



Adversity Meaning in the Lived Experiences of Adolescents Living in Residential Out-of-Home Care Centers: A Qualitative Study

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Abstract

Introduction: The adversities experienced by adolescents in residential care centers greatly affect different aspects of their life. The objective of this study was to shed light on the meaning of adversity by exploring the lived experience of adolescents living in Tehran residential care centers affiliated to the Welfare Organization of Tehran Province.

Methods: This qualitative study was conducted in 2019, using a hermeneutic phenomenological method. The data were collected using in-depth semi-structured interviews and, the data collection process continued until the data saturation point. A total of 10 adolescents living in residential out-of-home care centers of Tehran were selected using purposive sampling with a maximum variety in terms of demographic characteristics. The data collected from the interviews were analyzed using van Manen's approach.

Results: The themes extracted in this study were "Self-alienation", "Introspection", "Constant comparison", and "A secret life". Constant comparison was a unique theme that was found in the experience of Iranian adolescents living in residential care centers.

Conclusion: This study identified the life adversity in residential centers from the viewpoint of adolescents. The provision of holistic care, promotion of professional interactions, and application of management practices based on the developmental, psychological, and social needs of this group of high-risk adolescents are recommended

Keywords: Adolescents, Residential out-of-home care centers, Adversity, Qualitative study, Phenomenology

Introduction

Living in residential care centers exposes adolescents to adverse conditions. The severity and type of adversities that adolescents experience during their stay in out-of-home centers affect their health-related outcomes when they leave and enter society (1). Many researchers have shown the destructive effects of life adversities on

different dimensions of the health of this group of adolescents living in boarding and care centers (2-7). The continuation of these negative effects in adulthood shows the need to pay more attention to the health of this group of adolescents and the adversities they experience in the centers (8, 9).



The first step in maintaining and improving the health of adolescents living in boarding and care centers is to have a deep understanding of the concept of adversity from adolescents' perspective because adversity is an integral part of important protective factors such as resilience (10, 11). Besides, since the two-way interaction between personal interests and the living environment of individuals plays a very important role in their development, the awareness of adversity can help to improve the lives of these adolescents at risk and play an important role in their development (12).

The term adversity is defined as the experience of events that endanger or impair a child's healthy developmental process (13). The concept of adversity is influenced by people's living conditions and their social status and varies according to the culture and beliefs of communities and the context of life (14). In different cultures and life situations, adolescents' perceptions of life's adversities vary, and it is considered that adversity depends on how an adverse event affects a person's current resources. A factor is not in itself adversity, but an individual's interpretation of the factor or situation forms the meaning of harm or adversity for him/her (15-17). Different studies have also reported different meanings for adversity due to diversity and differences in the experience of the concept of adversity (18, 19). For example, one study associated adversity with the loss of childhood, confidence, and security (16), while another found that adversity is related to feelings of weakness, lack of self-confidence, and family breakdown (17).

High-risk adolescents living in residential out-of-home care centers have different individual, family, and stressful experiences than adolescents living with the family, and this can affect their understanding of adversity. Most studies in this area have some limitations such as the application of the retrospective methodology and the use of self-reporting tools (20). Carrying out a qualitative study rooted in naturalistic philosophy and listening to the voices of adolescents who are the central nucleus of out-of-home care can provide in-depth information. Due to the limited research on this issue in the Iranian adolescent community and the importance of identifying this concept to perform resilience-based interventions and provide holistic and evidence-based care, the present study aims to explore the meaning of adversity in the experience of adolescents living in public residential out-of-home care centers affiliated to the Welfare Organization of Tehran Province.

Methods

The present study was conducted using a hermeneutic phenomenology approach and with an emphasis on van Manen's approach (21). According to the authors, a deep understanding of the concept of adversity based on adolescents' experience was only possible by going beyond the descriptions of their experiences and discovering the meanings of these experiences in the context of their own lives.

In the first step, the researchers recorded how they developed the sensitivity to the subject as well as their presuppositions. The researchers presupposed that the meaning of adversity for adolescents living in residential out-of-home care centers would be quite different from that of adolescents living with the family since a large part of the adversities of these adolescents' lives would be experienced before entering the centers.

These presuppositions were the result of the activities of the first, second, and third authors as nurses and research on adolescent problems (by the first and third authors). The second author was experienced in working with adolescents living in residential out-of-home care centers and conducting qualitative and quantitative research in the field of resilience in this group of adolescents. In the data collection process, the researchers set aside all their presuppositions and only referred to them during the data analysis process (21).

Based on van Manen's first and second steps, the research question was formed and the participants were selected using purposive sampling from among poorly supervised and neglected adolescents aged 13-18 living in residential out-of-home care centers (family-like care centers) in Tehran affiliated to the Welfare Organization of Tehran Province. In these centers, poorly supervised and neglected children of different ages regardless of their gender are supported and cared for around the clock using the same care and education methods. The participants in this study were adolescents who, due to the impossibility of returning to their parents or alternative families, were under the supervision of various centers of the Welfare Organization, were willing to be interviewed and express their experiences, and lived in centers for at least three years. They were also able to read, write, and speak in Persian and also had the permission of the guardian or the technical director of the center. The adolescents who were transferred to another center, or avoided to participate in the study or those who had a chronic/acute illness, a history of developmental,

mental, or seizure disorders, and/or physical and motor disabilities were excluded from the study.

The data were collected through in-depth and semi-structured interviews (22). The researcher obtained permission to enter public residential out-of-home care centers in the cities of Tehran (2 centers in Shemiranat, 4 centers in Tehran, and 3 centers in Shahr-e-Rey). The researcher referred to the centers and upon making arrangements with the technical managers and studying the records of the adolescents, those who met the inclusion criteria were selected using purposive sampling. The objectives of the study were explained to the participants. Then, written and oral informed consent was obtained from the participants. The participants' interviews were voice recorded. The date and place of the interview were determined based on the adolescent's views and the approval of the center's officials. All interviews were conducted in the centers, often after the adolescent returned from school. After conducting a total of 10 interviews, the data were saturated. After three or four interviews, it was determined that the experience of adversity could be influenced by factors such as age, gender, the length of time spent in the centers, the age of entry, and the reason for attending the centers. Therefore, the adolescents who were different in terms of the above characteristics were invited for taking interviews. Each interview lasted between 45 and 67 minutes and was conducted by a second author.

The main questions of the interview guide were as follows: "What comes to your mind when you hear the word adversity?" and "What does adversity in life mean to you?" The participants' nonverbal behaviors were recorded during the interview or at the end of the interview by mentioning the time and place of the interview. Sampling continued from June 8, 2018, to February 2019.

In this study, all three holistic, selective, and partial approaches to thematic analysis were used (van Manen's third step). After transcribing the interviews, the transcripts were read several times to come up with a general understanding of the interview content. Then using the selected approach, the paragraphs and sentences that described the meaning of adversity were underlined and numbered to extract the primary themes. The interview transcripts were also read line by line, and words or phrases that defined the meaning

of adversity were separated and identified. After accumulating initial themes, more abstract subthemes were extracted.

Afterward, the statements containing similar primary themes were placed together to form primary subthemes. Upon the progress of the data analysis process, the differences in the subthemes diminished. Finally, the subthemes and main themes emerged by comparing primary subthemes and placing similar subthemes into a single group.

In the fourth step, the phenomenological text was written. To maintain a strong and directional relationship with the phenomenon (van Manen's fifth step), the primary themes and subthemes were extracted by taking into account the main research questions in all stages of research, especially in data analysis. In the sixth step, the researcher reviewed the transcripts several times and tried to change or revise the extracted themes and subthemes by having a look at the general understanding of the interviews.

To ensure the accuracy of the procedure taken in the study and following the four criteria proposed by Guba and Lincoln (23), the research findings along with the transcripts of the interviews were presented to two adolescents and they confirmed the researcher's perception. Moreover, the findings of the study were reviewed and discussed with experts in the field of qualitative research. The second author had a close and frequent interaction with the adolescents for a year, and in addition to the interview, he took notes during and after the interviews and carefully observed the behavior and non-verbal communication of the adolescents. To increase the reliability of the data, the external observer method was used to investigate similar possible perceptions shared with the researcher and search for inconsistencies. The primary themes and excerpts from the transcripts for each theme were given to three faculty members during the analysis process. By providing detailed and complete descriptions of the research process and research documentation, the necessary ground was prepared for others' judgment and evaluation. Furthermore, the adolescents who differed in terms of demographic characteristics were purposefully invited to be interviewed, thus ensuring the data transferability and the probability of obtaining significant findings in similar situations. Informed written consent was obtained from the adolescents and managers of the centers, and the participants' voice was recorded during the interview upon their

prior permission. The participants' names were kept confidential at all stages of the study.

Results

The participants in the study were 10 adolescents (4 females and 6 males) with an average age of 15 ± 1.70 years. The duration of attendance at the care centers varied from 3 to 16 years (8.50 ± 4.03) (Table 1). A total of 321 statements containing the primary themes and 4 main themes were extracted from the participants' interviews (Table 2).

Self-alienation

Adversity for adolescents living in residential out-of-home care centers means being imprisoned, not having independence, and being obedient. From the participants' point of view, adversity means living in a context of rules and regulations that do not allow them to show their true selves. Self-alienation was categorized into three subthemes: "Being in confinement", "pure compliance", and "a law-abiding life".

1. Being in confinement: The life of the adolescents

living in residential out-of-home care centers is strongly influenced by the dos and don'ts of the rules. A 14-year-old adolescent stated, "What does adversity mean? That means you're strictly watched and controlled. You have always one or more superiors. They don't leave us alone. They are always keeping an eye on us, as is at the school".

2. Pure compliance: One of the adolescents said, "We are not independent here as if we do not have any control over ourselves. We all have to follow the instructions. Sometimes I think we can't even think without permission. For example, when they force us to play soccer we don't feel like doing it. There is a guy here that forces us to play soccer whenever he/she wants".

3. A law-abiding life: One of the participants stated, "We have to do things here on time. For example, I'm not allowed to sleep at noon if it's my turn to clean the kitchen that day. Even if I am very tired, I should do things according to a schedule. Nobody does this. I'm here with my sister, but it's like we're strangers".

Table 1. The participants' demographic data

Participants	Sex	Age (year)	Length of stay (year)	Education	The reason for entering the care center
1	Female	16	11	Second grade of high school	Poorly supervised
2	Female	13	3	First grade of middle school	Neglected
3	Male	17	13	First grade of middle school	Neglected
4	Female	15	8	Second grade of middle school	Poorly supervised
5	Male	16	16	Second grade of high school	Neglected
6	Female	14	3	Second grade of middle school	Poorly supervised
7	Female	14	4	First grade of middle school	Neglected
8	Male	14	3	Second grade of middle school	Neglected
9	Male	18	9	Third grade of middle school	Neglected
10	Male	13	8	Seventh grade	Neglected

Table 2. The main themes and subthemes identified in the study

Primary subthemes	Subthemes	Main themes
Being strictly controlled and watched Imprisonment Being surrounded	Being in confinement	
Being forced, being limited, not having independence Not having authority, not being oneself	Pure compliance	Self-alienation
Law-based entertainment, the rule of law, a cold and soulless life	A law-abiding life	
Unstable communication, cold relations, dramatic communication	Lack of empathetic communication	
Feelings of loneliness, deprivation of parents, loss of family, being away from the family	Sense of loss	Introspection
Comparing oneself to adolescents living with the family Comparing the adolescents by the officials	-	Constant comparison
Being stigmatized as a bad person, Becoming a misfit, Being judged unfairly	-	A secret life

Introspection

Adolescents became more and more introspected due to the constant feeling of helplessness as a result of being away from the family and their hard life in the past, as well as lack of stable and sincere communication with the center's officials. Therefore, they were more likely to engage in behaviors such as withdrawing from others, keeping silent, and seeking solitude. This theme was derived into the two subthemes of "lack of empathetic communication" and "sense of loss".

1. Lack of empathetic communication: One of the adolescents said, *"The guys here always repeat they are like our mother or want us to accept them as our father, but they don't show any true feeling toward us. Their relationship with us is kind of superficial. They do so just for the hell of it [laughing]"*.

2. Sense of loss: One of the participants stated, *"I don't have anyone but myself, I don't have anyone. Well, my mother died. They didn't even tell me. Maybe I could pray for her so that she did not die [sobbing]. My aunt has many troubles. Her house is located in Afsariyeh [a district in Tehran]. Her son was electrocuted. His arm was amputated. I have a brother, but he does not come here to visit me"*.

Constant comparison

This theme was evident in the comments made by many of the participants, but it was more intense in female adolescents, those who lived in the centers for a shorter period and those who were younger. The participants unconsciously compared themselves and their living conditions with adolescents living with their families, and this constant comparison and preoccupation, reminding them of failures and losses, was very difficult and heartbreaking for them. Besides, they were very unhappy as the official of the residential facilities also compared them with each other. This theme (constant comparison) was subcategorized into "comparing oneself to adolescents living with the family" and "comparing the adolescents by the officials".

1. Comparing oneself to adolescents living with the family: A 13-year-old girl said, *"Adversity in my life is myself. I always think about why I'm not like other kids. I don't have anyone. Then I get a headache"*.

2. Comparing the adolescents by the officials: A 14-year-old girl stated, *"It's hard as they are always comparing us. They don't know they are hurting us."*

For example, they tell me that I'm breathing my last as if I'm in a better situation just than those who died".

A secret life

According to the participants, the meaning of adversity for them was to have a secret life, which they chose because of the fear of becoming a misfit and avoiding the feeling of shame and embarrassment. The theme consisted of three subthemes: "Fear of becoming a misfit", "Being judged unfairly", and "Being stigmatized as a bad person".

1. Fear of becoming a misfit: One of the participants said, *"If they [our classmates] know that we are living here they would give us the cold shoulder and treat us unfriendly. It's very difficult. We have to lead a secret life [laughing]. I'm embarrassed"*.

2. Being judged unfairly: One of the adolescents said, *"The school officials and the teachers know that we belong here. For example, they score our exam papers lavishly. I heard one of the teachers saying that he gave a good score to one of the students as the teacher believed that the students living in daycare centers would have no future and they are wasting their time. I heard it myself. The other students don't know it; otherwise, they would make fun of us"*.

3. Being stigmatized as a bad person: An 18-year-old teenager said, *"I know that if I wanted to marry a girl later or get a job, they will think I am a bad guy if they get to know I have lived here in the daycare center. If something is lost, they put all the fault on us. I don't have to tell anyone I am living here. Otherwise, they did not let me work in a furniture workshop."*

Discussion

This is the first qualitative study that tried to explore the meaning of adversity in the view of Iranian adolescents aged 13-18 living in residential out-of-home care centers. The first theme extracted from the adolescents' experiences was "self-alienation". One of the hardest aspects of living in residential out-of-home care centers was that adolescents could not experience their true selves. The participants stated that in an environment where there is no support and where the strict daily rules and regulations dominate communication between people, a closed system is created that induces a sense of pure subordination in them by creating a sense of confinement in adolescents and dependence, depriving them of permission to express themselves. However, to develop a sense

of identity, an adolescent needs to build self-confidence by developing social interactions and participating in decision-making processes (24). Autonomy is also an important feature of adolescents who are affected by the restrictions and a law-abiding life in daycare centers and the strict regulations of the centers (25). Similar findings have been reported in studies of children living in support centers and other stressful environments (26-28). A study of children's stressful experiences in residential out-of-home care centers entitled "We are locked behind doors" reported children's sense of confinement (29). Another study showed that the strict rules and regulations of daycare centers keep adolescents away from their true selves inducing a sense of loneliness in them (30) and provide the ground for negative consequences such as premature family formation or premature pregnancy (31).

Similarly, Parker et al. conducted a study "I am nothing" and identified the theme of "being under others' control" that was related to adolescents' experiences of not being able to make decisions about themselves and being controlled by others. They stated that being compelled to obey rules and regulations inconsistent with their emotion and needs created many adversities and sufferings for them (27). Adolescents living in residential out-of-home care centers seem to need support along with independence and authority. A study by Stein Hacker also found that one of the most important needs of adolescents living in daycare centers was, in their view, "not to be dependent on others" (32). Adolescents need to grow up in a supportive environment, not a formal setting, in which case they can learn to adapt themselves to stress and show their true selves (33).

"Introspection" was another major theme identified in this study. This theme was induced by the participants' lack of empathetic and supportive connections and feeling lonely and suffering away from family as the result of their difficult past lives as well as the adversities of living in the daycare centers. The results of some studies confirm the different characteristics of this aspect of life adversities experienced by adolescents living in residential out-of-home care centers (16, 17). In their study, Nourian et al. showed that adolescents take refuge in self-protection and help in the face of feelings of helplessness and the inability to have empathetic communication, and exhibit behaviors including solitude and silence (10), behaviors that Haykins also referred to as a haven. However, this finding is

not consistent with the results of the present study. The results of many studies have shown the importance of providing supportive and warm communication and acceptance in residential out-of-home care centers (32, 34, 35), confirming the importance of providing child-based interactive care and supportive and healthy communication between adolescents and care providers in daycare centers (34). Although Hunter's study also reported the theme of "loss" (16), it had subthemes such as loss of childhood and loss of confidence that differed from the concept of "loss" in the present study. Another study found that fear of becoming a byword among peers at school is one of the most important adversities experienced by children living in daycare centers, which can keep these children away from society and peers. These children are always afraid of the threats exposed by society and take self-refuge (36). Rouski et al. also showed that "loss of Control" is an experience for young people in support centers (37), which was different to the subtheme of "loss" in this study.

"Constant comparison" was identified in this study as a theme inherent in the participants' experiences. The participants always complained of adversities resulting from their constant comparison with the adolescents living with the family by themselves and the officials in the centers. To the best of our knowledge, there is no study addressing this topic, and this can motivate a line of research in the future. It seems that the participants always repeated the story of failures and losses in their previous lives and compare themselves to adolescents living with the family. In certain situations, this issue becomes more severe perhaps when adolescents are faced with a problem; they try to support themselves in this way. This experience is painful and stressful for them. Following this comparison, they feel inefficient and weak, and they are always in pain and discomfort by re-reading the problems and adversities of their lives before entering the center. It seems that these thoughts occur more frequently during school hours.

In a study on long-term outcomes of children in residential out-of-home care, a theme was identified under the title of "ineffective features of caregivers" that could be somewhat consistent with the results of the present study. The authors also found that comparing adolescents with each other was a factor that was considered by adolescents as one of the difficult experiences of life (26).

Having "a secret life" was one of the main themes identified in the present study. The participants

in this study acknowledged that they experienced adversity of a secret life for fear of becoming a misfit. In a study by Abela et al., a theme entitled “Yearning to belong while experiencing rejection, shame,

and stigma” was identified, which was related to the subtheme of “feeling of shame and stigma” (26). Hiller et al. showed that a majority of young people in out- of- home care avoid talking about their care experience (38). Perhaps adolescents living in residential out-of-home care centers in Iran experience a secret life that is difficult and painful for them to reduce the adversity of feeling ashamed and becoming a misfit.

This study was conducted with some limitations. Due to the regulations governing public residential out-of-home care centers, the researcher could not have a long-term presence in these centers to collect data using other techniques such as careful observation recommended by van Manen. Although the purposive sampling and recording of the research procedure make it possible to use the results of the present study in similar centers, the results of the present study should be generalized with caution. Conducting all interviews in the centers could have limited the participants’ willingness to

describe their experiences in depth.

Conclusion

In this study, 4 themes and several subthemes were identified. A unique aspect of adversity from the perspective of Iranian adolescents living in residential out-of-home care centers was the constant comparison that was not observed in similar studies conducted in other communities. The results of this study can contribute to promoting nursing knowledge and health-related sciences and are also the basis for further research in this field. Moreover, the insights from this study can help prevent high-risk behaviors, complete and develop care and support programs and processes, and promote various aspects of adolescent health in out-of-home centers.

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Conflict of Interest

The authors declared no conflict of interest.

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