Incarcerated Children in Care: Risk Profiles and Antisocial Behaviours

by

Lauren F. Freedman

M.A., Simon Fraser University, 2008
B.P.A.P.M, Carleton University, 2006

Dissertation Submitted in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy

in the
School of Criminology
Faculty of Arts and Social Sciences

© Lauren F. Freedman 2013

SIMON FRASER UNIVERSITY

Fall 2013

All rights reserved.
However, in accordance with the *Copyright Act of Canada*, this work may be reproduced, without authorization, under the conditions for "Fair Dealing." Therefore, limited reproduction of this work for the purposes of private study, research, criticism, review and news reporting is likely to be in accordance with the law, particularly if cited appropriately.

Approval

Name: **Lauren F. Freedman**

Degree: **Doctor of Philosophy (Criminology)**

Title of Thesis: ***Incarcerated Children in Care: Risk Profiles and Antisocial Behaviours***

Examining Committee: **Chair:** Eric Beauregard
Associate Professor

Raymond Corrado
Senior Supervisor
Professor

William Glackman
Supervisor
Associate Professor

Jennifer Wong
Supervisor
Assistant Professor

Grace Iarocci
Internal Examiner
Associate Professor
Department of Psychology

Sybille Artz
External Examiner
Professor
School of Child and Youth Care
University of Victoria

Date Defended/Approved: September 24, 2013

Partial Copyright Licence

The author, whose copyright is declared on the title page of this work, has granted to Simon Fraser University the non-exclusive, royalty-free right to include a digital copy of this thesis, project or extended essay[s] and associated supplemental files ("Work") (title[s] below) in Summit, the Institutional Research Repository at SFU. SFU may also make copies of the Work for purposes of a scholarly or research nature; for users of the SFU Library; or in response to a request from another library, or educational institution, on SFU's own behalf or for one of its users. Distribution may be in any form.

The author has further agreed that SFU may keep more than one copy of the Work for purposes of back-up and security; and that SFU may, without changing the content, translate, if technically possible, the Work to any medium or format for the purpose of preserving the Work and facilitating the exercise of SFU's rights under this licence.

It is understood that copying, publication, or public performance of the Work for commercial purposes shall not be allowed without the author's written permission.

While granting the above uses to SFU, the author retains copyright ownership and moral rights in the Work, and may deal with the copyright in the Work in any way consistent with the terms of this licence, including the right to change the Work for subsequent purposes, including editing and publishing the Work in whole or in part, and licensing the content to other parties as the author may desire.

The author represents and warrants that he/she has the right to grant the rights contained in this licence and that the Work does not, to the best of the author's knowledge, infringe upon anyone's copyright. The author has obtained written copyright permission, where required, for the use of any third-party copyrighted material contained in the Work. The author represents and warrants that the Work is his/her own original work and that he/she has not previously assigned or relinquished the rights conferred in this licence.

Simon Fraser University Library
Burnaby, British Columbia, Canada

revised Fall 2013

Ethics Statement

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

a. human research ethics approval from the Simon Fraser University Office of Research Ethics,

or

b. advance approval of the animal care protocol from the University Animal Care Committee of Simon Fraser University;

or has conducted the research

c. as a co-investigator, collaborator or research assistant in a research project approved in advance,

or

d. as a member of a course approved in advance for minimal risk human research, by the Office of Research Ethics.

A copy of the approval letter has been filed at the Theses Office of the University Library at the time of submission of this thesis or project.

The original application for approval and letter of approval are filed with the relevant offices. Inquiries may be directed to those authorities.

Simon Fraser University Library
Burnaby, British Columbia, Canada

update Spring 2010

Abstract

Children in care (CIC) are at a heightened risk of engaging in general antisocial behaviour and serious and violent offending. This observation has been explained in relation to cumulative risk, whereby children and youth in foster care are more likely to be exposed to traditional criminogenic risk factors, and those specific to placement in care (e.g., removal from parental custody, placement shifts among caregivers). However, limited research has been conducted on CIC who have engaged in serious and violent offences, and thus it remains unclear whether these youth are at an increased risk of engaging in antisocial behaviour compared to other serious and violent young offenders who are also often exposed to a multitude of risk factors. This study seeks to yield an improved understanding of CIC engaging in serious and violent antisocial behaviours by exploring three research objectives. First, using a sample of 417 male incarcerated youth in British Columbia, logistic regression is conducted to assess whether CIC differ in terms of exposure to risk factors and antisocial behaviours. The second objective is to explore whether multiple pathways to serious and violent offending can be observed among a subsample of 26 CIC participants with qualitative analysis plotting risk exposures along individual developmental pathways. The third objective uses content analysis to assess whether experiences of the same subsample of CIC are associated with distinctive opportunities or obstacles for intervention success while under supervision in the community. Findings suggest that CIC do not differ significantly in terms of exposure to risk factors or antisocial behaviours from non-CIC. However, multiple pathways to serious antisocial behaviour are identified, thereby suggesting that these youth are not truly homogenous. In terms of opportunities for intervention success, close supervision, greater number of people monitoring behaviours, and positive placement fit were identified as factors unique to placement in care that may contribute to positive outcomes. Further, desire to return to biological family, placement instability, poor placement fit, and geographical location of placements were identified as obstacles to intervention success. Findings are contextualized with use of the developmental perspective and implications for policy are discussed.

Keywords: Children in care; young offenders; antisocial behaviour; serious and violent offending; incarceration; community supervision

For my parents.

Acknowledgements

Many people have provided support, guidance, and inspiration throughout my doctoral studies. I would like to express my immense gratitude to those who contributed to my accomplishment.

I would like to thank the members of my supervisory committee, Professors Raymond Corrado, William Glackman, and Jennifer Wong. I have enjoyed studying with each of these impressive scholars and appreciate the unique contributions and support they have provided throughout my doctoral experience. I would like to extend special thanks to my Senior Supervisor, Professor Raymond Corrado, who offered me excellent opportunities to grow as a scholar and a person throughout my studies and while working on his research projects. Thank you to Professor Glackman, who has always been available to discuss my analytic strategies and help make research methods come alive to me. Thank you also to Professor Wong, who has always made time to discuss my research and has helped me to remain grounded and focused throughout my studies. I feel truly fortunate to have had the pleasure of working with each of these exceptional scholars and recognize that my success is due in large part to their dedication.

Thank you to my external examiners, Professors Grace Iarocci and Sybille Artz. Both provided wonderful insights and posed thought-provoking questions that challenged me to view my research from alternative perspectives. Thanks also to Eric Beauregard for taking the time to chair my defence and for his guidance throughout my doctoral research in the classroom and in the supervision of my comprehensive examination.

I would also like to acknowledge the many wonderful educators with whom I have been so lucky to study. There are far too many to name here, but I would like to extend special gratitude to Professors Simon Verdun-Jones and Diana Majury who each supervised my previous theses and helped to ignite my passion for research and education. Without the early dedication and guidance of these scholars, I would not be where I am today.

My research would not have been possible without the contributions of the many participants of the Study on Incarcerated Serious and Violent Young Offenders, the research assistants and volunteers who collected data on this study, and the staff at the custody centres, who provided countless insights into the data. Thank you to all those who made my research possible by contributing to the larger study. Special thanks to Sandra Manzardo, Gary Mitford, and Annette Harding for taking the time to speak with me and contextualize specific findings as experts in the field.

Thank you to the members of Professor Corrado's research team, past and present, who provided immense support throughout my studies. In particular, thank you to Amanda McCormick, Sarah Kuehn, Karine Descormiers, Adrienne Peters, Irwin Cohen, and Evan McCuish. Each have played an integral role in the collection of the data for this project, helped me to gain a deeper understanding of the research participants and the issues they face, and offered countless hours of encouragement. I offer my heartfelt thanks to the members of this team.

On a more personal note, thank you to my friends and family who have always believed in me and been a constant source of strength. Thank you for cooking for me, making me smile, and keeping me grounded at even the toughest times. I would especially like to thank my parents, Fay and Morris, brothers, David and Myk, and sister-in-law, Sara, who have been an endless source of encouragement, inspiration, and love. I truly could not have done this without their unconditional support.

Table of Contents

Approval ii
Partial Copyright Licence iii
Ethics Statement iv
Abstract v
Dedication vi
Acknowledgements vii
Table of Contents ix
List of Tables xii
List of Figures xii
List of Acronyms xiii

Chapter 1. Introduction 1

Chapter 2. Legislative Context: Child Welfare and Youth Criminal Justice in British Columbia 8
The British Columbia Ministry of Children and Family Development 10
The Child Welfare System 10
Reports and Investigations of Child Welfare Concerns 11
Types of Foster Care Placements 14
Foster Caregiver Recruitment, Screening, and, Education 16
Resource Shortages in British Columbia 20
Changes to Child Welfare Services in British Columbia: 1995-2013 22
Trends in the CIC Population 24
The Youth Criminal Justice System 25
The Evolution of Youth Justice Legislation in Canada 26
Current Responses to Criminal Behaviour Perpetrated by Youth 32
Youth Forensic Psychiatric Services 36
Trends in the Youth Justice Population 37
Conclusion 38

Chapter 3. Risk Factors for Serious and Violent Offending and the Developmental Criminological Theoretical Perspective 39
Risk Factors for Serious and Violent Young Offending 40
Negative Peer Relations 41
Poor Academic Performance 42
Substance Abuse 43
Mental Health and Behavioural Problems 44
Extreme Temperament 47
Family Antisociality 48
Child Maltreatment 49
Placement in Care Experiences 51
Residential Mobility 55
Ethnicity 55
Resiliency among CIC 57

Theoretical Approach to the Study of Serious and Violent Offending............................58
Support for a Dynamic Theoretical Approach to the Study of Antisocial Behaviours among CIC..58
The Developmental Criminology Perspective 60
Corrado and Freedman's Developmental Pathway Models to Persistent Antisocial Behaviour 62
Conclusion 71

Chapter 4. Methodology...73
Current Study...73
Participants 74
Procedures and Ethics 75
Instruments and Data Sources...77
Measures Used in Quantitative Analysis 78
Measures Used in Qualitative Analysis...81
Analytic Strategy 84
Conclusion 86

Chapter 5. Quantitative Results: Comparing Risk Exposure and Antisocial Behaviours of CIC and Non-CIC 87
Sample Descriptives...87
Multivariate Analyses 95
Discussion..99
Conclusion 106

Chapter 6. Qualitative Results: Pathways to Antisocial Behaviour among a Subsample of CIC 107
Subsample Descriptives..107
Observed Pathways to Antisocial Behaviour 113
Pathway Initiated by Prenatal Risk Exposure..113
Pathway Initiated by Disruptive Behaviour..115
Pathway Initiated by Maltreatment..118
Pathway Initiated by Trauma or Victimization 121
Pathway Initiated in Adolescent Development 123
Case Not Characterized by Observed Pathways 123
Discussion..125
Conclusion 127

Chapter 7. Qualitative Results: Themes Related to Intervention Opportunities and Obstacles.......128
Youth in Care during Criminal Justice Involvement...129
Returning to Family Home without Permission 129
Return to Custody of Biological Parents 130
Placement Instability...132
Geographical Location of Placements 134

Absence of Alternative Placements ... 137
The Impact of Placement Fit ... 139
Case Sharing among Social Workers and Youth Probation Officers ... 143
Youth Not in Care while Criminal Justice-Involved ... 145
Claim of Deterioration of Behaviour while in Care ... 145
Directed to Reside outside of Family Home ... 147
Discussion ... 148
Conclusion ... 153

Chapter 8. Policy Recommendations and Conclusion ... 154
Overview of Main Findings ... 154
Recommendations ... 156
Recommendation 1: Improve Caregiver Training ... 157
Recommendation 2: Improve Recruitment and Retention of Caregivers ... 158
Recommendation 3: Meet the Needs of Youth on Each Pathway ... 159
Recommendation 4: Improve Access to Education ... 162
Recommendation 5: Limit Over-Criminalization of CIC Resulting from Caregiver Contractual Obligations ... 163
Limitations ... 163
Conclusion ... 167

References ... 170
Works Cited ... 170
Cases Cited ... 186
Statutes Cited ... 186

Appendices ... 187
Appendix A. Best Interest of the Child ... 188
Appendix B. Committal to Custody ... 189

List of Tables

Table 1. Demographic Information and CIC Placement History 88
Table 2. Parental Antisocial Behaviours 89
Table 3. History of Family Mental Illness, Maltreatment, Trauma 90
Table 4. Mental Health Needs 91
Table 5. Substance Use 93
Table 6. Criminal Activity 94
Table 7. One-Plus Warning Scores on MAYSI-2 96
Table 8. Two-Plus Warning Scores on MAYSI-2 97
Table 9. Serious Property and Violent Offences 98
Table 10. Demographic Information for Subsample 108
Table 11. Placement History for Subsample 109
Table 12. Mental Health Diagnoses of Subsample Participants 110
Table 13. Incarceration History 112

List of Figures

Figure 1. Prenatal Risk Factor Pathway 64
Figure 2. Childhood Personality Disorder Pathway 66
Figure 3. Extreme Childhood Temperament Pathway 68
Figure 4. Childhood Maltreatment Pathway 69
Figure 5. Adolescent Onset Pathway 71
Figure 6. Example of Pathway Initiated by Prenatal Risk Exposure 116
Figure 7. Example of Pathway Initiated by Disruptive Behaviour 116
Figure 8. Example of Pathway Initiated by Maltreatment 120
Figure 9. Example of Pathway Initiated by Adolescent Development 120

List of Acronyms

ADHD	Attention deficit/hyperactivity disorder
AWOL	Absent without leave
CCO	Continuing custody order
CD	Conduct disorder
CFCSA	*Child, Family and Community Service Act,* 1996
CIC	Children in care
FASD	Fetal alcohol spectrum disorder
ISSP	Intensive Support and Supervision Program
MASPAQ	Measurement of Adolescent Social and Personal Adaptation in Quebec
MAYSI-2	Massachusetts Youth Screening Instrument – Version 2
MCF	Ministry of Children and Families
MCFD	Ministry of Child and Family Development
ODD	Oppositional Defiant Disorder
RCY	Office of the Representative for Children and Youth
SISVYO	Study on Incarcerated Serious and Violent Young Offenders
TCO	Temporary custody order
VCA	Voluntary care agreement
YAG	Youth agreement
YCJA	*Youth Criminal Justice Act,* 2002
YOA	*Young Offenders Act,* 1985
YPO	Youth Probation Officer

Chapter 1.

Introduction

Children in care (CIC) are those who have been removed from their family homes and taken into the care of the government temporarily or on a permanent basis. They enter into care for a variety of reasons, generally relating to incidents involving neglect or physical, sexual, or emotional maltreatment. These young people are recognized as vulnerable, not only because of their legal status as minors, but also because some form of trauma has resulted in their placement in care. Further, the experience of being removed from families may exacerbate prior trauma (Harden, 2004). Although child welfare systems across Canada are designed to protect children and youth from harm and negative outcomes, placement in care is not always sufficient to interrupt or rectify the developmental damage caused by such traumatic events (Courtney & Herring, 2005; Jonson-Reid & Barth, 2000b). These negative experiences have been associated with an elevated risk of antisocial behaviour and the over-representation of CIC in the youth criminal justice system in general, and serious and violent young offenders in particular (see for example: British Columbia, 2009). As of 2011, there were 47,855 children and youth in care in Canada, each of which can be described as vulnerable (Statistics Canada, 2011). The research presented in this dissertation examines first, whether the over-representation of CIC among serious and violent young offenders is associated with distinct vulnerabilities in terms of risk factors, second, the development of antisocial behaviours among CIC to better understand the role of placement in care in this development, and third, the presence of unique opportunities associated with the care environment for criminal justice interventions.

The over-representation of CIC in the criminal justice system was first reported more than half a century ago (McCord, McCord, & Thurber, 1960) and confirmed in several subsequent studies (Alltucker, Bullis, Close, & Yovanoff, 2006; Barth, 1990; Campbell, Porter, & Santor, 2004; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001;

Doyle, 2007; Grogan-Kaylor, Ruffolo, Ortega, & Clarke, 2008). This research found that CIC tended to engage in delinquent and risky behaviour at an earlier age and with greater frequency than those who were never placed in care (Alltucker et al., 2006). Importantly, youth involved in the criminal justice system prior to 14 years of age have been identified as more likely to mature into chronic adult offenders (Loeber & Farrington, 2000). Although placement in care may interrupt a negative trajectory and reduce the likelihood of criminal justice involvement for a minority of children and youth (Jonson-Reid & Barth, 2000a), more commonly, those placed in care present with an array of behavioural problems that may precede serious and violent antisociality (Lawrence, Carlson, & Egeland, 2006). Further, CIC are significantly more likely to display symptoms of substance dependence, and report recent substance use than their non-CIC counterparts, which can pose challenges to identifying stable placements (Pilowsky & Wu, 2006; Thompson Jr. & Auslander, 2007).

Risk factors and antisocial behaviours of CIC in British Columbia have been identified primarily through a series of government reports released from 2006-2009, as academic literature pertaining to CIC involved in the criminal justice system in this province has not yet amassed. These reports were the culmination of a multi-ministry project initiated by the Office of the Representative for Children and Youth (RCY), under its first Representative, Justice Mary Ellen Turpel-Lafond. The purpose of the reports was to ascertain the health and well-being of CIC in this province, focusing on health status, educational needs, and criminal justice involvement (British Columbia, 2006; 2007; 2009). The first report investigated the physical and mental health of CIC in this province, as compared to children and youth who were not in care. Important disparities were evident; while both groups were diagnosed with the same common health issues, CIC were more commonly diagnosed with mental illnesses (65% versus 17%; British Columbia, 2006). Accordingly, CIC had substantially greater frequency of prescriptions for depression, anxiety, neurosis, and tension, and were also medicated for longer periods of time. The differences in prescriptions may have been related to the severity of symptoms and/or different treatment approaches for CIC. For example, medical practitioners may have relied more heavily on medications than counselling-based treatments for those in care (British Columbia, 2006). However, this hypothesis has not been fully explored and the discrepancies in the diagnosis and treatment of mental illness between CIC and non-CIC remains an important policy issue in this province.

The second report profiled the educational needs of CIC, and much like the previous report, significant disparities were identified. Differences between CIC and non-CIC were apparent from the beginning of the elementary school years; a majority of CIC were unprepared for school in kindergarten and these children did not subsequently develop the necessary foundational skills for educational success. These included basic reading, writing, and numeracy skills, in addition to general knowledge. School readiness was further measured by the ability to show respect for adults, get along with peers, accept responsibility for actions, follow rules, and manage aggressive behaviours. Inadequate development of these foundational skills was associated with serious difficulties in middle and high school. Not surprisingly, many CIC were held back in grade nine and/or dropped out of school in grades 11 or 12; those who did graduate from high school generally had grade-point averages that were, on average, one letter grade below that of their non-CIC peers (British Columbia, 2007).

The educational risks of CIC discussed above are likely associated with the high frequency of educational special needs among this population. These needs are defined as intellectual, physical, or behavioural needs, learning disabilities, and exceptional gifts or talents (measured by unusually high intellect or creativity). Approximately half (51%) of CIC had educational special needs compared to less than one-tenth (8%) of non-CIC; most commonly, the needs of non-CIC related to exceptional gifts and talents, which were least common among those in care. In terms of disruptive experiences, CIC transferred schools more frequently than non-CIC, primarily because they moved with their biological families or because they entered into a CIC placement outside of their school district (British Columbia, 2007). Much like the disparities in mental health among CIC and non-CIC, differences in educational special needs are important policy issues in British Columbia, particularly given the current political climate, characterized by budget cuts and teacher's union disputes concerning salaries, appropriate class sizes, and curriculum issues. Teachers have asserted a need for greater targeted resources to address disparities common among CIC involving mental health needs and the higher frequency of distinctive school challenges including disproportionate drop-out rates.

The third and final report investigated the over-representation of CIC in the youth criminal justice system in British Columbia. This report explained that CIC were more commonly recommended for charges by police officers; two-fifths (41%) of CIC had been recommended for charges, compared to slightly more than one-in-twenty (6%)

non-CIC. Similarly, among all youth charged, slightly more than one-third (36%) of CIC appeared before a court, compared to one-in-twenty (5%) non-CIC. More importantly, because incarceration is the most serious and socially disruptive sanction in the youth criminal justice system, slightly less than one-fifth (17%) of CIC were admitted to a youth custody facility[1] compared to only one-in-fifty (2%) non-CIC. The former also had their first contact with the criminal justice system nearly one year earlier than non-CIC (14.5 years of age compared to 15.3 years). However, perhaps the most disconcerting finding was that a greater proportion of CIC had entered the criminal justice system (35%) than had graduated from high school (24.5%; British Columbia, 2009).

Each of these reports contained a series of policy recommendations to mitigate the apparent association between placement in care and negative outcomes. However, it is important to recognize that the youth criminal justice context is arguably more complex than the health and educational contexts in British Columbia and elsewhere. For example, the mental health and special educational needs of incarcerated CIC can only be addressed within the sentencing provisions of the *Youth Criminal Justice Act* (YCJA; 2002). Again, these three reports indicated that CIC have substantial mental health and education needs and are over-represented in the youth criminal justice system in general, and samples of incarcerated youth in particular (British Columbia, 2006; 2007; 2009). Additionally, along with research conducted in other jurisdictions, these reports suggest that CIC are different from non-CIC regarding their risk profiles for antisocial behaviour, custodial sentencing rates, and related treatment needs. Yet according to Corrado, Freedman, and Blatier (2011), several of these themes remain under-researched, especially in samples of incarcerated serious and violent young offenders. In particular, it is clear from the observed discrepancies in charges, appearances before the court, and admissions to youth custody facilities that CIC in British Columbia were at an increased likelihood of engaging in antisocial behaviour. What is less clear is whether CIC who come into contact with the criminal justice system in these three domains differ, in terms of exposure to risk factors and antisocial behaviours, from their non-CIC counterparts.

[1] Youth custody facilities are youth prisons. All youth sentenced or remanded to prison are detained in these designated facilities.

The research presented in this dissertation focuses on expanding the understanding of the above-mentioned themes for a sample of CIC incarcerated in British Columbia who engaged in serious and violent antisocial behaviours. Among the many theoretical and policy themes embedded in the CIC literature and research, three main themes or questions are examined herein. The first asks whether incarcerated CIC and non-CIC differ in terms of a range of risk factors for antisocial behaviours. The second asks whether multiple theoretically based pathways to serious and violent offending can be identified among a subsample of CIC engaging in serious and violent antisocial behaviour. The third and final theme addresses whether the experiences of the same subsample of youth under the supervision of youth probation officers (YPOs) in the community indicates placement in care is associated with either distinctive opportunities or obstacles for intervention effectiveness. These include reduction in recidivism and other antisocial behaviours. The developmental criminological perspective provides the basis for the attempts to answer these questions. More specifically, Corrado and Freedman's (2011a; 2011b) five pathways to persistent antisocial behaviour are utilized. The key premise of these multiple pathway models is the assertion that there are divergent pathways to serious and violent antisocial behaviour (i.e., they are equifinality analytic models). Each of the five pathways is initiated by distinct risk factors: prenatal risk exposure, disruptive disorders, child maltreatment, extreme temperament, and adolescent onset behaviours respectively. These primary risk factors are hypothesized to be associated with subsequent risk factors, which successively and cumulatively increase the likelihood of serious and violent antisocial behaviours.

Official file and survey data from the Study on Incarcerated Serious and Violent Young Offenders (SISVYO) is utilized to examine the themes of this dissertation. The SISVYO includes official and self-reported data from incarcerated serious and violent young offenders in British Columbia. Participants were asked to share information pertaining to a range of risk factors and antisocial behaviours, in addition to completing mental health screening assessments. Official records for all participants were reviewed prior to the interviews. Information from the SISYVO was supplemented with the use of key informant interviews with three experts in the field of youth criminal justice and child welfare: Sandra Manzardo, Youth Justice Clinical Supervisor; Gary Mitford, Team Leader for Vancouver Youth Services; and Annette Harding, Project Manager for the

Residential Review Project. The information provided by these experts help to inform the policy contexts for the application of the pathway models, as well as an essential aspect of their validity regarding their utility in explaining several of the themes concerning CIC described above.

This dissertation consists of eight chapters, including this introductory chapter. Chapter Two provides an overview of the legislative context of the current study, focusing on the child welfare and youth criminal justice systems in British Columbia. An overview of child welfare services in this province is presented with a focus on the process of reporting and investigating incidences of child maltreatment. The various types of foster care placements available in this province are explored, as are the processes of recruiting and training foster caregivers. Issues pertaining to resource shortages are raised and current strategies to address these issues are presented. An overview of the youth criminal justice system is discussed, including a brief summary of the key extrajudicial and judicial sanctions and recent legislative changes. The essential role of youth forensic psychiatric services in understanding CIC in the youth justice system is also described.

The third chapter consists of a review of the theoretical and empirical literature on risk factors for serious and violent antisocial behaviour. The emphasis is on the association between placement in care and the following risk factors: the role of antisocial peers, poor academic performance, substance abuse, mental illness, difficult temperament, family-level risk, experiences in care, residential mobility, and ethnicity. An overview of the developmental perspective in general, and Corrado and Freedman's (2011a; 2011b) pathway models to persistent antisocial behaviour in particular, are presented as well.

Chapter Four describes the methodology and data utilized in this dissertation. It provides an overview of the objectives of the current study and the analytic strategy employed to meet those objectives. An overview of the SISVYO, the study sample, data collection procedures, and instruments are included. Each of the measures utilized in the current study are discussed, focusing first on measures used in quantitative and qualitative analysis.

The analytical results yielded by this dissertation research are presented in Chapters Five, Six, and Seven, each of which contain interpretation and discussion of key findings. Chapter Five consists of the quantitative results. Since potential similarities and differences between incarcerated CIC and non-CIC is the major theme of this dissertation, the initial analysis focuses on this comparison. Bivariate and multivariate analyses were utilized to assess differences among incarcerated CIC and non-CIC across a range of risk factors. These analyses provided the basis for assessing whether CIC, compared to non-CIC, were at increased risk of engaging in serious and violent antisocial behaviour and whether the former have distinct rehabilitative needs.

The focus of the dissertation then shifts to discuss qualitative analyses. Chapter Six presents an examination of the pathways to serious and violent antisocial behaviour identified for a subsample of CIC participants. Qualitative review of the SISVYO self-report and official file data were conducted to assess divergent pathways to serious and violent antisocial behaviour among incarcerated CIC. These analyses also served to assess the utility of Corrado and Freedman's (2011a; 2011b) hypothesized pathway models in the study of this population.

Chapter Seven consists of a discussion of the opportunities and obstacles to intervention success associated with placement in care. These opportunities and obstacles were identified with the use of extensive file review to assess the role of foster care experiences in within individual changes in behaviour. Seven key policy themes pertaining to the community supervision of CIC are presented: youth returning to their family homes without permission; returning to the custody of their parents; placement instability; geographic location of placements; absence of alternative placements; impact of placement fit on behaviour; and tensions in the working relationships of social workers and YPOs.

The final chapter provides an application of the key findings of the current study through discussion of how these findings can inform intervention strategies to address serious and violent antisocial behaviours among CIC. This discussion is grounded in the pathway models presented by Corrado and Freedman (2011a; 2011b). Lastly, the research design limitations of the data used in this study are described.

Chapter 2.

Legislative Context: Child Welfare and Youth Criminal Justice in British Columbia

Overviews of British Columbia's child welfare and youth criminal justice systems are essential to understanding the relation between CIC and the youth criminal justice system in this province. While not unique to British Columbia, this association has historically been extremely politically controversial. As discussed above, in the context of British Columbia, RCY initiated several major studies investigating the health and wellbeing of CIC. The overarching concern addressed in these reports was that CIC appear to be experiencing trauma as they move through the foster care system and are at a heightened risk of being labelled young offenders and, worse, being sent away to youth custody facilities. These traumas are over and above those that are associated with removal from the family unit.

Several policy issues are associated with this concern; in particular, the question is raised as to why entry into care has not been effective in preventing, or at least reducing, serious trauma for these youth. More generally, Justice Turpel-Lafond has expressed the need to develop a better understanding of why the key provincial ministries including the Ministry of Child and Family Development (MCFD), as well as Health, Education and Housing, have not been consistently effective in meeting the basic needs of highly vulnerable families whose children are placed in care. In other words, Justice Turpel-Lafond appears to have expressed the policy perspective that not enough has been done to prevent CIC from coming into contact with the youth criminal justice system. This perspective is premised upon the belief that early risk factors for antisocial behaviour (often rooted in health, housing, and educational wellbeing, as discussed in Chapter Three) are not being sufficiently addressed. Although it is acknowledged that intervention in the form of placement in care may sufficiently prevent the development of antisocial tendencies among some children and youth, the over-

representation of CIC in the youth criminal justice system in general, and youth custody facilities in particular, indicates a shortcoming in this approach.

The questions of whether there are specific policies or practices associated with the child welfare system that can be identified as impediments to the prosocial development of children and youth, and whether meaningful remedies can be identified thus gain prominence. The focus of this dissertation is serious and violent young offenders, as opposed to early preventative strategies to improve likelihood of prosocial development. However, understanding the mechanisms of the child welfare system is crucial to understanding the relation between placement in care and involvement in the youth criminal justice system. In particular, it is important to explore the process of investigation into maltreatment allegations and corresponding interventions (e.g., removal from the family home) to understand the circumstances that bring children and youth into care and how those processes may impact subsequent development. Further, it is necessary to be aware of the dynamics of the care system (e.g., types of placements and the recruitment, training, and expectations of caregivers) to better contextualize the various settings in which CIC are placed and the corresponding level of expertise of their caregivers. Importantly, discussion of the opportunities and obstacles for intervention success among CIC may best be explored within the context of the existing care system, which accordingly, must first be discussed.

Similarly, it is necessary to explain the juvenile justice system to contextualize the range of criminal justice interventions that are available and the experiences of justice-involved youth. This discussion becomes particularly important in light of recent legislative changes that may exacerbate the over-representation of CIC in youth custody facilities. This discussion necessarily must be contextualized within discussion of the youth justice system as whole, highlighting the legislative changes and their foreseeable impact. Accordingly, to provide context to the research presented in this dissertation, this chapter will provide a brief introduction to MCFD, with particular emphasis on the child welfare and youth criminal justice systems.

The British Columbia Ministry of Children and Family Development

The Ministry of Children and Family Development is responsible for both the child welfare and youth criminal justice systems across British Columbia. MCFD is administratively decentralized into 13 service delivery areas.[2] Each is responsible for the provision of resources and services, which lends to regional disparities (MCFD, 2013). The Ministry was initially titled the Ministry of Children and Families (MCF), which emerged from recommendations of the Gove Inquiry (discussed in greater detail below). This Inquiry, and the subsequent development of MCF, was a reaction to the failures of the multi-ministerial approach utilized at the time to protect children; it represents one of the first large scale acknowledgements that the province of British Columbia was not sufficiently protecting its young. The immediate genesis of the Inquiry was in response to the tragic murder of a five-year-old boy, Matthew Vaudreuil, by his mother. Despite 56 reported incidents of abuse to social workers, health officials, and police, this child was in the care of his mother at the time of his death. The conclusion that emerged from the extensive array of interviews with officials involved in these incidents was that there was insufficient coordination within and among ministries mandated to protect vulnerable young persons. The Honourable Judge Gove recommended integration of most of the critical child and family services into a single ministry (Gove, 1995). Soon after, the existent Ministry of Social Services and Housing was divided into the Ministry of Social Services, Ministry of Human Resources, and MCF. In 2001, MCF was renamed the Ministry of Children and Family Development (BC Archives, 2002).

The Child Welfare System

Child welfare is exclusively of provincial jurisdiction and thus each Canadian province and territory has its own legislation and agency responsible for investigating and responding to incidents involving child maltreatment. Age of protection varies by

[2] Service delivery areas as of April 2013 are: Kootenays, Okanagan, Thompson Cariboo Shuswap, East Fraser, North Fraser, South Fraser, Vancouver/Richmond, Coast/North Shore, South Vancouver Island, North Vancouver Island, Northwest, North Central, Northeast (MCFD, 2013).

province and territory; most define children as those under 16 or 18 years of age[3], while British Columbia and Yukon have set the maximum age of protection at 19 years (*Child, Family and Community Service Act,* 1996; *Child and Family Services Act,* 2008). In British Columbia, child protection services are the responsibility of MCFD, as per the *Child, Family and Community Service Act (CFCSA),* 1996. Several Aboriginal child welfare agencies have also been established across Canada (including British Columbia) to deliver child protective services for Aboriginal children in accordance with legislation in each jurisdiction. These agencies are designed to provide culturally sensitive services and encourage the placement of Aboriginal children in Aboriginal families. However, for several reasons that are beyond the scope of this thesis to elaborate, many Aboriginal children continue to be placed in non-Aboriginal placements (Sinclair, Bala, Lilles, & Blackstock, 2004).

Discussion below will elaborate on the child welfare system in British Columbia by outlining the protocols for reporting and investigating child welfare concerns. This discussion provides context to the circumstances under which CIC enter into the care system. An overview of the types of placements available to CIC in this province is then provided to highlight the varied environments within the care system and the notions that placement in care experiences may be very different for individual CIC and that some CIC will be placed in a variety of types of placements. Discussion then shifts to the recruitment and education of caregivers. This discussion is designed to provide the reader with an understanding of the training provided to prepare caregivers for their experiences with CIC. Building on these foundational overviews, discussion of resource shortages, impending changes to the care system and trends in the CIC population in this province are provided.

Reports and Investigations of Child Welfare Concerns

According to the *CFCSA* (1996), all adults have a duty to report suspected or impending child maltreatment in the form of neglect, physical, sexual, or emotional abuse to government officials. Reports can be made by calling or attending an MCFD or

[3] Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Saskatchewan, Northwest Territories, and Nunavut define children as those under 16 years of age; Quebec, Manitoba, and Alberta define children as those under 18 years of age.

Aboriginal Child and Family Services agency, or by calling one of two hotlines: the Helpline for Children during business hours or the After Hours Line outside of business hours. Approximately 30,000 child protection reports are made annually in British Columbia (MCFD, 2011e). Once a report is made, child welfare workers assess the information and determine appropriate responses according to MCFD policy. Importantly, since reports are often made on behalf of children and youth who are experiencing maltreatment (as opposed to being made by the young persons themselves), the young persons in question may not be fully aware of the process of investigation. Aware that a report has been made, but uncertain of potential outcomes, these young people may experience considerable stress. Once initiated, MCFD involvement may also yield to stressful outcomes.

In cases where a child or youth is determined to be safe, no action is taken and MCFD's involvement ends. If the child or youth is determined to be safe, but it appears that the family in question may benefit from access to services such as counselling, home support, or parenting classes, a referral to services can be made. Services designed to reduce risk and help youth access support from family, friends, and the community can also be offered to those who are 16-18 years of age. With consent of the family, child protection workers can also conduct a family development response assessment to help families identify ways to improve care and the safety of children. A final option is to conduct a child protection investigation, which occurs when the safety of children and youth cannot be confirmed (MCFD, 2010).

When pressing or immediate risks have been identified, child protection investigations commence immediately; in all other cases, investigations begin within 30 days of the report (MCFD, 2010). During this period, children and youth may experience considerable concerns about their futures, uncertain of the potential outcomes of the investigation. They may also experience feelings of guilt, shame, or fear of caregivers for having brought the family to the attention of authorities. Investigations include interviews with parents and children, a home visit, review of any existing child protection files, and discussions with extended family, service providers, and when appropriate, doctors, and police. If the child is Aboriginal, members of the Aboriginal community may also be consulted. Again, if the child or youth is determined to be safe, no action is taken. In these cases, child protection workers can refer the family to community services. When the child or youth is found to be in need of moderate protection, the child protection

worker can arrange for mediation or support services to be provided to the family so the child or youth can remain in the home.

If the child protection worker believes that remaining in the home is not in the best interests of the young person, one option is to seek the consent of the parents for the child to live outside the home temporarily under a voluntary care agreement (VCA). These agreements provide for the child to live in an MCFD resource until it is safe for the child to return home, while parents retain guardianship rights (MCFD, 2010). Voluntary care agreements are also available to parents who are having difficulty controlling their children and no longer feel able to continue caring for them. In effect, VCAs are a resource for parents to obtain an out-of-home placement for their children (Bala, 2011). Though arranging out-of-home placements for those whose parents are having difficulty managing them may sometimes be the best option, these cases may conceiveably be interpreted as examples of parental rejection, thereby causing emotional strain among the respective children and youth.

When parents are unwilling to accept services or enter into a VCA, MCFD can pursue a court order for involuntary services whereby judges select from a range of options based on the "best interest of the child" (for an overview of these guiding principles, see Appendix A). The *CFCSA* (1996) stipulates three broad types of judicial orders. The least intrusive is a supervision order, which permits the child to reside with his/her parent(s) under the supervision of MCFD. In more serious cases, children are removed from their homes with the use of custody orders. Temporary custody orders (TCO) involve the removal of the child from his/her home for a fixed period of time. However, if the case worker determines that return to the family is inappropriate, a more permanent plan can be pursued at the time of order expiry. Continuing custody orders (CCO) are the most intrusive, resulting in indefinite removal of the child from the family home and transfer of legal guardianship to the state. If circumstances in the family home sufficiently improve, CCOs can be terminated and parents regain custody. However, while the order is active, the child can be placed for adoption, and thus these orders carry a greater potential for permanent changes to the family. Importantly, regardless of the type of custody order, MCFD has no enforcement mechanism to ensure that CIC reside in the placements to which they are assigned and thus children and youth can

simply return to their parental home on their own volition.[4] Lack of enforcement of placements becomes an important issue in discussion of placement stability, which will be discussed as a key theme throughout this dissertation.

Types of Foster Care Placements

Children in care temporarily or on CCOs may be placed in a range of settings. When possible, children are placed in kinship care, which involves placement in the home of a family member or someone known to the family (British Columbia, 2011). More commonly, children and youth are placed in foster care, which encompasses placements ranging from traditional family home environments to specialized homes. These placements are categorized by three escalating levels of care corresponding to the needs of CIC. First, traditional home environments are equipped to care for up to six CIC of varying ages and developmental needs. Similarly, level one specialized homes can care for up to six CIC, but are designed for those with developmental needs and/or "challenging" behaviours. Level two homes are designated for up to three CIC who have comparatively more serious developmental or mental health needs, which negatively affect social interactions and daily functioning. Level three homes are designated for up to two CIC who require extensive daily care for physical, mental health, or behavioural issues. The escalating levels of care correspond with more extensively trained and experienced caregivers and an enhanced opportunity for caregivers to provide greater attention to individual CIC. Essentially, CIC who display extensive behavioural problems (including those discussed in the current study) are to be placed in homes with caregivers who are more skilled and have fewer CIC in the home. This can be understood as part of an approach to address behavioural issues and encourage prosocial development (MCFD, 2011c).

When family placement is not possible or appropriate (most commonly due to extreme behavioural issues), CIC may be placed in contracted or staffed residential care, which include group homes, shelters, and family care-based models of residential

[4] Conditions can be attached to community supervision orders of criminal justice-involved youth requiring them to reside in particular places (which may be their family homes or CIC placements), but no comparable order exists for those who are not under community supervision orders.

services. In these placements, children are removed from the family setting altogether and reside in a “home” with staff, as opposed to parental figures. Traditional group homes are most common and generally accommodate four to six CIC with rotating staff providing 24-hour care. This creates a situation where several CIC (comparable to the number permitted for level one specialized homes), likely with behavioural issues, are placed in the same setting, thereby introducing greater opportunity for conflict among residents and relatively less individualized attention from caregivers. More individualized group homes for one to two youth are available for those with more extensive needs. There are no reliable statistics on the number of contracted placements by type. However, there appears to have been a greater reliance on contracted or staff family-care based models and level three placements over the past ten years, as compared to traditional staffed group homes (British Columbia, 2011).

MCFD further provides services for youth between the ages of 16-19 years who are in need of services not otherwise available through traditional placements. These older adolescents may be eligible for a Youth Agreement (YAG), which financially supports their transition to independent living. This is similar to the Independent Living program, which is designed to support those under CCOs as they transition into adulthood (MCFD, 2004). Finally, MCFD provides tertiary care placements in mental health facilities under the *Mental Health Act* and youth custody facilities under the *Youth Criminal Justice Act* (YCJA; 2002). These services are provided directly by MCFD and not through foster caregivers or contracted services (British Columbia, 2011). However, those accessing tertiary services are not generally referred to as CIC.

The wide range of placements and services available to CIC result in diverse experiences. For example, those in more specialized homes are exposed to caregivers who have greater skill and experience working with difficult CIC, thereby increasing the likelihood that disruptive behaviours will be sufficiently addressed and reducing the likelihood of antisocial development. Yet those in traditional homes may be placed alongside as many as five CIC in the home. Recalling that placement in care necessarily means that a young person was maltreated, rejected, or experienced traumatic loss, even those without behavioural problems are likely to have emotional needs beyond those of the average child who has not been placed in care. In homes that are filled to capacity, it may be difficult for CIC to get the individualized attention they need. Interestingly, in cases where kinship care can be established, it is the favoured setting,

despite the relative need of the child or youth in question. Thus CIC who may appropriately be placed in a specialized home, may instead be placed in the home of a relative, who may not have comparable skills to caregivers in more specialized placements. Finally, those placed in group homes reside in a type of setting distinct from the family environment, which has both positive and negative elements. This type of setting may be ideal for CIC who resent being placed in a family environment in which they feel they do not belong or reject authorities attempting (or seeming) to replace their parents. However, it may also be less consistent with the warmth and stability of a family environment. As discussed in Chapter Three, it is not uncommon for CIC to experience several placements, shifting among various placements types. The diversity among types of placements (and the range of placement types experienced by individual CIC) complicates the understanding of the relationship between CIC and involvement in youth justice. Another complicating factor involves the recruitment and training of caregivers, as discussed below.

Foster Caregiver Recruitment, Screening, and, Education

Each region is responsible for recruitment and retention of caregivers, thereby lending to regional disparities. However, there are common issues provincially. A recent review of foster care services in British Columbia involving interviews with foster caregivers and those working in the field revealed the need for enhanced recruitment to increase the supply of placements. Concerns have been raised that CIC are too often being inappropriately housed in placements of poor fit[5] and that this impedes positive outcomes. By increasing the number of placements, social workers would have greater opportunities to arrange placements of good fit, as opposed to the best *available* fit. Clearly, placement in environments that meet the needs of individual CIC is essential for positive experiences in care, but placements of good fit are also an important component of caregiver retention. For example, several caregivers reported having discontinued contracts with MCFD following placement of CIC who were of "poor fit" for their homes

[5] 'Placement fit' is a relative term that generally relates to how well-suited foster caregivers and CIC are to one another. Placements of good fit are those where foster caregivers are able to meet the needs of the CIC placed in that home and where the personalities of the CIC and foster caregivers are matched such that they get along well. This notion may also be tied to appropriate level of skill and training to meet the relative needs of individual CIC.

(British Columbia, 2011). Caregiver recruitment is further complicated by the preference of many providers to care for younger children. Not uncommonly, foster caregivers end their contracts with MCFD once the CIC in their homes reach 10-14 years of age. MCFD has acknowledged this recruitment challenge, and is currently seeking to recruit caregivers who are prepared to continue caring for children and youth as necessary throughout their development (British Columbia, 2011).

MCFD has a five-step process for the recruitment and training of foster caregivers that is consistent across the province. However, regional implementation lends to regional differences. The first step is to contact an MCFD resource and gather information by asking questions about the care system. Those who remain interested after obtaining greater information can proceed to the second step, which is to attend an information session hosted by MCFD outlining the expectations of foster caregivers. This session is followed by an 18-hour pre-service orientation providing an overview of the foster care system. Third, prospective caregivers submit an application, and if accepted, the fourth step consists of an MCFD home study assessment. This includes a medical assessment, criminal record check for all persons in the home 18 years or older, a criminal record review,[6] and an interview with the prospective caregivers. This interview assesses ability to respond to the needs of CIC, including physical, emotional, and cultural needs. Prospective caregivers are also screened for willingness to work with the biological families of CIC and, in cases of Aboriginal CIC, with Aboriginal communities (MCFD, 2011f). Before describing the fifth and final step, it is important to discuss the special challenges in the recruitment of caregivers for adolescent CIC.

As mentioned above, additional considerations are involved in the placement of adolescent CIC. The concern here is the need for caregivers to possess appropriate skillsets. For example, while young children may accept foster caregivers as parental substitutes, adolescents are more likely to be withdrawn and resentful of caregivers who attempt to adopt a parenting role. They are more likely to have already been placed in a number of CIC resources and/or had negative experiences in care, which increase the

[6] A criminal record review differs from a traditional criminal record check as it is required for all persons working with vulnerable persons, and involves the review of the worker's criminal record for particular offences that may indicate risk in the supervision of vulnerable persons, such as kidnapping or sexual assault (*Criminal Records Review Act*, 1996).

likelihood that they will approach new placements with reservations. These defensive attitudes may exacerbate characteristic defiance or mood swings of adolescents, which challenge the acceptance of effective and supportive parental guidance and authority. For defiant adolescents, potential caregivers require a special parenting skillset to build a trusting relationship that supports youth throughout their development to adulthood. This challenge is intensified further if the adolescent has had negative experiences often associated with abuse and with involvement in the criminal justice system. A range of additional community services are available to adolescent CIC to supplement the services provided by caregivers. Though they vary in availability across regions, these services include peer and substance abuse counselling, mental health services, special education services (e.g., counseling, tutoring), and employment training (MCFD, 2011b).

Returning to the fifth stage of recruitment and training, once applications from prospective caregivers are accepted, they and their partners (who are by default also recognized as primary caregivers) are required to complete the Foster Care Education Program. Implemented in January 2000, this program is the first of its kind in Canada, and is offered free of charge in 16 community colleges across British Columbia. It is comprised of 14 course modules ranging from three to six hours, totalling 53 hours. Modules cover topics relevant to caring for CIC including: approaches to parenting children and youth, understanding child and youth development, developing a deeper understanding of the impact of separation and loss, and how to develop healthy attachments. More specific skillsets focusing on topics such as FASD and the impact of symptoms on behaviour, recognizing and responding to substance abuse, and caring for those who have experienced maltreatment are also included (MCFD, 2011a).

Critics have questioned the value of requiring foster caregivers to complete each of these modules. They argue that these modules should be required as needed, depending on the characteristics of CIC placed in each home. For example, they question the value of the FASD module for caregivers who do not have any CIC with FASD. However, not all CIC are screened for FASD and thus it is possible that some providers may care for children and youth with undiagnosed FASD or who present with similar behavioural challenges. Further, failure to complete appropriate training for the care of those with specific behavioural or mental health issues until they are placed in the homes of providers would necessarily create a period during which the CIC would be placed in the home and the caregivers were in the process of attaining appropriate

training. The alternative would be to force the child to remain in a home of poor fit until the caregiver in question was able to complete the necessary training. For these reasons, the notion that caregivers should be permitted to select training sessions that they believe are necessary or appropriate is refuted and completion of the full training program is mandatory. However, a significant number of caregivers do not participate. Reasons cited for failure to participate include those pertaining to convenience, learning style, relevance of material, and lack of incentives. Caregivers expressed frustrations at the inconvenient times that training was offered, citing difficulty obtaining child care during the hours of training. Importantly, despite failure to complete the required training, MCFD continues to place CIC in these homes. This necessarily means that vulnerable young persons, many of whom present with emotional and behavioural issues, are being placed in homes of caregivers who have not been trained to care for these individuals (British Columbia, 2011).

These criticisms should be considered in the context of the impact that each caregiver has on CIC placed in their care. This apparent issue was illustrated in the recent publication of an RCY inquiry into the experiences in care of a young boy who had experienced multiple placement shifts, several periods of hospitalization, had multiple encounters with the police, and had stabbed a caregiver before reaching the age of 12 years. The inquiry was requested after the boy was tasered. It stated that this boy presented with developmental delays and hearing loss, which oftentimes resulted in behavioural outbursts. Upon removal from his biological parents, he was placed in a home for three years where he was subjected to neglect and emotional and physical abuse, which included cold showers and being forced to consume hot sauce as punishments. Thereafter, he experienced multiple placement shifts. These experiences likely contributed to his challenging and ultimately criminal behaviours. While this is only one case of a child who suffered at the hands of a provider who did not have sufficient parenting skills to provide appropriate discipline, it is important to note that this caregiver held multiple contracts with MCFD for 13 years (and thus cared for many CIC) prior to the confirmation of this abuse allegation (British Columbia, 2013). Although no comment can be made on whether this caregiver completed the MCFD training (because this information was not made public), the negative outcomes associated with poorly skilled caregivers is evident in this case. This single case exemplifies why it is imperative that caregivers are rigorously screened and trained to effectively care for and manage CIC; a

single provider who has not been effectively trained to manage behavioural transgressions can have the potential to incur a great deal of harm to a great deal of children. Above and beyond the potentiality of maltreatment, the likelihood of antisocial behavioural may also be increased.

Resource Shortages in British Columbia

Given negative media attention given to cases such as those described above, in recent years, MCFD has been criticized for failing to meet the basic needs of CIC in the province. Vancouver-based non-governmental agency, Pivot Legal Society, advocates for greater services to families and individuals with major housing, health and mental health needs, and conducted a review of the workplace environment at MCFD. Surveying 109 former MCFD staff members, they asked about the staff's reasons for leaving this ministry. Nearly one quarter (23%) of the sample indicated they left in protest of insufficient services for children and youth involved in the care system. In particular, some cited concerns that stable placements for adolescents were lacking and others indicated that the absence of appropriate services resulted in placement of some CIC in "risky situations". In essence, the report suggests that MCFD is not always placing CIC in homes that are consistent with the appropriate levels of care or abiding by the standardized recruitment and training protocols. Other key reasons reported for leaving MCFD were high caseloads, concerns with management, high stress, and burnout (Bennette et al., 2009).

Former MCFD employees do not stand alone in their assertions of poor resources. In a letter following the five-month 'Asking Questions Project', which included meetings with 59 interest groups and conducting 47 informant interviews to determine the strengths and weaknesses of the child welfare system, the British Columbia Child and Youth Officer expressed concerns. Chronic shortages of placements for youth in several locations were noted. These shortages often resulted in relocating young people to different communities, resulting in disruptions to established social connections and the need to develop new connections (Morely, 2004). Although these reports documented the presence and impact of resource shortages, they did not address whether CIC placement issues were further complicated by youth who displayed serious behavioural issues or were involved in the youth criminal justice system. Nevertheless,

regional disparities in types of placements available to meet the needs of CIC were noted, as was the harm associated with displacing CIC from their communities.

Since 2003, MCFD steadily increased support and alternative-to-care options to avoid removing children and youth from their families, which was intended to have reduced the need for entry into care and thus CIC placements (MCFD, 2008). Yet the unexpected outcome in some regions was a concentration of children and youth with more complex medical or behavioural needs, which appear to be saturated among older children and youth, who accounted for 80% of CIC (MCFD, 2008). This is important because adolescents with externalizing problems not infrequently are the most lilkely to engage in criminal behaviours, and therefore any subsequent CIC placements typically require caregivers who will accept older youth with behavioural problems into their care. In effect, this profile of service needs requires even more caregivers with the appropriate skillsets (i.e., more specialized placments) to provide these services.

In 2005, the shortage of caregivers in British Columbia was called to attention in a news series featured in the *Vancouver Sun*. The final article in the series noted that in particular, there was a shortage of experienced foster caregivers, especially for adolescents. As cited in this article, Patricia Youson, Chair of the Fraser Valley Foster Parents Association, described extensive over-crowding in foster care placements. In response, MCFD denied any “heightened concern” over placement shortages (Culbert, 2005). However, in an unpublished report drafted three years later, MCFD acknowledged that the supply of skilled caregivers was declining, and placements were over-crowded in approximately 16% of homes in the Vancouver Coastal region and 12% of Vancouver Island communities (MCFD, 2008). Again, this suggests that MCFD is not abiding by recruitment and placement protocols. The persistence of these shortages is apparent in the complaints lodged by the B.C. Association of Social Workers one year later (B.C. Association of Social Workers, 2009). Most recently, CBC News (2012) reported the Canadian foster care system was “in crisis” and emphasized that placements remain over-crowded and that, in some cases, CIC were placed in homes that had not been adequately screened for the safetey and monitoring of children. As mentioned above, placements with greater numbers of CIC reduce the likelihood of individualized attention and can diminish the ability of caregivers to respond to behavioural needs of individual CIC. Further, placement of difficult CIC in homes with

insufficiently skilled caregivers may contribute to (or fail to hinder) the development of antisocial behaviours.

The issue of the availability and suitablity of placements for children and youth in this province is highly relevant to the current study. A main theme of this dissertation is the attempt to understand the apparent anomonly in research on CIC in British Columbia noting multiple CIC placements as a significant risk factor for involvement in serious antisocial behaviour. In other words, as stated in the introductory chapter, it remains unclear why children who come to the attention of MCFD and are provided intervention services (i.e., placement in care) remain at such a heightented risk of engaging in serious and violent antisocial behaviour. In effect, since MCFD is aware of the risks to which these children and youth are exposed, appropriate interventions should assist in meaningfully reducing the impact of those risks. While preventative interventions are beyond the scope of this research, it remains evident that placements of good fit with adequately trained caregivers may improve the likelihood of positive outcomes for CIC with serious behavioural issues and complex risk profiles. In essence, enforcement of screening and training protocols may be one of the keys of intervention success.

Changes to Child Welfare Services in British Columbia: 1995-2013

As briefly mentioned in the introduction to this chapter, in 1994, the Honourable Judge Gove was appointed to lead a provincial inquiry into the death of Matthew Vaudreuil, who was involved with the child welfare system when he died in the care of his parents. This inquiry assessed child protective policies and services, and provided recommendations to improve those services (Gove, 1995). Honourable Judge Gove's recommendations ultimately resulted in the development of MCFD. Again, this multi-service ministry was designed to integrate child, youth, and family programs previously offered by a range of ministries and the development of a commission to review child deaths (Gove, 1995). As perhaps an unintended consequence of the report, child protection workers began to remove children and youth from their homes at a higher frequency, as opposed to supervising them in the care of their parents. Yet subsequent tragedies followed that resulted in the next major inquiry by the Honourable Judge Ted Hughes a decade later (Hughes, 2006). The mandate was to assess the system for reviewing child deaths and the need for an advocacy agency for children and youth, as well as child protective services (Hughes, 2006). The final report included 62

recommendations and a major theme involved improving MCFD and other ministries' collaboration with Aboriginal children's agencies to develop a consistent policy vision for the Aboriginal child welfare system. Other key recommendations pertained to the development of more effective policies for the recruitment of foster caregivers, greater funding to investigate child deaths, and the creation of the RCY to perform the key roles of advocacy and monitoring child protective services. Less than a month after the Hughes Report (2006) was released, Bill 34, which outlined the development of RCY, was introduced and given Royal Assent (RCY, 2012). As per the *Representative for Children and Youth Act*, 2006, the mandate is for RCY to advocate for and provide advice to children, youth, and families receiving MCFD services, in addition to monitoring and researching services and investigating critical injuries and deaths.

Even after development of RCY, concerns about services for CIC regarding placement procedures, placement instability, length of time in care, negative experiences in care, and involvement in youth justice have persisted. Due to the central role of MCFD in these issues, MCFD entered into the two-year collaborative Residential Review Project in 2010 with the Federation of Community Social Services of BC to gather information about strategies to improve the child welfare system (British Columbia, 2011). The final report was released in the spring of 2012. Its recommendations include the development of a new foster caregiver education program, renewed recruitment strategies, and the development of an array of residential care and treatment services. Mandatory education prior to caring for CIC, and ongoing training encouraged through an incentive-based monetary system were recommended to increase the number of skilled caregivers. To increase the number of appropriate placements and likelihood of good placement fits, both the targeted recruitment of specialized care providers for youth with mental health and special needs (including behavioural needs), and the development of a greater array of residential care options were recommended. A strategic plan for the implementation of these recommendations is scheduled to be developed in 2012/2013 and implementation of recommendations is set to begin incrementally in early 2013 (British Columbia, 2012).

The above history of fundamental changes and continual policy reviews of CIC over the last several decades suggest that policy and program issues remain outstanding or unresolved. It appears that several of the key issues associated with recruitment and training are receiving meaningful attention and that policies are

continuing to shift. However, as presented thus far, the child welfare system has undergone several changes to-date and thus it is important to remain cautious about any potential outcomes associated with the implementation of the above-mentioned recommendations. Further, it is important to recall that the current training program for caregivers has been mandatory since its inception and yet many providers remain untrained, while continuing to hold contracts for care of CIC in this province. Nevertheless, it is important to recognize the present as a time of flux, during which the foster care system is under review and important recommendations are scheduled to be implemented. This is key to the current research, as the context of the care environment is changing and CIC in the future may have very different experiences than those who comprise the sample of the current study.

Trends in the CIC Population

Understanding trends in the CIC population may assist in explaining the types of youth coming into conflict with the law. It can also help highlight other related policy issues, most importantly, the case management needs of young offenders who have been in care. Consistent with the implementation of early intervention strategies and those designed to keep children and youth in the care of their parents, the number of CIC in British Columbia has generally decreased since 2001. However, the proportion of Aboriginal CIC has increased over this time (British Columbia, 2011). One hypothesis for this trend is that Aboriginal children and youth brought to the attention of child welfare services had comparatively greater needs while MCFD strategies were most successful at reducing entry into care amongst those who had low-risk/needs profiles (MCFD, 2008). In contrast to the general downward trend in entry into care, the average number of years CIC spent on CCOs increased from six years and eight months in 2005/06 to seven years and six months in 2009/10. Very critically, though, despite spending a longer time in care, youth were experiencing fewer placement shifts: in 2005/06, 44% had four or more and 15% had ten or more placements, compared to 2009/2010 when 40% had four or more placements and 12% had at least ten (British Columbia, 2011). Similar trends were not observed among those on TCOs: average stay in care remained consistent at just over one year and though the proportion of youth who had four or more placements dropped from 7% in 2005/06 to 6% in 2009/10, the proportion experiencing

ten or more placements increased from 0% to 1% over this period (British Columbia, 2011).

It is also interesting that traditional foster homes and level one placements were less common than level two and three placements, or contracted care (British Columbia, 2011). As stated above, a major policy concern is that the CIC system is overwhelmed in terms of resource needs for high-risk children and youth (MCFD, 2008). Commenting on this issue and the general findings of the above-mentioned reports on health, education, and criminal justice profiles of CIC initiated by the RCY (British Columbia, 2006; 2007; 2009), Corrado et al. (2011) noted the wide-ranging and pervasive needs of CIC in this province. Equally important, was their assertion that MCFD and other key ministries (including Health, Education, Public Safety and Solicitor General and the Attorney General) consider utilizing a comprehensive and integrated risk management instrument. This instrument could assist in case planning using information routinely gathered by these ministries that is not shared systematically at the level of line case workers. The need for this case planning coordination was suggested because CIC in this province typically have had risk factors consistent with serious and violent offending, such as mental health issues and school failure (Corrado et al., 2011).

The Youth Criminal Justice System

As stated above, child welfare systems are governed by provincial legislation; in contrast, federal law governs provincial youth justice systems. The *Youth Criminal Justice Act* (*YCJA*; 2002) applies to all youth, aged 12-17 years, who come into conflict with the law in Canada. However, much like the child welfare system, the youth criminal justice system has undergone several changes in both structure and philosophy since its inception. These changes have impacted the demographics of youth who are detained in youth custody facilities, the reasons they are incarcerated, and the length of incarceration period. Importantly, several of these shifts have impacted CIC in particular, in part because of their unique vulnerabilities. This section of this chapter will provide an overview of the youth justice system, including its evolution and the trends in the youth justice population to highlight the needs of the system.

Several models of juvenile justice have been identified to describe the range of legal and philosophical approaches to the management of youth who come into conflict with the law. The *YCJA* has been described as a complicated example of the Modified Justice Model, which emphasizes both punitive and rehabilitative needs (Corrado, Gronsdahl, & MacAlister, 2007). This model focuses on extensive procedural safeguards, or due process rights, for criminal justice-involved youth. However, the *YCJA* also includes procedural and sentencing principles from the other models of youth justice including the Welfare, Corporatist, Justice, and Crime Control models (described in the next section). While it is beyond the scope of this dissertation to discuss the interpretation of the *YCJA* as a Modified Justice Model in detail, it is important to briefly explain how this legislation has evolved historically, because as mentioned above, legislative shifts have impacted the population discussed here. Importantly, MCFD is responsible for the dual roles of providing youth justice and CIC services. As described in the next section, this dual role can be traced to the origins of youth justice in Canada and highlights a historical trend of overlapping CIC and youth justice policies.

The Evolution of Youth Justice Legislation in Canada

Canada has had a juvenile justice system distinct from the adult system since the implementation of the *Juvenile Delinquents Act (JDA)* in 1908. As described by Corrado (1992), the *JDA* embodied the Welfare Model of youth justice, which deemphasized procedural rights central to the model prevalent in the Canadian adult criminal justice system. The focus was on identifying the “causes” of delinquency in the family and neighbourhood of the “juvenile” (defined as those between the ages 8 to 16, 17 or 18 depending on provincial laws setting the maximum age for that jurisdiction), and providing rehabilitative services. The key service providers were located in social service ministries. However, after decades of criticism focused on the absence of both basic procedural rights and evidence confirming that rehabilitation (the legal philosophical trade-off for the absence of these rights) had occurred, the *JDA* was replaced with the *Young Offenders Act,* 1982 (*YOA;* Bala, 1997).

The *YOA* shifted youth justice legislation in Canada from a philosophy emphasizing rehabilitation and protection of vulnerable persons to one emphasizing standardization of the youth criminal justice system by regulating arrest, interrogation, court, and sentencing procedures for youth. However, this standardization was intended

to be achieved while balancing the needs of youth and the protection of the public (Bala, 1997). Like the *YCJA,* this legislation can be understood as an example of the Modified Justice Model (Corrado, 1992). However, shortly after implementation, the *YOA* was criticized by proponents of the Crime Control Model of youth justice, who argued that the legislation failed to protect the public from violent and/or repeat young offenders. These critics condemned the *YOA* for being "soft on crime," a perspective that was reinforced by sensationalized media accounts of violent youth crime (Corrado & Markwart, 1992). Although these cases were rare in actuality, public pressure to reform the *YOA*, or replace it entirely, resulted in three waves of amendments before its eventual repeal in 2002.

The *YOA* amendments emphasized elements of the Crime Control Model, shifting the legislation away from emphasis on responsive integrated services promoting rehabilitation to an increased focus on punitive responses to young offending. Sapers and Leonard (1996) described the initial Crime Control amendments to the *YOA* as largely technical. For example, the changes focused on streamlining the review and response processes for youth who failed to comply with court-ordered conditions, lifting the publication ban on the names of youth in cases where the offenders were deemed dangerous and the public could assist in apprehension, and making it easier to keep youth in pretrial detention for longer periods of time. These amendments were introduced in Bill C-106, and were implemented in 1986. The subsequent waves of amendments focused on more substantive issues. The 1991 Bill C-12 focused on transfers of charged youth to adult court and extending maximum custodial sentences from three to five years. The final wave of *YOA* amendments in 1995 further increased maximum sentences for murder to ten years and allowed for automatic transfer of youth to adult court in cases involving personal injury offences. Importantly, these amendments stood to incarcerate youth for longer periods of time with a reduced emphasis on rehabilitation. In practice, this translated into vulnerable youth (e.g., CIC) being incarcerated in greater number, at a higher frequency, and for a greater period of time. Thus this history is particularly important in understanding the high rate of incarceration among CIC.

Despite the three waves of amendments shifting the *YOA* to be more consistent with a Crime Control approach, controversy surrounding the *YOA* persisted. Ongoing debate and criticisms resulted in then Justice Minister, Allan Rock, tasking the House of

Commons Standing Committee on Youth Justice and Legal Affairs in 1994 to review the *YOA* (Canada, 1997). In its final report, this committee concluded that youth justice should avoid a sentencing philosophy based on harsh penalties for all young offenders. The Committee instead recommended modifications to the *YOA* including changes to encourage greater reliance on community-based services for less serious offenders, and greater use of diversionary police tactics to increase use of warnings from police and decrease arrests (Canada, 1997). Yet despite extensive recommendations to amend the *YOA* further, the legislation was repealed and the entirely new *YCJA* was implemented in 2002.

The *YCJA* was designed to balance Crime Control concerns regarding serious violent youthful offending and the proportionality of seriousness of the offence to the severity of the punishment, supported by the Justice model. The latter emphasizes the importance of alternatives to judicial processing for minor offences and alternatives to admission to custody facilities for non-serious offences. These alternatives include reduced use of courts for minor offences and increased use of custody for the most serious and violent offences (Bala, Carrington, & Roberts, 2009). Importantly, the *YCJA* Preamble implicitly states that the youth criminal justice system should emphasize a reduction in the over-representation of less-serious offenders in prison.

Though there are regional variations in the use of courts and custody, the *YCJA* significantly reduced rates of court and custody overall without increasing youth crime within five years of implementation (Bala et al., 2009). Several key changes to youth justice legislation introduced by the *YCJA* may have contributed to the realization of this goal and each are discussed in greater detail below. Several of these measures may have disproportionately impacted young CIC offenders who commonly presented with disproportionate mental health issues and complex risk profiles, thereby increasing their risk of serious and violent antisocial behaviour. Accordingly, CIC may be more likely to engage in behaviours consistent with sentences of incarceration as per the *YCJA.* However, it is unlikely that the incarceration rate of this population would have increased in actual numbers, as under the *YOA*, these youth may have been sentenced to custody for Welfare principles to receive services that YPOs and youth court judges believed could best be provided in custody facilities. Instead, reduction in the incarceration of less serious offenders, as per the *YCJA*, may have contributed to an increased concentration of vulnerable youth more likely to engage in serious and violent antisocial behaviour.

Accordingly, this may help to explain the over-representation of CIC among youth incarcerated under the *YCJA*.

A key change to youth justice legislation ushered in by the *YCJA* impacted the demographics of the incarcerated youth population and their reasons for incarceration. One of the criticisms of the *YOA* was that "vulnerable" youth, such as those who were homeless or involved the sex trade, were being placed in pretrial detention to protect them from harm. To rectify this, the *YCJA* specifies that youth shall only be remanded to custody under the same three circumstances permitting remand of adults: likelihood of failure to attend court proceedings, likelihood of committing a crime, and protection of the public. Further, section 29(1) states that pretrial detention is not a substitute for child protection and cannot be used to meet social needs, such as housing. Accordingly, under the *YCJA,* youth are less likely to be incarcerated for welfare concerns, thereby shifting the range of reasons for incarceration of young offenders and potentially the demographics of the population.

Similarly, the *YCJA* specifies the circumstances under which young offenders are subject to incarceration as a sentence. The *YOA* was criticized for having vague conditions for incarceration that may have contributed to over-incarceration. In contrast, section 39(1) of the *YCJA* requires that youth must meet one of four criteria for a custodial sentence (see Appendix B). A young offender must have either failed to comply with a non-custodial sentence, committed a violent offence or indictable offence for which an adult would be incarcerated for at least two years, have a history of guilty findings,[7] or have committed an indictable offence in the presence of aggravating circumstances that render a non-custodial sentence inconsistent with the principles of the *YCJA*. Another fundamental change regarding custodial sentences for youth was the addition of conditional release provisions; youth now serve the last third of custodial sentences under community supervision (Bala et al., 2009). These provisions effectively permit the incarceration of serious and violent young offenders only, and thus vulnerable groups (e.g., CIC) who have greater exposure to risk factors for these types of offences may have been disproportionately impacted.

[7] This requirement was amended by the *Safe Streets and Communities Act,* 2012 to include having a pattern of extrajudicial sanctions in lieu of guilty findings.

Besides limiting opportunities for custodial sentences, the *YCJA* introduced additional community-based sanctions including an intensive support and supervision program (ISSP) and deferred custody and supervision orders (DCSO), which are described below. The legislation also encourages the use of extrajudicial measures (discussed below) to reduce the number of youth eventually charged by police. The *YCJA* (2002) also introduced intensive rehabilitative custody and supervision (IRCS) orders. These orders were intended to meet the needs of serious young offenders with mental disorders (Bala et al., 2009).

The *YCJA* is complex in terms of length, sections and subsections, and the incorporation of processing and sentencing principles utilizing all the key models of youth justice mentioned above. As such, it was not evident how key youth justice officials including police, Crown prosecutors, youth probation officers, and youth court judges would apply it in practice when implemented. Perhaps an unintended result, the *YCJA* resulted in disproportionate incarcerations of CIC and other particularly vulnerable youth, such as Aboriginal offenders and females. In other words, discussion of the *YCJA* helps to contextualize how this law impacts young offenders belonging to vulnerable groups in general, and for the purposes of this dissertation, CIC. Arguably, the above changes to the use of remand and custody sentences may have disproportionately impacted CIC. This legislation may have served to reduce the incarceration of some CIC presenting with needs (such as mental health or housing) for the purpose of protection and access to services. However, CIC are also at an increased likelihood of presenting with significant risks, which may contribute to meeting the criteria for incarceration and thus their saturation among samples of incarcerated youth. Like its predecessor, the *YCJA* has aroused considerable political/ideological debate resulting in amendments as per the recent enactment of the *Safe Streets and Communities Act* (2012).

This *Act* resulted in amendments to several pieces of legislation, including the *Criminal Code of Canada* (1985) and the *YCJA.* The *YCJA* reforms came into effect in October 2012 and involved revision of the principles of the youth justice system, as outlined in the Preamble of the legislation. By defining the key legislative priorities, historically, the preambles of youth legislation have guided key youth justice officials, especially judges, in interpreting the more ambiguous sections and subsections of these laws. The *YCJA* Preamble, for example, did not include deterrence as a sentencing principle. This omission was confirmed in *R. v. B.W.P.; R. v. B.V.N* (2006) where the

Supreme Court of Canada cited the Preamble in its ruling that deterrence could not be a consideration in the sentencing of a young offender no matter how strong the rationale for its use. Not surprisingly, the absence of deterrence as a sentencing principle resulted in severe criticisms of the *YCJA* for being "soft on youth crime" (Corrado & Peters, forthcoming). The *Safe Streets and Communities Act* incorporated this principle into the *YCJA* and the present government has declared the primary purpose of the YCJA to be the "protection of the public" as opposed to rehabilitation (Canada, 2012).

The first reform involved the criterion for pretrial detention in cases where there is a high likelihood that the youth will fail to appear before the court as directed, and is charged with a "serious offence"[8], or has a history of outstanding charges or convictions. The second reform extended the definition of violence, which is a key criterion for a custodial sentence; this definition now includes behaviours that endanger others (i.e., reckless behaviours), as opposed to those that harm or attempt to harm others. However, the *Act* reduces the ability to transfer incarcerated young offenders to adult correctional facilities until they are 18 years of age, regardless of whether they were sentenced as a youth or adult (Canada, 2012).

The third reform requires Crown counsel to consider seeking adult sentences for all youth who commit serious or violent offences rather than having the option to consider it. In cases where Crown counsel chooses not to pursue an adult sentence, the court must be informed of the decision. Similarly, the courts are now required to consider lifting the publication ban on the names of violent youth upon sentencing. While this ban was previously lifted when youth were sentenced as adults, there is now a *requirement* that publishing names of young offenders be considered in the interest of protecting the public from potential violence. The final amendment requires police officers to record the use of informal measures, such as warnings, issued to youth so that the courts and other police officers will be aware of previous criminal justice contacts (Canada, 2012).

The *Safe Streets and Communities Act* has received extensive criticisms. For example, a report by the United Nations Committee on the Rights of the Child (2012)

[8] Serious offence is defined as any indictable offence that carries a maximum sentences of five or more years in adult court and that can endanger the public (*Safe Streets and Communities Act*, 2012).

described the *Act* as “excessively punitive”. This report stated that the original *YCJA* generally conformed to the UN Conventions on the Rights of the Child, but with the recent amendments, this description is no longer justified. The criticisms focused on increased reliance on incarceration, potentially resulting decreased use of extrajudicial measures, and diminished protection of young offender privacy (UN Committee on the Rights of the Child, 2012). Critics in Canada focused on the presumed legal-philosophical shift from the importance of offender rehabilitation to the overriding predominance of public protection and the consequent greater reliance on incarceration. More specifically, concern has been expressed that more frequent and longer custodial sentences will result in the development of “hardened criminals” and the damaging effects of custodial punishment on disproportionately vulnerable groups, such as CIC (CBC News, 2012).

Importantly, a recent review of the impact of the *YCJA* found this legislation to be effective in reducing the use of youth custody while correspondingly increasing alternative measures and sanctions (Bala et al, 2009). In other words, the absence of the deterrence principle and the restriction in the use of custody were associated with positive outcomes that may now be reversed with the implementation of the *Safe Streets and Communities Act* at the expense of Canada’s most vulnerable youth. These positive impacts have been attributed to several key *YCJA* sections involving alternatives either to entering youth justice or being sent to custody which, again, are particularly relevant to CIC given their complex risk profiles. The latter will be described in detail in the next chapter.

Current Responses to Criminal Behaviour Perpetrated by Youth

The current research focuses heavily on within individual change as youth mature, experience CIC placements, and are exposed to a range of criminal justice interventions. Accordingly, it is important to provide an overview of the range of criminal justice interventions to provide a necessary foundation for understanding the experiences of these youth. Each type of intervention supported by the *YCJA* is discussed individually below.

Initial contacts with the youth criminal justice system are generally with the police. Traditionally, these gatekeepers to youth criminal justice have exercised

considerable discretion when deciding whether to proceed to formal stages of this system by charging youth with crimes. In British Columbia, the decision to charge is solely the prerogative of the Crown prosecutor even though it is the police officer who technically "swears to the information" that results in the official charge. Under the *JDA*, police discretion was unstructured, as there was no formal charge process in place. This discretion was more structured under the *YOA*, but it was the responsibility of the provinces to elaborate on the options available. However, the *YCJA* provided explicit, uniform, and structured options for the police, Crown, and youth court judges. The two key categories are extrajudicial measures (EJM) and extrajudicial sanctions (EJS). The former are more informal, since they do not involve Crown, YPOs or judges necessarily; the latter often involve these officials in semi- and/or formal processes.

Extrajudicial measures encompass responses that do not involve youth court judges and instead are used at the discretion of police officers and Crown counsel. They are appropriate in response to non-violent offences. Two broad categories of EJMs exist: informal and formal measures. Warnings and cautions from police about the impact of criminal behaviours, and referrals to programs are categorized as informal measures. Importantly, if a police officer decides to refer a young person to a program instead of pursuing charges, the youth must consent to the referral. If no consent is given, the police officer can recommend charges (*Youth Criminal Justice Act,* 2002). In contrast, formal EJSs are imposed by Crown counsel and are utilized when the offence is more serious, or the youth has been convicted previously. Like the EJM referral process, youth must consent to participate in an EJS program and accept responsibility for their criminal actions. Without consent and responsibility, Crown can proceed to the formal charge process and court proceedings. If these conditions are met, Crown counsel will place the youth's charges on hold for three months while the youth works with a YPO to complete the EJS program. These programs include paying restitution to victims, participating in counselling, apologizing to victims, or community service. EJSs remain on the youth's criminal record for a period of two years. Failure to comply fully with the EJS program can also result in Crown proceeding with the formal charges (*Youth Criminal Justice Act,* 2002). It is evident that several EJMs and EJSs can be helpful to vulnerable youth who can benefit from services, such those involving counselling, cultural, and education programs. Since these options are available even after multiple minor offences, it is not uncommon for a police officer, YPO, or even Crown prosecutor

especially in smaller communities, to be familiar with youth whose offending can be associated with their family, peer group, school, substance dependency and other mental health risk factors. In theory, this familiarity allows for the use of the appropriate and available programs.

Youth not eligible for EJMs proceed to formal court proceedings and, if found guilty, are subject to another set of wide-ranging sentencing options under section 38(1) of the *YCJA* (2002). This range of options reflects the multiple sentencing principles of this law:

> to hold a young person accountable for an offence through the imposition of just sanctions that have meaningful consequences for the young person and that promote his or her rehabilitation and reintegration into society, thereby contributing to the long-term protection of the public.

Given the range of offences that youth may have committed and the potential mitigating and aggravating factors that may be present, a range of sanctions exist to enhance the availability of “just” responses as outlined in section 42(2) of the *YCJA.* Less serious sentences include judicial reprimand, absolute discharge, conditional discharge, a fine not exceeding $1000, compensation to pay back damages, restitution, attendance at a non-residential treatment program, and community service of up to 240 hours to be completed within one year. For more serious offences, sentences include supervision orders served in the community or in prison. Importantly, all youth on supervision orders are case managed. YPOs are responsible for the administration of these orders. These officials provide case management services involving oversight of the court-specified criminal justice interventions. However, YPOs typically consult with the youth, parent/guardian, and any other involved staff, such as the youth’s social worker. Case management is initiated at the time the supervision order is made and continues until the order is terminated (MCFD, 2011g).

Community supervision includes probation, DCSO, and ISSP orders.[9] As per section 55(1) of the *YCJA* (2002), all probation orders must contain the conditions that

[9] Community supervision also includes supervision of youth who are awaiting trial in the community and thus have not been sentenced. In these cases, youth are supervised by YPOs under bail conditions (*Youth Criminal Justice Act,* 2002).

youth "keep the peace and be of good behaviour" and "appear before the youth justice court when required by the court to do so". However, section 55(2) provides youth court judges the authority to add additional conditions, such as the requirement that youth report to a YPO when directed, reside with a parent or other adult as directed by the court (referred to commonly as a 'reside' condition), attend and complete a residential treatment program, abstain from drugs and alcohol, and avoid entry into particular geographical areas or contact with particular individuals. DCSO orders are sentences to custody that can be served in the community and provide a means to keep youth who meet the criteria for incarceration in the community. This is essentially a final attempt to avoid incarcerating the young person. As per sections 106(a) and 106(b) of the *YCJA* (2002), youth on DCSOs who breach their conditions can have their conditional supervision order withdrawn, resulting in immediate incarceration without having to appear before a judge. ISSP orders are another form of community supervision, and are designed to provide high-risk youth with individualized attention. These youth are assigned a one-to-one worker who encourages the development of life skills in terms of education, work, family, and community relationships, in addition to encouraging prosocial leisure activities. Interestingly, the provision of ISSP orders in Canada is concentrated in British Columbia (Bala et al., 2009).

Youth may also be sentenced to a residential setting such as a mental health facility or a youth custody facility. The former includes provision of an IRCS order, described in section 42(7) of the *YCJA* (2002) that allows the court to confine youth to a mental health facility or consent to combined treatment and confinement. Importantly, IRCS orders do not allow the court to order involuntary treatment for a young offender, and are only available in cases where youth commit serious offences and have a mental disorder. Accordingly, these orders are rare (Bala et al., 2009). More commonly in British Columbia, for example, youth are incarcerated in one of three youth custody facilities located in Burnaby in the greater Vancouver area, Victoria on Vancouver Island, and Prince George in the north central region. Judges may sentence youth to open or secure custody based on the seriousness of the offence, prior offence history, and previous behaviours in custody and on community supervision. Open custody affords the young offender greater independence in movement and time schedules and social interaction privileges in the custody centre, while secure custody is defined by more rigid control (*Youth Criminal Justice Act,* 2002). Despite the inherent limitations in normal freedoms,

custodial facilities in this province are governed by strict rules that direct well-trained staff and management regarding their routine treatment of incarcerated youth, use of force/restraint, the provision of a wide range of basic services including school, health, mental health, sports/leisure activities, and access to family, defence council, and RCY. Also, because MCFD is responsible for youth custody facilities and youth probation services, there is close coordination with social workers, family services and Aboriginal services. Importantly, young offenders whose custodial sentences extend beyond 18 years of age may remain in a youth correctional facility until their 20th birthday if the youth court judge decides that doing so is in the best interest of that youth, and will not detract from the safety or order of the custody centre.

Each custody centre has a case management team that participates in the management of incarcerated youth, while primary case management responsibilities are retained by YPOs in the community. Youth custody facilities offer four types of programs designed to meet the education, religious, and recreational needs of the incarcerated youth. These youth are encouraged to participate in these service programs especially in preparation for custodial release. Core programs also address substance abuse issues, violent behaviours, and life skills. There are specialized programs for Aboriginal and female youth, and those who engage in violent behaviours or require mental health services. Finally, youth are referred to reintegration programs while in custody and attend these programs upon their return to the community. These programs include meeting with ISSP workers, and placement in community transition beds, which are designed for youth who remain under the guardianship of their parents, but are unable to return home for a period of time. Transition beds function similarly to short-term foster placements, but do not involve entry into the care system (MCFD, 2011g). While certain basic mental health services are provided by custodial YPO staff, comprehensive diagnostic assessments, specialized interventions, and medical treatments often involve specialized services provided by Youth Forensic Psychiatric services, described below.

Youth Forensic Psychiatric Services

Youth Forensic Psychiatric Services (YFPS) is designed to meet the needs of youth who have mental health issues and are in conflict with the law. It offers both inpatient and outpatient services. Inpatient services are offered at the Burnaby Inpatient Assessment Unit, located adjacent to the Burnaby Youth Custody Centre. The range of

services includes psychiatric and psychological assessments for remanded youth, short-term care for youth who have been found not criminally responsible on account of mental disorder (NCRMD), and mental health services for incarcerated youth. Outpatient services are offered in clinics, along with court-ordered services, including psychiatric and psychological assessments for youth in the community and assessments and consultations of youth referred by YPOs. As part of case management planning, mental health services are also available. As well YFPS provides specialized community-based programs for sexual and violent offenders, and those found NCRMD and are granted condition release (MCFD, 2011d).

Trends in the Youth Justice Population

The overall rate of criminal justice involvement, as defined by custody or community supervision, has declined over the past ten years in Canada. Yet, both male and Aboriginal youth are over-represented in the criminal justice system, accounting for 78% and 26% of the population in 2010/11 respectively. Community supervision orders, predominantly probation orders, were the most common sentence; approximately 13,300 youth were supervised in the community across Canada on any given day in 2010/11. Interestingly, British Columbia has the lowest rate of youth community supervision orders (Munch, 2012). In regards to incarceration, as of 2010/11, approximately 1500 youth were incarcerated in Canada[10] on any given day, with 54% held on remand and just over half (53%) in secure custody.[11] Again British Columbia also had the lowest youth incarceration rate (Munch, 2012), with only 731 incarcerated young offenders in 2009/2010 (British Columbia, 2011). Reductions in youth involvement in the criminal justice system in this province may have been impacted by the development of MCFD or the implementation of the *YCJA*, both of which impacted approaches to managing young offenders and coincided with the observed reductions. However, despite the success of this province in dramatically reducing youth involvement in the youth justice system, CIC remain over-represented in this system and require further research.

[10] Quebec is not included in this statistic.

[11] Recall that youth held in custody (including remand) can be held in either secure or open custody.

Conclusion

As mentioned in the introductory chapter, several empirical findings in the general literature and in the RCY reports indicate the relationship between placement in care and involvement in the criminal justice system remains unclear. The policy assumption is that there is a negative relationship, especially given the above-mentioned history of provincial policies and related ministerial institutional efforts to address tragedies involving CIC and vulnerable groups. Equally important from a policy perspective, the *YCJA* is in part designed to minimize the criminal justice involvement of youth. One explanation is that the CIC population may be saturated with high-risk youth; as presented thus far, the proportion of CIC in this province is decreasing, but the concentration of CIC with complex risk profiles and behavioural problems is increasing, which suggests that a greater proportion will be involved in both the child welfare and youth justice system. Closely related, concerns remain that it is difficult to recruit caregivers for adolescent CIC and more importantly, compliance with the education program for these caregivers is not consistently enforced. These resource issues increase the vulnerability of adolescent CIC who may be at greater risk of developing antisocial behaviours. As per recent legislative shifts, vulnerable youth will be at even greater risk of incarceration, and this may impact CIC disproportionately, as they are a vulnerable population. A related explanation is that CIC may have fundamentally different risk profiles, and even different pathways to criminal offending, especially serious and violent behaviours. These risk factors are explored in the next chapter.

Chapter 3.

Risk Factors for Serious and Violent Offending and the Developmental Criminological Theoretical Perspective

Since this dissertation research involves examining CIC theory and policy issues in a sample of serious and violent young offenders, it is important to review the theories and related research regarding this type of young offender. While there has been considerable theorizing and research on the more pervasive delinquent and general antisocial behaviours, there has been less focus on serious property and violent offending (with the exception of gangs) until more recently (see for example: Loeber, Farrington, Stouthamer-Loeber, Raskin White, 2008). The advent of large cohort studies provided the impetus for identifying risk and protective factors for the most serious forms of young offending. By the 1990s, formal theories emerged and included extensive lists of such factors. However, there was either no mention, or only cursory discussion, of placement in care as a risk factor. Instead, the related broader family risk and protective factors have consistently been central to theorizing about all forms of delinquency and serious youth crime more specifically. For example, unstable families, families in conflict with the law, young single parents, low social capital families, leaving home (by force or choice), and poor parenting styles all are related to the phenomenon of placement in care. Yet these risk factors are conceptually and operationally separate from the CIC risk factor. The importance of specifying more distinctive family-related variables is partly associated with advances in the developmental criminological theoretical perspective, which was established in the 1990s with the pioneering works of theorists such Loeber and Leblanc (1990), Nagin and Tremblay (2001), Farrington (1989), and Moffitt (1993). More recently, Loeber, et al. (2008) also published a landmark edited book on the risk, protective, and promotive factors for serious child offenders and serious property and violent young offenders respectively.

The developmental perspective, which introduced key concepts from developmental psychology, engendered an intense theoretical and empirical debate about its validity compared to more traditional criminological theories embodied, for example, in Gottfredson and Hirschi's (1990) General Theory of Crime. The latter perspective asserts that time invariant constructs, most importantly, low self-control, explain serious criminality across the entire life course. In contrast, developmental theories maintain that without the explication of distinctive age-stage related risk and protective factors, it is not possible to explain differences in the onset, persistence, and desistence of crime across the broad life course stages (i.e., childhood, adolescence, and adulthood). Given that children and adolescents enter into care and the youth justice systems at various stages, it will be argued that the use of the developmental criminological perspective is the most appropriate approach for understanding the relationship between CIC experiences and involvement in the CJS. This perspective and key risk and protective factors will be elaborated in this chapter along with a Corrado and Freedman's (2011a; 2011b) model of five pathways that each includes the placement in care as a risk factor.

Risk Factors for Serious and Violent Young Offending

The concept of serious and violent offenders plausibly has its origins in the cohort studies by West (1982) in East London and Wolfgang, Filgio, and Sellin (1972) in Philadelphia, which reported a small minority of serious and violent young offenders who committed the greatest amount of crime. The Philadelphia study identified this group as only six percent of their sample. Subsequent cohort studies confirmed this finding. For example, focusing on a sample in Dunedin, New Zealand, Moffitt (1993) hypothesized that 5% of those who engaged in early childhood onset serious antisocial behaviour would be life-course persistent offenders, while the majority or those who began their offending as adolescents would desist before adulthood and would thus be adolescent limited offenders. More recent reports from these original studies, along with more recent cohort studies from Europe and elsewhere, have not only identified the serious and often violent offending group, but have also specified a new range of risk and protective factors often involving recent advances in genetic, epigenetic and more refined measures of perinatal and infancy factors (Farrington, Loeber, Jolliffe, & Pardini, 2008;

Hemphill, Toumbourou, Herrenkohl, McMorris, & Catalano, 2006; Lacourse, Coté, Nagin, Brendgen, & Tremblay, 2002; Nagin & Tremblay, 2001; Schaeffer, Petras, Ialongo, Poduska, & Kellam, 2003). It is beyond the scope of this dissertation to elaborate on the now exhaustive list of risk and protective factors from this complex and multi-disciplinary research, however, there are several longstanding factors that will be discussed in this chapter. The risk factors presented here were selected based on prominence in the research literature, relevance to serious and violent antisocial behaviour and CIC specifically, inclusion in the models presented by Corrado and Freedman (2011a; 2011b), and relevance to the data available for the research presented in this dissertation.

Negative Peer Relations

Peer acceptance and relationships are crucial to childhood and adolescent development. Peer rejection has been observed to seriously impact development and increase the likelihood of aggressive and antisocial behaviours. In particular, children who experienced peer rejection by ages nine to ten years have been observed to be at an increased risk of engaging in antisocial behaviour by 24 years of age (Nelson & Dishion, 2004). The causal mechanism explaining the association between peer rejection and antisocial behaviour is not well understood and it has been suggested that the impact of peer rejection is contingent upon individual-level risk factors. For example, early peer rejection has been observed to exacerbate aggression among those who are already predisposed to aggressive behaviours (Dodge et al., 2003). As such, it is possible that those who experience peer rejection and ultimately engage in antisocial behaviours were already at risk and in fact, that this risk plays a role in peer rejection.

Closely related, association with antisocial peers in adolescence is a robust predictor of antisocial behaviours (Farrington, 2005; Farrington et al., 2008; Thornberry, Lizotte, Krohn, Farnworth, & Jang, 1994; Thornberry, Lizotte, Krohn, Smith, & Porter, 2003). However, the causal mechanism underscoring this association is also contentious. This association may best be interpreted as reciprocal, rather than causal, as antisocial youth may be more likely to develop bonds based upon mutual delinquency, which then result in further antisocial behaviours (Elliott & Menard, 1996; Thornberry et al., 1994). This hypothesis is supported by the observation that young people tend to offend at greater frequency after they enter into gangs (Gatti, Tremblay,

Vitaro, & McDuff, 2005; Thornberry et al., 2003). The increased frequency of antisocial behaviours of youth gang members may be related to the tendency of gangs to encourage and reinforce antisocial behaviours, thereby embedding participating youth in criminal lifestyles (Lien, 2005; Thornberry et al., 2003). Importantly, prolonged exposure to antisocial peers can impact development, resulting in persistent antisocial behaviour even after severing ties with negative peers (Lacourse, Nagin, Tremblay, Vitaro, & Claes, 2003). Antisocial peer networks are important to the study of CIC because, as will be discussed below, these youth are likely to develop negative peer groups. This may be related to their frequent moves, which constantly forces them to develop new peer networks. As it can be easier to become accepted into a negative group than a prosocial network, CIC may pursue connections with the former.

Poor Academic Performance

Strong academic performance is well established as a protective factor against antisocial behaviour (see for example: Farrington et al., 2008; Wolfgang et al., 1972) and poor academic performance (see for example: Farrington, 1989; Hemphill et al., 2006; Huizinga & Jakob-Chien, 1998) and disruptive classroom behaviours have been identified as risk factors for antisocial behaviour (Weerman, Harland, & van der Laan, 2007). Further, one study noted that poor academic performance related to learning disability was predictive of antisocial behaviours in adulthood (Sundheim & Voellere, 2004). Low school enrollment has also been observed among serious and violent young offenders. For example, using data from the SISVYO, it was found that only a slight majority of the incarcerated serious and violent youth were enrolled in school at the time of the interview and many participants were at least one grade behind their peers of the same age (Corrado, Cohen, & Watkinson, 2008). School truancy has also been linked to greater amounts of unsupervised time spent with antisocial peers, which can create greater opportunities to learn and engage in antisocial behaviours (Hemphill et al., 2006; Henry & Huizinga, 2007).

An association between poor school performance and placement in care has also been observed. An American study found that academic achievement among CIC was below the average of those who were not in care and showed little improvement (or further diminished) over a period of three years (McCrae, Lee, Barth, & Rauktis, 2010). A Canadian study reported similar findings more than a decade earlier, indicating that CIC

were more likely to repeat a grade (41% vs. 9%), receive special education (43% vs. 7%), and that male CIC were significantly more likely to change schools for reasons other than a grade change (i.e., from middle school to high school; Flynn & Biro, 1998). These findings are consistent with the RCY report (2007) indicating that CIC in British Columbia are more likely to have educational special needs, struggle in school, and drop out or graduate with lower grade-point averages than their peers who were not in care.

Substance Abuse

Substance abuse in general, has been identified as a predictor of both violent and non-violent serious offending (see for example: Farrington et al., 2008; Huizinga & Jakob-Chien, 1998) and more specifically, alcohol and marijuana dependence have been identified among the predictors of violence (Arseneault, Moffitt, Caspi, Taylor, & Silva, 2000). Further, substance abuse has been observed at a high frequency among samples of incarcerated youth (Corrado & Cohen, 2002; Neff & Waite, 2007). Three links between substance abuse and antisocial behaviour have been identified: individuals may engage in crime while under the influence of substances, crime may become an avenue for obtaining money to purchase intoxicating substances, or criminal behaviour may be associated with participation in the drug trade (Goldstein, 1985). In discussion of the association between substance abuse and youthful serious and violent antisocial behaviour, each of these causal mechanisms is understood to play a role.

A range of explanations may be offered to explain why substance abuse is so common among serious and violent young offenders, but those related to trauma and peer influences maintain prominence. Substance abuse, particularly abuse of hard drugs, has been associated with childhood trauma. Given that serious and violent young offenders are often exposed to a multitude of risk factors which often include traumatic events, self-medication may underscore a great deal of substance abuse among this population (Corrado & Cohen, 2002). Windle and Windle (1996) hypothesized a process whereby abuse of substances as a means of coping may contribute to a cycle of negative behaviours that undermine prosocial development and result in further exposures to negative events and subsequent antisocial behaviour. The use of substances as a coping mechanism may help to explain the high prevalence of substance use noted among CIC, who often enter into care as the result of some traumatic experience and are further traumatized by placement and experiences in care.

In one study, approximately 40% of 15-18 year old CIC reported alcohol use in the past six months and 36% and 25% reported use of marijuana and both alcohol and marijuana during the same time frame. The strongest risk factors associated with substance abuse were having friends who used substances and skipping school (Thompson Jr. & Auslander, 2007). These findings may be explained with reference to research describing the relationship between substance abuse and peer influence as reciprocal rather than consistently unidirectional (i.e., peer influence causes substance abuse and skipping school and vice versa; Elliott & Menard, 1996; Thornberry et al., 1994). However, another study found that CIC were more likely to have experienced symptoms associated with substance use disorder and were approximately five times more likely than non-CIC to be diagnosed with a substance disorder in the past year (Pilowsky & Wu, 2006). This observation suggests that the association is not likely to be explained solely in relation to peer influences, but that factors increasing risk of addiction may also play a role (see for example: Blanc et al., 1980; Meaney, Brake, & Gratton, 2002; Putnins, 2006). In other words, extreme substance abuse among CIC is likely common among those with peers who also engage in substance abuse, who act as a reinforcing or additional risk factor.

Mental Health and Behavioural Problems

Mental health problems in general predict antisocial behaviours, and externalizing behaviours have been associated with serious and violent offending in particular (see for example: Arseneault et al., 2000; Farrington, 1989; Huizinga & Jakob-Chien, 1998; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). Not surprisingly, mental illness has been observed at a disproportionate rate among incarcerated young offenders. In particular, clinical disorders were observed at a high prevalence in a study of 1829 incarcerated youth. Nearly two-thirds of the males and three-quarters of the females in the sample met the diagnostic criteria for at least one mental illness other than conduct disorder, with substance use disorder, disruptive disorders, and depressive episodes (among female youth) at particularly elevated rates (Teplin et al., 2002). Recent meta-analytical findings also support the disproportionate prevalence of mental illness among samples of incarcerated youth, noting that psychosis in particular was nearly ten times more common among those in prison (Fazel, Doll, & Långström, 2008).

Attention deficit and disruptive behaviour disorders have also been observed at heightened frequency among samples of incarcerated youth. Attention-deficit/hyperactivity disorder (ADHD) is characterized by inattention and impulsivity, while disruptive behaviour disorders are characterized by behaviours that contravene social norms and the well-being of others. Disruptive behaviour disorders include conduct disorder (CD) and oppositional defiant disorder (ODD), which have persistent symptoms hindering positive interpersonal interactions (American Psychiatric Association [APA], 2013). In particular, established patterns of behaviour that violate social norms manifested by aggression towards people or animals, property destruction, deceitfulness, and serious rule violations (e.g., running away, school truancy) are characteristic of CD, while ODD generally involves consistent hostile and defiant behaviour (APA, 2013).

Not surprisingly, these childhood developmental disorders have been found to be over-represented among samples of incarcerated youth, particularly in British Columbia. General population estimates indicate that approximately 5% of children are diagnosed with ADHD (APA, 2013), while prevalence among incarcerated samples has been observed in as many as 17% of male and 15% of female youth in an American sample (Teplin et al., 2002) and 12.5% and 22% respectively in a recent analysis of a sample in British Columbia (Gretton & Clift, 2011). Similarly, ODD was over-represented. General population estimates note that ODD is diagnosed among 1-11% of the population (APA, 2013), while the disorder has been observed among 15% of male and 17% female incarcerated youth in America (Teplin et al., 2002) and 19% and 40% in British Columbia (Gretton & Clift, 2011). Similarly, CD is estimated to be present among 2-10% of the general population (APA, 2013), compared to 38% of males and 29% of females in an American sample of incarcerated youth (Teplin et al., 2002) and as many as 73% and 84% in British Columbia (Gretton & Clift, 2011).

Childhood disruptive disorders are of particular interest because they have been associated with adult antisocial personality disorder (APD), which is over-represented in samples of incarcerated adults (Corrado, Cohen, Hart, & Roesch, 2000; Fazel & Danesh, 2002). Typically, symptoms of these disorders emerge prior to criminal justice involvement (Hirshfield, Maschi, & Raskin White, 2006). Further, although the identification of psychopathy is accepted for adults, it remains highly controversial for adolescents. Yet, callous unemotional traits associated with psychopathy have been

estimated to be prevalent among as many as 9.4% of adolescent offenders (Campbell et al., 2004). Importantly, young offenders displaying these traits were prone to more violent forms of recidivism occurring at a heightened frequency (Corrado, Vincent, Hart, & Cohen, 2004; Vincent, Odgers, McCormick, & Corrado, 2008).

Disruptive disorders were also disproportionately prevalent among samples of CIC. Children and youth in care have scored higher on several measures of CD and hyperactivity (Flynn & Biro, 1998). Additionally, a study of health care expenditures indicated that CIC between the ages of 5-17 years were more likely to receive mental health services for a range of needs, including ADHD, CD, bipolar disorder, and ODD (Harman, Childs, & Kelleher, 2000). However, there is support for the hypothesis that externalizing and internalizing behavioural problems present among CIC diminish over time while they remain in care and thus mental health needs may be more pronounced during the early stages of CIC experiences (McWey, Cui, & Pazdera, 2010). Importantly, CIC with CD and substance abuse problems have been among the most likely to be incarcerated as youth, as compared to more than 35,000 children and youth reported to child protective services (Jonson-Reid, 2002).

Fetal alcohol spectrum disorder (FASD) involves another set of impairments observed at a disproportionate rate among young offenders. This disorder is associated with a range of primary and secondary deficits that negatively impact physical and neurocognitive development, resulting in reduced capacity for abstract reasoning, impulse control, and judgement (Kvigne et al., 2004; Streissguth et al., 2004). Higher rates of FASD have been observed among youth under community supervision orders (PLEA Community Services & The Assante Centre for Fetal Alcohol Syndrome, 2005) and those court-ordered to undergo psychiatric assessments (Fast, Conry, & Loock, 1999). Behavioural problems and impaired executive functioning symptomatic of FASD can lead to high stress levels among those caring for individuals with FASD. This stress can be exacerbated when caregivers have diminished access to resources, such as family support and education, which may coincide with, or increase the likelihood of, caregiver substance abuse and child maltreatment (Kvigne et al., 2004; Paley, O'Connor, Frankel, & Marquardt, 2006).

Not surprisingly, the special needs of children and youth with FASD and the strain these needs can place on parents culminates in an increased likelihood of entry

into care. Research from Saskatchewan found that 72% of children with FASD were placed in care. Entry often occurred by two years of age and the children remained out of parental care for an average of five years, while experiencing several placement shifts (Habbick, Nanson, Snyder, Casey, & Schulman, 1996). Similar trends have been observed in an American sample, with FASD children entering into care as a result of child welfare concerns or on a voluntary basis at the request of biological mothers by three years of age on average (Ernst, Grant, Streissguth, & Sampson, 1999; Kvigne et al., 2004).

Extreme Temperament

Temperament involves natural mood and behavioural responses of individuals elicited by the environment (Kagan, 2004). Temperament is generally understood to emerge by four months of age, and remains stable across subsequent developmental stages (Frick, 2004; Kagan, 2004). Balanced temperament is characterized by flexibility and ability to adapt to a range of social circumstances in accordance with social norms. In contrast, difficult temperament is characterized by persistently high emotional reactivity. Highly reactive children, for example, typically react to frustration and unfamiliar environmental cues by becoming tense, screaming, and crying while low reactivity children display curiosity and even prosocial emotions and behaviour to novelty, whether persons, animals or objects (Kagan, 2004). Temperament may be further contextualized with reference to a spectrum. Personality traits and syndromes/types of concern to this study typically are associated with the two extremes in temperament, for example, anxiety disorders, CD, and ODD have been related to high reactivity while callous, unemotional traits, and ADHD have been related to low reactivity (Clark, Watson, & Mineka, 1994; Frick, 2004). It is important to note that despite the association between temperament and these psychopathologies, temperament is distinct from psychopathology (Lengua, West, & Sandler, 1998). Nonetheless, strongly hypothesized relationships between temperament and key psychopathologies have been observed and remain important to the current study.

Most importantly, both extremely high and low reactivity have been linked to increased likelihood of serious antisocial behaviour across developmental stages. Those with high reactivity are prone to frustration, which can increase the likelihood of internalizing behavioural problems such as withdrawal and self-harm. In contrast, those

with low reactivity display indifference to negative consequences, which can lead to externalizing behavioural problems, such as high-risk behaviours (Eisenberg et al., 2001; Hirshfeld-Becker et al., 2002; Kagan, 2004). Importantly, both externalizing and internalizing behavioural problems are disproportionately prevalent among samples of young offenders (Corrado et al., 2000; Fazel & Danesh, 2002; Fazel et al., 2008; Teplin et al., 2002; Torgersen, Kriglen, & Cramer, 2001). The association between extreme temperament and antisocial behaviour may be further contextualized in relation to the impact that temperament can have on interactions between parents and children. High reactivity can present challenges for parents, who may misinterpret irritability as willful defiance, thereby increasing the likelihood of an escalating cycle of parental frustration and harsh discipline, which may be met with increased aggression from the child (Kagan, 2004; Keenan & Shaw, 2003). These negative parent-child interactions increase the likelihood of antisocial development in response to increasingly coercive parenting tactics (Patterson, Reid, & Dishion, 1992; Snyder, Cramer, Afrank, & Patterson, 2005), in addition to child welfare involvement and subsequent shifts in care (Vig, Chinitz, & Shulman, 2005). Similarly, parents may misinterpret the needs of low reactive children, falsely assuming that their children do not require discipline, or are unresponsive to it, which may reduce opportunities for the child to learn to delay gratification and regulate behaviours (Keenan & Shaw, 2003). Several criminological theories include delayed gratification and a positive response to prosocial rewards as critical protective factors regarding serious antisocial behaviours and criminality. The importance of these skills is evident in the finding that failure to develop them may result in an escalation of antisocial behaviours and general defiance, which may increase the likelihood of entry into care and subsequent placement instability (Vig et al., 2005).

Family Antisociality

Family criminality is a strong predictor of early onset (Alltucker et al., 2006) and general, serious, and violent antisocial behaviour (Blazei, Iacono, & McGue, 2008; Farrington, 1989; Farrington, Jolliffe, Stouthamer-Loeber, & Kalb, 2001; Lipsey & Derzon, 1998; Loeber & Dishion, 1983; Loeber & Stouthamer-Loeber, 1986; Mulder, 2010;). Additionally, separation from parents as a result of incarceration has been identified as a powerful predictor of antisocial behaviour (Murray & Farrington, 2005). Particular theoretical emphasis has been placed on the role of paternal antisocial

behaviours. For example, the Cambridge Study in Delinquent Development indicated that the presence of a parent or sibling with antisocial behaviour predicted the same outcome. More specifically, children with convicted fathers or mothers were 3.9 and 2.8 times more likely to engage in delinquency (Farrington, Barnes, & Lambert, 1996). Preski and Shelton (2001) observed a similar association; children whose fathers committed a serious crime were 3.14 times more likely to commit a serious crime themselves. Thus there is clear support for the hypothesis that parental antisociality, particularly that of the father, plays a role in the expression of antisocial behaviour. In the study of family antisociality among CIC, it is useful to note the recent finding that children whose parents have been incarcerated were more likely to have been placed in care as a protective measure to shield the child from maltreating parents (Dannerbeck, 2005). These findings establish a relationship linking parental antisocial behaviours, child maltreatment, and entry into care.

Further, substance abuse among family members has been identified as an important predictor of youth substance abuse (Brook, Brook, & Whiteman, 1999; Conger & Rueter, 1996; Luthar & Rounsaville, 1993) and antisocial behaviour (Mulder, 2010). However, the influence of parental substance abuse may be mediated by the substance use patterns of siblings, whereby failure of older siblings to abuse substances decreases the likelihood of substance abuse even in the presence of parents who do so (Brook et al., 1999; Brook, Whiteman, Gordon, & Brook, 1990). One study found that substance abuse among mothers (as compared to fathers) was a stronger predictor of adolescent substance abuse (Conger & Rueter, 1996). This association has been explained in relation to traditional childrearing roles, whereby maternal substance abuse may have a more dramatic impact on parenting strategies which increases the likelihood of harsh, inconsistent parenting, which also increases the likelihood of antisocial behaviour (Conger & Rueter, 1996). Importantly, parental criminal history and substance abuse are both predictive of entry into care (Trocmé, Knoke, & Blackstock, 2004).

Child Maltreatment

Child maltreatment is critical to the study of serious and violent offending. Physical abuse and neglect have been empirically linked to antisocial behaviours in general (McDonald, Allen, Westerfelt, & Piliavin, 1996) and covert and serious violent behaviours in particular (Stouthamer-Loeber & Loeber, 2001). In fact, recent findings

indicate that children and youth who are the victims of substantiated abuse cases are 47% more likely to become involved in the criminal justice system than those who have not been officially identified as victims of abuse (Ryan & Testa, 2005). The high prevalence of maltreatment among incarcerated samples is evident in the findings of a recent survey in British Columbia, which found that 64% of incarcerated youth had been physically abused, most commonly by a parent or step-parent. Eleven percent had experienced sexual abuse, and 10% had experienced both physical and sexual abuse (Murphy, Chittenden, & McCreary Centre Society, 2005). Similar findings were observed in a sample of incarcerated youth in England, which found that nearly 55% of incarcerated youth had experienced abuse on multiple occasions, both by the same perpetrator on multiple occasions and by different perpetrators (Hamilton, Falshaw, & Browne, 2002).

A recent study explored the association between aggressive behaviours and sustained physical maltreatment and found that children reported as aggressive by their parents were at an increased likelihood of suffering physical abuse (Berger, 2005). In explaining this relationship, the author suggested that abusive parents may view their children as more aggressive, or that aggressive children may be more likely to illicit violent responses from their parents (Berger, 2005). While childhood aggressive behaviours may predate initial incidents of maltreatment, the trauma associated with that maltreatment may increase the likelihood of aggressive behaviours and impulsivity in the future. Chronic traumatic stress caused by recurrent maltreatment can increase reactivity or reduce the ability to moderate reactivity, thereby impeding behavioural control in the long term (Perry, 1997). Accordingly, children who grow up in an atmosphere characterized by violence may experience hyper-vigilance to perceptions of threats, increasing the likelihood that they will respond to adverse conditions impulsively and aggressively (Perry, 1997). This position is supported by recent findings that recurrent incidents of maltreatment impact the likelihood of subsequent antisocial behaviour (Ryan & Testa, 2005). Further, children who experienced chronic victimization continuing from childhood to adolescence have been found to be more likely to engage in antisocial behaviours than those whose victimization was limited to early childhood or the first year of grade school (Verrecchia, Fetzer, Lemmon, & Austin, 2010).

Maltreatment is one of the main risk factors for entry into care and thus a great deal of research has emphasized the role of maltreatment in the subsequent

experiences of CIC. In particular, research often focuses on the type of maltreatment experienced. A consistent finding is that sexual abuse is not a strong predictor of antisocial behaviours among CIC (Jonson-Reid, 2002; Taussig, 2002). This may be related to the types of mental health services available to victims of sexual abuse. In contrast, those who have been physically abused and neglected may be at an increased likelihood of presenting with behavioural issues and these issues may vary by maltreatment type. While one study found that physical abuse increased the risk of delinquent behaviour, neglect was more closely related to substance abuse (Taussig, 2002). Another study found that those who were physically abused tended to be in care longer and had more behavioural problems in general, in addition to a greater number of critical incidents in care. Alternatively, those placed in care as a result of neglect spent less time in care, but were more likely to return to care after reuniting with their parents, thereby compounding their trauma (Marquis, Leschied, Chiodo, & O'Neill, 2008).

Type of abuse among CIC has also been used to predict type of antisocial behaviours. For example, one study found that those placed in care for a reason other than neglect or physical or sexual abuse were more likely to be arrested for a violent offence, whereas those placed in care as a result of physical abuse (as compared to neglect) were more likely to be arrested for a non-violent crime (Baskin & Sommers, 2011). Others have found no value in differentiating between physical abuse and neglect in the prediction of adolescent offending (Jonson-Reid & Barth, 2000a), and these authors suggest that this is because most maltreated children and youth experience more than one type of abuse, thereby blurring the distinction. The amount of abuse experienced has also been used to predict adolescent offending. In particular, those with three or more reports of abuse to child protective services have been found to be significantly more likely to be admitted to youth custody, as were those who had reported more than one type of abuse (Jonson-Reid, 2002).

Placement in Care Experiences

In addition to exposure to the traditional criminogenic risk factors described above, CIC may be exposed to risk factors that are specific to their placement experiences. Both the circumstances that bring children and youth into contact with the child welfare system and their subsequent removal from their families may act as risk factors for antisocial behaviour (Harden, 2004). Though removal from a home

characterized by maltreatment may reduce the likelihood of future maltreatment, it may not be sufficient to interrupt, or rectify the developmental damage that has already occurred (Courtney & Herring, 2005; Jonson-Reid & Barth, 2000b). The uncertainties associated with removal from the family unit may be a cause of distress to the child. Not knowing how long they will remain in care, being placed in an unfamiliar setting, and/or placement with caregivers who are inadequately trained to supervise difficult children may exacerbate the already difficult situation of removal from the family and any traumatic experiences that led to that removal (Lawrence et al., 2006). Indeed, stressful experiences in early adolescence have been associated with early and late onset antisocial behaviours (Ireland, Rivera, & Hoffman, 2009) and family problems have been associated with recidivism (Mulder, Brand, Bullens, & van Marle, 2010).

However, a recent study comparing adult criminality among CIC and non-CIC found that placement in care does not itself increase the risk of antisocial behaviour. Instead, key foster care experiences have been associated with the increased risk of antisocial behaviour. In particular, age of placement in care, length of time in placement, and the sequence of engaging in antisocial behaviours prior to placement in care were predictive of antisociality (DeGue & Widom, 2009). Thus in many cases, a range of factors related to the foster care experience act as risk factors. Accordingly, key risk factors identified in the CIC literature are discussed below.

Age of Entry into Care. Age of entry into care has become an important construct in understanding the impact of foster care on development. Those placed in care very young may be the least at risk of antisocial behaviour, compared to other CIC (DeGue & Widom, 2009; Jonson-Reid & Barth, 2000b). Placement in care before a child's first birthday is associated with the lowest level of risk, but risk remains relatively low for those placed in care within the first seven years of life (DeGue & Widom, 2009). These findings have been explained in reference to the positive role of very early intervention, which counteracts some of the trauma associated with maltreatment (Jonson-Reid & Barth, 2000b). In contrast those placed in care between 7-12 years of age were significantly more likely to be arrested, as were those who were in care for longer periods of time (Baskin & Sommers, 2011).

However, the most at-risk CIC appear to be those placed in care between 12-14 years of age (Jonson-Reid & Barth, 2000b; Jonson-Reid, 2002). As explained by

Jonson-Reid and Barth (2000b), this age bracket reflects a period of great social stress characterized by change for adolescents; it is during this time that they enter into middle school, no longer have a single teacher or classroom, and now have a diminished likelihood of finding a stable placement. Children who enter into care at 15 years or older do not appear to be at a great risk of adolescent antisocial behaviour. This may be because those who are 15 years and older, who are already displaying antisocial behaviours, and are candidates for entry into care, may be more likely to go directly into youth custody without passing through foster care first. They may also be more likely to be female with a history of sexual abuse, and thus will receive mental health interventions that diminish the risk of antisocial behaviours (Jonson-Reid & Barth, 2000b).

Type of Foster Care. Once in care, placement type may be meaningfully related to outcomes. Youth in group homes have been found to be at greater risk of antisocial behaviour as compared to those placed in kinship and non-kinship care. In particular, those placed in group homes have been found to be approximately twice as likely to engage in antisocial behaviours (Baskin & Sommers, 2011; Ryan, Marshall, Herz, & Hernandez, 2008), and have been found to have a higher number of non-violent and total arrests (Baskin & Sommers, 2011). One study has found that those in group homes tend to have higher base rates of behavioural problems, but that when matched with those in non-kinship care, CIC in group homes fare comparably to their counterparts in terms of academic, affective, and behavioural outcomes (McCrae et al., 2010). This discrepancy may be rooted in the distinction between predicting overall outcomes versus delinquency specifically. The impact of group homes on antisocial behaviour may be a function of exposure to antisocial peers (Ryan et al., 2008; Wilson & Woods, 2006) or group home policies that require staff to contact law enforcement officials when criminal behaviours are observed (Ryan et al., 2008).

Kinship care is most commonly compared to non-kinship family care, as opposed to group homes. In one such comparison, no baseline differences were observed among those in kinship and non-kinship placements, but at the point of exit, those in kinship care were found to have higher rates of internalizing behavioural problems (Lawrence et al., 2006). Based on findings from an American study, kinship care has also been associated with significantly higher rates of adolescent antisocial behaviours among

Caucasian and African American males, while the opposite association was observed among male and female Hispanic youth (Ryan, Hong, Herz, & Hernandez, 2010). The role of kinship care may be related to the increased likelihood of kinship providers living in disadvantaged neighbourhoods, thereby increasing the likelihood of youth developing negative peer groups (Ryan et al., 2010). While type of placement provides important predictive information, it is important to note that one of Ryan et al.'s (2010) findings was that only 35% of their sample spent 100% of their time in care in either kinship or non-kinship care and thus placement type does not divide into mutually exclusive categories in most cases.

Placement Instability. Placement instability may refer to experiencing multiple spells (i.e., movements in and out of foster care with reunification with biological family in between) or multiple shifts (i.e., moving from one foster placement to another without being reunified with parent(s) in between). Having experienced two or more spells (Jonson-Reid & Barth, 2000b) or experiencing three or more shifts has been associated with an increased risk of antisocial behaviour in adolescence and adulthood (DeGue & Widom, 2009; Jonson-Reid & Barth, 2000b). However, the mechanism underscoring these associations is not fully understood. It is clear that behavioural problems play a role, but it remains unclear whether behavioural problems cause placement shifts or if the reverse is true (Barth et al., 2007; James, Landsverk, & Slymen, 2004). For example, it has been argued that high base rates of behavioural problems are likely to result in placement shifts (Strijker, Knorth, & Knot-Dickscheit, 2008), as has the reverse (DeGue & Widom, 2009). It has also been argued that behavioural problems are likely to be both a cause and consequence of placement instability (Newton, Litrownik, & Landsverk, 2000).

Apart from behavioural problems, risk factors for placement instability include male gender (Barth et al., 2007; Webster, Barth, & Needell, 2000), entering into care after infancy (Webster et al., 2000), being in care for a long period of time (Strijker et al., 2008), being 11 years of age or older (Barth et al., 2007), entering into care for a reason other than neglect (Webster et al., 2000), placement separate from siblings (Leathers, 2005), inability to form a relationship with caregivers (DeGue & Widom, 2009; Leathers, 2006), and placement in non-kinship care or group homes (Iglehart, 1994; Strijker et al., 2008; Usher, Randolph, & Gogan, 1999; Webster et al., 2000). Importantly, placement

instability can impede development by hindering consistent monitoring of, and responses to antisocial behaviours, and consistent access to services for any medical or behavioural needs (Vig et al., 2005).

Residential Mobility

Residential mobility, in the form of placement shifts within the child welfare system, and moves with, or away from, the family unit (i.e., running away), have been associated with antisocial behaviour (Alltucker et al., 2006; Newton et al., 2000). The link between residential mobility and antisocial behaviour is evident upon consideration of recent findings that nearly half of all youth in a subsample of participants aged 12-18 years from the SISVYO were residentially mobile, leaving home for the first time on average by 12-13 years of age (Corrado et al., 2008). These youth reported that they frequently moved, with non-Aboriginal youth reporting they had left their homes approximately 19 times on average and Aboriginal youth indicating they had left their homes approximately 39 times on average (Corrado et al., 2008).

The association between residential mobility and antisocial behaviour may be understood in relation to a heightened risk of developing antisocial peer networks. As youth move, they leave behind previously established peer networks and are forced to develop new bonds. Antisocial peer networks may appeal to these youth because such groups are often more willing to welcome new members into their groups than are prosocial youth, thereby allowing the youth to develop a network faster (Farrington et al., 2008; Haynie & South, 2005). With specific reference to youth who live independently of parents or guardians, absence of supervision may increase the likelihood of antisocial behaviour. Further, these youth are more likely to rely on crimes such as theft, prostitution, and fraud, robbery, and assault for the purposes of retribution to secure the necessities of life (Baron & Hartnagel, 1998; Kempf-Leonard & Johansson, 2007). Youth living on the streets may also engage in serious assaults as a means of retaliation for previous acts of victimization or threats against status (Baron & Hartnagel, 1998).

Ethnicity

An over-representation of Aboriginal peoples in the criminal justice system in general, and in custody samples in particular, has been observed in Canada (see for

example: LaPrarie, 2002; Roach & Rudin, 2000). Further, Aboriginal children are over-represented in the Canadian child welfare system, including an over-representation among reports to child welfare services, investigations, maltreatment substantiations, placements in care, and cases remaining open in the event of a non-substantiated report of maltreatment (Blackstock, Trocmé, & Bennette, 2004; Trocmé et al., 2004). In British Columbia in particular, Aboriginal children and youth comprise more than half of the CIC population, despite accounting for only 9% of the provincial population under 19 years of age (British Columbia, 2011). Further, as noted above, the overall proportion of CIC in this province has declined since 2001, yet the proportion of Aboriginal CIC has increased since then (British Columbia, 2011).

At the child-level, there are fewer identifiable concerns among Aboriginal children who come to the attention of child welfare authorities, as compared to non-Aboriginal children. These concerns are assessed with reference to a range of key functioning measures such as behavioural problems, violence towards others, and depression or anxiety (Blackstock et al., 2004). Even after controlling for variables relating to maltreatment, residential mobility, and child behavioural problems, Aboriginal status failed to significantly predict placement in care. Instead, significant predictors of entry into care pertained to parental factors: parental criminal history, cognitive impairment, alcohol concerns, and maltreatment as a child (Trocmé et al., 2004). It has also been suggested that the over-representation of Aboriginal children in the child welfare system may be rooted in cultural differences, which misrepresent childrearing approaches rooted in Aboriginal culture by mislabelling them as neglectful (Blackstock et al., 2004). It is evident that the over-representation of Aboriginal children in care is likely to be rooted in a cultural history of oppression. Whether it is explained in relation to mislabelling of parenting practices or parental risk factors, the impact of a history of oppression is clear: Aboriginal families brought to the attention of child welfare services experience a multitude of disadvantages, including housing challenges, increased dependency on social assistance, younger parents, more parents who were maltreated as children, and higher rates of substance abuse (Blackstock et al., 2004; Trocmé et al., 2004). Combined with the over-representation of Aboriginal persons in prison, Aboriginal heritage remains an important construct in the study of young offenders and CIC in Canada.

Resiliency among CIC

Despite increased likelihood of exposure to a range of risk factors, a minority of CIC do not display antisocial tendencies. Though these CIC are not the subject of this dissertation, it is necessary to acknowledge the important role of resiliency among such children and youth. There is a paucity of research on resiliency among CIC, but there is reason to believe that placement in stable and nurturing family environments may improve the likelihood that CIC will avoid antisocial behaviours. Placement in homes characterized by nurturing and consistent care may reflect parenting practices that respect the autonomy of CIC, thereby helping them to develop into mature young adults and assert their mature status without inciting acts of rebellion (Harden, 2004). In essence, placement in a positive environment may help to shield CIC from risk factors specific to the care system and help them to address other risk exposures in prosocial ways. This notion becomes important when considering the recruitment and training of caregivers and the protocols for selecting placements for children and youth.

In the absence of such nurturing environments, the foster care environment may still provide a structure that precludes or reduces antisocial outbursts by providing external controls that would not otherwise be available. Given that CIC present with significantly higher base rates of developmental, mental health, and physical problems (Klee, Krondstadt, & Zlotnick, 1997; Landsverk, Davis, Ganger, Newton, & Johnson, 1996), it is possible that those with the most pervasive problems are so closely monitored that they effectively lack opportunity to participate in antisocial behaviours. In effect, the graduated levels of foster placements in this province may facilitate placement of those displaying greater risk for antisocial behaviour in the form of behavioural and mental health needs in specialized placements with caregivers who are trained to meet their needs. Alternatively, as hypothesized by Moffitt (1993), youth exhibiting extreme displays of externalizing behaviours may irritate other children, thereby reducing their opportunities to develop peer groups and engage in antisocial behaviours with others. Thus it is important to note that while CIC are at an increased likelihood of engaging in antisocial behaviour, there are certainly children and youth in care who abstain from such harmful behaviours and this phenomenon can be understood with the use of the developmental theoretical perspective.

Theoretical Approach to the Study of Serious and Violent Offending

A broad range of individual risk factors for serious and violent antisocial behaviour have been discussed. This helps to lay a foundation for the research presented in this dissertation, as a key theme of the current study is the relationship between these risk factors and whether they can assist in explaining the over-representation of CIC among samples of serious and violent young offenders. However, it is necessary to ground these risk factors in a theoretical framework to explicate possible pathways to such behaviours among CIC that may assist in explaining the central themes presented in this dissertation. As discussed above, Corrado and Freedman's (2011a; 2011b) theoretical model, which is grounded in the developmental perspective is utilized in this research. However, it is important, first, to review the broader developmental perspective that underlies this model. Discussion of the developmental perspective is preceded by discussion of the Gottfredson and Hirschi's (1990) General Theory of Crime, which helps to build foundational support for the use of a dynamic, rather than a static theoretical approach.

Support for a Dynamic Theoretical Approach to the Study of Antisocial Behaviours among CIC

Gottfredson and Hirschi's (1990) General Theory of Crime has been one of the preeminent criminological theories. According to this theory, participation in antisocial behaviour at each stage of life is a manifestation of low self-control, which is determined by parenting practices and child temperament. Children with low self-control tend to be defiant, aggressive, insensitive, and attracted to antisocial peers, each of which may strain relationships with parents, pro-social peers, and authority figures. This, in turn, causes reduced commitment to school and other pro-social activities. While delinquent behaviour and difficult temperament may interact with parenting practices and parent-child relationships in a reciprocal process in childhood, as specified by this theory, level of self-control is fixed before adolescence is reached. Accordingly, self-control and its associated behaviours are not affected by personal life experiences or social bonds as individuals age. From this perspective, continued antisocial behaviour, strained relationships, and diminished commitments may be viewed as consequences of low self-control, rather than a cause.

The use of strict population heterogeneity models (i.e., those that refer to differences within the population that impact criminality, such as low self-control) has been criticized for failing to adequately address within-individual changes in behaviour. While it is evident that, as postulated by Gottfredson and Hirschi (1990), individual differences do impact criminality, it is also clear that individuals may shift among behavioural trajectories, thereby suggesting that within-individual change is possible. As such, a strict population heterogeneity model fails to account for the full range of behavioural change and potential (Nagin & Paternoster, 2000). This notion is supported by earlier research findings indicating that although oppositional behaviours in childhood impact parenting style, school commitment, association with negative peers, and subsequent antisocial behaviour, relationships remain dynamic and are indicative of a developmental process (Simons, Johnson, & Elder, 1998). Further, it has been found that different factors impact antisocial behaviours at different life stages and thus individuals with early, versus late, onset present with different risk profiles relating to hyperactivity, impulsivity, and verbal abilities, giving rise to different types of antisocial behaviours (Bartush, Lynam, Moffitt, & Silva, 1997). Most recently, a study involving 1300 young offenders found that the shifts in crime as individuals age can best be understood in relation to sociological and psychological factors consistent with development shifts (Sweeten, Piquero, & Steinberg, 2013).

Together, these findings suggest that the approach applied by Gottfredson and Hirschi (1990) in particular, and static theories in general, have limited potential in explaining the full range of factors and processes that impact antisocial behaviours. Static theoretical approaches are particularly poorly suited to the study of antisocial behaviours among CIC, in part because a dynamic association between antisocial behaviour and both entry into care and shifts within care has already been observed. Such is evident in the reality that some children and youth enter into care under VCAs because their parents are unable to manage their difficult behaviours (Bala, 2011) and that behavioural challenges can be understood as both a cause and consequence of CIC placement breakdowns (Barth et al., 2007; DeGue & Widom, 2009; James et al., 2004; Newton et al., 2000; Strijker et al., 2008). Further, the finding that age of entry into care impacts risk of antisocial behaviour (see for example: Baskin & Sommers, 2011; DeGue & Widom, 2009; Jonson-Reid, 2002; Jonson-Reid & Barth, 2000b) is indicative of

the role that time and developmental stage play in the progression of antisocial behaviours among CIC, thereby supporting the use of a developmental approach.

The Developmental Criminology Perspective

Developmental criminology suggests that many risk factors increase the likelihood of antisocial behaviour, but that antisocial outcomes may act as both a consequence of previous risk exposures and cause of subsequent ones. Within this framework, risk and its associated outcomes are part of a dynamic process that underscore development. This perspective emphasizes that individuals who engage in offending behaviours follow a pattern of ordered and predictable behavioural changes that are associated with developmental stages. Assessment of behaviour focuses on within-individual quantitative and qualitative change[12] to best understand how behaviours evolve over time, rather than comparison among groups at the same point of development. Given the emphasis of the *evolution* of behaviours, developmental research is contextualized with reference to the roles that time and aging play in the progression of antisocial behaviours. For example, time becomes important in the consideration of risk exposure because some risk factors are more damaging when experienced at a particular stage of life (e.g., young children are more susceptible to parental influences, whereby adolescents are more susceptible to peer influences). Time also becomes important in consideration of the role that physical maturation plays in the addition and cessation of particular behaviours. For example, changes in physical strength, personality development, and sexual maturation may all impact ability and desire to engage in particular behaviours and thus are relevant to changes in behaviour. Similarly, as individuals age, the appeal of less serious crimes may diminish, or become age-normative (LeBlanc & Loeber, 1998; Loeber & LeBlanc, 1990).

Developmental criminology contextualizes antisocial acts as points along a trajectory, which can then be understood as unfolding systematic changes in behaviour. Three key processes have been identified to comprise the trajectory: activation,

[12] Quantitative changes refer to changes in crime mix (types of crimes), direction (progression or regression), and speed of change in offending behaviours. Qualitative change refers to conservation (retention or innovation in behaviours), synchrony (probability of transitioning among adjacent stages of behaviour), and the travelled paths (portion of trajectories) of antisocial behaviour (Loeber & Le Blanc, 1990).

aggravation, and desistance. Activation refers to the way in which antisocial behaviour sustains itself through a process of continuity, diversity, and frequency. Aggravation represents the next stage in the trajectory, whereby a sequence of escalating and increasingly diverse forms of antisocial behaviours is established. Desistance refers to the process of reducing the speed, severity, or types of active antisocial behaviour, potentially resulting in a termination of these behaviours entirely. Importantly, individuals do not necessarily travel along the entire trajectory, as some do not engage in desistance. Further, it is possible to move in both directions along the trajectory, and thus individuals may begin the process of desistance and then revert back to a process of aggravation (LeBlanc & Loeber, 1998; Loeber & LeBlanc, 1990).

The central tenet of developmental criminology is that antisocial behaviours emerge over time as a *process* and this process is predictable. Broad support for this notion can be found in the observation that aggression and violence are part of a general antisocial tendency that arises in childhood and continues through adulthood, while its behavioural manifestations change over time (Farrington, 1989; Loeber & Farrington, 2000). It is further supported by the finding that criminal behaviours tend to be relatively heterogeneous in the early stages of development and subsequently become relatively homogeneous, with some behaviours naturally discarded as part of the aging process (Le Blanc & Bouthillier, 2003; LeBlanc & Fréchette, 1989).

As discussed above, the developmental perspective is particularly appropriate for the comparison of incarcerated CIC and non-CIC because it focuses on the evolution of behaviours. Since the goal of the current study is to understand the behaviours of incarcerated youth and how they differ in relation to foster care experiences, a theory premised upon developmental shifts is highly appropriate. Interpreting findings through the lens of the developmental perspective facilitates an opportunity to view the role that placement experiences have on behaviour as youth age and mature. While several theories building on this perspective have emerged, the five pathways to persistent antisocial behaviour hypothesized by Corrado and Freedman (2011a; 2011b) are of particular interest in discussion of the evolution of antisocial behaviours among incarcerated youth and are outlined in the next section.

Corrado and Freedman's Developmental Pathway Models to Persistent Antisocial Behaviour

Corrado and Freedman (2011a; 2011b) present five developmental pathway models to illustrate the influence of divergent root causes leading to similar expressions of serious antisocial behaviour. These models are rooted in literature pertaining to causal risk factors for serious and violent offending that were identified for the Cracow Multi-Problem Risk Management Instrument for Serious and Violent Children and Adolescents (Corrado, Roesch, Hart, & Gierowski, 2002) and from preliminary findings from the SISVYO. They are premised upon the belief that there are several risk factors (five of which are presented in the models) that can initiate pathways to serious and violent antisocial behaviour and that each of these initial risk exposures are associated with exposure to subsequent risk factors. Each of the pathways is premised upon the notion that stacked risk factors interact in a dynamic process to result in escalating antisocial behaviours. As risk factors stack, they continue to impact development and to interact with one another. Importantly, Corrado and Freedman (2011a; 2011b) present the first theoretical criminological model that emphasizes the role of placement in care as part of a developmental process leading to increased risk of serious and violent antisocial behaviour. However, the authors note that it is possible for an individual to travel along a pathway without exposure to each of the risk factors specified in the respective model. For example, each of the pathways includes placement in care, yet is possible for non-CIC to travel across each pathway. Importantly, the models emphasize risk factors rather than promotive or protective factors. The authors acknowledge that antisocial development is complex and that protective and promotive factors play an important role in behavioural outcomes. However, these factors are excluded from the models to reduce their complexity. Protective and promotive factors should be considered for individual cases when applying the pathway models.

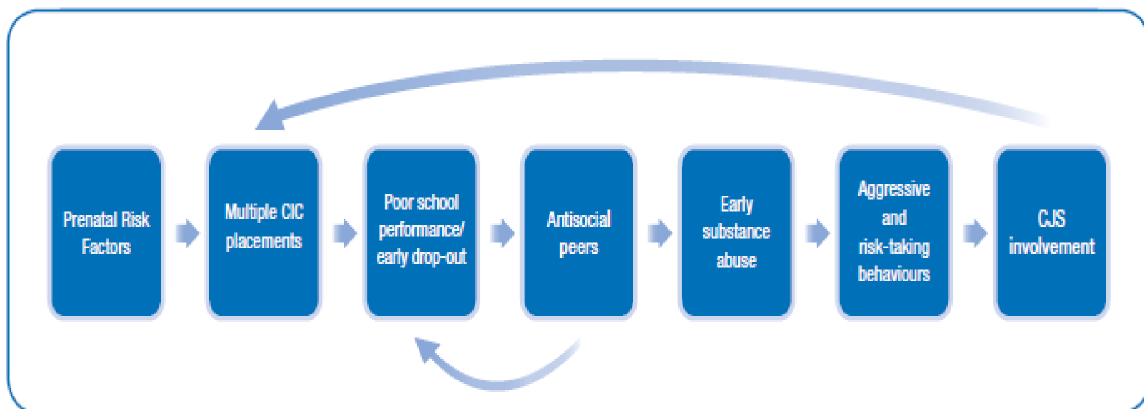
Importantly, Corrado and Freedman (2011a; 2011b) acknowledge the distinct criminogenic needs of youth travelling along each pathway and propose intervention approaches to address those needs. These intervention approaches are rooted in the reigning concepts associated with effective interventions, described as the 'what works' principles. These include the risk, needs, responsivity, and professional override principles. The risk principle specifies that more intensive interventions should be reserved for higher risk individuals (Andrews, Bonta, & Hoge, 1990). Need can be

divided into criminogenic and non-criminogenic needs; the first refer to dynamic risk factors that are directly associated with antisocial behaviours (e.g., antisocial attitude, poor parental affective/supervision skills), while the latter refer to risk factors that are not directly related to antisocial behaviour (e.g., self-esteem, vague emotional/personal problems). Though it may be necessary to address non-criminogenic needs, doing so alone is unlikely to impact antisocial outcomes (Andrews et al., 1990). Responsivity refers to matching interventions to the abilities, learning style, and individual characteristics of offenders. Finally, professional override directs those working with offenders to use discretion when making decisions after considering risk, needs and responsivity (Andrews et al., 1990). Support for the 'what works' principles has been established in studies illustrating that adherence to the risk and needs principles is related to reduced recidivism (Dowden & Andrews, 1999; Lowenkamp, Latessa, & Holsiner, 2006). In particular, support for these principles has been extended to interventions delivered to young offenders (Andrews & Dowden, 2006; Dowden & Andrews, 1999; Lowenkamp et al., 2006) and increased adherence to these principles was found to reduce violent offending, though the latter observation was not statistically significant (Dowden & Andrews, 2000).

Prior to discussing the individual pathway models in detail, it is useful to note that the emphasis on the prediction of serious antisocial behaviour and inclusion of placement in care in each pathway combine to make Corrado and Freedman's (2011a; 2011b) models particularly appropriate to the current study. These models provide an opportunity to highlight heterogeneity among samples of youth engaging in relatively homogenous behaviours when serious and violent offending is described as a single entity. The emphasis on the implementation of targeted interventions to meet the needs of young offenders on distinct pathways is also intriguing. Despite the fact that serious and violent offenders are often described as a homogenous entity, acknowledging heterogeneity in risk profiles and antisocial behaviours of these youth, and the accompanying importance of those differences for interventions, may positively impact intervention outcomes. Highlighting this heterogeneity is a main objective of the current study. Accordingly, each of the hypothesized pathways and associated proposed intervention strategies are discussed in greater detail below.

Pathway A: Prenatal Risk Factors. The first pathway, presented in Figure 1, begins with exposure to prenatal risk, emphasizing maternal prenatal alcohol abuse as most common. The pathway is premised upon findings that children with FASD are at an increased risk of entry into care, that they are frequently placed in care at an early age, and experience multiple placement shifts due to behavioural problems associated with primary and secondary FASD deficits. The pathway plots the impact of impaired executive functioning on relationships with caregivers and academic performance, such that these deficits increase the likelihood of frequent placement shifts and school transfers. In the absence of consistent caregivers (as per placement instability) to help overcome special educational needs, the likelihood of poor school performance is increased. Frustrated with school failures, these youth are prone to skipping school and associating with other youth truant youth. This unsupervised time with antisocial peers increases the likelihood of antisocial behaviour, particularly substance abuse and eventual school dropout. These youth are easily led by peers due to impulsivity, poor decision-making and reasoning capabilities; and with hours no longer filled by school attendance, and now surrounded by antisocial peers, they are at a heightened risk of aggressive and high-risk behaviours. As hypothesized by Corrado and Freedman (2011a; 2011b), these behaviours escalate over time, resulting in criminal justice involvement and increased placement instability in care.

Figure 1. ***Prenatal Risk Factor Pathway***



(Corrado & Freedman, 2011b)

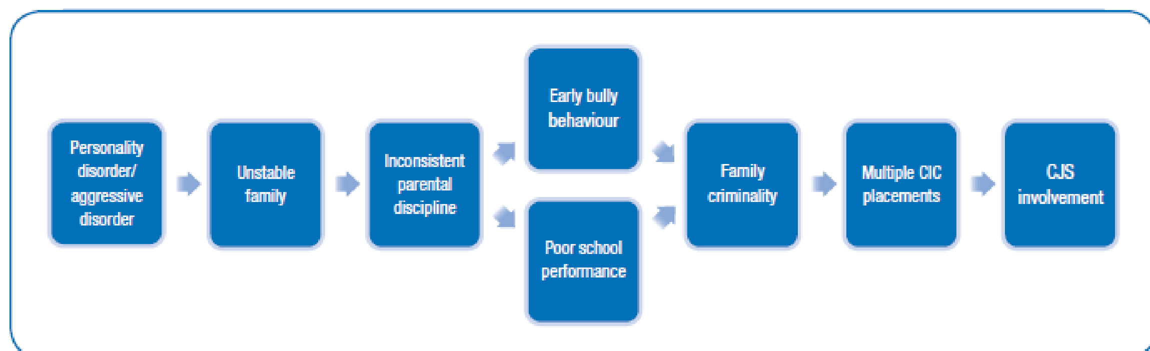
Corrado and Freedman (2011a; 2011b) suggest that intervention approaches for youth impacted by prenatal risk factors are dependent upon the severity of associated

deficits and the developmental stage during which intervention occurs. During the early stages of life, when children remain in the care of their parents, access to in-house supportive services for parents in addition to school and community resources can improve the ability of parents to respond to the needs of their children and reduce the likelihood of parents becoming frustrated and resorting to harsh discipline. If a child is placed in care, stability is essential. Ensuring foster caregivers are aware of the FASD diagnosis and have access to resources to meet the needs of the child can reduce caregiver burnout and increase the likelihood of placement stability. This in turn would provide a stable environment to encourage prosocial development. Further, at each developmental stage, the education system represents an important intervention source. In cases of less severe deficits, positive educational outcomes may be achieved in a traditional classroom setting if supplemented with access to tutoring or extra instruction as necessary. In cases of more severe deficits, special education environments designed to meet the needs of students with educational special needs, such as alternative schools, may increase the likelihood of positive educational outcomes.

Pathway B: Childhood Personality Disorders. The second pathway, presented in Figure 2, begins with the emergence of childhood personality disorders, also referred to as disruptive disorders, with an emphasis on CD, ODD, and callous unemotional traits. As presented in this pathway model, emergence of these traits and symptoms can be exacerbated by a unstable family life, which can reduce the likelihood that parents will note emergent symptoms and/or respond effectively to moderate these behaviours. In particular, in families characterized by instability, parents may not apply consistent techniques to provide children with opportunities to develop empathy, self-control, and other skills that suppress antisocial outbursts. As symptoms and associated antisocial behaviours escalate, parents may attempt several types of disciplinary responses of increasing harshness. However, inconsistent and harsh parenting fail to provide these children with the structure they require to develop prosocial behaviour and may instead result in defiance and aggravation of behaviours. Behavioural problems may generalize to the classroom; authority conflict behaviours directed at teachers and bully behaviours directed at peers are characteristic. Oppositional attitudes and disruptive behaviours at school may also contribute to poor school performance as students may be less focused on academic material or willing to pay attention to lessons provided by teachers (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b).

As children age, presence of family criminality plays a larger role in the development of antisocial behaviours. As hypothesized by Corrado and Freedman (2011a; 2011b), already displaying aggressive and authority conflict behaviours, these children may view criminal family members as role models, or interpret their behaviours as validation that antisocial behaviours are acceptable. As disruptive behaviours persist and elaborate, the likelihood of parents relinquishing custody and placing children in care under VCA increase as the ability to manage difficult behaviours is challenged. Once in care, aggressive tendencies and behavioural outbursts may translate into considerable placement instability. In the absence of consistent parenting to exert external control, or the benefit of developing self-control, aggressive tendencies elaborate into criminal behaviour resulting in criminal justice involvement.

Figure 2. Childhood Personality Disorder Pathway



(Corrado & Freedman, 2011b)

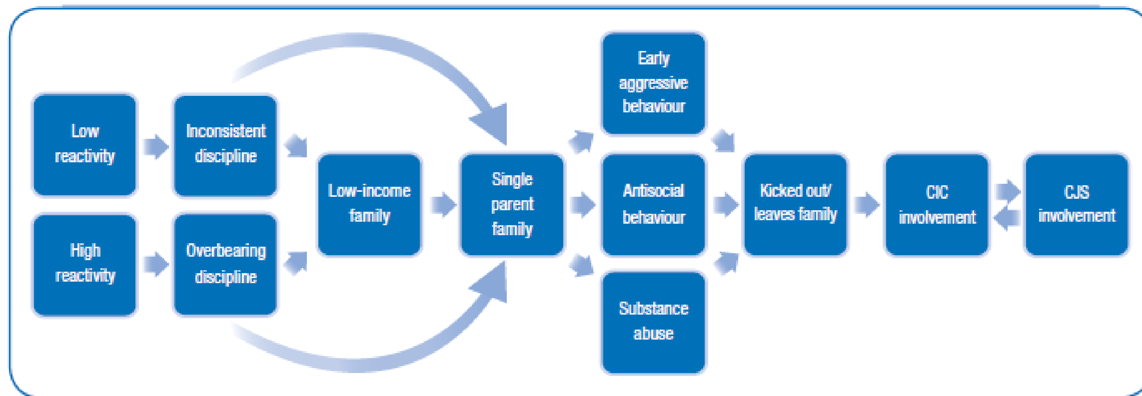
Intervention for youth on this pathway rests on the identification of disruptive disorders to prevent symptoms from progressing into APD in adulthood. Participation in training programs can help parents learn to identify and respond to problematic behaviour and prevent escalation. In cases where parents are unwilling to attend programing or severity of the child's callous, unemotional traits preclude the efficacy of such interventions, cognitive skills training programs may be appropriate. Failing the success of these early interventions, emphasis should be placed on reducing exposure to subsequent risk factors in adolescence. In particular, positive experiences at school that increase learning potential and academic performance may reduce classroom disruptive behaviours and bullying. Reduced frustration at school and increased opportunities for academic success may help bolster pride in academic achievements

and contribute to thwarting future antisociality (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b).

Pathway C: Extreme Child Temperament. The extreme child temperament pathway is presented in Figure 3. This pathway highlights the notion that extreme temperament, in the form of high or low reactivity, can increase the likelihood of poor parenting practices encouraging opposition to authority and antisocial development. Failing to understand the root cause of irritability among highly reactive children, parents may falsely interpret behaviour as defiant, thereby initiating parental frustration and anger which can escalate to harsh discipline. In contrast, parents of low reactive children often presume that their children do not require discipline, thereby reducing opportunities for children to learn to delay gratification and increasing the likelihood of that these children will respond to imposed boundaries with defiance. The impact of extreme temperament on parenting practices is compounded by low socioeconomic status (SES) and single-parenthood. Parents with limited social supports, access to parent training resources, or day care have fewer outlets to learn about the needs of their children and develop appropriate responses to meet those needs (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b).

As children transition to adolescence, those with high reactivity are prone to substance abuse as a result of low self-control and as a means to cope with emotionality, thereby compounding antisocial behaviours. In contrast, low reactive adolescents remain unconcerned about consequences and engage in escalating antisocial behaviours to fill a need for stimulation. As presented by Corrado and Freedman (2011a; 2011b), unable to cope with escalating antisocial behaviours of their children and lacking resources to cope, parents of children with extreme temperaments are at a heightened risk of relinquishing custody and place their children in care under VCAs. Alternatively, youth may become so resistant to authority or resentful of inconsistent discipline that they leave the home of their own volition, which results in ultimate entry into care. Much like youth on the childhood disorder pathway, oppositional attitudes and aggressive behaviours result in several placement breakdowns and ultimate criminal justice involvement (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b).

Figure 3. Extreme Childhood Temperament Pathway



(Corrado & Freedman, 2011b)

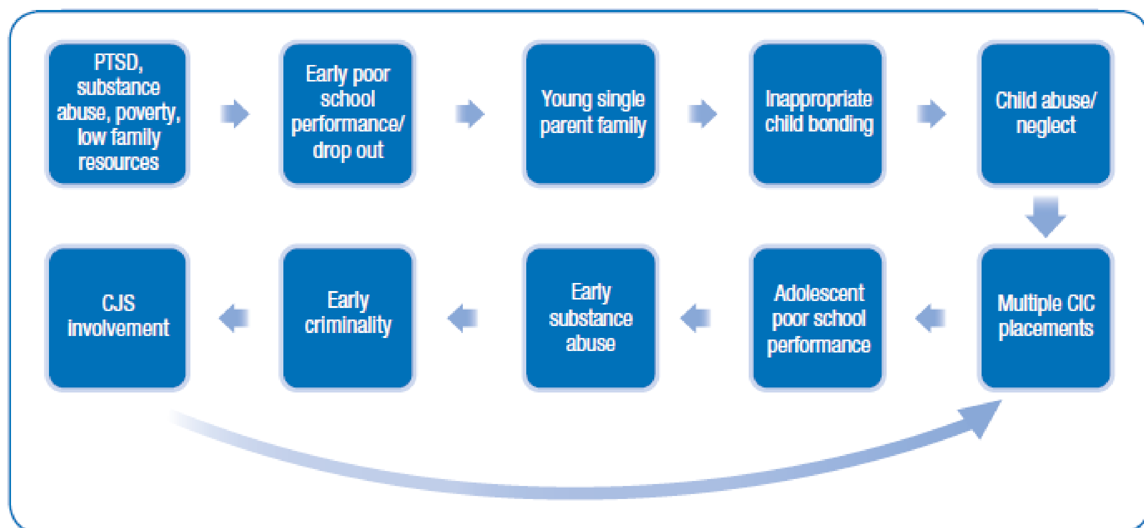
Interventions for those on this pathway emphasize the importance of detecting extreme temperament. While identification in infancy offers early opportunities for intervention, temperament can be identified by professionals at subsequent developmental stages. Interventions for children and youth with extreme temperaments should emphasize prosocial responses to stimuli and interpersonal skills to improve interactions with others and associated outcomes. In particular, highly reactive children and youth should be exposed to programs focused on strategies to cope with stress and confrontation. In contrast, low reactive children and youth should be exposed to interventions providing structured discipline and high energy activities that offer opportunities for positive rewards (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b).

Pathway D: Childhood Maltreatment Pathway. The childhood maltreatment pathway is presented in Figure 4 and explains how extreme childhood maltreatment, resulting in extreme trauma or post-traumatic stress disorder (PTSD) can lead to serious antisocial behaviour. As hypothesized by Corrado and Freedman (2011a; 2011b), the maltreatment experienced by children and youth on this pathway is compounded by parental substance abuse, low SES, and poor access to family resources. Experiences of maltreatment can translate to school failure, whereby the hyper-vigilance common among those who suffer early childhood trauma impedes ability to focus on classroom activities. Accordingly, school performance quickly diminishes, which gives rise to harsh disciplinary action of parents. Particularly in single-parent homes, trauma associated with maltreatment impedes parent-child bonding, resulting in

poor attachment and related behavioural problems. Much like the parental response to poor school performance, these behavioural issues are met with harsh discipline (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b).

As maltreatment continues, entry into care becomes more likely. Once in care, these children and youth are at risk of considerable placement instability due to poor capacity for developing attachments and associated behavioural problems. Placement instability is likely to result in several school transfers, which contribute to ongoing academic difficulties. Already resistant to developing attachments, school transfers also further reduce the likelihood of developing close bonds with peers. Turning to substances as a coping mechanism, addiction may form by early adolescence. In the absence of consistent guidance to help thwart development of further antisocial tendencies, and prone to viewing the actions of others as threatening, these youth are likely to engage in reactive aggression, resulting in criminal justice involvement (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b).

Figure 4. Childhood Maltreatment Pathway



(Corrado & Freedman, 2011b)

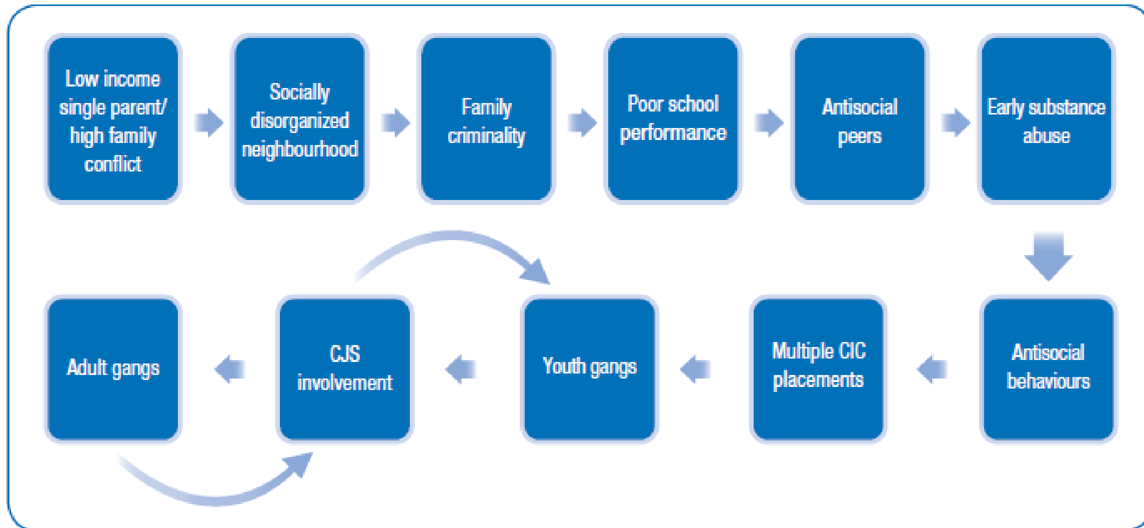
Interventions to prevent children and youth from travelling down this pathway are best focused on preventing child maltreatment with parent training programs designed to teach parents to respond appropriately to a range of behaviours. In cases where maltreatment is not prevented, children should receive counselling to address their trauma. Upon placement in care, foster caregivers should be made aware of the trauma

experienced by these CIC to contextualize their negative behaviours and difficulty developing attachments. By remaining supportive of these children and youth, foster caregivers can end the cycle of rejection and placement breakdown, thereby reducing the likelihood of further trauma and school transfers. Placement stability may also increase the likelihood of developing bonds with caregivers and peers, increase consistent access to prosocial adults who can help ground the youth's behaviours, and improve likelihood of positive behavioural outcomes (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b).

Pathway E: Adolescent Onset. The adolescent onset pathway, which is based on Moffitt's (1993) adolescent-limited offender, is presented in Figure 5. As described by Moffitt (1993), these youth begin to engage in antisocial behaviours in adolescence as a means to assert their independence and generally desist when prosocial opportunities to do so become available. However, some adolescent onset offenders experience "snares" which impede desistance. As suggested by Corrado and Freedman (2011a; 2011b), when the desire to assert independence coincides with serious changes in daily life brought on by events such as shifting custody arrangements, change of residences, bully experiences, or school transfers, serious antisocial behaviour may emerge. This may include school truancy and engaging in substance abuse, which increase the likelihood of school failure and association with other truant youth engaging in antisocial behaviour. Association with such peers may encourage serious antisocial behaviour in the form of property, drug, and violent crimes. Severe antisocial behaviours may result in youth being kicked out of their homes, or leaving of their own volition in an attempt to further their independence; both result in placement in care. Oppositional to authority, these youth may refuse to reside in placements, shifting among the homes of friends or resorting to life on the streets, where risk of violence increases dramatically. Particularly when residing in disorganized neighbourhoods, these youth are recruited by youth gangs, resulting in criminal justice involvement, which can result in further gang entrenchment. Involvement with gangs may also be normalized in families where antisocial behaviour is modeled. Once involved in the criminal justice system and gang activity, the risk of persistent serious antisocial behaviour is magnified (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b).

Interventions for those on the adolescent onset pathway may best focus on providing parents with techniques to respond to rebellious adolescent behaviour. In particular, helping parents develop tools to provide youth with graduated levels of responsibility and independence can reduce the urge to rebel in the first place. By creating an environment fostering open discussion and negotiations among parent and child, youth are more likely to feel autonomous and respected, thereby reducing their desire to prematurely engage in adult behaviours. Schools and community-based programs that provide youth with opportunities to feel respected and autonomous can also help reduce the appeal of prematurely engaging in adult behaviours (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b).

Figure 5. Adolescent Onset Pathway



(Corrado & Freedman, 2011b)

Conclusion

As mentioned in the preceding chapters, CIC are over-represented in the criminal justice system. The research literature suggests that this may be due to the multitude of risk factors common among these youth. Accepting this likelihood, Corrado and Freedman (2011a; 2011b) hypothesize that CIC are heterogeneous and that several distinct risks may lead them to engage in similarly antisocial behaviours. If correct, the implication is that developmentally appropriate interventions should be adopted to mediate risk of negative outcomes among CIC and that any such interventions will

require those divergent paths to be taken into consideration. However, given the gravity of these implications, it is necessary to embark upon research to assess the validity of these assertions. One of the key goals of this dissertation is to formulate a better understanding of the risk profiles of CIC who engage in serious and violent behaviours and their experiences under community supervision orders while in care.

Chapter 4.

Methodology

This chapter discusses the methodology applied in the current study. It begins with an overview of the purpose of the current research and associated research questions to provide context to the presented methodology. Discussion of data, research ethics, instruments, and measures for the currently study follows. Finally, the analytic strategy for the study is presented, beginning with an overview of the approach for quantitative analyses, followed by presentation of the approaches utilized in qualitative analyses.

Current Study

The current study seeks to provide an overview of the risk factors and antisocial behaviours among serious and violent antisocial youth who have and have not been in care. The underlying purpose is to achieve a greater understanding of the rehabilitative needs of CIC and opportunities to meet those needs. In accordance with theory and research to-date on CIC, it is reasonable to hypothesize that CIC are at an increased risk of engaging in both general antisocial behaviour and serious and violent offending, as compared to those who have not been in care. However, what is less clear is whether they differ to a marked degree with respect to antisocial behaviours and risk factors from other serious and violent offenders, who are also often exposed to a great deal of risk factors. While the role of cumulative risk is evident (see for example: Appleyard, Egeland, van Dulmen, & Sroufe, 2005; Farrington, 2002; Huizinga & Jakob-Chien, 1998), so too is the reality that youth engaging in serious antisocial behaviour may share cumulative levels of risk *and* present with different risk profiles (Corrado & Freedman, 2011a; Corrado & Freedman, 2011b; Onifade et al., 2008).

In terms of intervention needs of incarcerated CIC, the simple reality is that upon release from correctional facilities, non-CIC generally return to the custody of their parents, and CIC most often return to the care system. The latter may hold the promise of specialized caregivers who are trained to meet the unique needs of children and youth with behavioural problems. However, placement in care also presents the risk of enduring placement shifts and spells in and out of care that may hinder intervention success. Interpreted through the lens of a developmental perspective, these shifts and spells hold particular importance because they may act as both a cause and consequence of antisocial behaviour, particularly within the stage of adolescence. As such, placement in care may be understood to hold promise to improve or hinder intervention outcomes, yet research to-date has not explored this issue.

The current study embraces several research objectives in pursuit of narrowing the above-mentioned gaps in the research literature on CIC and working towards the goal of achieving a greater understanding of those who engage in serious and violent antisocial behaviour. First, the current study examines incarcerated youth in British Columbia, Canada, focusing on quantitative differences among those who have and have not been in care. Second, the pathways to serious and violent antisocial behaviour, in terms of exposure to risk factors and the development of those behaviours are considered with the use of qualitative analysis for a subsample of CIC participants. Third, qualitative differences among experiences of CIC in the community while supervised by YPOs are explored. An improved understanding of risk profiles and antisocial behaviours of these youth may provide opportunities to inform their rehabilitative needs upon release. Importantly, information pertaining to any unique rehabilitative needs of CIC will further these opportunities.

Participants

This study draws from the self-report and official data collected from male participants[13] (n=417) interviewed in Wave III of the SISVYO. This Wave of data

[13] Data from this wave of data collection consists of male and female participants. For the purposes of the current study, female respondents were removed from analysis due to the comparatively low frequency (12.4%) in the sample.

collection took place between the years of 2005 and 2009. Quantitative analyses utilized in the current research include all male participants from this wave, while qualitative analysis included a subsample of 26 of these participants (subsample and methods of selection for this subsample are described below in the analytic strategy section). Use of data from the SISVYO offers a unique opportunity to study those amongst the most serious and violent young offenders in the nation. As presented in Chapter Two, the enactment of the *YCJA* (2002) introduced minimum threshold criteria ensuring that only the most serious and violent young offenders are sentenced to custody. As per these criteria, SISVYO participants incarcerated under the *YCJA* (2002) can be considered among the most serious and violent young offenders who have come to the attention of the criminal justice system. Accordingly, exploration of such a sample can shed light on the question of how incarcerated CIC are similar to, and different from, non-CIC engaging in similarly serious and violent antisocial behaviours. The Wave III SISVYO sample is comprised of 192 (46%) non-CIC and 225 (54%) CIC. The mean age of participants was 16.04 years (range: 12-19, *SD*=1.31) and participants self-identified their ethnicity as Aboriginal (29.5%), Caucasian (53.2%), or other (17.3%).

Procedures and Ethics

The SISVYO commenced in 1998 and remains ongoing.[14] Wave III of the study involved collection of official data in addition to structured interviews with youth incarcerated in the Burnaby or Victoria youth custody centres.[15] Upon admission to these custody centres, youth were invited to participate in the study and those who accepted were interviewed by a trained graduate or undergraduate student. All interview questions were read aloud by the interviewer and participants' responses were provided verbally to be documented by the interviewer. Participants were offered a copy of the interview to follow along if they wished, but were not permitted to record their answers themselves. This procedure created opportunities for interviewers to assess participants' comprehension of questions and provide additional clarification when necessary. It

[14] The SISVYO has been funded through three standard research grants awarded by the Social Science and Humanities Research Council to the Principle Investigator, Professor Raymond R. Corrado.

[15] A third British Columbia youth custody centre is located in Prince George and this facility was not included as a SISVYO research site.

further provided opportunities for interviewers to identify any inconsistencies among participant responses and address those inconsistencies as necessary. The interview was voluntary and as an incentive, all participating youth were given a snack item and beverage at the start of the interview.

Official data was collected from the youth justice files of incarcerated youth and information stored on the CORNET system, which is the electronic database shared by youth and adult custody services. This database contains information pertaining to movements through the court and corrections systems (e.g., appearances in court, sentencing, admission and release from custody facilities, and transfers in custody), in addition to documents requested by the courts (e.g., pre-sentence reports). This database also facilitates case management, providing space for community probation officers and case managers in prison to maintain running logs of communications with one another and the individual under supervision. Access to official data was granted by MCFD.

The procedures of the SISYVO were approved by MCFD and the Simon Fraser University Office of Research Ethics. Participants were guaranteed limited confidentiality, with the specification that all disclosures of child abuse, intent to engage in self-harm, or threats against others would be reported to the case management staff at the respective custody centre or MCFD.[16] Participants were required to sign a document of informed consent indicating their understanding of the risks and benefits associated with participation and the limits to confidentiality. To further data analysis, key informant interviews were also conducted with experts in the field of criminal justice and child welfare. The procedures utilized in the pursuit of key informant interviews were also approved by the Simon Fraser University Office of Research Ethics. Key informants were not granted confidentiality or anonymity and were required to sign a document of

[16] By default, reports of self-harm and threats against others were reported to case management staff at the respective custody centre. In cases where this information was disclosed after business hours and case management staff were no longer present at the custody centre, reports were made directly to youth correctional officers and relayed to case management staff the following day. Disclosures of child maltreatment made at both facilities were reported to the social worker on the case management team at the Burnaby youth custody centre. In cases where the social worker was not available, reports were made directly to the MCFD afterhours hotline and then relayed to the social worker when available.

informed consent indicating their understanding of the risks and benefits associated with participation.

Instruments and Data Sources

Day 1 Interview. Comprised of a series of research instruments, the Day 1 Interview took approximately 90 minutes to complete and used a structured format to ask the youth about a range of risk factors, including family history of antisocial behaviours, academic achievement, and the expression of delinquent behaviours at home, school, and in the community. In an effort to improve accuracy of information, research assistants reviewed the criminal justice files of participants before conducting interviews. Research assistants were instructed to take note of information relevant to the interview questions, and in instances where participants provided information that was inconsistent with file information, they were asked to clarify their response in light of the inconsistency. When warranted, responses were modified at the direction of the participant.

Official Data. Pre-sentence reports, client logs, and client histories are official documents available through CORNET for youth and adult offenders. Pre-sentence reports may be requested by the courts prior to sentencing to provide an overview of the individual before the courts and his/her circumstances (i.e., social factors and family-level risk factors, substance abuse, education and employment, attitude toward the offence). These reports are drafted by probation officers and include information collected through official data and interviews with the individual in question and others providing collateral information (e.g., family members, foster parents, teachers, principals, social workers, etc.). In some cases, multiple pre-sentence reports will be requested over a period of years. Client logs provide ongoing commentary regarding the behaviours of the individual in the community and notable life events (e.g., death in the family, admission to custody, CIC placement breakdown) entered by the probation officer and others working with the individual throughout the period of community supervision. Client histories document the individual's movements through the courts and corrections in this province. Together, these documents provide an extensive

overview of the behaviours of these youth and the risk factors to which they are exposed.

Key Informant Interviews. Semi-structured key informant interviews were conducted with experts in the fields of criminal justice and child welfare. The interviews lasted approximately 90 minutes and focused on key themes identified through qualitative data analysis. Three key informants were invited to participate in this study by providing insights into the research findings on the basis of their expertise in their respective fields. Sandra Manzardo, Youth Justice Clinical Supervisor, provided insights based on her 24 years of experience at MCFD as a YPO and supervisor. To speak to the needs of youth in foster care who are also criminal justice-involved, Gary Mitford, Team Leader for Vancouver Youth Services, provided insights based on his 12 years of experience working for MCFD as a probation officer and social worker. Finally, Annette Harding provided insights into the foster care system as a whole, including information about recruitment and training of foster caregivers, based on her 12 years of experience working for MCFD as a senior policy analyst and her role as the Project Manager for the Residential Review Project.

Measures Used in Quantitative Analysis

Demographic Information. Demographic information in the form of age and ethnicity was collected for each participant. Age was coded as a continuous variable, ranging from 12-19 years. Ethnicity data was included in the current study in recognition of the over-representation of Aboriginal peoples in incarcerated samples and the child welfare system. Combined with the over-representation of Aboriginal persons in prison, Aboriginal heritage is an important construct in the study of young offenders and CIC in Canada. To account for this important construct, ethnicity was self-reported by participants based on the ethnic group to which they felt most a part and for the purposes of this study; it was coded as (1) Caucasian, (2) Aboriginal, (3) Other.

Placement in Care. Participants reported if they had ever been placed in foster care and this variable was coded as a dichotomous measure: (0) not placed in care, (1) placed in care. For the purposes of this study, youth who reported they have been placed in care are described as CIC due to the high likelihood that they remain in care or

involved with child protective services on an ongoing basis. This decision is further supported by discussion of placement (as opposed to remaining) in care as a risk factor for antisocial behaviour. Those who had been in care were asked how old they were the first time they were placed in care and how many placements they have been in, both as continuous measures. For the purposes of the current study, age of entry into care was recoded as a categorical variable to highlight those who were (1) never placed in care, (2) placed in care before the age of criminal responsibility, (3) placed in care after the age of criminal responsibility. This categorization is consistent with literature recognizing entry into care after a youth's twelfth birthday as an exacerbating factor during an already difficult developmental stage characterized by physical and emotional changes (Jonson-Reid, 2002; Jonson-Reid & Barth, 2000b). As per research findings identifying four or more placements as an exacerbating factor in behavioural outcomes of CIC (DeGue & Widom, 2009; Jonson-Reid & Barth, 2000b), number of placements was recoded as a categorical variable to identify those who (1) were never placed in care, (2) experienced one to three placements, (3) experienced four or more placements.

Child Maltreatment. As discussed above, maltreated children and youth often experience more than one type of abuse, thereby blurring the distinction of types of abuse. Accordingly, the current study considers the experiences of physical and sexual abuse, but not neglect. Information about child maltreatment was collected with the use of two dichotomous questions asking whether the participant had ever been physically abused or forced to do sexual things to which the participant did not agree, (0) no, (1) yes.

Mental Health. Mental health information was obtained using the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2). This 52-item instrument is designed for administration in juvenile justice facilities to identify mental health needs (Grisso & Barnum, 2003). Importantly, the MAYSI-2 does not provide psychiatric diagnoses or long-term behavioural predictions, but instead provides information appropriate to identify current behavioural needs with the use of seven scales: Alcohol/Drug Use, Anger-Irritability, Depressed-Anxious, Suicide Ideation, Thought Disturbance, Somatic Complaints, Traumatic Experiences. Two cut-off scores are widely used for interpretation of scores (with the exception of the Traumatic Experiences scale which has no cut-off): those above caution and warning cut-offs.

Scores above the caution cut-off indicate scores of “possible clinical significance” and those above the warning cut-off indicate an exceptionally high score, suggesting relatively more intense need.

Since the MAYSI-2 cut-offs provide theoretically different pieces of information that are not mutually exclusive, each MAYSI-2 scale (with the exception of the Traumatic Experiences scale) was coded into two separate dichotomous variables. To identify clinical needs of participants, each scale was scored at the caution cut-off, (0) score is below caution cut-off, (1) score meets the criteria for the caution cut-off. To identify those with exceptionally high scores, each scale was scored at the warning cut-off, (0) score is below warning cut-off, (1) score is meets the criteria for the warning cut-off. The Traumatic Experiences scale remained in its original form as a continuous measure ranging from 0-5.

Incarcerated youth with co-morbid disorders have been identified as a population requiring unique treatment needs to address their mental health issues and heightened risk of recidivism (Abram, Teplin, McClelland, & Dulcan, 2003). For this reason, in addition to considering individual MAYSI-2 scales, cumulative mental health risk was assessed with the use of summative scales of participants meeting the criteria for the caution and warning cut-offs. Consistent with the example of Grisso and Barnum (2003), these variables were recoded as dichotomous measures to identify participants scoring above the respective cut-off on one or more scales and two or more scales. This resulted in the creation of four dichotomous measures, which are not mutually exclusive. To identify those with at least one score of clinical significance, (0) did not score above caution cut-off on any scales, (1) scored above caution cut-off on one or more scales; to identify those with at least two scores of clinical significance, (0) did not score above caution cut-off on two scales, (1) scored above caution cut-off on two or more scales. The same pattern was applied in the creation of variables assessing scores with the warning cut-off. Traumatic Experiences scores are omitted from these measures.

Substance Abuse. Using a list of substances, participants were asked which substances they had ever used and these responses were coded in a series of dichotomous measures (0) participant had not used the drug, (1) participant has used the drug. This information differs from the information provided in the MAYSI-2

Alcohol/Drug Use scale by providing information about which substances were used as opposed to signs of substance dependence.

Family-Level Risk. Substance abuse and criminality of participants' mothers and fathers (biological, step, or adoptive) were included to account for the important role of parental antisocial behaviour in the development of serious and violent antisocial behaviours, maltreatment, and entry into care. Participants were asked whether family members had a criminal record (youth or adult), alcohol problem, or drug problem. Importantly, they were not provided with a definition of substance addiction, but were left to determine if the substance use behaviours of their family members were problematic in accordance with their own standards. This information was coded as a series of dichotomous variables indicating (0) absence, or (1) presence of a criminal record or substance abuse problem among the participant's mother and father. One additional dichotomous measure indicates whether the youth reported that any member of their family has a mental health problem, (0) absence, (1) presence, as an indicator of family history of mental illness.

Participant Antisociality. Information pertaining to antisocial behaviours was obtained using a modified version of the Measurement of Adolescent Social and Personal Adaptation in Quebec (MASPAQ). This instrument is comprised of 61 questions covering a range of deviant behaviours including minor and major property offences, minor and serious violence, aggression, and sexual behaviours. The choice to use self-reported information pertaining to antisocial behaviours, as opposed to official data, was made to allow for the inclusion of behaviours that were undetected by the criminal justice system, took place before the age of criminal responsibility, or took place in a different jurisdiction, which would not be visible on the official provincial records. This decision is supported by the finding that self-report data has been found to produce generally reliable and valid data (Thornberry & Krohn, 2000).

Measures Used in Qualitative Analysis

Mental Health. Information pertaining to mental health was collected from client logs, and pre-sentence reports. This information differs from the mental health information assessed by the MAYSI-2, as it focuses on disorders previously diagnosed

by mental health practitioners, as opposed to scores on scales of clinical significance. All disorders listed in the official records of sub-sample participants were recorded.

Placement Instability in Adolescence. Information pertaining to placement instability was collected from client logs and pre-sentence reports by counting the number of placements that CIC were assigned to during their period of criminal justice involvement. Focusing on instability during the years of criminal justice involvement allowed analysis of the association between experiences in particular placements and the display of antisocial behaviours.

Violation of Community Supervision Conditions. Adherence to community supervision conditions is monitored and recorded by YPOs in client logs. In cases where the breaches resulted in formal adjudication, the event was also noted in the client history. Failure to abide by these conditions was noted, as were the outcomes of such breaches.

Incarceration. Periods of incarceration were noted by counting each time that CIC were admitted to a youth correctional facility for a minimum of one night. Recorded periods of incarceration were limited to those meeting this criterion to differentiate between cases where participants were temporarily detained in court or jail cells prior to attending court and those who were sentenced or remanded to a youth custody facility.

Time at Risk. Time at risk in the community was defined as the number of days participants were in the community between periods of incarceration and thus had an opportunity to engage in criminal behaviours. This measure was calculated by finding the difference between the date of release from a youth correctional facility and subsequent re-admission. In cases where participants were detained in a custodial facility for less than one night, those days were counted as days at risk because the participants necessarily had opportunities to engage in criminal behaviours in the community on those days.

Behavioural Changes. There was no single measure of behavioural change and no universal threshold that could be applied to discern positive or negative behavioural shifts. For example, behavioural improvements at home (i.e., adhering to house rules or reductions in aggressive outbursts), greater compliance with community

supervision conditions, reduction of substance abusing behaviours, and remaining in the community for greater lengths of time between periods of incarceration each indicated positive changes in behaviour. Changes in behaviour were considered holistically and focused on within-individual change. For example, in considering greater time at risk in the community between periods of incarceration, some participants were consistently returned to a youth custody centre after very short periods of time in the community. For these youth, remaining in the community for even a few days or weeks longer than they usually managed to remain in the community was an indication of some behavioural improvement.

Placement Fit. Placement fit was defined as the degree to which each placement met the needs of particular CIC. Placement fit was assessed with reference to geographical location of the placement in terms of a particular area having appropriate resources for the youth (e.g., school, youth workers) and the relationship between the foster care provider and CIC, which could be built upon trust, respect, or tolerance, or defined by defiance, aggression, and disrespectful behaviour.

Age of Onset and Risk Exposure. Age of onset for a variety of behaviours and exposure to various risk factors was obtained from the Day 1 interview and utilized in qualitative review. Youth were asked if they ever ran away from home or were kicked out, used a range of illicit substances, or experienced physical or sexual abuse. For each question to which participants responded in the affirmative, they were asked how old they were the first time that the event occurred. To provide information about school instability, youth were also asked if they ever changed schools for a reason other than a grade change[17] and if so, how old they were the first time this happened, how many times they switched schools, and the reason(s) for school changes. Youth were also asked how old they were the first time they entered into care and the number of placements they experienced.

[17] Changing schools for a grade change was explained as switching schools to go to a middle or high school after completion of elementary school.

Analytic Strategy

Statistical Analyses. Much of the statistical analyses conducted were descriptive in nature, as the goal was not to predict behaviour, but instead to develop a deeper understanding of the risk and need profiles of incarcerated CIC. Comparisons among non-CIC and CIC participants were conducted with the use of chi-square analyses and independent samples t-tests to ascertain whether CIC represent a distinct population with unique risks and needs, or have profiles comparable to their non-CIC counterparts. Multivariate analysis in the form of a series of logistic regression models were conducted to further explore associations observed to be significant at the bivariate level; in particular, the role of placement in care was used to predict cumulative mental health needs and serious criminal behaviours after controlling for relevant variables.

Prior to conducting analysis, missing data was addressed. Information was collected from 424 male participants in Wave III of SISYVO data collection; for the purposes of the current study, four cases were removed because they did not contain information about foster care experiences[18] and three cases were removed due to excessive missing data.[19] The remaining sample contained 28 cases with missing data across one to five variables. Data was missing at random and imputed with the use of estimation maximization,[20] yielding a final sample of 417 participants.

Qualitative Analysis. Qualitative analysis was conducted to provide a more in-depth overview of the stacking of risk factors and development of antisocial behaviours among CIC, in addition to gaining greater insights into opportunities and obstacles for community intervention. Analysis with a subsample of CIC participants was conducted with the use of official records, which provide extensive information about the circumstances of the youth beyond the time frame addressed in the SISYVO interviews. These records combine to provide a detailed overview of the risk factors and behaviours

[18] The interviews completed by these participants were reviewed and it appears likely that the participants did not refuse to provide information about these questions, but instead that they were not asked these questions as a result of interviewer error.

[19] Data for more than 10% of the interview items was missing for one case, and the majority of items for the mental health variables were missing for the other two cases.

[20] Estimation maximization uses maximum-likelihood estimates in a standard linear model to obtain consistent estimates of missing values. This technique is appropriate for large samples (Allison, 2002).

of these youth, oftentimes providing a detailed summary of personal and family lives. This subsample is comprised of youth interviewed in 2009 (n=26),[21] as these youth most recently entered custody (as compared to other sample participants) and thus are more likely to have active CORNET records.[22] Additionally, the current version of CORNET (CORNET-2) was implemented in February 2005 and a period of adjustment from paper to electronic records would likely have ensued, further prompting the decision to focus on more recently active files. CORNET information for this subsample was collected in August 2012 to ensure that the most recently available official information was analysed.

To provide an overview of the stacking of risk factors and development of antisocial behaviours, information pertaining to risk factors was obtained from official records and the Day 1 interview. Using this information, a timeline was created for each youth by plotting age of exposure to risk factors and age of onset of antisocial behaviours. Analysis focused on attempting to uncover early risk factors and any dynamic processes among risk factors (i.e., whereby the combination of two or more risk factors impacted subsequent risk exposures or antisocial behaviours). Timelines for each subsample participant were then compared to search for common themes that could be generalized into pathways to serious and violent antisocial behaviours.

Further exploration involved content analysis, which was conducted by scanning client logs for emergent themes pertaining to obstacles and opportunities for intervention success relevant to placement in care. Analysis began with open coding, which is described as careful review of all material and coding all emergent themes. This process was followed by axial coding, whereby particular categories of themes of were intensively coded. Concepts formed the unit of analysis, thus allowing clusters of words and ideas to be coded as emergent themes. Data was scanned for manifest (i.e., physically present) and latent (i.e., interpreted through reading) content. In the case of the latter, data was assessed for indications that participants' behaviours

[21] SISVYO data includes 32 CIC participants interviewed in 2009, however in six of these cases, pre-sentence reports could not be obtained, thereby limiting the ability to contextualize the information provided in other official data sources. For this reason, these participants were omitted from the subsample, thereby yielding a final subsample of 26 participants.

[22] Youth records are sealed and no longer visible on CORNET once youth achieve a period of two years without criminal activity following expiration of all community and custody supervision orders.

improved/worsened. Themes were recorded in Microsoft Excel for ease of analysis. Interpretation was assisted with the use of pre-sentence reports and client histories to provide context and depth to the analysis and to assist in the interpretation of latent content.

To contextualize the content analysis findings, key informant interviews were conducted with experts in the field of criminal justice and child welfare. Once the content analysis was complete, interviews were conducted to elaborate on key themes observed in the research. The information provided by these informants is presented alongside the themes identified by the content analysis to help explain the findings, describe their relevance, and comment on whether they represent a greater trend among CIC or are more specific to those who have engaged in serious and violent antisocial behaviour.

Conclusion

This chapter has provided an outline of the methodology applied in the current study. As presented in this chapter, the main objective of the current study is to yield a greater understanding of CIC who engage in serious and violent antisocial behaviours. This objective is pursued in the interest of informing the rehabilitative needs of these youth to improve the likelihood of successful criminal justice interventions. Data analysis includes quantitative approaches in the form of chi-square analyses, independent samples t-tests, and logistic regression, in addition to qualitative analysis plotting the pathways to serious and violent antisocial behaviour, and content analysis. The remaining chapters in this dissertation outline the results and implications of those analyses.

Chapter 5.

Quantitative Results: Comparing Risk Exposure and Antisocial Behaviours of CIC and Non-CIC

This chapter provides a descriptive overview of the sample participants, outlining the prevalence of relevant risk factors. The differences in risk exposures among CIC and non-CIC participants are explored with the use of bivariate analyses. Multivariate analyses are then presented to further examine the associations between placement in care and mental health needs, in addition to placement in care and antisocial behaviours, while controlling for relevant risk factors. Results are presented below and are followed by discussion, with reference to relevant theory and literature. The limitations of these analyses and policy implications of findings are presented in Chapter Eight, alongside the implications of additional findings presented throughout this dissertation.

Sample Descriptives

Demographic information of participants is presented in Table 1. Non-CIC participants ranged in age from 13-19 years,[23] with a mean of 16.26 (*SD*=1.26) compared to CIC participants, who ranged from 12-18 years of age, with a mean of 15.84 (*SD*=1.33). This difference was statistically significant, $t(415)=3.362$, $p<.01$, with a small ($\eta^2=.03$) magnitude of differences in the means (mean difference=-.127, 95% CI=.177 to .676). This finding is consistent with the literature indicating CIC in British

[23] Recall that as described above, those serving sentences extending into adulthood may be permitted to remain in a juvenile justice facility until their 20th birthday if doing so is in the best interest of that youth and will not detract from the safety or order of the custody centre. Further, youth 18-19 years of age may also return to a youth custody centre in cases where they remain under a youth community supervision order that is breached.

Columbia tend to become involved with the criminal justice system and be admitted to custody at younger age (British Columbia, 2009). Significant differences in the ethnicity of CIC and non-CIC participants were also observed, $X^2(2\ N=417)=25.49\ p<.001,\ \phi=.25$; a higher proportion of CIC identified as Aboriginal (38.7% compared to 18.8%) and a lower proportion identified as an ethnicity other than Aboriginal or Caucasian (11.1% compared to 24.5%). Review of self-reported CIC placement history indicates that the majority of participants who entered into care did so before the age of criminal responsibility with 35.1% entering into care during early childhood and 22.2% entering between eight and eleven years of age. Approximately half of the CIC participants (50.2%) experienced multiple placement shifts.

Table 1. Demographic Information and CIC Placement History

Measures	Non-CIC (n=192) N(%)	CIC (n=225) N(%)
Demographic Information		
Age – *M(SD)*	16.26 (1.26)	15.84 (1.33)
Ethnicity		
Aboriginal	36 (18.8%)	87 (38.7%)
Caucasian	109 (56.8%)	113 (50.2%)
Other	47 (24.5%)	25 (11.1%)
CIC Placement History		
Age of entry into care		
0-7 years	-	79 (35.1)
8-11 years	-	50 (22.2)
12+ years	-	96 (42.6)
Experienced multiple placements	-	113 (50.2)

Parental antisocial behaviours, as defined by presence of a substance abuse problem or criminal record, are presented in Table 2. Two thirds of the sample (n=279, 66.4%) reported that either their mother or father had a substance abuse problem and/or criminal record. A significant difference was observed among the responses of participants who were and were not in care in terms of whether neither, one, or both

parent(s) displayed antisocial behaviours X^2(1 N=417)=29.90 p<.001, ϕ=.27. In particular, nearly half (n=86, 44.8%) of the non-CIC participants reported that neither of their parents had a substance abuse problem or criminal record, as compared to approximately one quarter (n=52, 23.1%) of those who were in care. The magnitude of parental antisocial influences among CIC participants was further illustrated by reports from 38.2% (n=86) that both their mothers and fathers displayed antisocial behaviours, as compared to 17.7% (n=34) non-CIC participants.

Table 2. Parental Antisocial Behaviours

Measures	Full Sample (n=417) N (%)	Non-CIC (n=192) N (%)	CIC (n=225) N (%)
Parental Antisocial Behaviour			
Neither parent	138 (33.1)	86 (44.8)	52 (23.1)
One parent	159 (38.1)	72 (37.5)	87 (38.7)
Both parents	120 (28.8)	34 (17.7)	86 (38.2)**
Maternal Antisocial Behaviour			
Neither substance abuse problem nor criminal record	253 (60.7)	148 (77.1)	105 (46.7)
Substance abuse problem *or* criminal record	102 (24.5)	35 (18.2)	67 (29.8)
Substance abuse problem *and* criminal record	62 (14.9)	9 (4.7)	53 (23.6)**
Paternal Antisocial Behaviour			
Neither substance abuse problem nor criminal record	182 (43.6)	96 (50.0)	86 (38.2)
Substance abuse problem *or* criminal record	117 (28.1)	50 (26.0)	67 (29.8)
Substance abuse problem *and* criminal record	118 (28.3)	46 (24.0)	72 (32.0)
Parental Substance Abuse			
Mother	143 (34.3)	34 (17.7)	109 (48.4)**
Father	182 (43.6)	74 (38.5)	108 (48.0)
Parental Criminal Record			
Mother	83 (19.9)	19 (9.9)	64 (28.4)**
Father	171 (41.0)	68 (35.4)	103 (45.8)*

*p<.05, **p<.001

In terms of maternal and paternal behaviours, CIC participants were significantly more likely (23.6% vs. 4.7%) to report that their mothers had a substance abuse problem and obtained a criminal record X^2(1 N=417)=46.25 p<.001, ϕ=.33, while no significant

difference was observed among the behaviours of the fathers of CIC and non-CIC participants. To further investigate which antisocial behaviours were displayed among the parents of participants, parental antisocial behaviour was assessed by type of behaviour among mothers and fathers. Participants who had been placed in care were significantly more likely to report having a mother with a substance abuse problem X^2(1 N=417)=43.43 p<.001, ϕ=.32 and significant associations with small effect sizes (ranging from .11 to .23) were observed between placement in care and criminality of mothers, X^2(1 N=417)=22.36 p<.001, ϕ=.23, and fathers, X^2(1 N=417)=4.60 p<.05, ϕ=.11.

History of family mental illness, child maltreatment, and traumatic experiences are presented in Table 3. Participants who had been placed in care were significantly more likely (37.3% vs 19.8%) to report family history of mental illness, X^2(1 N=417)=15.402 p<.001, ϕ=.19. Participants who were in care were also significantly more likely to report maltreatment in the form of physical (48.4% vs. 30.2%) X^2(1 N=417)=14.35 p<.001, ϕ=.19 and sexual (9.3% vs. 3.6%) X^2(1 N=417)=5.35 p<.05, ϕ=.11, abuse. An independent-samples t-test was conducted to compare the means of MAYSI-2 Traumatic Experience scores (M=2.63, SD=1.51) for non-CIC (M=2.39, SD=1.56) and CIC (M=2.83, SD=1.45). This comparison was statistically significant, t(415)=-2.99, p<.05, with a small magnitude of differences (η^2=.02) in the means (mean difference=-.44, 95% CI=-.730 to -.151).

Table 3. History of Family Mental Illness, Maltreatment, Trauma

Measures	Full Sample (n=417) N (%)	Non-CIC (n=192) N (%)	CIC (n=225) N (%)
Family History of Mental Illness	122 (29.3)	38 (19.8)	84 (37.3)**
Maltreatment			
Physical	167 (40.0)	58 (30.2)	109 (48.4)**
Sexual	28 (6.7)	7 (3.6)	21 (9.3)*
Traumatic Experiences – *M (SD)*	2.63 (1.51)	2.39 (1.56)	2.83 (1.45)*

*p<.05, **p<.001

The mental health needs of participants, as described by MAYSI-2 cut-off scores, are presented in Table 4. The pervasive mental health needs of the sample are evidenced by the high frequency of youth meeting the caution cut-off scores for each of

the scales. Approximately two-thirds of the sample (n=313, 75%) met the cut-off score for caution on the Alcohol-Drug Use scale and nearly half of the sample met the same cut-off for the Angry-Irritable (48.7%), Depressed-Anxious (44.8%), Somatic Complaints (51.1%) and Thought Disturbance (43.9%) scales. Suicide Ideation was the least common concern (22.8%) noted with the caution cut-off score. Significant associations with small effects were observed among placement in care and three MAYSI-2 scales specified with the caution cut-off: Angry-Irritable, X^2(1 N=417)=4.138 p<.05, ϕ=.100, Depressed-Anxious, X^2(1 N=417)=6.73 p<.05, ϕ=.127, and Suicide Ideation, X^2(1 N=417)=5.843 p<.05, ϕ=.118.

Table 4. Mental Health Needs

Measure	Caution Cut-Off			Warning Cut-Off		
	Full Sample (n=416) N (%)	Non-CIC (n=192) N (%)	CIC (n=225) N (%)	Full Sample (n=416) N (%)	Non-CIC (n=192) N (%)	CIC (n=225) N (%)
MAYSI-2 Scale						
Alcohol-Drug Use	313 (75.1)	141 (73.4)	172 (76.4)	134 (32.1)	48 (25.0)	86 (38.2)*
Angry-Irritable	23 (55.9)	97 (50.5)	136 (60.4)*	104 (24.9)	40 (20.8)	64 (28.4)
Depressed-Anxious	187 (44.8)	73 (38.0)	114 (50.7)*	43 (10.3)	15 (7.8)	28 (12.4)
Somatic Complaints	223 (53.5)	104 (54.2)	119 (52.9)	30 (7.2)	11 (5.7)	19 (8.4)
Suicide Ideation	94 (22.5)	33 (17.2)	61 (27.1)*	60 (14.4)	17 (8.9)	43 (19.1)*
Thought Disturbance	61 (43.9)	81 (42.2)	102 (45.3)	32 (7.7)	13 (6.8)	19 (8.4)
Cumulative Mental Health Needs						
Meets cut-off for one or more scales	377 (90.6)	170 (88.5)	208 (92.4)	222 (53.2)	89 (46.4)	133 (59.1)*
Meets cut-off for two or more scales	366 (87.8)	192 (69.3)	174 (77.3)	103 (24.7)	33 (17.2)	70 (31.1)*

*p<.05

Severe mental health needs are highlighted by the scores meeting the warning cut-off. Designed to identify those scoring highest need among the top 10% (Grisso & Barnum, 2003), the prevalence of youth in this sample meeting this criteria for the Alcohol-Drug Use (31.4%) and Angry-Irritable (24.9) scales was higher than expected. Prevalence of warning scores across the sample for the remaining scales was closer to

the 10% threshold: Depressed-Anxious (10.3%), Somatic Complaints (7.2%), Suicide Ideation (14.4%) and Thought Disturbance (10%). Similar to the association between placement in care and caution cut-off scores, significant associations with small effects were observed among placement in care and meeting the warning cut-off for Alcohol-Drug Use, X^2(1 N=417)=8.305 p<.05, ϕ=.141, and Suicide Ideation, X^2(1 N=417)=8.848 p<.05, ϕ.146.

The high frequency of youth presenting with multiple mental health concerns is of note; the vast majority of the sample met the caution cut-off for at least one (n=378, 90.6%) or two (n=366, 87.8%) scales and many met the warning cut-off for at least one (n=222, 53.2%) or two (n=103, 24.7%) scales. Comparison of non-CIC and CIC participants meeting cut-offs on multiple scales indicates that a slightly larger proportion of CIC meet the caution criteria for at least one or two scales, however these associations were not significant. Significant associations with small effects were observed between placement in care and meeting the warning cut-off for at least one scale, X^2(1 N=417)=6.772 p<.05, ϕ=.127 and at least two scales, X^2(1 N=417)=10.789 p,.01, ϕ=.161. Given the high frequency of participants scoring above the caution cut-off on the Alcohol-Drug Use scale, analysis was conducted to assess cumulative needs in the absence of this need. After omitting Alcohol-Drug Use scores, 78.4% (n=327) of participants scored above the caution cut-off on at least one scale and 61.4% (n=256) scored above the same cut-off of on at least two scales.

Substance abusing behaviours are presented in Table 5. As suggested in the high prevalence of elevated MAYSI-2 Alcohol-Drug Use scores, the vast majority of the participants have used a substance at some point; alcohol (n=412, 98.8%) marijuana (n=410, 98.3%), and ecstasy (n=535, 84.7%) were the most commonly reported substances. Given the finding that CIC participants scored above the warning cut-off for on the MAYSI-2 Alcohol/Drug Dependence Scale at a significantly higher frequency, it is not surprising that they were also found to have used relatively more serious/hard drugs. Significant associations with small effects were observed among placement in care and illicit use of prescription drugs, X^2(1 N=417)=4.632 p<.05, ϕ.105, heroin, X^2(1 N=417)=4.239 p<.05, ϕ.101, cocaine, X^2(1 N=417)=4.311 p<.05, ϕ=.102, and crack cocaine, X^2(1 N=417)=8.890 p<.05, ϕ=.146.

Table 5. Substance Use

Substance	Full Sample (n=417) N (%)	Non-CIC (n=192) N (%)	CIC (n=225) N (%)
Alcohol	412 (98.8)	188 (97.9)	224 (99.6)
Marijuana	410 (98.3)	187 (97.4)	223 (99.1)
Prescription Drugs	142 (34.1)	55 (28.6)	87 (38.7)*
Ecstasy	353 (84.7)	160 (83.3)	193 (85.8)
Heroin	57 (13.7)	19 (9.9)	38 (16.9)*
Cocaine	259 (62.1)	109 (56.8)	150 (66.7)*
Crack Cocaine	142 (34.1)	51 (26.6)	91 (40.4)*
Crystal Meth	144 (34.5)	57 (29.7)	87 (38.7)

*p<.05

Self-reported criminal behaviours are presented in Table 6. Consistent with the specification that youth must meet a minimum threshold of serious/violent antisocial behaviour to be admitted to custody (*YCJA*, 2002), participants were overwhelmingly observed to have engaged in selling drugs (n=348, 83.5%), property offences (n=403, 96.6%), and violent offences (n=390, 93.5%). Comparison of self-reported criminal behaviours among non-CIC and CIC indicate that those who were in care were significantly more likely to engage in property offences in general, $X^2(1\ N=417)=6.170$ $p<.05$, $\phi=.122$, and household theft, $X^2(1\ N=417)=16.692$ $p<.001$, $\phi=.200$, theft of personal property, $X^2(1\ N=417)=4.543$ $p<.05$, $\phi=.104$, breaking and entering, $X^2(1\ N=417)=16.525$ $p<.001$, $\phi=.199$, and auto theft, $X^2(1\ N=417)=6.183$ $p<.05$, $\phi=.122$ in particular. Participants who were in care were not found to be significantly more likely to engage in violent offending in general, but were significantly more likely to have attempted murder, $X^2(1\ N=417)=9.035$ $p<.05$, $\phi=.147$. Taken together, these findings suggest that CIC are more likely to have engaged in both property and violent offending, however this is not the case. The majority of the sample engaged in at least one form of property *and* violent offending (n=379, 90.9%) and the comparison of non-CIC and CIC participants did not yield significant differences.

Table 6. Criminal Activity

Criminal Behaviour	Full Sample (n=417) N (%)	Non-CIC (n=192) N (%)	CIC (n=225) N (%)
Drug Offence			
Sold drugs	348 (83.5)	156 (81.3)	192 (85.3)
Property Offences	403 (96.6)	181 (94.3)	222 (98.7)*
Shoplifting	361 (86.6)	160 (83.3)	201 (89.3)
Theft of personal property	268 (64.3)	113 (58.9)	155 (68.9)*
Theft of household property	238 (57.1)	89 (46.4)	149 (66.2)**
Breaking and entering	277 (66.4)	108 (56.3)	169 (75.1)**
Auto theft	282 (67.6)	118 (61.5)	164 (72.9)*
Violent Offences	390 (93.5)	177(92.2)	213 (94.7)
Assault (not otherwise specified)	358 (85.9)	162 (84.4)	196 (87.1)
Assault with a weapon	283 (67.9)	125 (65.1)	158 (70.2)
Gang/group fight	278 (66.7)	121 (63.0)	157 (69.8)
Robbery	272 (65.2)	116 (60.4)	156 (69.3)
Threats/intimidation	322 (77.2)	142 (74.0)	180 (80.0)
Criminal negligence causing death/manslaughter	25 (6.0)	9 (4.7)	16 (7.1)
Attempted murder	83 (19.9)	26 (13.5)	57 (25.3)*
Murder	9 (2.2)	4 (2.1)	5 (2.2)
Sexual assault	5 (1.2)	1 (0.5)	4 (1.8)
Property *and* Violent Offences	379 (90.9)	168 (87.5)	211 (93.8)
Serious Offences	396 (95.0)	177 (92.2)	219 (97.3)*
Serious Property Offences	376 (90.2)	161 (83.9)	215 (95.6)**
Serious Violent Offences	293 (70.3)	128 (66.7)	165 (73.3)
Serious Property *and* Violent Offences	272 (65.5)	112 (58.3)	161 (71.6)*

*p<.05, **p<.001

To further investigate the association between placement in care and antisocial behaviours, analyses were conducted to emphasize comparatively more serious offences. Serious property offences were defined as theft of personal property or household property, breaking and entering, and auto theft, and were significantly more common among CIC participants X^2(1 N=417)=16.00 p<.001, ϕ=.196. Serious violence

was defined as murder, attempted murder, criminal negligence causing death, manslaughter, assault with a weapon, and sexual assault; no significant association was observed between placement in care and this phenomenon. However, placement in care was observed to be significantly associated with having committed at least one form of serious property *and* violent offending X^2(1 N=417)=8.011 $p<.05$, $\phi=.139$.

Multivariate Analyses

Multivariate analyses were conducted to further explore the observed associations between (1) placement in care and mental health, and (2) the association between placement in care and serious antisocial behaviours. Although bivariate analysis suggested that CIC were more likely to meet the caution and warning cut-offs for several mental health scales, in addition to meeting the warning cut-offs for one or more scale(s), it is important to assess whether this association remains after inclusion of control variables. As discussed in Chapter Three, mental health need is an important risk factor for serious and violent antisocial behaviour and thus it is important to understand whether incarcerated CIC truly present with greater mental health need. Similarly, bivariate analyses suggested that CIC were more likely to engage in a range of serious and violent antisocial behaviours, it is important to assess whether this observation remains after controlling for relevant variables. Gaining a deeper understanding of the behaviours of these youth may help illuminate whether they have different intervention needs.

A series of logistic regression models were produced to assess whether the association between placement in care and individual MAYSI-2 scales (Angry-Irritable, Depressed-Anxious, and Suicide Ideation at the caution cut-off and Alcohol-Drug Use and Suicide Ideation at the warning cut-off) remained significant after controlling for age, ethnicity, physical abuse, traumatic experiences, and family history of mental illness. After controlling for these variables, placement in care was no longer significantly associated with any of the MAYSI-2 scales; however, physical abuse and traumatic experiences were significantly associated ($p<.05$) with each scale.

Logistic regression models assessing cumulative mental health needs were also produced, using the same control variables specified above. Since these variables

provide greater information about the net mental health needs of non-CIC and CIC participants, the findings of these analyses are discussed in detail. Results of the logistic regression predicting a score meeting the warning cut-off for one or more MAYSI-2 scales is presented in Table 7. This model yielded a statistically significant improvement over the constant-only model, $X^2(7, N=417)=129.924$, $p<.001$, the Hosmer-Lemeshow test was not significant ($p>.05$), and the Nagelkerke pseudo R^2 indicated that the model accounted for 35.7% of the variance; overall prediction was 72.7%, with the model more accurately predicting those who met the warning criteria for one or more scales (76.6%) than those who did not meet this criteria (68.2%). The Wald test reported placement in care[24] as non-significant in the prediction of scoring above the warning cut-off of one or more MAYSI-2 scales after the inclusion of control variables. However, physical abuse and traumatic experiences were significantly associated with the dependent variable. Participants reporting histories of physical abuse were 1.8 times (CI=1.12, 2.96) more likely to score above the warning cut-off for one or more MAYSI-2 scales and those who reported higher incidences of traumatic experiences were 2.1 times (CI=1.79, 2.57) times more likely to score above the warning cut-off for one or more scales.

Table 7. One-Plus Warning Scores on MAYSI-2

Measure	B	Wald	Sig.	Exp(B)	95% CI for Exp(B)	
					Lower	Upper
CIC	-.004	.000	.988	.996	.610	1.627
Age	-.104	1.329	.249	.901	.754	1.076
Ethnicity		4.307	.116			
Aboriginal	.342	1.548	.213	1.408	.821	2.416
Other	-.407	1.618	.203	.665	.355	1.246
Family mental illness	.343	1.714	.190	1.410	.843	2.356
Physical abuse	.600	5.925	.015*	1.823	1.124	2.956
Traumatic experiences	.763	68.445	.000**	2.145	1.790	2.570
Constant	-.535	1.135	.713	.586		

Pseudo R^2=.357, *p<.05, **p<.001

[24] Analysis was replicated with the use of variables pertaining to placement history (i.e., age of entry into care and number of placements), which were also found to be non-significantly associated with the dependent variable in multivariate analysis.

Prediction of those scoring above the warning cut-off for two or more MAYSI-2 scales yielded similar findings, which are presented in Table 8. The results of this logistic regression indicate the model provides a significant improvement over the constant-only model, $X^2(7, N=417)=104.854$, $p<.001$, the Hosmer-Lemeshow test was not significant ($p>.05$), and the Nagelkerke pseudo R^2 indicated that the model accounted for 33.0% of the variance; overall prediction was 80.1%, with the model more accurately predicting those who did not meet the warning criteria on two or more scales (91.4%) as compared to those who did meet this criteria (45.6%). Similar to the prediction of scoring above the warning cut-off on one or more scales, the Wald test reports placement in care[25] is no longer significantly associated with the dependent variable after the inclusion of relevant controls. However, physical abuse increased risk of scoring above the warning cut-off on two or more scales by 1.9 times (CI=1.13, 3.26) and traumatic experiences increased the risk of scoring above this cut-off by 2.2 times (CI=1.73, 2.70). In addition, family history of mental illness and Aboriginal ethnicity emerged as significant predictors of scoring above the warning cut-off for two or more scales: family history of mental illness by 1.95 times (CI=1.13, 3.35), and Aboriginal ethnicity by 1.8 times (CI=1.01, 3.23).

Table 8. Two-Plus Warning Scores on MAYSI-2

Measure	B	Wald	Sig.	Exp(B)	95% CI for Exp(B)	
					Lower	Upper
CIC	.222	.565	.452	1.248	.700	2.224
Age	-.072	.468	.494	.930	.756	1.144
Ethnicity		4.292	.117			
Aboriginal	.588	3.912	.048*	1.801	1.005	3.226
Other	-.031	.006	.938	.970	.444	2.116
Family mental illness	.667	5.811	.016*	1.948	1.133	3.349
Physical abuse	.651	5.789	.000**	1.918	1.128	3.259
Traumatic experiences	.770	45.398	.016*	2.161	1.727	2.703
Constant	-3.172	3.381	.066	.042		

Pseudo $R^2=.330$, $^*p<.05$, $^{**}p<.001$

[25] Analysis was replicated with the use of variables pertaining to placement history (i.e., age of entry into care and number of placements), which were also found to be non-significantly associated with the dependent variable in multivariate analysis.

As presented in Table 9, similar to the findings presented thus far, after the inclusion of relevant control variables (ethnicity, paternal substance abuse, paternal criminal record,[26] physical abuse, traumatic experiences and each of the MAYSI-2 scales), placement in care[27] no longer significantly predicted committing serious property and violent offences.

Table 9. Serious Property and Violent Offences

Measure	B	Wald	Sig.	Exp(B)	95% CI for Exp(B)	
					Lower	Upper
CIC	.406	2.787	.095	1.502	.932	2.420
Age	.001	.000	.990	1.001	.842	1.190
Ethnicity		1.721	.423			
Aboriginal	.303	1.241	.265	1.354	.794	2.310
Other	-.002	.000	.996	.998	.504	1.977
Paternal substance abuse	.323	1.450	.229	1.382	.816	2.340
Paternal criminal record	.165	.391	.532	1.179	.703	1.977
Physical abuse	.247	.900	.343	1.281	.768	2.134
Traumatic Experiences	.303	10.171	.001*	1.355	1.124	1.632
Alcohol-Drug	.732	7.911	.005*	2.079	1.248	3.462
Angry-Irritable	.895	9.674	.002*	2.448	1.392	4.303
Suicide Ideation	.042	.016	.889	1.043	.547	1.989
Depression-Anxiety	-.247	.806	.369	.760	.418	1.384
Thought Disturbance	.-323	1.614	.204	.718	.430	1.197
Somatic Complaints	-.354	1.732	.188	.702	.414	1.189
Constant	-1.341	.840	.359	.262		

Pseudo R^2=.228, *p<.05

[26] Due to high correlation between paternal and maternal antisocial behaviours, information pertaining to paternal behaviours only was included. Models including paternal behaviours did not differ to a marked degree from those including maternal behaviours. The decision to include paternal behaviours instead of maternal behaviours was based on literature illustrating that as compared to maternal behaviours, those of fathers are a stronger predictors of behaviours among males (see for example: Farrington et al., 1996; Preski & Shelton, 2001).

[27] Analysis was replicated with the use of variables pertaining to placement history (i.e., age of entry into care and number of placements), which were also found to be non-significantly associated with the dependent variable in multivariate analysis.

Results of the logistic regression indicate that this model provides a statistically significant improvement over the constant-only model, $X^2(14, N=417)=75.463$, $p<.001$ and the Hosmer-Lemeshow test was not significant ($p>.05$). The Nagelkerke pseudo R^2 indicated that the model accounted for 22.8% of the variance and overall prediction was 71.9%, with the model more accurately predicting commission of serious property and violent offending (87.2%) than absence of such behaviour (43.1%). The Wald test reports traumatic experiences increased the odds of engaging in serious property and violent offences by 1.4 times (CI=1.12, 1.63), scoring above the caution cut-off on the MAYSI-2 Alcohol-Drug Scale increased the odds by 2.1 times (CI=1.3, 3.5) and scoring above the caution cut-off on the MAYSI-2 Angry-Irritable Scale increased the odds by 2.4 times (CI=1.4, 4.3).

Discussion

Quantitative analyses suggested that risk factors were observed at a high prevalence among both CIC and non-CIC. Those who were and were not in care alike reported substance abuse, mental health needs, and parental substance abuse and criminality at high frequencies. Since each of these is a risk factor for serious and violent antisocial behaviour, this observation is not surprising among a sample of serious and violent young offenders. Essentially, these findings are consistent with earlier literature indicating that serious and violent young offenders tend to present with multiple risk factors (see for example: Corrado et al., 2002). While several risk factors were more prevalent at the bivariate level, observed associations were small and did not remain after inclusion of relevant control variables. In particular, CIC were observed to report family-level risk factors, drug use, and mental health needs at a higher frequency than those who were not in care. Given that each are risk factors for entry into care, and that placement in care may subsequently negatively impact substance abuse and mental health status, this observation was also not surprising.

At the bivariate level, CIC participants were more likely to report that both their mothers and fathers displayed antisocial behaviour by virtue of a substance abuse problem and/or criminal record. As no significant differences were observed among the behaviours of the fathers of CIC and non-CIC participants, this observation appears to rest largely on the increased prevalence of substance abuse problems and criminal

records among participants' mothers. Given that the role of childrearing traditionally rests primarily upon mothers, it is not surprising that participants whose mothers had substance abuse problems and criminal records were more commonly in care. Substance abuse may hinder a parent's ability to effectively care for and supervise a child, thereby creating child protection concerns that may ultimately lead to entry into care. Parental criminal justice involvement resulting in incarceration may also result in entry into care in cases where the other parent is unable or unwilling to care for the child throughout the period of incarceration. Accordingly, nearly 40% of CIC participants reported that both parents had substance abuse problems and/or criminal records. Though these parents may have struggled with antisocial behaviours at different points in time, in cases where these struggles took place at the same time, the likelihood of entry into care would increase in the absence of a parent able to provide the necessary care and support. This stands in contrast from non-CIC participants, who reported that both parents displayed these antisocial behaviours in 18% of cases only. In the remaining 83% of cases, these non-CIC participants could presumably have been cared for by the parent who was not displaying antisocial tendencies.

Also of note, approximately three quarters of sample participants met the MAYSI-2 caution cut-off for Alcohol-Drug Use, and 25% of non-CIC and 38% of CIC participants met the warning cut-off for the same scale. Given that the latter cut-off is designed to identify those scoring among the top 10% of need, the prevalence of participants meeting this cut-off was higher than expected. However, this elevated prevalence is likely related to the seriousness of this sample; the MAYSI-2 cut-offs were established with the use of samples of youth incarcerated in the U.S., which are contrasted to the current study sample, in that incarceration is not strictly reserved for serious and violent young offenders in America. As a result, it is reasonable to presume that a sample of serious and violent young offenders would present with greater mental health needs, which include substance abuse problems.

Substance problems, as identified by the MAYSI-2, were more pronounced among CIC participants, as bivariate analysis indicated that they were significantly more likely than non-CIC to meet the warning cut-off for the Alcohol-Drug Use scale. However, after controlling for age, ethnicity, physical abuse, traumatic experiences, and family history of mental illness, placement in care was no longer significantly associated with the Alcohol-Drug Use warning cut-off. Instead, elevated scores were attributed to

traumatic experiences and physical abuse. This observation may be explained in relation to participants' use of substances as a coping mechanism. This interpretation is consistent with previous findings that substance abuse in general, and use of hard drugs in particular, is associated with childhood trauma (Corrado & Cohen, 2002), and that substance abuse as coping mechanism can undermine prosocial development (Windle & Windle, 1996). This interpretation could also help to explain the heightened frequency of hard drug use, such as heroin, cocaine, and crack cocaine and report greater alcohol/drug use needs among CIC, who also had higher frequencies of traumatic lifetime experiences and physical and sexual abuse. It would also help to explain why the observed association between alcohol/drug use needs and placement in care did not remain after controlling for trauma and maltreatment.

Though it is likely that not all participants engaging in heavy substance abuse did so to cope with traumatic and stressful experiences, the presence of youth who were engaging in this form of coping may be indicative of poorly developed prosocial coping mechanisms. It may also suggest a failure to formally address traumatic events. Many participants suffered physical maltreatment (30% of non-CIC and 48% of CIC), sexual abuse (4% of non-CIC and 9% of CIC) and traumatic experiences which included witnessing others being badly beaten or killed and having their own lives threatened. Although participants may have been exposed to a range of services to help them address these traumatic experiences, these interventions may not have sufficiently addressed experienced trauma. Further support for the notion that mental health needs of participants may not have been sufficiently met is found in the high prevalence of participants who were identified as having mental health needs by the MAYSI-2 for symptoms of depression and anxiety (38% of non-CIC, 51% of CIC), somatic concerns (54% of non-CIC and 53% of CIC), and suicide ideation (17% of non-CIC and 27% of CIC). Support for the interpretation that mental health needs are associated with insufficiently addressed traumatic and stressful experiences is found in the observation that trauma and maltreatment significantly predicted mental health needs after controlling for age, ethnicity, and family history of mental illness. More generally, the interpretation that these findings indicate unmet mental health needs is supported by Penner, Roesch, and Viljoen's (2011) recent international review, which declared that "mental health intervention services for youth in custody are uniformly inadequate across nations," (p. 228) as are community-based mental health services for young offenders.

As discussed in Chapter Three, American research has found that children and youth who experience sexual abuse are less likely to engage in antisocial behaviour than those who suffer physical maltreatment, in part because these youth receive more intensive counselling interventions (Taussig, 2002). Similarly, the incidence of sexual abuse was quite low in comparison to physical abuse. While it is possible that participants of the current study were less willing to disclose sexual abuse due to the interviewers' stated adherence to mandatory reporting legislation, evidence of under-reporting was not identified through review of official records. As such, it is reasonable to presume that relatively fewer participants suffered sexual abuse. As interpreted through the lens of Taussig et al.'s (2002) finding, this may in fact be because children and youth who are discovered to have suffered sexual abuse receive more intensive mental health interventions. Accordingly, participants who did not experience such abuse, may receive comparatively less intensive interventions. Further, consistent access to services may be diminished by experiences in care, as multiple placements and spells in care may disrupt consistent access to services (Vig et al., 2005). While mental health services are available to all residents of youth custody facilities on a voluntary basis, they are not part of the core programs offered.

In regards to the antisocial behaviours of participants, both CIC and non-CIC were overwhelmingly observed to have engaged in both serious property and violent offences. Though bivariate analysis suggested that non-CIC engaged in both forms of antisocial behaviour at a significantly lower frequency (58% as compared to 72% of CIC), this association did not remain after controlling for ethnicity, paternal substance abuse, paternal criminal record, physical abuse, traumatic experiences, and each of the MAYSI-2 scales. Instead, traumatic experiences, and scoring above the MAYSI-2 caution cut-off on the Alcohol-Drug Use and Angry-Irritable scales were associated with these behaviours. Similar to the findings interpreted thus far, this finding suggests that traumatic experiences increase substance abuse and poor coping, which may include criminal coping. The observed association among the MAYSI-2 Angry-Irritable scale and serious property and violent behaviour is not surprising, given that this scale emphasizes aggression and impulsivity, both of which increase the likelihood of serious antisocial behaviour.

An interesting finding that emerged was that despite the fact that each of the participants can be accurately described as serious and violent young offenders, they

are not homogenous. These youth absolutely have different needs in terms of their antisocial behaviours and mental health, though placement in care does not appear to predict those needs. For example, nearly 30% of the sample did not engage in serious violent offending (and thus engaged in property crimes or relatively less serious violent crimes). While the majority (65.5%) had engaged in both serious property and violent offending, 34.5% had not. Although youth are often discussed as a single entity of homogenous offenders, there is little support in this research that this is the case. Instead, this analysis suggests that these youth are engaging in different types of behaviours, each of which may benefit from different treatment approaches. Some unique interventions are already offered to youth in British Columbia based on offending history, as those engaging in serious violent behaviours can be referred to the Violent Offender Treatment Program or the Youth Sex Offender Treatment Program (MCFD, 2011g).

Heterogeneity of the sample is further evidenced by the mental health needs of participants. The vast majority (90.6%) met the caution cut-off for at least one MAYSI-2 scale, thereby indicting mental health needs of clinical significance. However, the finding that one-tenth did not present with such needs is interesting, as it suggests that the mental health needs of these youth have been sufficiently addressed or that these youth had not developed any mental health needs that require addressing in criminal justice interventions. Of particular interest is that these youth do not present with clinically relevant signs of substance dependence, as measured by the Alcohol-Drug Use scale. Since substance abuse typically plays such a large role in the antisocial behaviours of these youth and their ability to comply with community supervision orders, these youth have one less barrier to successful intervention outcomes.

In regards to those who do present with mental health needs, very little variation was observed among the relative need of participants; while 90% were observed to meet the caution cut-off for at least one MAYSI-2 scale, 88% were observed to meet the same cut-off for at least two scales. These figures are stark compared to those presented in Grisso, Barnum, Fletcher, Cauffman, and Peuschold's (2001) original study, identifying the MAYSI-2 cut-off scores, which observed 66% of the sample meeting the caution cut-off for at least one scale, 27% meeting the cut-off for at least two, and 45% meeting the warning criteria for at least one scale and 11% meeting the same criteria for at least two scales. However, by omitting Alcohol-Drug Use needs, which were pervasive in the

current sample, greater variation in mental health needs was observed. While 78% of participants scored above the caution cut-off on at least one scale, 61.4% scored above the same cut-off on at least two scales. While this highlights greater variation in the current sample, this finding also highlights the prevalence of comorbid mental health needs which exceeds that observed in previous research. For example, one study identified comorbid mental health issues among 56.4% of female and 45.9% of male incarcerated youth in the United States (Abram et al., 2003).

Higher prevalence of comorbid mental health needs in this Canadian sample may be explained in reference to the Canadian policy of incarcerating only the most serious and violent young offenders. These offenders will oftentimes present with more complex risk profiles, which may contribute to mental health needs. Importantly, mental health needs in general, and comorbidity in particular, are relevant to criminal justice intervention. Mental health issues have been found to predict antisocial behaviours and violent offending (Arseneault et al., 2000; Farrington, 1989; Huizinga & Jakob-Chien, 1998; Teplin et al., 2002), and criminal justice interventions that fail to address these needs may not sufficiently respond to these antisocial tendencies to encourage desistance. Further, treatment of comorbid needs can be complex and require highly individualized approaches; even youth who present with the same sets of needs may require different approaches that address the etiology of their disorders (Abram et al., 2003). Although young offenders cannot be compelled to accept mental health treatment under most circumstances, a greater emphasis on mental health services in youth custody (recall that mental health services are not currently a core program of youth custody in this province) may lend to improved outcomes for these youth.

Importantly, the current study highlights the over-representation of CIC among incarcerated youth in British Columbia. A recent publication on CIC in British Columbia reported that approximately 3% of a birth cohort in this province entered into care at some point in their lives (British Columbia, 2009), while CIC accounted for 54% of the study population. Although primary prevention is beyond the scope of the current study, this over-representation highlights the need for preventative measures to improve outcomes for CIC in this province. More relevant to the current study, the large proportion of incarcerated youth who have been in care lends support to the investigation of differences among incarcerated CIC and non-CIC to gain insights into whether unique interventions for this population are warranted. Quantitative analysis

indicates that serious and violent CIC do not differ significantly from their non-CIC counterparts in terms of mental health needs or antisocial behaviours, thereby suggesting that CIC may not be a population that requires unique criminal justice interventions designed specifically to address the needs of CIC. Such unique interventions are sometimes developed for groups who are understood to have exceptional risk exposures or complex profiles that can best be addressed with targeted intervention strategies. For example, given their over-representation in the criminal justice system and their unique cultural identity, culturally-specific interventions are available to incarcerated Aboriginal young offenders in British Columbia. Similarly, the Sex Offender Treatment Program and Violent Offender Treatment Program have been designed to meet the needs of young offenders engaging in particular types of criminal behaviours (MCFD, 2011g).

Since the sample consisted exclusively of serious and violent young offenders, the high prevalence of risk exposures was not surprising. Given that multivariate analysis indicated that incarcerated CIC do not differ significantly from those who were not in care in terms of mental health needs or antisocial behaviours, the question becomes why these youth are so over-represented in youth custody facilities in this province. In the absence of data on all youth, as opposed to only those who were incarcerated, the answer to this question cannot be addressed here with certainty. However, findings from these analyses support the notion that CIC are exposed to a multitude of risk factors for antisocial behaviour, many of which are consistent with entry into the criminal justice system. This is consistent with the pathway models presented by Corrado and Freedman (2011a; 2011b) which suggest that there are several pathways to serious and violent young offending. This perspective asserts that each pathway can increase the likelihood of exposure to subsequent risk exposures, culminating in similarly serious antisocial behaviours. Considered from this perspective, entry into care can be understood as one of many risk factors that contribute to the development of antisocial behaviour. This perspective helps to explain why number of placements and age of entry into care were not predictive of antisocial behaviours or mental health needs among the sample, despite the fact that they predict both in prospective samples.

Conclusion

Taken together, the findings presented in this chapter support the assertion that placement in care is a risk factor for antisocial behaviour, as evidenced by the over-representation of CIC in the sample. However, CIC do not appear to represent a distinct group among serious and violent young offenders characterized by unique needs in terms of mental health or antisocial behaviours. While several risk factors were more prevalent at the univariate level, observed bivariate associations were very small and multivariate analysis suggested that those observations were artefacts of more complicated associations that account for the heightened frequencies. Implications of these findings are provided in Chapter Eight, following a qualitative review of the pathways to serious antisocial behaviour among CIC and the community supervision of these youth. While the quantitative results indicate that these youth present with similar risks and needs as do non-CIC, it is apparent that they reside in different intervention settings (i.e., foster care as compared to family care). This unique setting may provide unique opportunities and/or obstacles that may impact intervention success. As such, to develop a more well-rounded understanding of the needs and risks of serious and violent young offenders in care, it is necessary to consider their experiences in the community as they travelled through the youth criminal justice system.

Chapter 6.

Qualitative Results: Pathways to Antisocial Behaviour among a Subsample of CIC

This chapter provides a discussion of the risk factors present among a subsample of participants who were in care to provide a more in-depth overview of the stacking of risk factors and development of antisocial behaviours. Although quantitative analyses presented in Chapter Five indicated that sample participants were similarly exposed to a range of risk factors, it is possible that these risk factors operate differently among participants. For example, as proposed by Corrado and Freedman (2011a; 2011b), risk factors may stack differently or combine in different dynamic processes among youth. In effect, the ordering of particular risk exposures may help to illuminate multiple pathways to similarly antisocial behaviour. This chapter presents analysis of the pathways to antisocial behaviour among the CIC subsample participants; the main objective is to search for the types of pathways presented by Corrado and Freedman (2011a; 2011b), with emphasis on the variable presented in their hypothesized models. The chapter begins with a descriptive overview of the prevalence of particular risk factors to provide context for the qualitative analyses based on this subsample and then presents the dynamic interactions among risk factors and the impact that they have on the development of antisocial behaviours as youth age. Observed pathways are then discussed with reference to theory and literature. Policy implications of findings are presented in Chapter Eight.

Subsample Descriptives

As explained in Chapter Four, CIC participants who were interviewed in 2009 (n=26) were selected from the 417 male respondents of the wave III SISVYO data to comprise the subsample for qualitative analysis. Information about the demographics of

the subsample is presented in Table 10. At the time of data collection for qualitative review, participants whose files were reviewed ranged from 16-21 years of age. The majority (n=22, 84.6%) were 18-21 years of age,[28] thereby facilitating review of official information recorded throughout the entire duration that they were involved in the youth criminal justice system. Review of ethnicity among this subsample indicates that Caucasian participants were somewhat under-represented in this subsample as compared to the full sample presented in the previous chapter. The subsample participants were most commonly Aboriginal (n=13, 50.0%), followed by Caucasian (n=8, 30.8%), and another ethnicity (n=4, 15.4%).

Table 10. Demographic Information for Subsample

Measures	Subsample (N=26) N (%)
Demographic Information	
Age – *M (SD)*	18.7 (1.3)
Ethnicity	
Aboriginal	13 (50.0%)
Caucasian	8 (30.8%)
Other	4 (15.4%)

Placement history is presented in Table 11. Importantly, a slight majority (n=15, 57.7%) of the subsample remained in care while involved in the youth criminal justice system (i.e., between the ages of 12-18 years), while the remainder (n=11, 42.3%) were returned to the custody of their parents before becoming involved in the youth criminal justice system and were not subsequently placed in care (i.e. these participants had been in care at some point, but their placement in care did not overlap with their involvement in the criminal justice system). A slight majority entered into care before the age of criminal responsibility (n=15, 57.7%). Placement in care was resultant of behavioural problems (n=7, 26.9%), parental substance abuse (n=10, 38.5%), violence in the home (n=6, 23.1%), and because parents were unable to provide adequate supervision (n=2, 7.7%).These categories are not mutually exclusive; in three cases,

[28] Four participants were adolescents at the time of file review: one participant was 16 years of age, three were 17 years of age.

participants were described in two of these categories. The reason for entry into care was not disclosed in the files of four (15.4%) cases. It is noteworthy that of the six participants who were placed in care as result of violence in the home, three were exposed to extreme violence in early childhood in the form of witnessing a murder or witnessing a parent severally assaulted. It is further noteworthy that 13 (50%) of the subsample participants reported experiences of child maltreatment.

Table 11. Placement History for Subsample

Measures	Subsample (N=26) N (%)
Age of entry into care	
0-7 years	9 (34.6%)
8-11 years	6 (23.1%)
12+ years	11 (42.3%)
Reason for entry into care	
Behavioural problems (VCAs)	7 (26.9%)
Parental substance abuse and neglect	10 (38.5%)
Violence in the home	6 (23.1%)
Parent unable to supervise	2 (7.7%)
Unknown	4 (15.4%)
Number of placements in adolescence	
Zero placements	11 (42.3%)
One placement	3 (11.5%)
Two placements	5 (19.2%)
Three placements	4 (15.4%)
Four or more placements	3 (11.5%)
Remained in care in adolescence	11 (42.3%)
Biological parents regained custody (temporarily or long-term) while involved in youth CJS	10 (38.5%)

Youth self-reported having been in 1-30 placements throughout their lives; six of those who experienced only one placement were placed in care for a short period of time in childhood and were returned to their parents permanently before they became criminal justice-involved. Examination of number of placements while involved in the

criminal justice system suggests instability. A minority of youth experienced only one placement during this period (n=3, 11.5%), five youth (19.2%) experienced two placements, four youth (15.4%) experienced three, and three youth (11.5%) experienced four or more. Reasons for placement breakdown included threats against foster caregivers or others in the home, assault of caregivers or others in the home, reports that the youth was a bad influence for others in the home, placement not meeting the needs of the youth, substance abuse of the youth, failure to abide by curfew or return home at night, and destruction of property in the home.

Family-level risk was prevalent in the subsample. Paternal substance abuse and criminality were reported among 42.3% (n=11) and 46.2% (n=12) of participants respectively. Maternal substance abuse and criminality were comparatively less common, yet still prevalent among 38.5% (n=10) and 19.2% (n=5) of subsample participants. Family history of mental illness was also reported in nine (34.6%) of the cases. Participants indicated turbulent home-life experiences, with 23 reporting that they had run away by the ages of 9-15 years and 15 reporting that they were forced by their parents to leave their homes by 4-15 years age.

Table 12. Mental Health Diagnoses of Subsample Participants

Diagnosis	Subsample (N=26) N(%)
Adjustment disorder	1 (3.8%)
Anxiety disorder	4 (15.4%)
Attachment disorder	4 (15.4%)
Attention deficit/hyperactivity disorder (ADHD)	13 (50.0%)
Autism spectrum disorder	2 (7.7%)
Conduct disorder (CD)	5 (19.2%)
Developmental delay	1 (3.8%)
Fetal alcohol spectrum disorder (FASD)	5 (19.2%)
Learning disability	1 (3.8%)
Oppositional defiant disorder (ODD)	6 (23.1%)
Post-traumatic stress disorder (PTSD)	3 (11.5%)
Suicidal ideation	3 (11.5%)

Information pertaining to mental health diagnoses assigned to subsample participants is provided in Table 12 above. Given the high rate of youth with mental health needs in the full sample, as described in the Chapter Five, it is not surprising that the vast majority (n=23, 88.5%) of participants were diagnosed with mental illnesses. This description stands apart from discussion of mental health in the previous chapter by providing an overview of the prevalence of particular mental illnesses for which participants were diagnosed. Importantly, co-morbid illnesses were observed in 11 (42.3%) of the cases and several youth were diagnosed with both clinical and disruptive disorders. The most common mental illnesses were ADHD (n=13, 50%), CD (n=5, 19.2%), ODD (n=6, 23.1%), and FASD (n=5, 19.2%).

With the exception of one, all subsample participants engaged in substance abuse in the form of alcohol or marijuana use. Ages of onset for alcohol and marijuana use were 5-17 and 5-15 years respectively. Most commonly, youth tried these substances by 13 years of age. In terms of hard drugs, 17 youth had used cocaine, 6 had used crack cocaine, and 4 had used heroin. Age of onset for hard drug use was comparatively later than that of alcohol and marijuana, with most experimenting with hard drugs for the first time at 15 years of age. Age of onset for cocaine ranged from 10-16 years, crack onset from 10-15 years, and heroin onset ranged from 12-15 years.

Subsample participants experienced considerable school instability. The vast majority (n=24, 92.3%) changed schools for a reason other than a grade change, self-reporting 1-30 transfers between the ages of 5-15 years. It appears that youth could be divided into those who experienced early school instability, transferring between 5-8 years of age for the first time (n=18, 69.2%), and those with relatively later instability, transferring for the first time between 11-14 years of age (n=10, 38.5%). Reasons for school changes included, moving with family, changing homes (e.g., foster placements), transferring to an alternative school, and expulsion as a result of skipping classes, destroying school property, threatening teachers or students, bringing illicit drugs to school, or engaging in sexually inappropriate behaviour.

Youth self-reported that their early antisocial behaviours most commonly manifested at school in the form of disruptive behaviours (e.g., purposely disturbing a classroom, being rude to teachers, fighting at school) between 5-8 years of age, which were common to 19 subsample participants. Similarly, 19 participants disclosed that they

had engaged in bully behaviours, doing so for the first time between 7-15 years of age, and 21 youth reported skipping school for the first time between 7-14 years of age, with the vast majority engaging in truancy for the first time at age 13 or 14 years. Aggressive behaviour in the form of fighting was common to virtually all participants (n=25), 16 of whom began doing so between 6-12 years of age and nine participants fighting at 13 or 14 years for the first time. The majority of participants engaged in property crimes such as theft of personal property (n=20, 76.9%), robbery (n=21, 80.8%) and breaking and entering (n=21, 80.8%). In most cases, these behaviours began between 11-17 years of age. Serious violent behaviours were also prevalent, such as gang violence (n=17, 65.4%), weapons carrying (n=24, 92.3%), assault (n=20, 76.9%), and assault with a weapon (n=13, 50%). Similar to the onset of property crimes, violent criminal behaviours most commonly began between 11-17 years of age.

Given the high prevalence of serious antisocial behaviours in the subsample, high rates of incarceration were expected. Information pertaining to the number of times participants were incarcerated in a youth custody facility is provided in Table 13. Figures are provided for those who were and were not in care during the period of their criminal justice involvement individually because frequency of incarceration may be impacted by placement in care, as is further explored in the next chapter. Review of the number of times participants were incarcerated indicates that these youth were most commonly incarcerated five to eight times (n=5, 33.3%), while seven were incarcerated nine or more times (46.7%). The high number of incarcerations clearly represents a trend towards chronic incarceration and this trend is more clearly pronounced among those who were in care during the period of their criminal justice involvement.

Table 13. Incarceration History

Number of Incarcerations	In Care during CJS Involvement (N=15) N (%)	Not in Care during CJS Involvement (N=11) N (%)	Full Subsample (N=26) N (%)
1-4 times	3 (20.0%)	5 (45.5%)	8 (30.8%)
5-8 times	5 (33.3%)	2 (18.2%)	7 (26.9%)
9-12 times	3 (20.0%)	2 (18.2%)	5 (19.2%)
13-16 times	2 (13.3%)	1 (9.1%)	3 (11.5%)
17 or more times	2 (13.3%)	1 (9.1%)	3 (11.5%)

Observed Pathways to Antisocial Behaviour

This section explores the stacking of risk factors among youth and the dynamic processes that underscore development of antisocial behaviour. The sample descriptives presented in the preceding section provide an overview of the subsample as a whole, which is necessary to contextualize information about individual cases. In contrast, the following discussion provides insights into the dynamic process of risk exposure and antisocial development for individual participants. Consistent with Corrado and Freedman's (2011a; 2011b) pathways to persistent antisocial behaviour (presented in Chapter Three), the sample could be divided by exposure to sets of risks factors that initiated a dynamic process lending to the development of serious and violent antisocial behaviours. While the behaviours of all subsample youth were similarly serious and violent, the development of these behaviours tended to follow one of five observed pathways that were distinguished by initial risk exposures. Importantly, pathways were assessed not only by considering risk factors, but with in-depth analysis of the case as a whole, considering important protective and promotive factors and life circumstances, as described in extensive official data. The observed pathways begin with: prenatal risk, childhood disruptive disorders, maltreatment, trauma or victimization, and adolescent onset. One case could not be assigned to any of these categories. Each observed pathway to antisocial behaviour is described below.

Pathway Initiated by Prenatal Risk Exposure

Five of the twenty-six cases were characterized by exposure to prenatal risk, in the form of maternal alcohol consumption. In each of these cases, youth were diagnosed with FASD and presented with considerable primary and secondary deficits. Parental substance abuse and criminality hindered positive parenting interactions with these children, who each suffered maltreatment and were placed in care at an early age. Placement instability was common and generally related to difficulties meeting the needs of these difficult CIC. These youth were also subject to several spells in and out of care. Absence of consistent caregivers or parenting, residential instability, and difficult behaviours contributed to multiple school changes, poor school performance, association with deviant peers, and ultimately criminal justice involvement.

Figure 6 provides a graphical representation of the risk exposures and development of antisocial behaviour of one participant whose antisocial development was characteristic of this pathway. This participant was exposed to the substance abusing behaviours of his mother and father for the first five years of his life. He entered into care at three years of age as a result of ongoing issues related to his parents' substance abuse and inadequate housing conditions. Eager to regain custody of their child, his parents worked with a family preservation worker to improve the home environment and regained custody temporarily. However, the issues resulting in initial removal resurfaced, as both parents abstained from substance abuse only intermittently, and the child returned to care, thereby initiating a pattern of multiple spells in care.

Already struggling with impulse control and associated behavioural problems characteristic of FASD, this youth's behaviours began to deteriorate at seven years of age, when he started uttering threats. His behavioural problems rapidly escalated in early adolescence. By 13 years of age, he was engaging in disruptive behaviours at school, which resulted in school changes, and had run away from home. Within the year, he was skipping school and engaging in heavy substance abuse (primarily alcohol consumption). His substance abuse apparently began during a spell in his parent's care, when he started drinking with his father. His substance abuse became so severe that he was found unconscious in a public place when he was 15 years old and was returned to care on the presumption that his parents were unable to meet his needs. By this time, this youth was aggressive, engaging in bully behaviours, carrying weapons, and engaging in robbery. He was convicted and incarcerated for the first time at age 16, and incarcerated in youth custody seven times thereafter. He has since become involved in the adult criminal justice system as a result of engaging in property and violent offences.

In a second example that is slightly less characteristic of this pathway due to comorbid diagnoses, a youth was identified as having FASD, ODD, and attachment disorder. Despite the presence of these comorbid conditions, this youth was classified within the prenatal risk exposure pathway because FASD appeared to be the initial risk factor involved in a dynamic process of risk exposure and antisocial development. This youth presented with early disruptive behaviours that were consistent with his symptoms of FASD, which were responded to with harsh and inconsistent parenting. This treatment may have exacerbated the emergence of his ODD and attachment disorder symptomatology. He entered into care at five years of age and was subsequently

exposed to a great deal of placement instability, reporting having been in more than 20 placements. Placement instability, disruptive behaviours at school, and impulsivity contributed to changing schools more than ten times. By eight years of age, his disruptive behaviours escalated to bullying. Struggling with classroom material and constant school changes, he began to skip school by the time he was ten. His aggressive behaviours continued to escalate, as he was uttering threats and within the year, he was heavily involved in alcohol and marijuana use and was convicted and incarcerated for the first time. His charges included both property and violent offences. Rapidly escalating, this youth began to engage in a wider array of violent behaviours and attempted murder by the time he was 14 years old.

Pathway Initiated by Disruptive Behaviour

The most commonly observed pathway was initiated by the presence of a childhood disruptive disorder, which was characteristic of 12 subsample participants. In most cases, these youth were exposed to parental substance abuse and criminality, harsh parenting, and maltreatment. Disruptive behaviour was displayed at school in the early elementary years, and was often compounded by subsequent entry into care, precipitated by maltreatment or reports from parents that they were unable to manage the difficult behaviours of their children. Disruptive behaviours contributed to placement breakdown and school instability (also impacted by placement breakdown), both of which promoted drug use, association with antisocial peers, and criminal justice involvement.

The progression from childhood disruptive disorder to serious and violent antisocial behaviour is exemplified by the experiences of one of the subsample participants, whose risk exposures and antisocial behaviours are graphically represented in Figure 7. For this participant, symptoms of conduct disorder began to emerge in early childhood while his mother struggled with substance abuse issues. He was placed in care from three to five years of age, remaining in the custody of his biological parents thereafter. However, while in his parents' care, he was shuffled between the homes of his mother and father, who were separated. MCFD remained involved while this youth was in the care of his parents due to ongoing paternal substance abuse and suspicions of inadequate supervision.

Figure 6. ***Example of Pathway Initiated by Prenatal Risk Exposure***

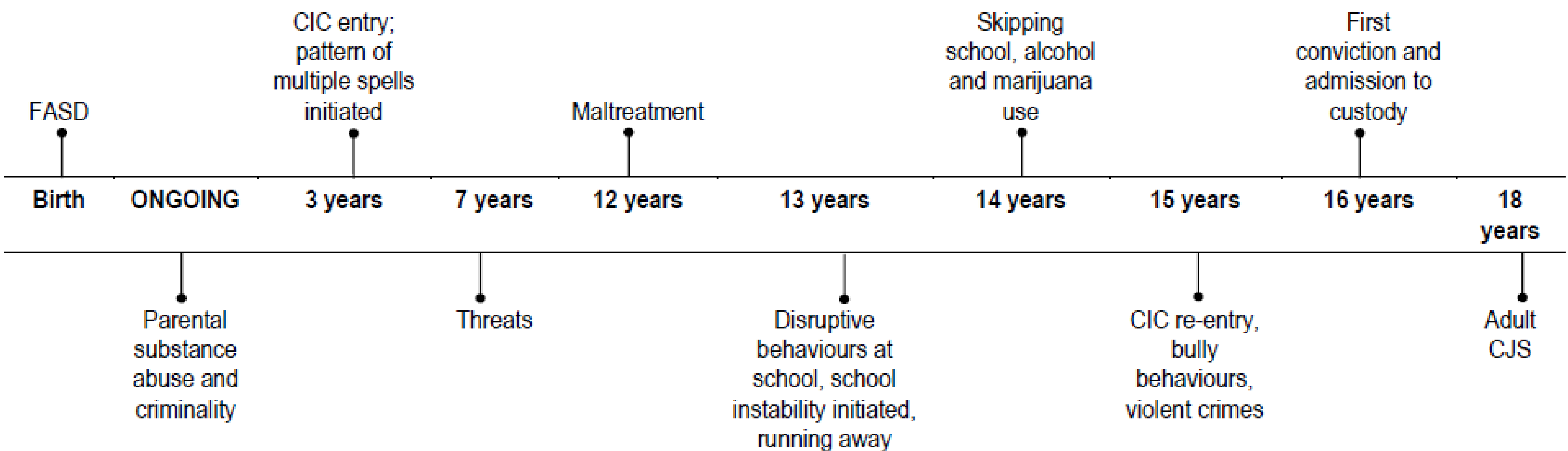
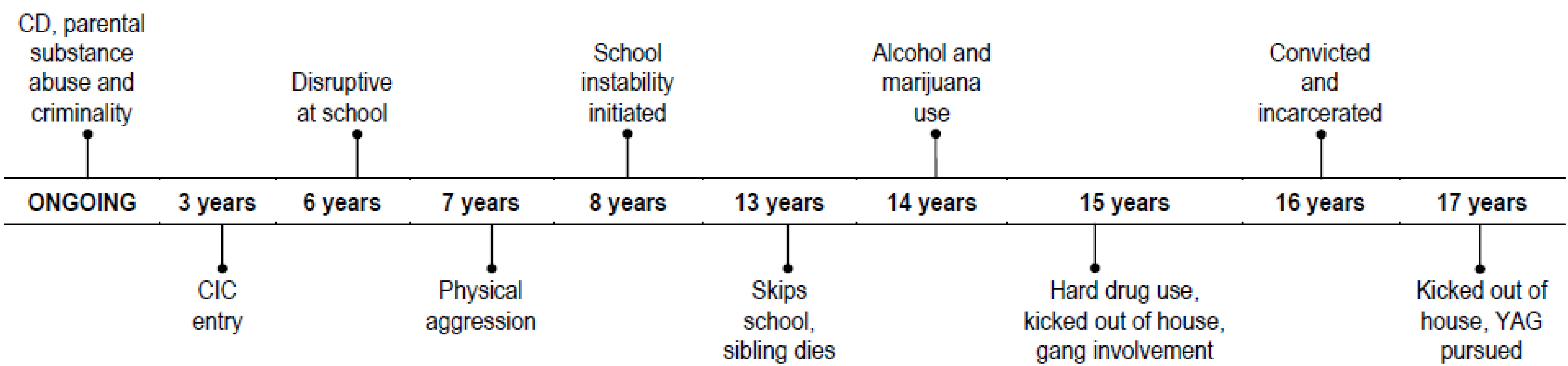


Figure 7. ***Example of Pathway Initiated by Disruptive Behaviour***



In the absence of consistent monitoring and parenting, this youth's disruptive behaviours manifested at school in the form physical aggression and fighting by age six. Within three years, he changed schools for the first of five times, citing moving, expulsion due to skipping school and engaging in violence, and transferring to an alternative school as reasons for this instability. School truancy and substance abuse began in early adolescence, which coincided with the death of his sibling. By 15 years of age, he was using cocaine, kicked out of home for the first time, and had participated in a gang fight. Within the year, he was convicted and incarcerated in a youth custody facility for the first of four times. At 17 years of age, aggressive behaviours directed at his father resulted in his being kicked out of the house again. Attempts were made to arrange a placement for this youth in the home of a relative, but his relationships with family members were strained by his ongoing disruptive and aggressive behaviours. He was directed to live in a safe house[29] by his YPO and was being considered for a YAG at the time of the last note in his file. This case is illustrative of a youth whose disruptive tendencies resulted in strained interpersonal relationships and residential and school instability. In the absence of consistent and supportive parenting, this participant failed to learn how to moderate his antisocial impulses, resulting in serious antisocial behaviour and further strain on his relationships with family members.

Another case, which is less characteristic due to the presence of comorbid CD and PTSD, is also illustrative. From an early age, this participant witnessed his father engaging in injection drug use and suffered physical maltreatment and neglect, which likely contributed to the emergence of PTSD. He entered into care at seven years of age, which initiated a pattern of instability involving more than ten placements. Reasons cited for placement breakdown included rebellious and disruptive behaviours, refusing to abide by house rules, and running away or leaving the home without the knowledge/permission of his foster caregivers. Disruptive behaviours and placement breakdowns, in addition to engaging in violence at school, contributed to extreme school instability and poor school performance. This participant reported that he changed schools approximately 20 times and official reports indicate that the last grade he successfully completed was grade five. This is consistent with reports from the

[29] Safe houses are youth shelters.

participant that he began engaging in physical violence in grade five, began abusing drugs the following year, and by 12 years of age, had established a pattern of truancy. Criminal justice involvement ensued at 13 years of when he began carrying weapons and participating in gang fights. By 16 years of age, he had been incarcerated nine times. It is apparent that in this case, the participant's disruptive predisposition was exacerbated by early exposure to traumatic events, an unstable living situation, which was an impediment to the development of bonds with caregivers (thereby resulting in placement instability), and school failure.

Pathway Initiated by Maltreatment

Although 13 youth reported experiencing child maltreatment, these experiences apparently initiated antisocial development in only three cases. This finding should not be interpreted to suggest that maltreatment was not an important risk exposure in the remaining ten cases. Rather in those cases, parents often engaged in harsh parenting tactics and maltreatment in the absence of strong parenting skills to address the difficult behaviours of their children. As such, maltreatment generally occurred *after* the emergence of behaviours characteristic of disruptive disorders or FASD, and compounded associated symptoms, thereby increasing the risk of antisocial development.

An example of one of the three cases whose antisocial development was apparently initiated by experiences of extreme child maltreatment is illustrated in Figure 8. This participant was physically abused for the first time when he was one year old, but remained in his parents' care until he was four. Removal from his parents was prompted by ongoing concerns of maternal substance abuse, neglect, and inadequate supervision. Importantly, this participant was also diagnosed with ADHD, but has been categorized in the child maltreatment pathway due to the severity of the maltreatment and the fact that it predated the emergence of his symptoms.[30] This participant was subjected to school instability, switching schools for the first of three times at six years of age. Placement in care, expulsion for truant and assaultive behaviours, and transfer to an alternative

[30] As defined by the DSM-5, symptoms of ADHD are not apparent until at least the toddler years (APA, 2013).

school were cited as reasons for school changes. By eight years of age, aggressive behaviours were apparent in the form of bully behaviours. At nine years of age, he was returned to the care of his biological mother, and it was then that he first ran away and disruptive behaviours at school emerged; he was truant by age ten. Shortly thereafter, he began drinking alcohol and his aggressive behaviours elaborated to encouraging others to engage in bully behaviours and beat up other teenagers.

Though still in the care of his biological mother, a pattern of neglectful parenting and inadequate supervision, which were partial causes of initial placement in care, resurfaced. When this participant was 14 years old, his mother left the home and did not return for several weeks; upon her return, this participant contacted MCFD and requested a placement in care, citing his mother's neglect as his reason; he was returned to care immediately. However, years of poor supervision and maltreatment continued to impact this youth's behaviour even after he was removed a second time from his mother's care. In the year that he returned to care, he participated in a gang fight and committed assault with a weapon, resulting in his first conviction and incarceration. His aggressive behaviours contributed to four placement breakdowns and 13 admissions to youth custody.

This participant's early childhood development was marked by exposure to several risk factors that hindered prosocial development, beginning with early childhood maltreatment which likely contributed to his early aggressive tendencies. Shortly after return to his mother's care, he began acting out and his behaviours spiraled out of control. Given that he was not adequately supervised in this home, it is likely that many of his antisocial behaviours were unnoticed and unpunished. Failure to respond to these behaviours appropriately translated into lost opportunities for socialization and likely contributed to the development of his persistent serious and violent antisocial behaviours.

Figure 8. ***Example of Pathway Initiated by Maltreatment***

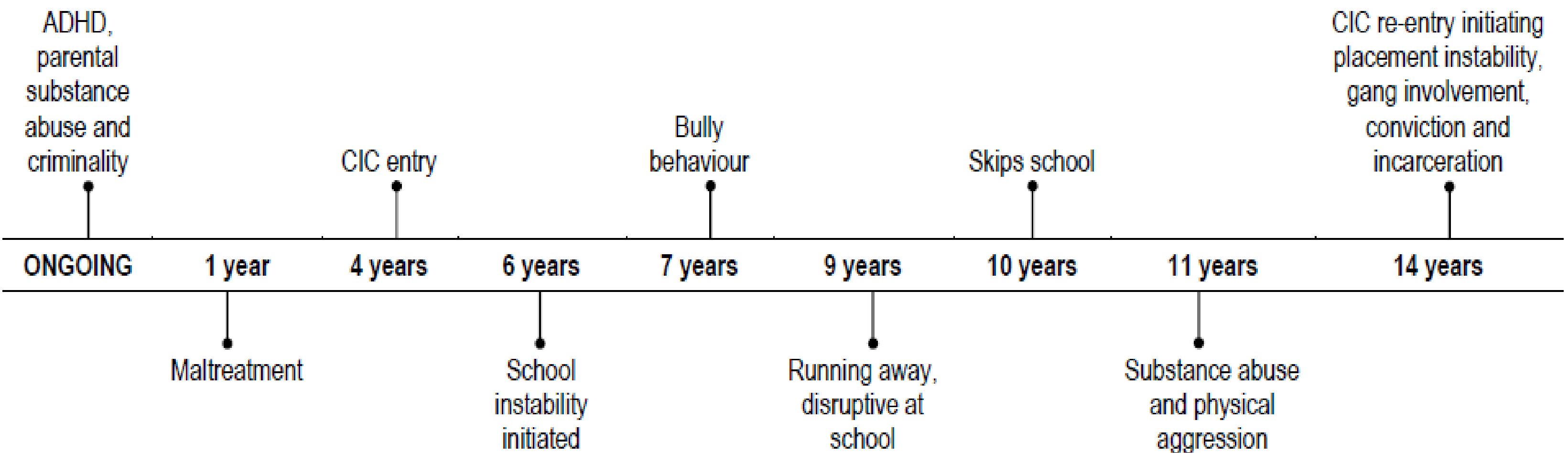
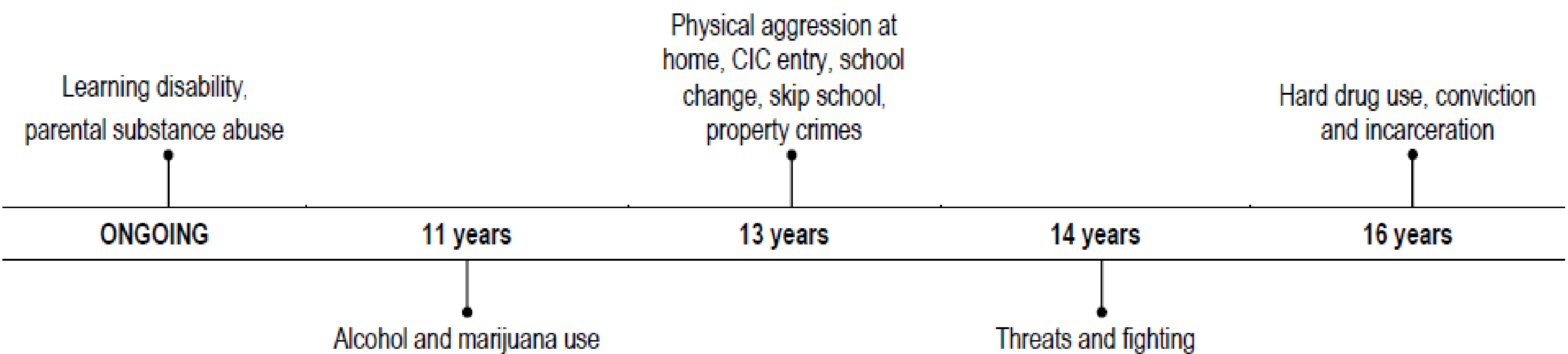


Figure 9. ***Example of Pathway Initiated by Adolescent Development***



Pathway Initiated by Trauma or Victimization

Similar to the maltreatment pathway, three youth were identified as entering a pathway to serious and violent antisocial behaviour that was initiated by extreme trauma or victimization. Yet these cases are unique from those in the maltreatment pathway because their traumatic exposures were distinct from experiences of maltreatment or neglect. These three cases are similar to one another in that they were each exposed to an early traumatic event that may have impacted subsequent development; however, their traumas were vastly different in terms of type of traumatic event, age at exposure, and duration of exposure. These cases cannot be summarized with a single graphical representation, as trauma (experienced at different stages) is the main factor that binds them. As such each case is discussed briefly and none are graphically represented as characteristic of the pathway.

The first of these youth was raised by his biological parents until he was two years old, at which point he was removed due to their ongoing substance abuse. At age five, he was physically abused for the first time and he displayed disruptive classroom behaviours at age eight. By the time he was ten, both of his parents had died; his father succumbed to a drug overdose and his mother committed suicide. Struggling with these traumatic events, he was diagnosed with ADHD and PTSD. At 13 years of age, he began abusing substances, running away from foster homes, skipping school and fighting. Now 17 years old, this youth has been incarcerated 16 times. The development of his behaviour is consistent with both the disruptive and maltreatment pathways. However, exposure to early childhood trauma culminating in the death of his parents, appear to be the main factors that set in motion a pathway to serious and violent antisocial behaviour.

The second case begins with a young child who witnessed a murder and was subject to further trauma on a second occasion when he watched as his mother was stabbed. Despite exposure to these highly traumatic events, this child remained in the home of his biological parents until he was 12 years old. Compounding his trauma, he presented with a speech impediment that made it difficult for him to express himself clearly, resulting in him being teased at school. Despite receiving extra tutoring, he fell behind his classmates, contributing to him disliking school. By 12 years of age, he was

acting out by breaking things at home and threatening his family members, resulting in his entry into care. He maintained contact with his biological mother who encouraged him to use marijuana, offering it to him as a gift on special occasions. This initiated a pattern of substance abuse that expanded to include hard drugs when he was 16 years old. Criminal justice involvement commenced at 14 years of age, which coincided with a pattern of school instability as a result of truancy and bully behaviours. By the time this participant reached the age of 18, he had been incarcerated 23 times, and has since become involved in the adult criminal justice system. This participant has been described by mental health professionals as impulsive and lacking empathy, which are the hallmarks of personality and disruptive behaviours disorders. It appears that the extreme violence he witnessed at a young age, which was compounded by peer victimization, likely contributed to his lacking empathy and subsequent antisocial behaviour.

The pathway of the final participant whose antisocial behaviour was apparently initiated by early traumatic experiences begins with exposure to maternal substance abuse and inconsistent parenting. However, this youth did not begin displaying antisocial behaviours until he experienced racial discrimination and was bullied after moving to a new community with his family when he was eight years old. Disruptive behaviours at school emerged and were compounded by entry into care the following year as a result of his mother's ongoing substance abuse problems and inability to consistently parent. By the time he was 11, this participant had made the switch from being a victim of bullying to a perpetrator. At 13 years of age, he was also running away from home, skipping school, and abusing alcohol and marijuana. His antisocial behaviours continued to escalate over the next year; he was using cocaine, carrying weapons, and engaging in simple and sexual assault, resulting in five incarcerations by the time he was 17 years old. Though this participant's behavioural progression is consistent with the disruptive behaviour pathway, it appears that his behaviour deteriorated after he was bullied. Lack of consistent parenting in his early childhood may have hindered his social and moral development, resulting in his failure to cope with his traumatic experiences in a prosocial manner.

Pathway Initiated in Adolescent Development

The final observed pathway to serious and violent antisocial behaviour was characterized by adolescent onset. This pathway was observed in two cases, the first of which is graphically represented in Figure 9. As described by his mother, this participant was well-behaved throughout his childhood. He was noted as having a good work ethic and was eager to participate in chores around the neighbourhood to earn money. He was diagnosed with a learning disability in elementary school, but did not display disruptive behaviours at school until adolescence. The first sign of behavioural problems emerged at 11 years of age when he first tried alcohol and marijuana. However, it was not until he was 13 years old that his behaviours spiraled out of control. At that age, he changed schools twice (as a result of moving with his family and transfer to an alternative school), was physically aggressive at home, skipped school, and began stealing. Concerns of neglect, in addition to this participant's ongoing aggressive behaviours at home, resulted in his placement in care the same year. By age 14, his physical aggression escalated to threats and fighting, and by 16 years of age he was using cocaine and was incarcerated for manslaughter. However, upon his return to the community, he participated in criminal justice interventions and did not subsequently recidivate. His successes in the community were deemed to be the result of a lengthy period of incarceration and continued participation in criminal justice interventions in the community. The initiation of antisocial behaviours in adolescence and subsequent desistance is consistent with the notion that this youth's antisocial behaviours were associated with his difficulty adjusting to adolescence, which was complicated by exposure to risk factors as he approached adolescence. For example, this youth's behaviour spiraled out of control at 13 years of age, just as he was entering into the new developmental stage of adolescence. This difficult transitional period was complicated by the fact that he was forced to move with his family and change schools at that time.

Case Not Characterized by Observed Pathways

Of the 26 youth in the subsample, one could not be described by the observed pathways discussed in this chapter. This participant was exposed to paternal substance abuse and domestic violence until he was ten years old. He switched schools for the first of ten times at five years of age, citing moving with his family as the main reason for school changes. Disruptive behaviours emerged at school when he was seven years old

and by 13, he was skipping school. His behaviours rapidly escalated, as he was incarcerated for the first time at 14 years of age as a result of committing arson. At 15 years of age, he was placed in care for the first time due to allegations that he had harmed another child residing in his family home. While these allegations were later found to be false, this participant remained in care for ten months. During that period, he began skipping school on a regular basis and was defiant at home. He also began using drugs as a means to cope with emotionality and sadness. However, upon return to his family home, he returned to school, improved his attitude, and enrolled in a program designed to aid young offenders develop employment skills and secure employment. He completed the program successfully, obtained gainful employment, and did not subsequently come into contact with the criminal justice system.

Although this participant's behaviour is consistent with the disruptive pathway characterized by his early disruptive behaviours at school, his struggle with emotionality and successful desistance suggest that some other mechanism may better explain the development of his antisocial behaviours. Desisting once achieving mature status though legal means (i.e., gainful employment) is consistent with the adolescent onset pathway; however, this participant's antisocial behaviours emerged during his elementary school years. As a result, the development of his antisocial behaviours does not appear to be truly consistent with the adolescent onset pathway. There is insufficient information to confidently suggest that temperament may underscore this youth's behaviours; however, his development is not inconsistent with highly reactive youth who require an outlet for negative emotions. It is possible that this youth lacked the skills necessary to cope with exposure to stressors such as domestic violence, residential instability, and being falsely accused of criminal behaviour that resulted in entry into care. In the absence of strong prosocial coping skills, this youth may have relied upon criminal coping mechanisms. When provided with an outlet for independence and a source of pride (i.e., employment), he may have been more able to avoid relying on those criminal coping mechanisms in favour of lawful behaviour. This interpretation is consistent with highly reactive individuals who travel along Corrado and Freedman's (2011a; 2011b) extreme temperament pathway. Yet in the absence of additional data, this classification cannot be further supported and it remains unclear whether this youth can be appropriately classified by any of the pathways hypothesized by Corrado and Freedman (2011a; 2011b).

Discussion

The research presented here represents the first attempt to verify the presence of the pathways hypothesized by Corrado and Freedman (2011a; 2011b). Importantly, several similarities were observed among the hypothesized pathways and those observed here. Of the five pathways presented by Corrado and Freedman (2011a; 20011b), four were observed; youth whose antisocial behaviours were apparently initiated by prenatal risk factors, disruptive disorders, maltreatment, and adolescent development were identified, while those whose behaviours were initiated by difficult temperament were not. It is possible that some of the participants did in fact have difficult temperaments, but that sufficient information to identify temperament was not present in the data, thereby resulting in misclassification. In particular, the one case that could not be classified in any of the observed pathways may in fact be consistent with the difficult temperament. Though information about the participant's temperament or very early childhood behaviour was not included in his official records, this youth's behaviour appears to have been linked to a failure to develop prosocial mechanisms to cope with emotionality that is characteristic of individuals who are highly reactive.

Contrary to the hypothesized pathway models, the current study uncovered the presence of a group of youth whose behaviours were initiated by experiences of trauma or victimization. Although each of the hypothesized pathways is premised upon the impact of trauma on prosocial development, they emphasize trauma associated with maltreatment and poor parenting. Findings from the current study illustrate that a subset of these youth were negatively impacted by life events beyond such family-level risks. While the youth on this pathway could be described as being on a pathway to antisocial behaviour prior to experiencing trauma, in each case it was clear that traumatic events initiated serious antisocial behaviour. In essence, following the traumatic event, behaviour shifted from disruptive episodes to seriously problematic and antisocial behaviour. The important role of trauma in the development of antisocial behaviour is not surprising, as research has amassed linking traumatic events to impaired neurodevelopment. This research suggests that early traumatic experiences result in neurobiological changes that impact the ability to regulate information, control impulses, and develop prosocial coping mechanisms (see for example: Greenwald, 2002; Perry, 1994; Perry, 1997).

Traumatic experiences in later childhood and adolescence have also been linked to antisocial behaviour, and these findings are relevant to the two observed cases whose traumas did not take place in childhood. For example, Eitle and Turner (2002) found that witnessing violence or receiving traumatic news (such as the news received by one participant that both parents were deceased) has been linked to adolescent criminal behaviour. Similarly, Ireland et al. (2009) noted that early onset (i.e., during childhood or early adolescence) of a high rate of stress (e.g., initiated by a traumatic event) may influence antisocial behaviour over time, even in cases where stress levels decreased over time. These authors suggest that early stress may initiate a process of antisocial development that is difficult to disrupt even once the stressful life events begin to decrease. Further, as previously discussed, traumatic experiences have also been linked to reliance on substances as a coping mechanism and this form of coping can impede prosocial development (Corrado & Cohen, 2002; Windle & Windle, 1996).

These findings also suggest that considerable overlap among the pathways proposed by Corrado and Freedman (2011a; 2011b) may exist and that specific mental illnesses may not be unique to particular pathways. There were several cases in which youth were diagnosed with comorbid mental health needs. For example, some were diagnosed with FASD (associated with the prenatal risk pathway) and a disruptive disorder, while others were diagnosed with both a disruptive disorder and PTSD (hypothesized to be associated with the maltreatment pathway). The overlap among those with FASD and disruptive disorders may be related to the parenting skills of those rearing the FASD child. In the absence of strong parenting skills, caregivers may have difficulty adequately responding to the needs of children with FASD and appropriately socializing them, which can increase the likelihood of the child developing a disruptive disorder. This interpretation is consistent with literature presented in Chapter Three suggesting that caring for children with FASD can lead to high levels of stress, which are exacerbated in the absence of caregiver support and education (see for example: Kvigne et al., 2004; Paley et al., 2006). In contrast, the overlap among those with PTSD and disruptive disorders may be explained by a common traumatic event that led to the development of both disorders (for a detailed review of the role of trauma in the development of disruptive disorders, see Greenwald, 2002). What is clear is that disruptive disorders in and of themselves may lead to antisocial behaviour, but that risk exposures in the other pathways may also contribute to the development of these

disorders. Accordingly, an important implication of this observation is that the models may benefit from inclusion of the dynamic development of comorbidity in each of the models.

Conclusion

The observation of five pathways to serious and violent antisocial behaviour among a subsample of participants supports the notion that there are multiple sets of risk exposures that lead to similar behavioural outcomes. Importantly, the findings presented in this chapter mark the first attempt to identify the presence of youth travelling along the pathways hypothesized by Corrado and Freedman (2011a; 2011b); four hypothesized pathways were observed while a fifth pathway, not hypothesized by these authors, was observed.

The finding presented in this chapter support the notion that despite similar outcomes, these participants would not likely respond to the same early interventions or strategies designed to respond to the behaviours of those who are already involved in the criminal justice system. The implications of this finding will be discussed in Chapter Eight. However, given that the current study is focused on youth who are already involved in the criminal justice system as serious and violent young offenders, it is useful to gain insights into the behaviours of these youth while under community supervision orders and the opportunities and obstacles to intervention success. These insights may help to better inform release planning for such offenders. As such, the next chapter discusses themes among the experiences of CIC on court-ordered community supervision.

Chapter 7.

Qualitative Results: Themes Related to Intervention Opportunities and Obstacles

Based on findings from Chapters Five and Six, it has been suggested that incarcerated CIC and non-CIC are exposed to a similar range of risk factors and that there appear to be multiple pathways to serious and violent antisocial behaviour among CIC. However, it is also important to consider the unique circumstances of CIC when seeking to address these behaviours; unlike non-CIC who generally reside with their parents, CIC are separated from their family environment. Understanding that there are multiple pathways to serious and violent antisocial behaviour helps to highlight the developmental process associated with antisocial behaviours, and while this can emphasize risk factors that should be targeted for successful intervention, it does not provide a full picture of the needs of CIC. In effect, if placement in care introduces unique opportunities and obstacles to intervention success, they must also be taken into consideration.

This chapter explores the role of CIC experiences in terms of opportunities and obstacles to intervention success, focusing on periods of time when participants were supervised by YPOs in the community. It presents findings of the content analysis (introduced in Chapter Four) conducted to provide insights into the intervention opportunities and obstacles unique to CIC. As stated in the previous chapter, fifteen participants in the subsample were in care during the period of their youth criminal justice-involvement and eleven were not. It is useful to consider these two groups separately to highlight opportunities and obstacles that placement in care introduces to intervention success. Upon review of the experiences of those who were and were not in care, distinct themes emerged, each of which are discussed in this chapter. These findings are presented with reference to interviews with key informants, Sandra

Manzardo, Gary Mitford, and Annette Harding (as introduced in Chapter Four), who helped to contextualize findings and elaborate upon key themes. The implications for policy are discussed in Chapter Eight.

Youth in Care during Criminal Justice Involvement

Upon review of the experiences while under community supervision orders of those who were in care during the period of their criminal justice involvement, seven key themes were identified: youth returning to the family home without permission, biological parents regaining custody, placement instability, geographical location of placements identified as non-ideal, absence of alternative placements when in a placement of poor fit, positive behavioural outcomes associated with good placement fit, and tensions in the working relationship between social workers and YPOs.

Returning to Family Home without Permission

In seven of the fifteen cases, youth were reported absent without leave (AWOL) from their foster placements and found to have returned to their family home. In these cases, youth were essentially running away from their foster caregivers to return to their natural families, despite the fact that they were able to visit with their family members if they wished. These youth went AWOL to visit their parents consistently throughout their period of criminal justice-involvement, and with the exception of one youth who began to go AWOL in an act of defiance after his foster caregiver began to apply stricter discipline, patterns were not differentiated by age or developmental stage. This illustrates the strong connection that these youth have to their family homes and their intense desire to return. This desire remained unwavering even though doing so placed them at risk of breaching community supervision conditions, which can result in formal sanctions. As explained by S. Manzardo (personal communication, October 9, 2012), CIC may not feel as connected to foster caregivers as their biological families, who may have a greater investment in them, particularly in cases of placement instability. As such, it is not surprising that these youth have a strong desire to return to their homes.

Return to Custody of Biological Parents

While many participants chose to return to their biological families by going AWOL, most were formally returned to the custody of their parents by MCFD at some point in their adolescence. In total, ten CIC were returned to the custody of their parents. Three of these youth had positive experiences in their parents' care, while the experiences of seven were negative. Of the five youth who did not return to the custody of their parents, three maintained regular contact with family members and two were frequently AWOL to be with them. Positive and negative experiences upon return to the custody of parents are discussed in this section.

An example of a positive outcome is evident in the case of one participant who was described as engaging in heavy substance abuse, willing to steal 'anything he could sell', and as disruptive at home, where he generally refused to reside. Shortly after returning to his father's custody at 16 years of age, this participant displayed behavioural outbursts that prompted his father to call MCFD to request that his son be taken back into care. This request was cancelled the next day, but the youth was aware it had been made. From that point forward, his behaviour dramatically improved; he remained out of prison for a year, made efforts to abstain from drugs and alcohol, attended school, and maintained employment. When asked about the source of his behavioural shift by his YPO, this youth explained that getting into trouble was not worth jeopardizing his ability to live with his father, because he was so glad to be living with him again. After a childhood marked by placement instability, this youth's efforts to maintain prosocial behaviour appear to have been prompted by a desire to remain in his family home. However, the potential role of increasing maturation, which may have allowed him to weigh short-term gain with long-term consequences, cannot be ignored.

Unfortunately, it was more common for participants to have negative experiences when in the care of their parents. For example, in two cases, youth assaulted family members, which led to criminal justice contact. In another, the participant was returned to the custody of his father for one and a half years, beginning at age 14. By this time, he had already developed a substance abuse problem, which was compounded by his father's substance abuse. Within weeks or their reunion, the youth's father was suspected of attending a meeting with his son's YPO under the influence of substances. Eventually found unfit to care for his child once again, custody was relinquished from his

father and the youth returned to the care of MCFD. Following his removal, the youth expressed upset and concern about the severity of his father's substance abuse problem and quickly went AWOL to be with him. This resulted in a pattern of violations of his community supervision order.

One case that presented direct criminal justice concerns was illustrated by a participant who was residing with his mother when he was 14 years old. While in her custody, they consistently failed to report to his YPO which resulted in breaches of his community supervision conditions. When asked why he refused to attend meetings as directed, it became clear that the youth and his mother feared that MCFD would separate them again. They were apparently under the belief that if they attended an MCFD office, the likelihood of their separation would increase. Importantly, the two had moved together several times before the participant's tenth birthday and his mother was the main constant in his life. He entered into care at age ten and from that point forward his mother regained and lost custody several times, which likely compounded their distrust of MCFD and fear of separation. However, at 14 years of age, this youth was engaging in serious antisocial behaviours and becoming increasingly entrenched in the criminal justice system; his avoidance of his YPO only served to increase the likelihood of his offence aggravation and violations of his community supervision order.

In considering the outcome of reunification attempts, it is important to note the delicate balance between the key goals of ensuring the safety of children and youth and working towards reunification with biological parents. Accordingly, social workers are required to make difficult judgement calls about whether CIC should live with their biological families, and the best course of action is not always clear. As explained by G. Mitford (personal communication, October 30, 2012), youth placed in care on CCOs are less likely to be returned to the care of their parents than those placed in care under VCAs. Parents whose children were placed in care under CCOs are more often unwilling to cooperate with child protective services, thereby leading to involuntary removal. Given their refusal to respond to issues brought forth by child protective services, the behaviour of these parents is less likely to change sufficiently to warrant termination of the CCO and return of the young person to his/her parents.

In contrast, parents who have entered into a VCA can be described as having issues that are severe enough to warrant placement of their children in care, but

possess enough self-awareness to work with MCFD to act in the best interest of their children. In many cases, this involves temporary placement of the child or youth in care while parents address issues identified by child protective services, such as substance abuse, poor housing situation, or poor parenting skills. Once these matters are addressed, social workers will generally approve of CIC returning to their parents. Unfortunately, in many cases, once these CIC are returned, parents quickly revert to their previous behaviours, which may result in conditions sufficient to bring those young people back into care. When a pattern emerges whereby parents revert to negative behaviours after their children are returned to their care, social workers are encouraged to carefully consider returning these CIC to their parents in the future. In extreme cases, social workers may consider pursuing a CCO for CIC whose placement history is characterized by multiple spells (G. Mitford, personal communication, October 30, 2012).

It is important to recognize that deciding whether to return CIC to their family homes raises complex ethical dilemmas. Reuniting parents and their children is an important goal, but it is necessary to consider the impact of multiple spells on CIC. These situations create difficult judgement conditions: while it can be damaging to subject CIC to multiple spells in care, it can be difficult to validate refusing to reunite CIC with their parents when those parents have taken action to ensure that the home environment has improved (G. Mitford, personal communication, October 30, 2012).

Placement Instability

As described in the previous chapter, placement instability was very common throughout the period of criminal justice involvement, with the vast majority of subsample participants experiencing more than one placement, three of whom experienced four or more shifts. No discernible pattern emerged pertaining to age of entry into care, reason for entry, mental health needs, or age of placement breakdown in relation to number of placements in adolescence. Recalling that the threshold for multiple placements (a risk factor for serious and violent antisocial behaviour) is four or more placements, the level of placement instability of these youth throughout their adolescence is concerning.

In some cases, placement instability may be associated with chronic incarceration. Given their status as serious and violent young offenders, the trend towards chronic incarceration among subsample participants was not surprising.

However, it is important, as a reciprocal association between CIC status and chronic incarceration may exist. In regards to this association, S. Manzardo (personal communication, October 9, 2012) explained that foster caregivers are contractually required to inform MCFD when youth do not return home at night. As such, in cases where youth have 'reside' or curfew conditions attached to their community supervision orders, YPOs may be more likely to find out when CIC have breached their conditions; biological parents have no such conditions. While YPOs have some discretion in deciding when to formally charge youth with a breach of their conditions, charges are generally made once a pattern of breaching is established. Accordingly, the requirement that foster caregivers report each violation may help to establish such a pattern and this can result in incarceration.

As explained by G. Mitford (personal communication, October 30, 2012), incarceration can threaten placement stability because it can be challenging to keep placements open for youth once they leave a home, even if their departure is the result of incarceration. As a result, youth may be forced to reside in a different placement upon release from youth custody. It is noteworthy that efforts are increasingly being made to ensure that placements remain open to youth upon their return to the community. This is sometimes achieved by reclassifying a placement as a temporary or transition placement suitable for 30 day stays until the incarcerated youth is released from prison and returns to that home.

In cases where instability is not caused by incarceration, there are often signs that placement breakdown is impending; foster caregivers or youth may express frustrations, or behaviour of the CIC may deteriorate substantially. Commenting on placements that are at risk of breakdown, G. Mitford (personal communication, October 30, 2012) explained that efforts are made to restore harmony in the foster environment when possible through meetings with the social worker, foster caregiver, and CIC. This is important because in addition to the toll that placement breakdown can take on the self-esteem, emotionality, and stability of CIC, moving to a new home may result in the CIC being transferred to a different YPO and/or social worker. With respect to probation, S. Manzardo explained (personal communication, October 9, 2012) that youth generally report to a YPO in their residential area, and thus placement shift can result in reporting to a different YPO. Prior to this transition, the impact of doing so is discussed with the CIC and attempts are made to act in his/her best interest. For example, in cases where

CIC are particularly bonded to their YPOs, attempts are made to have them continue reporting to that YPO even after moving to a different area.

Similarly, those who will not age out of care in the near future may be assigned a different social worker if they move to a different region and remain there for an extended period of time (generally three months). Such circumstances are not common and efforts are made to make the shift as smooth as possible. However, being assigned a new social worker can be difficult for some CIC, particularly those who have relatively higher placement instability. In these cases, the social worker may be the main constant in the lives of the CIC. Those who are difficult to place, which many of the youth in this subsample are, may spend a great deal of time with their social workers and become quite bonded (G. Mitford, personal communication, October 30, 2012). As such, placement breakdown may result not only in detachment from a foster care provider, but also a broken bond with social worker.

Geographical Location of Placements

The geographical location of foster placements was noted as an issue in five of the fifteen cases reviewed. These youth were placed in settings that were geographically distant from familial or peer networks and/or criminal justice intervention services, and this appears to have impacted their behaviours. Criminal justice-involved youth are often subject to curfews and this effectively limits their free time for travel to visit those in their personal networks. The importance of geographic location is further highlighted by the requirement that youth attend local schools, and thus placements out of their area may result in changes in school as well. Recalling also that criminal justice interventions are offered by each service delivery area, access to services may also be impacted as youth are moved to new areas.

In two cases, boredom appears to have been the main issue, while in the other three, underlying issues related to access to educational programs, criminal justice services, and family visitations. In the two cases where boredom was the central issue, both CIC were 15 years of age and expressed a desire to move to a neighbouring city. One youth was frustrated that he was placed in a city that he was not from, while the source of their other's frustrations appeared to be rooted in his diminished access to his peers and girlfriend, who resided in the neighbouring city. Within seven months, the

frustration of the latter CIC escalated, culminating in him threatening to assault his foster caregivers if he was not moved. Within two weeks of making this threat, the CIC reported that his foster care providers threatened him and was assigned to a new placement. While boredom with a neighbourhood may not seem like an important issue at first glance, association with peers and ability to spend time with them is of great priority to adolescents and thus placement in an unfamiliar setting with reduced access to peers can be very stifling.

In contrast, the other three cases citing concerns with geographic location of placement underscore more serious issues that could underpin intervention success. For example, one youth was placed in care for the first time at seven years of age and experienced a great deal of placement instability, which was impacted by his rebellious behaviour, refusal to abide by rules, and history of going AWOL. At 13 years of age, he was placed in the home of a caregiver with whom he developed a positive bond and his behaviour at home improved. However, this home was in a small town, 60 km away from his hometown, in which his community supervision conditions barred him from residing. Being so far away from friends and family and adjusting to a small town were sources of frustration for this youth. He accrued several violations of his community supervision conditions, which were described as “unintended results” of the conflict between the location of his placement and his desire to visit his friends and family. In this case, it was not boredom with the location that was the problem, but instead that this youth was simply having difficulty making the long journey back to his placement at night, and thus he was frequently in violation of his curfew.

Importantly, the small town in which the youth was placed also lacked supportive services for him. In particular there was no ISSP worker in the town at that time and the youth had been expelled from the local school and no alternative educational setting was present. He was not required to seek employment, as there were consistent attempts to have him return to school. The result was that this CIC had a great deal of free time and no required prosocial activities with which to fill it, thereby encouraging his trips to his hometown. Upon his arrival at this placement, this youth was still relatively young, had not yet accrued any serious criminal charges or been incarcerated. A window of opportunity existed for criminal justice intervention to take hold, but given his remote location, he lacked access to services that may have encouraged desistance. This youth remained in the placement described here for 11 months, and shortly after the

placement broke down, he was admitted to a youth correctional facility for the first time. He is currently an adolescent, has been incarcerated nine times and does not presently show any signs of desistance.

A second example is evident in the case of a 15 year old CIC who was placed in a location that was so far away from his family home that his relatives had difficulty attending scheduled visits. While this youth expressed a desire to move closer to his family home to help facilitate visits, the main source of his frustration was the distance between his placement and school. Unlike most others in this subsample, this youth excelled in school and his academic accomplishments were a source of pride for him. However, his placement was so far away from his school that he was having difficulty arriving in time for first period each morning. Importantly, he was residing in a special MCFD placement for youth who act out in sexually inappropriate ways, as he was under investigation of committing sexual assault. For this reason, he was not permitted to move to a placement closer to his family home and school.

Within six months in the placement, this participant was observed to be skipping school on a regular basis and continued to do so until he returned to live with his biological family another four months later. While it is common for youth to begin skipping school in mid-adolescence, this youth returned to school once he was placed back in his family home. This supports the assertion that his truancy was influenced by the distance of the placement from his school. Given that truancy is a risk factor for antisocial behaviour and school achievement is a protective factor, reducing this youth's likelihood of excelling at school could have initiated a process of offence aggravation. Fortunately, he was returned to his neighbourhood within a short period of time and was able to get his behaviour back on track, initiating a full process of desistance.

Commenting on the frequency with which youth are placed far away from their homes, G. Mitford (personal communication, October 30, 2012) explained that such occurrences are rare and are generally the result of lacking resources near the family home of the CIC. He further explained that placements are managed by each of the communities within the MCFD services areas and that shifting a youth to a placement in a different community can place a burden on the resources available to CIC in the latter area. For this reason, youth are not generally placed outside of their communities. A. Harding (personal communication, October 29, 2012) further explained that the high

frequency of youth in this subsample being placed away from their family homes may be related to their behavioural issues. Serious and violent young offenders generally require specialized placements with caregivers who are recognized by MCFD as capable of handling youth with behavioural issues. Classified as level three placements or contracted care placements, these encompass the most specialized placements in the province and may be less abundant in some areas. Thus it is possible that an area with a surplus of foster placements may not have one that meets the needs of youth with behavioural problems, thereby resulting in the youth being placed far away from the family home.

Absence of Alternative Placements

Closely related to issues with geographical location, in four cases placements were characterized as insufficient in meeting the needs of CIC. As discussed in Chapter Three, CIC may enter into care with a range of risk factors for antisocial behaviour, are more likely to display behavioural problems, and present with mental health needs. In cases of high-risk CIC displaying a range of risk factors, it is important that appropriate placements that are able to meet the needs of youth can be identified. Failure to meet these needs may exacerbate experienced trauma or risk exposures and the importance of meeting these needs is entrenched in the established levels of care (as described in Chapter Two).

The central issue in cases of poor fit appear to have been related to resources. Despite the acknowledged poor fit of these placements, CIC were required to remain in those homes due to a lack of alternatives. Placements that failed to meet the needs of the CIC included those in which the foster caregiver was unable to provide adequate support and/or supervision for the CIC, or those where CIC and foster caregivers were unable to establish a positive relationship. In one example, lack of an alternative placement resulted in a 14 year old youth residing for several months in a placement designated for 30 day stays while a more permanent housing option was sought. Throughout this period, he was prevented from achieving a sense of stability, while awaiting an imminent move. This youth had a long history of trauma, and as such, this instability was particularly troubling. At three years of age, he was abused by his mother's partner, and by age six, his grandmother obtained custody and moved him away from his mother and across the country. As an impulsive and sometimes

aggressive child suffering from PTSD, he was placed in care several times throughout his childhood. While awaiting a more permanent placement in the above-mentioned transition home, he met with his biological mother for the first time in several years and made contact with his biological father (who was also entrenched in the criminal justice system) for the first time ever. Shortly thereafter, this youth went AWOL to reside with his father out of province and has not returned since. Although this youth required a stable environment he was told that there simply were none available, and this may have prompted his decision to reach out to his parents and seek to establish a relationship, and ultimately residence, with potential for permanency.

In another case, the social worker and biological family members of a 13 year old youth were in agreement that his placement was not meeting his needs; yet no alternatives were available. While in that placement, the youth frequently expressed feeling left out, began hiding weapons in his room, aggressed against others, engaged in property destruction in the home, and was frequently AWOL. Despite pleas made by his biological family to have him moved and efforts of his social worker to comply, the youth remained in that placement for over a year. It is noteworthy that he had a history of setting fires in foster placements and this was cited as a hindrance in the search for an alternative placement. While he was described as difficult since early childhood, it is relevant that he was diagnosed with several disorders, including FASD, CD, and ADHD. His mother's substance abuse and neglectful behaviours throughout his childhood likely compounded the impact of these disorders, thereby resulting in a downward spiral of antisocial behaviours. Once in care, ideally he would have been housed in an environment suited to meet his needs, which would have facilitated improved behaviour, but his antisocial repertoire only expanded while in this placement and continued to do so thereafter.

As explained by G. Mitford (personal communication, October 30, 2012), despite placement shortages, it is uncommon for youth to remain in placements of poor fit for extended periods of time. When a placement is found to be of poor fit, efforts are made to ensure that a more appropriate placement is found promptly; in cases where no alternative is available, resources are monitored for potential upcoming vacancies. However, it is less uncommon for youth with severe behavioural and/or mental health issues to cycle through several placements with similar negative outcomes. In these cases, it is conceivable that all alternatives have truly have been exhausted. It is also

possible that similar outcomes can be expected in any alternatives that would be explored. While this notion helps to explain the cases discussed above, this point can be more clearly illustrated with reference to two cases in which positive placement fits were not achieved, despite several placement shifts. In similarity, both experienced six placements shifts in adolescence and were incarcerated seven times, generally separated by a few weeks in the community. The first youth was diagnosed with FASD, experienced personality clashes with providers and engaged in heavy substance abuse and assaultive behaviours in the home, resulting in placement breakdowns. The second was diagnosed with ADHD and was suspected of having Asperger's syndrome. In each placement, he was described as rude, defiant, confrontational, and frequently AWOL. These examples represent rare cases whereby severe behavioural and mental health issues resulted in consistently poor placement outcomes.

The Impact of Placement Fit

As discussed in Chapter Two, caring for adolescents may require special skillsets, particularly if the CIC has already been in several placements. MCFD (2011b) acknowledges the importance of caregivers of adolescents to build trusting relationships that support transitions into adulthood. Failure to develop such a bond may exacerbate characteristic defiance associated with teen years. Although it can be extremely difficult to match youth with severe behavioural issues with foster caregivers with whom they feel connected, an important theme was that when achieved, these placements could positively impact behaviour. In five cases, achieving a good placement fit appears to have supported the attempts of participants to improve their behaviour. In each case, transformations in behaviour can best be understood as part of a larger process of maturation, which was supported by stable caregivers who were able to meet the needs of these youth.

For example, one participant experienced three unsuccessful placements in adolescence, in which he was frequently noncompliant and AWOL, engaged in substance abuse, and had items routinely confiscated on suspicion that they were stolen. He also had a history of changing schools due to placement instability. At 17 years of age, he was placed in a fourth home that he liked. Shortly thereafter, he had a short stay in a residential treatment centre, which appears to have spring-boarded a behavioural transformation. He continued to breach his community supervision order

fairly often, but began working with an ISSP worker and his behaviour started to improve; he began attending school regularly, arriving home before curfew, and exercising. Further, while this youth was most commonly in the community for two months between periods of incarceration, he remained in the community for a period of nine months while in this placement. His progress appears to have been supported by the presence of a stable placement that fit him well and working with an ISSP worker. However, the role of maturation cannot be discounted in this case; as his behaviours were improving, this youth was aging and working towards the goal of achieving and independent living agreement, which can be a powerful incentive for CIC to engage in positive behaviour.

Another example is evident in the case of a CIC whose placement in a new group home was described as a 'turning point'. This youth had a history of trauma which involved the death of both parents when he was a child. Shifting between the care of relatives and the child welfare system, he failed to develop attachments. Prior to placement in the above-mentioned group home, he consistently refused to reside in his placements, preferring to sleep in yards and abandoned lots. It was at that time that he began to engage in criminal behaviour in the form of breaking and entering, which his YPO believed was in effort to support himself. This CIC's life changed dramatically upon placement in a group home where at 16 year of age, he became bonded to a caregiver for the first time. Perhaps the most important change observed in this case was that he consistently resided in his placement without going AWOL and was able to develop an attachment. The combination of a good placement fit and increasing maturation may have facilitated the youth's willingness to reside in this home and become open to the development of this bond. It is noteworthy that while his rate of incarceration decelerated for the first several months that he was in the home, he quickly reverted to a pattern of returning to custody within weeks of his release.

Upon inspection of the data, short-lived behavioural improvements following placement shifts were not uncommon and G. Mitford (personal communication, October 30, 2012) referred to this as the effect of the 'honeymoon period'. He explained that there is often a period following placement in a new environment when youth make initial strives to be on their best behaviour. Likewise, foster caregivers will often try hard in the early days to accommodate the youth, which could result in improved behaviour or fewer reports of poor behaviour. Focusing on the former, greater latitude and willingness to

overlook minor behavioural transgressions may actually be one of the markers of placement success for some youth. As explained by S. Manzardo (personal communication, October 9, 2012), CIC are over-supervised due to the requirement that caregivers inform MCFD of behavioural transgressions, as compared to non-CIC, whose biological families may overlook such behaviours. Though it is important that caregivers monitor behaviour and respond appropriately to transgressions, applying some level of discretion may help to establish trust and a connection between CIC and their caregivers.

Indeed in three cases, behaviour improved when youth were placed in homes that allowed greater latitude. For example, at nearly 16 years of age, one youth was placed in a home in which the foster caregiver applied discretion when reporting community supervision breaches to his YPO. Instead of automatically reporting such behaviours and punishing them, the foster caregiver made an effort to openly discuss transgressions with the CIC to develop a sense of trust and respect. Responding well to this approach, the CIC's behaviour at home improved; in previous placements, he had a pattern of engaging in threatening and assaultive behaviours, but these behaviours were not displayed in this home. Additionally, he remained in the community for nearly eight months before returning to prison, as opposed to days or weeks, which was more typical prior to placement in this home. However, the youth's behaviour began to unravel upon his release from the youth correctional facility, which coincided with his foster caregiver shifting away from a lax parenting style to more strictly enforcing rules. The youth explained that his spiraling behaviour was a response to this strict parenting approach and described the new atmosphere in the home as reminiscent of the prison environment. He also expressed feeling as though he was being treated like a child. At 16 years of age, this youth was seeking greater freedom and autonomy and was unresponsive to his foster caregiver's harsher approach, which was met by a rebellious campaign characterized by frequent periods of being AWOL.

A second example also illustrates the importance of discretion in applying latitude and that the needs of youth may change over time. The participant in this example had a history of going AWOL from placements, physically aggressing against other residents in his placements and experienced such placement instability that he was unable to maintain involvement in community sports teams. At 15 years of age, this CIC was placed in a group home with extensive supervision due to the serious nature of his prior

conviction of sexual assault. He remained in the home for two years, and was described as a 'model resident' for the majority of his stay there; he became bonded to the staff and regularly engaged in activities with them, remained out of custody for several months at a time, and did not accrue any substantive charges. However, nearing 17 years of age and approaching the end of his stay in that placement, the CIC began to express frustration with his lack of freedom, which escalated to his commission of antisocial behaviours in the home and in the community during periods of going AWOL. He was moved to a new placement that allowed greater freedom and he reported being happy there; the foster caregivers in the second placement did not report any behavioural issues. While this youth responded well to a highly structured placement in mid-adolescence, by 17 years of age he was maturing and seeking greater autonomy, which he felt compelled to assert. Once shifted to a placement that could accommodate his need for greater freedom, his behaviour began to improve once again.

Given the positive impact that the 'right' placement can have, there is an interest in identifying early signs of placement success. G. Mitford (personal communication, October 30, 2012) suggests that the best indication that a placement will be a good fit is the connection that is formed between caregivers and CIC who were formerly placed in their homes. He explained that some caregivers are especially skilled at managing difficult youth and will continue to support them through their behavioural outbursts. Having succeeded in developing positive relationships with difficult CIC in the past, these caregivers are good candidates for facilitating a home of good fit in the future. S. Manzardo (personal communication, October 9, 2012) provided similar insights, suggesting that the most positive outcomes are often initiated by foster caregivers who remain supportive of CIC despite poor behaviour. She elaborated to explain that it is important for youth to feel that they are cared about by their caregivers and this is often established shortly after placement; in cases where foster caregivers do not engage with the CIC placed in their homes, CIC quickly develop the feeling that they are not cared about and this reduces the likelihood that they will respect their caregivers or the rules of their homes.

S. Manzardo (personal communication, October 9, 2012) further explained that from a criminal justice perspective, when a positive placement fit is established, there are several reasons that the likelihood of intervention success may be increased. Firstly, foster caregivers are less likely than biological family members to enable criminal

behaviour or be entrenched in the criminal justice system themselves. While CIC may maintain contact with their biological families, they reside in care and are thus less likely to be exposed to such obstacles to intervention success on a daily basis. Additionally, as professional caregivers, foster care providers may have more parenting experience than the average parent. As a result, they may have greater flexibility in terms of parenting styles to adapt to the needs of particular youth, as opposed to repeating one approach, to which particular CIC may or may not be responsive. Perhaps most importantly, CIC may actually have more people to support them as they attempt to work towards adopting positive behaviour. In addition to biological family members, these youth are supported by social workers and foster caregivers, and when youth are supported in the community, they tend to have more positive criminal justice outcomes.

Case Sharing among Social Workers and Youth Probation Officers

Criminal justice-involved CIC necessarily have both a YPO and social worker, both of whom work with youth to support their transitions into adulthood and work towards best possible outcomes. Generally, YPOs and social workers work together effectively in the best interests of the youth. However, three anomalous cases were observed to suggest a disconnect in the partnership of social workers and YPOs in managing criminal justice-involved CIC. These cases are described as anomalous because they each illustrate this disconnect in very different ways. The first case drew attention as a result of a letter from Crown Council indicating that a particular CIC's movement through the court system was underpinned by a social justice issue, as opposed to one of criminal justice, and that there was no public interest in prosecuting him further. At the time this letter was sent, this CIC had experienced five placements in under one year and had only one substantive charge. This charge was followed by several violations of his community supervision conditions, which were apparently related to his conflicts with foster providers. The second case drew attention because the CIC's social worker contacted his YPO to request that he be incarcerated due to his consistently disruptive behaviour in the foster home, which included substance abuse, singing loudly at night, and poor hygiene. This request prompted the YPO to explain that these are not grounds for incarceration.

The final anomalous case was that of a youth who was chronically AWOL and whose community supervision conditions barred him from entering any skytrain station in

the lower mainland. The youth had been in this placement for three years, and three months prior to his ageing out of the foster care system, his social worker stated a desire to move him to a new placement further away from the Skytrain. The social worker expressed that this would help reduce the likelihood that this youth would breach his community supervision conditions. This presented as a highly unusual reason to move a youth from a stable placement, particularly because this attempt to reduce criminal justice contact was initiated by his social worker, as opposed to YPO, and did not include any juvenile justice interventions strategies.

Together, these cases raised concern that social workers and YPOs may have difficulty working together to ensure the best outcomes for youth on their caseloads. However, discussion with S. Manzardo and G. Mitford supported the description of such cases as highly unusual. In most cases, social workers and YPOs discuss who will take the reins in a particular case in terms of scheduling case management meetings and making key decisions on the behalf of the CIC. Generally, it is the social worker who fills this role because social workers tend to have a longer-term commitment to youth on their caseloads than do YPOs (G. Mitford, personal communication, October 30, 2012). Though occasional disagreements of how best to proceed in the interests of particular CIC occur, these circumstances tend to be worked through quickly. Most commonly, they relate to social workers requesting youth be admitted to programs for which they are not eligible or misunderstandings of the circumstances under which youth can be breached for violation of community supervision orders (S. Manzardo, personal communication, October 9, 2012).

As explained by G. Mitford (personal communication, October 30, 2012), most clashes between social workers and YPOs are underscored by an enthusiasm on the part of social workers to hold youth accountable for their actions and apply swift discipline. Social workers tend to appreciate the external controls associated with community supervision orders, because in their absence, social workers can only ask CIC to follow rules and have no means to enforce compliance. When social workers and YPOs have different views of when it is appropriate to apply disciplinary action, social workers may prematurely encourage YPOs to charge youth with breaches of their community supervision orders. G. Mitford (personal communication, October 30, 2012) further explained that social workers may also view the youth criminal justice system as

an avenue to protect youth, for example by criminalizing young girls involved in the sex trade to prevent them from becoming entrenched in Vancouver's Downtown Eastside.

Both S. Manzardo (personal communication, October 9, 2012) and G. Mitford (personal communication, October 30, 2012) stated that it is sometimes necessary for YPOs to educate social workers on the roles of YPOs and the youth criminal justice system. In particular, it is important to communicate that the youth criminal justice system is not designed to address social issues through the criminalization of youth. When asked why the role of YPOs is unclear to social workers, G. Mitford explained that training for YPOs involves education on the roles of social workers, but that social workers receive less education on the roles of YPOs. This is likely because a large proportion of youth involved in the youth criminal justice system are also involved in the child welfare system, while most involved in the child welfare system do not become criminal justice-involved. As such, while YPOs are likely to encounter sharing case management responsibilities with social workers on a regular basis, sharing such responsibilities is more of a rarity for social workers.

Youth Not in Care while Criminal Justice-Involved

Review of the experiences of the eleven participants who were returned to the care of their biological parent(s) prior to becoming involved in the youth criminal justice system resulted in identification of two key themes. The first pertained to claims that behaviour of participants deteriorated while in they were in care. The second theme related to the observation that despite remaining in the custody of their parents, several participants were directed by their YPOs to reside outside of their family homes.

Claim of Deterioration of Behaviour while in Care

In three cases, claims were made that the behaviour of youth deteriorated while in care, resulting in an escalation of serious and violent antisocial behaviour. As discussed in Chapter Three, experiences in care have been linked to antisocial development, and thus it is not surprising that the antisocial behaviours of some participants were exacerbated while in care. An example of this is can be seen in the case of a participant who was in care from three to twelve years of age and during this

period, he would routinely swear, yell, and fight. He explained that these behaviours were his responses to feeling out of place and frustrated that he did not get to see his biological mother frequently. While this youth required special attention from caregivers to manage his FASD, he reported that he felt unloved by his foster caregivers who had their own children. Despite several years of anger management training his behaviours escalated to eventual weapons carrying, uttering threats, and committing assault.

A second example is evident in the case of a youth who was placed in care from nine to ten years of age. His biological mother reported that he displayed behavioural problems prior to his entry into care and that she was sometimes afraid of him. However, she believes that his behaviours escalated while in care, as it was during this time that he developed negative peer associations and began getting into trouble at school. He also engaged in property damage and threatened others in the foster home. His biological mother attended parenting classes to learn how to better manage his behaviour, but she continued to have difficulty de-escalating his outbursts; upon return to her custody, the police were called to her home on several occasions to respond to domestic violence perpetrated by the youth.

It is difficult to ascertain whether placement in care played a role in the escalation of behaviours displayed by these youth or if their behavioural shifts can be better explained by ageing and the accompanying elaboration of antisocial behaviours. Importantly, the foster care environment may facilitate an escalation of antisocial behaviours in some cases. For example, S. Manzardo (personal communication, October 9, 2012), explained that group homes, in particular, can be problematic if CIC begin to engage in antisocial behaviours together. Youth are more likely to engage in criminal behaviours with those in their immediate environment and thus exposure to other CIC who engage in serious antisocial behaviour may promote an elaboration of antisocial expression in terms of frequency and/or severity. Further, in cases of placement instability, CIC are unlikely to have consistent support of caregivers, and as mentioned above, youth who are supported in the community tend to have more positive criminal justice outcomes (S. Manzardo, personal communication, October 9, 2012).

Directed to Reside outside of Family Home

In some cases, youth who are not in care are directed by their social workers or YPOs to leave their family home and reside in a safe house, transition bed, or PLEA bed[31] as a result of problems in the home. These problems may relate to substance abuse or domestic violence in the house and the suggestion to leave is generally related to concerns over the safety of the youth. In these instances, youth are advised to remove themselves from a negative home-life situation, but are not formally brought into care. This was observed in five cases. Two of these youth were required to reside in PLEA beds after engaging in violence or threatening behaviours directed at their family members, and a third was directed to live in a safe house after his mother kicked him out of her home when she discovered he was dealing drugs. An additional two youth were directed to live in safe houses because their parents were engaging in substance abuse. In one of these cases, a 13 year old participant was returned to live with his father, whose substance abuse became so severe that he was unable to maintain consistent housing for himself or his son, resulting in the two sleeping at the homes of friends. The youth refused to go to a transition bed until he was told that his failure to do so would result in his incarceration. Within two weeks, he returned to his father's care, at which point the two continued shifting among the homes of friends and eventually began living on the street.

Despite the fact that these youth were returned to the custody of their parents by MCFD, a large proportion were required to leave their family homes again to avoid unsafe living environments, either as a result of the actions of the youth, or the behaviours of the parents. Interestingly, however, these youth did not return to MCFD care placements. As explained by G. Mitford (personal communication, October 30, 2012), it is likely that MCFD resources were offered to each of these youth, but that they were rejected. In the absence of a 'reside' condition, social workers for these youth would not have had an enforcement mechanism to ensure that they remained in the

[31] PLEA beds are synonymous with transition beds and are short term respite placements for youth who are criminal justice-involved and require residence outside of their family homes. PLEA beds are managed by PLEA Community Services, a non-governmental agency offering services to at-risk children and youth. Youth in each of these placements remain in the custody of their parents even while residing away, and thus are not taken into the care of the child welfare system (S. Manzardo, personal communication, October 9, 2012).

placements to which they were provided. In such cases, social workers monitor the situation and offer resources to youth as necessary. In some cases youth will be required to reside in a transition bed, because as a justice resource, YPOs can require youth to reside in those placements. However, in the absence of imminent danger, youth are often permitted to remain with their parents if they refuse to reside in a CIC placement. The decision to permit these youth to remain in the care of their parents is often based on the presumption that the behaviours of parents pose less threat to teenagers than they do to children, as the former are physically larger and more able to protect themselves and meet their own needs (G. Mitford, personal communication, October 30, 2012).

Discussion

Several themes emerged from qualitative review of the challenges and opportunities that are unique to the community supervision of CIC. Findings from this review suggest that there are elements of the CIC system that may meaningfully contribute to intervention success, while at the same time, other aspects of the same system act to further entrench CIC in the criminal justice system. Importantly, placement in care may introduce motivations to violate community supervision orders above and beyond those experienced by non-CIC. Consistent with adolescent rebellion, there is great temptation for youth to violate their curfews or reside conditions to spend time with their peers. However, CIC have the additional motivation to violate these conditions to spend time with their family members. Indeed, several participants were observed to breach their conditions by going AWOL to spend time with their families. This problem was particularly pronounced in cases where youth were placed far away from their family homes. In these cases, youth would travel further distances to visit with friends and family and then had greater difficulty returning home in time for their curfews. Thus in addition to the more common reasons of violating community supervision orders, generally associated with adolescent rebellion and authority conflict behaviours, CIC commonly have an extra layer of motivation to violate their conditions.

The increased motivation to violate community supervision orders is complicated by the relatively greater level of scrutiny experienced by CIC. As explained by S. Manzardo (personal communication, October 9, 2012), CIC may benefit from having a

greater number of supportive adults in their lives; in addition to biological family members and YPOs, who are theoretically available to all justice-involved youth, CIC may also be supported by foster care providers and social workers. This amounts to a greater number of people available to support the youth, advocate for access to services, and help develop strategies to meet the particular needs of that youth. However, the presence of more supportive adults also translates into a greater number of eyes monitoring the behaviours of these youth, which may best be described as a double-edged sword. On the one hand, this can increase the likelihood that misbehaviours are noted and responded to swiftly, thereby reducing the likelihood of escalation; on the other hand, more intensive monitoring may result in a greater proportion of transgressions being brought to the attention of the criminal justice system and thus greater criminal justice involvement. This has potential to become problematic if youth become entangled in a cycle of administrative charges that result in criminal justice involvement despite failure to accrue substantive charges. It is further problematic if it contributes to the over-representation of CIC in the youth justice system because they are being monitored more closely than non-CIC.

Despite this greater scrutiny, some youth were observed to thrive when in placements of good fit. Indeed, placement in care can offer promise for improving intervention outcomes in cases where youth are provided a stable living situation with prosocial caregivers. In such placements, youth have an opportunity to develop and maintain bonds with caregivers. Barring any behavioural transgressions resulting in expulsion, youth in stable placements may also be able to develop attachments to school, as opposed to transferring as they move among school districts due to placement shifts. In the presence of such stability, youth also have a greater opportunity to focus on their criminogenic needs, as opposed to social needs such as placement stability. From the developmental perspective, achieving placement stability and developing attachments would diminish the risk of antisocial behaviour, as prosocial caregivers with strong parenting skills may be able to help meet the needs of difficult youth and help them transition off their paths of antisocial behaviour. This interpretation is consistent with literature described in Chapter Three, suggesting that CIC may benefit from placement stability in part because it allows consistent access to services and thus promotes the ability to target behaviours in need of attention (Vig et al., 2005). It is further consistent with research linking placement stability to positive relationships

between caregivers and CIC (DeGue & Widom, 2009; Leathers, 2006) and reduced risk of antisocial behaviour (DeGue & Widom, 2009; Jonson-Reid & Barth, 2000b; Newton et al., 2000).

While the importance of achieving good placement fit is clear, an important finding of the current study was the identification of the ‘honeymoon period’ following placement shifts. This phenomenon can obscure the assessment of whether a placement of good fit has truly been achieved. The observed honeymoon period was an interesting finding that was unexpected. It is possible that youth who exemplify this ‘honey period’ are so used to moving that they become accustomed to the belief that minor conflicts in a home result in placement breakdown. Under this presumption, small conflicts in the home may result in those youth no longer trying to get along with caregivers or abide by house rules. Further research on the ‘honeymoon’ phenomenon should be conducted to assess the accuracy of this hypothesis.

In considering the importance of placement fit, it cannot be ignored that the behaviour of some youth remained constant with no notable improvement, regardless of placement shifts or stability. It is possible that a placement of good fit was simply not identified for these youth. Indeed, it was not uncommon for youth to be placed in homes of poor fit, with no available alternatives. Such was the case most commonly for youth who were difficult to place and had similarly negative outcomes in multiple homes. Not surprisingly, youth in the current study were subject to a great deal of placement instability, particularly throughout adolescence. As such it is possible that a reciprocal relationship characterized placement instability and persistent disruptive behaviours, where instability negatively impacts behavioural outcomes, thereby making youth harder to place. Consistent with the developmental perspective, these placement shifts may be understood as both a cause and consequence of antisocial behaviour. This interpretation is supported by research suggesting that disruptive behaviours constitute a main source of placement breakdown and that consistent breakdowns may lend to increased risk of such disruptive behaviours (Barth et al., 2007; DeGue & Widom, 2009; James et al., 2004; Newton et al., 2000; Strijker et al., 2008)

Placement instability may also include spells in and out of care, which were not uncommon in the study sample. A key priority of the child welfare system is returning CIC to the care of their parents. However, when the home environment has not

sufficiently changed to create a stable and safe space for child or adolescent development, doing so can exacerbate existing behavioural problems. In several cases, youth had negative experiences upon return to their family homes, which negatively impacted behaviour. This observation is consistent with literature indicating that reunification with parents may play a role in the exacerbation of negative behaviour. For example, in a six-year follow-up of youth who were in care for at least five months, CIC who were returned to their parents were more likely to display self-destructive behaviours and engage in substance abuse. The authors suggest that this observation may be explained by the ongoing presence of factors leading to the initial removal (e.g., inadequate parenting) or greater exposure to risk factors (e.g., low SES) in parental home as compared to foster homes (Taussig, Clyman, & Landsverk, 2001). Similar conclusions were reached in a second study noting that CIC who were returned to their parents were more likely to display behavioural problems as a result of exposures to risk in the family home (Bellamy, 2008).

There is no doubt that early exposures to risk factors consistent with entry into care can contribute to the development of mental health issues and disruptive behaviours, thereby initiating a path to serious and violent antisocial behaviour. However, consistent with the developmental perspective, many of the risk factors for persistent antisocial behaviour associated with CIC status play a unique role in adolescence. As compared to children, adolescents have a greater ability to physically leave their CIC placements (via access to funds and mobility) and return to their family homes or reside elsewhere. Adolescents are also physically larger and present a greater physical danger when they engage in threatening behaviour, which may contribute to placement breakdown. When placement breakdown does occur, adolescents may be more likely to *process* those breakdowns as caregivers abandoning them. This sense of abandonment may negate any progress made towards desistance or aggravate mental health needs. As such, experiences in care in adolescence may uniquely impact antisocial outcomes, as compared to experiences in earlier stages of development.

Further, as explained by G. Mitford (personal communication, October 30, 2012), as children approach and age through adolescence, they become better equipped to care for and protect themselves, thereby reducing child protection concerns associated with parental antisocial behaviours. While the benefit of the reduced child protection concern is clear, it can result in a domino effect involving greater exposure to parental

antisocial influences, thereby impeding prosocial development. Given reduced child protection concerns related to age and maturity, older adolescents may be permitted to remain in the care of their families under circumstances that would more commonly result in removal of younger children (e.g., parental substance abuse). While these young persons may be physically safe from harm in these homes, antisocial tendencies of their parents may negatively impact them in different ways, as parents may condone, enable, or encourage similar behaviours among their children. Such behaviour was observed in the qualitative review as parents gifted their children illicit substances or engaged in substance abuse with them. The modelling of such negative behaviours by parents can hinder the progress youth make in choosing to abstain from substance abuse and criminal behaviour. Indeed, several participants who were returned to the care of their parents began to show deteriorating behaviours themselves as their parents relapsed and returned to substance abusing and/or criminal behaviours.

A final theme that emerged from review of the qualitative data pertains to substance abusing behaviours. As described in the Chapter Five, CIC participants reported hard drug use at a higher frequency at the bivariate level, yet the qualitative review suggests that this use is not necessarily symptomatic of more serious addiction problems. As observed in the analysis of pathways presented in Chapter Six, the substance abusing behaviours of some youth did not escalate beyond alcohol or marijuana use. Some participants also experimented with hard drugs, but did not become regular users of those drugs, despite regular alcohol and marijuana use. Evident in the case studies presented in this chapter, youth who abstained from hard drug use entirely or generally were not necessarily less addicted to substances, or less negatively impacted by drug use. Pervasive alcohol and/or marijuana use was observed to hinder the ability of participants to consistently make good choices, such as regularly attending school or work and abiding by community supervision conditions. Commonly, during periods of heavy substance abuse, participants chose to spend greater amounts of time with peers, stay out late, and engage in more impulsive behaviours. Many youth showed signs of progress at various points, and this progress was often tied to their ability to abstain from drugs and alcohol. Progress was derailed when they began to abuse substances again, regardless of the type of substance. Importantly, some youth recognized that they abused substances to cope with negative events and they

disclosed this to their YPOs; others were noted by their YPOs to use substances as a crutch to manage traumatic and stressful experiences.

Conclusion

The themes that emerged from this qualitative review of the CIC subsample support the notion that placement in care introduces both opportunities and obstacles for intervention success. The best course of action to meet the needs of CIC is not always clear and social workers may struggle to balance the risks and benefits associated with different placements. These struggles are compounded by resource shortages and characteristics that make some youth difficult to place (e.g., behavioural and mental health issues). However, it is also apparent that when good placement fits are achieved, youth have an opportunity to focus on their behaviours and work towards desistance. Youth who are returned to the care of their biological parents present different challenges, as they may reside in environments characterized by criminogenic risk and refuse MCFD services. However, the strong bond between parents and child cannot be denied and the strain that would result from removal from the home (both emotionally and behaviourally in terms of youth going AWOL to visit/stay with their parents) may outweigh these risks.

Chapter 8.

Policy Recommendations and Conclusion

The current study was conducted with the objective of yielding a greater understanding of incarcerated CIC in British Columbia, Canada. This goal was pursued by assessing quantitative differences among those who were and were not in care, and qualitative differences among CIC in terms of the development of antisocial behaviours and experiences under the supervision of YPOs in the community. It is acknowledged that exposure to risk factors for serious and violent offending is prevalent among CIC and this increases their likelihood of engaging in such behaviours. As such, a key objective of the present study was to assess whether CIC differed to a marked degree from serious and violent young offenders who were not in care. By exploring the risk profiles and antisocial behaviours of a sample of incarcerated youth in this province, CIC were not found to be significantly different from their non-CIC counterparts in terms of mental health needs or antisocial behaviours. However, qualitative analysis supported the notion that these CIC are not homogeneous in terms of the development of antisocial behaviours. Further analysis suggested that placement in care presents both opportunities and obstacles to the success of criminal justice interventions. Prior to discussing policy implications, a more detailed overview of key findings is presented below.

Overview of Main Findings

Consistent with previous research on samples of incarcerated youth, analyses presented in Chapter Five highlight the over-representation of CIC in the sample. However, the quantitative analyses presented in this study do not indicate that CIC differ substantially from those who were not in care. As a whole, sample participants were exposed to a multitude of risk factors for antisocial behaviour and committed in a wide array of serious and violent offences. CIC and non-CIC reported substance abuse,

mental health needs, and parental substance abuse and criminality at high frequencies. Although several of these risk factors were more prevalent among CIC at the bivariate level, observed associations were small and did not remain after inclusion or control variables. However, heterogeneity within the sample was highlighted by the different types of criminal behaviours in which youth engaged; for example, nearly 30% of the participants had not engaged in serious violent offending. Further, while the majority (90.6%) of the sample met the cut-off of clinical significance for at least one MAYSI-2 scale, after removal of the Alcohol-Drug Use scale, 78% of the sample met the cut-off for one scale and 68% met the cut-off for two or more.

As presented in Chapter Six, a key finding of the current study is that although the behaviours of sample participants met a similar threshold of antisociality, they appear to have been exposed to different sets of risk factors that accumulated to impact development by divergent means. In particular, five pathways to serious and violent antisocial behaviour were observed among the CIC subsample participants: pathways were initiated by prenatal risk, disruptive behaviour, maltreatment, trauma or victimization, and adolescent development. With the exception of the pathway initiated by trauma or victimization, each is consistent with the pathways hypothesized by Corrado and Freedman (2011a; 2011b). However, the current study failed to observe Corrado and Freedman's (2011a, 2011b) hypothesized pathway initiated by extreme temperament. These findings suggest that youth may travel along a multitude of pathways leading to similar outcomes associated with serious and violent antisocial behaviour. The implication that will be discussed below is that while it is important to address particular behaviours through intervention, it is also important to address root causes of antisocial behaviour, and thus there is preliminary support for adopting intervention approaches that respond to the unique criminogenic and non-criminogenic needs of youth on different pathways. This notion is grounded in Andrews et al. (1990) 'what works' principles. It is suggested here that need and responsivity may vary by pathway.

Chapter Seven presented the final analysis, which qualitatively considered the role of placement in care in the intervention success of CIC while supervised by YPOs under community supervision orders. Several themes emerged to from this review. Close supervision, greater number of people monitoring behaviours, and positive placement fit were identified as factors contributing to intervention success. However,

desire to return to the biological family, placement instability, poor placement fit, and geographical location of placements were identified as barriers to success. These themes highlight the unique circumstances of criminal justice-involved CIC and the importance of acknowledging risks that are distinct to this population.

In general, the findings of this study suggest that CIC and non-CIC alike present with a multitude of risk factors that require coordinated intervention approaches involving access to mental health and social services to address root causes of antisocial behaviour. However, it appears that there are some risks and opportunities associated with placement in care that, if acknowledged, may improve intervention outcomes for CIC. Accordingly, recommendations incorporating approaches to manage these risks and opportunities grounded in each pathway to antisocial behaviour are presented below.

Recommendations

Several recommendations are presented in this section, each of which focuses on strategies to improve placement stability and mediate further risk exposure. The observation that placements of good fit (which may also increase stability) can contribute to positive outcomes (e.g., reduced substance abuse, fewer disruptive outbursts, greater length of time at risk, etc.) forms the foundation of each of the recommendations presented here. In essence, these recommendations emphasize strategies that can be employed to improve the living environment for youth who travel along each of the observed pathways to serious and violent antisocial behaviour. These strategies focus chiefly on improved recruitment and training of foster care providers. It is suggested here that by improving the expertise of caregivers for difficult CIC, quality of care and quality of relationships will be improved, thereby fostering greater opportunities for positive outcomes among CIC.

Importantly, the role of promotive and protective factors, such as attachments and school success, are recognized as contributors to positive outcomes. However, the recommendations presented here focus heavily on the care system and caregivers. This should not be interpreted to suggest that the child welfare system and the caregivers it employs are solely responsible for positive or negative outcomes of CIC. Instead, they

contribute to the outcomes of these young people. In essence, it is suggested here that youth who have stable and consistent living situations characterized by good fit may have a greater ability to develop additional attachments and focus on other risk factors. Since the current study focused on the child welfare system, the recommendations presented here focus on modifications to the system that may positively impact these youth. However, future research emphasizing protective and promotive factors that can be targeted for interventions among CIC would provide an important contribution to this discussion. Finally, given the preliminary nature of the findings, these recommendations remain tentative.

Recommendation 1: Improve Caregiver Training

The current study did not assess caregiver training, however, the findings of the study suggest that sample participants would benefit from highly trained and skilled caregivers who are able to meet the complex needs of these youth. For example, several placement breakdowns observed in the data related to caregivers' inability to manage aggressive or assaultive behaviours of participants. Improved training may help to moderate these behaviours and reduce placement breakdown. Importantly, adequate training for caregivers should perhaps extend beyond basic childrearing techniques and the more specific skillsets of recognizing and responding to disruptive behaviours and signs of trauma. Given the increased likelihood of exposure to a range of criminogenic risk factors, effective training should incorporate strategies to identify risk exposures and mediate their impacts. For example, as CIC are at a heightened risk of engaging with antisocial peers by virtue of residential mobility (see for example: Farrington et al., 2008; Haynie & South, 2005), caring for these young people effectively may require special efforts to encourage developing and maintaining prosocial networks. However, doing so may require the use of skilled parenting techniques. As a second example, several subsample participants experienced considerable educational disruptions (e.g., school transfers, suspensions, expulsions). This observation is consistent with literature documenting that CIC are at an increased risk of experiencing educational struggles (see for example: British Columbia, 2007; Flynn & Biro, 1998; McCrae et al., 2010). As such, effective caregiving may require foster caregivers to find ways to help CIC achieve educational success, such as by encouraging meaningful attendance and participation in

school, assisting with school work, or advocating for special help in the form of tutoring. Again, meeting these needs will require caregivers to become well-versed in strategies to assist and advocate for the youth in their care.

Indeed, effectively caring for vulnerable CIC who have been exposed to a multitude of risk factors for antisocial behaviour requires a great deal of skill that extends beyond those traditionally associated with parenting. Although several caregivers were observed in the current study to make concerted efforts to address such criminogenic risk factors, they did not necessarily possess skills to address criminogenic needs. It may be beneficial to incorporate these skillsets into the foster care education system and to formally acknowledge these caregivers as part of the intervention to encourage prosocial outcomes among CIC. In essence, these caregivers are frontline workers who have an opportunity to provide meaningful intervention on a daily basis; it is only logical to provide them with the skills necessary to reach this intervention potential. Importantly, this recommendation stands apart from those identified in the final report of the Residential Review Project and is thus not currently part of the strategy to modify the foster care education sytem. As discussed in Chapter Two, the Residential Review Project was a collaborated effort between the Federation of Community Social Services of BC and MCFD to gather information about strategies to improve the child welfare system (British Columbia, 2011). The Project culminated in a final report in 2012 providing a range of recommendations including the development of a new foster caregiver education program (British Columbia, 2012).

Recommendation 2: Improve Recruitment and Retention of Caregivers

An important finding of the current research is that placement fit can positively impact behaviours of CIC, but that oftentimes good placement fit was not achieved. This finding is consistent with those of the final report of the Residential Review Project (2012) identifying problems with caregiver recruitment and retention impeding placement options. Echoing the recommendations of that Project, it is recommended here that greater emphasis be placed on recruitment and retention of caregivers. In particular, it is recommended that MCFD strives to recruit a surplus of caregivers to provide social workers with an opportunity to identify the best placement for CIC, as opposed to the best *available* placement. This strategy would require attention to the problem that

caregivers with vacancies are at an increased likelihood of discontinuing their involvement with MCFD. Such strategies may involve providing caregivers with greater information about the way that placements are selected for individual CIC, stressing that enduring periods of placement vacancies may help to ensure that greater placement fit will be achieved when CIC are placed in their homes.

Additionally, greater access to supportive services for foster caregivers may lead to a reduction in placement breakdowns and improved outcomes for CIC. As outlined in the preliminary findings of the Residential Review Project (2011), caregivers who feel unsupported when caring for CIC are at an increased likelihood of requesting that the child or youth is removed from the home. Not surprisingly, the current study included observation of foster caregivers seeking respite services at a high frequency and oftentimes stating that they were simply unable to continue caring for a particular youth. Improving supportive services for caregivers may help to reduce such breakdowns. Supportive services may include access to support networks for foster caregivers, training to improve coping mechanisms, or greater access to programming for adolescent CIC to provide caregivers with breaks throughout the day/week while allowing the youth to remain in the home, as opposed to a respite placement.

Recommendation 3:
Meet the Needs of Youth on Each Pathway

Focusing more specifically on youth travelling on each pathway, Corrado and Freedman (2011a; 2011b) suggest a range of intervention strategies to meet the needs of youth with distinct stacking of risk factors. Given the observation of four of their five hypothesized pathways, this discussion echoes the earlier recommendations of Corrado and Freedman (2011a; 2011b) to approach intervention strategies within the context of divergent pathways. Recommendations for intervention strategies for youth on each pathway are presented below.

Prenatal Risk Pathway. Corrado and Freedman (2011a; 2011b) note that placement stability is essential for youth with FASD and may help reduce exposure to additional risk factors and facilitate intervention responsivity. However, as observed in the current research, and supported by relevant literature (Habbick et al., 1996), these youth often endure many placement shifts, which derail the sense of consistency.

Although training pertaining to the care of children and youth with FASD is offered to foster caregivers, it is apparent that this training is not accessed consistently in British Columbia. By creating a mechanism to better enforce adherence to training requirements, foster care providers may be better equipped to recognize and meet the needs of CIC with FASD placed in their homes. Well-developed strategies to meet these needs may also reduce caregiver burnout, thereby reducing likelihood of placement breakdown. As per the recommendations of the Residential Review Project, a new foster care education system is currently being developed with the intention of providing more consistently available information to foster caregivers. Although foster caregivers have expressed frustrations with the idea of being trained to care for children and youth with FASD despite having no such CIC placed in their homes (British Columbia, 2011), it is recommended that all caregivers are trained to meet the needs of CIC with FASD to prepare for the potentiality of caring for a youth with undiagnosed FASD.

Disruptive Behaviour Pathway. In addressing the needs of youth with disruptive disorders, Corrado and Freedman (2011a; 2011b) note the essential role of caregiver training. It is clear that some CIC will have undiagnosed behavioural disorders and the ethical issues surrounding labelling children and youth with such disorders, though beyond the scope of this research, are also noted. For this reason, the careful training of all providers to identify problematic behaviours and respond appropriately becomes an important element of positive outcomes. Improved training on responding to antisocial behaviours among CIC and coping mechanisms that can be applied to deal with the emotional strains associated with caring for difficult CIC may help reduce placement breakdown. A consistent finding from the review of official files and interviews with experts in the field suggested that CIC achieved greater placement fit and reduced disruptive behaviours in cases where caregivers were able to consistently support them despite disruptive behaviours. However, several observed cases involved caregivers reporting that they were simply unable to continue caring for a particular CIC as a result of persistent behavioural issues. It is recommended that foster care education include not only tools to identify and respond to antisocial behaviours of CIC, but also coping strategies to help caregivers address the associated emotional strains and maintain their commitment to care for these youth.

Maltreatment and Trauma or Victimization Pathways. As expressed by Corrado and Freedman (2011a; 2011b), access to mental health services is essential to address the needs of CIC who have experienced maltreatment. Further, given the high prevalence of mental health needs identified across the full sample, and the observation of pathways initiated by trauma, it is recommended that mental health services be widely accessible and advisable to all CIC displaying behavioural issues. In regards to youth who have experienced maltreatment or trauma specifically, research indicates that although children and youth are often thought to be resilient and able to overcome negative life events, trauma can result in neurological changes resulting in hypersensitivity to threats of safety, thereby increasing the risk of violent outbursts (Perry, 1997). Although foster care education does address the identification of maltreatment and appropriate responses, it is imperative that caregivers are trained to recognize that CIC who appear to be coping well with traumatic events may present with such hypersensitivity. Access to mental health services should be a priority for these CIC both in the community and in youth custody facilities. While mental health services are available to incarcerated youth, they are not recognized as a core program. It is acknowledged here that intensive mental health services in custody could introduce problems pertaining to offender safety if youth become upset or agitated during therapy sessions and are subsequently teased by other residents for becoming emotional or lash out at other residents as result of transference. However, echoing the recommendations of Penner, et al. (2011), the importance of addressing mental health needs of these youth should not be overlooked. Creating an environment conducive to achieving mental wellness is essential for the prosocial development of serious violent young offenders in general, and CIC in particular.

Adolescent Development Pathway. As recommended by Corrado and Freedman (2011a; 2011b), interventions for CIC engaging in serious and violent adolescent onset behaviours, should emphasize caregiver training to manage techniques to address adolescent rebellion. A serious issue pertains to the trend of foster caregivers expressing preference of working with children, as compared to adolescents. This not uncommonly results in caregivers ending their contracts with MCFD once CIC in their homes reach 10-14 years of age (British Columbia, 2011). MCFD has acknowledged this trend as problematic and has specified intent to recruit caregivers who are prepared to support children and youth throughout their development

(British Columbia, 2011). However, it is reasonable to presume that some caregivers who are unwilling to care for adolescents will continue to care for CIC as a result of placement shortages. As such, it is recommended that steps are taken to address the concerns of caregivers pertaining to the care of adolescents. By providing caregivers with the skills necessary to care for older CIC, they may be more willing to continue supporting these youth. In such cases, placement breakdowns tied to CIC age may be reduced and this can help to prevent accompanying feelings of abandonment experienced by CIC that may aggravate rebellion consistent with entry into adolescence.

Recommendation 4: Improve Access to Education

For youth on all pathways, consistent access to education must be improved. A recurrent observation of the current study was that participants were willing to attend school, but were unable to do so because they had been expelled and no other educational placements were available to them. Attending school can be a valuable way for youth to develop prosocial skills and interests and to occupy their time, thereby reducing time for antisocial behaviours. However, participants had experienced a number of school changes, which often included being asked to leave a particular school. Strategies should be employed by schools to address the needs of difficult youth and reduce the likelihood that they will be expelled or asked to leave. Such strategies may include providing educators with greater access to information about the behavioural needs of students (currently restricted due to privacy regulations), improving skills for managing the behaviours of difficult students, or providing difficult students with greater support and monitoring in the classroom setting (e.g., by providing access to one-to-one workers in the classroom). Greater access to alternative school placements may also help to increase access to school for difficult youth, but is unlikely to help address the needs of youth in smaller communities where there are insufficient numbers of youth requiring these educational settings to warrant such program development.

Recommendation 5:
Limit Over-Criminalization of CIC Resulting from Caregiver Contractual Obligations

Each of the recommendations stated thus far have emphasized ways to capitalize upon the opportunities for intervention success associated with placement in care. However, it is also necessary to identify ways to reduce the challenges to such successes that are associated with placement in care. One of the key differences in the community supervision of CIC as compared to non-CIC is that there is greater monitoring of the former. Not only are there more people involved in the supervision of CIC (e.g., foster care providers and social workers in addition to biological family members and YPOs), but foster caregivers are contractually required to report any violations to their curfew or reside community supervision conditions. The contractual requirements of caregivers are important for the ongoing safety and supervision of CIC, as being aware of a pattern of going AWOL from a caregiver may help social workers to identify placements of poor fit. However, it is also advisable for those involved in the supervision of CIC to remain actively aware that they may be subject to a greater amount of information pertaining to the behaviours of CIC as compared to those who are not in care. Although there is a vested interest in responding swiftly to patterns of non-compliance in the community, it must be balanced against the competing interest of avoiding the over-criminalization of CIC. Accordingly, those supervising CIC must actively apply discretion when selecting how and when to respond to reports of non-compliance.

Limitations

The current research presents some important limitations. The first pertains to the use of the MAYSI-2 to extrapolate mental health needs about participants. Although the MAYSI-2 is a validated instrument designed to assess mental health needs among incarcerated adolescents, it is a screening, rather than diagnostic, tool with short-term validity. However, there is support for the stability of scores over short periods of time (5-14 days), particularly when scores are very high (Grisso & Barnum, 2003). Accordingly, given the large proportion of youth who scored above the warning cut-off, it is reasonable to presume that these participants would have reasonably stable scores for

at least two weeks. Further, since youth in British Columbia are released from custody within a matter of weeks[32] (Calverley, Cotter, Halla, 2010), using an instrument that provides information about current mental health needs is appropriate to gain an understanding of the immediate needs of participants and needs that will likely remain at the time of their return to the community.

Another limitation related to the measures utilized in the current study pertains to the reliance on self-reported data pertaining to presence of risk factors and antisocial behaviours. It is evident that arguments have been made both in favour of and against the use of reliance on self-report measures, but perhaps the best stance is that different research questions are suited by different types of data sources. In addition to research suggesting that self-report data has been found to produce generally reliable data (Thornberry & Krohn, 2000), these measures have been found to more clearly specify developmental mechanisms and may thus be well-suited for research consistent with the developmental framework (Kirk, 2006; LeBlanc & Fréchette, 1989).

In making the decision to use self-report data, the risk of encountering problems with memory recall was noted. However, one means suggested to reduce the risk of recall errors is to limit the recall period to one year (Blumstein, Cohen, Roth, & Visher, 1998) and this strategy was built into the research instruments utilized for the current study. Another method to improve accuracy is to use official reports during the interview to trigger recall of events (Blumstein et al., 1998). As described above, a review of criminal justice files was part of the formal procedure of the study and thus research assistants did use official information when necessary to help trigger respondents' memories and obtain accurate information. As such, several precautions were taken to address limitations presented by use of self-report data.

A related concern pertains to the reliance on the knowledge and perceptions of participants about their family history of substance abuse, criminality, and mental illness. It is acknowledged that participants may not have been aware of the presence of behaviours or illness or that they did not view substance abusing behaviours of family

[32] Youth are more commonly remanded than sentenced to youth custody. Among youth on remand in 2008/2009, 39% are released within one week, 77% in less than a month; among youth who were sentenced to custody, 49% were released in less than one month and an additional 40% released within 1-6 months (Calverley et al., 2010).

members as problematic. Each of these potentialities could have resulted in under-reporting. Although it was not possible to conduct interviews with family to corroborate the information provided by participants, official data frequently provided information about family history of mental illness, substance abuse, and criminality, and this information was consulted by research assistants conducting interviews to assess the accuracy of information provided by participants.

Analysis of official data from CORNET also presents limitations. CORNET records contain information about offences that occur (or were tried) in British Columbia only. This means that if participants offended in another province, that information would not commonly be represented in their CORNET records. Though it may be reasonable to presume that offending patterns of each individual will be similar in different jurisdictions, the choice to use official information from one jurisdiction may have introduced bias because mobility may not be random (i.e., age and demographics may predict inter-provincial mobility) and thus there may be non-random missing data in the criminal records (Geerken, 1994). Use of official data is further problematic because information may be lost in cases using aliases (Geerken, 1994). Though aliases are noted in CORNET when they come to the attention of those working in the criminal justice system, it can take time for them to be noted and for records obtained using aliases to be merged. It was not possible to obtain official data from jurisdictions outside of this province, however, the likelihood of noting anomalies in the official records of participants was increased by the practice of reviewing client logs of participants. Since these logs included regular notes from YPOs, movements out of the province and antisocial behaviours during such movements were oftentimes noted, thereby presenting an opportunity to take such behaviours into consideration while conducting analysis.

Another important limitation relates to the reliance on criminal justice files for information pertaining to interactions with child welfare services. In the absence of access to information collected and maintained by social workers, useful information pertaining to experiences in care could not be verified. Greater detail about placement fit, breakdown, and needs of participants may have been available through social work databases. Further, with reliance on criminal justice files, it was not possible to differentiate between youth who were placed in care under VCAs or CCOs. This distinction is important, as those in care under VCAs are more likely to return to the care of their parents at a higher frequency. In several cases, it was also impossible to confirm

whether youth were in traditional foster care placements or contracted placements. Such information would be useful in developing a better understanding of the types of placements available and identifying whether placement fit is associated with contracted care.

It is also important to acknowledge the relatively small number of participants included in qualitative analysis with the use of the CIC subsample. Given that the sample comprised of only 26 participants, findings from this sample are limited and cannot be interpreted to be generalizable. However, with the exception of ethnicity (discussed below), the subsample participants did not differ meaningfully from those in the larger sample. Further, the findings extrapolated from this subsample were consistent with theory and research. As such, there is some support for the belief that this subsample is representative of CIC who have engaged in serious and violent antisocial behaviours and have been incarcerated in British Columbia, thereby lending support to the emergent findings and recommendations that are built upon those findings. Nevertheless, it will be important to replicate these findings with a larger sample.

On a related note, the decision to include males only in the analysis may have impacted findings. In particular, the pathways for female youth may be experienced differently. It is likely that they would be exposed to similar initial risk factors and engage in similarly serious and violent antisocial behaviour, as incarcerated youth must reach a threshold of antisocial behaviour to be incarcerated and are at risk of exposure to a range of risk factors regardless of gender. However, the dynamic interaction among risk factors may have been different for female participants, who tend to internalize behaviours and are also more likely to experience sexual victimization. Analysis of the pathways for serious and violent female young offenders would be an interesting direction for future research.

Findings from the qualitative analysis presented in Chapter Seven are also subject to the limitations of content analysis. While content analysis is a useful tool to identify themes and count frequency of themes emerging within cases, observations were limited to information that was recorded in official records. As such, it is possible that relevant factors pertaining to intervention success were not recorded in CORNET and thus could not be accounted for in the research. However, given that the purpose of CORNET is to track justice-involved persons and to share information with others

working with those persons, it is likely that factors relevant to community outcomes were recorded.

Another limitation of content analysis is that it requires the researcher to make inferences about the observed information. This is particularly the case when scanning data for latent content, which involves interpreting text in the search for themes. In these cases, it is possible that information is misinterpreted and thus misclassified. To minimize the risk of misinterpreting information, alternative data sources (i.e. client histories and pre-sentence reports) were used to provide context to the case in general, and when possible, the circumstance in particular.

A final limitation pertains to the demographics of the CIC subsample, which showed a greater concentration of Aboriginal participants as compared to the general sample demographics. Analysis confirmed that this was not reflective of a changing demographic of incarcerated youth, as no trend in shifts of the ethnicity of participants was observed by reviewing the ethnicity of participants interviewed each year. Instead, it is likely that this over-representation is representative of a changing CIC demographic. Although the proportion of CIC has dropped since 2001 in general, the proportion of Aboriginal CIC has increased since that year from 38-55%. This increase is not reflective of a relative increase caused by a decrease in the number of non-Aboriginal children and youth in care, as the actual number of Aboriginal CIC has also increased since 2001 (British Columbia, 2011). For this reason, it is probable that the relative concentration of Aboriginal participants in the subsample is not indicative of a sampling error and associated limitation.

Conclusion

The research presented in this study was conducted in response to recent reports that CIC in British Columbia present with greater mental health and educational needs and are over-represented in the youth criminal justice system in general, and samples of incarcerated youth in particular (British Columbia, 2006; 2007; 2009). These reports have been interpreted to suggest that CIC are different from those who have not been in care, and thus present with different needs. Although this interpretation is generally reasonable, its application to the population of incarcerated serious and violent

young offenders raised questions that were addressed in the current study. In particular, the current study sought to address the similarities and differences among CIC and non-CIC who engage in serious and violent antisocial behaviours and to identify any unique opportunities or challenges associated with placement in care that may impact intervention success. Key objectives were to determine whether incarcerated CIC can be described as homogeneous in terms of exposure to risk factors and antisocial behaviours and to assess the impact of stacked risk factors.

The findings of this research suggest that incarcerated CIC do not significantly differ from their non-CIC counterparts in terms of mental health needs or antisocial behaviours. In this study of serious and violent offending, it appears that placement in care may be understood as an additional item among a list of risk factors for serious and violent offending. This finding should not be interpreted to diminish the importance of placement in care as a risk factor for serious and violent antisocial behaviour, but rather to contextualize it as a single risk factor among many. Indeed, CIC do not appear to represent a distinct population defined by unique risks in youth custody facilities. However, they cannot be discounted as a unique population on account of the reality that when in the community, these youth reside an environment (i.e., the foster care environment) that may be quite distinct from those who are not in care.

Although placement in care is generally discussed in the criminological literature as a risk factor for serious and violent antisocial behaviour, this study sought to develop an improved understanding of the mechanisms by which foster care impacts behaviour among those *already* engaging in such behaviours. The themes that emerged throughout this research support the notion that placement in care introduces opportunities and obstacles for intervention success. Residence in care settings may increase the likelihood of exposure to prosocial caregivers who are trained to meet the needs of difficult youth and thus increase the likelihood of intervention success. However, it can also introduce unique obstacles that may increase the likelihood of continued involvement in the criminal justice system.

For youth engaging in serious and violent antisocial behaviour, a small window of time remains before antisocial behaviours will be addressed by the adult criminal justice system. Once involved in the adult system, desistance becomes more difficult not only because persistent antisocial behaviours yields to becoming more entrenched in

antisocial lifestyles, but also because it is more difficult to exert external controls on the behaviours of adults in the community. All efforts must be made to divert youth away from the criminal justice system before they reach this point. While placement in care is a risk factor for serious and violent antisocial behaviours, for those who are already engaging in such behaviours, the opportunities for intervention success associated with placement in care cannot be ignored. These opportunities must be capitalized upon as an avenue towards positive life outcomes. Indeed, the combination of appropriate placement fit and trained caregivers could be the difference between persistence and desistance in the lives of some CIC.

It is imperative that the needs of CIC who engage in serious and violent antisocial behaviour are met as soon as possible. The urgency is increasing with the changing policy context; the recent enactment of the *Safe Streets and Communities Act* (2012) may result in a greater number of youth admitted to custody facilities and periods of incarceration may expand. It is likely that these changes will disproportionately impact CIC because they are already over-represented among serious and violent young offenders. Changes to the frequency and duration of incarcerations among CIC may impact placement stability, as it is already difficult to keep placements open for youth while they are incarcerated. Given the negative impact that these policy changes may have on the stability of CIC, the importance of striving to meet the needs of CIC engaging in serious and violent antisocial behaviours is gaining prominence.

References

Works Cited

Abram, K. M., Teplin, L. A., McClelland, G. M., & Dulcan, M. K. (2003). Comorbid psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry, 60*(11), 1097-1108.

Allison, P.D. (2002). *Missing data*. Thousand Oaks, CA: Sage Publications

Alltucker, K. W., Bullis, M., Close, D., & Yovanoff, P. (2006). Different pathways to juvenile delinquency: Characteristics of early and late starters in a sample of previously incarcerated youth. *Journal of Child and Family Studies, 15*(4), 475-488.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Washington: American Psychiatric Association.

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17*(1), 19-52.

Andrews, D. A., & Dowden, C. (2006). Risk principle of case classification in correctional treatment: A meta-analytic investigation. *International Journal of Offender Therapy and Comparative Criminology, 50*(1), 88-100.

Appleyard, K., Egeland, B., van Dulmen, M. H. M., & Sroufe, L. A. (2005). When more is not better: The role of cumulative risk in child behavior outcomes. *Journal of Chid Psychology and Psychiatry, 46*(3), 235-245.

Arseneault, L., Moffitt, T. E., Caspi, A., Taylor, P., & Silva, P. A. (2000). Mental disorders and violence in a total birth cohort: Results from the Dunedin Study. *Archives of General Psychiatry, 57*(10), 979-986.

Bala, N. (1997). *Essentials of Canadian law: Young offenders law*. Concord, ON: Irwin Law.

Bala, N. (2011). Setting the context: Child welfare law in Canada. In K. Kufeldt & B. McKenzie (Eds.), *Child welfare: Connection, research, policy, and practice* (2nd ed., pp. 1-21). Waterloo: Wilfred Laurier University Press.

Bala, N., Carrington, P. J., & Roberts, J. V. (2009). Evaluating the *Youth Criminal Justice Act* after five years: A qualified success. *Canadian Journal of Criminology and Criminal Justice, 51*(2), 131-166.

Baron, S. W., & Hartnagel, T. F. (1998). Street youth and criminal violence. *Journal of Research in Crime and Delinquency, 27*(2), 166-192.

Barth, R. P. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work, 7*(5), 419-440.

Barth, R. P., Llyod, C., Green, R. L., James, S., Leslie, L. K., & Landsverk, J. (2007). Predictors of placement moves among children with and without emotional and behavioral disorders. *Journal of Emotional and Behavioural Disorders, 15*(1), 46-55.

Bartush, D. R. J., Lynam, D., Moffitt, T. E., & Silva, P. A. (1997). Is age important? Testing a general versus a developmental theory of antisocial behavior. *Criminology, 35*(1), 13-48.

Baskin, D. R., & Sommers, I. (2011). Child maltreatment, placement strategies and delinquency. *American Journal of Criminal Justice, 36*(2), 106-119.

BC Archives. (2002). Description of Ministry of Human Resources fonds. Retrieved from *http://search.bcarchives.gov.bc.ca/sn-46B719/view/Fonds/find%2B%22Ministry%20of%20social%20services%22%2B%2B%2B%2B/3*

B.C. Association of Social Workers (2009). BC foster care system at the tipping point. Retrieved from http://members.bcasw.org/Content/News%20and%20Media/News%20Archive.asp?ItemID=55387.

Bellamy, J. L. (2008). Behavioral problems forllowing reunification of children in long-term foster care. *Children and Youth Services Review, 30*(2), 216-228.

Bennette, D., Sadrehashemi, L., Smith, C., Hehenerth, M., Sienema, L., & Makolewski, J. (2009). *Hands tied: Child protection workers talk about working in, and leaving B.C.'s child welfare system*. Vancouver: Pivot Legal Society.

Berger, L. M. (2005). Income, family characteristics, and physical violence toward children. *Child Abuse & Neglect, 29*(2), 107-133.

Blackstock, C., Trocmé, N., & Bennette, M. (2004). Child maltreatment investigation among Aboriginal and non-Aboriginal families in Canada. *Violence Against Women, 10*(8), 1-16.

Blanc, G., Hervé, H., Simon, H., Lisoprawski, A., Glowinski, J., & Tassin, J. P. (1980). Response to stress of mesocortico-frontal dopinergic neurons in rats after long-term isolation. Nature, *284*(5753), 265-267.

Blazei, R. W., Iacono, W. G., & McGue, M. (2008). Father-child transmission of antisocial behavior: The moderating role of father's presence in the home. *Journal of the American Academy of Child and Adolescent Psychiatry, 47*(4), 406-415.

Blumstein, A., Cohen, J., Roth, J. A., & Visher, C. A. (1998). *Criminal careers and "career criminals" Vol I*. Washington, DC: National Academy Press.

British Columbia. (2006). *Joint-Special Report: Health and well-being of children in care in British Columbia - Report I on health services utilization and mortality*. Victoria: Provincial Health Officer and Child and Youth Officer for British Columbia.

British Columbia. (2007). *Joint-Special Report: Health and well-being of children in care in British Columbia - Report II on educational experience and outcomes*. Victoria: Provincial Health Officer and Child and Youth Officer for British Columbia.

British Columbia. (2009). *Kids, crime and care - Health and well-being of children in care: Youth justice experiences and outcomes*. Victoria: Representative for Children and Youth.

British Columbia. (2011). *Residential review project: Phase one findings report*. Victoria: Ministry of Child and Family Development and The Federation of Community Social Services of BC.

British Columbia. (2012). *Residential Review Project - final report* The Federation of Community Social Services of BC and the Ministry of Chilren and Family Development.

British Columbia. (2013). *Who protected him? How B.C.'s child welfare system failed one of its most vulnerable children*. Victoria: Representative for Children and Youth.

Brook, J., Whiteman, M., Gordon, A., & Brook, D. (1990). The role of older brothers in younger brothers' drug use viewed in the context of parent and peer influences. *Journal of Genetic Psychology, 151*(1), 59-75.

Brook, J. S., Brook, D. W., & Whiteman, M. (1999). Older sibling correlates of younger sibling drug use in the context of parent-child relations. *Genetic, Social, and General Psychology Monographs, 125*(4), 451-468.

Calverley, D., Cotter, A., Halla, E. (2010). Youth custody and community services in Canada, 2008/2009. *Juristat* (Cat. No. 85-002-X). Ottawa: Statistics Canada.

Campbell, M. A., Porter, P. S., & Santor, D. (2004). Psychopathic traits in adolescent offenders: An evaluation of criminal history, clinical, and psychosocial correlates. *Behavioral Sciences & the Law, 22*(1), 23-47.

Canada. (1997). *Renewing Youth Justice*. Ottawa: House of Commons Canada, Standing Committee on Justice and Legal Affairs.

Canada. (1998). *A strategy for the renewal of youth justice*. Ottawa: Department of Justice.

Canada. (2012). Backgrounder - Safe Streets and Communities Act: Protecting Canadians from violent and repeat young offenders. Retrieved from *http://www.justice.gc.ca/eng/news-nouv/nr-cp/2012/doc_32802.html*.

Canadian foster care in crisis, experts say (2012, February 19). CBC News. Retrieved from http://www.cbc.ca/news/canada/story/2012/02/19/foster-care-cp.html.

Clark, L. A., Watson, D., & Mineka, S. (1994). Temperament, personality, and the mood and anxiety disorders. *Journal of Abnormal Psychology, 103*(1), 103-116.

Conger, R. D., & Rueter, M. A. (1996). Siblings, parents and peers: A longitudinal study of social influences in adolescent risk for alcohol use and abuse. In G.H. Brody (Ed.), *Sibling relationships: Their causes and consequences* (pp. 1-30). Norwood, NJ: Ablex Publishing Corporation.

Corrado, R. R. (1992). Introduction. In R. R. Corrado, N. Bala, R. Linden, & M. Le Blanc (Eds.), *Juvenile justice in Canada: A theoretical and analytical assessment* (pp. 1-20). Toronto: Butterworths.

Corrado, R. R., & Cohen, I. M. (2002). A needs profile of serious and/or violent Aboriginal youth in prison. *FORUM on Corrections Research, 14*(3), 20-24.

Corrado, R. R., Cohen, I. M., Hart, S. D., & Roesch, R. (2000). Comparative examination of the prevalence of mental disorders among jailed inmates in Canada and the United States. *International Journal of Law and Psychiatry, 23*(5-6), 633-647.

Corrado, R. R., Cohen, I. M., & Watkinson, A. (2008). The overrepresentation of Aboriginal youth in custody: Policy challenges. *Horizons Policy Research Initiative, 10*(1), 79-82.

Corrado, R. R., & Freedman, L. F. (2011a). Risk profiles, trajectories, and intervention points for serious and chronic offenders. *International Journal of Child, Youth and Family Studies, 2*(1), 197-232.

Corrado, R. R., & Freedman, L. F. (2011b). *Youth at-risk of serious and life-course offending: Risk profiles, trajectories, and interventions*. Ottawa: National Crime Prevention Centre.

Corrado, R. R., Freedman, L. F., & Blatier, C. (2011). The over-representation of children in care and the youth criminal justice system in British Columbia. *International Journal of Child, Youth and Family Studies, 1*(2), 29-53.

Corrado, R.R., Gronsdahl, K., MacAlister, D. (2007). The Youth Criminal Justice Act: Can the Supreme Court of Canada balance the competing and conflicting models of youth justice? *Criminal Law Quarterly, 53*(1), 14-66.

Corrado, R. R., & Markwart, A. (1992). The evolution and implementation of a new era of juvenile justice in Canada. In R. R. Corrado, N. Bala, R. Linden, & M. Le Blanc (Eds.), *Juvenile justice in Canada: A theoretical and analytical assessment* (pp. 137-228). Toronto: Butterworths.

Corrado, R.R., & Peters, A.M.F. (forthcoming). “Out-of-control” incarcerated young offenders: A review of the Safe Streets and Communities Act - Symbolism or substantive change? In R. R. Corrado, P. Lussier, & A. Lescheid (Eds.), *Serious and Violent Young Offenders and Youth Criminal Justice: A Canadian Perspective.* Burnaby, BC: Simon Fraser University Publications.

Corrado, R. R., Roesch, R., Hart, S. D., & Gierowski, J. K. (2002). *Multi-problem violent youth: A foundation for comparative research on needs, interventions, and outcomes*. Amsterdam: IOS Press.

Corrado, R. R., Vincent, G. M., Hart, S. D., & Cohen, I. M. (2004). Predictive validity of the Psychopathy Checklist: Youth Version for general and violent recidivism. *Behavioral Sciences & the Law, 22*(1), 5-22.

Courtney, M. E., & Herring, D. H. (2005). The transition to adulthood for youth "aging out" of the foster care system. In D.W. Osgood, E. M. Foster, C. Flanagan, & G. H. Ruth (Eds.), *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 27-67). Chicago, IL: University of Chicago Press.

Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, 80*(6), 685-717.

Culbert, L. (2005, December 29). B.C. foster children at risk due to lack of quality homes. *Vancouver Sun*, p. A1.

Dannerbeck, A. M. (2005). Differences in parenting attributes, experiences, and behaviors of delinquent youth with and without a parental history of incarceration. *Youth Violence and Juvenile Justice, 3*(3), 199-213.

DeGue, S., & Widom, C. S. (2009). Does out-of-home placement mediate the relationship between child maltreatment and criminality? *Child Maltreatment, 14*(4), 344-355.

Dodge, K. A., Lansford, J. E., Burks, V. S., Bates, J. E., Pettit, G. S., Fontaine, R. et al. (2003). Peer rejection and social information-processing factors in the development of aggressive behavior problems in children. *Child Development, 74*(2), 374-393.

Dowden, C., & Andrews, D. A. (1999). What works in young offender treatment: A meta-analysis. *Forum on Corrections 11*(2), 21-24.

Dowden, C., & Andrews, D. A. (2000). Effective correctional treatment and violent reoffending: A meta-analysis. *Canadian Journal of Criminology, 42*(4), 449-467.

Doyle, J. J. (2007). Child protection and child outcomes: Measuring the effects of foster care. *The American Economic Review, 96*(5), 1583-1610.

Eisenberg, N., Cumberland, A., Spinrad, T. L., Fabes, R. A., Shepard, S. A., Reiser, M. et al. (2001). The relations of regulation and emotionality to children's externalizing and internalizing problem behavior. *Child Development, 72*(4), 1112-1134.

Eitle, D. & Turner, R. J. (2002). Exposure to community violence and young adult crime: The effects of witnessing violence, traumatic victimization, and other stressful life events. *Journal of Research in Crime and Delinquency, 39*, 214-237.

Elliott, D. S., & Menard, S. (1996). Delinquent friends and delinquent behavior: Temporal and developmental patterns. In D.F. Hawkins (Ed.), *Delinquency and crime: Current theories* (pp. 28-67). Cambridge: Cambridge University Press.

Ernst, C. C., Grant, T. M., Streissguth, A. P., & Sampson, P. D. (1999). Intervention with high-risk alcohol and drug-abusing mothers: II. Three year findings from the Seattle model of paraprofessional advocacy. *Journal of Community Psychology, 27*(1), 19-38.

Farrington, D. P. (1989). Early predictors of adolescent aggression and adult violence. *Violence and Victims, 4*(2), 79-100.

Farrington, D. P. (2002). Multiple risk factors for multiple problem violent boys. In R. R. Corrado, R. Roesch, S. D. Hart, & J. K. Grierowski (Eds.), *Multi-problem violent youth: A foundation for comparative research on needs, interventions, and outcomes* (pp. 23-43). Amsterdam: IOS Press.

Farrington, D. P. (2005). Childhood origins of antisocial behavior. *Clinical Psychology and Psychopatherapy, 12*(3), 177-190.

Farrington, D. P., Barnes, G., & Lambert, S. (1996). The concentration of offending in families. *Legal and Criminological Psychology,* 1(part 1), 47-63.

Farrington, D. P., Jolliffe, D., Stouthamer-Loeber, M., & Kalb, L. M. (2001). The concentration of offenders in families, and family criminality in the prediction of boys' delinquency. *Journal of Adolescence, 24*(5), 579-596.

Farrington, D. P., Loeber, R., Jolliffe, D., & Pardini, D. A. (2008). Promotive and risk processes at different life stages. In R. Loeber, D. P. Farrington, M. Stouthamer-Loeber, & H. Raskin White (Eds.), *Violence and serious theft: Development and prediction from childhood to adulthood* (pp. 169-230). New York: Routledge.

Fast, D. K., Conry, J., & Loock, C. A. (1999). Identifying fetal alcohol syndrome among youth in the criminal justice system. *Developmental and Behavioral Pediatrics, 20*(5), 370-372.

Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23000 prisoners: A systematic review of 62 surveys. *Lancet, 359*(9306), 545-550.

Fazel, S., Doll, H., & Långström, N. (2008). Mental disorders among adolescents in juvenile detention and correctional facilities: A systematic review and metaregression analysis of 25 surveys. *Journal of the American Academy of Child and Adolescent Psychiatry, 47*(9), 1010-1019.

Flynn, R. J., & Biro, C. (1998). Comparing developmental outcomes for chidlren in care with those for other children in Canada. *Children and Society, 12*(3), 228-233.

Frick, P. J. (2004). Developmental pathways to conduct disorder: Implications for serving youth who show severe and antisocial behavior. *Psychology in the Schools, 41*(8), 823-834.

Gatti, U., Tremblay, R. E., Vitaro, F., & McDuff, P. (2005). Youth gangs, delinquency and drug use: A test of the selection, facilitation and enhancement hypothesis. *Journal of Child Psychology and Psychiatry, 46*(11), 1178-1190.

Geerken, M. R. (1994). Rap sheets in criminological research: Considerations and caveats. *Journal of Quantitative Criminology, 10*(1), 3-21.

Goldstein, P. J. (1985). The drugs/violence nexus: A tripartite conceptual framework. *Journal of Drug Issues, 15*(4), 493-506.

Gottfredson, M. R., & Hirschi, T. (1990). *A general theory of crime*. Stanford: Stanford University Press.

Gove, J. T. (1995). *Report of the Gove Inquiry Into Child Protection in British Columbia: A commission of inquiry into the adequacy of the services, policies, and practices of the Ministry of Social Services as they relate to the apparent neglect, abuse, and death of Matthew John Vaudreuil*. Victoria: Government of British Columbia.

Greenwald, R. (2002). The role of trauma in conduct disorder. *Journal of Aggression, Maltreatment & Trauma, 6*(1), 5-23.

Gretton, H. M., & Clift, R. J. W. (2011). The mental health needs of incarcerated youth in British Columbia, Canada. *International Journal of Law and Psychiatry, 34*(2), 109-115.

Grisso, T., & Barnum, R. (2003). *Massachusetts Youth Screening Instrument Version 2: User's manual and technical report*. Sarasota, Florida: Professional Resource Press.

Grisso, T., Barnum, R., Fletcher, K. E., Cauffman, E., & Peuschold, D. (2001). Massachusetts Youth Screening Instrument for mental health needs of juvenile justice youths. *Journal of American Academy of Adolescent Psychiatry, 40*(5), 541-548.

Grogan-Kaylor, A., Ruffolo, M. C., Ortega, R. M., & Clarke, J. (2008). Behaviors of youth involved in the child welfare system. *Child Abuse & Neglect, 32*(1), 35-49.

Habbick, B. F., Nanson, J. L., Snyder, R. E., Casey, R. E., & Schulman, A. L. (1996). Foetal Alcohol Syndrome in Saskatchewan: Unchanged incidence in a 20-year period. *Canadian Journal of Public Health, 87*(3), 204-207.

Hamilton, C. E., Falshaw, L., & Browne, K. D. (2002). The link between recurrent maltreatment and offender behavior. *Journal of Offender Therapy and Comparative Criminology, 46*(1), 75-94.

Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children, 14*(1), 31-47.

Harman, J. S., Childs, G. E., & Kelleher, K. J. (2000). Mental health care utilization and expenditures by children in foster care. *Archives of Pediatric and Adolescent Medicine, 154*(11), 1114-1117.

Haynie, D. L., & South, S. J. (2005). Residential mobility and adolescent violence. *Social Forces, 84*, 363-376.

Hemphill, S., Toumbourou, J., Herrenkohl, T., McMorris, B., & Catalano, R. (2006). The effect of school suspensions and arrests on subsequent adolescent antisocial behavior in Australia and the United States. *Journal of Adolescent Health, 39*(5), 736-744.

Henry, K., & Huizinga, D. (2007). Truancy's effect on the onset of drug use among urban adolescents placed at risk. *Journal of Adolescent Health, 40*(4), 358.e9-17.

Hirshfield, P., Maschi, T., & Raskin White, H. (2006). Mental health and juvenile arrests: Criminality, criminalization, or compassion? *Criminology, 44*(3), 593-630.

Hirshfeld-Becker, D. R., Biederman, J., Faraone, S. V., Violette, H., Wrightsman, J., & Rosenbaum, J. F. (2002). Temperamental correlates of disruptive behavior disorders in young children: Preliminary findings. *Biological Psychiatry, 51*(7), 563-574.

Hughes, T. (2006). *BC children and youth review: An independent review of BC's child protection system*. Victoria: Government of British Columbia.

Huizinga, D., & Jakob-Chien, C. (1998). The contempraneous co-occurrence of serious and violent juvenile offendin and other problem behaviors. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 45-67). Thousand Oaks: Sage Publications.

Iglehart, A. P. (1994). Adolescents in foster care: Predicting readiness for independent living. *Children and Youth Services Review, 16*(3-4), 159-169.

Ireland, T. O., Rivera, C. J., & Hoffman, J. P. (2009). Developmental trajectories, stressful life events, and delinquency. In J. Savage (Ed.), *The development of persistent criminality* (pp. 90-114). New York: Oxford University Press.

James, S., Landsverk, J., & Slymen, D. J. (2004). Placement movement in out-of-home care: Patterns and predictors. *Children and Youth Services Review, 26*(2), 185-206.

Jonson-Reid, M. (2002). Exploring the relationship between child welfare intervention and juvenile corrections involvement. *American Journal of Orthopsychiatry, 72*(4), 559-576.

Jonson-Reid, M., & Barth, R. (2000a). From maltreatment to juvenile incarceration: Uncovering the role of child welfare services. *Child Abuse & Neglect, 24*(4), 505-520.

Jonson-Reid, M., & Barth, R. (2000b). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. *Children and Youth Services Review, 22*(7), 493-516.

Kagan, J. (2004). *The long shadow of temperament*. Cambridge: Belknap Press.

Keenan, K., & Shaw, D. D. (2003). Starting at the beginning: Exploring the etiology of antisocial behavior in the first years of life. In B. B. Lahey, T. E. Moffitt, & A. Caspi (Eds.), *Causes of conduct disorder and juvenile delinquency* (pp. 153-181). New York: Guilford Press.

Kempf-Leonard, K., & Johansson, P. (2007). Gender and runaways: Risk factors, delinquency, and juvenile justice experiences. *Youth Violence and Juvenile Justice, 5*(3), 308-327.

Kirk, D. S. (2006). Examining the divergence across self-report and official data sources on inferences about the adolescent life course. *Journal of Quantitative Criminology, 22*(2), 107-129.

Klee, L., Krondstadt, D., & Zlotnick, C. (1997). Foster care's youngest: A preliminary report. *American Journal of Orthopsychiatry, 67*(2), 290-299.

Kvigne, V. L., Leonardson, G. R., Neff-Smith, M., Brock, E., Borzelleca, J., & Welty, T. K. (2004). Characteristics of children who have full or incomplete fetal alcohol syndrome. *Journal of Pediatrics, 145*(5), 635-640.

Lacourse, E., Côte, S., Nagin, D. S., Vitaro, F., Brendgen, M., & Tremblay, R. E. (2002). A longitudinal-experimental approach to testing theories of antisocial behavior development. *Development and Psychopathology, 14*(4), 909-924.

Lacourse, E., Nagin, D., Tremblay, R. E., Vitaro, F., & Claes, M. (2003). Developmental trajectories of boys' delinquent group membership and facilitation of violent behaviors during adolescence. *Development and Psychopathology, 15*(1), 183-197.

Landsverk, J., Davis, I., Ganger, W., Newton, R., & Johnson, I. (1996). Impact of child psychosocial functioning on reunification from out-of-home care. *Child and Youth Services Review, 15*, 447-462.

LaPrarie, C. (2002). Aboriginal over-representation in the criminal justice system: A tale of nine cities. *Canadian Journal of Criminology, 44*(2), 181-208.

Lawrence, C. R., Carlson, E. A., & Egeland, B. (2006). The impact of foster care on development. *Development and Psychopathology, 18*(1), 57-76.

Le Blanc, M., & Bouthillier, C. (2003). A developmental test of the general deviance syndrom with adjudicated girls and boys using hierarchical confirmatory factor analysis. *Criminal Behavior and Mental Health, 13*(2), 81-105.

Leathers, S. J. (2005). Separation from siblings: Associations with placement adaptation and outcomes among adolescents in longterm foster care. *Children and Youth Services Review, 27*(7), 793-819.

Leathers, S. J. (2006). Placement disruption and negative outcomes among adolescents in long-term foster care: The role of behavior problems. *Child Abuse and Neglect, 30*(3), 307-324.

LeBlanc, M., & Fréchette, M. (1989). *Male criminal activity from childhood through youth: Multilevel and developmental perspectives*. New York: Springer.

LeBlanc, M., & Loeber, R. (1998). Developmental criminology updated. *Crime and Justice, 23*, 115-198.

Lengua, L. J., West, S. G., & Sandler, I. N. (1998). Temperament as a predictor of symptomatology in children: Addressing contamination of measures. *Child Development, 69*(1), 164-181.

Lien, I. (2005). The role of crime acts in constituting the gang's mentality. In S.H. Decker & F. M. Weerman (Eds.), *European street gangs and troublesome youth groups* (pp. 105-125). Lanham: AltaMira.

Lipsey, M. W., & Derzon, J. H. (1998). Predictors of violent or serious delinquency in adolescence and early adulthood: A synthesis of longitudinal research. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 86-105). Thousand Oaks, CA: Sage.

Loeber, R., Farrington, D. P. Stouthamer-Loeber, M., & Raskin White, H. (Eds.). (2008). *Violence and serious theft: Development and prediction from childhood to adulthood*. New York: Routledge.

Loeber, R., & Dishion, T. (1983). Early predictors of male delinquency: A review. *Psychological Bulletin, 94*(1), 68-99.

Loeber, R., & Farrington, D. P. (2000). Young children who commit crime: Epidemiology, developmental origins, risk factors, early interventions, and policy implications. *Development and Psychopathology, 12*(4), 737-762.

Loeber, R., & LeBlanc, M. (1990). Toward a developmental criminology. *Crime and Justice, 12*, 375-473.

Loeber, R., & Stouthamer-Loeber, M. (1986). Family factors as correlates and predictors of juvenile conduct problems and delinquency. In M. Tonry & N. Morris (Eds.), *Crime and Justice* (7th ed.). Chicago: University of Chicago Press.

Lowenkamp, C. T., Latessa, E. J., & Holsiner, M. A. M. (2006). The risk principle in action: What have we learned from 13,676 offenders and 97 correctional programs? *Crime and Delinquency, 52*(1), 77-93.

Luthar, S., & Rounsaville, B. (1993). Substance misuse and comorbid psychopathology in a high-risk group: A study of cocaine misusers. *International Journal of the Addictions, 28*(5), 415-434.

Marquis, R., Leschied, A. W., Chiodo, D., & O'Neill, A. (2008). The relationship of child neglect and physical maltreatment to placement outcomes and behavioural adjustment in children in foster care: A Canadian perspective. *Child Welfare, 87*(5), 5-25.

McCord, J., McCord, W., & Thurber, E. (1960). The effects of foster-home placement in the prevention of adult antisocial behavior. *Social Service Review, 34*(4), 415-420.

McCrae, J. S., Lee, B. R., Barth, R. P., & Rauktis, M. E. (2010). Comparing three types of well-being outcomes for youth in group care and nonkinship foster care. *Child Welfare, 87*(2), 229-249.

McDonald, T. P., Allen, R. I., Westerfelt, A., & Piliavin, I. (1996). *Assessing the long-term effects of foster care: A research synthesis*. Washington, D.C.: Child Welfare League of America.

McWey, L. M., Cui, M., & Pazdera, A. L. (2010). Changes in externalizing and internalizing problems of adolescents in foster care. *Journal of Family and Marriage, 72*(5), 1128-1140.

Meaney, M. J., Brake, W., & Gratton, A. (2002). Environmental regulation of the development of mesolimbic dopamine systems: A neurobiological mechanism for vulnerability to drug abuse? *Psychoneuroendocrinology, 27*(1-2), 127-138.

Ministry of Children and Family Development. (2004). *Standards for Youth Support Services*. Victoria: Ministry of Child and Family Development.

Ministry of Children and Family Development. (2008). *Child in Care Cost Driver Analysis*. Unpublished Document.

Ministry of Children and Family Development. (2010). Child protection: What you need to know about investigation. Victoria, Ministry of Child and Family Development.

Ministry of Children and Family Development. (2011a). Foster care education program. Retrieved from *http://www.mcf.gov.bc.ca/foster/pdf/foster_care_education.pdf*.

Ministry of Children and Family Development. (2011b). Fostering youth. Retrieved from *http://www.mcf.gov.bc.ca/foster/youth.htm*.

Ministry of Children and Family Development. (2011c). Levels of care. Retrieved from *www.mcf.gov.bc.ca/foster/levels.htm#1*.

Ministry of Children and Family Development. (2011d). Programs and services. Retrieved from *http://www.mcf.gov.bc.ca/yfps/programs.htm*.

Ministry of Children and Family Development. (2011e). Statement on open protection reports. Retrieved from *http://www.mcf.gov.bc.ca/about_us/open_protection_reports.htm*.

Ministry of Children and Family Development. (2011f). The steps to fostering. Retrieved from *http://www.mcf.gov.bc.ca/foster/steps.htm*.

Ministry of Children and Family Development. (2011g). Youth custody services. Retrieved from *http://www.mcf.gov.bc.ca/youth_justice/custody.htm*.

Ministry of Children and Family Development. (2013). British Columbia MCFD boundaries: Service delivery areas. Retrieved from http://www.mcf.gov.bc.ca/sda/pdfs/map_office_locations.pdf

Moffitt, T. E. (1993). Adolescence-limited and life-course persistent antisocial behavior: A developmental taxonomy. *Psychological Review, 100*(4), 674-701.

Morely, J. (2004). Letter from Jane Morely. Retrieved from *http://www.rcybc.ca/Groups/Archived%20Reports/asking_questions_aug_4_05.pdf*.

Mulder, E. (2010). *Unraveling serious juvenile delinquency: Risk and needs assessment by classification into subgroups* (Unpublished doctoral dissertation). Erasmus University Rotterdam, Rotterdam.

Mulder, E., Brand, E., Bullens, R., & van Marle, H. (2010). A classification of risk factors in serious juvenile offenders and the relation between patterns of risk factors and recidivism. *Criminal Behavior and Mental Health, 20*(1), 23-38.

Munch, C. (2012). Youth correctional statistics in Canada, 2010/2011. *Juristat* (Cat. No. 85-002-X). Ottawa: Statistics Canada.

Murphy, A., Chittenden, M., & McCreary Centre Society. (2005). *Time out II: A profile of BC youth in custody*. Vancouver: McCreary Centre Society.

Murray, J., & Farrington, D. P. (2005). Parental imprisonment: Effects on boys' antisocial behaviour and delinquency through the life-course. *Journal of Child Psychology and Psychiatry, 46*(12), 1269-1278.

Nagin, D., & Paternoster, R. (2000). Population heterogeneity and state dependence: State of the evidence and directions for future research. *Journal of Quantitative Criminology, 16*(2), 117-144.

Nagin, D. S., & Tremblay, R. E. (2001). Parental and early childhood predictors of persistent physical aggression in boys from kindergarten to high school. *Archives of General Psychiatry, 58*(4), 389-394.

Neff, J. L., & Waite, D. E. (2007). Male versus female substance abuse patterns among incarcerated juvenile offenders: Comparing strain and social learning variables. *Justice Quarterly, 24*(1), 106-132.

Nelson, S. E., & Dishion, T. J. (2004). From boys to men: Predicting adult adaptation from middle childhood sociometric status. *Development and Psychopathology, 16*(2), 441-459.

Newton, R. R., Litrownik, A. J., & Landsverk, J. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect, 24*(10), 1363-1374.

Onifade, E., Davisdson, W., Lirsey, S., Turke, G., Horton, C., Milinowski, J., et al. (2008). Risk assessment: Identifying patterns of risk in young offenders with the Youth Level of Service/Case Management Inventory. *Journal of Criminal Justice, 36*(2), 165-173.

Paley, B., O'Connor, M. J., Frankel, F., & Marquardt, R. (2006). Predictors of stress in parents of children with fetal alcohol spectrum disorders. *Journal of Developmental and Behavioral Pediatrics, 27*(5), 396-404.

Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *Antisocial boys*. Eugene, OR.: Castalia.

Penner, E. K., Roesch, R., & Viljoen, J. L. (2011). Young offenders in custody: An international comparison of mental health services. *International Journal of Forensic Mental Health, 10*(3), 215-232.

Perry, B. (1994). Neurobiological sequelae in childhood trauma: Post-traumatic stress disorders in children. In M. Murberg (Ed.), *Catecholamine function in post traumatic stress disorder: Emerging concepts* (pp. 253-276). Washington: American Psychiatric Press.

Perry, B. (1997). Incubated in terror: Neurodevelopmental factors in the "cycle of violence". In J. Osofsky (Ed.), *Children in a violent society: The search for solutions* (pp. 124-148). New York: Guilford Press.

Pilowsky, D. J., & Wu, L. T. (2006). Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. *Journal of Adolescent Health, 38*(4), 351-358.

PLEA Community Services, & The Assante Centre for Fetal Alcohol Syndrome. (2005). *Specialized assessment and program pilot project for young offenders with FASD: Final report*. Ottawa: Department of Justice Canada.

Preski, S., & Shelton, D. (2001). The role of contextual, child and parent factors in predicting criminal outcomes in adolescence. *Issues in Mental Health Nursing, 22*(2), 197-205.

Putnins, A. (2006). Substance use among young offenders: thrills, bad feelings, or bad behavior? *Substance Use & Misuse, 41*(3), 415-422.

Representative for Children and Youth. (2012). Legislation: History of the Act. Retrieved from *http://www.rcybc.ca/Content/Publications/Legislation.asp*.

Roach, K., & Rudin, J. (2000). Gladue: The judicial and political reception of a promising decision. *Canadian Journal of Criminology, 42*(3), 355-388.

Ryan, J. P., Hong, J. S., Herz, D., & Hernandez, P. M. (2010). Kinship foster care and te risk of juvenile delinquency. *Children and Youth Services Review, 32*(12), 1823-1830.

Ryan, J. P., Marshall, J. M., Herz, D., & Hernandez, P. M. (2008). Juvenile delinquency in child welfare: Investigating group home effects. *Children and Youth Services Review, 30*(9), 1088-1099.

Ryan, J. P., & Testa, M. F. (2005). Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. *Children and Youth Services Review, 27*(3), 227-249.

Sapers, H., & Leonard, C. (1996). Young Offenders Act amendments- Principled reform? In J.A. Winterdyk (Ed.), *Issues and perspectives on young offenders in Canada* (pp. 79-100). Toronto: Harcourt Brace and Company.

Schaeffer, C. M., Petras, H., Ialongo, N., Poduska, J., & Kellam, S. (2003). Modeling growth in boys' aggressive behavior across elementary school: links to later criminal involvement, conduct disorder, and antisocial personality disorder. *Developmental Psychology, 39*(6), 1020-1035.

Simons, R. L., Johnson, C., & Elder, G. (1998). A test of latent trait versus life-course perspectives on the stability of adolescent antisocial behavior. *Criminology, 36*(2), 217-244.

Sinclair, M., Bala, N., Lilles, H., & Blackstock, C. (2004). Aboriginal child welfare. In N. Bala, M. K. Zapf, R. J. Williams, R. Vogl, & J. P. Hornick (Eds.), *Canadian Child Welfare Law: Children, Families and the State* (2nd ed., pp. 199-244). Toronto: Thompson Educational Publishing.

Snyder, J., Cramer, A., Afrank, J., & Patterson, G. R. (2005). The contributions of ineffective discipline and parental hostile attributions of child misbehavior to the development of conduct problems at home and school. *Developmental Psychology, 41*(1), 30-41.

Statistics Canada (2011). Age groups and sex of foster children, for both sexes, for Canada, provinces and territories. Retrieved from http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/hlt-fst/fam/Pages/highlight.cfm?TabID=1&Lang=E&Asc=1&PRCode=01&OrderBy=999&Sex=1&tableID=304.

Stouthamer-Loeber, M., & Loeber, R. (2001). Maltreatment of boys and the development of disruptive and delinquent behavior. *Development and Psychopathology, 13*, 941-955.

Streissguth, A. P., Bookstein, F. L., Barr, H. M., Sampson, P. D., O'Malley, K., & Young, J. K. (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *Developmental and Behavioral Pediatrics, 25*(4), 228-238.

Strijker, J., Knorth, E. J., & Knot-Dickscheit, J. (2008). Placement history of foster children: A study of placement history and outcomes in long-term family foster care. *Child Welfare, 87*(5), 107-124.

Sundheim, S. T. P. V., & Voellere, K. K. S. (2004). Psychiatric implications of language disorders and learning disabilities: Risks and management. *Journal of Child Neurology, 19*(10), 814-826.

Sweeten, G., Piquero, A.R., & Steinberg, L. (2013). Age and the explanation of crime, revisted. *Journal of Youth and Adolescence,* [Epub ahead of print].

Taussig, H. N. (2002). Risk behaviors in maltreated youth placed in foster care: A longitudinal study of protective and vulnerability factors. *Child Abuse & Neglect, 26*(11), 1179-1199.

Taussig, H. N., Clyman, R. B., & Landsverk, J. (2001). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics, 108*(1), e10-e17.

Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry, 59*(12), 1133-1143.

Thompson Jr., R. G., & Auslander, W. F. (2007). Risk factors for alcohol and marijuana use among adolescents in foster care. *Journal of Substance Abuse Treatment, 32*(1), 61-69.

Thornberry, T. P., & Krohn, M. D. (2000). The self-report method for measuring delinquency and crime. *Criminal Justice, 4*, 33-83.

Thornberry, T. P., Lizotte, A. J., Krohn, M. D., Farnworth, M., & Jang, S. J. (1994). Delinquent peers, beliefs and delinquent behavior: A longitudinal test of interactional theory. *Criminology, 32*(1), 47-83.

Thornberry, T. P., Lizotte, A. J., Krohn, M. D., Smith, C. A., & Porter, P. K. (2003). Causes and consequences of delinquency: Findings from the Rochester Youth Development Study. In T.P. Thornberry & M. D. Krohn (Eds.), *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies* (pp. 11-46). New York: Kluwer/Plenum.

Torgersen, S., Kriglen, E., & Cramer, V. (2001). The prevalence of personality disorders in a community sample. *Archives of General Psychiatry, 58*(6), 590-596.

Trocmé, N., Knoke, D., & Blackstock, C. (2004). Pathways to the over-representation of Aboriginal children in Canada's child welfare system. *Social Service Review, 78*(4), 577-600.

Usher, C. L., Randolph, K. A., & Gogan, H. C. (1999). Placement patterns in foster care. *Social Service Review, 73*(1), 22-36.

UN Committee on the Rights of the Child (CRC), *UN Committee on the Rights of the Child: Concluding Observations: Canada* (advanced unedited version), 5 October 2012, CRC/C/CAN/CO/3-4, available at: http://www2.ohchr.org/english/bodies/crc/docs/co/CRC-C-CAN-CO-3-4_en.pdf [accessed 12 December 2012].

Verrecchia, P. J., Fetzer, M. D., Lemmon, J. H., & Austin, T. L. (2010). An examination of direct and indirect effects of maltreatment dimensions and other ecological risks on persistent youth offending. *Criminal Justice Review, 35*(2), 220-243.

Vig, S., Chinitz, S., & Shulman, L. (2005). Young children in foster care: Multiple vulnerabilities and complex service needs. *Infants and Young Children, 18*(2), 147-160.

Vincent, G. M., Odgers, C. L., McCormick, A. V., & Corrado, R. R. (2008). The PCL:YV and recidivism in male and female juveniles: A follow-up into young adulthood. *International Journal of Law and Psychiatry, 31*(3), 287-296.

Webster, D., Barth, R. P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare, 79*(5), 614-632.

Weerman, F. M., Harland, P., & van der Laan, P. H. (2007). Misbehavior at school and delinquency elsewhere: A complex relationship. *Criminal Justice Review, 32*(4), 358-379.

West, D.P. (1982). *Delinquency, its roots, careers, and prospects.* Cambridge: Harvard University Press.

What worries critics about omnibus crime bill (2012, June 3). CBC News. Retrieved from http://www.cbc.ca/news/canada/story/2012/03/06/f-bill-c10-objections.html.

Wilson, M. N., & Woods, L. N. (2006). Iatrogenic outcomes of the child welfare system: Vulnerable adolescents, peer influences, and instability in foster care arrangemenets. In K.A. Dodge, T. J. Dishion, & J. E. Lansford (Eds.), *Deviant peer influences in programs for youth: Problems and solutions* (pp. 203-214). New York: Guilford Press.

Windle, M., & Windle, R. C. (1996). Coping strategies, drinking motives, and stressful life events among adolescents: Associations with emotional and behavioral problems, and academic functioning. *Journal of Abnormal Psychology, 105*(4), 551-560.

Wolfgang, M. E., Figlio, R. M., & Sellin, T. (1972). *Delinquency in a birth cohort*. Chicago: University of Chicago Press.

Cases Cited

R. v. B.W.P.; R. v. B.V.N., [2006] 1 S.C.R. 941, 2006 SCC 27.

Statutes Cited

Representative for Children and Youth Act, S.B.C. 2006, c. 29.

Child and Family Services Act, S.Y. 2008, c.1.

Child, Family and Community Service Act, R.S.B.C. 1996, c.46

Criminal Records Review Act, R.S.B.C. 1996, c. 86.

Criminal Code of Canada, R.S.C. 1985 c. C-46.

Juvenile Delinquents Act, S.C. 1908, c-40.

Mental Health Act, R.S.B.C. 1996, c. 288.

Young Offenders Act, R.S.C. 1985, c. Y1.

Youth Criminal Justice Act, S.C. 2002, C. 1.

Appendices

Appendix A.

Best Interest of the Child

From *Child, Family and Community Service Act*, R.S.B.C. 1996, c. 46.

4 (1) Where there is a reference in this Act to the best interests of a child, all relevant factors must be considered in determining the child's best interests, including for example:

(a) the child's safety;

(b) the child's physical and emotional needs and level of development;

(c) the importance of continuity in the child's care;

(d) the quality of the relationship the child has with a parent or other person and the effect of maintaining that relationship;

(e) the child's cultural, racial, linguistic and religious heritage;

(f) the child's views;

(g) the effect on the child if there is delay in making a decision.

(2) If the child is an aboriginal child, the importance of preserving the child's cultural identity must be considered in determining the child's best interests.

Appendix B.

Committal to Custody

From *Youth Criminal Justice Act*, S.C. 2002, c. 1

39. (1) A youth justice court shall not commit a young person to custody under section 42 (youth sentences) unless

(a) the young person has committed a violent offence;

(b) the young person has failed to comply with non-custodial sentences;

(c) the young person has committed an indictable offence for which an adult would be liable to imprisonment for a term of more than two years and has a history that indicates a pattern of either extrajudicial sanctions or of findings of guilt or of both under this Act or the *Young Offenders Act*, chapter Y-1 of the Revised Statutes of Canada, 1985; or

(d) in exceptional cases where the young person has committed an indictable offence, the aggravating circumstances of the offence are such that the imposition of a non-custodial sentence would be inconsistent with the purpose and principles set out in section 38.