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An Exploration of Gender Differences in Higher Risk Young Offenders: Implications for Assessment and Service Delivery

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Psychology

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GENDER DIFFERENCES IN YOUNG OFFENDERS

Abstract

Current research examining services for male and female youth in the criminal justice system has focused primarily on males and then generalizes findings to reflect the needs of females. However, more recent literature has identified critical differences between males and females involved in the youth criminal justice system, recognizing that females have unique concerns that need to be reflected in services and interventions. This study examined 277 high-risk, violent and chronic offending youth referred to an urban-based court clinic between the years 2010-2015. The youths' files contained information related to psychological functioning, family history, and information related to outside agencies regarding pathways and risk factors leading to antisocial behaviour. This study provides an in-depth understanding of gender differences in a current court clinic sample of youth relating to the potential barriers to accessing services.

GENDER DIFFERENCES IN YOUNG OFFENDERS

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Table of Contents

Abstract i

Acknowledgements ii

Table of Contents iii

List of Tables iv

List of Appendices v

Introduction 1

 Theoretical Framework 1

Literature Review 2

 Male and Female Youth in the Canadian Criminal Justice System 2

 Gender Similarities and Differences Within Criminal Justice System-Involved Youth 3

 Gender-Specific Services 13

 Recommendations for Female-Specific Services 15

 Access and Barriers to Services 17

 Research Questions 18

Method 18

 Participants 18

 Procedure 21

 Measures 22

Results 32

 Descriptive Analyses 33

 Secondary Analyses 47

Discussion 50

 Summary 67

References 69

Curriculum Vitae 76

GENDER DIFFERENCES IN YOUNG OFFENDERS

List of Tables

Table 1. Participant demographics	20
Table 2. Offences committed	34
Table 3. Court Clinic Recommendations	37
Table 4. Mental Health Diagnoses	40
Table 5. Mental Health Features	42
Table 6. Poverty Indicators	46

List of Appendices

Appendix A: Consent Letter of Understanding 76
Appendix B: Research Ethics Board Approval 77
Appendix C: Data Retrieval Instrument Manual 78
Appendix D: Court Clinic Intake Form 97

Introduction

The adolescent years represent the developmental period of greatest risk for youth becoming involved in criminal activity (Piquero, Farrington, & Blumstein, 2003). Literature examining intervention services for male and female youth in the criminal justice system primarily focuses on males and only then attempts to generalize those findings to reflect the needs of females (Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014; Hubbard & Pratt, 2002; Zahn, Hawkins, Chiancone, & Whitworth, 2008). Recent literature, however, has identified critical differences between males and females involved in the youth criminal justice system, recognizing that females have unique needs. It has been suggested that the pathways leading female youth to committing crime are unique relative to male youth and therefore females should have access to services that reflect and address these unique needs (Auty, Farrington, & Coid, 2015; Conrad et al., 2014; Cummings, Hoffman & Leschied, 2004; Hubbard & Pratt, 2002; Odgers, Moretti, & Reppucci, 2010).

Further, the current literature is strongly driven by a focus on males in the youth criminal justice system and these findings do not necessarily translate into gender-informed programming and services for females. This study provides an in-depth examination of gender differences, and makes recommendations to assist the courts regarding which services are most critical in meeting the differentiated needs of males and females.

Theoretical Framework

The social psychology of crime suggests that an individual's behaviour is based on learned behaviours and are a result of an individual's interactions and experiences with their social environment (Andrews & Bonta, 2010). The current study examined male and female youth in the criminal justice system through the social psychology of crime theory, investigating the social and environmental factors that lead to the understanding of youth offending.

Andrews and Bonta (2010) have identified several major risk factors linked to criminal behaviour, which include antisocial personality patterns, pro-criminal attitudes, antisocial associates, substance abuse, antisocial behavioural history, and problematic conditions in the domains of home and family relationships, school, work and recreational activities. The present study examined these factors and how they relate to male and female youth respectively.

Literature Review

Male and Female Youth in the Canadian Criminal Justice System

The *Youth Criminal Justice Act (YCJA)* governs Canada's Youth Justice System and applies to youth between the ages of 12-17 years that have come into conflict with the law (Government of Canada, 2015). In Canada in 2015, approximately 92,000 youth were accused of a criminal offence, which is consistent with the trend of decreasing crime rates that began in the 1990s. Of the youth who were accused of a criminal offence in 2015, 45% were formally charged by police and 55% were dealt with by other means including diversion and alternative measures. The rate of youth being dealt with by means other than a formal charge has been higher than the rate of youth who are formally charged since the implementation of the *Youth Criminal Justice Act* in 2003 (Statistics Canada, 2015). The male youth crime rate continues to show a large disparity compared to the female youth crime rate, averaging about a 3:1 male to female ratio (Milligan, 2010; Public Safety Canada, 2012). Belknap (2014) attributes the lack of focus on interventions for female offenders to the gender gap in offending, stating that because the gender gap increases with the severity of offences, female offending and treatment has remained invisible until recent years.

According to Statistics Canada (2014), most completed youth court cases in 2013-2014 involved non-violent crime (71%), with the top five case types consisting of theft (12%), common assault (9%), break and enter (8%), failure to comply with a probation order (7%), and

mischievous (6%). In general, male and female youth tend to commit similar types of crimes. When examined by gender, the most common offences committed by males are theft under \$5000, mischief and drug offences. The most common offences committed by females are theft under \$5000, common assault and administration of justice violations (Public Safety Canada, 2012). Statistics Canada data from 2014 reports that the majority of offenders in all crimes were male, with the exception of prostitution.

The present study examined higher risk and violent offending youth, as these are the type of offenders often referred to court clinic services to meet further rehabilitative needs. Statistics Canada data from 2014 suggests that the rate for violent crime among Canadian youth is 1,273 per 100,000 youth aged 12-17 (Statistics Canada, 2014). Violent offenses comprise about one-quarter of all apprehended youth (Canadian Centre for Justice Statistics, 2006). A small proportion of repeat offenders are responsible for the majority of court-related activity (Carrington, Matarazzo, & DeSouza, 2005), which demonstrates the importance of rehabilitative services for chronic young offenders.

It is important to note that there is no single trajectory for male and female youth's pathways to antisocial behaviour. Some children may exhibit delinquent behaviours early on and demonstrate a decline in these behaviours as they grow older; others may have antisocial behaviours that persist as they age; for some, delinquency may not emerge until later into the adolescent years. Despite these unique trajectories, studies have found that male delinquent behaviour persists longer than female delinquent behaviour (Moretti, Odgers, & Jackson, 2004).

Gender Similarities and Differences Within Criminal Justice System-Involved Youth

Compared to the general population, youth in the criminal justice system demonstrate higher rates of family instability, mental health issues, substance use and antisocial attitudes (Adams et al., 2013; Bala, Finlay, Filippis & Hunter, 2015; Leschied & Cummings, 2002).

Although many risk factors and the type of offences committed by male and female youth are similar, current research has identified several key differences between male and female youth involved in the criminal justice system. For the purposes of this study, these aspects are divided into areas that reflect the factors identified by Andrews and Bonta (2010) and recent literature as leading to criminal justice system involvement. The factors include family dynamics and abuse, educational attainment, mental health, substance use, sexual behaviour, poverty and peer relationships.

Family Dynamics and Abuse

Youth who experience family disruption and disorganization tend to have higher rates of delinquency (Wong, 2012). Contributors to this link may include weak parental attachment, low academic involvement, emotional issues, and disadvantages when it comes to accessing resources (Kierkus & Baer, 2002). Females in the youth criminal justice system have greater family and parenting issues than males, with family relationships having a greater effect on female delinquency (Gavazzi, Yarcheck, & Chesney-Lind, 2006; Hubbard & Pratt, 2002). In a Florida study of 319 delinquent females, 61% had committed an offense against a family member (Patino, Ravoira, & Wolf, 2006).

Parental criminal justice system involvement has also been found to contribute to a youth's pathway into the criminal justice system. In a study of intergenerational transmission of criminal offending, Auty et al. (2015) found that females whose mothers had been convicted of a criminal offence were more likely to be convicted of a criminal offence themselves. Males were more likely to be convicted of a criminal offence if either their mother or father had been previously convicted. Auty et al. (2015) point out that this finding is likely due to an indirect transmission of poor coping skills in response to negative life events rather than a direct transmission where parents communicate their attitudes and behaviours in support of criminal

behaviour to their children. This study also found gender differences in the strongest predictors of youth becoming involved in criminal activity in terms of parental behaviours. Poor parental supervision was the strongest predictor for male convictions and harsh parental discipline and paternal cohabitation problems were the strongest predictors for female convictions. Many family environmental factors can contribute to a child's pathway into the criminal justice system, such as parental antisocial behaviour and substance use, which could lead to difficulty in effective parenting (Auty et al., 2015).

A substantial percentage of offenses committed by girls may reflect adaptive strategies for those who are experiencing abuse and disorder at home (Cooney, Small, & O'Connor, 2008). In the United States, research has shown that females tend to be arrested for crimes that are less serious than males, which has been reflected in the status offenses of running away and breaking curfew (Chesney-Lind & Sheldon, 2014). Chesney-Lind and Sheldon (2014) report that male and female youth run away from home at similar rates; however, they may be leaving home for different reasons.

Females are more likely to be victims of sexual abuse than males. In 2005, females under the age of 18 were almost 4 times more likely to be sexually assaulted than males. When examining sexual abuse committed by a family member, female rates of abuse were 3 times higher than that of their male counterparts (Canadian Centre for Justice Statistics, 2007). Chesney-Lind and Sheldon (2014) state that as many as two-thirds to three-quarters of females who are placed in shelters and juvenile detention facilities have been victims of sexual abuse. Conrad et al. (2014) found that a history of childhood sexual abuse was a salient predictor of recidivism in females while not a predictor for males. Studies in the area of gender differences in victims of childhood sexual abuse have found that female victims display more internalized

behaviours, whereas males display more externalizing behaviours (Chandy, Blum, & Resnick, 1996; Maschi, Morgen, Bradley, & Hatcher, 2008). A link has been found between female sexual abuse victims' internalizing symptoms and externalizing behaviours, indicating a potential mediating effect. For males, the link between childhood victimization and externalizing behaviours is direct (Maschi et al., 2008). This emphasizes the differences between male and female experiences of risk factors leading to crime.

Corrado, Leschied, Lussier, and Whatley (2015) report that girls who are at risk of engaging in antisocial and aggressive behaviours were themselves victims of violence and maltreatment. Youth who have been physically abused are more likely to be arrested than those who have not been abused (Yoder, Bender, Thompson, Ferguson, & Haffeejee, 2014). Females are more likely to be physically abused than males, and therefore females are more likely to display delinquent behaviours as a result of the abuse (Hubbard & Pratt, 2002). It has also been reported that females are more likely than males to experience depression, self-injurious behaviour and suicide as a result of maltreatment (Leschied, Cummings, Van Brunschot, Cunningham, & Saunders, 2001).

Youth under the supervision of child welfare agencies are overrepresented in the youth criminal justice system and there are currently no policies in Ontario that address the needs of these vulnerable individuals (Bala et al., 2015). An Ontario study of 250 youth in open detention and custody facilities found that 48% reported a previous history of child welfare involvement (Office of Child and Family Services Advocacy, 2007). A study conducted in British Columbia of over 50,500 children involved in the child welfare system found that a higher proportion of the youth in care became involved in the youth justice system (36%) than graduated from high school (25%) (British Columbia Representative for Children and Youth & Office of the

Provincial Health Officer, 2009). Child welfare and alternative care involvement is associated with high-risk and chronic offending (Day et al., 2011). Corrado et al. (2015) report that youth in the child welfare system are nearly seven times more likely to be charged with criminal offenses than children who are not in the welfare system. They also state that nearly two-thirds (65%) of children in the welfare system have diagnosed mental health disorders, compared to less than one-sixth (17%) of children who are not in the system. A history of parental maltreatment has been found to be related to both involvement in child welfare and youth criminal justice systems. Youth in the child welfare system often do not have a parent to advocate for their needs, and children needing support may not receive it outside of their Children's Aid Society (CAS) worker's office hours (Bala et al., 2015).

Educational Attainment

Numerous studies have found a link between educational attainment and criminal behaviour. More specifically, a lack of educational attainment has been determined to be a major risk factor for youth crime (Bunge, Johnson, & Baldé, 2005). Alvi (2012) posits that this is likely due to the association between less educational attainment experience and more underemployment and unemployment, which can be linked to an increased likelihood of becoming more involved with high-risk behaviours such as drug use.

Poverty has also been found to be a predictor of educational attainment, where children living in poverty are more likely to experience academic difficulties (Lipman & Boyle, 2008). Children living in poverty are more likely to experience behavioural disorders, such as conduct problems and oppositional and defiant behaviours, than children who do not come from low socioeconomic families (Lipman & Boyle, 2008), which could contribute to their greater likelihood of academic difficulties. As noted above, there can be several overlapping and

interacting factors, such as poverty and educational attainment that create the pathway to a youth's involvement in the criminal justice system.

Research examining gender differences in educational attainment as it relates to criminal justice system involvement is scarce, and therefore will be examined in this study to determine any potential factors demanding attention in the development of intervention services.

Mental Health

It is estimated that 20% of Canada's youth experience a mental health disorder (Leschied, 2011). Compared to the general population, youth involved in the criminal justice system are more likely to exhibit mental health problems (Adams et al., 2013). Several studies of youth in the criminal justice system have identified higher rates of mental health issues, comorbid disorders and traumatic experiences in females than males (Corrado et al., 2015; Gavazzi et al., 2006; Timmons-Mitchell et al., 1997; Zahn et al., 2008). Particularly prevalent among young female offenders is post-traumatic stress disorder (PTSD), depression, and attention-deficit hyperactivity disorder (ADHD) (Moretti et al., 2004). It has further been suggested that adolescent females are the population with the most psychiatric issues in correctional settings (Odgers et al., 2010). In a study of 173 youth assessed at two detention facilities in the United States, 84% of females and 27% of males displayed mental health disorders (Timmons-Mitchell et al., 1997).

There is an overlap in conditions that account for both criminal behaviour and mental health issues (Leschied, 2011). Research has found that socioeconomic status is inversely related to mental illness, with those who have a higher socio-economic status demonstrating lower rates of mental illness (Health Canada, 2002). Several reasons for this relationship have been proposed, including those persons who are struggling with a mental illness may experience greater difficulty with educational attainment thus leading to unemployment or

underemployment (Health Canada, 2002). Another proposed explanation is that those living in poverty undergo experiences that increase their likelihood of developing mental health problems (Health Canada, 2002). Lipman and Boyle (2008) report that children living in poverty are three times more likely to have a mental health problem than children who are not living in poverty. Public Safety Canada (2012) estimates that only one in five children who need mental health services actually receive them.

An evaluation of Toronto's first mental health court found that the majority of youth's mental health issues were indirectly related to their offending behaviour, indicating that criminogenic needs must be addressed when treating young offenders. An indirect relationship between mental health issues and offending refers to situations where alternative factors, such as delinquent peer groups or pro-criminal attitudes, are primarily associated with offending behaviour and the youth is experiencing mental health issues that act as a barrier to accessing treatment and intervention. An indirect relationship may also occur if a youth's mental health issues directly affect their criminogenic needs, such as anxiety leading the individual to be absent from school, and thus associate with delinquent peers and engage in criminal behaviour. A small proportion of youth demonstrate a direct relationship between mental health and offending behaviour, where offences occur during a state of mental distress, such as a psychotic episode, or the offence supports an ongoing mental health problem, such as illegal substance use by an individual with substance abuse issues. In this particular study, 21% of the population demonstrated a direct relationship between mental health and offending behaviour, and 69% exhibited an indirect relationship (Davis, Peterson-Badali, Weagant, & Skilling, 2015). The current study will extend these findings in examining direct and indirect effects of mental health on criminal offending through a gendered perspective.

Substance Use

Substance use is associated with delinquency and criminal justice system involvement for both male and female youth (Adams et al., 2013). There have been mixed findings when examining gender differences in the abuse of drugs and alcohol by youth in the criminal justice system (Moretti et al., 2004); however, research consistently demonstrates that delinquent behaviour is significantly more prevalent in youth who consume alcohol and drugs (Public Safety Canada, 2012). Some youth may use illegal substances and alcohol as a form of self-medication to cope with toxic environments, untreated trauma, and mental health issues (Canadian Centre on Substance Abuse, 2007). This again reinforces the idea that pathways to criminal behaviour are complex, with overlapping and interacting factors.

Sexual Behaviour and Relationships

Girls with antisocial partners tend to engage in more criminal behaviour and violence, whereas partner selection has not been found to have an effect on male criminal involvement (Odgers et al., 2010). Delinquent females are more likely to be intimately involved with deviant male partners, whereas this pattern has not been found among delinquent boys. In Auty et al.'s (2015) study of intergenerational transmission of criminal offending they found that, of the criminally convicted fathers included in the study, 24% had a female partner who had been previously convicted of a criminal offence. In this same study, 88% of the convicted mothers had a male partner who had been previously convicted of a criminal offence.

Delinquent females engage in sexual activities at an earlier age than non-delinquent females and they are at a greater risk for contracting sexually transmitted infections and becoming pregnant (Miller, Leve, & Kerig, 2012). Youth who are born to teenage mothers, or those adolescent females who are mothers themselves, experience more negative consequences such as a lack of education and employment potential, poor attachment, behaviour problems, and

poverty (Gaetz, O'Grady, Buccieri, Karabanow, Marsolais, 2013). Both poverty and homelessness create the conditions for caring for a newborn that are even more difficult for an adolescent mother, who will often experience depression, anxiety, shame and guilt (Paquette & Bassuk, 2009). Some females in the youth criminal justice system are pregnant at the time of incarceration (Cooney et al., 2008).

Peer Relationships

Peer influences have been identified as a strong predictor of adolescent behaviour. Time spent with peers and an importance placed on social relationships increases as children reach their teenage years (Brown, 1990). Peers play a significant role in influencing adolescents' behaviour. Antisocial peers may reinforce antisocial beliefs and values around crime and violence, while also maintaining isolation from more prosocial peers (Leschied, 2011).

Although delinquent peer association is a predictor for delinquency for both male and female youth, Piquero, Gover, MacDonald, and Piquero (2005) report that this relationship is stronger for males compared to females. Social learning theory provides an explanation for this finding, stating that males are more likely to have friends that support and facilitate delinquent behaviour and that girls who spend time in groups with male peers are more likely to engage in delinquent behaviour than girls who only associate with other females (Piquero et al., 2005). In terms of co-offending patterns, all-male groups are most common and all-female groups are least common. Overall, despite peers playing a significant role in influencing adolescent delinquent behaviour, research has found that co-offending is not the norm in youthful offending, as lone offending occurs more often than group and co-offending (Carrington & van Mastrigt, 2013).

Male and female youth also differ in how they interact with peers. Studies on aggression in the youth criminal justice population have found higher rates of relational aggression in girls and higher rates of physical aggression in boys (Leschied & Cummings, 2002). Moretti et al.

(2004) define relational aggression as both direct and indirect behaviours. For example, acts may be more direct, such as an individual telling a peer that they cannot attend their party unless given a bribe, or may be more covert, such as giving the silent treatment or spreading rumours. Typical displays of female aggression include social exclusion, isolation, gossip, rumour spreading, and public humiliation. Females place a particular importance on interpersonal relationships, and acceptance or rejection can play a critical role in interpersonal interactions. Female aggression tends to be expressed relationally in private contexts and towards significant others. Aggression may be triggered when an interpersonal relationship is threatened or devalued (Moretti et al., 2004). Moretti et al. (2004) report that females who possess a high rejection sensitivity and have poor self-regulatory abilities are particularly vulnerable to aggressive behaviour towards significant others in their lives, as well as personal and interpersonal difficulties. Despite higher rates of relational aggression in females, males also demonstrate this type of aggression with peers (Moretti et al., 2004).

Poverty

In Canada one in ten children are currently living in poverty and this number increases to one in every four children for those belonging to First Nations and Inuit communities (Canadian Make Poverty History Campaign, 2015). Poverty has been linked to criminal justice system involvement for youth, as well as to other risk factors leading to criminal activity, including poor educational attainment, mental health problems, substance use and association with delinquent peers (Health Canada, 2002; Lipman & Boyle, 2008; Yoder et al., 2014). The rate of violent offences committed by youth are higher in neighbourhoods with higher proportions of low-income earners, dwellings needing major repairs, visible minority residents, and residents without a high school diploma (Savoie, Bédard, & Collins, 2006).

Parents who have a history of criminal involvement tend to live in economically and socially disadvantaged circumstances, which in turn increases the likelihood of their children becoming involved in the criminal justice system as well (Auty et al., 2015). Poverty may limit a family's ability to provide children with the opportunity for participation in prosocial leisure activities (Bunge, Johnson, & Baldé, 2005), and as Andrews and Bonta (2010) have pointed out, aimless use of leisure time is an established risk factor leading youth to crime.

Homelessness is a risk factor associated with criminal justice system involvement (Yoder et al., 2014). Homelessness presents a number of risk factors that are related to criminal activity, which include association with delinquent peers and substance use (Yoder et al., 2014). In a sample of over 600 homeless and runaway youth, Chapple, Johnson, and Whitbeck (2004) found that over half reported being arrested at least once. This study also found that association with negative peer groups had a greater effect on arrest rates for homeless males than females. Whitbeck, Johnson, Hoyt and Cauce (2004) found that drug abuse rates were 10 times higher for homeless males and 17 times higher among homeless females than in a sample of non-homeless youth.

Gender-Specific Services

Chronic offenders are at an increased risk for a variety of negative outcomes including repeat incarceration, involvement in the adult criminal justice system, substance use, high-risk sexual behaviour, and poor academic achievement. As a result, services that effectively meet the specific needs of youth are necessary to reduce recidivism and continued justice system involvement (Conrad et al., 2014). Studies show that treatment programs need to target criminogenic needs, reflecting those areas of the young offender's life that are most related to criminal behaviour in order to be effective (Hubbard & Pratt, 2002). Gender-specific programming means that interventions for males and females are developed with an

understanding of the contribution that gender-role socialization has on pathways and risk factors leading to crime (Leschied & Cummings, 2002). The increase in violent offences by female young offenders reinforces the need for gender-specific interventions (Hubbard & Pratt, 2002).

Numerous services currently in place to work with justice-involved youth do not address the specific factors that have been identified as risk factors for female youth who commit crime. For example, many Risk-Need-Responsivity Assessments that aim to reduce continued delinquency in both male and female youth do not address abuse history, a factor found to be significant in predicting female reoffending (Conrad et al., 2014). Leschied and Cummings (2002) have identified that many services outlined to reduce violence were designed for boys and service providers have attempted to fit girls into these existing programs.

Research by Gavazzi et al. (2006) in the United States found that services provided in many detention facilities address basic needs, such as education and health care. However, they do not provide family-based services, which has been identified as a need for young female offenders. Some Canadian gender-specific services have been created in recent years, but there is limited information in regards to longer-term effectiveness and it is unknown as to whether these services are actually being accessed by the youth who need them.

Bernfeld, Farrington and Leschied (2003) outlined numerous studies that have sought to evaluate the effectiveness of justice-involved youth treatment programs. Their conclusion recognizes that very few studies have examined the procedures required to implement the programs into institutions and youth criminal justice services. Furthermore, many of these interventions are not gender-specific. In an American review of 61 programs designed to address female delinquency, only 17 of the programs had published evaluations; not a single one of these programs met the Office of Juvenile Justice and Delinquency Prevention (OJJDP) criteria for

effectiveness. This review also noted that many of the programs were no longer in existence, indicating concerns for program sustainability (Zahn et al., 2008).

Recommendations for Female-Specific Services

The early literature addressing youth in the criminal justice system did not address the risks and needs of male and female youth separately. The majority of participants were male youth and results and suggestions for interventions implied a representation of the needs of the youth justice population that included females. More recent studies have identified the importance of examining female youth separately from males, as they demonstrate differences in their risk factors leading to crime and recidivism; however, few studies have addressed these factors (Conrad et al., 2014; Cummings et al., 2004).

Watson and Edelman (2012) identified the core elements of gender responsive programming as comprehensive, safe, empowering, community and family focused and relational. Bala et al. (2015) suggest that there is a need for better communication and collaboration between different service providers, organizations, and agencies in order to provide an integrated and holistic approach for dealing with unique aspects of youth who may be involved in the criminal justice system. Cooney et al. (2008) outline their suggestions for making the American juvenile justice system more responsive to females and also state that it is necessary to take a comprehensive approach, as delinquent behaviour is determined by multiple factors, and therefore multiple factors need to be addressed. Research is important in determining the multiple factors that need to be incorporated into interventions for females.

Cooney et al. (2008) suggest that both physical and mental health needs be addressed, keeping in mind the unique health needs of females and providing services to pregnant, parenting and sexually active girls. Females who are pregnant may need education for prenatal care and parenting, as well as counselling if they are separated from their children. They suggest that

reaching out to families is another important aspect of intervention for female offenders, as families of delinquent girls are more likely to be dysfunctional and abuse at home is more common. Depending on the situation, family members of the female offender may be encouraged to seek treatment as well.

Strength-based rather than deficit-based models may be more effective with girls because they are more likely to change when they become full partners in identifying goals and their own strengths that can be used towards achieving them (Cooney et al., 2008).

Cooney et al. (2008) recommend that agencies hire and train staff who are responsive to the interpersonal nature of girls' development and who serve as believable role models. They report that girls tend to have greater difficulty than boys in forming trusting relationships with others and therefore staff's ability to relate to girls is a key component of program effectiveness. Staff must recognize histories of victimization and unhealthy relationships, and promote positive relationships and appropriate social boundaries. Watson and Edelman (2012) report that many juvenile justice agencies lack the knowledge and training about what services are useful to assist girls in their recovery from trauma.

It is suggested that programs maintain an environment of physical, psychological, and emotional safety, as research on female offenders reports that program participants need to feel safe in the program, open to learning from staff and other participants, and comfortable taking risks with attempts to change their behaviours. Finally, if group treatments are to be used, they should never be mixed-gender because female participants may not feel comfortable discussing certain issues in front of their male counterparts, such as past abuse (Cooney et al., 2008).

Watson and Edelman (2012) have outlined the building blocks towards gender-specific programs, which include research to diagnose the problem and listening to system-involved girls,

public education campaigns, strategic planning, engagement of stakeholders, legislation, staff training, community-based diversion and prevention programs, pilot and demonstration projects, outcome measures and evaluation, technical assistance and funding.

Access and Barriers to Services

Another aspect of ensuring that male and female youth are receiving gender-specific services is assessing their barriers to service and whether they are able to access these interventions. Marginalized youth experience barriers to accessing services (Kramer, 2000). Kramer (2000) states that structural forces reduce the ability of families and communities to provide the social supports and informal social control needed to prevent youth violence. Research has shown that inequality, extreme poverty, and social exclusion are related to violent crime. This is not to suggest that poverty and inequality cause criminal behaviour, but rather that they act as a barrier to accessing social supports aimed at preventing criminal behaviour or rehabilitating offenders (Kramer, 2000). Poverty may limit a family's ability to provide children with the opportunity for participation in prosocial leisure activities, which can help keep children busy and deter involvement with delinquent youth and criminal behaviour (Bunge, Johnson, & Baldé, 2005).

Another critical issue regarding service access relates to the inherent barriers to collaboration among interventions provided to youth in the justice system. Limited resources and funding provide the impression that communication amongst agencies will take valuable time and resources away from the core focus of an agency, which is direct client contact. Bala et al. (2015) suggest, however, that collaboration among services may actually produce improved outcomes, and therefore reduce long term costs. Court-clinics and other institutions connecting delinquent youth to intervention services must address barriers to accessing services to ensure that all youth in need of treatment can obtain access and receive a cohesive treatment response.

Research Questions

Due to the exploratory nature of this study, the research questions and hypotheses remained broad to allow for open collection of data and analyses. The following questions were addressed:

1. What is the relationship between gender and youth crime, family dynamics, educational attainment, mental health, substance use, sexual behaviour, peer relationships and poverty?
2. What are the unique pathways that lead male and female youth to crime?
3. What are the implications of differences between males and females in the youth criminal justice system?

Hypotheses

Based on previous research it is expected that males and females involved in this study will differ in their pathways to criminal justice system involvement. Specifically, that females will demonstrate higher rates of family conflict, abuse, mental health issues and sexual behaviour concerns and that males will demonstrate greater involvement with delinquent peers and externalizing behaviours.

Method

Participants

All files from participants who completed an intake at an urban-based court clinic in southwestern Ontario from 2010-2015 were eligible to be included in the study. Participants were referred to the court clinic by a Youth Court Judge to complete a section 34 mental health assessment under the *YCJA*. The goal of these assessments is to inform court proceedings in recommending strategies to hold the young person accountable while addressing factors to prevent recidivism.

Consent to participate in the study was completed upon intake at the court clinic. The youth's legal guardian was asked to sign a consent letter of understanding, agreeing that the youth's court clinic file could be accessed for research purposes (see Appendix A). If the youth was over the age of 16, they could consent to their information being used for research purposes without their legal guardian's consent.

For all files completed between 2010 and 2015, 281 had signed consents allowing inclusion in research studies. For the purposes of this particular study, youth who identified as transgender were omitted from the sample, as these individuals may have unique experiences and needs outside of binary sex typology that would be best understood in future research when there is a larger sample size from which to draw. Youth who did not identify their gender were also removed from the sample. After removing transgender and unidentified youth, the final participant count was 277 individuals, which included 229 males and 48 females. This represents slightly more than a 4:1 ratio of male to female offenders, suggesting that judges are proportionally slightly more likely to refer a male than a female for assessment at the court clinic, relative to their representation in the overall Canadian offender data.

Participants' ages ranged from 12-20 years. It is important to note that although under the *YCJA* the youth court hears cases for youth from the ages of 12 to 17, some individuals who are older than 18 can appear in youth court if they were apprehended after their 18th birthday, but were under the age of 18 at the time that their offence was committed. Males ranged from age 12 to 20 ($M = 15.89$, $SD = 1.47$) and females ranged from age 13 to 18 ($M = 15.96$, $SD = 1.24$). Table 1 presents an overview of the age, ethnicity, living situation and geographic location of the population.

Table 1. Participant demographics.

Age (years)	Overall (N = 277)		Males (N = 229)		Females (N = 48)	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
12	2	0.7	2	0.9	0	0
13	18	6.5	16	7	2	4.2
14	31	11.2	26	11.4	3	10.4
15	41	14.8	34	14.8	7	14.6
16	79	28.5	63	27.5	16	33.3
17	80	28.9	65	28.4	15	31.3
18	22	7.9	19	8.3	3	6.3
19	3	1.1	3	1.3	0	0
20	1	0.4	1	0.4	0	0
Ethnicity	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Euro-Canadian	52	18.8	40	17.5	12	25
First Nations/Metis/Inuit	23	8.3	15	6.6	8	16.7
Black/African-Canadian	7	2.5	6	2.6	1	2.1
Asian-Canadian	2	0.7	2	0.9	0	0
Hispanic-Canadian	5	1.8	4	1.7	1	2.1
Mixed Ethnicity	8	2.9	6	2.6	2	4.2
Not Stated	179	64.6	155	67.7	24	50
Geographic Location	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Urban	161	58.1	134	58.5	27	56.3
Rural	116	41.9	95	41.5	21	43.8
Living Situation	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Parents	118	42.6	103	45	15	31.3
Independently	6	2.2	4	1.7	2	4.2
Relative's Home	21	7.6	18	7.9	3	6.3
Foster Home	15	5.4	10	4.4	5	10.4
Group Home	45	16.2	32	14	13	27.1
Detention Facility	66	23.8	57	24.9	9	18.8
Shelter	4	1.4	3	1.3	1	2.1
Homeless	1	0.4	1	0.4	0	0
Psychiatric Facility	1	0.4	1	0.4	0	0

Procedure

Prior to the beginning of this study, ethics approval was obtained from the Western University Research Ethics Board (see Appendix B). Vulnerable Sector Police Record Checks were completed by all researchers who accessed the youth's files and a London Family Court Clinic Confidentiality Agreement was signed.

A data retrieval instrument (DRI) and manual (see Appendix C) were created by a team of five researchers to ensure accurate collection of data. Two main forms were accessed from participant files to determine the variables that were to be included in the DRI, the intake form (see Appendix D) and the letter sent to the Youth Court, which contained a summary of the youth's file and recommendations. The DRI manual provides the list of variables, the variable names as written in the DRI, an explanation of what the variable is measuring, the options available to select for categorical variables and the codes that correspond to these options. Ten files were randomly selected from the participant pool as indicators of what information was available for collection in these documents. Variables were created based on an exhaustive list of the information points provided in the intake and summary letter and recommendations, for a total of 392 variables. The ten files were then read through in their entirety by the team of researchers to create a list of options for each variable that were representative of the population. All of the variables and possible options were then listed in the DRI manual and explanations and coding for each variable were created by the research team. To ensure inter-rater reliability, ten more files were randomly selected and the variables were coded based on the DRI to determine if consensus was reached by all five researchers.

Data collection was completed by examining one file at a time, with time spent collecting data from each file averaging 1 to 2 hours depending on the depth of information available in each file. Data sources available in the files included the intake form, usually completed by the

youth's legal guardian, clinical findings from the youth's psychological risk assessments, reports from outside agencies, including community service agencies, educational institutions, medical institutions, group home and detention facilities, and criminal justice system involvement information.

Measures

For the purposes of this study, only those variables that were deemed relevant based on existing literature were included. Because of the large number of variables being examined, these variables were divided into overarching sections to allow for more organized analyses and reporting. The areas examined in this study included offense and criminal behaviour, family dynamics and abuse, educational attainment, mental health, substance use, sexual behaviour, peer relationships, and poverty. Within these categories, several variables and aggregates were examined.

Offences and Criminal Behaviour. Offences were measured by examining both the individual offences, and by grouping offences into categories. Offence type categories included weapons offences (possession of a weapon for a dangerous purpose and assault with a weapon), sexual offences (sexual assault, sexual interference and prostitution), disorderly conduct offences (loitering and causing a disturbance), violent offences (uttering a threat to cause bodily harm, uttering a death threat, assault causing bodily harm, general assault, robbery, murder and manslaughter), administration of justice offences (failure to comply, failure to attend, breach of undertaking, recognizance and probation, and obstructing police), property offences (theft under \$5000, theft over \$5000, mischief, attempted theft, arson, fraud, possession under \$5000, possession over \$5000, and breaking and entering) and drug offences (possession of an illegal substance and illegal substance trafficking).

In instances where an offence was committed against another person and where there was aggression towards them, data was collected about the relationship between the offender and victim. Offences against a person included all violent offences, weapons offences, and sexual assault and interference. Aggressive or “hands-on” offences were classified as against a family member, friend, acquaintance, stranger, authority, foster family member, or group home resident. Data regarding the offences, types of offences, number of offences and who the offences were against was collected from police reports and guardian and self-reports.

Youth and guardian reports provided information on when the youth initially displayed behaviours that were consistent with their offending behaviours. Youth that displayed delinquent behaviour consistent with their criminal offending behaviour at or before the age of 12 were classified as persistent offenders. Youth that did not present with delinquent behaviour until after the age of 12 were classified as limited offenders.

Clinic recommendations to the court for sentencing and for rehabilitation were found in the copy of the report sent to the Youth Court Judge. All recommendations provided by the court clinic were recorded in the DRI. Possible recommendations included open custody, secure custody, probation, community service order, outpatient counselling, residential mental health treatment, treatment for addictions, treatment for sexual offending behaviour, psychiatric intervention, attendance centre program, Intensive Intervention Services (IIS), Intensive Reintegration Services (IRS), intensive home-based intervention, alternative school programming, reintegration planning, indigenous-based intervention, mental health court, further specific assessment, equine therapy, family counselling, and supporting employment opportunities.

Family Dynamics and Abuse. Information regarding incidents of family violence, physical abuse, sexual abuse, emotional trauma, neglect, CAS involvement, sibling involvement with the law, and parental factors such as education level, employment, marital status, age of the parent when youth was born, mental health issues, substance use and conflict with the law, was collected from self and parent reports and was cross-checked with documentation from outside agencies involved with the family.

An aggregate was created to measure overall family risk level. Nineteen variables were ranked and weighted by a team of individuals with knowledge of the relevant literature and experience reading related files at the court clinic. The variable was weighted on a scale of 1 to 4. A score of 1 indicated a weak but present association to family environment risk factors, while a score of 4 indicated the strongest association. The variables and weightings were as follows: youth's parent is their legal guardian (1), parental response to criminal charges (2), sibling involvement with the criminal justice system (2), half sibling involved with the criminal justice system (2), primary caregiver marital status (2), parental crisis impact (2), not living with an adult family member (3), unstable living environment (3), frequency of primary caregiver involvement (3), absentee parent (3), observed domestic violence (3), lack of parental supervision (3), child welfare involvement (3), kinship care (3), crown ward status (4), family violence (4), physical abuse (4), sexual abuse by a family member (4) and neglect (4). The weight of each variable was added together to create an overall family risk score. If the youth's biological parent is not their legal guardian a score of 1 was added to the overall family risk score. The parental response to criminal charges weighting was added to the total family risk score if the youth's primary caregiver minimized their child's actions, blamed others or did not react. If the youth had a sibling or half-sibling involved with the criminal justice system a score

of 2 was added to the overall family risk score. If the youth's primary caregiver's marital status was single, a score of 2 was added to the overall family risk score. The parental crisis impact weighting was added to the overall score if the youth's primary caregiver experienced a crisis that had an impact on the youth. Possible parental crises included the death of a loved one, family separation, emotional illness, physical illness, problems with nerves, substance use, financial strain, trouble with the law and personal or family mental health problems. If the youth was living on their own or with a non-adult family member, the weighting for not living with an adult family member was added to their overall score. The weighting for unstable living environment was added to the overall family risk score if the youth moved 5 or more times. If the youth's primary caregiver was rated to be minimally involved in their life, the weighting for parental involvement was added to the overall family risk score. If the youth had an absentee parent a score of 3 was added to their overall score. The weighting for observed domestic violence was added to the overall score if the child had observed their caregivers engaging in emotional or physical domestic violence. If the youth was deemed to have a lack of parental supervision the weighting for parental supervision was added to the overall risk score. Child welfare involvement was measured by whether the child's family has been involved with community supervision or counselling through the Children's Aid Society. Weighting was also added to the overall risk score if the child was currently or had previously been in kinship care or had crown ward status. The weight of the family violence variable was added to the overall score if there was any violence in the child's immediate family. Weighting was also added if the child was a victim of physical abuse, sexual abuse, or neglect by a family member.

Educational Attainment. Information about whether the youth was registered in school, attending school, if they had failed a grade, had been suspended, the number of schools they

attended, and whether they were involved in organized activities was collected from self and guardian reports and school records.

An aggregate was created to measure school risk level. Thirteen variables were ranked and weighted by a team of individuals with knowledge of the relevant education literature and experience reading related files at the court clinic. The variable was weighted on a scale of 1 to 4. A score of 1 indicated a weak but present association to school environment risk factors, while a score of 4 indicated the strongest association. The variables and weightings were as follows: learning disability (1), developmental disability (1), special education (1), special help (1), behavioural problems (2), educational attainment (2), failed grade (2), school difficulty (2), difficulty with teachers (3), school motivation (3), school attendance (4), suspension (4), reasons for moving schools (victim of bullying, problems with peers, family moves, trauma – 3; expulsion due to involvement with the criminal justice system – 4). The weight of each variable was added together to create an overall school risk score. If there was a presence of a learning disability or developmental disability, the weights of those variables were added to the overall school risk score. The special education weighting was added if the youth was enrolled in a special education program. The special help variable is distinct from the special education variable, as youth could experience both. Special help included individual education programs (IEPs), educational assistants (EAs), homework clubs and tutors. If parents or teachers reported any behavioural problems at school, the weighting for behaviour problems was added to the overall school risk score. Educational attainment was measured using the Ministry of Education's outline for high school credits. The youth's present grade was compared to the expected number of credits achieved at that grade. If the youth had received less credits than expected at their current grade, the weighting for educational attainment was added to their

overall score. If the youth had ever failed a grade and had to repeat it, the weighting for failed grade was added to their overall risk score. School difficulty and teacher difficulty weighting was added based on parent and teacher reports as to whether the youth found schoolwork difficult and whether the student had conflict with their teacher. The school motivation weighting was added to the risk score if parents or youth reported that they had little to no interest in school. School attendance was based on parent and teacher reports of how often the youth attended school and weighting was added to the overall score if the youth did not regularly attend school. If the youth had previously been suspended the weighting for suspension was added to their overall school risk score. Finally, scoring for reasons for moving schools were considered. If the youth had to move schools due to bullying, problems with peers, family moves, or experiences of trauma, a score of 3 was added to their overall risk score, and if they moved school due to their involvement with the criminal justice system a score of 4 was added.

Mental Health. Youth were recorded as having a mental health diagnosis if they were officially diagnosed by a registered clinical psychologist or psychiatrist. The individual diagnoses considered in this study included Fetal Alcohol Spectrum Disorder (FASD), Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), Conduct Disorder (CD), Anxiety, Depression, Bipolar Disorder, Post-Traumatic Stress Disorder (PTSD), Antisocial Personal Disorder, Psychosis, Schizoaffective Disorder, and Disruptive Mood Disorder.

Overall mental illness categories were also considered, which included neurodevelopmental disorders (ADHD and Learning Disorders), emotional, or internalizing, disorders (Anxiety, Depression, PTSD, Psychosis, and Schizoaffective Disorder), externalizing disorders (ADHD, ODD, CD, Disruptive Mood Disorder), Neurocognitive Disorders (FASD),

Personality Disorders (Borderline Personality Disorder and Antisocial Personality Disorder), Schizophrenia spectrum and other psychotic disorders (Schizoaffective Disorder and Psychosis), and trauma and stress-related disorders (PTSD).

Clinically-relevant features of mental health issues were examined and this data was collected from the psychological assessments completed at the court clinic. Possible mental health features included social inhibition, social insensitivity, emotional insecurity, problems with peers, anxiety, depression, social anxiety, poor self-esteem, suicidal ideation and intention, aggression towards peers and adults, autistic features, post-traumatic stress, complex developmental trauma, somatic complaints, sleep complaints, substance abuse, preoccupation with sexual thoughts, homicidal ideation, personality disorder features, antisocial personality, avoidant personality, sociopathic tendencies, eating disorder, non-suicidal self-injury (NSSI), dysthymia, substance-induced psychosis, attachment issues, body image concerns, hypervigilance, apathy, and narcissism.

Mental health features were also examined by overarching categories of internalizing and externalizing mental health features. Internalizing mental health features are those that are focused inward, towards oneself and included sleep complications, social inhibition, emotion inhibition, anxiety, depression, social anxiety, poor self-esteem, suicide, PTSD, somatic complaints, complex developmental trauma, sexual thinking, eating disorder, non-suicidal self-injury, dysthymia, attachment disorder, body image, hypervigilance and apathy features. Externalizing mental health features are those that are directed outwards, towards others, and included aggression towards peers, family and adults, social insensitivity, homicidal ideation, sociopathic tendencies, substance abuse and substance induced psychosis features.

Youth were classified into three different categories based on the determined relationship of mental health issues to offending behaviour. If mental health issues were deemed to have no relation to the offense or there was no presence of mental health issues the relevance of mental health in the committal of the offence was classified as *not related*. If there was presence of a mental illness and it played some role in the offence, but was not the direct cause, the relevance of mental health in the committal of the offences was classified as *indirectly related*. Finally, if the mental health issue or diagnosis was deemed to have caused the offence, the relevance of mental health in relation to the committal of the offence was classified as *directly related*. Directly related mental health issues were then further classified based on the nature of offence. These incidents included being on medication that caused the offending behaviour, being in a state of psychosis during the offence, being intoxicated at the time of the offence where substance abuse is a previously identified issue, the offence is linked to the specific nature of the psychiatric diagnosis, the offence pattern is linked to an abuse history, or the offence is committed in order to obtain drugs to satisfy an addiction. The data of the nature of the relationship between mental health and offending behaviour was collected from police reports, psychological assessments, and guardian and youth reports.

Substance Use. Substance abuse was broken into two categories, alcohol abuse and drug abuse. Presence of alcohol and drug abuse was determined by guardian and youth reports, as well as outside agency information and psychological assessments. A youth would need to be consuming alcohol and/or drugs consistently and in quantities that alter their mental and physical state to be considered abusing them. Specific drugs examined in this study included cannabis, hashish, cocaine, methamphetamine, lysergic acid diethylamide (LSD), ecstasy or MDMA, steroids, prescription drugs, intoxicative inhalants and oxycodone.

Sexual Behaviour. Risky sexual behaviours were measured based on parental reports and outside agency information. Sexual behaviours considered to be risky for youth included prostitution, unprotected sexual intercourse, exposure to pornography, making inappropriate sexualized comments, sexual preoccupation or distress, promiscuity, and pedophilia. Medical and collateral reports were accessed to determine if any of the females in the study had been or were currently pregnant. Parent and data from outside agencies also provided information on whether a youth had been sexually exploited.

Peer Relationships. Data on the youth's friendships was collected from the guardian and youth intake interview. This included information about the age, gender and influence of friends and whether there was any gang involvement on behalf of the youth. These reports also identified whether the youth had other significant relationships in their lives and the nature of the influence of these relationships. Police reports provided information on whether offences were committed alone or with others.

A negative peer environment aggregate was calculated based on thirteen variables. The variables were ranked and weighted by a team of individuals with knowledge of the relevant literature regarding delinquency and negative peer association and experience reading related files at the court clinic. The variables included living, friendship, school, situational, dispositional and family experiences that have been found to be related to negative peer association. A weighting of 1 indicated a present but weak association to negative peer environment and a weighting a 4 indicated the strongest association to negative peers. The variables and their weighting were as follows: experience living in a shelter (1), homelessness (2), trouble with peers at school (2), victim of bullying at school (2), problems with peers indicated on psychological testing (2), sibling is involved with the law (2), half-sibling is

involved with the law (2), presence of a negative social tie outside of the family (2), resided in a detention centre (3), resided in a group home (3), engaged in prostitution (3), presence of poor influence friends (4), and gang affiliation (4). Whether a participant met the criteria for each variable was based on self-reports, parent reports, data from outside agencies and court clinic assessments. The weighting for each variable that was added to create a cumulative negative peer environment score.

Poverty. Data regarding youth employment, parental employment, parental education, parental finances and housing conditions and concerns was gathered from the guardian and youth intake interview, as well as collateral sources.

An aggregate was created to measure poverty level. Nine variables were ranked and weighted by a team of individuals with knowledge of the relevant poverty literature and experience reading related files at the court clinic. The variable was weighted on a scale of 1 to 4. A score of 1 indicated a weak but present association to poverty conditions, while a score of 4 indicated the strongest association. The variables and weightings were as follows: refugee status (2), caregiver marital status (2), teenage pregnancy (2), parent's education (2), housing conditions (2), caregiver employment (3), caregiver financial support (3), youth lived in shelter (4), and youth homelessness (4). The scores of each variable were added together to create an overall poverty score. A tertiary split was then applied to the poverty aggregate to get three poverty levels, little to no poverty (a score of 0-6), moderate poverty (a score of 7-13), and deep-end poverty (a score of 14-21). The refugee status weighting was added to the overall poverty score if the youth ever had refugee status. Caregiver marital status took into account whether the youth's primary caregiver was single or in a committed relationship, either married or cohabiting, as this would indicate a single or dual income household. The teenage pregnancy

weighting was added to the poverty score if the youth was born to a primary caregiver who was 19 years of age or younger at the time of birth. Youth received the parental education score if their primary caregiver did not complete their high school education. If the youth's family had to move at any point due to poor housing conditions, the housing conditions weighting was added to the overall poverty score. Caregiver employment examined whether or not the youth's primary caregiver was employed. The caregiver financial support weighting was added to the overall poverty score if the youth's primary caregiver was receiving financial support, including the Ontario Disability Support Program (ODSP), Ontario Works (OW) and child support. The lived in shelter variable took into account whether the youth had ever resided in a shelter. Finally, youth homelessness looked at whether the youth had ever been homeless.

Results

Four sets of analyses were conducted to accomplish the research objectives. First, descriptive statistics were provided to characterize experiences of male and female youth across the contexts of criminal behaviour, family, education, mental health, substance use, sexual behaviour, peer relationships and poverty. Second, correlational, independent samples t-tests and chi-square analyses were conducted to gain a deeper understanding of areas identified in the descriptive analysis for further exploration. Thirdly, a multivariate analysis of variance (MANOVA) determined if variables of interest were related to offending as differentiated by gender. Finally, a multiple regression analysis was conducted to determine whether the number of offenses conducted by males and females could be predicted based on variables determined to be of relation to offending based on correlational analyses.

Descriptive Analyses

For the purposes of organization, the results for the descriptive analyses have been divided into eight categories: criminal offences, family dynamics and abuse, educational attainment, mental health, substance use, sexual behaviour, peer relationships, and poverty.

Criminal Offences. The number of offences committed by both males and females ranged from 1-24, however 3 males were outside of this range, having committed 25, 41, and 65 offences respectively. The type of offences committed also occurred in similar rates for male and female youth. A summary of offences committed by males and females is provided in Table 2 .

Table 2. Offences committed.

Offence	Overall (N = 277)		Males (N = 229)		Females (N = 48)	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Loitering	1	0.4	1	0.4	0	0
Causing a disturbance	5	2.2	5	2.2	0	0
Failure to comply	115	41.5	94	41.0	21	43.8
Failure to attend court	20	7.2	14	6.1	6	12.5
Breach of probation, recognizance, or undertaking	23	8.3	20	8.7	3	6.3
Obstructing police	10	3.6	8	3.5	2	4.2
Mischief	68	24.5	58	25.3	10	20.8
Attempted theft	1	0.4	1	0.4	0	0
Theft under \$5000	40	14.4	33	14.4	7	17.5
Theft over \$5000	4	1.4	4	1.7	0	0
Arson	8	2.9	6	2.6	2	4.2
Fraud	4	1.4	3	1.3	1	2.1
Possession under \$5000	12	4.3	11	4.8	1	2.1
Possession over \$5000	3	1.1	3	1.3	0	0
Breaking and entering	23	8.3	21	9.2	2	4.2
Possession of an illegal substance	13	4.7	11	4.8	2	4.2
Illegal substance trafficking	2	0.7	2	0.9	0	0
Sexual assault	27	9.7	25	10.9	2	4.2
Sexual interference	11	4.0	11	4.8	0	0
Possession of a weapon for dangerous purpose	26	9.4	24	10.5	2	4.2
Assault with a weapon	27	9.7	25	10.9	2	4.2
Uttering threat to cause bodily harm	39	14.1	34	14.8	5	10.4
Uttering a death threat	9	3.2	9	3.9	0	0
General assault	83	30.0	59	25.8	24	50.0
Assault causing bodily harm	9	3.2	8	3.5	1	2.1
Robbery	23	8.3	22	9.6	1	2.1
Other	71	25.6	64	27.9	7	14.6

Included in the top five offences committed by male and female youth were; failure to comply, assault, mischief, uttering threats, and theft under \$5000. There were no incidents of prostitution, murder, or manslaughter. When offences were divided into categories, administration of justice offences were the most common for both males (49.3%; $n = 113$) and females (56.3%; $n = 27$). Administration of justice offences included failure to attend court, failure to comply with a probation order, breach of undertaking, recognizance, and obstruction of police. For males, the second most common offence type was property offences (43.2%; $n = 99$), followed by violent offences (39.7%; $n = 91$). Violent offences were the second most common offence committed by females (54.2%; $n = 26$), followed by property offences (41.7%; $n = 20$). Forty-two percent ($n = 95$) of males were first-time offenders at the time of their court-clinic evaluation and 35% ($n = 17$) of females were first-time offenders.

Of the males who committed violent or aggression related offences, 26% committed the offence against a family member, 25% against an acquaintance, 14% against a stranger, 13% against a group home resident, 11% against an authority figure, 5% against a friend, and 4% against a foster family member. When examining females, 22% committed the offence against a family member, 17% against a friend, 17% against an authority figure, 17% against a group home resident, 14% against an acquaintance, and 8% against a stranger. There were no violent offences committed towards a foster family member by a female.

Persistent versus limited offending patterns were examined. More males presented as persistent offenders (63.2%; $n = 144$) than limited offenders (36.8%; $n = 84$), indicating that males are more likely to display offending behaviours and patterns prior to the age of 12 years. Females presented as persistent offenders in 47.9% ($n = 23$) of cases and limited offenders in 52.1% ($n = 25$) of cases, indicating a fairly even split between persistent and limited offending

patterns. The average age where youth began displaying behaviours consistent with their offending behaviour was 9.99 years-old for males ($SD = 4.08$) and 11.27 years-old for females ($SD = 3.72$).

Table 3 presents the recommendations provided by the court clinic to the youth court judge. These recommendations will be compared to the overall findings of this report to determine whether the court clinic is suggesting services that reflect the specific needs of male and female youth.

Table 3. Court Clinic Recommendations

Recommendation	Overall (<i>N</i> = 277)		Males (<i>N</i> = 229)		Females (<i>N</i> = 48)	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Custody	100	36.1	82	35.8	18	37.5
Open Custody	70	25.3	59	25.8	11	22.9
Secure Custody	21	7.6	15	6.6	6	12.5
Probation	181	65.3	151	65.9	30	62.5
Community Service Order	37	13.4	30	13.1	7	14.6
Outpatient Counselling	207	74.7	167	72.9	40	83.3
Mental Health Residential Treatment	62	22.4	51	22.3	11	22.9
Treatment for Addiction - Outpatient	74	26.7	53	23.1	21	43.8
Treatment for Addiction - Residential	18	6.5	18	7.9	0	0
Treatment for Sexual Behaviour - Outpatient	30	10.8	30	13.1	0	0
Treatment for Sexual Behaviour - Residential	8	2.9	6	2.6	2	4.2
Psychiatric Intervention	151	54.5	121	52.8	30	62.5
Attendance Centre Program	27	9.7	23	10.0	4	8.3
Intensive Intervention Services (IIS)	33	11.9	28	12.2	5	10.4
Intensive Reintegration Services (IRS)	34	12.3	30	13.1	4	8.3
Intensive Home-Based Intervention	8	2.9	7	3.1	1	2.1
Alternative School Programming	70	25.3	57	24.9	13	27.1
Reintegration Planning	26	9.4	21	9.2	5	10.4
Indigenous-Based Intervention	13	4.7	12	5.2	1	2.1
Mental Health Court	26	9.4	18	7.9	8	16.7
Further Specific Assessment	106	38.3	93	40.6	13	27.1
Equine Therapy	19	6.9	13	5.7	6	12.5
Family Counselling	53	19.1	41	17.9	12	25
Supporting Employment Opportunities	44	15.9	40	17.5	4	8.3

Family Dynamics and Abuse. Forty-seven percent ($n = 22$) of females had a history of sexual victimization, whereas 12% of males had been sexually victimized. Females comprised 45% of those who had been sexually abused, despite only making up 17% of the total sample and 28% of those accused of a Criminal Code offence (Statistics Canada, 2014). Out of all of the females who were included in the study, 30% ($n = 14$) were sexually abused by someone outside of their family, 15% ($n = 7$) by a family member and 4% ($n = 2$) by both a family member and a non-family member. To contrast males' experience of intrafamilial sexual abuse, it was found that 5.7% of the sample had been victimized by a family member. Females were also found to experience proportionally more physical abuse (69.6% vs. 49.8%), neglect (40.4% vs. 22.9%), emotional trauma (66.7% vs. 46.7%), and family violence (66.7% vs. 58.5%) when compared to males.

The majority of males and females had involvement with the child welfare system, with 78% of males and 92% of females having previous or current involvement. The proportion of the sample of youth that currently or previously had crown wardship status are, 14.4% of males and 22.9% of females. When looking at temporary care agreements and kinship care, 20.1% ($n = 46$) of males and 33.3% ($n = 16$) of females had been placed under a temporary care agreement and 7% ($n = 16$) of males and 6.3% ($n = 3$) of females had been placed in kinship care.

It was reported that out of the males, 8.7% ($n = 20$) had a sibling and 2.6% ($n = 6$) had a half-sibling who had involvement with the criminal justice system. For females, 10.4% ($n = 5$) had a sibling and 4.2% ($n = 2$) had a half-sibling who was involved in the criminal justice system. When examining whether parents or primary caregivers had previous or current involvement with the law, it was found that 14.4% ($n = 33$) of males and 10.4% ($n = 5$) of females had a primary caregiver with criminal justice system involvement.

Mental health issues were reported in 43.2% ($n = 99$) of the male's parents or primary caregivers and in 41.7% ($n = 20$) of female's parents or primary caregivers. Substances were abused by 24% ($n = 55$) of male's caregivers and 27.1% ($n = 13$) of female's caregivers.

Educational Attainment. The majority of the sample was enrolled in school, with 85.2% ($n = 195$) of males and 83.3% ($n = 40$) reporting current registration. In terms of those actually attending school, 68.6% ($n = 157$) of males and 75% ($n = 36$) of females were attending school some or all of the time. To determine whether youth were on track with school, their number of credits completed was compared to their current age and grade. At least 26.6% ($n = 61$) of males and 25% ($n = 12$) of females were not meeting their credit requirements and thus were behind in school achievement. It was reported that 24% ($n = 55$) of males and 33.3% ($n = 16$) of females had previously failed a grade and 58.5% ($n = 134$) of males and 45.8% ($n = 22$) had been suspended at least once. The majority of the youth reported that they find school difficult, with 80.8% ($n = 185$) of males and 87.5% ($n = 42$) of females stating difficulty. The number of schools attended by male students ranged from 1 to 24 ($M = 4.71$, $SD = 2.89$). The number of schools attended by female students ranged from 1 to 17 ($M = 5.10$, $SD = 3.63$). The majority of the youth in the sample were not involved in any organized activities. Only 29.3% ($n = 67$) of males and 20.8% ($n = 10$) of females were involved in an organized activity.

Mental Health. The majority of the youth in the sample have been diagnosed with a mental illness, 78% percent ($n = 179$) of males and 73% ($n = 35$) of females having had at least one mental health diagnosis. Table 4 provides a list of diagnoses measured in this study and their prevalence.

Table 4. Mental Health Diagnoses

Diagnosis	Overall (N = 277)		Males (N = 229)		Females (N = 48)	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
FASD	6	2.2	5	2.2	1	2.1
ADHD	162	58.5	137	59.8	25	52.1
ODD	84	30.3	73	31.9	11	22.9
CD	48	17.3	41	17.9	7	14.6
Anxiety	48	17.3	38	16.6	10	20.8
Depression	34	12.3	24	10.5	10	20.8
Bipolar Disorder	15	5.4	9	3.9	6	12.5
PTSD	21	7.6	13	5.7	8	16.7
Antisocial Personality Disorder	2	0.7	2	0.9	0	0
Psychosis	13	4.7	10	4.4	3	6.3
Schizoaffective Disorder	4	1.4	3	1.3	1	2.1
Disruptive Mood Disorder	11	4.0	7	3.1	4	8.3

The diagnoses were also examined by category. The categories included neurodevelopmental disorders, which includes ADHD and learning disorders (66.8% of males and 54.2% of females), neurocognitive disorders, which includes FASD (2.2% of males and 2.1% of females), personality disorders, which includes Borderline Personality Disorder and Antisocial Personality Disorder (4.8% of males and 12.5% of females), schizophrenia spectrum and other psychotic disorders, which included Schizoaffective Disorder and psychosis (4.8% of males and 6.3% of females), trauma-related disorders, which included PTSD (5.7% of males and 16.7% of females), emotional or internalizing disorders, which includes anxiety, depression, PTSD, psychosis, and Schizoaffective Disorder (27.9% of males and 37.5% of females) and externalizing disorders, which included ADHD, ODD, CD, Antisocial Personality Disorder, and Disruptive Mood Disorder (68.6% of males and 58.3% of females). Somatic disorders and substance-related and addictive disorders were also possible categories, however there were no diagnoses that fell into these categories in this study.

Clinically-relevant features of mental health issues that were identified through psychological assessments are displayed in Table 5.

Table 5. Mental Health Features

Feature	Overall (<i>N</i> = 277)		Males (<i>N</i> = 229)		Females (<i>N</i> = 48)	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Social inhibition	76	27.4	67	29.3	9	18.8
Social insensitivity	31	11.2	29	12.7	2	4.2
Emotional insecurity	84	30.3	70	30.6	14	29.2
Problems with peers	133	48.0	106	46.3	27	56.3
Anxiety	137	49.5	110	48.0	27	56.3
Depression	134	48.4	105	45.9	29	60.4
Social anxiety	56	20.2	49	21.4	7	14.6
Poor self-esteem	94	33.9	72	31.4	22	45.8
Suicidal ideation and intention	119	43.0	83	36.2	36	75.0
Aggression towards peers	132	47.7	112	48.9	20	41.7
Aggression towards adults	95	34.3	79	34.5	16	33.3
Autistic	5	1.8	5	2.2	0	0
PTSD	59	21.3	40	17.5	19	39.6
Complex developmental trauma	22	7.9	12	5.2	10	20.8
Somatic complaints	34	12.3	26	11.4	8	16.7
Sleep complaints	78	28.2	61	26.6	17	35.4
Substance abuse	132	47.7	107	46.7	25	52.1
Preoccupation with sexual thoughts	26	9.4	24	10.5	2	4.2
Homicidal ideation	11	4.0	9	3.9	2	4.2
Personality disorder	21	7.6	13	5.7	8	16.7
Antisocial personality	28	10.1	25	10.9	3	6.3
Avoidant personality	16	5.8	14	6.1	2	4.2
Sociopathic tendencies	3	1.1	3	1.3	0	0
Eating disorder	16	5.8	5	2.2	11	22.9
Non-suicidal self-injury	87	31.4	63	27.5	24	50.0
Dysthymia	26	9.4	18	7.9	8	16.7
Substance-induced psychiatric disorder	8	2.9	6	2.6	2	4.2
Attachment disorder	45	16.2	34	14.8	11	22.9
Body image concerns	18	6.5	9	3.9	9	18.8
Hypervigilance	28	10.1	20	8.7	8	16.7
Apathy	20	7.2	15	6.6	5	10.4
Narcissism	6	2.2	6	2.6	0	0

The majority of males' criminal offences were deemed to be indirectly related to mental health issues (48%; $n = 110$). A direct link between the offence and mental health issues was found in 16.6% ($n = 38$) of males and no relationship between mental health and offending was found in 34.5% ($n = 79$) of cases for males. The majority of the females' offences were also classified as indirectly related to mental health issues (56.3%; $n = 27$). A direct relationship between offending and mental health was found in 20.8% ($n = 10$) of females and no relationship between offending and mental health was found in 22.9% ($n = 11$) of females. When further examining direct relationships between offending and mental health, the most common relationship for both males and females was the specific offending behaviour was linked to the nature of a mental health diagnosis. This link was found in 7.9% ($n = 18$) of males and 10.4% ($n = 5$) of females. For males, other relationships between offending and mental health included intoxication at the time of the offence (2.6%; $n = 6$), the offence pattern was linked to an abuse history or was committed to obtain drugs (2.6%; $n = 6$), the offence occurred while in a state of psychosis (2.2%; $n = 5$) and the offence was linked to the medication the youth was taking (1.7%; $n = 4$). For females, other relationships between offending and mental health included the offence pattern was linked to an abuse history or was committed to obtain drugs (6.3%; $n = 3$) and intoxication at the time of the offence (4.2%; $n = 2$).

Substance Use. When examining rates of substance use, 65.9% of males and 83.3% of females were previously or currently abusing alcohol, and 73.9% of males and 85.4% of females were previously or currently abusing drugs. Cannabis was the most common drug used among both genders. Cannabis use was reported by 74.7% of males and 77.1% of females. The second most used drug was cocaine by both males (14.4%; $n = 33$) and females (27.1%; $n = 13$).

Sexual Behaviour. Risky sexual behaviour was exhibited by 69.6% ($n = 32$) of females, with unprotected sex being the most common (26.1%; $n = 12$), followed by promiscuity (15.2%; $n = 7$). There were concerns about the sexual behaviour of 42% ($n = 93$) of males, with sexual preoccupation and distress (6.3%; $n = 14$) and unprotected sex (6.3%; $n = 14$) as the most commonly described concerns. When examining sexual exploitation, it was found that 0.9% ($n = 2$) of males and 17% ($n = 8$) of females had been sexually exploited at some point in their lifetime. At the time of their court clinic evaluation 15% of females ($n = 7$) reported a current or previous pregnancy.

Peer Relationships. Males presented with friend groups that were all negative influences (38.8%; $n = 89$), a mix of positive and negative influences (31%; $n = 71$), all positive influences (12.2%; $n = 28$), and some reported no friends (9.2%; $n = 21$). Females did not report any peer groups that only consisted of positive influences. Female peer groups were all negative influences (56.3%; $n = 27$), a mix of positive and negative influences (22.9%; $n = 11$), and some reported no friends (12.5%; $n = 6$). The majority of males' friendship groups included both male and female peers (55.9%; $n = 128$). Some males also had all male friendship groups (15.7%; $n = 36$) and all female friendship groups (3.9%; $n = 9$). The majority of females' friendship groups also included both male and female peers (56.3%; $n = 27$). Some females reported all male friendship groups (10.4%; $n = 5$) and all female friendship groups (6.3%; $n = 3$). A similar amount of gang involvement was reported for males (16.2%; $n = 37$) and females (16.7%; $n = 8$).

Males and females showed very similar patterns of lone and co-offending behaviour. The majority of males (66.4%; $n = 152$) and females (66.7%; $n = 32$) committed their offences alone. Committing both lone and co-offences was the second most common for males (18.3%; $n = 42$)

and females (18.8%; $n = 9$). Finally, committing only co-offences was the least common pattern for males (14%; $n = 32$) and females (14.6%; $n = 7$).

Poverty. When examining males in the sample, 82% ($n = 188$) lived in little to no poverty, 18% ($n = 40$) lived in moderate poverty, and one male lived in deep end poverty. When looking at females, 73% ($n = 35$) lived in little to no poverty, 19% ($n = 9$) lived in moderate poverty, and 8% ($n = 4$) lived in deep end poverty. Table 6 presents the variables that were determined as indicators of poverty.

Table 6. Poverty Indicators

Poverty Indicator	Overall (<i>N</i> = 277)		Males (<i>N</i> = 229)		Females (<i>N</i> = 48)	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Refugee status	4	1.4	4	1.7	0	0
Single parent household	89	32.1	66	33.0	23	59.0
Born to teenage parent	26	9.4	20	10.4	6	16.2
Parent did not complete high school	28	10.1	23	13.8	5	16.7
Moved due to poor housing conditions	7	2.5	6	2.6	1	2.1
Primary caregiver unemployed	69	24.9	56	32.4	13	37.1
Primary caregiver receiving financial assistance	78	28.2	63	36.6	15	44.1
Lived in a shelter	35	12.6	20	8.7	15	31.9
Homeless	27	9.7	17	7.5	10	20.8

Secondary Analyses

Based on information obtained in the descriptive analysis, Pearson correlations, independent samples t-tests and chi-square analyses examining mental health diagnoses and features, risky sexual behaviours, trauma history, substance use, poverty, family risk factors, school risk factors, and negative peer association were completed. To protect against Type I error, chi-squares, independent samples t-tests and a MANOVA were conducted using a Bonferroni adjusted alpha value of .0029 (.05/17).

A Pearson correlation analysis was conducted to examine the relationship between mental health diagnoses and amount of criminal charges for males and females. The relationship between number of mental health diagnoses and number of charges was not significant for males, $r(226) = .082, p = .220$, or for females, $r(46) = .120, p = .417$.

The prevalence of mental health diagnoses and features were investigated. Independent samples t-tests were conducted to examine the relationship between gender and the prevalence of internalizing and externalizing mental health diagnoses and features. There was not a significant difference in the amount of internalizing mental health diagnoses for males ($M = .384, SD = .656$) and females ($M = .667, SD = .997$); $t(55.84) = -1.88, p = .065$. Prevalence of internalizing mental health diagnoses did not differ by gender. There was not a significant difference in the amount of externalizing mental health diagnoses for males ($M = 1.13, SD = .949$) and females ($M = .979, SD = .978$); $t(275) = .974, p = .331$. Prevalence of externalizing mental health diagnoses did not differ by gender. There was significant difference in the amount of internalizing mental health features for males ($M = 3.88, SD = 2.78$) and females ($M = 5.77, SD = 2.97$); $t(271) = -4.19, p < .0029$. Specifically, females displayed significantly more internalizing mental health features than males. There was a non significant difference in the extent of externalizing mental

health features for males ($M = 1.82$, $SD = 1.36$) and females ($M = 1.70$, $SD = 1.20$); $t(272) = .570$, $p = .569$. Prevalence of externalizing mental health features did not differ by gender.

A Chi-square test of independence was conducted to investigate the relationship between gender and sexual abuse. The relationship between gender and sexual abuse was significant, $\chi^2(1) = 31.228$, $p < .0029$. Females were more likely to have experienced sexual abuse than males.

Chi-square tests of independence were performed to further explore the relationship between gender and internalizing mental health features, including trauma, suicidal ideation, and self-harm. The relationship between gender and trauma features was significant, $\chi^2(1) = 11.341$, $p < .0029$. Females were more likely to exhibit post-traumatic stress symptoms than males. The relationship between gender and suicidal ideation was significant, $\chi^2(1) = 24.084$, $p < .0029$. Females were more likely to present with suicidal ideation than males. The relationship between gender and self-harm was not significant, $\chi^2(1) = 9.067$, $p = .003$. There was not a significant difference in the amount of males and females engaging in self-harm.

A chi-square test of independence was conducted to examine the relationship between gender and risky sexual behaviour. The relationship between gender and risky sexual behaviour was significant, $\chi^2(1) = 12.075$, $p < .0029$. Females were more likely to engage in risky sexual behaviours than males.

Chi-square tests of independence were performed to examine the relationship between gender and poverty, homelessness, and residing in a shelter. Fisher's Exact Test p -values were calculated for gender's relationship to poverty and homelessness due to 25% of cells in the chi-square analyses having expected counts less than 5. The relationship between gender and poverty was significant, $p < .0029$. Females were more likely than males to live in deep-end poverty. The

relationship between gender and homelessness was not significant, $p = .013$. Males and females were equally likely to have been homeless. The relationship between gender and history of residing in a shelter was significant, $\chi^2(1) = 18.925, p < .0029$. Females were more likely to have resided in a shelter than males.

Pearson correlation analyses were conducted to further examine experiences of systemic factors as they relate to offending. Factors investigated included family risk factors, school risk factors, poverty level, and negative peer association. When examining males, there was a significant weak positive association between family risk and number of criminal charges $r(226) = .221, p < .01$, a significant weak positive association between school risk and number of charges $r(226) = .237, p < .001$ and a significant moderate positive association between negative peer involvement and number of charges $r(226) = .340, p < .001$. As male's family risk factors, school risk factors and negative peer involvement increased, so did their number of criminal charges. There was no significant relationship between poverty level and number of charges $r(226) = .112, p = .093$. When examining females, there was a significant moderate positive relationship between negative peer association and number of criminal charges, $r(46) = .309, p < .05$. As females' negative peer score increased, so did their number of charges. There was no significant relationship between family risk, $r(46) = .237, p = .105$, school risk, $r(46) = .022, p = .881$, or poverty level, $r(46) = .133, p = .368$, and the number of criminal charges incurred.

Five variables determined to be related to youth offending based on the literature and previous analyses were entered into a MANOVA. There was a statistically significant difference in the factors associated with youth offending based on gender, $F(5, 271) = 5.02, p < .0029$; Wilk's $\Lambda = 0.915$, partial $\eta^2 = .085$. These results indicated that family dynamics, educational experience, poverty risk, number of mental health diagnoses, and negative peer association were

independent of one another, and thus the factors were further investigated to determine how they differentiated by gender. Gender had a significant effect on family dynamics ($F(1, 275) = 9.81$; $p < .0029$; partial $\eta^2 = .034$) and poverty risk ($F(1, 275) = 12.26$; $p < .0029$; partial $\eta^2 = .043$). There was no significant effect of gender on educational experience ($F(1, 275) = .396$; $p = .530$; partial $\eta^2 = .001$), number of mental health diagnoses ($F(1, 275) = .620$; $p = .432$; partial $\eta^2 = .002$) or negative peer association ($F(1, 275) = 8.14$; $p = .005$; partial $\eta^2 = .029$). Females were more likely to have risky and unstable family dynamics and to live in greater poverty.

A multiple regression analysis was conducted to understand whether the number of criminal offences perpetrated by males could be predicted based on family risk factors, school risk factors and negative peer association. The results of the analysis indicated the three predictors explained 14.7% of the variance in criminal charges, $F(3, 224) = 12.865$, $p < .001$, $R^2 = .147$. It was found that negative peer association predicted the number of criminal charges, $p < .001$. For every 1-point increase in negative peer score, there is a .439 increase in the number of criminal offences males were charged with. Family risk level was also found to be a significant predictor of criminal charges, $p < .05$. For every 1-point increase in family risk score, there is a .094 increase in the number of criminal offences males were charged with.

A simple linear regression analysis was conducted to understand whether the number of criminal charges acquired by females could be predicted based negative peer association. The results of the analysis indicated that negative peer association explained 9.6% of the variance in criminal charges, $F(1, 46) = 4.866$, $p < .05$, $R^2 = .096$. For every 1-point increase in negative peer score, there is a .363 increase in the number of criminal offences females were charged with.

Discussion

The present study examined gender differences among young offenders referred to an urban-based court clinic. It has been recognized that the majority of studies investigating the

needs and experiences of young offenders primarily focus on male young offenders and generalize the results to include female offenders (Conrad et al., 2014; Hubbard & Pratt, 2002; Zahn et al., 2008). This has resulted in services and interventions that are not gender-specific and often fail to identify the unique needs of females (Auty et al., 2015; Conrad et al., 2014; Cummings et al., 2004; Hubbard & Pratt, 2002; Odgers et al., 2010). In examining files at an urban-based court clinic, data regarding the experiences of both male and female youth across a number of domains was collected, including information about criminal behaviour, family dynamics and history, educational attainment, mental health, substance use, sexual behaviour, poverty and peer relationships. This data was used to answer three research questions: (1) What is the relationship between gender and youth crime, family dynamics, educational attainment, mental health, substance use, sexual behaviour, peer relationships and poverty?; (2) What are the unique pathways that lead male and female youth to crime?; and (3) What are the implications of differences between males and females in the youth criminal justice system? The following discussion will provide evidence towards each of the three research questions and will then discuss relevance to previous literature and research findings. Next, implications for policy development will be considered. Finally, limitations to the current study will be examined and suggestions will be provided for future research.

What is the Relationship Between Gender and Youth Crime, Family Dynamics, Educational Attainment, Mental Health, Substance Use, Sexual Behaviour, Peer Relationships and Poverty?

The relationship between gender, youth crime, family dynamics, educational attainment, mental health, substance use, sexual behaviour, peer relationships and poverty was examined using descriptive analyses. Further analyses were conducted based on the descriptive results. The number of offences committed by male and female youth fell between the range of 1 to 24;

however, there were three individual males that presented outside of this range, having committed 25, 41, and 65 offences respectively. Administration of justice offences, including failure to attend court, failure to comply with a probation order, breach of an undertaking and recognizance, and obstruction of police, were the most common offences committed by both male and female youth. This suggests that youth in the criminal justice system may need more support in navigating the youth justice system to ensure they meet requirements of probation and are able to attend court when required. It is interesting to note that over half of the females in the sample committed violent offences, with 50% having been charged with assault. Of the sample of males, 39.7% had committed violent offences, 25.8% having committed general assault. The majority of the young offenders, including both males and females were repeat offenders, reflecting the fact that youth referred to the court clinic are often chronic offenders. This also reinforces the finding that once charged, youth often incur further charges based on administration of justice offences. Violent offences were most often committed against a family member by both males and females. Next to family members, males were most likely to commit violent offences against an acquaintance, with females most likely to commit violence against a friend, authority figure, or group home resident. This suggests that relationship conflict, especially within the family, is a contributing factor to criminal offending by youth. Males were more likely to be persistent offenders, presenting with behaviours consistent with their offending behaviour before the age of 12 years. Females presented equally as both persistent and limited offenders, indicating that males may be more predictable in terms of early behaviour patterns indicating later criminal involvement.

Family Related Risk. Overall, females were more likely to have risky and unstable family dynamics. It was found that females experience significantly higher rates of sexual abuse, with

almost half of the sample being sexually victimized. Of the females who were sexually abused, most were victimized by someone outside of their family, followed by a member of their family, and a small portion had been abused by both a non-family and family member. Unstable family circumstances were consistent throughout the sample, with the majority of males and females having child welfare involvement at some point during their lives. This included crown wardship status and temporary and kinship care agreements. The parents of the male and female youth in the study presented with similar rates of criminal justice system involvement (14.4 % of males and 10.4% of females), mental health issues (43.2% of males and 41.7% of females), and substance abuse (24% of males and 27.1% of females). Males' family risk score was significantly correlated with their number of criminal charges, indicating that those who experience a greater number of family risk factors are likely to commit a higher number of criminal offences. When examined further, it was found that the family risk score was a predictor of the number of criminal offences for males, specifically as family risk factors increase, so do the number of criminal offences committed. This association was not found in females.

Education Related Risk. Educational attainment was examined with males and females performing similarly based on descriptive data. The majority of youth were attending school at least some of the time (68.6% of males and 75% of females). Approximately one out of four males and females were not meeting their current grade requirements, with a quarter of males and a third of the females having previously failed a grade. Suspensions also seemed to be common, with 58.5% of males and 45.8% of females having been suspended at least once. The majority of the sample reported that they found school difficult and on average, males and females attended about five schools in their lifetime. Organized activity participation was not common for the young offenders, with less than a third of males and about a fifth of females

reporting organized activity involvement. This is a concern, as aimless use of leisure time has been identified as a risk factor for youth becoming involved in antisocial activities and crime (Andrews & Bonta, 2010). It was found that males' education risk score was significantly correlated to their number of criminal charges, indicating that those who have more educational attainment risk factors are likely to have a higher number of criminal charges. This association was not found in females.

Mental Health Risk. Mental health issues were common among male and female youth in the sample, with 78% of males and 73% of females having at least one mental health diagnosis. Tables 4 and 5 provided comprehensive summaries of mental health diagnoses and features by gender. Mental health diagnoses and mental health features were further examined by categorization into internalizing and externalizing diagnoses and features. Males and females reflected similar rates of internalizing and externalizing mental health diagnoses and externalizing mental health features. Females demonstrated higher rates of internalizing mental health features than males. Specific internalizing mental health features were investigated based on this finding. Results indicated that females had significantly more post-traumatic stress features and suicidal ideations and intentions compared to males. Males and females did not significantly differ in their rates of self-harming behaviour. When investigating the relationship between offending and mental health issues, it was found that most of the males and females fit into the indirect relationship between mental health diagnoses and offending category, suggesting that mental health issues were present and may have contributed to the offense, but were not directly linked to the offending behaviour. Direct relationships between mental health and offending were found in 16.6% of males and 20.8% of females, with the specific offense linked to the nature of the mental health diagnosis being the most common direct link. No

relationship was found between the number of mental health diagnoses and offences committed for either gender.

Substance Use Risk. Similar rates for males and females with respect to substance abuse were found, with females engaging in slightly, but not significantly more drug and alcohol abuse than males. Cannabis was the most common drug used by both males and females, with approximately three-quarters of males and females engaged in cannabis use.

Sexual Risk. Females engaged in significantly riskier sexual behaviours than males, specifically unprotected sex and promiscuity. Some females were pregnant at the time of their court referral, or had been pregnant in the past. Females were also more likely to have been sexually exploited than males (17% vs 0.9%).

Friendship and Peer Groupings. When examining the youths' friend groups, it was found that the most common composition for males and females consisted of peers that were all considered as negative influences. Friend groups most commonly consisted of both same and opposite sex peers. Male and female youth also reported similar rates of gang affiliation. Patterns of lone and co-offending were similar for males and females, with two-thirds of males and females committing offences alone. For both males and females, negative peer association score was significantly correlated to their number of criminal charges, indicating that the more they engage with negative peers or are in situations where negative peer association is a risk, the more likely they are to have a greater number of criminal charges. Further analyses revealed that negative peer association acted as a predictor of the number of criminal offences perpetrated by male and female youth.

Poverty. Females were significantly more likely to live in deep-end poverty than males. Females were also more likely to have resided in a shelter, adding further evidence that females

involved in the youth criminal justice system often come from unstable family backgrounds. Male and female youth were equally likely to have been homeless. Poverty was not correlated with the number of criminal charges for males or females, reinforcing the claim that poverty does not cause criminal behaviour.

What are the Unique Pathways that Lead Male and Female Youth to Crime?

The second research question regarding gendered pathways to crime was answered through secondary analyses, as well as by summarizing the descriptive data. It is apparent that females present with greater instability when it comes to upbringing and family life. This was demonstrated by the significantly greater incidents of past physical and sexual abuse, neglect, emotional trauma, and overall higher family risk scores compared to males. It is also likely that females internalize their emotions, as observed through the higher prevalence of internalizing mental health features, specifically trauma and suicidality. It appears that female youth who find themselves in the criminal justice system have endured chaotic upbringings that involve unstable homes and an absence of stable supports. Females may end up living in shelters due to unsafe and unstable home environments, as seen in the disproportionate number of females who reported having lived in a shelter. It would appear that many females who end up in the criminal justice system have been struggling to survive, and thus spend increasing time with antisocial peers and engage in antisocial activity, such as crime and risky sexual behaviours, as a means to cope.

Age of Onset of Offending. The majority of males were persistent offenders, having displayed behaviour consistent with their offending behaviour prior to the age of 12 years. This is also reflected in educational attainment, as those who are engaging in antisocial behaviours demonstrate more educational attainment risk factors, such as failing grades and suspensions.

Based on the findings of this study, males who have higher family risk scores based on the number of family risk factors, and who associate with negative peers are more likely to commit criminal offences. Additionally, the greater the number of family and peer risk factors, the more chronic the male offender is likely to be.

What are the Implications of Differences Between Males and Females in the Youth Criminal Justice System?

Understanding the unique difference between male and female youth in the criminal justice system and their pathways into the system, allows for an examination regarding the implications of these differences. As the summary of court clinic recommendations that appears in Table 3 reflects, male and female youth have similar recommendation rates overall. Females reflected higher rates of recommendations for outpatient mental health and addiction counselling and psychiatric intervention, which is consistent with previous literature indicating that females have higher rates of mental health issues and with this study's finding that females have more internalizing mental health features. Females were also referred to the Mental Health Court more often than males, which again identifies that mental health may play a different role for females than males. Mental health might not only be a factor contributing to criminal involvement, but could act as a barrier to accessing services and interventions aimed at rehabilitation. The next step in the recommendation process is ensuring that the youth connect with the services that are being recommended.

A high proportion of females have undergone traumatic upbringings, and, based on these results, prior trauma is a significant factor for females in the youth criminal justice system. Trauma from within the family could indicate a lack of prosocial role models and support for the youth, which could not only be part of the pathway into criminal activity, but act as a barrier to

accessing necessary supports. Providing female youth with mental health counselling may be the first step in working through mental health issues linked to childhood trauma. Providing youth with a “system navigator” may be beneficial in ensuring that there is follow through on recommended services and access to community supports such as housing, supportive employment opportunities, and educational assistance. Navigating community services and the court system may be difficult and confusing for a youth, and having a supportive adult to help them navigate requirements and services may assist in reducing some of these barriers.

Risky sexual behaviour was also common among justice-involved female youth. These behaviours place young females at risk for contracting sexually transmitted infections and becoming pregnant. In an effort to reduce the cycle of traumatic and unstable upbringings, females should be provided with education and access to health care surrounding sexual health. Education regarding safe sexual practices is often taught in school and by parents, which with this sample of female youth, may not be a possibility since many do not reside at home and are also not attending school on a regular basis. Providing appropriate sexual health education to criminally-involved female youth may improve their safety and reduce their risk of becoming pregnant at a time when they may not be able to fully support a child.

Males often display offending-like behaviour prior to the age of 12 years, providing an important context and opportunity for early intervention. Encouraging family services for those who come from unstable households, which has been identified as a particularly strong predictor of criminal behaviour, and connecting male youth with prosocial activities, such as organized sports, may reduce their likelihood of criminal involvement. Again, system navigators may assist in ensuring that youth that are already involved in the criminal justice system gain access to the necessary supports and interventions, and that they abide by the requirements of the court.

Relevance to Previous Research

The most common offences in this sample were consistent with the trends found in offences committed by youth in the Canadian criminal justice system, specifically that male and female youth tend to commit similar types of crimes (Public Safety Canada, 2012; Statistics Canada, 2014). However, a finding unique to this study with a court clinic sample of youth, was that females demonstrated higher rates of violent offences compared to males. This may be an indication of the increasing incidents of physical aggression perpetrated by females, (Moretti, et al., 2004) or a sign of decreasing tolerance for acts of aggression perpetrated by females (Feld, 2009). In either case, the elevated rates of violence on behalf of females is of concern and should be a focus when providing services to females who have been charged with violent offences. Since this and previous research has found that females are most likely to violently offend against a family member or someone they know, interventions focused on promoting healthier relationships or ways of regulating emotions in times of conflict would be beneficial.

It is also important to recognize the rate of administrative offences, common for youth involved in the criminal justice system (Public Safety Canada, 2012). Moretti et al. (2004) state that, although these offences may appear minor, they can have major consequences by moving youth further into the criminal justice system. Again, this reinforces the importance in providing support to youth who are navigating the criminal justice system in meeting probation and court expectations and avoiding consequences that could result from non-compliance.

This study's findings were consistent with previous literature that reflect that male patterns of delinquency are more persistent compared to females, as males are more likely to display behaviours consistent with their offending behaviours prior to the age of 12 years (Moretti et al., 2004). Moretti et al. (2004) report that females are more likely to engage in

exploratory delinquency during adolescence, and that this behaviour is likely to occur over a shorter period of time compared to their male counterparts. This may be true for the females involved in this study who engaged in criminal behaviours at a later age than males. This finding suggests it may be easier to predict males' future delinquent behaviour based on earlier observations, which may not be apparent in females until they are adolescents.

Family risk factors, specifically for males, predicted the number of criminal offences committed, and was consistent with Wong's (2012) finding that youth who experience family disruption and disorganization have higher rates of delinquency. This was not true for females; however, this does not dismiss the finding that females involved in the criminal justice system reflect higher rates of family chaos, instability and abuse. It could be that, like Gavazzi et al. (2006) and Hubbard and Pratt (2002) suggest, family relationships have a greater impact on female delinquency reflected in their initial involvement in criminal behaviour, but not reflected in their individual offending rates. Furthermore, consistent with previous findings of significantly higher rates of abuse with females, this study found that females were more likely to experience sexual and physical abuse, neglect, emotional trauma, and family and domestic violence. This finding underscores that family dynamics contribute to a female's pathway into the criminal justice system. Research has found that, although male and female youth are running away from home at similar rates (Chesney-Lind and Sheldon, 2014), females are running away for different reasons. This study found that females were living in shelters and in deep-end poverty at higher rates than males, reflecting that females are leaving home to escape abusive family situations. The Canadian Centre for Justice Statistics (2007) reports that rates of sexual abuse by a family member were three times higher for females than their male counterparts, a finding reported in the present study.

Sexual victimization is linked to a female sexual abuse victim's internalizing symptoms and externalizing behaviours (Maschi et al., 2008). Females are more likely to experience internalizing behaviours resulting from the abuse, which in turn lead to externalizing delinquent behaviour. Males tend to demonstrate a direct link between victimization and externalizing behaviours (Chandy, Blum, & Resnick, 1996; Maschi, Morgen, Bradley, & Hatcher, 2008). Although no significant differences were found for externalizing behaviours between males and females, females displayed significantly more internalizing mental health features, including post-traumatic stress and suicidality. This finding reflects that male and female youth may have differing responses to sexual victimization, thus diverging their experiences of victimization and their pathways to delinquent behaviour.

As reflected in previous literature, youth under the supervision of child welfare agencies are overrepresented in the youth justice population (Bala et al., 2015). This study also supports this finding and speaks to the specific need for support for the vulnerable youth who are involved in child welfare. An overwhelming majority of youth involved in this study had previous or current involvement with child welfare agencies, which has been identified as a risk for more chronic and high-risk offending (Day et al., 2011).

Findings from this study for males support previous literature that suggests a link between educational attainment and criminal behaviour (Bunge, Johnson, & Baldé, 2005). Educational attainment risk factors were significantly linked to the number of criminal offences for males. Research suggests that this link can be explained by unemployment and underemployment due to poor educational attainment, which increases the likelihood of involvement in antisocial and high-risk behaviours (Alvi, 2012).

Mental health findings in this study were unique, suggesting that males and females displayed similar rates of mental health diagnoses. Consistent with previous literature, females in the present study experienced higher rates of internalizing mental health features, specifically trauma (Corrado et al., 2015; Gavazzi et al., 2006; Timmons-Mitchell et al., 1997; Zahn et al., 2008). If trends in the current study are indicative of overall Canadian trends, mental health interventions should be accessed consistently for both male and female youth in the criminal justice system. Also consistent with previous literature was the finding that the majority of criminally-involved youth display an indirect relationship between their mental health diagnoses and offending behaviour (Davis, Peterson-Badali, Weagant, & Skilling, 2015). Davis et al. (2015) identified in their Toronto-based court clinic sample that a small proportion of youth's offending was directly related to their mental health diagnoses. The majority of male and female youth in the current study reported substance use, which is associated with delinquency and criminal justice system involvement (Adams et al., 2013).

This study supports previous findings that delinquent peer association is a predictor for delinquency for both males and females. Previous research also states that this association is stronger for males than females (Piquero et al., 2005), which was a finding from the current study. Based on these findings, facilitating and encouraging association with prosocial peers and adults is important in providing youth with role models and support from individuals with prosocial values. Results of this study are consistent with current trends of offending, with lone offending being the most common pattern displayed by both males and females (Carrington & van Mastrigt, 2013). This suggests that although delinquent youth are likely to spend time with antisocial peers, they are more likely to commit criminal offences alone than with these peers.

Overall, this study supports the notion that female youth have unique needs in relation to male youth involved in the criminal justice system that must be addressed in order to provide the supports necessary to deliver effective intervention to justice-involved youth (Auty et al., 2015; Conrad et al., 2014; Cummings et al., 2004; Hubbard & Pratt, 2002; Odgers et al., 2010). Further, it identifies that policy development and research are essential in determining gender-specific needs and integrating them into a cohesive set of services aimed at prevention and reducing recidivism. Without research identifying gender-specific criminogenic needs, the information to inform policy development would be lacking and without policies to inform practices, service providers will continue to deliver interventions based on studies examining male populations and programming that has not been evaluated and determined effective (Bernfeld et al., 2003).

Implications for Policy Development

As reflected in previous literature, involvement in criminal activity is determined by a number of interacting and overlapping factors. What is clear however, is that it is the criminogenic needs, meaning those that are contributing to criminal justice system involvement, that should be the focus when providing intervention (Cooney et al., 2008). Gender-specific services are necessary due to the mounting evidence regarding the differential pathways and experiences of male and female youth in relation to justice system involvement.

Relevance for Intervention

This study identified and reinforced several areas that are unique to the females who are involved in the youth criminal justice system which are necessary to address in providing intervention and rehabilitation to delinquent and criminally-involved female youth. As previously mentioned, policy is necessary to inform services providing intervention to youth

involved in the criminal justice system in directing services that are connected to effective intervention. Based on the results of this study, policies regarding interventions for justice-involved female youth should be comprised of several specific areas. These primarily relate to family dynamics and relationships, trauma and abuse history, mental health with attention to internalizing disorders and features, sexual health, healthy romantic and interpersonal relationships, and support for housing and employment.

Administration of justice offences were the most common offence type perpetrated by females. This supports the necessity for policies surrounding increased support for females in understanding, navigating and adhering to criminal justice system expectations. Having policies in place that inform female-specific needs may assist in providing earlier effective interventions in hopes of reducing recidivism and even initial involvement in criminal offending.

Finally, with increasing research on the unique needs of female young offenders, there is an increasing need to introduce frameworks for the translation of findings reflected in this research into effective services and interventions. The issue of whether these interventions are accessible must be considered. Evaluation protocols are important to ensure that programs are meeting female-specific criminogenic needs and are implemented with fidelity. The above considerations are also relevant when funding is considered in meeting the needs of females involved in the youth criminal justice system.

Limitations

All files between the years 2010 and 2015 that had written consent were accessed for this research study. The sample included 229 male and 48 female participants. This is not representative of the 3:1 male to female ratio reported who are involved in the Canadian Youth Criminal Justice System. In an ideal situation, more females would be accessed in collecting

relevant information on the female experience to ensure a more accurate and comprehensive understanding of the unique needs of female justice-involved youth. The smaller ratio of females assessed at the court clinic may be indicative of the greater likelihood of the courts referring males for assessment than females.

Questions regarding ethnicity were not directly asked by assessors at the court clinic and therefore this information was not provided on a consistent basis in the youth's court clinic file. Over half of the population's ethnicity information was not available. This data could have been beneficial in identifying any patterns in terms of experiences and needs of females and males from different backgrounds and would have added to the demographic information used to understand the population being examined.

The DRI manual created for data collection was produced using a set number of randomly selected files to create a list of variable options. These files did not contain an exhaustive list of all possible options for each variable, and thus data collection was limited to the options contained in the sample files. Although very comprehensive lists with the most common options were used, there is room for improvement in creating increasingly comprehensive lists of variables. For example, this study included 32 possible mental health feature options. However, there are more mental health features in existence that could have been displayed by a youth in this study. Also, although files were quite inclusive and provided in-depth information, there were instances where information could not be found in a youth's file and therefore had to be coded as a missing variable. To improve comprehensiveness in data collection, face-to-face contact could increase participant data gathering. This could not be done in the current study due to confidentiality and privacy provisions.

Some of the information in the files was reported by the youth's guardian, or by the youth themselves. There is a potential for reporting bias. Because the youth and their families were already involved with the criminal justice system, there may have been hesitation to report aspects of the youth and family's history that would characterize them in a negative light. Although steps were taken to minimize misrepresentation and to gain further information through data from a wide range of agencies and services involved with the youth, there remains a risk for social desirability bias and misrepresentation. This risk was mitigated in part by the large sample size and comparison of data from multiple sources for each youth.

This study provided a snap shot of the past experiences of youth involved in a court clinic assessment. Longitudinal research could provide a more comprehensive understanding of the experiences of the youth as they make their way through the criminal justice system and would allow for an improved understanding regarding the circumstances that lead to persistence or desistence in the court system.

This study addressed gender through a dichotomous lens. It is important to note that the author of this study appreciates that gender is not a dichotomous variable. While more than a dichotomous variable was used for youth to characterize their sexual identities, a very small portion of the sample identified outside of the male and female labels. These few cases were removed from the analysis. Youth who identify as for example, transgender may have unique needs. As the number of youth who do identify outside of male or female increase in representation within the court system, research will need to focus on their unique needs.

Future Directions for Research

Future studies should strive to obtain greater numbers of female youth participants in order to obtain accurate and comprehensive data about the range of female experiences and

needs. There is no single pathway leading female youth to crime (Moretti et al., 2004), and thus understanding the multiple predictive risk factors is important in providing services and interventions that will address these multiple factors. Qualitative studies may also provide additional information in creating supplementary narratives to further explain quantitative data.

Conrad et al. (2014) reported that sexual abuse is a salient predictor of recidivism and this finding is important based on the large number of females in this study who reported previous sexual victimization. Further longitudinal research should examine the within-female group differences to determine if those who are victims of sexual abuse become involved in more chronic offending. This research could also examine the differences in the needs and effectiveness of interventions for victimized females.

A large majority of the population in this study had involvement in child welfare services. This vulnerable group has unique needs that are not currently being understood and addressed through the gendered lens of this study. Further research of this group is warranted. With no current policies in Ontario to address the needs of these individuals, and a lack of support from consistent caregivers, these child welfare involved youth require further advocacy from mental health and social justice professionals and researchers.

Finally, follow up research is needed to ensure that recommendations that appear in a court clinic report are in fact accessed. While the first step in understanding gender-specific needs is through assessment, there is a need to ensure that the services that are being recommended are indeed gender responsive to ensure their effectiveness.

Summary

This study provided a review of relevant information regarding the promotion of a gender informed understanding of the unique needs of female youth who become involved in the youth criminal justice system. It is the first step in addressing the larger issue of creating interventions

that are gender informed and can more effectively address the risk factors that are specific to the needs of female youth. While there is some overlap in the nature of certain behaviours with justice involved females and males, this as well as previous research has identified unique features and pathways for female youth who enter the justice system that needs to be considered if we are to develop a truly informed and effective gender sensitive response to all youth crime.

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**LETTER OF UNDERSTANDING
REGARDING THE ASSESSMENT PROCESS
ASSESSMENT SERVICES FOR
YOUTH IN CONFLICT WITH THE LAW**

Name: _____

1. This assessment was ordered by the Court and the report we prepare will be given to the Court. The Court is our client. This means that:
 - This is not like therapy where things are kept private.
 - Whatever we discuss and learn about you is not confidential.
 - In Court, information may be discussed openly in front of you, and others who are present.
2. There are also times when other people may need to be involved and information must be shared, by law. For instance:
 - If you told us that you wanted to harm yourself or someone else.
 - If you told us that someone is abusing a minor or causing them harm.
 - If you told us that you have been sexually abused by a licensed health care professional in Ontario (such as a physician, chiropractor, psychologist, nurse); however, we can do this without using your name.
 - If your file is subpoenaed by Court, we must provide the Court with a copy of the file.
 - If the College of Psychologists asks for the file in order to investigate a psychologist or ensure a psychologist is maintaining the appropriate standards or practice, then we must provide the College with that file.
3. From this assessment, we make recommendations to the Court that are expected to help stop you from getting into further trouble with the law.
4. While completing the assessment, the assessors may consult with other professionals at the Centre.
5. You should understand that it is your responsibility to obtain legal advice.
6. Should you have any concern with respect to the assessment process, you can initially discuss the matter with the assessor and/or, when necessary, the Clinic's Director.
7. The Clinic maintains non-identifying information about all referred cases as it is a research and training based agency.
8. You may be contacted in the future as a follow-up so we can get your feedback on the services and the outcome of the court process.
9. All information related to your services here is kept in a locked file. We follow the guidelines of the Personal Health Information Protection Act (PHIPA) and the Personal Information Protection and Electronics Documents Act (PIPEDA)
10. Your personal information may be shared if your file is selected for review by an on-site team, as part of the CCA (Canadian Centre for Accreditation). You have the right to choose not to participate in having your personal information disclosed.
11. Your signature below indicates you understand the above and agree to this assessment.

DATED at _____, Ontario this _____ day of _____, 20_____.

Signature of Witness

Signature of Youth

Signature of Parent/Guardian

Young person has agreed to participate in a file review by a team from the CCA.



February 5, 2016

Dr. Alan Leschied
Professor, Faculty of Education

Western University

Dear Dr. Leschied,

RE: Youth Justice and Poverty: Making Sense of a Complex Relationship

Thank you for submitting your project, "Youth Justice and Poverty: Making Sense of a Complex Relationship" to our office for review. Please note that after review by the delegated board members and the chair it was decided that this project does not require research ethics approval.

The Tri-Council Policy Statement 2: Ethical Conduct of Research Involving Humans Article 2.4 indicates "REB review is not required for research that relies exclusively on secondary use of anonymous information, or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information". It is the chair's understanding that as the data will be de-identified when you receive it, your research falls under this guideline.

I wish you the best of luck with your work.

Most sincerely,

Grace Kelly,
Ethics Officer

A – AGENCY INFORMATION

- | | | |
|---|--|--------------------------------|
| 1 | ID – Client ID Number | [Numerical] |
| 2 | YrAss – date information was received | [Numerical – Year 2010 – 2015] |

B – IDENTIFYING INFORMATION

- | | | |
|----|---|--|
| 3 | Age – age at time of assessment | [Numerical] |
| 4 | Gender – at time of assessment | [1= male; 2=female, 3=unidentified; 4=transsexual; 5=intersex; 6=Unsure] |
| 5 | SexOrient – sexual orientation at time of assessment | [1=Heterosexual; 2=Homosexual; 3=Bi-Sexual; 4=Queer; 5=Pan Sexual; 6=Asexual; 7=Questioning; 8=Unidentified; 9=Not Stated] |
| 6 | Preg – pregnant? | [1=Past; 2=Current; 3=No; 4=N/A] |
| 7 | Geo – originates from urban or rural area | [1=Urban; 2=Rural] |
| 8 | Home – currently living | [1=Parents; 2=Group Home; 3=Foster Home; 4=Homeless; 5=Detention; 6=Independent; 7=Relative's Home; 8 =Shelter] |
| 9 | Lang – first language | [1=English; 2=French; 3=Spanish; 4=Arabic 5=Farsi; 6=Chinese; 7=Polish; 8=Portuguese; 9=German; 10=Italian; 11=Korean; 12=Dutch; 13=Greek; 14=Other] |
| 10 | Relig - Religion | [1= Non-religious; 2=Roman Catholicism; 3=Christian; 4=Islam; 5=Hinduism; 6=Mennonite; 7=Buddhism; 8=Indigenous Faith 9=Other; 10=Not Stated] |
| 11 | Ethnicity | [1= Euro-Canadian (Caucasian); 2= Native-Canadian; 3= Black/African; 4= Asian-Canadian; 5= Hispanic-Canadian; 6= Mixed Ethnicity; 7= Other; 8= Not Stated] |
| 12 | Native – Native heritage | [1=Aboriginal; 2=Metis; 3=Inuit; 4=Other; 5=N/A; 6=Not Stated] |
| 13 | LegBio – is legal guardian biological parent? | [1=Yes; 2=No] |
| 14 | YEmploy – is youth employed? | [1=Yes; 2=No] |
| 15 | YHomeless – has youth Ever Been Homeless? | [1=Yes; 2=No] |

C – CHARGES AND COURT INVOLVEMENT

- | | | |
|----|--|---------------|
| 16 | PCtheftu - Theft under 5,000.00 | [1=Yes; 2=No] |
|----|--|---------------|

17	PCthefto - Theft Over 5,000.00	[1=Yes; 2=No]
18	PCfailtocom - Failure to Comply	[1=Yes; 2=No]
19	PCfailAtt - Failure to Attend Court	[1=Yes; 2=No]
20	PCbreach - Breach of Probation	[1=Yes; 2=No]
21	PCdt - Uttering a Death/Harm Threat	[1=Yes; 2=No]
22	PCSexA - Sexual Assault	[1=Yes; 2=No]
23	PCSexInt – Sexual Interference	[1=Yes; 2=No]
24	PCLoit - Loitering	[1=Yes; 2=No]
25	PCAssBH - Assault Causing Bodily Harm	[1=Yes; 2=No]
26	PCMisch - Mischief	[1=Yes; 2=No]
27	PCAttThe - Attempt Theft	[1=Yes; 2=No]
28	PCObstPol - Obstructing Police	[1=Yes; 2=No]
29	PCPossWep - Possession of a Weapon for a Dangerous Purpose	[1=Yes; 2=No]
30	PCCauDist - Causing Disturbance	[1=Yes; 2=No]
31	PCUttThr - Uttering a Threat to Cause Bodily	[1=Yes; 2=No]
32	PCPossIS - Possession of an Illegal substance	[1=Yes; 2=No]
33	PCSubAbT - Substance Trafficking	[1=Yes; 2=No]
34	PCProst - Prostitution	[1=Yes; 2=No]
35	PCGenAss - General Assault	[1=Yes; 2=No]
36	PCFirstMur - First Degree Murder	[1=Yes; 2=No]
37	PCSecoMur - Second Degree Murder	[1=Yes; 2=No]
38	PCAssWea - Assault with a Weapon	[1=Yes; 2=No]

39	PCTruanc - Truancy	[1=Yes; 2=No]
40	PCFireSett - Fire Setting	[1=Yes; 2=No]
41	PCStalking - Stalking	[1=Yes; 2=No]
42	PCRobbery - Robbery	[[1=Yes; 2=No]
43	PCFraud - Fraud	[1=Yes; 2=No]
44	PCPosUn – Possession Under \$5000	[1=Yes; 2=No]
45	PCPosOv – Possession Over \$5000	[1=Yes; 2=No]
46	PCBreak - Breaking and Entering	[1=Yes; 2=No]
47	PCOther – Other charge	[1=Yes; 2=No]
	Aggressive Offense against (Hands-on offenses only):	
48	OffFam - family member	[1=Yes; 2=No; 3= N/A]
49	OffFriend – friend	[1=Yes; 2=No; 3= N/A]
50	OffAcqu – acquaintance	[1=Yes; 2=No; 3= N/A]
51	OffStran – stranger	[1=Yes; 2=No; 3= N/A]
52	OffAuth – authority figure	[1=Yes; 2=No; 3= N/A]
53	OffFos - foster family member	[1=Yes; 2=No; 3= N/A]
54	OffGroup - group home resident	[1=Yes; 2=No; 3= N/A]
55	CoOrLone - Co-offender or Lone offender for current charge	[1=Co-offender; 2=Lone Offender]
56	YouthResp - Youth’s response to charge	[1=Evidence of Remorse; 2=Indifferent; 3=Defensive; 4=Denying Culpability; 5=Pride; 6=Blame the Victim; 7=No Response]
57	ParResp – Parent’s response to charge	[1=Disappointed; 2=Indifferent; 3= Blame others; 4=Defensive; 5=Minimizing; 6=Threatened; 7= No Response]
58	FirstChar - First charge	[1=Yes; 2=No]
59	NumChar - How many previous and current charges	[Numerical]
60	NumGuilt - Number of Previous and Current findings of guilt	[Numerical]
61	PrevCoLone – Previous and current pattern of offending suggests	[1=Co-offender; 2= Lone offender; 3=Both Co and Lone Offender; 4=N/A]
62	InvolPol – Number of involvements with police	[Numerical]

63	YrsYJS – Length of time involved in the YJS	[1= <1 year; 2= >1 Year; 3= >2 years; 4= >3 years]
Previous Experience in YCJS:		
64	PrevAltMes - Alternative Measures	[1=Yes; 2=No]
65	PrevComServ - Community Service Order	[1=Yes; 2=No]
66	PrevProb - Probation	[1=Yes; 2=No]
67	PrevCus - Custody	[1=Yes; 2=No]
68	YTC - Mental Health Court	[1=Yes; 2=No]
69	Det - Detention	[1=Yes; 2=No]
Previous Placement in YJS:		
70	PrevOpenD - Open Detention	[1=Yes; 2=No]
71	PrevSecD - Secure Detention	[1=Yes; 2=No]
72	PrevOpenC - Open Custody	[1=Yes; 2=No]
73	PrevSecC - Secure Custody	[1=Yes; 2=No]
74	YrsDet – Months spent in detention	[Numerical]
<u>D – SCHOOL HISTORY</u>		
75	School – Registered in school	[1=Yes; 2=No]
76	Grade – Present grade	[Numerical]
77	CredsCom –how many high school credits completed	[Numerical]
78	AttSchool – Does youth attend school	[1=Yes; 2=No]
79	AbSchool – If no to above, why?	[1=Negative attitudes towards school; 2= Family Circumstances; 3= Suspended; 4=Family Not Encouraged 5= Psychological issues; 6= Other; 7=N/A]
80	FailGr – Failed a grade	[1=Yes; 2=No]
81	ReasFail – Reasons why failed	[1= Not attending school; 2= Intellectual Disability; 3=Incomplete Work; 4=Transition; 5= Other; 6=N/A]
82	AcadAss – Ever formally assessed academically	[1=Yes; 2=No]
83	Excep – Identified as exceptional	[1=Yes; 2=No]
If yes to above was it:		
84	Gifted - Giftedness	[1=Yes; 2=No]
85	LearnDis - Learning Disability	[1=Yes; 2=No]
86	DevDis - Developmental	[1=Yes; 2=No]

87	Behav - Behavioural	[1=Yes; 2=No]
88	SpecEd – Special education program or specialized help	[1=Yes; 2=No]
89	SpecHelp – If yes to above, describe	[1= IEP; 2= homework group; 3= tutor; 4= EA; 5= N/A]
90	SchoDif – Does youth find school difficult	[1=Yes; 2 =No; 3 = Sometimes]
91	WhySchoDif – If so yes to above, why?	[[1= Intellectual Disability; 2= Trouble with Peers; 3= Difficulty with authority; 4=No Interest; 5= History of being Bullied; 6= Other; 7= School Hard; 8= N/A]
92	NumSchAtt – Number of schools attended since beginning kindergarten	[Numerical]
93	WhyNumSch – Primary reason for school changes	[1= Family Moves; 2=Expelled; 3= Problems with Peers; 4=Victim of Bullying; 5=Involvement in Justice System, 6=Trauma; 7=N/A]
94	DifTeach – Difficulty with teachers	[1=Yes; 2=No]
95	Suspend – Ever been suspended	[1=Yes; 2=No]

E – SOCIAL BEHAVIOURS/PEER RELATIONSHIPS

96	Friend – Youth has friends	[1=Yes; 2=No]
97	Older - Older friends	[1=Yes; 2=No; 3= N/A]
98	Younger – Younger friends	[1=Yes; 2=No; 3= N/A]
99	SameAge - Same age friends	[1=Yes; 2=No; 3= N/A]
100	SameSex - Same sex friends	[1=Yes; 2=No; 3= N/A]
101	OppSex - Opposite sex friends	[1=Yes; 2=No; 3= N/A]
102	GoodInf - Good influence friends	[1=Yes; 2=No; 3= N/A]
103	PoorInf - Poor influence friends	[1=Yes; 2=No; 3= N/A]
104	IntPartner – Youth has intimate partner	[1=Yes; 2=No]
105	LeadOrFoll – leader or follower	[1=leader; 2=follower]
106	SexConc – Concerns about sexual behaviour/attitudes	[1=Yes; 2=No]
107	DesSexConc – Describe sexual concerns	[1=Prostitution; 2=Unprotected Sex; 3=Exposure to Pornography; 4=Inappropriate Sexualized Comments; 5=Sexual Preoccupation and Distress; 6=Promiscuity; 7= Other; 8= N/A]
108	OrganActi – Youth participates in organized activities	[1=Yes; 2=No]

109	DesActNum – Number of organized activities	[Numerical]
110	Hobbies – Has hobbies or Interests	[1=Yes; 2=No]
111	DesHobb – Describe Hobbies or Interests	[1= Alone; 2= With Peers; 3=Family; 4=N/A]
112	FamTime – Spends time with family	[1=Yes; 2=No]
113	DesFamTim – Describe family time	[1= positive; 2=negative; 3=neutral; 4= N/A]
114	SocOfTies – Social ties outside family	[1=Yes; 2=No]
115	KindOfTie – Describe social ties	[1= positive; 2= negative; 3= both; 4= N/A]
116	SibStatus - Sibling Status	[1=Yes; 2=No]
117	SibAndLaw - Has sibling(s) been involved with the law	[1= Youngest; 2= Eldest; 3= Middle Child; 4=Only Child]
118	HalfSibLaw - Has half sibling(s) been involved with the law	[1=yes; 2=no; 3= N/A]

F – AGENCY INVOLVEMENT

119	AgOut – Outpatient Child/Youth Mental Health Agency	[1=Yes; 2=No]
120	AgIn – Inpatient Child/Youth Mental Health Agency	[1=Yes; 2=No]
121	AgBoth - In and Outpatient Child/Youth Mental Health Agency	[1=Yes; 2=No]
122	AgProbat - Previous Probation	[1=Yes; 2=No]
123	AgDare - Project DARE	[1=Yes; 2=No]
124	AgClinical - Clinical Supports Program	[1=Yes; 2=No]
125	AgHosp - Hospital for mental health	[1=Yes; 2=No]
126	AgGroup - Group Home	[1=Yes; 2=No]
127	AgPolice - Police	[1=Yes; 2=No]
128	AgChildWel – Child Welfare	[1=Yes; 2=No]
129	AgAddict - Addiction Treatment Facility	[1=Yes; 2=No]
130	AgDetent - Detention	[1=Yes; 2=No]
131	AgComPsych – Community	[1=Yes; 2=No]

	Psychiatrist	
132	AgCommCouns – Community Counselling	[1=Yes; 2=No]
133	AgDevDisabil – Developmental Disability Agency	[1=Yes; 2=No]
134	AgResTSexD – Residential Treatment Sexual Disorder	[1=Yes; 2=No]
135	YTC - Youth Treatment Court	[1=Yes; 2=No]
136	CSCN – Community Services Coordination Network	[1=Yes; 2=No]
137	AgTotalN – Total number of agencies	[Numerical]

G – CHILD WELFARE SYSTEM INVOLVEMENT

138	ChildWel - Child Welfare	[1=Yes; 2=No]
139	CWelCouns – Counselling	[1=Yes; 2=No; 3= N/A]
140	CWelComm - Community Supervision	[1=Yes; 2=No; 3= N/A]
141	CWelTemp - Temporary Care Agreement	[1=Yes; 2=No; 3= N/A]
142	CWelCrown - Crown Ward Status	[1=Yes; 2=No; 3= N/A]
143	CWelKin - Kinship Care Arrangement	[1=Yes; 2=No; 3= N/A]
144	AdoptCAS - Adoption through CAS	[1=Yes; 2=No; 3= N/A]

H – FAMILY LIFE

145	FamCurLiv – Currently living with	[1 = mother; 2=father; 3=both; 4=common-law; 5=step mother; 6=step father; 7=Alone; 8=Extended Family Member; 9=Sibling; 10=N/A]
146	Moves – Number of family moves since birth	[1=1; 2=2; 3=3; 4=4; 5=5-9; 6=10>]
147	MoveThem – If more than 5 moves, indicate theme	[1= Occupation; 2= Economic; 3=Social Service transfer; 4= Removed from home; 5= Criminal Charges; 6=Evicted/Unsanitary; 7=Poor Housing Conditions; 8=Gang Influence; 9=Relationship Conflicts; 10=CAS Inter; 11=N/A]
148	Adopt – Adopted	[1=Yes; 2=No]
149	Refugees - Refugee Status	[1=Yes; 2=No]
150	FamVio - History of or current family violence	[1=Yes; 2=No]

- 151 **Shelter** - Did youth ever reside in a shelter [1=Yes; 2=No]
- 152 **SeeViolen** - Evidence of child being present at the time of partner violence [1=Yes; 2=No]
- 153 **SexAbasPerp** - Youth as Perpetrator - sexual abuse [1=Yes; 2=No]
- 154 **SexAbasVict** - Youth as Victim - History of sexual abuse [1=Yes; 2=No]
- 155 **SexAbFam** - sexual abuse intra- or extra-familial where youth is victim [1= intra; 2=extra; 3=both]
- 156 **SexEx** – Evidence of ever being sexually exploited/sex trade [1=Yes; 2=No]
- 157 **Neglect** - Evidence of neglect [1=Yes; 2=No]
- 158 **EmotTra** - Evidence of emotional trauma [1=Yes; 2=No]
- 159 **PhysAbuse** – Evidence of physical abuse [1=Yes; 2=No]
- 160 **AgeConcern** - Age at which parents first identified concern of offending-type behaviours [Numerical]
- 161 **PerOrLimOff** - Persistent or limited offending (when did offending-like behaviours begin?) [1=persistent equal to or <12 age; 2=limited>age 12]

I – DEVELOPMENTAL HISTORY

- 162 **DevStatus** – Cognitive / Developmental Status [1= Low; 2= Moderate; 3= Severe; 4=Average Range; 5=Above Average; 6=N/A]
- 163 **SerChIll** – Serious Childhood Illness [1=Yes; 2=No]
- 164 **SerChAcci** – Serious Childhood Accident [1=Yes; 2=No]
- 165 **HeadInj** – Head Trauma / Injuries [1=Yes; 2=No]
- 166 **Hospital** – Any Hospitalization [1=Yes; 2=No]
- If hospitalized, what for?**
- 167 **HospMental** - Mental health reasons [1=Yes; 2=No]
- 168 **HospPhys** – Physical health reasons [1=Yes; 2=No]

- 169 **HospBothMP** – Both mental and physical health reasons [1=Yes; 2=No]
- 170 **ComPregBir** – Complications during pregnancy/birth of youth [1=Yes; 2=No]

J – MENTAL HEALTH

Formal Psychiatric Diagnoses:

- 171 **DiaFASD** - Diagnosis of FASD [1=Yes; 2=No]
- 172 **If yes to FASD, at what age** [Numerical]
- 173 **ADHD** – Attention Deficit Hyperactivity Disorder [1=Yes; 2=No]
- 174 **ODD** – Oppositional Defiant Disorder [1=Yes; 2=No]
- 175 **CD** – Conduct Disorder [1=Yes; 2=No]
- 176 **DiaAnxiety** - Anxiety [1=Yes; 2=No]
- 177 **DiaDepress** - Depression [1=Yes; 2=No]
- 178 **BPD** - Bi Polar Disorder [1=Yes; 2=No]
- 179 **PTSD** – Post-traumatic Stress Disorder [1=Yes; 2=No]
- 180 **APD** - Antisocial Personality Disorder [1=Yes; 2=No]
- 181 **Narciss** - Narcissism [1=Yes; 2=No]
***feature, not diagnosis**
- 182 **Psychosis** [1=Yes; 2=No]
- 183 **SleepCompl** - Sleep Complaints [1=Yes; 2=No]
***feature, not diagnosis**
- 184 **SchizoAff** - Schizoaffective Disorder [1=Yes; 2=No]
- 185 **DisrupMoodD** - Disruptive Mood Dysregulation Disorder [1=Yes; 2=No]
- 186 **TotDia** - Total number of diagnoses [Numerical]

Findings from Psychological Testing (elevation noted in clinical report):

- 187 **SocIn** – Socially Inhibited [1=Yes; 2=No]
- 188 **EmoIn** – Emotionally Insecure [1=Yes; 2=No]
- 189 **PWP** – Problems with Peers [1=Yes; 2=No]

190	PsychAnx – Anxiety	[1=Yes; 2=No]
191	PsychDep – Depression	[1=Yes; 2=No]
192	SocAnx – Social Anxiety	[1=Yes; 2=No]
193	PoorSE – Poor Self Esteem	[1=Yes; 2=No]
194	Suicide – Suicidal	[1=Yes; 2=No]
195	Agg_Peers – Aggression towards peers	[1=Yes; 2=No]
196	Agg_Adults – Aggression towards adults	[1=Yes; 2=No]
197	Agg_Fam - Aggression towards family members	[1=Yes; 2=No]
198	Agg_PA – Aggression towards peers and adults	[1=Yes; 2=No]
199	Autism – Autism	[1 = Low, 2 = Medium, 3 = High, 4 = None]
200	PsycPTSD – PTSD	[1=Yes; 2=No]
201	Somatic – Somatic Complaints	[1=Yes; 2=No]
202	CDTraum – Complex Developmental Trauma	[1=Yes; 2=No]
203	PsychSubA - Substance Abuse	[1=Yes; 2=No]
204	PreoccSexTh - Preoccupation with Sexual Thoughts	[1=Yes; 2=No]
205	SocialInsens - Socially Insensitive	[1=Yes; 2=No]
206	HomicIdea - Homicidal Ideation	[1=Yes; 2=No]
207	PsychAPD - Antisocial Personality Disorder	[1=Yes; 2=No]
208	PersonDis - Personality Disorder	[1=Yes; 2=No]
209	SocioPTend - Sociopathic Tendencies	[1=Yes; 2=No]
210	EatDisorder - Eating Disorder	[1=Yes; 2=No]
211	NSSI - Non Suicidal Self Injury	[1=Yes; 2=No]
212	Dysthymia - Dysthymia	[1=Yes; 2=No]
213	SubInPsychD - Substance Induced Psychiatric Disorder	[1=Yes; 2=No]
214	AttachD - Attachment Disorder	[1=Yes; 2=No]
215	AvoidPersD - Avoidant Personality Disorder	[1=Yes; 2=No]
216	BodyImageC - Body Image Concerns	[1=Yes; 2=No]
217	Hypervigil – Hypervigilance	[1=Yes; 2=No]
218	Apathy – Apathy	[1=Yes; 2=No]

219	PsychTTotal – Total number of psychological areas of concern	[Numerical]
220	MoodMed – Ever Prescribed Mood Alterant Medication If yes to medication (past or current), was it for:	[1=Yes; 2=No]
221	MedADHD – ADHD	[1=Yes; 2=No]
222	MedDep – Depression	[1=Yes; 2=No]
223	MedAnx – Anxiety	[1=Yes; 2=No]
224	MedBPD – Bi Polar Disorder	[1=Yes; 2=No]
225	MedSD – Sleep Disorder	[1=Yes; 2=No]
226	MedPsych – Psychosis	[1=Yes; 2=No]
227	AgeofSym – Age when mental health symptoms were first identified	[Numerical]
228	AgeofDia – Age when first diagnosed with mental health disorder	[Numerical]

K – CAREGIVER HISTORY (CAREGIVER #1 – MOST INVOLVED CAREGIVER)

229	A_Relation – Relationship to youth	[1 = mother, 2= father, 3= Stepmother, 4 = Stepfather, 5 = foster mother, 6 = foster father, 7= grandparent, 8 = other family member, 9= other, 10= adoptive mother, 11= adoptive father]
230	A_TeenPar – Teen parent of the youth being assessed	[1 = Yes, 2 = No, 3 = N/A]
231	A_TimeWCh – Length of time living with child (Years)	[Numerical]
232	A_MarStat – Marital status	[1 = Married, 2 = Cohabiting 2 = Single]
233	A_DivSep – Ever divorced or separated	[1=Yes; 2=No]
234	A_Cedu – Caregiver Education Completed	[1= None; 2= Elementary; 3= Highschool; 4 = Undergraduate; 5 = Above; 6= College]
235	A_Employ – Caregiver Employed	[1=Yes; 2=No]
236	A_Finance – Receiving Financial Support	[1 = EI, 2= OW, 3= ODSP, 4= Child Support]
237	A_Youth - Financial support received by youth	[1 = EI, 2= OW, 3= ODSP, 4= Child Support]
238	A_FreqInv – Frequency of Parental Involvement (Rated on scale of 1-5: 1=no-little involvement; 5= very involved)	[Numerical 1-5]

- 239 **A_DomVio** – Domestic Violence [1 = Yes, 2 = No]
 240 **A_PhyAg** – Physical Aggression [1 = Yes, 2 = No]
 (towards/from partner)
 241 **A_VerbAg** – Verbal aggression [1 = Yes, 2 = No]
 (towards/from partner)
 242 **A_PolCall** – Police being called [1 = Yes, 2 = No]
 (for domestic violence)
 243 **A_Crisis** – Caregiver Had [1 = Yes, 2 = No]
 Personal Crises

Was crisis a:

- 244 **A_Death** - Death [1 = Yes, 2 = No]
 245 **A_Sep** - Separation [1 = Yes, 2 = No]
 246 **A_EmoIll** - Emotional illness [1 = Yes, 2 = No]
 247 **A_PhysIll** - Physical illness [1 = Yes, 2 = No]
 248 **A_Nerves** - Problems with nerves [1 = Yes, 2 = No]
 249 **A_SubUse** - Issues with [1 = Yes, 2 = No]
 drugs/alcohol
 250 **A_FinStra** - Financial strain [1 = Yes, 2 = No]
 251 **A_Law** - Conflict with the law [1 = Yes, 2 = No]
 252 **A_FamSep** - Separation from [1 = Yes, 2 = No]
 family
 253 **A_MentalH** – Presence of Mental [1 = Yes, 2 = No]
 Health Problem History
 254 **A_FamMenH** – Extended family [1 = Yes, 2 = No]
 mental health problems present
 255 **A_Med** – On medication(s) [1 = Yes, 2 = No]
 256 **A_Impact** – crisis thought to [1 = Yes, 2 = No]
 have impacted youth

L – CAREGIVER HISTORY (CAREGIVER #2 – SECOND MOST INVOLVED CAREGIVER)

- 257 **B_Relation** – Relationship to [1 = mother, 2= father, 3= Stepmother, 4 = Stepfather, 5
 youth = foster mother, 6 = foster father, 7= grandparent, 8 =
 other family member, 9= other, 10= adoptive mother,
 11= adoptive father]
 258 **B_TeenPar** – Teen parent of the [1 = Yes, 2 = No, 3 = N/A]
 youth being assessed
 259 **B_TimeWCh** – Length of time [Numerical]
 living with child (Years)
 260 **B_MarStat** – Marital status [1 = Married, 2 = Cohabiting 2 = Single]

261	B_DivSep – Ever divorced or separated	[1=Yes; 2=No]
262	B_CEdU – Caregiver Education Completed	[1= None; 2= Elementary; 3= Highschool; 4 = Undergraduate; 5 = Above; 6= College]
263	B_Employ – Caregiver Employed	[1=Yes; 2=No]
264	B_Finance – Receiving Financial Support	[1 = EI, 2= OW, 3= ODSP, 4= Child Support]
265	B_Youth - Financial support received by youth	[1 = EI, 2= OW, 3= ODSP, 4= Child Support]
266	B_FreqInv – Frequency of Parental Involvement (Rated on scale of 1-5: 1=no-little involvement; 5= very involved)	[Numerical 1-5]
267	B_DomVio – Domestic Violence	[1 = Yes, 2 = No]
268	B_PhyAg – Physical Aggression (towards/from partner)	[1 = Yes, 2 = No]
269	B_VerbAg – Verbal aggression (towards/from partner)	[1 = Yes, 2 = No]
270	B_PolCall – Police being called (for domestic violence)	[1 = Yes, 2 = No]
	Caregiver Crises:	
271	B_Death - Death	[1 = Yes, 2 = No]
272	B_Sep - Separation	[1 = Yes, 2 = No]
273	B_EmoIll - Emotional illness	[1 = Yes, 2 = No]
274	B_PhysIll - Physical illness	[1 = Yes, 2 = No]
275	B_Nerves - Problems with nerves	[1 = Yes, 2 = No]
276	B_SubUse - Issues with drugs/alcohol	[1 = Yes, 2 = No]
277	B_FinStra - Financial strain	[1 = Yes, 2 = No]
278	B_Law - Conflict with the law	[1 = Yes, 2 = No]
279	B_FamSep - Separation from family	[1 = Yes, 2 = No]
280	B_MentalH – Presence of Mental Health Problem History	[1 = Yes, 2 = No]
281	B_FamMenH – Extended family mental health problems present	[1 = Yes, 2 = No]
282	B_Med – On medication	[1 = Yes, 2 = No]

- 283 **B_Impact** – caregiver crises is thought to have an impact on the youth [1 = Yes, 2 = No]

M – CAREGIVER HISTORY (ABSENT OR NONCUSTODIAL PARENT)

- 284 **C_Relation** – Relationship to youth [1 = mother, 2= father, 3= Stepmother, 4 = Stepfather, 5 = foster mother, 6 = foster father, 7= grandparent, 8 = other family member, 9= other, 10= adoptive mother, 11= adoptive father]
- 285 **C_TeenPar** – Teen parent of the youth being assessed [1 = Yes, 2 = No]
- 286 **C_MarStat** – Marital status [1 = Married, 2 = Cohabiting 2 = Single]
- 287 **C_Cedu** – Caregiver Education Completed [1= None; 2= Elementary; 3= Highschool; 4 = Undergraduate; 5 = Above; 6= College]
- 288 **C_Employ** – Caregiver Employed [1 = Yes, 2 = No]
- 289 **C_Finance** – Receiving Financial Support [1 = EI, 2= OW, 3= ODSP, 4= Child Support]
- 290 **C_Impact** – Crises of this parent thought to impact youth [1 = Yes, 2 = No]
- 291 **C_MentalH** – Presence or history of mental health issues [1 = Yes, 2 = No]
- 292 **C_ConStop** – Child has no contact with caregiver [1 = Yes, 2 = No]

N – PRESENTING PROBLEM LEADING TO THE LEGAL SYSTEM

Cause of problem (parent perspective):

- 293 **MH** – Mental health issues [1 = Yes, 2 = No]
- 294 **Impuls** - Impulsivity [1 = Yes, 2 = No]
- 295 **DrugAlch** - Drug and Alcohol [1 = Yes, 2 = No]
- 296 **SexBeh** - Inappropriate Sexual Behaviour [1 = Yes, 2 = No]
- 297 **SchoInt** - No interest in school [1 = Yes, 2 = No]
- 298 **Neg_Peer** - Negative Peers [1 = Yes, 2 = No]
- 299 **GangAct**- Gang Activity [1 = Yes, 2 = No]
- 300 **Account** - Lack of Accountability [1 = Yes, 2 = No]
- 301 **PSuper** - Lack of Parental Supervision [1 = Yes, 2 = No]

Help parent(s) believe youth need:

- 302 **Limits** – Setting of limits [1 = Yes, 2 = No]
- 303 **Bound** – Setting of boundaries [1 = Yes, 2 = No]
- 304 **LawUnder** - Clear understanding of the law [1 = Yes, 2 = No]
- 305 **AggCons** – Consequences for aggression [1 = Yes, 2 = No]
- 306 **MH_Res** – Mental Health Residential Treatment [1 = Yes, 2 = No]
- 307 **SubInter** - Substance abuse interventions [1 = Yes, 2 = No]
- 308 **Counsel** - Ongoing Counselling [1 = Yes, 2 = No]
- 309 **Mentor** - Mentor [1 = Yes, 2 = No]
- 310 **AppMed** - Appropriate Medication [1 = Yes, 2 = No]
- 311 **IDK** - Doesn't know [1 = Yes, 2 = No]

Previous Unsuccessful Efforts:

- 312 **PUEbadpeer** - Staying away from negative peers [1 = Yes, 2 = No]
- 313 **PUEdrugs** - Staying Away from Drugs [1 = Yes, 2 = No]
- 314 **PUEcouns** - Counselling [1 = Yes, 2 = No]

Youth experienced/ involved in:

- 315 **Drug** – Drug Use [1 = Yes, 2 = No]
- 316 **Alch** – Alcohol Use [1 = Yes, 2 = No]
- 317 **Pyro** – Fire Setting [1 = Yes, 2 = No]
- 318 **Gang** – Gang Activity [1 = Yes, 2 = No]
- 319 **SexVict** – Sexual Victimization [1 = Yes, 2 = No]
- 320 **Bully** – Bullying [1 = Yes, 2 = No]
- 321 **EmoDist** - Emotional Distress [1 = Yes, 2 = No]
- 322 **Harm** – Thoughts of Harming Self or Others [1 = Self; 2 = Others; 3 = Self and Others; 4 = No]

O – YOUNG OFFENDER'S STRENGTHS

- 323 **StrenPhys** - Physical [1 = Yes, 2 = No]
- 324 **StrenSoc** - Social /Interpersonal [1 = Yes, 2 = No]

325	StrenCog - Cognitive	[1 = Yes, 2 = No]
326	StrenEmo - Emotional	[1 = Yes, 2 = No]
327	StrenAcad - Academic	[1 = Yes, 2 = No]
328	StrenProsoc - Prosocial Attitude/Behaviour	[1 = Yes, 2 = No]
329	StrenPosAtt - Positive Attitude Towards Help Seeking	[1 = Yes, 2 = No]
330	StrenOther - Other	[1 = Yes, 2 = No]
331	NumStren - Number of strength areas	[Numerical]

P – ALCOHOL/SUBSTANCE USE

332	AlcAb – alcohol abuse	[1= Prior Use; 2= Current Use; 3= Prior and Current Use; 4= No evidence of alcohol use]
333	SubA - substance abuse (excluding alcohol)	[1= Prior Use; 2= Current Use; 3= Prior and Current Use; 4= No evidence of substance use]

Drugs used:

334	Cannabis - Cannabis	[1 = Yes, 2 = No]
335	Hash - Hashish	[1 = Yes, 2 = No]
336	Cocaine - Cocaine	[1 = Yes, 2 = No]
337	Meth - Methamphetamine	[1 = Yes, 2 = No]
338	LSD – LSD (Lysergic acid diethylamide)	[1 = Yes, 2 = No]
339	Heroine - Heroine	[1 = Yes, 2 = No]
340	MDMA - MDMA	[1 = Yes, 2 = No]
341	Steroids - Steroids	[1 = Yes, 2 = No]
342	PresAbuse - Prescription Abuse	[1 = Yes, 2 = No]
343	IntoxInhal - Intoxicative Inhalant	[1 = Yes, 2 = No]
344	Oxy – Oxycodone(Oxtcontin)	[1 = Yes, 2 = No]
345	TotDrugs - Total number of drugs used	[Numerical]

Q – RISK/NEED ASSESSMENT

346	RNA - Was there a RNA on file?	[1 = Yes, 2 = No]
347	RNAFam - Family Circumstance and Parenting	[1= low; 2= med; 3=high; 4 = N/A]
348	RNAEd - Education	[1= low; 2= med; 3=high; 4 = N/A]
349	RNAPRel - Peer Relations	[1= low; 2= med; 3=high; 4 = N/A]
350	RNASubA - Substance abuse	[1= low; 2= med; 3=high; 4 = N/A]
351	RNARec - Leisure / recreation	[1= low; 2= med; 3=high; 4 = N/A]

352	RNAPer - Personality	[1= low; 2= med; 3=high; 4 = N/A]
353	RNAAtt - Attitudes	[1= low; 2= med; 3=high; 4 = N/A]
354	RNAsum - Summary of RNA	[1= low; 2= med; 3=high; 4 = N/A]
355	RNA TotS – Total Risk Score	[1= low; 2= med; 3=high; 4 = N/A]
356	RNA SigFamT - Significant family trauma	[1=Yes; 2=No; 3=N/A]
357	RNA LearnD - Presence of a Learning disability	[1=Yes; 2=No; 3=N/A]
358	RNA VicNeg - Victim of Neglect	[1=Yes; 2=No; 3=N/A]
359	RNA Depress - Depression	[1=Yes; 2=No; 3=N/A]
360	RNA PSocSk - Poor Social Skills	[1=Yes; 2=No; 3=N/A]
361	RNA HisSPAs - History of Sexual/Physical Assault	[1=Yes; 2=No; 3=N/A]
362	RNA AsAuth - History of assault on authority figures	[1=Yes; 2=No; 3=N/A]
363	RNA HisWeap - History of use of weapons	[1=Yes; 2=No; 3=N/A]
364	CaseMAs - Case managers assessment of Overall Risk	[1 = Low, 2 = Moderate, 3 = High, 4 = Very High]
365	ClinOver - Was clinical override used	[1 = Yes, 2 = No]
366	ClinOverRisk - If yes to clinical override was it..	[1=Lower Risk; 2= Higher Risk; 3=N/A]

R – RECOMMENDATIONS FROM ASSESSMENT

367	Custody - Custody	[1 = Yes, 2 = No]
368	CustType - If Custody was it..	[1= Secure; 2 = Open; 3 = No Custody]
369	CustDur - If Custody, how long?	[1 = less than one week; 2 = one month; 3 = 2-6 months; 4 = 7-12 months; 5 = 12+ months; 6 = N/A]
370	Probation - Probation	[1 = Yes, 2 = No]
371	ComServOrd - Community Service Order	[1 = Yes, 2 = No]
372	OutPCoun - Outpatient Counselling	[1 = Yes, 2 = No]
373	ResTreat – Mental Health Residential Treatment	[1 = Yes, 2 = No]
374	AddictTreat - Treatment for Addictions	[1=outpatient; 2=residential; 3=No]

385	SexOffTreat- Treatment for Sex Offending	[1=outpatient; 2=residential; 3=No]
376	PsychInt- Psychiatric Intervention	[1 = Yes, 2 = No]
377	AttendCen- Attendance Centre	[1 = Yes, 2 = No]
378	IIS - Intensive Intervention Service (IIS)	[1 = Yes, 2 = No]
379	IRS – Intensive Reintegration Service (IRS)	[1 = Yes, 2 = No]
380	IntHom- Intensive Home Based Intervention	[1 = Yes, 2 = No]
381	AltSchProg- Alternative School Programming	[1 = Yes, 2 = No]
382	ReinPlan - Reintegration Planning	[1 = Yes, 2 = No]
383	IndigInt - Indigenous Based Intervention	[1 = Yes, 2 = No]
384	MHCourt- Mental Health Court	[1 = Yes, 2 = No]
385	FurtherAss - Further Specific Assessment	[1 = Yes, 2 = No]
386	EquineT - Equine Therapy	[1 = Yes, 2 = No]
387	FamCouns - Family Counselling	[1 = Yes, 2 = No]
388	SupEmpOpp – Supporting Employment	[1 = Yes, 2 = No]

S – MENTAL HEALTH COURT INVOLVEMENT

389	MHCrt - Was youth's case heard in the Mental Health / Youth Treatment Court?	[1 = Yes, 2 = No]
390	MHrelate - In the opinion of the assessor was the presence of a mental health disorder related to the committal of any of the youth's offenses?	[1=Directly Related; 2=Indirectly Related; 3=Not related]
391	DirectRel - If directly related, how?	[1=Medication; 2=Psychoses; 3=Intoxication at the time of the offense; 4=Offense linked to the specific nature of the Psychiatric Diagnoses; 5=Offense Pattern linked to Abuse History/Obtain Drugs; 6=N/A]

392 **HistLFCC** - History with London [Numerical]
Family Court Clinic: Number of
Assessments

Intake Form for Accompanying Adult (Caregiver)

Section 1 – **** filled out by Agency Staff ****

Intake Worker: _____

Intake Date: _____ Date Information was received: _____

File Number: _____

Names of Person(s) filling out information: _____

Relationship(s) to youth: _____

Instructions:

Please answer the following questions to the best of your ability. Please feel free to write on the back of the sheets if necessary. The assessment process involves gathering information that will help us to formulate a recommendation to the Youth Court around sentencing. It is important for us to better understand this youth's life circumstances, challenges, and strengths. Thank you for taking the time to be here to assist us with this task.

Section 2 – Identifying Information:

2a. Youth

Youth's Name: _____

DOB (day/month/year): _____ Age: _____

Address: _____

Phone Number: _____

Where is youth currently living? _____

With whom are they living? _____

If currently in detention, date youth entered detention: _____

City of Birth: _____ Language (spoken at home): _____

Religion: _____ Practising (yes/no) : _____

Lawyer's Name: _____ Phone Number: _____

Native Heritage: yes: _____ no: _____

2b. Parent(s)/Guardian

Legal Guardian(s): _____

Address: _____

Phone Number: _____ Cell #: _____

if different than above

Mother: _____

Address: _____

Phone Number: _____ Cell #: _____

Can you be contacted at work? YES NO Work Phone #: _____

Father: _____

Address: _____

Phone Number: _____ Cell #: _____

Can you be contacted at work? YES NO Work Phone #: _____

52

Section 3 – Charges/Court Involvement:

3a. Present Charges:

Please list all present charges, any details about charges (eg. events that led up to charge, whether youth committed charge alone or with others, youth’s response to charges, your response to charges:

3b. Previous Charges:

Please list all previous charges, circumstances that led to charges, outcome of court in relations to charges:

3c. Previous Police Involvement:

Please list any contact this youth may have had with the police or police family consultants in the past that did not result in any charges:

3d. Is there a Probation Officer (PO) involved at present: YES NO *If yes ...*

Name of PO: _____ City: _____

Length of order: _____ Date of termination: _____

3e. Has probation been involved in the past: YES NO *If yes ...*

Name of PO: _____ City: _____

Length of order: _____ Date of termination: _____

Section 4 – School History:

4a. Is the youth registered in school? YES NO

Present grade: _____ If in High School, how many credits does student have: _____

4b. Present School: _____ Previous School: _____

School Board : _____ Previous Board: _____

4c. Does the Youth attend school? YES NO

If no, please state reason: _____

4d. Has the youth ever failed a grade? YES NO

If yes, please explain: _____

4e. Has youth been in a specialized education program or received special help? YES NO

If yes, please describe: _____

4f. Does youth find school difficult? YES NO

If yes, please describe: _____

4g. How many schools has this youth attended, since Kindergarten?

1 2 3 4 5 or more

If more than 5, please indicate reason for the many changes: _____

4h. Does youth have difficulty getting along with teachers? YES NO

If yes, please describe: _____

Section 5 – Social Behaviours / Peer Relationships

5a. Does the youth have friends: YES NO

If yes, please circle all that apply:

older	younger	same age	same sex	opposite sex
	good influence		poor influence	

Is this youth seen as a leader or a follower in a group of peers? _____

5b. Are you concerned about sexual behaviour / attitude? YES NO

If yes, please describe your concerns: _____

5c. Does the youth participate in organized activities? YES NO

Please list: _____

5d. Does the youth have any interests or hobbies? YES NO

Please list: _____

5e. Does the youth spend time with family? YES NO

Please describe: _____

5f. Does the youth have any significant social ties to other adults outside immediate family? YES NO

Please describe: _____

6a. Has your family been involved with CAS? YES NO
 If yes, is your family still involved with CAS? YES NO
 Length of Involvement: _____
 Name of Worker: _____
 Location: _____ Phone Number: _____

6b. Has your family been involved in Family Court? (eg. For custody and access, separation / divorce reasons) YES NO

6c. Has your son / daughter been caught in the middle of the court issue? YES NO
 Please describe: _____

Section 7 – Family Life:

7a. Does the youth reside with? (please circle)

Mother	Father	Both	Common-law Partner
Step-mother	Step-father	other: _____	

7b. How many times has the youth moved since birth?
 1 2 3 4 5 or more 10 or more
 If more than 5, please indicate reason for so many changes: _____

7c. Does this youth have a Brother(s) or Sister(s)? YES NO

If yes, please list

Name	Age	Gender	Full / half / step sibling	Are they in conflict with the law?	Relationship with youth (eg. close, good, average, fight)

7d. Please describe youth's relationship with family members: _____

Section 8 – Developmental History

8a. At what age did the child begin to walk? _____

At what age did the child begin to talk? _____

At what age was the child toilet trained? _____

Has the youth had a serious illnesses? YES NO

Has the youth had any serious accidents? YES NO

Any head injuries? YES NO

Were there any complications during pregnancy/birth with youth? YES NO

Were there family problems at the time of birth? YES NO

Has the youth ever been hospitalized? YES NO

If yes, what hospital(s): _____

If you answered yes to any of the above questions, please explain: _____

8b. Has youth ever had a psychiatric/psychological assessment? YES NO
If yes, please describe reason for this assessment and name of the assessor(s): _____

8c. Is the youth currently taking any medication? YES NO
If yes, specify type, amount, when and reason for medication: _____

8d. Has youth previously taken medication? YES NO
If yes, specify type and length of time: _____

Section 9 – Parental History

9a. Parent:

Your relationship to the youth (eg. biological mom, step-father etc.): _____

Name: _____

D.O.B.: _____ Age: _____ Place of Birth: _____

Length of time living with child: _____

Current Marital Status:

Married	Single	Separated	Divorced	Common-law
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Dates of Marriages/Separations/Divorces/Common-law unions: _____

Date(s) of changes in parent's custody of child: _____

Religion: _____ Language: _____

Education Completed:

1-8	9-10	11-13	College	University
-----	------	-------	---------	------------

Current occupation: _____

Employer: _____

Other means of Financial Support:

EI	OW	ODSP	Child Support
----	----	------	---------------

9b. How many partners have you been involved with since the youth's birth?

1	2	3	4	5 or more
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9c. Have any of these relationships involved:

Domestic violence YES NO

Aggression YES NO

Verbal aggression YES NO

Police being called YES NO

If yes to any of these, please explain: _____

9d. Please describe any significant personal crisis in your life:
(include things such as death, separation, emotional illness, physical illness, problems with "nerves", issues with drugs/alcohol, financial strain, conflict with the law, separation from family etc.)

9e. Any mental health issues, presently or in the past: _____

9f. Are there members of your extended family with mental health problems? _____

9g. Medications for above: _____

9h. How do you think these crisis may have impacted this youth? _____

9i. What do you like best about this youth: _____

Section 10 – Parental History

(Please fill out the following for the second parent/parent figure living in the home with the youth.)

10a. Biological Parent or Step-Parent

Their relationship to the youth (eg. biological mom, step-father etc.): _____

Name: _____

Age: _____ Place of Birth: _____

Length of time living with child: _____

Marital Status:

Married	Single	Separated	Divorced	Common-law
---------	--------	-----------	----------	------------

Religion: _____ Language: _____

Education Completed:

1-8	9-10	11-13	College	University
-----	------	-------	---------	------------

Current occupation: _____

Employer: _____

Other means of Financial Support:

EI	OW	ODSP	Child Support
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10b. Please describe any significant personal crisis in this person's life:

(include things such as death, separation, emotional illness, physical illness, problems with "nerves", issues with drugs/alcohol, financial strain, conflict with the law, separation from family etc.)

10c. Any mental health issues, presently or in the past: _____

10d. Medications for above: _____

10e. How do you think these crisis may have impacted this youth? _____

10f. What do you like best about this youth: _____

Section 11 – Parental History

*(Please fill out the following for a Biological or Step-Parent that **no longer** lives with the youth.)*

11a. Non-custodial or Absent Parent

Their relationship to the youth (eg. biological mom, step-father etc.): _____

Name: _____

Age: _____ Place of Birth: _____

Current address (City, town, Province etc.): _____

Marital Status:

Married	Single	Separated	Divorced	Common-law
---------	--------	-----------	----------	------------

Religion: _____ Language: _____

Education Completed:

1-8	9-10	11-13	College	University
-----	------	-------	---------	------------

Current occupation: _____

Employer: _____

Other means of Financial Support:

EI	OW	ODSP	Child Support
----	----	------	---------------

11b. Please describe any significant personal crisis in this person's life:

(include things such as death, separation, emotional illness, physical illness, problems with "nerves", issues with drugs/alcohol, financial strain, conflict with the law, separation from family etc.)

11c. Any mental health issues: _____

11d. Please describe youth's current contact and relationship with this person: _____

11e. If youth no longer sees this parent, when was the last contact? _____

11f. Why did contact stop? _____

Section 12 – Presenting Problem

(Leading to youth's involvement with the legal system)

12a. What do you see as this youth's major problem? _____

12b. When did this youth's problems begin? _____

12c. In your opinion, what sort of help does this youth need? _____

12d. What has not worked in the past, please describe why you think it has not been successful? _____

12e. Do you have a reason to believe this youth is involved in or experiencing any of the following?

Drug use	YES	NO
Alcohol use	YES	NO
Fire setting	YES	NO
Gang activity	YES	NO
Sexual victimization	YES	NO
Bullying	YES	NO
Emotional distress	YES	NO
Thoughts of harming self or others	YES	NO

Please explain: _____

Section 13

13a. Is there anything else that is important for us to know about the family and/or the youth?

Section 14

14a. Please tell us what you see as this youth's strengths: _____

Curriculum Vitae

Name: Jordyn Grace Webb

Post-Secondary Education and Degrees: Western University
London, Ontario, Canada
M.A. Counselling Psychology
2015 – 2017

The University of Guelph
Guelph, Ontario, Canada
B.A. Psychology (Honours)
2010 – 2014

Honours and Awards: Social Science and Humanities Research Council
Canada Graduate Scholarship Master’s Award
2016 – 2015

Western University Entrance Scholarship
2015 – 2016

Related Work Experience: Focused Family Therapy Intern
Vanier Children’s Services
2016 – 2017

Research Assistant
London Family Court Clinic
2015 – 2016

Caseworker
Big Brothers Big Sisters of Peterborough
2014 – 2015

Assistant to the Crime Analyst
Peel Regional Police
2013

Youth Worker
Avalon Specialized Services
2012