysis of available data. Mixed methods used to gather data: online survey and semi-structured interviews. No stated sampling methods.	22 kinship carers	Database search	x	x			
Brodie and Pearce (2017)	Not specified	Violence and maltreatment	To explore progress in implementing the UN Guidelines for the Alternative Care of Children	Rapid review of literature, focusing on peer reviewed literature searched using bibliographic databases. The authors also drew upon two existing database searches, and referencing harvesting to provide further material, plus some "hand searched" key journals.	Not stated.	Database search	x	x			
Cameron- Mathiassen et al. (2022)	Not specified	Bullying; physical violence; psychological violence.	To synthesize and identify the experience of living in residential care and suggest how these findings can enhance the well-being of this group in the future	Systematic literature review of five databases	12 papers	Database search	x	x			
Carr et al. (2020)	United Kingdom, the United States, Finland, Romania, Tanzania, Canada, Ireland, Australia, the Netherlands, Germany, Austria, and Switzerland (HIC and MIC (Romania and Tanzania))	Maltreatment	To determine the outcome of child maltreatment in long-term childcare and the scope of the evidence base in this area.	Systematic review of ten databases	49 documents, describing 21 primary studies and 25 secondary studies.	Database search			x		
Delaney and Wells (2017)	United States (HIC)	Maltreatment; polyvictimization	To examine the association between foster care youths' victimization experiences and depression levels, with a focus on the youth who experience polyvictimization while living in foster care; (2) to examine the extent to which polyvictimization contributes to changes in	Data gathered from another study (the Mental Health Service Use of Youth Leaving Foster Care). Self reported information gathered from interviews occurring every three months for a period of 18 months. No stated sampling method.	354 youth living in foster care.	Database search			x		

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
Dosil et al. (2021)	Spain (HIC)	Dating violence	depression levels over time. (1) to analyse the frequency of domestic violence (DV); (2) to explore the association between the frequency of perpetration and victimization of DV and attitudes and/or behaviours; (3) to identify predictor variable for the frequency of DV.	Data gathered through questionnaires that were sent to all residential resources of the Child and Adolescent Services; 69 of 84 resources agreed to participate. Statistical analysis carried out on the completed questionnaires.	271 youth	Database search	x	x	x		
Erityan and Kolpakova (2017)	Russia (HIC)	Physical or emotional violence	To describe risk factors and the motives that cause children to runaway from residential care	Data gathered through focus groups, case files, interviews. No stated sampling methods.	Two focus groups; 23 runaway case studies based on person records and interviews.	Database search			x		
Euser et al. (2014)	Netherlands (HIC)	Abuse	To systematically examine and compare the prevalence of physical abuse in different types of out-of-home care.	Data gathered through self-report questionnaire. Random sampling strategy, designed to ensure a representative distribution of the different types of residential and foster care facilities in the Netherlands.	329 adolescents.	Database search	x	x			
Font (2015a)	United States (HIC)	Maltreatment	RQ1: do placement settings differ in their risk of maltreatment by specific types of perpetrators?; RQ2: do the most commonly alleged types of maltreatment differ across placement setting?; RQ3: does the probability of substantiation differ by placement setting and perpetrator role?; RQ4: what are the characteristics of children at greatest risk of maltreatment in out of home care?	Using administrative data for one state for the years spanning 2005–2012, including “all placements for all children who spent time in foster care during those years” (p. 252).	96,489 placements involving 43,320 children.	Database search	x	x			
Font (2015b)	United States (HIC)	Maltreatment	(1) What are the risks of maltreatment in three placement types (foster care; formal kinship care; informal kinship care); (2) to explore how the risks vary over time.	Using administrative data for the state of Wisconsin between the years 2005 and 2012.	75,130 placements involving 36,967 children (placement, not child, is the unit of observation for the analyses).	Google scholar search			x		
Geoffion et al. (2021)	Canada (HIC)	Violence	To evaluate how factors specific to	Weekly diaries of standardized	132 residential workers.	Database search	x				

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
Gradaille et al. (2018)	Spain (HIC)	Abuse and neglect	residential workers' personal characteristics and perceived team climate were associated with restraint and seclusion (R&S) use and how these associations fluctuated over time.	questionnaires completed by residential workers for two months.						x	
Hallett et al. (2023)	High income countries	Abuse and neglect	To analyze the characteristics and experiences of youths when they leave care and their first years in transition from foster care to adulthood.	Data gathered through interviews conducted over 2-3 sessions of face to face meetings. Non-probabilistic sample defined through quotas	32 young people who left care.	Database search	x	x			
Havlicek (2014)	United States (HIC)	Maltreatment	To explore the breadth and depth of the literature about abuse and neglect within kinship care in HICs and to provide initial indications about the relationship between kinship care and abuse	Scoping review conducted across 11 databases.	2308 studies initially identified; 26 studies after inclusion criteria were applied.	Database search	x	x			
Helton and Gochez-Kerr (2021)	United States (HIC)	Assault	To explore the extent, continuity and types of maltreatment experienced by a sample of foster youth exiting care through emancipation.	Data gathered from administrative records on maltreatment investigations and out of home care placements. Sampling based on stated criteria.	801 foster youth.	Database search	x	x			
Helton et al. (2017)	United States (HIC)	Maltreatment	To assess the relative risk of physical assault for different child welfare placements.	Two-stage stratified sample design; face to face interviews	1,302 interviews with current caregivers, children and caseworkers.	Database search	x	x			
Hermenau et al. (2017)	Not specified	Maltreatment and trauma	To explore and compare the safety of paternal, maternal and traditional foster care placements.	Face to face interviews with parents, children and professionals; analysis of data from administrative data files held on the National Child Abuse and Neglect Data systems.	560 children aged 1.5 to 17	Database search	x	x			
Hermenau et al. (2015)	Tanzania (MIC)	Maltreatment	To investigate the effects of structural interventions and caregiver trainings on child development in institutional environments.	Systematic literature review, including six databases, plus hand searching of one journal, plus grey literature in six further databases.	24 publications	Database search	x	x	x		
			To evaluate an intervention focusing on maltreatment prevention.	Study 1: Data gathered through surveys which were completed at three different points within a two-week training	Study 1: 29 caregivers; Study 2: 28 children	Database search					

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
Hermenau et al. (2014)	Tanzania (MIC)	Maltreatment	To explore whether children who were institutionalized at an early age differ in their mental health status and in their experiences of maltreatment than those who are institutionalised at a later stage.	workshop; Study 2: data gathered through structured interviews which were completed at three different points. Data gathered through structured interviews. No stated sampling method.	70 children: 35 who were institutionalised between birth and 4 years of age; 35 who were institutionalised at 5–14 years of age.	Database search	x				
Holt and Birchall (2022)	United Kingdom (HIC)	Violence and aggression against grandparent kinship carers	To analyse how the context of kinship care shapes the violence, its impacts and help-seeking practices, and discuss what this means for social work practice.	Rich qualitative interviews conducted either face to face or remotely; written transcripts subject to thematic analysis. No explanation of sampling methods.	Study 1: 29 caregivers	Database search		x			
Karim (2020)	United Kingdom (HIC)	Historic abuse	(1) To advance understandings of the historic abuse of children in care through an exploration of power; (2) to offer new insights in relation to conceptualising power within the field of social work.	Data gathered through semi-structured interviews. Purposive sampling.	21 victims/ survivors of historic abuse.	Google scholar search	x				
Katz et al. (2024)	United States (HIC)	Maltreatment	To explore the descriptive characteristics of transition-age youth (TAY) who engage in suicidal behaviour	Analysis of data from the California Youth Transition to Adulthood Study. Representative sample. In-person surveys administered with three waves of follow-up interviews at two, four and six years after the initial survey.	727 transition-age youth (initial survey)	Database search	x	x	x		
Katz et al. (2023)	United States (HIC)	Intimate partner violence	To identify potentially malleable factors that could be targeted for intervention to prevent future IPV among youth in foster care“	Analysis of data from a California Youth Transition to Adulthood Study (CalYOUTH). Stratified random sample. In-person surveys administered with three waves of follow-up interviews at two and four years after the initial survey.	600 youths.	Database search	x	x			
Katz et al. (2020)	United States (HIC)	Intimate Partner Violence	To explore the impact of demographic,	Interviews, repeated at intervals over	732 participants in wave 1; 603 participants in	Database search	x	x	x		

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
Katz et al. (2017)	United States (HIC)	Neglect; physical abuse; sexual abuse.	individual, family and foster care system factors in IPV involvement for foster care alumni at age 23/24. To contribute to the body of knowledge regarding risk for maltreatment in foster care	seven years (wave 1 in 2002/2003; wave 2 in 2004/2005; wave 4 in 2008/2009). Data gathered through interviews conducted five times over ten years.	wave 2; 602 participants in wave 4). 732 youth in foster care at the time of their seventeenth birthday for the initial interview; 596 youth in foster care at the time of their seventeenth birthday for last interview	Google scholar search	x				
Kaufman and Erooga (2016)	Global	Child sexual abuse	to synthesise international evidence regarding risk and protective factors related to child sexual abuse in institutional contexts, with reference to victims, perpetrators and institutional settings.	Literature review	400 + relevant documents	Google scholar search	x				
Khoury-Kassabri and Attar-Schwartz (2014)	Israel (HIC)	Peer violence	To examine physical victimization by peers in residential care settings.	Data gathered through anonymous, structured, self-report questionnaire completed by the participants.	1,324 adolescents aged 11 to 19 from 32 residential care settings.	Database search	x	x			
Kirkner et al. (2024)	United States (HIC)	Sexual abuse	To understand potential barriers to disclosure for youth who were abused while in foster care.	Assessment conducted by hotline staff. No stated sampling method.	143 one on one chat sessions	Google scholar search		x			
Landers et al. (2021)	United States (HIC)	Maltreatment	To describe the maltreatment recurrence of American Indian children in foster and adoptive homes.	Quantitative analysis of data gathered as part of the larger <i>Experiences of Adopted and Fostered Individuals Project</i> .	230 participants (99 American Indian participants; 131 White participants) who experienced foster care and/or adoption during childhood.	Database search	x	x			
Linares et al. (2015)	United States (HIC)	Sibling violence	To evaluate the feasibility and short-term effectiveness of an intervention targeting sibling pairs and their foster parent.	Data gathered through interviews of both children and foster adult; observations of sibling play; written questionnaire completed by foster carer.	22 sibling pairs and their foster carers.	Database search			x		
Lueger-Schuster et al. (2018)	Austria (HIC)	Maltreatment	To examine and compare the extent of child maltreatment and lifetime traumatisation in a group of	Data gathered through a series of questionnaires and checklists plus a structured clinical interview.	220 survivors of institutional abuse; 234 participants in the comparison group.	Database search	x	x	x		

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
Lutman and Barter (2016)	Not specified	Peer-peer violence	survivors of institutional abuse and a comparison group from the community. To collate the available research evidence on the nature and extent of peer violence in foster care; to locate literature on interventions to prevent and manage peer violence in foster care.	Rapid review of the literature, using three bibliographic databases, plus supplementary hand-searching of key journals and enquiries, and screening of reference lists of the included studies.	22 studies	Database search	x	x		x	
Masha and Botha (2021)	South Africa (MIC)	Maltreatment; abuse; neglect	To confirm on a small scale whether children in foster care in South Africa are being abused and neglected, and to examine the factors that may contribute to this.	Data gathered through semi-structured interviews.	13 social workers.	Database search	x	x			
Mazzone et al. (2018)	Not specified	Peer violence; bullying	To review the current literature relating to bullying and peer violence among institutionalized children.	Literature review based on four scientific databases.	30 documents retained after inclusion and exclusion criteria had been applied.	Database search	x	x			
McKibbin et al. (2022)	Australian (HIC)	Sexual behaviour; child sexual exploitation; dating violence	To explore the impact of a prevention and response programme which targets harmful sexual behaviour, child sexual exploitation and dating violence.	Mixed methods study	28 managers, 25 foster carers and 13 children and young people	Database search			x		
Mkinga et al. (2022)	Tanzania (MIC)	Maltreatment	To investigate the prevalence of maltreatment, care-giver-specific, orphanage-context factors, and their relation to maltreatment of orphans from the caregivers' perspective.	Structured interviews with caregivers	227 care givers from 24 childcare centres.	Database search	x	x			
Montserrat (2014)	Spain (HIC)	Abuse; neglect	To analyse the main findings of the Spanish research studies in order to identify the strengths and weaknesses of family care placements.	Systematic literature review; no explicit mention of sampling or number of databases.	9 reviews	Database search			x		
Moore et al. (2017)	Australia (HIC)	Safety (as opposed to violence)	To better understand how young people perceive and experience safety in residential care, and the things that they most need to be and feel safe.	Data gathered through semi-structured interviews. No stated sampling methods.	27 children and young people.	Database search			x		

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
Morton (2015)	United States (HIC)	Maltreatment	To explore the lived experiences among foster youth in a western state, on barriers they encountered during their P-12 education. This was extended to the specific focus on the connection between abuse and barriers to education for foster youth during the course of the data collection	A phenomenological study, through open-ended in-depth interviews plus some use of field notes.	11 current or former foster youth	Google scholar search	x	x			
Nhep et al. (2024)	Cambodia (MIC)	Trafficking and exploitation	To provide evidence-based indicators of orphanage trafficking.	Data gathered through semi-structured interviews; data analysed through thematic analysis. Purposive sampling used to select participants.	27 participants who had experience responding to cases where exploitation had occurred in residential settings.	Database search		x			
Nystrom et al. (2022)	United States (HIC)	Violence; victimization	To examine the relationship between missingness and out-of-home care, as well as predictors and case contexts of children missing from out-of-home care	Data gathered from national systems including the administrative records from the Nebraska Foster Care Review Office. No sampling method stated.		Database search	x	x			
Ortua et al. (2021)	Peru (MIC)	Violence	To observe the mediator effect of school satisfaction over the relationship between violence inflicted by teachers at school and the subjective well-being of children and adolescents in residential care.	Data gathered through self-administered questionnaire. Sampling method not specified, but was "based on the monitoring plan of the National Institute for Family Wellbeing".	608 children and adolescents.	Database search	x	x			
Oyarzun et al. (2021)	Spain (HIC)	Dating violence	To determine the prevalence and severity of teen dating violence victimization in Spanish adolescents	Data gathered as part of a larger study on interpersonal victimization in adolescents. Questionnaire used to gather data.	1484 participants: 1105 'community' adolescents from secondary schools; 149 adolescents from child and adolescent mental health centres; 129 from residential care centres and 101 from centres in the juvenile justice system.	Database search	x	x			
Perkins and Stoll (2016)	Not specified	Sibling violence	To enrich the understanding of physical and emotional sibling violence in foster families.	Case study of two children		Database search	x	x	x	x	

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
Pessoa et al. (2020)	Brazil (MIC)	Violence	To analyse the indicators of vulnerability present in the foster care institutions, as well as the protective resources that may be associated with resilience for children in such institutions	Data gathered through semi-structured interviews with children; elicitation interviews with drawings created and interpreted by the children; reflexive interviews.	Six children in foster care institutions.	Database search	x	x			
Pinchover and Attar-Schwartz (2014)	Israel (HIC)	Peer victimization	To examine the mediating role of victimization by peers in the link between social climate [in a residential care setting] and adjustment difficulties.	Structured, self-report, anonymous questionnaires. Sampling based on respondents to a list provided by the relevant government ministry.	1324 adolescents aged 11–19.	Database search	x	x	x		
Riebschleger et al. (2015)	United States (HIC)	Maltreatment and trauma	To examine youth-reported trauma occurring before, during and after foster care placement.	Data gathered from recordings of youth testimonies. No sampling method stated.	43 youth.	Database search	x		x		
Roache and McSherry (2021)	United Kingdom (HIC)	Sexual exploitation (including trafficking).	To reflect the perspective of residential social care workers in Northern Ireland regarding the challenge of Child Sexual Exploitation (CSE) in residential care and to identify strategies to protect these children.	Data gathered through semi-structured interviews. Purposive and convenience sampling.	Six residential social care workers.	Database search		x	x		
Ruiz-Casares and Phommavong (2016)	Laos (MIC)	Maltreatment	To explore the determinants of child-parent separation and the consequences of existing alternative care arrangements.	Interviews with community leaders; online survey for child protection professionals; group discussions with adults and children in family based and residential care settings. No stated sampling method.	26 community leaders/government officials/staff in residential centres; 192 adult caregivers; 294 children living in family-based and residential care.	Database search	x	x			
Salgado et al. (2023)	Portugal (HIC)	Domestic violence	To understand the negative impacts of domestic abuse on children and adolescent, through the perspectives of professionals in residential foster care structures.	Online survey and individual interviews. Thematic analysis of qualitative data; descriptive statistical analysis of the quantitative data.	Online survey: 103 professionals; individual interviews: seven professionals.	Database search	x	x			
Segura et al. (2016)	Spain (HIC)	Violence; polyvictimization	To analyse the effects of lifetime poly-victimization on the risk of mental health problems in a sample of adolescents being cared for by the	Cross-sectional design; including interviews and use of sociodemographic data sheets and juvenile victimization questionnaire (self-	127 youth	Google scholar search			x		

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
Shaw and Kendrick (2017)	United Kingdom (HIC)	Abuse	child welfare system. To explore children's services' workers experiences of residential care in Scotland from 1960 to 1975.	report instruments). Oral histories of 23 residential care workers		Database search	x	x			
Sherr et al. (2017)	Not specified	Violence	To consider violence experienced by children in institutionalised/orphanage care in terms of 1) prevalence, 2) interventions and 3) specifically regarding the evidence on cognitive delay.	Systematic review of four databases; subsequent handsearching and reference list searching	11 papers selected: eight reporting the prevalence of abuse in institutions and three reporting on interventions to combat such abuse	Database search	x	x	x	x	x
Slaatto et al. (2021)	Not specified	Violence and aggression	To describe and review the literature related to interventions to prevent and manage aggression and violence in residential youth facilities, including restraint and seclusion responses.	Systematic mapping review of publications within six databases.	14 papers selected: two reviews and 12 individual case studies.	Database search				x	
Timmerman et al. (2017)	Netherlands (HIC)	Sexual abuse	To examine whether professionals who are in the frontline of residential care perceive more incidents of child sexual abuse than other professionals who meet the children less frequently.	Data gathered from a population-based research project. Participants completed an anonymous written and/or digital questionnaire containing mostly closed-response questions.	354 professionals working within any Dutch care institution providing residential youth care.	Database search	x	x			
Torgersen (2017)	United States (HIC)	Violence	To investigate gender differences in characteristics, needs and strengths at entry to residential treatment, with a specific focus on trauma experiences and trauma-related symptoms.	Data gathered from administrative records for all children and adolescents entering state protective custody; and administrative records pertaining to children in out of home care.	875 youth	Google scholar search			x		
Ushie et al. (2016)	Nigeria (MIC)	Abuse	To assess the quality of caregiver-child relationships and their association with child abuse in foster and residential care in Nigeria.	Random selection of schools and residential settings; all children who met the age range and inclusion criteria were included. Data gathered through interview questions.	314 children aged 7–17 (157 from foster care settings; 157 from residential care settings).	Database search	x	x		x	
van der Brug and Hango (2024)	Namibia (MIC)	Maltreatment	To understand how Namibian orphans experience their	Data gathered through focus groups, art-based methods and	46 participants including children and their carers plus	Database search	x	x	x		

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Table 3 (continued)

Study	Location	Type of violence	Purpose	Methods and sampling	Sample size	Source	RQ1	RQ2	RQ3	RQ4	RQ5
van Gink et al. (2018)	Netherlands (HIC)	Aggression	treatment in foster care and how exposure to maltreatment influences their grief. To evaluate how staff members benefits from a specific intervention designed to support non-violent resistance responses.	writing exercises. Purposeful sampling used. Data gathered through interviews, which were coded by independent researchers. Purposive sampling	diverse informants/experts. 13 staff members from three different locations.	Database search		x	x		
Weindl and Lueger-Schuster (2018)	Austria (HIC)	Maltreatment	To investigate the emotional facet of self-esteem in adult survivors of institutional childhood maltreatment.	Random selection from the participants of an earlier study into institutional abuse. Qualitative in-depth interview.	46 adult survivors	Database search		x			
Wissink et al. (2018)	Netherlands (HIC)	Sexual abuse	To compare the nature of sexual abuse of children with intellectual disability (ID) with that of children without intellectual disability; to compare reactions to sexual abuse of children with and without ID.	Data gathered from a retrospective file analysis of all case files of sexual abuse involving a child victim with intellectual disability who received state care that had been reported in the years 2008–2010.	176 children in state care (128 children with intellectual disability; 48 children without intellectual disability).	Database search	x	x			
Xu et al. (2021)	United States (HIC)	Neglect	To examine (1) the association between material hardship and child neglect risk; (2) whether financial assistance moderates this association in kinship grandparent-headed families.	Data gathered from cross-sectional online surveys administered to grandparent kinship carers. Grandparent carers selected through a convenience sampling strategy.	362 grandparent kinship carers	Database search	x	x		x	
Yin (2024)	China (MIC)	Abuse; bullying	To explore the risk factors of living in institutions.	Data gathered through semi-structured interviews; thematic analysis methods used to analyse. Convenience and snowball sampling methods.	34 participants.	Database search	x	x	x		

Furthermore, (Khoury-Kassabri and Attar-Schwartz, 2014) p. 674 suggest that across studies “it may be misleading to compare levels of victimization … because of methodological differences in the time frame and events the children were asked to report on”. Regarding such self-reporting as a measure of abuse, Allroggen et al. (2017, p. 25) suggest that the data collected related to prevalence may be an over- or under-estimation, and that the data collection method (e.g. interview / self-report questionnaire) “is also likely to influence the results”. Comparisons and drawing conclusions across different studies is therefore problematic, due to influences and biases which are unaccounted for in the findings of a given study.

In terms of geographic scope, as Table 2 shows 71.4% of the included studies were conducted in high-income countries, 19.5% in low- and middle-income countries, and 9.1% were global or multi-regional in

focus. This concentration of research in high-income contexts underscores the need for more studies in low- and middle-income countries, where systems and lived experiences may differ significantly. Lastly, there are simply difficulties in drawing conclusions across contexts. Within their exploration of transition-aged youth who “age-out of the foster care system” (2024, p. 1), Katz et al. comment that their findings “may not generalize to other states [in America]” due to the differences in “demographic composition of youth in care” as well as “other contextual factors”. If contextual factors may differ between the states within one country, care must evidently be taken when comparing studies globally.

Nonetheless, (Sherr et al., 2017) p. 41) assert that abuse is a “pervasive” problem for children in institutions “however abuse was defined”. We interpret this as indicating consistent reporting of abuse

across diverse contexts, while recognising definitional variation and study heterogeneity. It is with this final point in mind that the authors offer the findings set out within [sections 3.1 to 3.5](#), below.

3.1. Research question one: definitions, forms, and prevalence of maltreatment

The findings from this scoping review encompass a wide variety of maltreatment, including neglect, physical abuse, sexual abuse, psychological or emotional abuse, domestic violence, spiritual abuse, bullying, intimate partner violence and more. Of the 77 studies, 46 related to research question one, as shown in [Table 3](#). In line with the scoping aims and the heterogeneity outlined earlier, the summaries below highlight patterns reported in the literature rather than pooled prevalence estimates or rankings between settings.

Given the global reach of this scoping review, it is not surprising that definitions of these terms differed between studies, which complicates direct comparisons between settings and studies. Equally problematic for this scoping review is the fact that some studies were very specific in their focus (for example focusing on 'peer sexual intimidation'), whereas others used general terms (e.g. 'maltreatment') to encompass a variety of forms of violence. Again, this causes difficulties when trying to draw direct comparisons between studies.

For some forms of violence (e.g. spiritual abuse), findings are difficult to determine due to the small number of studies exploring (or specifically exploring) the form of abuse. However, for neglect, physical abuse and emotional abuse it is possible to identify recurring themes in how these are reported in the literature, as discussed below.

3.1.1. Neglect.

[Masha and Botha \(2021, p. 504\)](#) studied abuse and neglect in South Africa, defining neglect as a failure to "provide for the basic needs" of children. According to [Masha and Botha \(2021\)](#), neglect is frequently identified as the most common form of maltreatment across the range of alternative care settings. [Van der Brug and Hango's \(2024\)](#) study of maltreatment in Namibian foster care arrangements shows that neglect can relate to diverse areas of foster children's lives, including in terms of the amount of food available for foster children; educational neglect; an excessive workload being placed on foster children; and poor hygiene standards.

It is important to note that neglect in residential care was not a central focus in many of the studies included in this review (all published between 2014 and 2024). However, as previously highlighted there is a substantial body of research spanning decades showing how institutional care, typified by high child-to-caregiver ratios and frequent staff changes, can severely hinder attachment formation and cognitive development ([Boyce et al. 2020](#)). This longstanding evidence base supports the argument that institutional care is widely considered to be inherently neglectful at a structural level, making it difficult to meet children's basic emotional and relational needs ([van IJzendoorn et al., 2011](#)).

Of the seven studies that included kinship care ([Bremen et al., 2018; Font, 2015a; Font, 2015b; Hallett et al. 2023; Helton et al., 2017; Holt and Birchall, 2022; Montserrat, 2014](#)), six discussed neglect as a concern. For example, ([Font, 2015a, p.256](#)) found in a High Income Country (HIC) study focused on the USA, found that "neglect is the most common maltreatment risk for children in informal kinship care and second most common for formal kinship care. Similarly, [Hallett et al. \(2023\)](#), in a review of studies from multiple high-income countries, also noted that neglect was often reported more frequently in kinship care than in foster or residential care. These findings suggest that neglect is a recurring concern in kinship arrangements, though it is shaped by contextual factors such as caregiver resources, socio-economic conditions, and access to support services rather than being an inherent feature of kinship care.

3.1.1. Physical abuse

The findings of this scoping review suggest that children in alternative care have increased risk factors for experiencing physical abuse. However, differences in terminology use or methodological approach between studies (as discussed in section four of this paper) mean that quantifying this, or making comparisons between children in alternative care and the general population, is not possible. However, there were some studies which provide specific information about physical abuse. For example, ([Euser et al., 2014](#), p. 68) study in the Netherlands suggests that the risk is greatest for those in residential care settings, who have an "almost threefold increase in risk...compared to adolescents in the general population". They describe the risk for those in foster care as "lower, but still significantly higher than in the general population". However, in contrast to the prevalence of neglect, physical abuse was reported less often in some studies on kinship care: for example, [Hallett et al. \(2023; p.640\)](#) reported that "rates of physical abuse were lower in kinship care than in other settings". This suggests that kinship care may offer some protective factors against this type of violence. These findings should be interpreted with caution, as selection effects and differences in children's backgrounds may also shape these outcomes, rather than this being an inherent feature of kinship care.

Within foster care and residential settings, physical abuse can be viewed as a means of discipline. For example, "beating as a discipline measure" is reported by children in a study within Namibia ([van der Brug and Hango, 2024, p. 6](#)); within institutions in Tanzania, [Mkinga et al. \(2022, p. 165\)](#) found that "positive attitudes towards violent discipline were very widespread among caregivers". Within the foster care context in South Africa, [Masha and Botha \(2021\)](#) confirm that physical abuse occurs, suggesting that in their qualitative interviews "foster parents seem to be confused about how to handle or discipline foster children" and consequently may "mix" the meanings of "abuse and discipline" (p. 506). This is particularly concerning given that corporal punishment in all settings was outlawed by a Constitutional Court ruling in 2019.

3.1.2. Sexual abuse

The findings relating to the prevalence of sexual abuse in out-of-home care are often contradictory. [Hallet et al. \(2023, p. 640\)](#) noted that sexual abuse was "frequently lower in kinship care than in other settings", which may reflect the more intimate, family-oriented dynamics in kinship placements. By contrast, one study by [Ayaya et al. \(2023, p. 8\)](#) reported that in their study of Kenyan alternative care settings, prevalence of sexual abuse was higher in family-based care environments than in residential care. Their findings indicate that, while rates of other forms of violence showed no substantial differences between institutional and family-based care, sexual abuse appeared more frequent in family-based settings. However, this must be interpreted with caution: given most foster care in Kenya remains informal and unmonitored, increasing safeguarding risks. As Kenya implements care reforms, expanding regulation, monitoring, and training in family-based care will be critical to ensuring child safety.

It is important to acknowledge that sexual abuse in particular is likely underreported due to prevailing taboos, stigma, and the sensitivity surrounding disclosure. This underreporting makes accurate assessments of prevalence especially challenging across all care settings. Consequently, robust safeguarding protocols, effective monitoring, and specialised training for professionals become critical components in any form of alternative care arrangements, increasing the likelihood that signs of sexual abuse can be identified and addressed promptly.

Findings related to sexual abuse also include peer sexual violence. Within the residential care context in one study in Israel, [Attar-Schwartz \(2014, p. 612\)](#) found that at least 40% of the adolescent participants reported that they had experienced "at least one act of peer sexual violent behaviour in the month prior to the survey", it was unclear in the study as to whether this happened within the residential care setting or elsewhere.

3.1.3. Emotional, psychological and spiritual abuse

Interestingly, the rates of emotional or psychological abuse were reported as relatively consistent across various care settings (e.g. Lueger-Schuster et al., 2018). Their analysis, using the Childhood Trauma Questionnaire (CTQ), shows that children from institutional settings in Austria reported significantly higher levels of physical abuse, sexual abuse, and physical neglect, while levels of emotional abuse did not differ significantly between institutionalised children and those in other care settings. Hallett et al. (2023; p.640) undertook a scoping review that reiterates this, indicating that there is “little difference in rates of emotional or psychological abuse between settings”, highlighting that this form of abuse may be pervasive regardless of the type of care arrangements.

In certain cultural contexts, such as in transracial adoptions of American Indian children, spiritual abuse has emerged as a significant concern. Landers et al. (2021) found that “nearly half of our American Indian sample experienced spiritual abuse,” often linked to their cultural heritage being disregarded or actively suppressed during their care experiences. Although this study focused on a specific context, it illustrates how emotional and spiritual dimensions of maltreatment may intersect with cultural identity and belonging.

3.2. Research question two: the risk factors associated with violence against children within alternative care settings

As shown within table two, 54 of the 77 studies developed our understanding of research question two.

3.2.1. Contextual risk factors

Risk factors associated with violence against children within alternative care settings included those which can be deemed ‘contextual risk factors’, by which we mean factors occurring within or due to the environment of the alternative care setting itself.

3.2.1.1. Residential / institutional care settings. The studies in this review suggest that the residential care setting environment itself may contribute to an elevated risk of violence. For example, findings from Lueger-Schuster et al. (2018) provide an important comparison between children in institutional settings and those in other forms of care, with a focus on the severity of maltreatment. Their findings from the Austrian context underlines heightened vulnerability of children in institutional care to specific forms of maltreatment, particularly physical and sexual abuse. The authors suggest that factors such as the large size of institutions, with limited staff numbers combined with a lack of training, a lack of individualised attention, and limited emotional support may contribute to this increased risk, alongside broader issues of weak accountability systems.

The increased reporting of peer-on-peer violence within residential care settings, including bullying and interpersonal aggression, is reported in comparison to family based settings in several studies across a range of contexts, cultures and countries across six studies in this review (e.g. Mazzone et al., 2018, p. 108; Khoury-Kassabri and Attar-Schwartz, 2014; Pinchover and Attar-Schwartz, 2014; Pessoa et al., 2020; Dosil 2021; Cameron-Mathiassen et al., 2022). Both Mazzone et al. (2018) and Dosil et al. (2021) explore how children may become both perpetrators and victims of peer violence within these settings. Dosil et al. (2021) use the term domestic violence in relation to residential care in Spain, although this requires clarification, as legal definitions of domestic violence in some jurisdictions (e.g. in England and Wales the term applies only to individuals aged 16 and over who are personally connected). In this context, Dosil et al. (2021) appear to be referring to violence that occurs between young people living together in institutional settings, rather than domestic violence in a legal sense. This highlights the need for greater conceptual clarity when discussing violence in residential care environments.

Khoury-Kassabri and Attar-Schwartz (2014), both from the Israeli context, suggest that the risk factor inherent within residential care settings may be due to decreased opportunities to form strong relational bonds with adults compared to familial group settings. Pinchover and Attar-Schwartz (2014) draw on earlier literature to suggest that “a problematic social climate” may be created by “living with a group of children and being cared for by a large and changing staff.” Dosil et al. (2021, p. 317) describe the “residential care collective,” which presents as an important risk factor that will likely make adolescents more susceptible to both perpetrating and experiencing violence. The term “residential care collective” refers to the shared living environment in residential care settings, where large groups of children and young people, often with histories of trauma, live together under the supervision of rotating caregivers. Key risk factors within this collective environment include peer dynamics, where bullying and aggression can become normalised; hierarchical peer structures, where power imbalances between older and younger residents can lead to exploitation; and inconsistent caregiving, where frequent staff changes may reduce the ability to establish stable, protective relationships with adults (Dosil et al., 2021). Additionally, group-based discipline approaches can reinforce punitive rather than restorative responses to conflict, further embedding cycles of violence within these settings.

These studies emphasise the risks associated with group-based care. While findings should be interpreted with caution given the heterogeneity of contexts and study designs, they nonetheless highlight the unique vulnerabilities of children in residential care settings compared to those in other forms of care, reinforcing the critical need for targeted interventions and the prioritisation of other forms of alternative care, which are well supported, resourced and monitored.

3.2.1.2. Power imbalances within the care setting context and lack of monitoring. Research by Khoury-Kassabri and Attar-Schwartz (2014; p.670) in Israeli residential care settings found that “one-quarter of the adolescents reported being exposed to at least one form of physical maltreatment by staff during the previous month”. This statistic underscores the potential for abuse in settings where there is significant power imbalance and where children may have fewer avenues for reporting mistreatment.

A more complex form of violence involves institution related trafficking, where the exploitation of children in care is facilitated by individuals in power within residential institutions. Nhep et al. (2024; p.4) identified various perpetrators, including directors, founders, volunteers, and caregivers, who were instrumental in trafficking children under their care in Cambodia. Children subjected to institutional related trafficking can experience multiple forms of exploitation. Some are unnecessarily separated from their families to fill ‘orphanages’ that rely on donations, while others are forced to perform for visitors or donors, or to take part in staged fundraising campaigns, often missing out on education while they do so. Other serious abuses include child labour, commercial sexual exploitation, and fraudulent adoptions, where children are illegally placed with families without due process. In all cases, institution related trafficking prioritises profit for the institutions, or the adults within them, over child welfare. These cases reflect the extreme vulnerability of children in institutional settings, often those in low to middle income countries, where oversight may be weak and where those in positions of trust can exploit their authority for personal gain.

3.2.1.3. Other contextual factors. Several other contextual factors relating to placement type are shown to be risk factors for violence. For example, placement instability was repeatedly identified as a concern, with evidence suggesting that frequent moves between care settings can hinder the formation of secure attachments and increase vulnerability to violence (Mazzone et al., 2018)). Secure attachment plays a critical role in emotional regulation, trust development, and the ability to seek help from caregivers. When children experience repeated placement

disruptions, they may develop disorganized attachment patterns or mistrust towards caregivers, making them less likely to seek protection or disclose experiences of maltreatment. Additionally, insecure attachment has been linked to increased externalising behaviours, which can lead to conflict with caregivers or peers, further elevating the risk of victimisation (Howe, 2005).

Informal care arrangements and substandard or unregistered facilities were also associated with additional risks for maltreatment. [Ushie et al. \(2016\)](#) found that care in Nigeria arranged informally, without proper monitoring, increases the likelihood of abuse. [Nhep et al. \(2024\)](#) similarly report that many substandard care facilities in Cambodia remain in operation with the knowledge of authorities, leading to continued risks for children.

3.2.1.4. Staffing/workplace factors. The working conditions for adults working within alternative care settings can also be seen as a risk factor for violence. [Mkinga et al. \(2022, p. 165\)](#) describe how “extremely poor working conditions” within institutional care settings in Tanzania can “exacerbate the risk levels for the use of violent disciplinary methods”. Mkinga et al.’s consideration of poor working conditions includes long working hours, a lack of leave entitlement, and high child-caregiver ratios. Similar ideas are found elsewhere, including [Shaw and Kendrick \(2017\)](#)’s exploration of residential care settings within the UK, and [Masha and Botha \(2021\)](#)’s research into the foster care in South Africa where “high foster care caseloads per social worker” have negative implications for the children concerned. This links to our previous point of the importance to monitoring and supervision systems in any type of alternative care, and which should be a key focus in care reform processes.

Another relevant risk factor is the training and experience of the adults working within care settings. [Shaw and Kendrick \(2017\)](#) note in the Scottish context the “lack of...training to prepare them for the challenges of working in a residential establishment”. Across the reviewed literature, caregiver training is frequently cited as a potential lever for reducing violence against children in alternative care settings.

3.2.2. Economic hardship

Economic hardship presents as a risk factor for violence and maltreatment across a range of care settings and political economies. While commonly associated with foster and kinship care settings (e.g. [Hallett et al., 2023; Helton et al., 2017](#)), economic hardship is also a major driver of child institutionalisation, particularly in low- and middle-income countries. As previously noted, institutional care itself can constitute a form of structural neglect, and poverty remains a primary reason children are placed in institutional settings despite having living parents. [Font \(2015a\)](#) found that neglect is significantly more common in kinship care families experiencing poverty or other forms of economic hardship (p. 256), even in high-income countries.

In low- and middle-income contexts, economic vulnerability can heighten children’s exposure to forms of exploitation linked to institutional care. For example, [Nhep et al. \(2024, p. 4\)](#) explore how children from low socioeconomic status households, particularly in rural Cambodian areas, are at greater risk of institution-related trafficking. These children may be unnecessarily placed in residential care settings under the guise of education or safety, only to experience exploitation linked to fundraising, labour, or fraudulent adoption. This underscores the importance of addressing underlying poverty as part of violence prevention strategies in alternative care reform.

3.2.3. Behavioural problems

Children who are experiencing behavioural problems are also at increased risk of violence. [Helton and Gochez-Kerr \(2021\)](#) report that an increase in behavioural problems correlates with a higher likelihood of physical assault, regardless of placement type. These children are more susceptible to violence whether they are reunified with parents, living in

foster care, or in residential care. Moreover, within a residential care setting context, adolescents with adjustment difficulties and who experience significant emotional or behavioural reactions to stress, were found to be more likely to be victimised by their peers ([Khoury-Kassabri & Attar-Schwartz, 2014](#)).

3.2.4. Gender and age

Gender is another critical risk factor for violence. Boys in residential care settings are more likely to report victimisation compared to girls ([Khoury-Kassabri & Attar-Schwartz, 2014](#)). Other literature suggests that the risk factors differ depending on gender: boys tend to experience physical violence, while girls are more likely to suffer relational victimisation or indirect forms of bullying ([Mazzone et al., 2018](#)).

In terms of age, the findings are mixed. [Khoury-Kassabri and Attar-Schwartz \(2014\)](#) find that younger adolescents report significantly more victimisation compared to older adolescents, suggesting that age plays a role in vulnerability within residential care environments. However, this is contradicted within other studies, including [Ruis-Casares et al. \(2016\)](#) and [Moore et al. \(2019\)](#), where older participants “indicated not receiving sufficient care” ([Ruis-Casares et al., 2016, p. 131](#)) due to the attention being given to younger children. For [Moore et al. \(2019, p. 215\)](#), participants of different ages reported that they experienced different types of violence: older participants reported their experiences of violence, sexual harassment and assault; younger participants raised concerns about “peer bullying and harassment”. Together, these findings suggest that vulnerability to violence shifts with age, but in different ways across contexts and types of care.

3.2.5. Previous exposure to violence

Previous exposure to violence is a strong predictor of future victimisation. In residential care settings, adolescents who experience violence from staff are more likely to be victimised by their peers, creating a cycle of abuse ([Khoury-Kassabri & Attar-Schwartz, 2014, p. 675](#)); [Attar-Schwartz \(2014, p. 619\)](#) specifies that experiencing physical violence from staff increases the likelihood that adolescents experience sexual violence from peers. [Attar-Schwartz \(2014, p. 619\)](#) suggests that this is because young people “will model the social interactive behaviour of the adults in their environment”.

Additionally, a significant proportion of those who engage in bullying have also been victims themselves, blurring the lines between perpetrator and victim ([Mazzone et al., 2018, p. 108](#)).

3.3. Research question three: the psychological, emotional and physical consequences of experiencing violence for children in these settings

As shown within table two, 32 of the studies related to research question three.

3.3.1. Consequences for children experiencing violence

Several studies included in this review suggest associations between violence in alternative care and a range of negative outcomes for children and young people. However, a subset of studies employed more rigorous designs, such as longitudinal tracking, population comparisons, or nationally representative surveys, providing stronger evidence to infer consequences. In what follows, we highlight findings from those studies that offer robust evidence of the consequences of violence in care, particularly in relation to mental health, suicidality, and relational outcomes.

Behavioural signs such as isolation, withdrawal, and aggression in children may indicate underlying abuse or exploitation ([Nhep et al., 2024, p. 9](#)). Such behaviours are both consequences and indicators that should alert caregivers to respond; recognizing these signs is crucial for early intervention and support.

Exposure to violence in alternative care settings is significantly associated with a range of mental health issues (e.g. [Hermenau et al., 2015, p. 937](#)). [Carr et al. \(2020, p. 673\)](#) established that across all care

settings there were “significant associations between child abuse in long-term care and poorer mental health outcomes.” They found that rates of general mental health problems, lifetime anxiety disorders, PTSD, depressive disorders, personality disorders, drug and alcohol use disorders, and current complex PTSD were “significantly higher than those found in surveys of the general population” (Carr et al., 2020, p. 673). Similarly, Lueger-Schuster et al. (2018, p. 494) reported that “almost all disorders were more prevalent in the foster care group than in the comparison group (in the community).” Together, these findings suggest heightened risks of mental health difficulties among children maltreated in care, compared to those not exposed.

Experiencing violence also affects the ability of children in care to form stable, permanent relationships. Nystrom et al. (2022, p. 8) found that “violence and victimization in placement were identified as a barrier to permanency for children. Van der Brug and Hango (2024, p. 7) identify a number of children who ran away from their foster care setting “because of the abuse they experienced”.

The risk of suicidal ideation is heightened among youth who have experienced abuse while in care. Katz et al. (2024, p. 4) found that across US care settings “youth who had experienced neglect, physical abuse, or sexual abuse while in care reported higher rates of suicidal ideation and attempt at age 17, and youth who had experienced neglect, physical abuse, and sexual abuse while in care had higher rates of suicidal behavior at age 19.” This provides strong evidence of a link between maltreatment in care and suicide risk, particularly where trauma is cumulative across different life stages. Subgroups of youth with maltreatment experiences both prior to and during foster care are particularly at risk. Katz et al. (2024, p. 5) identify “youth with maltreatment experiences prior to and during foster care (especially neglect or sexual abuse)” as “subgroups of youth found to be at increased risk of suicidal behaviour.” This suggests that cumulative trauma across different periods exacerbates the likelihood of suicidal ideation.

Neglect also appears to be a strong predictor of suicidal ideation. Katz et al. (2024, p. 6) note that “the experience of neglect while in care appears to be an especially potent predictor of suicidal ideation.” This emphasises the severe impact that a lack of care and support can have on a young person’s mental health and highlights the critical need for attentive caregiving in alternative care settings.

Childhood maltreatment in institutional settings has been strongly associated with adult psychopathology. Lueger-Schuster et al. (2018, p. 499), drawing on a study of adult survivors with a mean age of 55.1 years, highlight the enduring psychological impact of early institutional abuse. Self-esteem is another area adversely affected by these experiences. Weindl and Lueger-Schuster (2018, p. 9) found that adult survivors of institutional childhood maltreatment exhibited significantly lower emotional self-esteem compared to population norms, which was closely linked to ongoing mental health challenges.

Beyond psychological impacts, survivors of institutional abuse often face socio-economic disadvantage later in life. Lueger-Schuster et al. (2018, p. 498) observe that lower socio-economic status among survivors is, to some extent, shaped by their traumatic childhoods. This marginalisation, in turn, increases the likelihood of exposure to further violence or revictimisation, contributing to cycles of polyvictimisation over the life course.

3.3.2. Far-reaching consequences

Violence experienced by children in alternative care settings has profound and far-reaching effects, not only on the victims themselves but also on those within their immediate environment. For instance, older participants within residential care described the toll of witnessing the abuse of their peers as having “an impact on … [their own] well-being and sense of safety” (Moore et al., 2019, p. 218). Within the foster care context, the biological children of foster carers can be significantly impacted by violent behaviours of foster children; whilst this is outside the scope of this review’s research questions it is important to acknowledge. Barter and Lutman (2016, p. 276) highlight that “the

impact on birth children of witnessing a foster child’s negative behaviour towards their parents was seen as particularly problematic… often as detrimental as direct peer victimisation.” These two examples, from different alternative care setting contexts, underscore how secondary exposure to violence within the setting can have effects comparable to direct victimisation.

3.3.3. Cycles of abuse

The findings from this scoping review show that experiencing violence may result in subsequent violent experiences for children. As we noted in the section on exposure to violence, in residential care settings, adolescents who experience violence from staff are more likely to be victimised by their peers, creating a cycle of abuse (Khoury-Kassabri & Attar-Schwartz, 2014, p. 675). Additionally, a significant proportion of those who engage in bullying have also been victims of bullying themselves, blurring the lines between perpetrator and victim (Mazzone et al., 2018, p. 108). Wissink et al. (2018) examined 176 children in state care in the Netherlands, including 128 with disabilities, and found that in 69% of sexual abuse cases where information about the perpetrator’s history was available, the presumed perpetrator had themselves experienced sexual abuse prior to the incident (p. 157). Specifically relating to LGBTQI+ youth, Katz et al. (2023, p. 10629) find that youth who report experiences of sexual abuse while in foster care are more likely than their peers to report involvement in bidirectional IPV (intimate partner violence) at age 21.

Drawing together the findings from multiple studies, albeit from different contexts and different types of alternative care, it becomes clear that experiencing violence within alternative care settings may result in children being entangled in cycles or loops of abuse and violence. Again, such ideas have already been articulated within the literature: van Gink et al. (2018) draw on literature to describe a “vicious circle” in which children’s behaviour and staff member behaviour can negatively reinforce each other. Similarly, Katz et al. (2020, p. 5489) assert that “placement instability and neglect in care appear to predict” the occurrence of intimate partner violence once the children have aged out of care, again showing the consequences of experiencing violence to include experiencing further violence. However, the findings from this scoping review allow the authors to suggest that such circles may be more common, and more complex, than van Gink et al. (2018)’s specific example.

For example, as identified above, Nystrom et al. (2022, p. 8) found that “violence and victimization in placement were identified as a barrier to permanency for children”, meaning that violence leads to placement instability. Placement instability has been identified as both a risk factor for and consequence of violence in alternative care settings. As Mazzone et al. (2018, p. 109) note, children who move frequently between placements often struggle to form secure attachments, leaving them more vulnerable to further harm.

Similarly, a cycle of violence can be seen for children who are experiencing behavioural problems. As explored within section 2.3, children who are experiencing behavioural problems are at increased risk of violence. Van der Brug and Hango (2024, p. 7) describe how “a social worker observed that orphaned adolescents often felt unwanted or lacked attention in the [foster] home situation, which causes behavioural problems”. Yin (2024) also suggests a link between neglect and behavioural problems, asserting that “the continuous material shortage and low quality of food can lead to “survival” behaviours among participants, which possibly raises their likelihood of falling into criminal activities”. But, also in the foster care context, Riebschleger et al. (2015, p. 350) explain how “youth reported that if they manifested behavioural problems, they were moved about from one home to another”. Behavioural problems then can be seen to link to placement instability, which, as explored above, can lead to further experiences of violence.

3.4. Research question four: interventions to prevent or address violence against children in alternative care

Of the 77 studies, 19 related to research question four.

3.4.1. Interventions that prevent or address violence

The existing literature reveals a significant gap in knowledge regarding effective interventions to prevent or address violence in alternative care settings. Sherr et al. (2018, p. 50), in their review of studies prior to 2018, highlight that “there is a dearth of insights into interventions that work,” noting that “there are too few studies on interventions to provide a clear picture.” This scarcity underscores the urgent need for rigorous research to develop and evaluate interventions aimed at reducing violence in these environments.

3.4.1.1. ‘Girls’ group’. One notable intervention targeting sexual abuse and exploitation is the “Girls Group,” a gender-specific psychoeducational programme in U.K. residential care described by Berry et al. (2017, p. 774). This programme focuses on educating young women under 18 years “on how to identify healthy and unhealthy relationships and build some of the skills needed to stay safe in society.” Evidence for its effectiveness was gathered through “behavioural observations” and “professional accounts of progress” (Berry et al., 2017, p. 779).

Several factors were considered relevant to the success of the programme. Providing a “consistent level of high quality, individualised care” was essential in meeting the specific needs of each participant (Berry et al., 2017, p. 779). The staff received “additional training,” which enhanced their ability to support the young women effectively (Berry et al., 2017, p. 780). The “gender specificity of the group” promoted “a feeling of safety,” encouraging open dialogue and engagement among the participants (Berry et al., 2017, p. 780). Additionally, implementing “important structure and behavioural reinforcement” through a “token reward scheme” helped to motivate positive behaviour and participation (Berry et al., 2017, p. 780).

3.4.1.2. Interventions related to peer violence. In addressing peer violence, the limited research on the effectiveness of interventions in care settings presents mixed findings. Foster carers are often included in these interventions because they are key to managing peer relationships within the household. Barter and Lutman (2016, p. 281) found that while some carers had received external interventions aimed at addressing peer violence, they were not always positive about their effectiveness. Carers cited concerns such as the short-term nature of interventions and the failure to consider the child’s complex family history and the dynamics of foster care. These findings suggest that for peer violence interventions to be effective, they must adopt a long-term, trauma-informed, and contextually responsive approach that supports carers in addressing the relational needs of children in their care.

3.4.2. Factors that prevent or address violence against children

Although literature related to interventions is limited to just a few examples, the findings from this scoping review do allow us to identify factors that prevent or address violence against children in alternative care settings.

One significant factor is the presence of open and supportive relationships between caregivers and children, which plays a critical role in reducing violence and promoting a secure environment for young people in alternative care (see Cameron-Mathiassen et al., 2022). As Ushie et al. (2016, p.358) suggest, “Open relationships between caregiver and child serve as an important protective factor for young children. The environment that is created is auspicious for the bonding that underpins safe and secure relationships”. These relationships can help establish a foundation of trust and emotional safety, reducing the likelihood of violent behaviours. Similarly, Dosil et al. (2021; p.320) found that “the results of this study support the importance of interpersonal

relationships as a significant factor in personal adjustment and its inverse relationship with the perpetration of violence”. Adolescents who maintain strong, positive relationships with their caregivers are less likely to engage in or experience violence.

Katz et al. (2020) also highlight the value of supportive caregiving relationships, especially in mitigating intimate partner violence risks. Their study notes that “youth who feel valued and connected to a foster caregiver may feel as though they have greater capacity to employ alternative mechanisms in response to frustration and relationship anxiety. They may also feel freer to leave violent partnerships, knowing that there is a supportive adult who is able to provide consistent safety and security”. This demonstrates how a strong caregiver-child bond can act as a buffer against violent dynamics in adolescents’ lives.

Some countries have introduced therapeutic models of care, such as therapeutic foster care or therapeutic residential care, aimed at supporting children with complex trauma through structured, trauma-informed approaches. However, none of the studies in this review specifically evaluated therapeutic care models that focus on VAC. This section draws together those insights, considers the overall strength and scope of the literature, and identifies priorities for future research.

3.5. Research question five: key gaps in the literature

Despite growing awareness of violence against children in alternative care settings, significant gaps persist in the literature. Only 11 of the included studies directly addressed research question five by discussing limitations and gaps in the evidence base. This section draws together those insights, reflects on the overall quality and scope of the existing literature, and outlines priorities for future research to help shape a more strategic and evidence-informed agenda.

One of the primary limitations is the insufficient evidence to conclusively establish associations between maltreatment in long-term care and specific adverse outcomes. However, there is substantial evidence from broader research on adverse childhood experiences (ACEs) showing that childhood maltreatment is strongly linked to poorer mental health, educational, and socio-economic outcomes (Felitti et al., 1998; Hughes et al., 2019). Therefore, the risk of adverse outcomes following exposure to violence is not in question, but what remains unclear is whether placement in care itself contributes to or mitigates these risks.

Carr et al. (2020, p. 672) acknowledge that “the evidence base for determining whether there is an association between child maltreatment in long-term childcare and adverse outcomes is at present...limited.” This limitation hinders the ability to fully understand the long-term impacts of maltreatment within care environments. Carr et al. (2020) emphasise the “importance of conducting...longitudinal studies on the effects of child abuse in long-term care” to establish “causal links between maltreatment and outcomes for abuse survivors” (p. 673). Such studies would provide deeper insights into how experiences of violence in care influence individuals over time and inform more effective interventions.

Whether removal from a parent to out-of-home care acts as a protective intervention remains contested. While care aims to reduce harm, this review highlights that some settings, particularly residential care, may introduce new risks. The key uncertainty is not the impact of violence, but whether care placement mitigates or exacerbates these risks. More comparative and longitudinal studies are needed to assess the protective value of care across different settings.

Findings on neglect in kinship care within this review need to be read alongside wider scholarship. Studies such as Notermans (2008), O’Kane (2020), and Datzberger et al. (2024) emphasise the protective potential of kinship care when adequately supported, highlighting the importance of context-sensitive interpretation rather than framing kinship care primarily in terms of deficit or neglect. While these studies were not part of the included sample, they underscore that kinship care can act as a protective environment where appropriate support structures are in

place. Another gap identified pertains to the potential underreporting of maltreatment recurrence. [Landers et al. \(2021\)](#) "hint at the potential for an underreporting of maltreatment recurrence" and "suggest the need for continued research." In this context, maltreatment recurrence refers to the repetition of the same type of maltreatment, either by the same perpetrator or within the same setting. However, it is distinct from the broader cycles of violence described earlier, where children who experience one form of maltreatment are at heightened risk of future victimisation through different types of VAC, sometimes in entirely new care settings.

Underreporting, or incomplete records, is a theme in other contexts: [Montserrat \(2021, p. 367\)](#) emphasises that "official Spanish statistics are scarce and incomplete, to the extent that we cannot give a precise percentage of the number of children in each of the three most common forms of foster care, characteristics of the children and families involved, or aspects of the process itself." [Masha and Botha \(2021, p. 503\)](#) identify issues within the South African context, stating that "the absence of an official record or register is a serious gap in foster care services...if there is no awareness and account of a problem, no steps can be taken to prevent and address the problem." Underreporting can obscure the true extent of the problem and impede the development of appropriate policy responses and support mechanisms for affected children.

There is also a pressing need for research that disentangles violence experienced prior to placement in alternative care from violence occurring within the care settings themselves. Many studies do not adequately separate these experiences, complicating the understanding of the specific impact of the care environment on children's well-being. This gap raises important ethical considerations for researchers, particularly regarding the accurate attribution of harm and the design of interventions tailored to the unique circumstances of in-care abuse.

[Sherr et al. \(2018, p. 49\)](#) call for more research into peer-to-peer violence within care settings, noting that this area remains underexplored. They emphasise that "further research is needed to understand the dynamics and prevalence of peer-on-peer violence in institutionalised environments." By addressing this gap, research can contribute to developing targeted strategies to prevent such violence and promote safer care settings.

Another critical gap in the literature is the lack of disaggregated data on violence in alternative care settings. Many studies fail to distinguish how VAC affects children with disabilities, children of different genders, and those from diverse racial, ethnic, and religious backgrounds. Given the heightened risks faced by certain groups, such as children with disabilities, who are at increased risk of neglect and abuse in alternative care ([Jones et al., 2012](#)), future research must adopt more inclusive, disaggregated approaches to data collection. Addressing these gaps is essential for developing targeted interventions that protect all children in alternative care settings.

Given the importance placed on caregiver-child relationships in mitigating or preventing violence, it is worth noting [Hermenau et al. \(2015, p. 938\)](#)'s observation that "little is known about the caregivers that work in institutional care in low-income countries". It is evident from Table two that there is an over-representation of high-income countries within the literature related to violence against children.

In summary, this review has identified several critical gaps in the existing literature on violence against children in alternative care settings. Building on these observations, it is also important to reflect on the overall strength of the current evidence base and consider priorities for future research. While this scoping review maps a growing body of literature on violence against children in alternative care, the evidence base remains uneven in its quality and coverage. Some areas, such as the risks of violence associated with institutionalisation, are relatively well documented, particularly in middle and high-income countries. In contrast, studies on sexual violence, peer-to-peer abuse, and effective interventions are limited in number, scope, and methodological rigour. Much of the literature is qualitative, offering important insights into the experiences of children and caregivers in diverse care contexts.

However, there is a lack of longitudinal and comparative research capable of establishing causal pathways or assessing the long-term impacts of violence. Future research might benefit from adopting mixed-methods and longitudinal designs, particularly in low- and middle-income countries where data is more limited, to complement and build upon the rich descriptive evidence already available. There is also a pressing need to examine under-researched groups, such as children with disabilities, LGBTQI + youth, and those in informal kinship care, using disaggregated data. Strengthening ethical and safeguarding protocols in research involving children in care is also essential to ensure both the quality of evidence and the safety of participants. We observed during the review that reporting on ethical procedures and safeguards varied considerably across studies, highlighting the need for greater consistency and transparency in the ethics of research in this field.

4. Limitations

This scoping review highlights several limitations that warrant consideration. Firstly, the inclusion criteria restricted studies to those published in English, which may have excluded valuable research conducted in other languages, particularly from low- and middle-income countries where violence in alternative care settings may differ in scope, context, or prevalence. Additionally, while the review included diverse methodologies and outcomes, the variability in definitions, study designs, and data collection methods across the literature posed challenges in drawing direct comparisons or synthesising findings. Many studies did not adequately separate experiences of violence prior to placement from those occurring within care settings, limiting the ability to attribute harm specifically to the care environment. The reliance on self-reported data in many studies raises the potential for recall bias or underreporting, particularly in sensitive topics such as sexual abuse or neglect. Research has shown that underreporting is more common among males and can be influenced by stigma, memory repression, and contextual factors ([Alaggia et al., 2019](#)). Furthermore, the absence of robust longitudinal studies restricts insights into the long-term consequences of violence, and the evidence base for effective interventions remains sparse. These gaps underscore the need for more rigorous, context-specific, and longitudinal research to better inform policy and practice in alternative care.

This scoping review deliberately employed a broad scope to map the range, extent, and nature of current evidence relating to violence against children in alternative care settings comprehensively. Consequently, in-depth quantitative synthesis, particularly regarding prevalence data, was beyond its scope. Future systematic reviews and *meta*-analyses are recommended to quantify prevalence and further clarify the impacts and effectiveness of interventions identified here.

5. Conclusions

Violence against children in alternative care settings is a pervasive and multifaceted global issue, impacting the physical, emotional, and social well-being of children living apart from their parents, who are often among the most vulnerable in society. This scoping review has mapped the various forms of violence ranging from neglect to physical, emotional, and sexual abuse, across diverse care contexts, including foster care, residential care, and kinship care. While neglect emerged as the most commonly reported form of maltreatment in the studies reviewed, other forms of violence, such as physical and sexual abuse, were found to vary in prevalence depending on the care setting and contextual factors.

The review identified numerous risk factors associated with violence in alternative care settings, including systemic issues like poor caregiver working conditions, placement instability, and socioeconomic hardship, as well as individual factors such as behavioural challenges from children and young people and prior exposure to violence. These findings underline the complex interplay of structural, contextual, and personal

dynamics that contribute to violence in care environments.

Despite growing recognition of the problem with years of research, the review revealed significant gaps in the evidence base. There is limited research on effective interventions, particularly in low- and middle-income countries, and a pressing need for surveys of prevalence and longitudinal studies to better understand the long-term impacts of violence. Furthermore, the lack of consistent definitions and methodologies across studies hampers comparability and the development of targeted solutions.

The consequences of violence in alternative care are profound, with potential impacts on mental health, relationships, and vulnerability to future maltreatment. While this review identifies significant gaps in the evidence base regarding the long-term effects of violence in care, these findings should be considered alongside the extensive literature on the harms of institutionalisation (Boyce et al., 2020). Research has consistently demonstrated that institutional care is associated with poorer developmental, psychological, and social outcomes compared to family-based care, informing international policy recommendations to phase out institutional care in favour of safe, well-supported family-based alternatives (Goldman et al., 2020; UNICEF, 2021).

Addressing these issues requires not only robust interventions but also a systemic rethinking of care practices, ensuring that alternative care systems prioritise family-based care where possible, whether within a child's own kinship group or in alternative family-based placements. However, as this review highlights violence can occur in all settings and this means it is essential to put in place mechanisms to ensure that family-based care is safe, properly resourced, and supported, reducing the risks of maltreatment and placement breakdown. While strengthening responses to violence in alternative care is essential, a more effective long-term approach is to prevent unnecessary family separation in the first place and prioritise family reintegration for those who are separated wherever safe and possible. This requires greater investment in family-strengthening programmes, economic and social support, and the development of structured reintegration pathways with adequate support and monitoring processes. Furthermore, given the well-documented harms of institutionalisation, no intervention within residential institutions can fully compensate for its inherent risks, reinforcing the need to prioritise deinstitutionalisation as a core component of child protection policy (UNICEF, 2021).

To move forward, it is critical to bridge the gaps in research, particularly on peer violence, the experiences of caregivers in low-income settings, and the effectiveness of interventions. While qualitative studies have provided essential insights into lived experience and context, the field remains limited by a lack of comparative and longitudinal research, as well as underrepresentation of key groups such as children with disabilities and LGBTQI+ youth. Given our focus on violence, it is important to underline that many children experience alternative care as safe, stable, and nurturing, and for some it represents a vital pathway to recovery from abuse and neglect. As outlined earlier, future research would benefit from rigorous yet inclusive designs, with strengthened ethical safeguards, and prioritisation of disaggregated and context-specific analysis. By doing so, we can build a stronger evidence base for policy and practice, creating care for children living apart from their parents, breaking cycles of violence and fostering resilience and well-being for some of the most at-risk children worldwide.

Declaration of competing interest

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

Data availability

No data was used for the research described in the article.

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