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Subjective Well-being of Vulnerable Children in Chile: Differences by Gender and Risk Assessment

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Abstract

In recent years, research on subjective well-being in childhood and adolescence has gained importance at the international level. However, knowledge of the well-being of children whose rights have been violated and who are at risk of social exclusion is still scarce. The aim of this study was to examine the subjective well-being of children and adolescents receiving care in outpatient programs of the National Service for the Specialized Protection of Children and Adolescents of Chile, with emphasis on differences in gender and type of program ("Prevention", "Recovery" and "Recovery + behavior"). The SLSS, OLS, PWI-SC, and Positive and Negative Affect Scale questionnaires were completed by 439 children between 10 and 18 years of age. By means of a multivariate analysis of variance (MANOVA), it was observed that girls presented significantly lower subjective well-being in all well-being measures compared to boys. Significant differences were also observed at the program level, with children admitted to the "Prevention" program showing significantly greater well-being with respect to those admitted to the "Recovery" and "Recovery + behavior" programs. It is worth noting that children admitted to the "Recovery + behavior" program presented significantly low values of well-being. We discuss the need to highlight gender differences in designing and implementing programs for children and adolescents currently living in vulnerable situations. Also discussed is the importance of strengthening preventive programs to ensure that the risk factors underlying the violations of the rights of this group do not become chronic.

Keywords Subjective well-being · Gender differences · Child protection · Prevention programs

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1 Introduction

Currently, subjective well-being is an active area of research, an aspect reflected in important methodological and theoretical advances that have contributed to the understanding of predictors related to promoting subjective well-being in different life domains (Jebb et al., 2020). At a conceptual level, subjective well-being is categorized as referring to the self-reported assessment of quality of life, which includes an affective and a cognitive component (Diener et al., 2018). The affective component involves positive and negative affectivity, that is, the emotional responses of people to daily life; while the cognitive component involves the evaluation that people make of how satisfied they are, both overall and/or by domains, with their daily life (Gilman et al., 2000). The literature suggests that life satisfaction and positive and negative affect are independent constructs of subjective well-being and can therefore be assessed separately (Diener, 2009). It is also recognized that more research exists on life satisfaction compared to affect (Rees et al., 2020; Savahl et al., 2021). This research contemplates both life satisfaction and positive and negative affect in order to achieve a deeper understanding of the subjective well-being of children and adolescents.

In general, the relevance of research on subjective well-being lies in knowing and assessing the quality of life of groups or populations in order to generate actions for improvement and positive development (Alfaro et al., 2021). Although most research has focused on the adult population, in recent years research focused on children and adolescents has begun to gain relevance, becoming an area of interest for researchers and policy makers around the world (Rees et al., 2020). However, research on specific subgroups with particular characteristics is still incipient (Gross-Manos et al., 2021), especially that involving children living in poverty, rural areas, in migrant families and in developing countries.

For the purposes of this study, it is important to note that an under-studied subgroup consists of children who have suffered violations of their rights. The few studies available tend to indicate that children who have experienced serious violations of rights and who are receiving support from social services have, on average, lower subjective well-being than those who live in their family and community environments (Delgado et al., 2020). In addition, the literature indicates that children with economic problems, material deprivation, family instability, insecurity at home and school, a background of migration and low social participation show lower subjective well-being compared to the general population (Viñas et al., 2019).

Differences in subjective well-being of disadvantaged children have been little studied from a gender perspective, with references indicating more affectation for girls living in adverse conditions (Montserrat et al., 2015), but not specifically in the population studied in this article. Nor from the perspective of risk assessment, and the present study attempts to contribute to understanding whether rights violations differentially affect the subjective well-being of children according to their level of risk and severity, highlighting the role of early and preventive interventions. This study explores these two perspectives in greater depth.

In addition, research is still at an early stage, and this is even more pronounced in Latin America (Bedin et al., 2022). Thus, promoting research on the subjective well-

being of children at risk or whose rights have been violated can help to improve program interventions from the perspective of respect for rights, positive social change and giving visibility to children's views regarding their satisfaction in different areas of their daily lives, such as family, school, friends, neighborhood, use of free time, among others (Alfaro et al., 2021). This perspective further highlights that the participation of children is fundamental in order to generate knowledge that will help optimize the design of public policies that improve children's quality of life from a promotional and preventive point of view (Casas et al., 2022).

2 Subjective Well-being in Children and Adolescents whose Rights have been Violated

Children's rights are a set of principles and norms aimed at protecting and promoting the well-being and integral development of children and young people. These are recognized at the international level in the Convention on the Rights of the Child, adopted by the United Nations in 1989 and ratified by several countries worldwide since its creation. In this sense, the concept of "violation of rights" is generally defined as any infringement of the rights of children as set forth in the Convention, which may or may not constitute a crime, depending on the legislative system of each country (Hillis et al., 2016). These infringements can be varied; in the most extreme cases, the violation is due to negligence, mistreatment of any kind or sexual abuse, although it is also possible to find other forms of violations considered less serious, but which require professional intervention to stop and repair the damage (Molina & Martinez, 2016).

While the negative consequences of different forms of rights violations on children have been widely recognized and researched (Hamai & Felitti, 2022; Van der Kolk, 2015), studies exploring the subjective well-being of this group are limited. The few studies available on the subjective well-being of children at risk and/or whose rights have been violated tend to report that this group has significantly lower subjective well-being than the general population (Llosada-Gistau et al., 2017). Several studies have reported that socially disadvantaged contexts, such as poverty, exclusion, and exposure to intra- and extra-familial violence, have negative effects on various indicators of children's development (Felitti et al., 1998; Norman et al., 2012).

Along these lines, Montserrat et al. (2015) explored the differences in subjective well-being among underprivileged adolescents and the general population, using data from a large representative sample ($N = 5{,}381$) of Spanish first-year high school students, finding significant differences between the mean well-being scores of adolescents who considered themselves poorer, from those who perceived themselves wealthier than others, with higher scores for the latter. In turn, Gross-Manos and Ben-Arieh (2017) examined the relationship between economic deprivation (material deprivation and social exclusion) and happiness in a sample of 12-year-old Israeli children. The findings showed that both material deprivation and social exclusion are negatively associated with subjective well-being. In addition, children identifying as materially deprived and socially excluded were shown to be at much greater risk of unhappiness.

Other studies, such as that of Gariepy et al. (2017) conducted in the United States have found a relationship between family income in the first years of life of children with subjective well-being in adolescence. They reported that those children who grew up in the poorest income quintile during early childhood compared to the top quintile presented significantly lower subjective well-being.

The relationship between inequality, material well-being and subjective well-being in children has even been studied cross-culturally by Main et al. (2019) in 15 countries in Europe, Asia, Africa and South America. The findings suggested that material resources were significantly associated with children's subjective well-being, while indicators of financial resources and inequality at the national level were not. Although a significant association between material resources and subjective well-being was found across the sample, the magnitude of this association and the relationship between material resources at the school and country level varied markedly.

On the other hand, a significant body of research on children who have experienced rights violations has focused on those living in alternative care, such as residential care or with foster families. Research in Spain found that children living in residential care had significantly lower well-being than the general population (Llosada-Gistau et al., 2015). Likewise, differences were reported in the well-being of children in kinship and non-kin foster care, compared to those in residential foster care, where the latter generally showed lower subjective well-being (Llosada-Gistau et al., 2017). It should be noted that similar results have been found in comparative studies between Spain and Portugal, demonstrating the consistency of these findings in cross-cultural studies (Carvalho et al., 2021).

In Latin America, research results tend to be in line with the evidence reported in European countries. In Brazil, Schütz and collaborators (2015) compared the subjective well-being of children between 8 and 12 years old in foster care with the well-being of those who were living with their own families. The results showed that all well-being indicators were significantly higher for children living with their birth families. Similarly, children subjected to fewer changes managed to maintain their social ties and found greater stability in care, which seems to have positive results on their well-being. This suggests that promoting the well-being of children in out-of-home care should involve forms of care that imply more stable environments and relationships within the residential care setting, as well as with friends and at school.

Ortúzar et al. (2019) examined the moderating effect of perceived happiness and shared activities of daily living among caregivers and adolescents (N = 391) in residential care in Peru (47 care homes), finding a positive and significant relationship between self-control and cognitive and affective measures of subjective well-being. They also observed a moderating effect of the activities of daily living with caregivers on the relationship between self-control and life satisfaction indicators, demonstrating the importance of daily activities for subjective well-being. Other studies conducted in Peru have also demonstrated the mediating effect of school satisfaction on the relationship between teacher violence at school and the subjective well-being of children. Similarly, the negative effects of bullying on subjective well-being (cognitive and affective) in early and late adolescents in residential care have also been reported (Oriol et al., 2020).

Based on the above, the emerging knowledge regarding the welfare of children affected by violations of rights has focused mainly on those who are in some form of alternative care (residential or foster care). However, it should be kept in mind that due to the international trend of child protection systems to deinstitutionalize children in this type of care and to promote measures at the family and community level to prevent violations from becoming chronic and children from entering alternative care, it is necessary to promote research on children in outpatient programs with interventions aimed at avoiding placement in alternative care (Sandoval-Obando et al., 2022). There is little research on subjective well-being and its determining factors for this group of children in particular, which is why it is necessary to promote research to fill this knowledge gap.

3 Difference in Subjective Well-being by Gender

Although research on gender-related differences in subjective well-being in children has shown contradictory results in the general population in different countries (González et al., 2017; Tomyn & Cummins, 2011), a significant number of studies on children at risk with a background of rights violations have emerged in recent years, indicating that girls have significantly lower subjective well-being compared to boys.

Recently, after analyzing subjective well-being in teenage boys and girls in residential care in Spain, González-García et al. (2022) found that girls presented significantly lower subjective well-being than boys. They concluded, on the one hand, that the profile of girls in residential care is a specific subgroup, with more severe emotional problems and more negative victimization experiences than boys, and on the other, the need to take into consideration the gender perspective in working with and researching this population. These results are consistent with previous research conducted in Spain (Montserrat et al., 2015) and Chile (Ortúzar, 2021), which have found gender differences in residential care settings.

Likewise, differences in subjective well-being have been found in relation to gender in children who have experienced parental abandonment as a result of their parents' migration. In a cross-national study, Bălțătescu et al. (2023) compared the influence of parental migration on subjective well-being in a large sample of schooled children ($N = 13{,}500$) in Eastern European countries (Albania, Croatia, Estonia, Hungary, Poland, and Romania), finding that children who had been abandoned generally had lower levels of subjective well-being than those who had not, with girls being the most affected.

Gender differences have also been reported in children living in conditions of adversity and poverty in developing countries. In Chile, Ditzel et al. (2022) studied the subjective well-being and life satisfaction of 1033 Chilean children aged 9 to 14 years living in socioeconomic poverty. Although the results indicated high levels of well-being in the overall sample, boys showed higher overall subjective well-being scores than girls, especially in the affective and overall life satisfaction dimensions.

Possible reasons for the differences between boys and girls have been linked to the fact that girls may be especially sensitive to critical changes in their lives, such as a change in the place where they live or in their caregivers, which would have a negative

impact on their well-being (González-García et al., 2022). It has also been hypothesized that the intersection between biological factors, like hormonal influence, and cultural factors such as different social norms for boys and girls, may underlie girls' greater sensitivity, which may explain these differences (Llosada-Gistau et al., 2015). However, there is currently no established explanation to account for the gender differences among children in this population, which is why this variable should be included as a focus of analysis in research (Reyes et al., 2019).

4 Research Question and Objectives

In Chile, the study of children's subjective well-being has only been carried out in recent years and its development is closely linked to the International Survey of Children's Well-Being (ISCWeB) project, which aims to generate indicators of subjective well-being at the international level. Available research in Chile tends to show high levels of well-being in the child population (Alfaro et al., 2020). However, the recognition of the diversity of subgroups that make up the social category of childhood and adolescence has highlighted the importance of knowing the subjective well-being of specific groups for which little information is available, including children in the care systems.

The National Service for the Specialised Protection of Children and Adolescents (SPE) is responsible for the protection of children at risk and/or whose rights have been violated in Chile. In 2023, this institution attended 126,264 children in its different lines of action, among which we can mention: clinical diagnosis and expertise; alternative care; adoption; and outpatient interventions (SPE, 2024a). This research focuses on the group of children supported in outpatient intervention programs, which is of particular relevance because it serves the largest number of children admitted to the system (84,143, equivalent to 66.6% of the total number of children) through outpatient programs, differentiated according to the severity of the violation of children's rights (SPE, 2024a).

Despite the large number of children in this line of care, the level of research on the subjective well-being of this group is limited. In Chile, studies on children in residential care are just beginning (Ortúzar, 2021), but no studies have been found on children at social risk who are not in care but who are attending outpatient programs. The research question is: what do we know about these children's subjective well-being? Indicators of well-being are needed to improve the design and monitoring of this line of prevention of child protection systems. Thus, knowing about the subjective well-being of this group can contribute to preventing violations of their rights from becoming chronic and also prevent children from being institutionalized in Chile. The general objective of this research is to examine the subjective well-being, both cognitively and affectively, of children living in vulnerable situations who are receiving support from SPE outpatient projects. More specifically, the aim is to:

- To analyze differences in the subjective well-being of children attending these outpatient rights protection programs by gender.
- To analyze differences in subjective well-being by the type of outpatient rights

protection programs that the child is attending and in relation to the severity of the violation of the child's rights.

5 Method

A quantitative methodology was used to analyze the variables included in the study. This approach enabled us to compare the categorical variables of gender and type of programs, in relation to the selected measures of subjective well-being, establishing the significance and size of the relationship between variables.

5.1 Participants

The sample consisted of 439 children (263 girls and 176 boys) aged 10 to 18 years ($M=13.44$; $SD=2.24$) admitted to the rights protection programs run by the National Service for the Specialized Protection of Children and Adolescents, the Chilean agency in charge of protecting and restoring the rights of children who are seriously at risk or whose rights have been violated. These were children at risk of abuse or in a situation of abuse.

The statistical analysis segmented the sample by gender (male and female) and into three types of outpatient rights protection programs that support children classified according to the level of severity of the violation of the child's rights (medium and extreme severity). All the programs were outpatient programs, i.e., the children attended the program in the afternoons during non-school hours but continued to live with their families. The programs included in the study are described below:

- "Focused prevention programs", defined as outpatient support services for children aged 0 to 17 years who have experienced rights violations classified as medium severity (domestic violence, mild to moderate psychological and physical abuse, moderate neglect, among others, all of which are not considered a crime under the Chilean criminal code). The aim of this program is to strengthen the parenting and care capacities of the children's families and/or significant adults in order to restore their rights and prevent further violations (SPE, 2022a). We will refer to this program as "Prevention" so that it can be understood by an international audience.
- "Programs to redress serious mistreatment and sexual abuse of children", defined as outpatient support services for children between 0 and 17 years of age, who have suffered violations qualified as extremely serious, such as serious physical or psychological abuse and/or sexual aggression, a situation that also qualifies, in judicial terms, as an act constituting a crime. The aim of the program is to contribute to reparation for the affected child by putting an end to the situation of mistreatment and/or abuse; promoting the reinterpretation of the experience of mistreatment and/or abuse; and strengthening family and social resources for psychological and social well-being (SPE, 2024b). It can be preventive in nature, or occur during or after termination of placement, i.e. when the child is no longer

in residential or foster care. We will refer to this program as "Recovery".

- "Specialized comprehensive intervention programs", defined as outpatient support services for children between 0 and 17 years of age, victims of violations classified as extremely serious, such as severe neglect, abandonment and exploitation, and who as a result of these violations present social integration issues such as infringement of other people's rights, drug use, early school drop-out and/or sexually abusive practices. The aim of the program is to redress the damage caused by these violations, encouraging family and social integration, achieving as a result the interruption of symptoms of lack of social integration and/or behaviors that infringe on the rights of others (SPE, 2022b). That is, situations of a family context similar to the previous ones in terms of severity, but with additional behavioral and social integration issues affecting the child. We will refer to this program as "Recovery + behavior".

No significant age differences were observed between men ($M = 13.4$, $SD = 2.2$) and women ($M = 13.5$, $SD = 2.2$), as well as in the segmentation by programs ("Recovery + behavior": $M = 13.5$, $SD = 2.1$; "Prevention": $M = 13.2$, $SD = 2.2$, "Recovery": $M = 13.4$, $SD = 2.2$). Segmentation by gender shows a greater proportion of girls ($N = 259$) than boys ($N = 180$), with no significant differences in age between both groups. Regarding the programs, the "Recovery" modality has the highest proportion of boys and girls ($N = 216$), followed by "Prevention" ($N = 184$) and "Recovery + behavior" ($N = 39$). It should be noted that these distributions are consistent with the statistics published by the Chilean National Service for the Specialized Protection of Children and Adolescents (SPE, 2024a).

The participants came from twelve regions of Chile grouped into three macro-zones of the country: Northern macro-zone (Tarapacá, Atacama Coquimbo), Central macro-zone (Valparaíso, Metropolitan, Maule, Ñuble), Southern macro-zone (Bio-Bio, Araucanía, Los Ríos, Los Lagos and Magallanes). Table 1 shows the general characteristics of the sample.

Table 1 Frequency socio-demographic characteristics of the sample ($N = 439$)

	Gender		Program		
Nationality					
Chile	178	253	180	39	212
Venezuela	0	2	0	0	2
Bolivia	2	4	4	0	2
Educational background					
Elementary school	96	117	73	7	132
High school	81	141	110	28	84
Not in the school system	3	1	1	4	0
Area of residence					
Northern macro-zone	31	60	29	10	51
Central macro-zone	79	99	65	17	98
Southern macro-zone	70	100	90	12	67
Indigenous population					
No	142	244	156	37	194
Yes	38	15	28	2	22

5.2 Instruments

An adapted version of the International Survey of Children's Well-Being (ISCWeB) was used for this research, aimed at assessing multidimensionally the subjective well-being construct in children from different countries according to international recommendations (Rees et al., 2016). This questionnaire includes child-related subjective well-being indicators from different dimensions that specifically assess subjective well-being. The questions were adapted for children attending rights protection outpatient programs in an online self-response format.

Three scales measuring the cognitive component of subjective well-being (SLSS, OLS and PWI-SC9) as well as the scale measuring the positive and negative affect component (Russell, 2003) were used in this study. These are explained below:

Students' Life Satisfaction Scale (SLSS) It was developed in the United States by Huebner (1991) to assess the general life satisfaction of children. It is composed of seven items with an agree or disagree response format. The items are: "My life is going well"; "My life is just right"; "I have a good life"; "I have what I want in life"; "I would like to change many things in my life"; "I wish I had a different kind of life" and "My life is better than most kids'". The scale has been shown to have good reliability and validity in general samples of young people in the United States (Huebner & Hills, 2013) and also in other countries, such as Portugal (Marques et al., 2007) and Hong Kong (Park & Huebner, 2005). In Chile, its psychometric properties have been explored in children aged 10 to 12 years ($M=11$; $SD=0.89$) showing acceptable internal consistency ($\alpha=0.86$) and positive and moderate convergent validity with the BMLSS (r -0.54, $p<0.001$) (Alfaro et al., 2016); while, among adolescents aged 13 to 19 years ($M=15.3$ years; $SD=1.01$), it showed acceptable levels of reliability ($\alpha=0.82$) and positive and moderate convergent validity ($r=0.69$, $p<0.001$), with the General Domain Satisfaction Index (GDSI) (Benavente et al., 2019).

Personal Well-Being Index-School Children (PWI-SC9) Developed by Cummins and Lau (2005) to measure subjective well-being in different areas of satisfaction, it contains nine items adapted for implementation in schoolchildren between 5 and 18 years of age, who are asked about different areas of their quality of life, namely: "relationships in general"; "health"; "how safe they feel"; "the things they want to be good at"; "doing things away from their home"; "things that may happen to them later in life"; "all the things they have"; "their life at school" and; "how they use their time". This instrument uses 11-point scales for responses, ranging from Strongly Disagree (0) to Strongly Agree (10). The instrument has been adapted and explored psychometrically in Chile in an adolescent population aged 14 to 18 years ($M=15.9$; $SD=1.2$) by Alfaro et al. (2013) demonstrating acceptable levels of reliability (0.805 and 0.806).

Overall Life Satisfaction (OLS) It is a single-item measure developed by Campbell and collaborators (1976) to evaluate satisfaction with life through the question "Am I satisfied with my life overall?". This item has an eleven-point response range, ranging from 0 ("completely dissatisfied") to 10 ("completely satisfied"). It has been widely

used in children and young people in various parts of the world to investigate subjective well-being (Casas et al., 2015).

Positive and Negative Affect Schedule (Russell, 2003) It is composed of six items that explore positive (happy, calm and full of energy) and negative (sad, stressed and bored) affect, during the last two weeks, using an eleven-point response scale (0 to 10). This scale has been used internationally in the framework of the Children's Worlds project (Rees et al., 2020) as a contribution to assess the affective component of subjective well-being in children and young people.

5.3 Procedure and Ethical Aspects

The study obtained ethical approval from the Ethics Committee (CEBRU0045/21). Data were collected after obtaining passive informed consent from the adults responsible for all the participants and the agreement of the children. Once the research project was approved and received ethical clearance, the researchers contacted the institutions in charge of implementing the programs that had agreed to participate in the study in order to explain the objectives and procedures. The institutions that participated in the study were *Fundación Ciudad del Niño*, *Crea Equidad* and *Fundación Creseres*.

The information was collected between November 2021 and May 2022. Program staff, who voluntarily agreed to participate in the research, were in charge of implementing the survey. Prior to administering the survey instruments, the research team conducted a five-hour virtual training session to provide theoretical notions on subjective well-being and to inform about the procedure for applying the instruments.

5.4 Data Analysis

A Multivariate Analysis of Variance (MANOVA) was performed to assess differences in five dependent variables, namely SLSS, OLS, PWI-SC, Positive Affect and Negative Affect, as a function of the categorical independent variable's "gender" and "program". Effect sizes were examined using partial eta squared (η 2). All analyses were performed with the SPSS v24 statistical software. While it is true that there are differences in sample sizes across the groups in the study (with the Recovery + Behavior group having a smaller sample size), this does not pose a serious issue for the conclusions drawn. The statistical analysis used, MANOVA (Multivariate Analysis of Variance), is robust to differences in sample sizes, provided that the assumption of homogeneity of covariance matrices is not severely violated.

6 Results

The multivariate analysis showed that there was no interaction between the gender and program variables, that is, both variables combined had no effect on the measures of subjective well-being. On the other hand, the results revealed significant differ-

Table 2 MANOVA results for dependent variables SLSS, OLS, PWI-SC, Positive Affect and Negative Affect, according to gender, program and their interaction

Effect		Value	*F*	*gl1*	*gl2*	η^2
Gender	Pillai's trace	0.04**	3.6	*5*	*429*	0.04
Program	Pillai's trace	0.06**	2.7	10	854	0.03
Interaction	Pillai's trace	0.36	1.6	10	854	0.02

**: $p<0.01$

Table 3 SLSS, OLS and PWI-SC descriptive statistics by gender and program

Variable	*N*	*M*	*EE*	95% confidence interval	
				Lower lim	Upper lim
	SLSS				
Gender					
Boy	180	7.0	0.2	6.6	7.4
Girl	269	6.5	0.2	6.1	6.9
Programs					
Prevention	184	7.6	0.2	7.2	7.9
Recovery + Behavior	39	5.7	0.4	4.9	6.4
Recovery	227	7.0	0.2	6.7	7.9
	OLS				
Gender					
Boy	180	8.0	0.2	7.6	8.4
Girl	269	7.2	0.2	6.8	7.6
Programs					
Prevention	184	8.2	0.8	7.8	8.5
Recovery + Behavior	39	6.8	0.4	6.1	7.5
Recovery	227	7.9	0.2	7.5	8.2
	PWI-SC				
Gender					
Boy	180	7.9	0.2	7.6	8.2
Girl	269	7.5	0.2	7.2	7.8
Programs					
Prevention	184	8.2	0.1	7.9	8.4
Recovery + Behavior	39	7.0	0.3	6.5	7.6
Recovery	227	7.9	0.1	7.6	8.2

ences in the measures of subjective well-being in relation to the variables of gender and type of program (Table 2).

The results are presented below, differentiating the cognitive component of subjective well-being from the affective component, disaggregated by gender and type of program.

6.1 Cognitive Variables

Table 3 reports the descriptive statistics of the SLSS, OLS, and PWI-SC variables by gender and program.

Table 4 show that in relation to the gender variable, there were significant differences in life satisfaction between boys and girls in two of the three measures used.

Table 4 Mean differences between males and females in SLSS, OLS and PWI-SC

	Δ^a	*EE*	95% confidence interval	
			Lower lim	Upper lim
SLSS	-0.5*	0.3	-1.4	-0.1
OLS	-0.8*	0.3	-1.4	-0.2
PWI-SC	-0.4	0.2	-0.8	0.1

[a]: differences between initial and final value

*: $p<0.05$

Table 5 Between-program mean differences in SLSS, OLS and PWI-SC

Program versus Program		Δ^a	EE	95% confidence interval	
				Lower lim	Upper lim
	SLSS				
Prevention	Recovery + behavior	1.9**	0.4	0.8	3.0
	Recovery	0.5	0.3	-0.1	1.2
Recovery + behavior	**Recovery**	-1.4*	0.4	-2.4	-0.3
	OLS				
Prevention	Recovery + behavior	1.4***	0.4	0.4	2.4
	Recovery	0.3	0.3	-0.3	0.9
Recovery + behavior	**Recovery**	-1.1*	0.4	-2.1	-0.1
	PWI-SC				
Prevention	Recovery + behavior	1.1**	0.3	0.4	1.9
	Recovery	0.3	0.2	-0.2	0.7
Recovery + behavior	**Recovery**	-0.86*	0.3	-1.7	-0.1

[a]: differences between initial and final value

*: $p<0.05$; **: $p<0.01$; ***: $p<0.001$

According to the results, on the OLS measure, girls ($M=7.2$; $SD=2.4$) had significantly lower life satisfaction than boys ($M=8.0$; $SD=2.4$), as well as on the SLSS, where girls ($M=6.5$; $SD=2.6$) had significantly lower levels of well-being than boys ($M=7.0$; $SD=2.3$). Although girls ($M=7.5$; $SD=1.9$) scored lower than boys ($M=7.9$; $SD=1.8$) on the PWI-SC, this difference was not significant.

Table 5 show how the three measures of life satisfaction used in this study comparing the three programs. The results reported significant differences between the "Prevention" (medium severity) and "Recovery + behavior" (extreme severity) modalities in the three scales. On the OLS, the results indicated that children in "Prevention" ($M=8.2$; $SD=2.2$) had significantly higher well-being than those in "Recovery + behavior" ($M=6.8$; $SD=2.7$). This same trend was observed in the PWI-SC where "Prevention" ($M=8.2$; $SD=1.7$) outperformed "Recovery + behavior" ($M=7.0$; $SD=2$); and in the SLSS where the "Prevention" modality ($M=7.6$; $SD=2.3$) presented higher levels of well-being than "Recovery + behavior" ($M=5.7$; $SD=2.5$). On the other hand, no significant differences were observed between 'Recovery' and 'Prevention' programs.

Similarly, significant differences were observed in the three measures of life satisfaction in both modalities that addressed high-severity violations, i.e., "Recovery"

Table 6 Descriptive statistics of positive and negative affect variables by gender and program

Variable	*N*	*M*	*EE*	95% confidence interval	
				Lower lim	Upper lim
	POSITIVE AFFECT				
Gender					
Boy	180	7.6	0.2	7.2	8.0
Girl	269	6.6	0.2	6.2	7.0
Programs					
Prevention	184	7.2	0.2	6.9	7.6
Recovery + Behavior	39	6.7	0.4	6.0	7.5
Recovery	227	7.4	0.4	7.0	7.7
	NEGATIVE AFFECT				
Gender					
Boy	180	4.5	0.2	4.0	5.0
Girl	269	5.4	0.2	5.0	5.9
Programs					
Prevention	184	4.9	0.2	4.5	5.2
Recovery + Behavior	39	5.3	0.4	4.5	6.0
Recovery	227	4.8	0.2	4.4	5.1

Table 7 Mean differences between men and women in positive and negative affect

	Δ	*EE*	95% confidence interval	
			Lower lim	Upper lim
Positive affects	-1.0***	0.3	-1.6	-0.4
Negative affects	0.9**	0.3	0.3	1.5

*: $p<0.05$; **: $p<0.01$; ***: $p<0.001$

and "Recovery + behavior". In the case of OLS ($M=7.9$; $SD=1.8$), PWI-SC ($M=7.9$; $SD=1.4$) and SLSS ($M=7.0$; $SD=1.8$) the "Recovery" means significantly exceeded the "Recovery + behaviour" values, already reported in the previous paragraph. It should be noted that, although the "Prevention" modality presented higher levels of well-being than "Recovery" in the three scales, this was not significant (Table 5).

6.2 Affective Variables

Below, descriptive statistical values of the positive and negative affect variables by gender and program are presented (Table 6).

Table 7 show significant differences between boys and girls in the affective component of subjective well-being in positive and negative affect indicators. This is reflected in the fact that boys had a higher rate of positive affect ($M=7.6$; $SD=2.2$) than girls ($M=6.6$; $SD=2.4$); while girls had a significantly higher rate of negative affect ($M=5.4$; $SD=2.3$) than boys ($M=4.5$; $SD=2.5$).

Table 8 shows that no significant differences in well-being levels were found between the programs in terms of positive and negative affect.

Despite this, from a descriptive point of view, Table 6 shows that the means of positive affects follow a trend in relation to the severity of the type of violation, observing that the children admitted to the " Prevention" ($M=7.4$; $SD=2.2$) presented higher levels of positive affects than the children from "Recovery" ($M=7.2$;

Table 8 Between-program mean differences in positive and negative affect

Program versus Program		Δ	*EE*	95% confidence interval	
				Lower lim	Upper lim
POSITIVE AFFECT					
Prevention	Recovery + behavior	0.5	0.4	-0.5	1.5
	Recovery	-0.1	0.3	-0.7	0.5
Recovery + behavior	Recovery	-0.6	0.4	-1.6	0.4
NEGATIVE AFFECT					
Prevention	Recovery + behavior	-0.4	0.4	-1.5	0.6
	Recovery	0.1	0.3	-0.5	0.7
Recovery + behavior	Recovery	0.5	0.4	-0.5	1.5

SD=2.1) and "Recovery+behavior" (*M=6.7; SD=2.2*) programs. In relation to negative affects, children in the "Recovery" (*M=4.8; SD=2.3*) and "Prevention" (*M=4.9; SD=2.3*) modality presented similar values, while children in the "Recovery+behavior" modality (*M=5.3; SD=2.1*) presented greater negative affects comparing to the other programs.

7 Discussion

The aim of this study was to determine the subjective well-being, both cognitive and affective, of at-risk children and young people who were receiving support in SPE outpatient programs in Chile, with emphasis on gender differences and the type of program in which they participated.

The comparative analysis by gender showed marked gender differences in subjective well-being, both cognitive and affective, which indicated that girls had significantly lower life satisfaction, less positive and more negative affect compared to boys. These findings are consistent with research conducted with children and young people whose rights had been violated and who were in residential care, which found similar results in the life satisfaction domain (González-García et al., 2022; Montserrat et al., 2015; Ortúzar, 2021). However, no studies have focused on the at-risk population in outpatient programs, thus making a novel contribution to scientific research. As previously noted, while no sufficiently consolidated theory exists that can explain the gender difference (Reyes et al., 2019), it has been hypothesized that it could be based on a mixture of biological and socio-cultural factors (Kaye-Tzadok et al., 2017; Llosada-Gistau et al., 2015). Notwithstanding, it seems that socio-cultural factors, especially those that incorporate an ecological perspective on children's development, have become more widely used to explain such differences. The possible influence of traditional gender roles that persist in many countries, especially in Latin America, means that girls are more exposed to gender violence in intra- and extra-familial contexts, an aspect which creates insecurity in the development of different areas of their daily lives (school, friends, neighborhood, among others) (González-

García et al., 2022). It is important to note that our sample presents violations of rights at different levels of severity (moderate and extreme) that occur within the family group, which could increase the situation of lack of protection faced by girls in particular. In the case of girls who are at social risk and/or whose rights have been violated, it seems pertinent to consider a broader framework of analysis that looks at factors in different contexts facing children and young people. From this perspective, intersectionality can provide a broader analytical approach to explore the interaction between two or more social factors that combine to configure inequalities in subjective well-being, affecting in this case the well-being of girls who are at social risk and/or whose rights have been violated (González-García et al., 2022).

Furthermore, our results expand these gender differences to the affective component of subjective well-being, an aspect on which little information is available and even less with at-risk populations, since the subjective well-being of children and young people has usually been studied only from a cognitive perspective and with the general population (Savahl et al., 2023). The core affect theory (Russell, 2003) on which the affective component of subjective well-being was assessed in this study defines core affect as neurophysiological states accessible at a higher level of consciousness that manifest themselves in moods and emotions, i.e., it is involved in most psychological events, and makes any of these events emotional (Yik et al., 2011). In the case of women, who show significantly more negative affect and less positive affect than men, it is important to bear in mind that several clinical studies conducted with children whose rights have been violated have shown that adolescent girls and young women have greater emotional problems than men (Águila-Otero et al., 2020).

In the analysis by program, marked differences were found in all measures of life satisfaction between the "Recovery + behavior" (extreme severity) and the "Prevention" (medium severity) and "Recovery" (extreme severity) modalities. This would indicate, first of all, that children in the "Recovery + behavior" program had significantly lower life satisfaction than children in "Prevention", which is to be expected due to the difference in the severity of the violations addressed by both program types. As for differences with "Recovery", these indicated that children in "Recovery + behavior" showed significantly lower satisfaction. This can be explained by the dual profile of children and young people in this type of program, who are not only victims of serious violations of rights, such as severe neglect, abandonment and exploitation, but also show signs of a lack of social integration and/or social integration issues as a result of these violations, such as infringement of other people's rights, drug use, early school drop-out and/or abusive sexual practices, factors that can affect their subjective well-being and make intervention difficult (Zambrano et al., 2023).

In addition, and as expected, the "Prevention" program showed significant differences with the "Recovery" program. This indicates that children who had experienced violations of rights classified as medium complexity, such as domestic violence, mild to moderate psychological and physical abuse, and moderate neglect, showed significantly greater well-being than those who were in "Recovery", classified as a program that addresses highly complex violations of rights, such as serious physical or psy-

chological abuse and/or sexual aggression, which constitute a crime according to the Chilean criminal code.

Although there were no significant differences between programs in relation to positive and negative affect, the trend of the descriptive results indicated that the "Recovery + behavior" modality presented lower positive affect and higher negative affect compared to "Prevention" and "Recovery". These results allow us to hypothesize that the severity of the violations of rights differentially affects the life satisfaction of children and young people. Along these lines, these results show that having experienced violations of rights significantly affects the well-being of children. It should be noted that many studies have described the negative impact of violations of rights and adverse childhood experiences originating in the family context that negatively affect the subsequent development of children (Pilkington et al., 2021). These experiences include multiple types of abuse (physical, sexual, and psychological), neglect, and various types of family dysfunction, and can affect the physical and mental health and well-being of children (Petruccelli et al., 2019). Even the emergence of some adverse childhood experiences may also differ by gender, as some studies have indicated that females are more likely to suffer a greater number of adversities and worse mental health indicators than males (Grigsby et al., 2020).

Another issue that these results point to is the need to promote interventions that are differentiated according to the level of violation of rights and focused on the specific needs of each case. Clearly, it is important to strengthen preventive interventions within the Specialized Protection Service in order to prevent risk violations with a negative impact on well-being from becoming chronic. Thus, when comparing the means of satisfaction with life reported by children in the "Prevention" program with previous results obtained with the general population (Alfaro et al., 2021) and the residential care population in Chile (Ortúzar, 2021), they were closer to the former and in general higher than the means found for children in residential care. On the other hand, the "Recovery" and "Recovery + behavior" modalities showed significantly lower values than the general population, and were closer to the population in residential care, especially in the case of the "Recovery + behavior" program, which showed significantly lower means.

In terms of relevance, firstly, the results show significant gender differences in life satisfaction and positive and negative affect, which highlight the need to incorporate a gender perspective in research and intervention. On the other hand, the differences at program level suggest a need to incorporate differentiated strategies according to the level of severity of the violations of rights, with emphasis on preventive intervention strategies to prevent the risk factors at the root of these violations from becoming chronic.

Regarding the limitations of the study, it should be noted that, although the sample included children from different regions of the country, it did not represent the universe of children admitted to the Specialized Protection Service. Moreover, this study did not explore possible differences by setting (family, school, neighborhood, etc.) in the gender and program variables, an aspect that could have provided greater depth to the analysis. For further research, it will be necessary to carry out an age-disaggregated data analysis, as the age range in the current study was wide, between 10 and 18 years, and this may be a limitation in understanding the results.

For future research, it is necessary to establish studies on subjective well-being from a multidimensional perspective, with representative samples at national level, which will allow us to generalize and extrapolate the results to the universe of children and young people currently receiving support in the SPE. Finally, to further develop our research findings, we suggest complementing this line of research with qualitative studies to help explain gender differences, and to provide recommendations for professional practice in different types of programs.

Author's Contribution All authors contributed to the study conception and design. Material preparation and data collection were performed by Miguel Salazar-Muñoz, Carme Montserrat y Jaime Alfaro. The statistical analysis was carried out by Roberto Melipillán and Miguel Salazar-Muñoz. The first draft of the manuscript was written by Miguel Salazar and Carme Montserrat and all authors commented on previous versions of the manuscript. All authors read and approved the fnal manuscript.

Declarations

Ethical Approval The study was approved by the Research Ethics and Biosafety Committee of the University of Girona (Spain) with ref. CEBRU0045/21.

Informed Consent The Informed consent has been used accordingly.

Competing Interests We, all the authors of this manuscript, have no confict of interest to report.

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