

Beyond Protection: Anticipatory Insecurity in Institutionalised Adolescent Boys from Marginalised Society in India

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ABSTRACT

Institutional care systems in India provide essential protection for children from vulnerable and marginalised backgrounds in accordance with the Juvenile Justice (Care and Protection of Children) Act, 2015. However, their long-term psychosocial implications remain insufficiently explored. This participant-observer field study investigates the lived experiences of 18 adolescent boys (aged 13–17) residing in a shelter home in West Bengal, India. Drawing upon intersectionality, trauma-informed care, attachment theory, and developmental psychology, the study examines how institutional living influences key aspects of adolescent and youth development. Data were generated over one year through participant observation, counselling interactions, and reflexive field notes, and analysed using thematic analysis. Findings reveal persistent low self-esteem, subjective loneliness despite collective living, shallow interpersonal relationships, and significant anxiety regarding institutional exit at age 18. A key conceptual contribution of this study is the emergence of the theme "anticipatory insecurity," characterised by chronic future-oriented emotional distress linked to uncertainty about post-institutional life. The study argues that while institutional care ensures physical safety, it may inadvertently constrain emotional development and identity formation. It highlights the need for trauma-informed, developmentally sensitive mental health services and structured transition frameworks extending beyond age-based discharge policies. The study makes policy recommendations and suggest more structured supportive care after leaving institutions for at-risk youth.

Keywords: Institutional care, adolescent development, trauma-informed care, anticipatory anxiety, Indian policy, shelter homes

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CONSENT FOR PUBLICATION

Consent for publication was obtained from all the participants. Confidentiality is ensured to protect the participants, and no identifying details have been included in the study.

STATEMENTS AND DECLARATIONS

The authors declare no conflict of interest.

FUNDING

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ETHICAL APPROVAL

All ethical guidelines laid out by the American Psychological Association have been upheld. Ethical clearance was obtained from the author's primary institution, Andhra University. All participants were informed of the aim and nature of the study, and their informed assent was obtained. Consent from their guardians was also secured.

DATA AVAILABILITY STATEMENT

The primary data collected in this study is qualitative and is not available in any online repository. Due to its sensitive nature it cannot be shared.

Introduction

Institutional care in India is visualised as a protective system for children and adolescents who come from disrupted family environments, poverty, neglect, or violence. These systems are designed to provide safety, education, nutrition, and basic psychosocial stability. However, while the protective function is well established, the development across physical, emotional and social domains is not “normal,” i.e., at par with youth who are not institutionalised, as is clear from the literature.

Manzo Chávez (2022) emphasises that institutionalisation alters all domains of a child's development – cognitive, emotional, sexual and social and increases the risk of developing pathological conditions. Davis (2017) showed that the institutional regulation produced self-surveillance and self-policing in girls in institutionalised care, extending on Foucauldian ideas of social meaning and status. Simão et al (2025) identified key determinants of psychological adjustment in institutionalised adolescents. Determinants were mapped across 4 domains – personal characteristics, social characteristics, caregiving and adjustment problems. Most of the studies reviewed show that these adolescents had higher levels of mental health problems, poorer academic achievement, poorer social support, and suffered from future internalising and externalising. ERP studies show that institutionalised children had higher markers for disinhibited social disengagement disorder, even at the age of 36-79 months, as compared to controls who were family-reared (Oliveira et al., 2023). Barbosa-Torres et al (2025) compiled literature from 2016 to 2023 and found that institutionalisation left neurological impacts on children and adolescents, with EEG patterns showing immaturity, predominance of slow-wave functions, poor cognitive processes and executive functioning and higher risk of externalising problems.

Da Silva and their colleagues (2024) studied institutionalised adolescents and found a positive correlation between their well-being and

socio-educational environment, i.e., encouragement to relate positively with peers and the community as well as pursue educational activities. Transitions are also particularly difficult for children in institutional care. A 2025 study in Zimbabwe showed that most girls are unable to cope with the challenges of transitioning to adulthood and life beyond institutional care, resulting in dependence on informal social networks that ultimately have poor livelihood outcomes, including unemployment and early marriage for security (Sibanda & Mhongera, 2025). They suggest extension of care and creation of transition programmes to help the adolescents get comfortably reintegrated with the community. Poor self-efficacy in adolescents from institutions leads to negative impacts on their career-related decisions (Ibrahim, 2023). In a quantitative study, it was found that career guidance and general counselling were lacking in institutions in Malaysia, leading to poorer occupational outcomes.

Institutionalisation in India

Institutionalisation in India is done under the guidance of the Juvenile Justice (Care and Protection of Children) Act, 2015. It consolidates the needs of children in conflict with the law (CCL) as well as those in need of care and protection (CNCP). The law is guided by the principles of dignity and worth, best interest, safety, equality and non-discrimination and promises positive measures and a fresh start. Institutionalisation is seen as a “last resort” when compared to family based care (Foster care, adoption etc). The law promises protection in the form of observational and special homes, educational opportunities and re-skilling. Section 46 states that when the child completes 18 years of age, they may be provided with financial support to facilitate their reintegration with mainstream society. However, reality is a little different for children in institutions.

Studies in India specifically show insecure attachment, lack of holistic development and appropriate support services. Mishra & Khuntia (2025) studied young children (ages 3 to 6) across 3 institutions in India through a play-based narrative

approach. They found that 65% of the 20 children displayed insecure attachment, with poor emotional regulation and dependence on caregivers and peers. The need for socio-emotional interventions as well as research into peer attachments for young children to foster attachment security, was highlighted. Rajesh, Naaz and Shujat (2022) found overemphasis on academic outcomes in some government homes and a lack of holistic development. The burden on the caregivers was high, and the developmental outcomes were measured using outdated tools, giving a poor picture of the actual detrimental effect on the institutionalised children. Rifai et al. (2025) found that significant ACE exposure (mainly emotional or physical neglect) and to socio-emotional behavioural difficulties are prevalent in children across the ages 5 to 18 in Child Care Institutions (CCIs) in Puducherry, India. Higher ACE scores were positively and significantly correlated with conduct problems, more commonly in boys. The authors highlighted the need to strengthen staff capacity and provide “appropriate” support services to the children to enable their holistic development and prevent far-reaching consequences.

The studies in India and globally show that institutionalised adolescents are at higher risk of poorer long-term outcomes and have adjustment problems within and after leaving institutionalised care. Less attention is paid to their transitions and aftercare.

Attachment theory and emotional development

Attachment theory highlights the importance of early caregiver relationships on the development of emotional security and healthy interpersonal relationships (Bowlby, 1979). Consistent caregiving leads to secure attachment, while disrupted caregiving results in emotional insecurity and relational avoidance. Poor parental attachment leads to lower self-esteem and higher levels of aggression in adolescents between 15 and 19 years (Muarifah et al., 2022), while secure parental attachment led to a greater affective relationship with peers, characterised by trust, intimacy, support and better quality.

Misevičė et al. (2024) found that frequent relationship ruptures lead to insecure attachment and cause repeated breakdowns in children under institutional care. Institutional care settings often lack stable, individualised attachment figures, resulting in distributed caregiving systems that may not provide consistent emotional anchoring. Banks (2023) pointed out that institutionalised care has a detrimental impact on attachment in children and suggests an attachment-based approach to improve the structures and build permanency planning to create family-based models rather than institutional structures. Mota, Gonçalves, Carvalho and Costa (2021) found that adolescents in residential care have emotional regulation difficulties, but these are

not associated with their perception of the institutional environment.

Adolescent Identity Formation

Erik Erikson (1950) identifies adolescence as a stage of identity versus role confusion. Successful identity formation requires exploration, social validation, and autonomy. Difficulty in identity development is also linked to socio-emotional disorders – identity synthesis/confusion is linked to depression, anxiety and eating disorders (Potterton et al., 2022). Côté (2006) argues that identity formation is delayed in this era due and believes this is a task for “Emerging adulthood” and adolescents generally remain in moratorium for longer due to the contemporary institutional structures. Kroger & Marcia (2011) would describe this state as “Diffusion”, as there is low commitment and low exploration.

Institutional environments, however, often restrict these processes through structured routines and limited external engagement, potentially leading to identity diffusion or confusion. This can have a detrimental effect on later life events as well as mental health outcomes.

Intersectional identities also cause a deep impact on children and adolescents in CCIs. Intersectionality in critical studies refers to the way different identities may combine and interact, leading to a multifaceted system of oppression and privilege (Cho, Crenshaw & McCall, 2013). In the case of institutionalised youth, most of them may come from underprivileged sections of society, may have less education compared to their peers, may be less skilled or without opportunities to develop skills, may speak a regional language or belong to a minority religion. All of these layers of their identity interact with the baggage they carry as adolescents in CCI and impact their experience.

Trauma-informed care

Trauma-informed care frameworks emphasise safety, trust, empowerment, and the avoidance of re-traumatisation (Butler et al., 2011). Trauma is not limited to isolated events but is understood as an ongoing psychological condition that shapes cognition, emotional regulation, and interpersonal relationships. Trauma scholars such as Judith Herman emphasise that trauma disrupts the individual’s sense of safety and selfhood, often resulting in long-term emotional fragmentation. Trauma in children and adolescents who experienced Adverse childhood events (ACE) need to be handled with even more care (Martin et al., 2024).

Bessel van der Kolk (2003, 2014) further highlights that trauma is embodied, meaning that psychological distress is often expressed through non-verbal, internalised, or behavioural patterns rather than explicit articulation. This is particularly relevant in institutional contexts, where emotional expression may be limited by environmental

structure. Carvalho and Costa (2021) highlight the need for caregivers to be sensitive to cues in the adolescent's communication to understand their attachment needs and develop empathy and reflexivity in adolescents to help them process their experiences.

Leaving care and transition stress

Research on care leavers indicates that the transition out of institutional care is a highly vulnerable period marked by emotional distress, social instability, and economic insecurity. Dragu (2019) argues that deinstitutionalised youth are a vulnerable population at risk of social and occupational exclusion due to a lack of support following their exit. They stress the importance of social workers as "community facilitators" to ease this transition. However, most studies focus on post-exit outcomes, with limited attention to anticipatory psychological states before leaving care.

Anticipatory Anxiety

Defined as "fear of fear" or dread of future events, anticipatory anxiety entered the mental health literature through the work of Donald Klein (1980). In conditions like panic disorder, it refers to the fear of situations that might cause panic attacks. This emotion, in pathological levels, hyper-stimulates areas of the brain like the rostral part of the dorsal anterior cingulate (dACC) and the adjacent dorsomedial prefrontal cortex (dmPFC) (Kalisch & Gerlicher, 2014). Anticipatory anxiety is also seen in childhood disorders, presenting with altered amygdala functioning (Williams et al., 2015). Silvers et al. (2017) in an MRI study found that in institutionalised youth, amygdala responses were vastly different for positive and negative stimuli as compared to family-raised controls, indicating higher reactivity and greater levels of anxiety. Huff (2025) points out that anticipatory anxiety can appear during life transitions as the future is uncertain and cannot be predicted. These emotions are more pronounced for institutionalised youth as they exit institutions, as their career prospects are uncertain, and support systems are limited. Further, their structured life within the institution during their formative years has not prepared them for independent living.

Need for Present Study

The present study focuses on 18 adolescent boys residing in a government-recognised shelter home in West Bengal. The institutional environment is structured, regulated, and non-punitive, yet highly controlled. Daily routines are fixed, access to external social environments is limited, and digital interaction is restricted. Although these measures ensure protection and discipline, they also significantly impact identity formation and emotional development during adolescence.

Adolescence is a critical developmental stage characterised by identity exploration, autonomy development, and peer relational

bonding. Within institutional environments, these processes may be constrained due to limited autonomy and reduced exposure to diverse social experiences. In India, institutional care is governed by the Juvenile Justice (Care and Protection of Children) Act, 2015, under which children typically transition out of care at the age of 18. This structural exit often occurs without sufficient psychological or social preparedness, creating a vulnerable transitional phase into adulthood.

This present study aims to understand the experience of adolescents in institutional life and their anticipation of life beyond care.

METHODOLOGY

This study adopts a qualitative participant-observer design conducted over a period of one year in a shelter home setting in West Bengal. The first author was involved in counselling interactions with the boys in a Child Care Institution in West Bengal. These interactions provide an in-depth understanding of the adolescents lived experiences in their natural setting. Phenomenology was used to study their experiences (Gallagher, 2022), and reflexivity journaling was done to ensure researcher bias is reduced (Creswell & Poth, 2016). **Sample**

The study involved all the 18 adolescent boys residing in an institutionalised home care, aged between 11 and 17 years. All participants came from socioeconomically marginalised backgrounds and had histories of family disruption, neglect, or exposure to violence. They were admitted due to overlapping vulnerabilities – abuse, neglect, poverty and/or familial conflict.

Table 1

Participant Profile

Demographics		Range	Mean
Age		11-17	15.66
Duration of Care		in Less than a year to 5 years	3 years
		Categories	Mode
Educational Status		Primary	/
		Secondary	/ Dropped out
		Dropped	
Family Contact		Regular	/
		Irregular / None	Irregular

Data Collection and Analysis

Data were collected through participant observation, semi-structured counselling interactions and reflexive notes maintained by the first author. Analysis was done through thematic analysis (Clarke & Braun, 2017). Themes were developed inductively while being interpreted

through trauma-informed and developmental theoretical lenses.

Reflexivity and Researcher Positionality

The researcher maintained a dual role as observer and counsellor. Continuous reflexive journaling was used to monitor emotional responses, positional bias, and interpretive assumptions, ensuring analytical rigour and transparency. The first author comes from the same state as the participants and speaks their language.

Ethical Considerations

The study was conducted for a period of one year in accordance with established ethical principles for research involving human participants. The researcher was engaged with the home care institution in a professional counselling role and had prior rapport with the participants. Participation in the study was entirely voluntary. The purpose and nature of the study were explained to all participants in the vernacular medium (Bengali) in an age-appropriate manner, and informed verbal assent was obtained from each participant before data collection. Participants were assured that they could withdraw at any time without any negative consequences. Consent for publication was also obtained.

Given the sensitive context of institutional care, special care was taken to ensure that participants did not feel coerced to participate. Interviews were conducted in a supportive and non-intrusive manner.

Strict confidentiality and anonymity were maintained throughout the research process. No identifying information, including the names of the participants or the home care institution has been disclosed. Data have been securely handled and used only for the academic purpose of this study. During the research, care was taken to minimise any potential psychological distress to the participant and the study in its entirety adhered to the ethical guidelines of American Psychological Association.

Ethical safeguards included anonymity, confidentiality, and non-intrusive engagement. Care was taken to avoid emotional harm, and participants' identities were protected through coding. All participants gave their informed assent to participate in the counselling sessions and the research. Appropriate ethical clearance was obtained from the Child Care Institution.

FINDINGS

From the interviews and thematic analysis, the following 5 themes emerged. Many of the participants spoke of their history and exposure to violence and family disruption. They expressed their views about the institution in relation to the “home” environment they were used to. Low self-esteem and inferiority were also common, through social comparison with “normal” children. Loneliness was also clear, despite presence of many children and caregivers, the bonds were seen as shallow. Finally, anticipatory anxiety about life after 18 was also common among the participants.

Exposure to Violence and Family Disruption

All the participants expressed that they were attached to their primary caregivers. Most of them articulated drunken brawls as regular events and a few of them showed bruises inflicted during the crossfire of physical violence between the father and the mother. “My father used to beat my mother... I could not do anything.” (P 16). Helplessness was also made clear through body language.

Most of them showed a sense of numbness and dissociation during their expressions, allied with heaviness of remembering the traumatic past and their biology matched their observable reactions. Some of them felt it was better to be in the institution. “Home was not safe... sometimes I feel this place is better.” (P10)

Low Self-Esteem and Social Comparison

The participants displayed minimal expressions and their narratives and articulations were brief with certain degree of awkwardness. Most of them consistently expressed diminished self-worth associated with institutional identity - “কখনো কখনো মনে হয় আমি অন্যদের থেকে কম” (P11) “Sometimes I feel I am less than others.” They often looked down sideways in their narrations about their ‘self’ with their heads slightly down, folding their hands and legs tucked in. Many of them adopted short clipped responses and reflected difficulty in articulating their self-concept and comprehension of their future.

There was emerging self-consciousness in their expressions when they spoke about other boys in their school and boys they occasionally met from other schools “I feel like something is missing in me” (P16). “We are not like other boys... they have families. We don’t belong anywhere.” (P3).

There were small pauses indicating unfinished thoughts; their volumes dropped, describing their own situations, laughing abruptly in a reflection of *prima facie* self- assurance. They rarely evinced interest when public school students visited their home with gifts, and their embarrassment was

palpable. “When students from outside come, they look confident... we feel different.” (P7) “আমার মনে হয় ওরা আমার থেকে ভালো” (P14) - “They are better than me.”

Loneliness and Shallow Bonds

Despite living in groups, participants experienced emotional isolation and a lack of deep interpersonal bonding. The desire for connection in the participants was observed through routine games and school-going, which was a shared space. “There are many people here, but still, it feels empty.” (P16). The participants collectively felt good being together. When routines were over, they felt lonely and isolated. “We stay together, but no one really knows what the other feels.” (P9). আমার এমন কেউ নেই যার সাথে আমি আমার অনুভূতি শেয়ার করতে পারি (P11) “I don’t have anyone to share my feelings.”

Even when depending on others, it was difficult for them to trust others. “We help each other sometimes, but we don’t share everything.” (P13). There was also hesitation in relying on each other, due to fear of burdening others who are also from similar, adverse conditions. “Everyone has their own tension... no one opens up.” (P4). The participants had a cognizable understanding of their collective inadequacies for a possible future, and no one was sure if the other could be a source of their strength, which reduced their peer dependence.

Many of them spoke about ghosts in their dreams. The inability to express emotions also came through. আমি কাঁদি বা চুপ করে থাকি (P2) - “I cry or stay quiet.” Some of the participants dreamt about their mothers waiting for them after they came back home after acquiring a job. “At night, I think about my mother... but I cannot talk about it.” (P1)

Anticipatory Insecurity

There was a sense of symbolic division in terms of hierarchy amongst students of lower classes of 5th, 6th and 7th grade students, and the rest of the participants. In fact, the sense of collective despair about the future was more palpable in those in class 9th, 10th and 11th grade, who will have to leave the institute after attaining 18 years. “আমি নিজেকে প্রস্তুত মনে করি না” - (P13) “I don’t feel prepared.” “Even if we study, who will stand for us outside?” (17)

A dominant finding was anxiety related to institutional exit at age 18. a perceived sense of inadequacy in dealing with their life after their institutionalisation. They vaguely comprehended that they were from the fringes, from where the sustenance after they attained 18 years could be a matter of chance from within the institutional structure.

“I am scared of that day... the outside world is not for people like us” (P12). “It feels like we are safe now, but suddenly we will be left alone.” (P6)

Most of the participants who in the range of 15 to 17 years, were observed to be less spontaneous and playful in their interactions. They were more present-focused, a little distracted and were not forthcoming to talk about 'what next' unlike the younger inhabitant participants. Most of them became quieter and avoided deeper conversations; they were fearful of the impending separation. If asked, they did narrate abrupt and inconsistent plans without clarity. They showed increased irritability towards the younger inhabitants and sought more advice from the researcher. "What will happen after 18, we don't know... there is no one to guide us" (P5).

DISCUSSION

Institutionalisation, in any country, comes with benefits and drawbacks. It gives children and adolescents a space to be physically safe, but comes at an emotional cost. With limited resources, institutions in India do their best to provide support to children till 18 years, as mandated by the Juvenile Justice (Care and Protection of Children) Act, 2015.

The present research aimed to understand the experience of these children through a field study and qualitative interviews of all the 18 boys aged 11 to 17 from a Child Care Institution in West Bengal. The findings highlight the paradoxical experience the children face: "physical safety coexists with emotional constraints." Most of the distress is internalised and manifests as anxiety rather than aggression.

From a ruptured family environment to a structured environment in an institution creates lower trust and a lack of stable attachment as seen by Misevičė et al. (2024). Though they positively viewed the present institutional protection, their emotional regulation was difficult, due to low bonding and trust, similar to findings of Mota et al. (2021). The absence of stable relational attachments contributes to emotional containment and contributes to loneliness, which was amplified by the poor attachment produced by the institutional environment (Mishra & Khuntia, 2025).

Though adolescence is characterised by Identity formation, the institutional life poses several challenges for these children. There is a "regulated life" in Institutional environments, as behavioural compliance is expected and structured routines are enforced, thus limiting autonomy and identity exploration. This may delay or distort identity formation processes described in developmental theory. And also related to the lower self-esteem expressed by many participants. Adolescents tend to stay in "moratorium" for longer (Côté, 2006), and identity diffusion (Kroger & Marcia, 2011) is more likely due to inability to explore and low self-esteem, causing inability to make decisions, thus leading to low commitment.

The most important finding from this study is "Anticipatory insecurity." While anticipatory

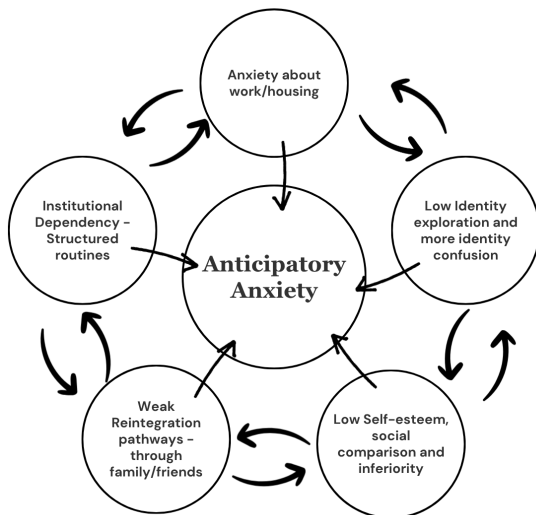
anxiety is the fear of future panic attacks, which are not elicited by existing stimuli, this fear is clearly grounded in fears about the future. This fear is not past-focused, as is seen in traditional cases of trauma, which is also present in some of these children. Anticipatory insecurity is persistent future-oriented distress arising from the uncertainty about post-exist life. The anticipated loss of institutional protection causes intense fear, especially in the older children, who want to get jobs to support their families or need a job to survive on their own. This mirrors across different countries that show de-institutionalised youth are at risk of social or occupational exclusion (Dragu, 2019) and have few people to depend on, leading to poor livelihood outcomes (Sibanda & Mhongera, 2025).

Foucauldian theory discusses how the institutional setting produces internalised surveillance (Davis, 2017), where individuals regulate their own behaviour in response to implicit institutional norms rather than external enforcement.

Thus, the study shows a cycle of institutional dependency and transition stress that is influenced by their low self-esteem, high identity confusion and lack of structured pathways for reintegration. These factors act together and lead to transition stress in the form of "Anticipatory insecurity"

Figure 1

Cycle Of Interacting Factors Contributing To Anticipatory Anxiety



Recommendations

The Juvenile Justice (Care & Protection of Children) Act is the primary legislation in India for safety dignity, and well-being of children. It has two categories of children: Children in Conflict with Law (CCL) and children in need of care & Protection (CNCP). The legislation *inter alia* adheres to the principles of “Best interest of the child” and Institutionalisation as a measure of last resort, enshrined in Section 3 of the Act.

This qualitative field study has been undertaken at an institution with children in need of Sectiocare & Protection. These children will have to fend for themselves after they attain 18 years, as per the legislation. Although the act under the aegis of section 46 suggests that they can be provided support beyond 18 years to facilitate reintegration into the mainstream of society, it is discretionary. Leaving the provisions of after-care as discretionary will create a structural gap between legal provisions and lived realities. Therefore, the institutional care homes run by various NGOs and the Government bodies should have built-in life skills educational systems in areas of financial and digital literacy, vocational courses and individual stage/age-based transition plans, without which they should not be permitted to be licensed for institutionalising children.

Some methods to enhance well-being and reduce this anticipatory anxiety are listed below

1. Implementation of trauma-informed care practices to reduce negative emotions related to exposure to violence and family breakdowns.
2. Structured pre-exit transition planning beginning before age 18 to create a clear plan in the minds of the children, reducing uncertainty
3. Introduction of mentorship-based relational support systems with life skills

and emotional preparedness training to develop internal resources like resilience, positive coping strategies and enhance self-esteem

4. Gradual exposure to external social environments helps them develop informal peer networks and reduce negative social comparison.
5. Expansion of aftercare programs beyond legal minimum requirements and policy changes to incorporate developmental readiness rather than purely age-based transition criteria.

CONCLUSION

This study examines the experience of young boys in institutional care through a field study in a child care centre in West Bengal, India. Though there is a lot of literature discussing the negative outcomes of institutional living (Chávez, 2022; Rajesh et al, 2022; Dragu, 2019), in this present study, the participants themselves felt positively about the institutional environment. The structured environment is necessary for their protection and was a safe haven in comparison to their homes. The interviews and first-hand observations led to the development of 5 major themes – exposure to violence and family disruption, low self-esteem and social comparison, loneliness and shallow interdependence, and Anticipatory insecurity.

Transition stress is high in any institutional set-up, and this was seen in the present study as well, highlighting the need for structured coping through peer networks, informal work while in the institution, to equip them with skills and extended support through NGOs beyond 18 years. The study also makes recommendations to reduce these negative outcomes and support children through their transition from institutionalised to de-institutionalised living.

Limitations and Scope

This study focused mainly on a single context in West Bengal and included only boys. This is a key limitation of the study as it limits the understanding of anticipatory insecurity and transitions to the Indian cultural context and one gender. Future studies can focus on multi-site studies to compare the institutional support in different institutions and the challenges anticipated by different populations based on their external circumstances (family status, SES, peer network, etc), as well as education and training during institutional living.

All in all, this study calls for a shift towards trauma-informed, developmentally sensitive, and transition-supportive institutional frameworks that are essential to ensure that protection does not come at the cost of psychosocial well-being.

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