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Crossover Kids: Maltreatment Experiences, Subsequent Maladjustment, and Systems of Care

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Abstract

Recent research suggests that youth (12-16) who have experienced the Child Welfare System (CWS) are more likely to be involved in early criminal and delinquent behaviour. These youth who are involved in this system of care are more likely than youth in the general population to "crossover" into another system of care - The Youth Justice System (YJS). While the CWS does not cause youth to crossover to the YJS, precipitating experiences such as maltreatment histories, mental health concerns, and psychosocial issues are possible factors that may exacerbate problems experienced in the CWS. The current study focused on these precipitating events and their relation to the context in which youth crossover from the CWS into the YJS. Two hundred and ninety-nine archival young offender files of Canadian youth were sampled from an urban-based court clinic between the years 2010 and 2016 for the current study. Descriptive analyses revealed that nearly 90 percent of crossover youth had a history of maltreatment and approximately 60 percent were poly-victims – having experienced two or more different types of maltreatment. Variables related to levels of maladaptation such as, youth who began offending earlier and those who utilized more CWS-related community supports were more likely to classified as crossover youth. The relevance of the current findings are discussed as they relate to policy, practice, and intervention with these justice involved youth.

Keywords: youth justice, child welfare system, maltreatment, systems of care

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CROSSOVER KIDS: MALTREATMENT EXPERIENCES, SUBSEQUENT MALADJUSTMENT, AND SYSTEMS OF CARE

Introduction

Childhood and adolescence reflect critical periods of growth and development. As such, any form of maltreatment during these developmental stages can lead to varying degrees and types of maladjustment throughout the life course (Thornberry, Henry, Ireland, & Smith, 2010). For many of these victims, the Child Welfare System (CWS) is a common route in helping to provide safety and support. Though supportive as this system seeks to be, not all of these maltreated young people adapt to CWS interventions. For some, early maltreatment is related to a future of criminal activity (Thornberry et al., 2010). When these crimes are committed, it is not uncommon for these young people to crossover from the CWS into the Youth Justice System (YJS) (Finkelhor, Cross, & Cantor, 2005). The complexities of the conduits taken by maltreated youth from care to custody have been largely understudied (Finlay, 2003).

This overview will focus on childhood/adolescent maltreatment, and how it creates a context in which youth are placed in CWS care and subsequently crossover to YJS care. This review will also seek to elucidate the differential effects of maltreatment that children/ youth can experience, the individual differences of experiencing maltreatment, the CWS's role in processing maltreated youth, and how the YJS responds to children/youth who crossover from the CWS.

The purpose of the current research is to better understand who crossover youth are, the effects of maltreatment, and the paths they take crossing over from the two systems of care. It is hypothesized that maltreatment will create a unique context to better understand how youth/children crossover from CWS into YJS. It is also hypothesized that each type of maltreatment measured will be predictive of delinquent activity that leads children/youth from

CWS into YJS. It is the hope that this research will inform more effective interventions for helping maltreated youth and highlight the needed collaboration between the Child Welfare System and the Youth Justice System.

Literature Review

Child/Youth Maltreatment

Maltreatment research with childhood and adolescent populations has an expansive literature ranging on many subjects and depths of exploration. Maltreatment is defined as "…any act or series of acts of commission or omission by a parent or other caregiver (e.g., clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child" (Child Abuse and Maltreatment, 2016). Common terms associated with child/youth maltreatment are trauma, victimization, and abuse. For the purpose of this review and study, all of these terms will be used interchangeably to refer to the definition mentioned above.

In the United Sates, a national study found that there were 670,000 confirmed cases of child/youth maltreatment in 2014 (Wildeman, Emanuel, Leventhal, Putnam-Hornstein, Waldfogel, & Lee, 2014). Focusing on type of maltreatment, another US study by Hussey, Chang, and Kotch (2006) reported that childhood and adolescent maltreatment was common in nationally representative sample of 15,000 respondents. Specifically, 41.5% of respondents reported being neglected, 28.4% were physically maltreated, and 4.5% were sexually victimized. In Canada, there were an estimated 86,000 substantiated cases of child and youth maltreatment investigated in 2008 (Public Health Agency of Canada, 2010a). This national incidence study on maltreatment focused on five areas of trauma: physical, emotional, and sexual maltreatment, vicarious trauma related to domestic violence (VTRDV), and neglect. VTRDV and neglect were most prevalent, followed by physical, emotional, and sexual maltreatment, respectively (Public Health Agency of Canada, 2010a).

In agreement with the Public Health Agency of Canada (2010a) report, the Canadian Red Cross (2016) highlights and defines five main areas of child maltreatment: 1) *Physical abuse*: "When a person of trust or of authority purposefully causes or intends to cause physical injury to a child/adolescent", 2) *Emotional maltreatment:* "A chronic attack on a child or youth's self-esteem by a person in a position of trust or authority which can include rejecting, degrading, isolating, terrorizing, corrupting, ignoring, and exploiting", 3) *Vicarious Trauma Related to Domestic Violence:* "When children or youth witness violence being done by one family member to another", 4) *Sexual abuse:* "when a younger or less powerful person is used by an older or more powerful child, youth or adult for sexual gratification and can be described as contact or non-contact sexual abuse", 5) *Neglect:* "The chronic inattention to the basic necessities in life such as, but not limited to, supervision, education, healthy diet, clothing, shelter, and moral guidance of discipline". These prevalence rates and definitions are important contributions to maltreatment research. Much of the literature has focused on the differential negative impacts of these types of maltreatment on children/youth particularly within the areas of mental health, psychosocial problems, and maladaptive behaviour.

Types of Maltreatment and Differential Impact

Research into the area of child/youth maltreatment and subsequent maladjustment has focused on symptomology of those who are victimized. A commonly recognized relationship within the literature lies between childhood/youth maltreatment and Post-Traumatic Stress Disorder (PTSD) symptomology (Briere, Kaltman, & Green, 2008). Scott (2007) studied a clinical and non-clinical sample of men and women who were victimized in childhood/adolescence. Their findings suggest a relationship between maltreatment and level of PTSD symptoms such that sexual and physical maltreatment, and VTRDV are positively

correlated with the number of PTSD symptoms present. Furthermore, Boney-McCoy and Finklehor (1995) found that abuse, especially sexual abuse in a nationally representative sample of 2000 American youth, exacerbates the symptoms associated with PTSD in wake of the maltreatment experience and in later development. Additionally, these findings persisted when background variables such as youth's gender, socioeconomic status, race, and geographic location were controlled. PTSD-related symptoms can include anxiety, depression, anger, somatic complaints, and dissociations (Follette, Polusny, Bechtle, & Naugle, 1996).

The severity and complexity of post-maltreatment can vary and researchers have developed models to explain the relationship between trauma and PTSD symptom complexity. The additive model of trauma suggests that there is a linear relationship between PTSD symptoms and the number of traumas experienced. That is, for every victimization a child/youth experiences, the more PTSD-related symptoms will be present (Sameroff, Seifer, Baldwin, & Baldwin, 1993). Another model present in the literature is the threshold model. This concept postulates one of two effects: 1) there are very few symptoms present up to a certain number of times being victimized or severity of victimization, but once a child/youth passes this threshold there is a significant increase in maladaptive symptoms, suggesting a quadratic relationship (Appleyard, Egeland, van Dulmen, & Sroufe, 2005); or 2) there is a threshold after which subsequent maltreatment experiences do not significantly increase PTSD-related symptomology, indicating a saturation effect (Morales & Guerra, 2006).

These models provide a broad context under which child/youth maltreatment can be studied. However, it is also essential to study the specific maladaptation stemming from maltreatment. The knowledge on the specific impact of each type of maltreatment can better inform intervention services in order to better meet the needs of this vulnerable and traumatized

population. Therefore, the differential impact of each type of maltreatment needs to be taken into consideration to better understand the relationship between maltreatment and child/youth maladaptation.

Physical Maltreatment. Child/youth maltreatment is rarely an isolated event. Different family and environmental factors can combine to contribute to a child/adolescent's healthy or unhealthy development. Yet, for some researchers, maltreatment, such as physical abuse, can contribute to a young person's maladjustment above and beyond other factors such as neighbourhood, school, or family problems (Springer, Sheridan, Kuo, Carnes, 2007).

The effect of physical maltreatment has been among the most well studied areas of child abuse, with research dating back before the 1960s (Paulson & Blake, 1969). A commonly referenced theory on the impact of physical maltreatment is the Cycle of Violence Theory (Widom, 1989). This theory posits that children who are physically abused, are at a higher risk of becoming violent as they age. This later violence can include instrumental aggression in using violence to attain a certain outcome, and reactive aggression, which is related to high sympathetic system arousal and the motivation to protect oneself from real or perceived threats (Berkowitz, 1993). Oftentimes this reactive violence is related to a poor developmental repertoire of dealing with stress or conflict which leads to an atypical hyper-vigilance to environmental cues signalling danger or threats even when none are present (Pollak, Cicchetti, Klorman, & Brumaghim, 1997).

There are a multitude of studies supporting the cycle of violence theory (Horan & Widom, 2015; Shield & Cinchetti, 1998). Using data on adolescents from the Rochester Youth Development Study who were physically abused as children, Smith, Ireland, & Thornberry (2005) found that being physically maltreated as an adolescent increases the risk for being

violent in later adolescence and in early adulthood. The authors suggest that developmental exposure to direct violence creates legitimizations and internal models for violence. However, future violent behaviour is not the sole negative impact of child/youth physical maltreatment. Physical victimization of young people has been linked to various negative outcomes such as attention deficit disorder diagnoses (Shield & Cichetti, 1998), emotional dysregulation (Baglivio et al., 2015; Egeland, Yates, Appleyard, & Dulmen van. 2002;), increased levels of depression (Springer et al, 2007; Wolfe, Scott, Wekerle, & Pittman, 2001), and anxiety (Kim & Cicchetti, 2010; Goldsmith, Freyd, & DePrince, 2009).

Sexual Maltreatment. Relative to physical maltreatment, the prevalence rate for sexual victimization is much lower on a national scale (Public Health Agency of Canada, 2010a). However, similar to physical maltreatment, the negative effects of sexual maltreatment are wide ranging. Dube et al., (2005) compared children/ youth who were sexually maltreated, with non-sexually abused children, and found that both male and female children who experienced sexual victimization were two to three times more likely to have a suicide attempt and to have relationship problems in adulthood. Furthermore, being sexually victimized as a child increases the likelihood for sexual re-victimization or rape as an adult (Boney-McCoy & Finkelhor, 1995). Other negative impacts of sexual maltreatment can include externalizing behaviours such as antisocial behaviour (Bensley, Spieker, Van Eenwyk, & Schoder, 1999; Boney-McCoy & Finkelhor, 1995), sexual difficulties (Mullen, Martin, Anderson, Romans, & Herbison, 1996; Trickett, Noll, & Putnam, 2011), inappropriate sexual behaviour (Cavaiola, & Schiff 1988), and problematic alcohol/drug use (Tanaka, Wekerle, Schmuck, & Paglia-Boak, 2011). Problematic internalizing behaviours related to child/youth sexual abuse could include decreased feelings of self-worth (Ruggiero, McLeer, & Dixon, 2000), emotional regulation (Kim & Cicchetti, 2010),

and suicidal ideation (Bryant & Range, 1997). However, other than finding decreased levels of self-worth, Ruggiero et al., (2000) suggest that sexual abuse related maladaptation alone might not be sufficient in predicting depression, general anxiety, and externalizing behaviours as it often co-occurs with different types of abuse.

Emotional Maltreatment. In normative child/youth development, a young person deepens their ability to be self-directive and self-invested in their learning, achieving, and relationships (Romer, Duckworth, Sznitman, & Park, 2010). Emotional maltreatment can skew this normative development into a focus on survival, which may present itself as hyper-vigilance, avoidance, and clinging behaviour (Reyome, Ward, & Witkiewitz, 2010). Although emotional maltreatment leaves no physical signs, it has detrimental consequences on healthy development and functioning (Egeland, 2009). Emotional abuse in childhood/adolescence has been linked to later substance abuse (Moran, Vuchinich, & Hall, 2004), negative self-esteem (Kim & Cicchetti, 2006; Mullen et al., 1996), alcohol dependence (Koss et al. 2003), lower levels of self-compassion (Tanaka et al., 2014), depression (Kim & Cicchetti, 2006), and antisocial behaviour and adulthood crime (Lee, Herrenkohl, Jung, Skinner, & Klika, 2015).

The environment created by emotional maltreatment sets the stage for numerous maladaptive and deleterious problems. Overall, this type of maltreatment impairs a young person's healthy sense of self and relationship attachments. Without learning calming behaviours and feelings of safety, an emotionally maltreated child/youth cannot adequately tolerate and manage the stressors in their environments (McCoy, Cummings, & Davies, 2009). Nevertheless, emotional maltreatment can and does co-occur with other types of maltreatment, which can account for additional risks and maladaptation in their development (Kim & Cicchetti, 2010).

Neglect. As a form of abuse, neglect has been overlooked in the research (Smith et al., 2005). Considering neglect is a passive form of abuse and is oftentimes noted as a derivative to emotional maltreatment, it has not always receive due attention (Glaser, 2002). Referring to the definition mentioned earlier, neglect is not always obvious. Neglect is not what is being done to the child that is harmful; but what is *not being provided* for the child that is damaging. Therefore, this maltreatment is not always easy to recognize or condemn as abusive (Canadian Red Cross, 2016). However, this form of maltreatment has been reported as one of the most common forms of abuse experienced (Smith et al., 2005; Public Health Agency of Canada, 2010a; Greeson et al., 2011). A longitudinal study by Egeland et al., (2002) followed parents and their children from the child's birth and periodically until 17 years of age. They video recorded parent-child interactions in lab and home environments using structured and semi-structured interviews. Researchers found that the parents, who were neglectful of their children, were those who were dismissive, distant, or unresponsive to a child's want for comfort and help. They found that these neglected children were more maladapted at grade one, two, three, and when they were 17 years of age compared to children who were not neglected.

The effects of neglect in particular, have been related to short-term delinquent and long-term general criminal activity (Smith et al., 2005; Egleand et al., 2002), drug use (Smith et al, 2005), alienation from parents (Egleand et al., 2002), fewer years of school completed (Horan & Widom, 2015), emotional dysregulation (Kim & Cicchetti, 2010), being more likely to be removed from home and to enter foster or residential care (Jonson-Reid & Barth, 2000), and internalizing problems such as, depression and anxiety (Horan & Widom, 2015), suicidal ideation and mental health concerns (van der Put, Lanctôt, de Ruiter, & van Vugt, 2015).

Ney, Fung, and Wickett (1994) hypothesized that the reason neglect is harmful can be related to a child/youth's biological, emotional, and physical needs not being met. Neglect could make other types of maltreatment even more devastating as it creates an environment from which there is no refuge from an abusive experience (Arata, Langhinrichsen-Rohling, Bowers, & O'Brien, 2007).

Vicarious Trauma Related to Domestic Violence (VTRDV). The deleterious effects of VTRDV are well established in the literature (Kimball, 2016). VTRDV puts children/youth at an increased risk for early onset alcohol use (Hamburger, Leeb, & Swahn, 2008), depression, anxiety, attachment related disorders (Spilsbury et al., 2007; Ybarra, Wilkens, & Lieberman, 2007), aggression, conduct disorder, and delinquency (English et al, 2009; Ybarra et al., 2007), and dissociations from reality (Spilsbury et al., 2007). Many of these findings directly relate to the intergenerational transmission of maladaptive behaviours through observational learning. Edleson (1999) posits that hearing about domestic violence, seeing the abuse take place, or being present for the aftermath is what serves as the basis of the trauma. This indirect exposure to domestic violence is more than just exposure or witnessing abuse; it is a victimization that takes place within a toxic family atmosphere. Relating to Social Learning Theory (Bandura, 1973), the externalizing and internalizing problems mentioned above could relate to learning aggression and violence are ways to deal with one's stress and frustrations. Additionally, a child may learn from the victim that fear, anxiety and inhibition are optimal responses to being abused.

Additionally, Moylan et al. (2010) found that youth with VTRDV had more internalizing mental health issues (depressed, anxious, withdrawn, and somatic complaints) and externalizing problems (delinquency and aggression) than youth without VTRDV. When the authors compared non-VTRDV victims, victims of VTRDV, victims of other types of abuse, and children/youth

who were dually exposed to VTRDV and other forms of abuse, the dually exposed group presented the highest levels of externalizing and internalizing problems. This finding suggests the compounding potential of VTRDV in creating maladaptive child/youth development. In sum, the effects of VTRDV can be deleterious to the healthy development of a child/youth with or out without being directly maltreated. Yet, it seems a combination of VTRDV and other types of maltreatment are especially detrimental.

Taking into account all types of abuse mentioned here, numerous of these victimizations have similar negative effects on the mental health, psychosocial, and behavioural development of children/youth. Although this is not an exhaustive review of the differential effects of maltreatment types, it is clear that maltreatment can present extensive and complex harm to a child/youth. For this reason, the present study will include these five types of maltreatment.

Individual differences

Not only are the differential effects of the type of maltreatment important to consider, but it is also important to understand the individual differences that are present and how each victim responds to their maltreatment experience. The following section explores how gender and poly-victimization help us to better comprehend the effects of child/youth maltreatment.

Gender. When concentrating on the differential effects of type of maltreatment, the question of how each gender responds to maltreatment has provided mixed results (van der Put et al., 2015). These diverse findings can be attributed to studies using male-only (Farrington, Barnes, & Lambert, 1996) and female-only (Briere et al., 2008; Dannerbeck-Janku, Peters, & Perkins, 2014) samples where gender comparisons could not be made. However, many recent studies have taken into account how each gender uniquely responds to maltreatment. The results of these studies are mixed, especially in relation to delinquency and criminal offending (Lee et

al., 2015). For example, a longitudinal study by Topitzes, Mersky, and Reynolds (2012**)** found that males who had a history of childhood physical abuse had both higher rates of juvenile arrest and levels of violent offending when compared to physically abused females. However, Topitzes and colleagues (2012) did find that maltreatment predicted adult crime in both genders, suggesting that female offending may have a delayed onset. Additionally, van der Put et al., (2015) studied the moderating effect of gender in the association between maltreatment type and behavioural/psychosocial problems in juvenile offenders who were sexually or physically maltreated, neglected, and had experienced multiple types of maltreatment. They found that gender did not moderate the relationship between any offending behaviours and any significantly predictive types of maltreatment. Conversely, other researchers have found a stronger relationship between maltreatment and offending behaviours in delinquent boys compared to delinquent girls (Asscher, van der Put, & Stams, 2015). Moreover, some research suggests that the role of maltreatment has a greater part to play in the development of antisocial and delinquent behaviour in females rather than males (Foy, Ritchie, & Conway, 2012; Makarios, 2007).

The similarities and differences between gendered responses to maltreatment are represented in the literature. However, the pathways for each gender from maltreatment to offending is not as well understood. Lee and colleagues (2015) suggest that gender scripts may influence how children/youth respond to their maltreatment. That is, males respond to their maltreatment in overt and aggressive ways, while females internalize their trauma. Males tend to externalize their suffering by means of aggression towards others, conduct disorders, general violence, and inappropriate and risky sexual behaviours, while females tend to have internalizing problems such as depression, anxiety, self-blame, suicidal ideation and behaviours, and guilt (Lee et al., 2015; van der Put et al., 2015)

In sum, the literature suggests that male and female children/youth respond differently to their abuse. There is not a clear picture if one gender is more likely to commit delinquent activity if they are victimized. Although all of these studies have merit, many do not take into account impaired mental health and dysfunctional psychosocial skills as covariates outside of a gendered analysis (Dube et al, 2005). These covariates could help explain why each gender responds to their maltreatment differently and how they begin to tread a path towards delinquency in their potentially similar or different ways (Topitzes et al., 2012). For this reason, along with taking gender into consideration when trying to better understand crossover kids, mental health, psychosocial, and behavioural problems will be included to provide a nuanced understanding of the relationship between maltreatment, entry into the CWS, and crossover into the YJS.

Poly-Victimization: Numerous studies categorize and analyze maltreatment as a single case. That is, a maltreated child or adolescent can be maltreated once or many times. Nonetheless, a single youth can also be maltreated in more than one way. These victims of multiple types of maltreatment are not as frequently researched (Finkelhor, Ormrod, & Turner, 2007). Studies that compartmentalize children/youth into categories of abuse can be critiqued for contributing to studying the epidemiology of children/youth maltreatment within a small and limiting scope (Finkelhor, Turner, Shattuck, & Hamby, 2013). The co-occurrence of different types of maltreatment, especially maltreatment that is unmeasured, makes it difficult for researchers to conclude if their findings are indeed related to offending behaviours or psychosocial problems (van der Put et al., 2015). These victims of multiple types of abuse are referred to in the literature as poly-victims (Finkelhor, Turner, Hamby, & Ormrod, 2011).

There are few studies that have acknowledged poly-victimization, but of the few that exist, their findings are relatively consistent. Finkelhor and colleagues (2013) used data from the

national survey of 4502 children/youth and found that 13.8% of them had experienced maltreatment. Of these maltreated children, 57.7% of the sample had experienced or witnessed one to five different types of aggregate violence or maltreatment. Other studies have echoed these findings with a large portion of their maltreated sample being poly-victimized (Finkelhor et al., 2011; van der Put et al., 2015) Additionally, a study on a university student population found that when childhood/adolescent maltreatment was self-reported, poly-victimization was most prevalent. Moreover, when comparing poly-victims to single-type and no abuse students, poly-victims were more depressed, had lower self-esteem, engaged in more life threatening behaviours, were more promiscuous, and were more likely to have past suicidal ideations and attempts than the other two groups, regardless of type of maltreatments experienced (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005). Furthermore, Finkelhor et al., (2007) suggest that compared to experiencing single type of abuse, poly-victims were more highly symptomatic of depression and anxiety.

As identified from the above studies, the understanding around maltreatment is moving towards the recognition that maltreatment is not a single overwhelming case of traumatization. Rather, maltreatment can present itself as a condition like neglect or bullying that is chronic and persistent throughout child/youth's development (Finkelhor et al., 2007). Many past studies could be confounded by the un-assessed impact of multiple versus single types of trauma. However, it is possible that when studies have measured maltreatment types, findings have been inter-correlated rather than isolated groupings of maltreatment (Arata et al., 2005). For this reason, future studies looking at poly-victimization require methods, large samples, and analyses that can separate children/youth by individual types of maltreatment, but also by different number of abuse experienced as it is important to distinguish the differential effects of each type

of abuse and the groupings of maltreatment for intervention purposes. Recognizing the prevalence of poly-victimization present in past samples of abused children/youth is an important first step. Therefore, this thesis will include the measurement of poly-victimization with a large sample size (n = 299) in order to better determine the differential effects of maltreatment by type and by groupings of abuse, especially within the context of how poly-victimization may help predict children/youth's crossover from the CWS into the YJS by means of delinquent behaviour.

The literature above relates to the understanding of the effects of maltreatment and individual differences of maltreated children/youth. Additional essential factors to understand are how these young people are cared for in the aftermath of their maltreatment. The following sections will highlight two systems of care for maltreated children/youth: The Child Welfare System (CWS) and the Youth Justice System (YJS), along with a closer exploration of the children that move between these two systems of continued care: Crossover kids.

Child Welfare System (CWS)

When maltreatment occurs and is substantiated, a child will likely be processed through the Child Welfare System (CWS). The CWS is a group of public and private agencies that seek to provide safety, security, and stability to children/youth. Specifically, the main goal of the CWS is to protect and care for children/youth who have experienced maltreatment (Greeson et al., 2011). This is provided through multiple intervention strategies such as home supervision of parents and children, temporary out-of-home placements so parent or guardian can make adjustments to better support the child, or permanent out-of-home placements such as crown wardships which place children in the care of the government as their biological family homes are dangerous and unlikely to change (Public Health Agency of Canada, 2010b)

It is crucial that maltreatment be addressed as quickly and effectively as possible. If not, it is likely that these maltreated young people will experience behavioural, psychological, and emotional problems as they age (Cook et al., 2005). To deal with this trauma effectively, there is a general trend in the literature and in policy making to provide trauma-informed services to these maltreated young people (Lang, Campbell, Shanley, Crusto, & Conell, 2016). Trauma-informed interventions in the CWS are defined by The Substance Abuse and Mental Health Services Administration as: "A system of interventions that *realizes* the widespread impact of trauma and understands the potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and *responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to resist re-traumatization and maladaptation" (SAMHSA, 2014). A focus of the CWS is to process children/youth in such a way where they are not re-victimized to earlier maltreatments. However, as helpful and principled as these interventions are, they are not foolproof. Unfortunately, children/youth who are involved in the CWS are at a higher risk of being in contact with the juvenile justice system than the general child/youth population (Corrado, Freedman, & Blatier, 2011).

Overwhelmingly, children/youth involved in the CWS are disproportionately involved with the juvenile justice system. Day et al., (2012) found that children and youth involved in the CWS were 2.4 to 3.6 times more likely to be at a high trajectory for persistent chronic offending than on a low level trajectory of offending. Furthermore, a large study in British Columbia of 1,700 youth in care found that 41% of CWS involved kids were recommended for charges to be laid against them by police, compared to a 6% of the general population of youth (Turpel-Lafond & Kendall, 2009). Sadly, this sample of kids in care was more likely to have involvement with

the youth juvenile system than to graduate high school. Overall, an estimated nine percent to 29% of youth in care will become involved with the youth juvenile justice system (Cutuli et al., 2016).

As a system that aims to provide support, security, and stability to troubled young people, many children/youth are 'falling through the cracks' into delinquency. Potential reasons for this have been linked to children living away from their biological family (Agosti, Conradi, Halladay-Goldman, & Langan, 2013), multiple placement and instability of out-of-home placements in CWS (Turpel-Lafond & Kendall, 2009), and/or loss of positive peer relations because of multiple placements (Baglivio et al., 2015). It would seem that being processed through the CWS is intrinsically traumatic experience. Reasons can vary, but crossover into the YJS can possibly stem from how the CWS responds to child/youth misbehaviour. For example, children/youth who misbehave or become aggressive in residential or foster home care may have charges laid against them where if similar behaviour was carried out in their original biological home, it would not have resulted in any charges (Turpel-Lafond & Kendall, 2009). This shows how an institutional response to child/youth misbehaviour is drastically different from family responses.

The current thesis seeks to better understand children/youth's response to the CWS and how the CWS can better intervene when maltreated children/youth are on a path towards crime. From this literature, there is a clear link between CWS care and later YJS involvement. However, less is known about the actual children and youth who are shifted from one system to another. What is it about these children that has them crossing over from the CWS into the YJS?

Crossover Kids

The term “crossover kid” was first coined as “dually-involved youth” in the United Sates (Huang, Ryan, & Herz, 2012). The term dually-involved refers to children/youth who are concurrently connected to the care of the CWS and the YJS. This unique population of young people are involved in the CWS for a variety or reasons, usually associated with maltreatment and toxic family/home lives, but are also involved in the YJS for delinquent acts (Ko et al., 2008). Similarly, the term crossover kid was first created in the United States, but has a slightly different meaning than dually involved kids. Crossover youth/kids refers to youth who were processed in the CWS and then committed some delinquent or antisocial act that led to their crossing over to the YJS for accountability continued care.

The first to study the use the term ‘crossover kids’ in Canada was Judy Finlay (2003) through a series of qualitative case studies. Finlay’s main aim was to study and give a voice to this unique, and highly vulnerable population of youth. Five youth, who were in closed custody residential care, shared their stories of transitioning from CWS care to YJS custody. Experiences of these youth in custody included multiple placements within the CWS, histories of maltreatment, attachments issues, a longing to be re-involved with their biological family, and a strong dislike of the YJS. This novel Canadian study highlighted the need to consider maltreatment histories and biological family involvement when intervening in these young people’s lives. Additionally, it ultimately started a trend of studying this marginalized population of young people in Canada’s systems of care.

The study of crossover kids continued in British Columbia, with a large descriptive field study of approximately 1700 crossover children/youth to better understand their journey from care to custody (Turpel-Lafond & Kendall, 2009). Echoing the findings of Finlay (2003), the authors found that children often entered the CWS by means of family instability and lack of

positive attachments to peers and family members. The study also highlighted different types of maladaptation within the CWS and YJS. These struggles include living outside their parental home, post-traumatic stress related to abuse and neglect, and associated mental health and developmental problems. Additionally, the study brought to light how aboriginal children/youth are over represented in both the CWS and the YJS. As mentioned earlier, these maladapted CWS children/youth were more likely to be involved with the juvenile justice system than the general population. Findings from this study in the evolution of studying crossover kids has given new insight and a Canadian perspective of how we might better intervene with this population of youth. However, unlike the United States who has implemented programs to improve responses to crossover kids, no such programs yet exist in Canada.

From the evolution of methodologies used to study crossover kids in Canada, more information about these crossover youth is required. Both of the above studies noted the effect of maltreatment on children/youth maladaptation and subsequent crossover to the YJS. Much is known about the effects of maltreatment and its relation to later antisocial and adult criminal activity (Thornberry, Henry, Ireland, & Smith, 2010), however little research has focused on how maltreatment actually plays itself out into children/youth crossing over form the CWS into the YJS. For these reasons, a larger sample study from a region outside of British Columbia is needed to better understand who crossover kids are and what their journey is like from care to crime in Canada. Moreover, an important player in child/youth care and rehabilitation comes from the last line of defence against adulthood offending; the Youth Justice System.

Youth Justice System (YJS)

In comparison to the CWS, the YJS differs regarding how it processes delinquent children/youth. According to Corrado and Leschied (2011), with the implementation of the

Youth Criminal Justice Act (YJCA) in Canada in 2002, the number of youth charged and sentenced to custodial sentences has decreased. In lieu of these harsher sentences, diversion techniques such as community programs and extra-judicial measures have been employed with a concentration on restorative justice that aims to reduce recidivism. However, much of the restorative justice that is implemented is based on an accountability framework (Corrado & Leschied, 2011). This framework holds children and youth responsible for their actions as a response to their poor decisions. This structure focuses less on other potential extraneous variables that lead child/youth to delinquency. When responding to children and youth who have histories of maltreatment, the YJS's response to delinquent children/youth lies in contrast to the trauma-informed approach of the CWS. Within the YJS it is common that YJS practitioners receive little to no information on child/youth maltreatment history. If there is shared information on history of maltreatment, typically only the most severe cases are taken into account (Finkelhor, Cross, & Cantor, 2005).

When processing maltreated children/youth, it is paramount to account for their history of maltreatment. Unaddressed maltreatment has been related to behavioural, psychological, and emotional problems that tie in with delinquent behaviour (Cook et al., 2005). Upon effecting the YJCA, the YJS has made strides in lowering delinquent activity (Corrado & Leschied, 2011). Nevertheless, in seeking to reduce recidivism, it is important for the YJS to also account for a child/youth's past victimizations. Yet, at this point in time, there is a clear effort by the YJS to hold children/youth accountable for their antisocial behaviours and a lack thereof in recognizing the effect of maltreatment on children/youth behaviour, emotions, and mental health issues (Finlay, 2003). Clear differences exist between the CWS's trauma-informed interventions and the YJS's accountability framework; yet, it is the same children/youth who are moved between

these two distinct systems of care.

The YJS, regardless of its orientation, has an important role to play in helping children who have been maltreated and who have been involved in crime. For this reason, the current study will take into account how maltreatment and the associated maladaptation are related to how a child comes into contact with the YJS. This will help provide the YJS with important information on how kids have come into their care and potentially, how best to rehabilitate them from both their history of maltreatment and path towards criminal activity.

Present Study

More needs to be done to understand crossover kids. With better understanding comes more effective strategies and interventions of diverting these youth away from a lifetime of maladaptation and criminality. Clearly, the crossover youth population is not small in size; however, the literature understanding this populace is lacking, particularly the relationship between types of maltreatment and youth crossing over from the CWS into the YJS has not been exclusively studied. With the apparent negative effects related to neglect, VTRDV, physical, emotional, and sexual maltreatment, it can be expected that abuse and subsequent maladjustment may have a part to play in how children/youth crossover from the CWS into the YJS.

Research Questions and Hypotheses. The purpose of the present study is to examine how maltreatment affects the context in which victimized children/youth move from the CWS to the YJS. Additionally, it seeks to better describe this unique and vulnerable population of children by the outcomes of experiencing prior maltreatment as reflected in mental health, psychosocial problems, and delinquent behaviour by exploring the experiences of the young people who crossover from the CWS to the YJS. It is hypothesized that maltreatment will create a context to better understand how maltreated youth/children crossover from the CWS into the

YJS. It is also hypothesized that the maltreatment measured will be predictive of delinquent activity that leads children/youth from CWS into YJS.

Method

Participants

Participants were 299 young offenders ages 12-23 who were assessed at an urban-based court clinic in south-western Ontario. Participants from the court clinic consist of serious and chronic offenders who were referred for an assessment by a youth court judge under Section 34 of the *YCJA*. To have their information included in the current study, participants who were older than 16 years had to provide written consent. If the youth was younger than 16 years of age, a guardian of the child had to provide a signature for use of their information along with the signed consent of the young person. Participants were considered "crossover" youth if they had a history of CAS (i.e. community supervision, temporary care agreements, crown wardship) involvement followed by involvement with the YJS, in that order. Youth were considered "non-crossover" if they had no history of CWS involvement or no formal charges against them at the time of assessment.

Measures

File-based data was extracted from the young offender's case files at the court clinic. The primary sources of data that were extracted originated in the court clinic's intake form completed by an accompanying adult or guardian along with the clinical assessment, which included data on each youth's involvement with the criminal justice system, psychological issues, and risk assessments. If data was missing or required additional verification, secondary data was obtained in the files from community psychological/psychiatric assessments, personal and family interviews, police and court records, and information from other appropriate agencies.

Procedure

Inter-Rater Reliability. Researchers were initially trained in data extraction in being given three of the same case files. Each researcher independently extracted and coded the data in each case file. Subsequently, the researchers reconvened and chose 10 of the same variables, two dichotomous, six nominal, and 2 scale-based data. Researchers reviewed how each responded in coding the data for each variable. The researchers were in agreement on 25 of the 30 variables across the three case files, for an inter-rater reliability rating of .83. For the variables where there was disagreement, the researchers reviewed and clarified how they would accurately code future variables.

Data Collection. This was a descriptive field study based on young offender's files from the years 2010-2016. Specifically, the file information that was analyzed pertained to maltreatment history, CWS involvement, YJS involvement, mental health issues, psychosocial problems, behavioural problems, and demographic information. Ethics approval was obtained for the study's research protocol through Western University's Research Ethics Board. The extracted data was inputted through a Data Retrieval Instrument (DRI) from which the variables of interest were chosen for analyses. The DRI was previously developed by past researchers to ensure that all data were recorded accurately from the case files. The main sources of data in the case files included:

Age. The average age of participants was 15.96 years (*SD*=1.48). In relation to the participant's gender, 80.9% (*n* = 242) identified as male, 17.7 % (*n* = 53) identified as female, 1% (*n* = 3) identified as transgender, and 1 participant reported they were unsure about their gender.

Ethnicity. The majority of the young offenders' ethnicity was not reported in the case files, (66.1%, *n* = 197). Of the files that did collect this information, the youth's ethnicity was 18.1% (*n* = 54) European-Canadian, 7.7% (*n* = 23) Native-Canadian, 2.7% (*n* =8) Mixed Ethnicity, 2.3% (*n* = 7) African-Canadian, 2.3% (*n* =7) Hispanic-Canadian, 0.7% (n = 2) Asian-Canadian.

Living Arrangements. At the time of assessment, the majority of the youth had a biological parent as their legal guardian (74.3%, *n* = 220). Yet, only 41.2% (*n* =122) were residing with one or both of their parents at the time of referral. After this, youth were residing in detention centres (23.3%, *n* = 69); group homes (17.2%, *n* = 51); a relative's home (8.8%, *n* = 26), foster homes (5.1%, *n* = 15); living independently (2.4%, *n* = 7); shelters (1.3%, *n* = 4); homeless (0.3%, *n* = 1); and psychiatric facilities (0.3%, *n* = 1).

Offending Histories. In terms of official charges against the youth, at the time of referral 60.5% (*n* = 181) had previous charges in their record, whereas for 39.5% (*n* = 118) of the sample, the current charge was their first formal charge. The majority of the sample had spent less than one year involved in the youth justice system (47.5%, *n* = 142). This was followed by greater than a year (21.1%, *n* = 62); greater than two years (13.6%, *n* = 40); and greater than three years (16.0%, *n* = 47; 3%, *n* = 9). Of the current charges, the most prevalent among the youth were property offences (50.8%, *n* = 152) (i.e. theft under 5000, theft over 5000, mischief, attempted theft, robbery, fraud, break and entering, and fire setting). This was followed by administration offences (49.5%, *n* = 148) (i.e. failure to comply, failure to attend, breach of probation, and truancy), violent offences (45.2%, *n* = 135) (i.e. uttering a death threat, assault causing bodily harm, uttering a threat of bodily harm, general assault, first degree murder, second degree murder, and assault with a weapon), weapon offences (17.4%, *n* = 52) (i.e.

possession of a weapon for a dangerous purpose), sexual offences (11%, *n* = 33) (sexual assault, sexual interference, and prostitution), disorderly conduct offences (5.4% *n* = 16) (i.e. loitering, causing a disturbance, stalking, and obstructing police), and drug offences (5%, *n* = 15) (i.e. possession of an illegal substance and substance abuse trafficking). In total, young offenders had an average of 23.71 (*SD* = 24.55) involvements with the police and 7.05 (*SD* = 7.39) charges against them at the time of referral. Of these formal charges, an average of 2.61 (*SD* = 5.63) charges received a verdict of guilty.

Table 1

Descriptive statistics for youth involved in the justice system

	Crossover (*n* = 252)	Non-crossover (*n* = 47)	Overall (*n* = 299)
Variable	*n* (%)	*n* (%)	*n* (%)
Age (years)	15.83	16.66	15.96
Gender			
Males	198 (78.6)	44 (93.6)	242 (80.9)
Females	51 (20.2)	2 (4.3)	53 (17.7)
Ethnicity			
Euro-Canadian	47 (18.7)	7 (14.9)	54 (18.1)
Native-Canadian	19 (7.6)	4 (8.5)	23 (7.7)
African-Canadian	6 (2.4)	1 (2.1)	7 (2.3)
Asian-Canadian	2 (0.8)	1 (0)	2 (.7)
Hispanic-Canadian	6 (2.4)	1 (2.1)	7 (2.3)
Mixed Ethnicity	7 (2.8)	1 (2.1)	8 (2.7)
Not Stated	164 (65.3)	33 (70.2)	197 (66.1)
Currently Living with			
Parents	93 (37.3)	29 (61.7)	122 (41.2)
Group Home	47 (18.9)	4 (8.5)	51 (17.2)
Foster Home	15 (6.0)	0 (0)	15 (5.1)
Homeless	1 (0.4)	0 (0)	1 (0.3)
Detention	59 (23.7)	10 (21.3)	69 (23.3)
Independent	6 (2.4)	1 (2.1)	7 (2.4)
Relatives Home	24 (9.6)	2 (4.3)	26 (8.8)
Shelter	3 (1.2)	1 (2.1)	4 (1.4)
Psychiatric Facility	1 (0.4)	0 (0)	1 (0.3)

Note: Not all percentages will add up to 100% in some cases due to missing data

Table 2

Offender statistics for youth involved in the justice system

	Crossover (*n* = 252)		Non-crossover (*n* = 47)		Overall (*n* = 299)	
Variable	*n* (%)		*n* (%)		*n* (%)	
Time Involved in YJS						
< than a Year	117 (47.4)		25 (53.2)		142 (48.3)	
> than a Year	51 (20.6)		11 (23.4)		62 (21.1)	
> than Two Years	34 (13.8)		6 (12.8)		40 (13.6)	
> than Three Years	43 (17.4)		4 (8.5)		47 (16.0)	
First Charge						
Yes	97 (38.5)		21 (44.7)		118 (39.5)	
No	155 (61.5)		26 (55.3)		181 (60.5)	
Type of Offence						
Administration	126 (50.0)		22 (46.8)		148 (49.5)	
Property	127 (50.4)		25 (53.2)		152 (50.8)	
Violent	120 (47.6)		15 (31.9)		135 (45.2)	
Weapon	44 (17.5)		8 (17.0)		52 (17.4)	
Sex	27 (10.7)		6 (12.8)		33 (11.0)	
Disorderly Conduct	5.2 (5.2)		3 (6.4)		16 (5.4)	
Drug	11 (4.4)		4 (8.5)		15 (5.0)	
	M	*SD*	*M*	*SD*	*M*	*SD*
YJS History						
Charges	7.26	7.61	5.94	6.02	7.05	7.39
Guilty Charges	2.83	5.95	1.47	3.39	2.61	5.63
Police Involvement	25.72	25.84	14.09	13.66	23.71	24.55

Results

The focus of the current analyses for this study was on crossover youth's maltreatment histories, mental health status, delinquency, and maladaptation to better understand how youth transitioned from the CWS into the YJS.

Maltreatment Histories

Of note for the analyses, past literature suggests there has been difficulty recognizing and operationally distinguishing between neglect and emotional maltreatment (Glaser, 2002). Similarly, offender case files periodically used neglect and emotional maltreatment interchangeably to describe abuse experiences. For simplicity and accuracy, the current study will be combining the two forms of abuse under one name –neglect. The four measured types of maltreatment were physical, sexual, neglect, and Vicarious Trauma related to Domestic Violence exposure (VTRDV). Specifically, 81.7% (n= 206) of the crossover youth in this study had a history of being maltreated. A slightly greater percentage of crossover female youth had at least one past case of maltreatment (94.1%, n = 48) compared to male crossover youth (86.8%, n = 172). Table 3 provides a gendered breakdown of the prevalence of each type of measured maltreatment experienced by this crossover youth sample.

Chi-square analyses were performed to examine the relationship between gender and maltreatment history. This analysis revealed that female crossover youth were more likely to have been physically maltreated (X^2 (1) = 3.968, $p < .05$); sexually maltreated (X^2 (1) = 19.862, $p < .001$); and neglected (X^2 (1) = 4.518, $p < .05$) compared to male crossover youth. There were no statistical differences between genders and the prevalence of VTRDV history (X^2 (1) = 1.648, $p > .05$).

In terms of the total number of incidents of maltreatment, a majority of crossover youth were poly-victims - having experienced more than one type of maltreatment (61.1%, n = 154; M

= 1.94, *SD* = 1.30). The highest frequency of crossover youth experienced three different types of maltreatment (26.6%, *n* = 67). This was followed by experiencing two types of maltreatment (22.2% *n* = 56), one type (20.6%, *n* = 52) no types (18.3%, *n* = 46), and four types (12.3%, *n* = 31). Comparatively, the majority of non-crossover youth had experienced one or no types of maltreatment (74.5%, *n* = 35; *M* = 0.98, *SD* = 1.13).

Maltreatment Histories and CWS Involvement.

Of the youth that were harmed in some way, many of them were processed through the CWS for continued care, support and safety. Prior to the court clinic assessment, a large majority of justice-involved youth had been involved with the CWS (84.3%, *n* = 252). More than one-third (38.1%, *n* = 96) of the youth had been under community supervision**.** Other CWS types of care included temporary care agreements (27.1%, *n* = 67); crown ward status (19.4%, *n* = 49); counselling (16.3%, *n* = 41); kinship care agreements (8.7%, *n* = 22); and adoptions (6%, *n* = 15). Table 4 provides a gendered breakdown of crossover youth's experience with CWS care.

To investigate a relationship between maltreatment histories and prior CWS involvement, a One-way ANOVA was used to determine if there were significant differences between each type of maltreatment experienced, and the total number of specific services used through the CWS (counselling, addiction treatment, residential treatment facilities, mental health agencies…etc.) There were no significant differences in the number of CWS agencies utilized between those who were maltreated by means of physical and sexually maltreated, neglected, and experienced VTRDV, or no maltreatment ($F(4, 120) = 0.975$, $p = 0.424$). Additionally, an ANOVA was performed to determine if there were significant differences between crossover youth's total number of utilized specific CWS and related services based on how many different types of maltreatment they experienced. The analysis revealed there were significant differences

Table 3

Maltreatment histories of crossover youth by gender

Maltreatment Type	Male (*n* = 198) *n* (%)	Female (*n* = 51) *n* (%)	Total (*n* = 249) *n* (%)
At least one maltreatment	172 (86.8%)	48 (94.1%)	224 (89.9%)
Physical	102 (52.3%)	34 (68.0%)	136 (55.5%)
Sexual	30 (15.2%)	32 (44.0%)	52 (21.1%)
Neglect	118 (59.6%)	40 (75.5%)	152 (69.2%)
VTRDV	105 (54.7%)	33 (64.7%)	138 (56.8)

Note: Table does not account for youth experiencing more than one type of maltreatment

Table 4

CWS involvement for male and female crossover youth

	Male (n = 198)	Female (n = 51)
Agency	n (%)	n (%)
Counselling	30 (15.2)	10 (19.6)
Community Supervision	80 (40.6)	15 (29.4)
Temporary Care Agreement	49 (24.9)	18 (35.3)
Crown Ward Status	35 (17.7)	13 (25.5)
Kinship Care Arrangement	19 (9.6)	3 (5.9)
Adoption through CAS	12 (6.1)	3 (5.9)

Note: Three participants who identified as transgender and one who indicated they did not know their gender were excluded from gendered descriptives.

amongst youth who experienced, zero, one, two, three, or four of the maltreatments indicated ($F(4, 247) = 3.471$, $p = 0.009$). Tukey's HSD post-hoc test indicated that the mean number of CWS services used did not significantly differ for those who experienced zero, one, two, and three different types of abuse. Those who experienced four types of maltreatment (M=14.90, SD =7.33) significantly differed in their mean number of CWS and related services used from those who experienced zero (M= 11.17, SD = 4.75), one (M= 10.53, SD = 5.82), and two (M= 11.46, SD = 5.06) different types of maltreatment, but not three different types (M= 12.37, SD = 5.24).

Mental Health and Nature of Victimization. The DRI reflected 15 potential different mental health diagnoses. Broadly, these diagnoses can be grouped into neurodevelopmental disorders, internalizing disorders, externalizing disorders, neurocognitive disorders, personality disorders, schizophrenia and other psychotic disorders, and PTSD and stress-related disorders. Additionally, clinical features and symptoms from psychological testing that were relevant to youth's maladjustment and diagnoses were included in young offender case files. The DRI accounted for 32 different clinical features and symptoms**.** These symptoms can be clustered into neurodevelopmental symptoms; emotional symptoms; externalizing symptoms; personality symptoms; somatic features; schizophrenia spectrum and psychotic features; stressor and trauma related symptoms; and drug and alcohol abuse and addictive symptoms.

The number of crossover youth's mental health diagnoses and present clinical features ranged from 0-10 (M = 2.46, SD = 2.09) and 0-25 (M = 6.78, SD = 4.11), respectively. Non-crossover youth's mental health diagnoses and present clinical features ranged from 0-5 (M = 1.53, SD = 1.49) and 0-15 (M = 6.47, SD = 3.97), respectively. Independent sample t-tests were used to examine whether crossover youth differed from non-crossover youth in the average number of mental health diagnoses and clinical features. Crossover youth had significantly more

diagnoses $t(297) = 3.680$, $p < .001$, but did not significantly differ from non-crossover youth in the number of clinical mental health symptoms, $t(296) = .482$, $p > .05$. Amongst crossover youth who were maltreated, Table 5 provides the average number of mental health diagnoses and symptoms by maltreatment type. The descriptives revealed that crossover youth who were maltreated had a higher average number of mental health diagnoses and present mental health symptoms than those who were not maltreated. One-way ANOVAs were used to determine if there were differences in the number of mental health diagnoses amongst those who experienced only one specific type of maltreatment or no maltreatment. No significant differences of mental health diagnoses ($F(4, 120) = 0.976$, $p = 0.423$) and present mental health symptoms ($F(4, 119) = 0.085$, $p = 0.987$) were identified between crossover youth who experienced only physical, sexual, neglect, VTRDV, or no maltreatment.

Moreover, a One-way ANOVA was employed to determine if the number of mental health diagnoses and present mental health symptoms differed based on number of maltreatment types experienced. The findings revealed that there were significant differences in mental health diagnoses ($F(4, 247) = 3.739$, $p = 0.006$) and present mental health symptoms ($F(4, 246) = 4.226$, $p = 0.003$) between the five groups. In particular, Tukey's HSD post-hoc test revealed that those who experienced four types of maltreatment ($M = 3.52$, $SD = 2.61$) had significantly more psychological diagnoses than crossover youth who experienced zero ($M = 1.98$, $SD = 1.83$) and two types ($M = 2.29$, $SD = 1.89$) of maltreatment, but not one and three different types.

Table 5

Number of mental health diagnoses and symptoms by maltreatment type for crossover youth

Maltreatment Type	Diagnoses *M* (*SD*)	Mental Health Symptoms *M* (*SD*)
None	1.95 (1.82)	5.68 (4.72)
Physical	2.73 (2.21)	7.63 (3.89)
Sexual	3.23 (2.49)	7.89 (4.21)
Neglect	2.71 (2.17)	7.26 (3.92)
VTRDV	2.63 (2.23)	7.15 (3.87)

The mean number of psychological diagnoses were not significantly different amongst those who experienced zero, one, two, and three different types of maltreatment. In regard to psychological symptoms, post-hoc analyses revealed that those who experienced three (*M*= 7.94, *SD*= 3.99) and four types (*M*= 8.32, *SD*= 3.66) of maltreatment had significantly more mental health symptoms than those who experienced one type of maltreatment (*M*= 5.75, *SD*= 3.55), but were not significantly different from one another and those who experienced zero and two types of maltreatment. There were no significant differences in psychological symptoms between those with zero, one, and two types of maltreatment.

Maltreatment and Crossover. The current analyses examined if different maltreatment histories were related too delinquency. First, chi-square analyses were used to identify whether a relationship existed between when a crossover youth's offending-like behaviour began and how they were maltreated. Persistent offending relates to the youth exhibiting delinquent behaviour prior to the age of 12, and limited offending is related to exhibiting delinquent behaviour beginning after the age of 12. The age of 12 is the legal age at which youth can be formally charged under the *Youth Criminal Justice Act***.** An investigation of mean differences revealed that crossover youth were more likely to be persistent offenders if they were physically maltreated (66.4%; X^2 (1) = 9.380, $p < .01$); sexually maltreated (75.9%; (X^2 (1) = 8.883, $p < .01$); and neglected (67.7%; (X^2 (1) = 15.675, $p < .001$); but crossover youth were not significantly more likely to be either persistent or limited delinquents if they experienced VTRDV (X^2 (1) = 2.128, $p > .05$). Descriptive statistics are provided in Table 6, which reveal that, on average, crossover youth who were maltreated had more involvements with police, formal charges being laid, and charges with verdicts of guilt than non-maltreated crossover youth. Additionally, previously in Table 2, crossover youth on average, had higher levels of delinquency compared to

Table 6

Crossover youth delinquency by maltreatment type

Maltreatment	Police Involvements *M* (*SD*)	Charges *M* (*SD*)	Guilty Charges *M* (*SD*)
None	23.48 (25.28)	6.64 (5.66)	2.19 (2.38)
Physical	26.46 (27.82)	7.51 (7.78)	3.37 (7.70)
Sexual	24.74 (23.41)	6.96 (8.98)	2.69 (4.05)
Neglect	28.50 (27.42)	7.90 (8.72)	3.36 (7.45)
VTRDV	24.95 (22.57)	6.98 (6.91)	3.11 (7.42)

non-crossover youth.

A One-way ANOVA was used to determine if there were differences in delinquency levels between crossover youth who experienced only one specific type of maltreatment or no maltreatment. The findings suggest that there were no significant differences between victims who experienced one specific type or no types of maltreatment reflected in the number of guilty verdicts ($F(4, 94) = 0.636$, $p = 0.638$), number of criminal charges ($F(4, 119) = 0.079$, $p = 0.989$), and number of police involvements ($F(4, 110) = 1.240$, $p = 0.298$). Additionally, a One-way ANOVA was used to determine the extent of differences in delinquency behaviour amongst crossover youth who had experienced zero, one, two, three, and four types of maltreatment. The analyses indicate that there were no significant differences amongst maltreatment groups in terms of number of police involvement ($F(4, 205) = 0.344$, $p = 0.848$), number of criminal charges ($F(4, 246) = 1.165$, $p = .327$), and number of guilty verdicts ($F(4, 171) = 1.071$, $p = 0.373$).

In regard to specific categories of crime, crossover youth who experienced one type of maltreatment, those who did not, and for those who experienced multiple types, administrative, property, and violent offences had the highest incidence rates. Comparatively, disorderly conduct and drug offences had the lowest incidence rates for all categories of maltreatment. Refer to Table 7 for the incidence of crimes committed based on maltreatment types.

Predictors of Crossover Group Membership

Finally, to better understand who crossover youth are, a binary logistic regression was performed. A logistic regression was employed because the dependent variable, being a crossover youth or not, was dichotomous. The purpose of this analysis was exploratory in nature

Table 7

Crossover youth's maltreatment history by crimes committed

	None (*n* = 47)	Physical (*n* = 138)	Sexual (*n* = 53)	Neglect (*n* = 159)	VTRDV (*n* = 139)	Poly-Victim (n = 152)
Offence	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Administrative	21 (44.7)	73 (52.9)	22 (41.5)	83 (52.2)	71 (51.1)	79 (52.0)
Property	21 (44.7)	75 (54.3)	22 (41.5)	82 (51.6)	69 (49.6)	81 (53.3)
Violent	24 (51.1)	63 (45.7)	27 (50.9)	72 (45.3)	65 (46.8)	71 (46.7)
Weapon	6 (12.8)	27 (19.6)	5 (9.4)	30 (18.9)	26 (18.7)	29 (19.1)
Sexual	5 (10.6)	13 (9.4)	11 (20.8)	15 (9.4)	15 (10.8)	15 (9.9)
Disorderly Conduct	-	9 (6.5)	2 (3.8)	11 (6.9)	8 (5.8)	10 (6.6)
Drug	2 (4.3)	6 (4.3)	2 (3.8)	8 (5.0)	7 (5.0)	7 (4.6)

whereby suggesting inferences about the relationship between the chosen independent descriptor variables related to maladaptation and the dependent variable (being a crossover youth) to see

Crossover youth descriptor variables were tested for entry in the model based on a significant Wald statistic. The final model classified 84.8% of the youth as either crossover or not crossover; 87% of those who were crossover youth were correctly classified and 82.4% of those who were not crossover youth were correctly classified. The chi-square for this model was significant ($X^2 = 30.10$; $p < 0.01$; n = 290). The number of CWS agencies/ resources utilized and being either a persistent or limited young offender were the only variables to discriminate group membership. The regression revealed that youth more frequently involved with CWS-related agencies and having persistent criminal behaviour prior to age 12 were related to higher odds of being a crossover youth. Refer to Table 8 for regression coefficients and odds ratios of the predictor variables.

Table 8

Logistic regression model for crossover membership

Variable	Coefficient	S.E	Odds Ratio	95% CI	*p*
Psych Diagnoses	.17	.12	1.19	.95-1.49	.13
Psych Symptoms	-.08	.05	.92	.84-1.02	.10
Agencies Utilized	.100	.05	*1.11	1.01-1.21	.03
Persistent or Limited	.86	.39	*2.36	1.09-5.11	.03
Drug Use	-.11	.15	.89	.66-1.21	.89
Constant	-1.21	1.74	.30		.30

Notes: Gender and ethnicity results not included based on small sample dichotomous categories

*Significant at the .05 level

Discussion

The current study sought to better describe a specific population of maladjusted young people – crossover youth. Specifically, the present study focused on different types, chronicity, and the extent and range of their history of maltreatment experienced and how it related to the context of Child Welfare involvement, mental health status and symptomology, and delinquency. Finally, the current study examined specific variables of maladaptation and how it predicted the likelihood of being involved in both the child welfare and youth justice systems. The sample utilized for this study consisted of 299 youth who were referred to an urban-based court clinic for assessment under section 34 of the *YCJA*. Demographic characteristics such as: maltreatment histories, prior CWS involvement, criminal records, and psychological well-being information were analyzed for this research. Globally, the findings of this study suggest that youth who had maltreatment histories had greater degrees of maladaptation than their non-maltreated counter-parts. Specifically, the chronicity and number of different types of maltreatment experienced were more revealing of this maladaptation than the type of maltreatment experienced. Moreover, those who began their offending at a younger age, and had more interactions and greater varieties of interactions with the CWS-related and community support agencies were more likely to crossover into the YJS. The following discussion will highlight how the current findings are relevant to previous research, clinical practice, policy making, and future research.

Relevance to Previous Research

To further understand the findings of the current study, it is important to highlight the type, number and range of maltreatments experienced by the crossover youth in this study. This sample of young offenders, especially the crossover youth, represented a population with higher rates of maltreatment histories in comparison to the general population at this age (12-18 years of

age) (Wildeman et al., 2014; Public Health Agency of Canada, 2010a), with, on average, higher levels of chronic and severe maladaptation. Consequently, these findings are consistent with how extremely prevalent and extensive maltreatment histories are for youth who crossover from the CAS to the youth justice system (Turpel-Lafond & Kendall, 2009). Being part of either system is a marked concern for underreported or unreported histories of maltreatment that should be taken into consideration for youth in care. Additionally, these findings should represent a guide for caring, intervening, and planning trauma-informed services in both the CWS and the YJS based on the challenges faced by this sample of young offenders.

Maltreatment Histories. First, this study reflects the need to better describe and illuminate characteristics of this vulnerable population, specifically, the rates and types of maltreatment. As stated previously, the rates of maltreatment in this sample of crossover youth were considerably higher than that of the national average for youth. National rates for youth experiencing maltreatment ranges from 12 percent to 40 percent (Finkelhor et al., 2013; Wildeman et al., 2014; Public Health Agency of Canada, 2010a). Correspondingly, 89 percent of the crossover youth in this study had a history of being maltreated. This sample of youth clearly had higher rates of past maltreatment. This study's findings of incidents of maltreatment reflect similar findings from other research on crossover youth (Finlay, 2003; Turpel-Lafond & Kendall, 2009). That is, that maltreatment histories are an important characteristic of crossover kids that must be acknowledged. In terms of the incidence of the different types of maltreatment experienced, the present findings are consistent with previous literature. The Public Health Agency of Canada (2010a), noted that Vicarious Trauma Related to Domestic Violence (VTRDV) and neglect were most prevalent, followed by physical, and sexual maltreatment, respectively. The current study found that neglect was most prevalent, followed by VTRDV,

physical maltreatment, and sexual maltreatment, respectively. Not surprisingly, neglect and VTRDV were the most common forms of maltreatment experienced by the current sample where approximately 71% experienced one or both types of maltreatment. Although neglect and VTDRV are considered 'passive' forms of abuse where the child is not necessarily the direct target of harm, the deleterious effects of a toxic home atmosphere are prime reasons these children are apprehended by the CWS (Greeson et al., 2011). These harmful experiences could promote violent and antisocial attitudes (English et al, 2009), internalizing mental health issues such as depression and anxiety (Moylan et al., 2010; Spilsbury et al., 2007), and jeopardize academic success (Horan & Widom, 2015; Ybarra et al., 2007) that put these youth on a trajectory towards the YJS.

In terms of the specific forms of maltreatment and their relationship to mental health functioning, CWS experiences, and acts of delinquency, analyses revealed there were no significant relationships between any of the maltreatment types and the above areas of interest. This falls mostly in contrast with past literature. With each type of maltreatment measured, there is an abundance of research to suggest that there are present mental health issues, more experiences with the CWS, and promotion of crime and delinquency for those who are physically (Springer et al., 2007), sexually (Bensley et al., 1999; Kim & Cicchetti, 2010), neglectfully maltreated (Horan & Widom, 2015; Smith et al., 2005), and those who experience VTDRV (Kimball, 2016). Youth in this study who did experience maltreatment tended to have a greater number of symptoms consistent with mental health concerns, more CWS experiences, and greater and more frequent problems with the law than youth who did not experience maltreatment. However, there were no statistically significant differences between the four types of maltreatments measured in relation to the above three areas.

A potential explanation for this lack of significant findings is that 61% of the current sample had experienced more than one type of maltreatment. In this way, a majority of crossover youth can be considered as poly-victims. The highest frequency of crossover youth experienced three different types of maltreatment. This was followed by experiencing two, one, no types, and four types of maltreatment, respectively. Comparatively, the majority of non-crossover youth had experienced one or no types of maltreatment. The crossover youth in this study all had different varieties and combinations of maltreatment histories and, for this reason, separating the sample by abuse type involved a considerable degree of overlap in analyzing the data. Also, according to Arata et al., (2005), it is possible that the participant's data was inter-correlated with itself rather than isolating the maltreatment types since many youth had more than one type of maltreatment experienced. Therefore, it was neither functional nor meaningful to isolate maltreatment types because so few had experienced only one type of maltreatment. To control for other types of maltreatment experienced would have made the sample sizes small and brought the power of the analysis to a level where reliable and valid interpretations would not have been meaningful.

Although there was a lack of significant findings of maltreatment type in relation to maladaptation variables, there are important findings to highlight. First, past research has focused on categorizing child/youth maltreatment as physical, sexual, neglect, emotional, and VTRDV. However, this may be a simplistic and unreliable way to study child/youth maltreatment. Like bullying or neglect, Finkelhor et al., (2007) suggest child/youth maltreatment can present itself as a condition that is chronic and persistent throughout development. The current study highlights that maltreatment may be better studied by severity, the number of maltreatments experienced, and/or chronicity. To compartmentalize child maltreatment into one category fails to address other forms of abuse that may contribute to a young person's

maladaptation. Models that address maladaptation and PTSD-symptomology reflected in the additive model (Sameroff, Seifer, Baldwin, & Baldwin, 1993) and the threshold model (Appleyard et al., 2005; Morales & Guerra, 2006) may be more appropriate in predicting and intervening with children who have experienced maltreatment as they address chronicity and number of victimizations. The current findings fall in line with Appleyard et al., (2005) model where typically those who experienced, three or four different types of maltreatment had significantly higher levels of maladaptation across various areas compared to those who experience one or two types of maltreatment, suggesting a quadratic relationships. Although all maltreated youth in this sample had high levels of distress, the analyses suggest a large increase in maladaptation once a youth experiences more than two types of maltreatment or has more severe experiences of maltreatment. Based on the aforementioned results, it is important that clinicians and practitioners that work with maltreated youth address the maltreatment a youth is reported to have experienced and investigate the possibility that other forms of maltreatment may be present and likely intensifying their distress.

Maltreatment and CWS Involvement. Consistent with past research (i.e., Turpel-Lafond & Kendall, 2009), results revealed that the youth who experienced maltreatment, and especially those who experienced multiple forms of maltreatment are related to more serious and unstable placements in the Child Welfare System (i.e., community supervision vs. residential care). This finding emphasizes that the CWS treatment of young people needs to address the traumatic nature of multiple placements in the CWS. As a system that seeks to provide support, security, and stability to troubled young people, it appears that the system could be inherently traumatic in and of itself. In step with past research, most of the youth in this sample who are involved with the CWS were more likely to crossover into the YJS and had more severe and

chronic encounters with the justice system (Cutuli et al., 2016). Although this system does seek positive outcomes for maltreated young people, it needs to address issues such as the impact of what it means to live apart from their biological family (Agosti, Conradi, Halladay-Goldman, & Langan, 2013), multiple placement and instability of out-of-home placements (Turpel-Lafond & Kendall, 2009), and/or loss of positive peer relations because of multiple placements while in child welfare care (Baglivio et al., 2015) in conjunction with addressing maltreatment. Future policy makers and clinicians need to provide a trauma/maltreatment-informed approach addressing multiple forms of maltreatment and target these common negative results related to CWS intervention to promote rehabilitation and stability before a youth crosses over to the YJS. With a focus on maltreatment, trauma-informed care would address psychological and emotional pains from which young people will likely be suffer. Access to individual, family, and group therapy that promotes strengths-based interventions and trauma recovery could harness a sense of safety and the potential to connect with family members and others who are dealing with similar life-altering experiences. Finlay (2003) suggests that providing at-risk youth with prosocial and connected relationships, along with support workers who provide a sense of security and empathy to young people's abuse history could help divert delinquent youth away from the criminal justice system.

Mental Health and the Nature of Victimization. When examining the relationship between maltreatment and mental health in children/youth, descriptive findings revealed that those who experienced multiple types of maltreatment had higher numbers of psychological symptoms, both externalizing and internalizing problems, and a higher number of psychological diagnoses. Statistically significant differences were restricted to youth with the most types of maltreatment experienced compared to those who experienced none or the least number of

maltreatment experiences. Consistent with past research, maltreated youth need support for both internalizing and externalizing mental health issues. Crossover youth who experience maltreatment; especially those who experience more maltreatment, require increased support above and beyond what is typically employed in order to deal with other forms of trauma such as placement within multiple systems (Finlay, 2003; Turpel-Lafond & Kendall, 2009).

Importantly, crossover youth in this study had significantly more psychiatric diagnoses than non-crossover youth, but did not have significantly more mental health symptoms. From a practitioner's perspective, this could suggest that crossover youth, who are more involved with the CWS, could have greater access to mental health care and were more likely to receive a formal diagnosis compared to non-crossover youth. Yet, crossover youth's level of mental health care in learning to cope with their mental health symptomology is similar compared to non-crossover youth who may not have experienced maltreatment reflected in data related to both non-crossover and crossover youth who experienced an average of 6.5 psychological symptoms. Moreover, only 16.1% of crossover youth had engaged in mental health counseling. It is possible that these youth were being seen and diagnosed, but the symptoms of these diagnoses are not being adequately treated. It would appear that both non-crossover youth and crossover youth alike require mental health support for mental health symptoms such as anxiety, depression, aggression, and antisocial attitudes. Therefore, on a policy level, crossover youth may need more intensive counseling/mental health support beyond what is typically provided to youth with similar presenting issues because of their maltreatment history and because of their experiences in the CWS (Lang et al., 2016). According to Stewart and Leschied (2012), for these mental health supports to be effective it is important to address first the initial trauma and then seek to improve behavioral outcomes once traumatic stress has been reduced. Additionally, providing

home and school based interventions that simultaneously focus on behavioural, psychological, and CWS placement stability across many areas of a delinquent youth's life – such as Multisystemic Therapy or Multidimensional Foster Care Treatment, have shown to be the most effective interventions for reducing psychological distress (Stewart & Leschied, 2012). Importantly, these counseling/mental health interventions can take place prior to serious encounters with the YJS as a preventative measure, but this is still an imperative endeavor when youth are involved with the YJS to reduce recidivism (Corrado and Leschied, 2011).

Maltreatment and YJS Crossover. Day et al. (2012) suggest that youth who had prior experiences with the CWS had a greater likelihood of being a chronic and persistent offender. Indeed, the results of the current study support these findings. Crossover youth displayed patterns of offending that began prior to the age of 12 years. Moreover, when analyses included type of maltreatment the results revealed that those who were physically, sexually, and maltreated and / or neglected were at heightened risk for being persistent young offenders. These consistent findings highlight the need for early intervention with most at-risk are children – those children who begin exhibiting delinquent-like behaviours at younger ages. The experience of being in the CWS compounded with histories of maltreatment make them prime populations for early intervention that seeks to limit the trajectory towards the YJS and possibly a life of criminal involvement.

Similarly, the type of maltreatment and the number of maltreatment experiences were not related to the types of crimes these youth committed. However, for their involvement with the legal system, crossover youth who were maltreated had more involvements with police, incurred more formal charges and charges with a guilty verdict than non-crossover youth. Taken together, crossover youth began their offending at an earlier age, did not differ from non-crossover youth

in the crimes they committed, for both groups property and administrative offences were the most common offense type; yet, crossover youth received more differential responses than non-crossover youth reflected in their more serious and frequent involvements with the YJS. It would appear that the court tends to respond more punitively to youth in care, as crossover youth had more charges against them along with findings of guilt. This is consistent with past research that has found youth in the CWS/those youth with maltreatment histories have a greater likelihood of police involvement and to have charges laid against them by police (Turpel-Lafond & Kendall, 2009). For these youth in care as well as youth with maltreatment histories, it appears that the legal system may need to revaluate the manner in which they process youth who have been in child welfare care. From a policy standpoint, this punitive approach of dealing with maltreated youth fails to address the youth's maltreatment that could relate to their externalizing behaviours and potentially their criminogenic needs. Furthermore, it is important to highlight the way in which the CWS manages and responds to maltreated youth's behaviour that could be exacerbating their frequency of contact with the YJS. Turpel-Lafond and Kendall (2009), found that children/youth who misbehave or become aggressive in residential or foster home care tend to have charges laid against them where, if similar behaviour was carried out in their biological home, it would not have resulted in charges being laid. These scenarios are an example of how maltreated youth are expedited in their journey from the CWS into the YJS. Policy makers and clinicians need to rethink the way this population of vulnerable youth are uniquely penalized for their behaviour, and consider alternatives or extra-judicial measures rather than processing them formally through the traditional legal process. It is evident that all delinquent youth require caring interventions. However, crossover youth are in need of increased and more specialized

care both prior to and during their experiences in these systems of care in order to reduce persistent offending and improve outcomes related to their mental health.

Predictors of Being a Crossover Youth. When examining variables of maladaptation that could be predictive of youth crossover, the findings of the current study suggest that there is an increased likelihood for youth in care to crossover to the YJS if they are persistent offenders, that is, having their antisocial behaviour beginning prior to the age of 12 years, and were more frequently involved with CWS-related community agencies. The aforementioned result suggests that youth who begin their offending earlier and are more involved with CWS-related support agencies are at an increased likelihood of crossing over from the CWS into the YJS. Additionally, youth with maltreatment histories have an increased odds ratio of being involved with the YJS compared to non-maltreated young people. This is supported by past research that has shown that maltreatment (Bensley et al., 1999; Thornberry et al., 2010), offending at a younger age (Cook et al., 2005), and having more involvements with the CWS and support agencies (Cutuli et al., 2016; Turpel-Lafond & Kendall, 2009) is related to future criminal behaviour. Conversely, in logistic regression analyses, the number of mental health symptoms and diagnoses did not significantly influence the odds at which youth crossover from the CWS into the YJS. It has been suggested in the aforementioned results and literature review that mental illnesses and mental health issues are common features of maltreated youth (Briere, et al., 2008) but this was not found in the current study.

Taken together, the literature and the current results do not indicate how these maladaptation variables relate to future offending. Nevertheless, maltreatment, the presence of mental health challenges, CWS involvement, and early-onset of offending can create a context within which to better understand who crossover youth represent and better understand their

journey from the CWS into the YJS. Due to significant results of this study, interventions should focus on the CWS and address increasing concerns regarding how children are cared for and how a system can be promoted to influence the trajectory that can lead to criminal involvement. Although present mental health symptoms were not statistically related to crime specific behaviour, addressing mental health diagnoses and symptomology could benefit the well-being of the youth beyond possible criminogenic behaviour. Additionally, providing specific, research-informed and trauma-informed care (e.g. counselling, positive role models, and providing a home away from home atmosphere) may help reduce and prevent crime and continued recidivism.

Recommendations for Future Research

Future research would benefit from continuing to study the effects of maltreatment on youth, specifically youth who are involved in the child welfare system as either temporary or crown wards. More specifically, this research needs to acknowledge the relevance of *multiple forms* of maltreatment that youth may have experienced as past research has almost exclusively focused on the effects of *individual types* of maltreatment. It will be important to address the impact of multiple forms of maltreatment and the combination in the type and severity of these maltreatment experiences to help understand the social-emotional maladaptation's that can occur. For example, this more comprehensive research could target the different pairings of the most common maltreatment experiences. ie., neglect, VTRDV, and physical maltreatment, to help inform policy and rehabilitative interventions in caring for youth, specifically vulnerable populations such as crossover youth. Moreover, future researchers could shift their focus from expressly investigating the type of maltreatment and include the relevance of the severity and chronicity of maltreatment. Most of the maltreatment information in this study was from CWS

case notes that were included in young offender files, which had minimal information on the specifics regarding the nature of the maltreatment. Also, most maltreatment related variables were dichotomous (yes/no) variables. Collecting and measuring maltreatment information in this way leaves important information out of the analyses. Knowing more about the youth's subjective experiences of the maltreatment and its chronicity could help inform a more comprehensive story of who maltreated and crossover youth are, and how their experience of maltreatment is related to their mental health concerns and delinquent involvement. Qualitative studies in this area, similar to that of Finlay (2003) are needed, in telling a more complete story of crossover youth and their journeys from care to custody.

Another area of investigation should focus on the relationship between the specific nature of trauma-informed care that is provided through the child welfare system and the outcomes of the youth that are processed through that system. A majority of youth that are processed through the urban-based court clinic that provided the case files for this study respond to youth that have lengthy histories of CWS involvement. Although the clinic seeks to provide trauma-informed care, it remains unclear if these practices are effective in reducing trauma for the children in its care (i.e. separation from families and friends). Future research needs to study the specifics of this approach to determine if it is first, effective and second, being implemented in a manner that reduces trauma.

The current study presents an appreciation for the risk factors related to youth crossing over from the CWS into the YJS. However, future research would benefit from focusing on important protective factors that moderate maladaptive responses to maltreatment, CWS involvement, and ultimately crossing over to the YJS. These protective factors could include school-based interventions such as anti-bullying programs, substance-abuse awareness programs,

and prosocial group involvement such as athletics. In conjunction, these protective factors that harbour and promote resilience could lessen the impact the traumatic experiences of being a crossover youth. This research could also highlight common and effective program factor that are available to youth of all genders, SES and ethnic and cultural backgrounds (Corrado & Leschied, 2011).

Lastly, future researchers could study these vulnerable youth in a longitudinal research design. Much of the past research focuses on the prediction and profiling of crossover youth. More needs to be known about the specific interventions used and policies in place that target the context of risk related to offending and social-emotional distress to determine if they are indeed helpful to this at risk population over the longer term. Studying crossover youth before they crossover to the YJS could develop an increased appreciation for the diversity of paths taken by these youth and the specific maladaptation they face along their journey.

Limitations

First**,** it is important to note that despite a relatively large sample size in the present study, (299 participant files), all of the files were collected from one urban-based court clinic in Southern Ontario. The population of delinquent youth that are served by this court clinic are under section 34 of the *Youth Criminal Justice Act,* which typically serves the most severe and chronic young offenders. Moreover, approximately 65% of the files did not include information regarding the youth's ethnicity/race. For these reasons, the youth included in this study may not be representative of the general child welfare population nor the general population of delinquent youth. In this way, the generalizability of the current findings is considered a limitation.

Secondly, the strength of a file review is based on the accuracy and amount of data that is available in the files. Information pertaining to these youth including the Accompanying Adult

Parental Intake Form and the Clinical Findings and Criminal Background information were based on written reports from various professionals and outside agencies. The intake and professional reports were based on varying experiences and personal understandings of delinquent behaviour, maltreatment, and mental health issues. For example, most mental health issue variables were self-report and were not formal psychiatric diagnoses. As a result, the reporting of variables may be inconsistent across the sample.

Another limitation to the current file review is the reality that some files were more complete and accurate than others, especially related to the accompanying adult intake form. Many files had incomplete or non-existent intake forms that would have included important identifying information such as criminal charges, social behaviour and delinquent peer contact, agency involvement, family life, developmental history, mental health status information, and parental history. Also, when information was present, it occasionally conflicted with clinical/professional information. In these cases, an admissibility of the information was typically presented from the professional/clinical perspective in the court clinic reports. Therefore, the reliability of the data was of concern and potentially a limitation for the present study.

A final limitation of the current study is related to the research design itself. The data retrieval instrument (DRI) used for data retrieval and data analysis was constructed using participants' case files and in this way, may not include all possible variables pertinent to the current study. The DRI was created by four past researchers over the span of five months and updated/maintained by two current researchers over the span of three months. The researchers were continuously working alongside one another and were able to discuss and debate the coding of case file information. More specifically, it was not fully possible for the current researchers to

communicate with past researchers in terms of how they chose to interpret the young offenders' files. Although inter-rater reliability was addressed and was considered to be strong in past and present data collection, it is possible that case file data was interpreted and coded differently by each researcher.

Summary

Notwithstanding the limitations to the current study, the findings are unique in the extent to which they help better understand this vulnerable population of crossover youth. The present study offers an increased understanding of who the crossover youth are, and what their journey consists of from the care of the CWS into the YJS: specifically, with a focus of how maltreatment influences this journey. The analyses highlighted that severity and the number of maltreatments experienced could be an alternative and important method of measuring for maltreatment in contributing to an improved understanding of the long-term negative effects on youth's mental health, CWS involvement and ultimately, their criminality. Additionally, youth who began offending prior to the age of 12 years, and those youth with more frequent involvements with the CWS related agencies had increased odds of being crossover youth compared to not being a crossover youth. The information from this study sought to increase the awareness of this understudied population to help emphasize the need for increased research, assessment, and opportunities for rehabilitation for these young people

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Appendices

Appendix A: Data Retrieval Instrument

Appendix B: Research Ethic Board Exemption

Appendix A

Data Retrieval Instrument

Highlighted = Used for inter-rater reliability variables

AGENCY INFORMATION - A

1. **ID – ID Number** [Numerical] (Var: 0000000)
2. **YrAss – Date Information was received:** [year] (Var: 2010; 2011; 2012; 2013; 2014; 2015; 2016; 2017; 2018; 2019; 2020)

IDENTIFYING INFORMATION - B

3. **Age – Age at time of assessment** [Numerical 00-99]
4. **Gender - at the Time of the Assessment – Gender** [1= male; 2=female, 3=unidentified; 4=transsexual; 5=intersex; 6=Unsure]
5. **SexOrien - Sexual Orientation at the Time of the 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 - Youth employed?** [1=Yes; 2=No]
15. **YHomeless - Youth Ever Been Homeless?** [1=Yes; 2=No]

CHARGES AND COURT INVOLVMENT - C

Present Charge (type) – Most serious offense at the time of referral:

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 Harm [1=Yes; 2=No]
32. PCPossIS - Possession of an Illegal substance [1=Yes; 2=No]
33. PCSubAbT - Sub Ab 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. PCFireS7ett - 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]
49. OffFriend – friend [1=Yes; 2=No]
50. OffAcqu – acquaintance [1=Yes; 2=No]
51. OffStran – stranger [1=Yes; 2=No]
52. OffAuth- Authority [1=Yes; 2=No]
53. OffFos-Foster family member [1=Yes; 2=No]
54. OffGroup - Group Home resident [1=Yes; 2=No]

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 - Parents 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 - 00-999]
60. NumGuilt - Number of Previous and Current findings of guilt?
[Numerical - 00-999]
61. PrevCoLone – Previous and current pattern of CJH suggests
[1=Co-offender; 2= Lone offender; 3=Both Co and Lone Offender; 4=N/A]
62. InvolPol – Number of involvements with police [Numerical 00-999]
63. YrsYJS – Length of time involved in the YJS?
[1= <1 year; 2= >1 Year; 3= >2 years; 4= >3 years]

Previous Experience in YJS:
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; 0=No]

71. PrevSecD - Secure Detention [1=Yes; 0=No]
72. PrevOpenC - Open Custody [3=Yes; 0=No]
73. PrevSecC - Secure Custody [4=Yes; 0=No]
74. YrsDet – Months spent in detention [Numerical 0-99]

SCHOOL HISTORY - D

75. School – Registered in school [1=Yes; 2=No]
76. Grade – Present grade [Numerical 00-12]
77. CredsCom – High school, how many credits completed [Numerical 00-99]
78. AttSchool – Does youth attend school [1=Yes; 2=No]
79. AbSchool – If no, 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 so, describe (homework group, etc.)
[1= IEP; 2= homework group; 3= tutor; 4= EA; 5= N/A]
90. SchoDif – Do you find school difficult [1=Yes; 2 =No; 3 = Sometimes]
91. WhySchoDif – If so, 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 kindergarten?
[Numerical 00-99]
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]

SOCIAL BEHAVIOURS / PEER RELATIONSHIPS – E

96. Friend – Do you have 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 – Do they have an intimate partner [1=yes; 2=no]
105. LeadOrFoll – Youth a 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 – Describe activities: [Number of Activities] [00-99]
110. Hobbies – 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 – Spend 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 – Social ties? [1= positive; 2= negative; 3= both; 4= N/A]
116. SibStatus - Sibling Status
[1= Youngest; 2= Eldest; 3= Middle Child; 4=Only Child]
117. SibAndLaw - Has sibling(s) been involved in the law [1=yes; 2=no; 3= N/A]
118. HalfSibLaw - Has half sibling(s) been involved in the law
[1=yes; 2=no; 3= N/A]

AGENCY INVOLVMENT – F

Ever involved with:
119. AgOut - Child/Youth Mental Health Agency (Outpatient) [1=Yes; 2=No]
120. AgIn - Child/Youth Mental Health Agency (Inpatient) [1=Yes; 2=No]
121. AgBoth- Child/Youth Mental Health Agency (In and Outpatient)
[1=Yes; 2=No]
122. AgProbatio - Previous Probation [3=Yes; 0=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 Psychiatrist [1=Yes; 2=No]
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. Youth Treatment Court [1=Yes; 2=No]
136. CSCN – Community Services Coordination Network [1=Yes; 2=No]
137. AgTotalN [Numerical 00-99]

CHILD WELFARE SYSTEM INVOLVMENT – G

138. ChildWel - Child Welfare [1=Yes; 2=No]
If yes to Child welfare was it:
139. CWelCouns – Counselling [1=Yes; 2=No; 3=N/A]
140. CWelComm - Community Supervision [2=Yes; 0=No; 3=N/A]
141. CWelTemp - Temporary Care Agreement [3=Yes; 0=No; 3=N/A]
142. CWelCrown - Crown Ward Status [4=Yes; 0=No; 3=N/A]
143. CWelKin - Kinship Care Arrangement [3=Yes; 0=No; 3=N/A]
144. AdoptCAS- Adoption through CAS [1=Yes; 2=No; 3=N/A]

FAMILY LIFE - H

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 – How many family moves since birth?**
[1=1; 2=2; 3=3; 4=4; 5=5-9; 6=10>]
147. **MoveThem – If more than 5, 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 family ever reside in a shelter** [4=Yes; 0=No]
152. **SeeViolen - Evidence of child being present at the time of partner violence** [1=Yes; 2=No]
153. **SexAbasPerp / Youth as Perpetrator - History of 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**
[Numerical 00-18]
161. **PerOrLimOff - Persistent or limited offendingpers (when did offending-like behaviours begin?)** [1=persistent < or equal to 12 of age; 2=limited>age 12]

DEVELOPMENTAL HISTORY - I

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 Accidents** [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]

MENTAL HEALTH STATUS INFORMATION - J

171. **DiaFASD - Diagnosis of FASD** [1=Yes; 2=No]
172. **AgeFASD - If yes to FASD, at what age** [Numerical 00-18]

Formal Psychiatric diagnoses:

173. **ADHD** [1=Yes; 2=No]
174. **ODD** [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** [1=Yes; 2=No]

180. APD - Antisocial Personality Disorder [1=Yes; 2=No]
181. NARCISS - Narcissism [1=Yes; 2=No]
182. Psychosis [1=Yes; 2=No]
183. SleepCompl - Sleep Complaints [1=Yes; 2=No]
184. SchizoAff - Schizoaffective Disorder [1=Yes; 2=No]
185. DisrupMoodD - Disruptive Mood Dysregulation Disorder [1=Yes; 2=No]
186. TotDia - Total number of different diagnoses [Numerical 00-99]

Findings from Psychological Testing (Check as many as applicable – 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 - APD-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 different psychological areas of concern [Numerical 00-99]

220. MoodMed – Ever Prescribed Mood Alterant Medication [1=Yes; 2=No; 3=N/A]
If yes to mood alterant medication (current or past}, was it for:
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 00-99]
228. AgeofDia – Age when first diagnosed with mental health disorder

[Numerical 00-99]

CAREGIVER HISTORY – J (Parent #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 Child being Assessed**
[2= Yes, 0 = No,
231. **A_TimeWCh – Length of time living with child (Years)** [Numerical 00-99]
232. **A_MarStat – Marital status** [0 = Married/cohabitating, 2 = Single]
233. **A_DivSep – Ever divorced or separated?** [1 = Yes, 2 = No]
234. **A_CEdu – Caregiver Education Completed** [0= educated; 2= Elementary or lower
235. **A_Employ – Caregiver Employed** [0=Yes; 3=No]
236. **A_Finance – 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]
241. **A_VerbAg – Verbal aggression** [1 = Yes, 2= No]
242. **A_PolCall – Police being called** [1 = Yes, 2 = No]
243. **A_Crisis – Caregiver Personal Crises** [1 = Yes, 2 = No]
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 drugs/alcohol** [1 = Yes, 2 = No]
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 family** [1 = Yes, 2 = No]
253. **A_MentalH – Presence of Mental Health History** [1 = Yes, 2 = No]
254. **A_FamMenH – Extended family mental health present** [1 = Yes, 2 = No]
255. **A_Med – Medications** [1 = Yes, 2 = No]
256. **A_Impact – Is it thought that crises has impacted youth?**
[1 = Yes, 2 = No]

CAREGIVER HISTORY – K (#2 – Second most involved caregiver)

257. **B_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]
258. **B_TeenPar – Teen Parent of the Child being Assessed**
[1 = Yes, 2 = No, 3 = NA]
259. **B_TimeWCh – Length of time living with child (Years)** [Numerical 00-99]
260. **B_MarStat – Marital** status [1 = Married, 2 = Cohabiting 3 = 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** Employmed [1=Yes; 2=No]
264. **B_Finance – 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 [1 = Yes 2 = No]
269. B_VerbAg – Verbal aggression [1 = Yes, 2= No]
270. B_PolCall – Police being called [1 = Yes, 2 = No]

Caregiver Personal 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 –History of Mental Health Issues [1 = Yes, 2 = No]
281. B_FamMenH – Extended family mental health issues present [1 = Yes, 2 = No]
282. B_Med – Medications [1 = Yes, 2 = No]
283. B_Impact – Is it thought that caregiver crises have impacted youth? [1 = Yes, 2 = No]

CAREGIVER HISTORY – L (*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 = deceased parent, 11= adoptive mother, 12= adoptive father]
285. C_TeenP – Teen Parent of the Child being Assessed [1 = Yes, 2 = No]
286. C_MarStat – Marital status [1 = Married, 2 = Cohabiting, 3 = Single]
287. C_Edu – Caregiver Education Completed [1 = None; 2= Elementary; 3= Highschool; 4 = Undergraduate; 5 = Above; 6= College]
288. C_Employ – Caregiver Employment [1 = Yes, 2 = No]
289. C_Finance – 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 – Has contact stopped? [1 = Yes, 2 = No]

PRESENTING PROBLEM LEADING TO THE LEGAL SYSTEM - M

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. ScholInt - 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]

What help parent(s) believe youth need:

302. Limits – Setting of limits (consequences) [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 - MH 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 bad peers [1 = Yes, 2 = No]
313. PUEdrugs - Staying Away from Drugs [1 = Yes, 2 = No]
314. PUEcouns - Counselling [1 = Yes, 2 = No]
Involved with or experiencing the following:
315. Drug – Drug Use [1 = Yes, 2 = No, 3=N/A]
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]

YOUNG OFFENDERS STRENGTHS - N

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 0-7]

ALCOHOL / SUBSTANCE USE INFORMATION - O

332. AlcAb – Is there the presence of alcohol abuse? [1= Prior Use; 2= Current Use; 3= Prior and Current Use; 4= No evidence of alcohol use]
333. SubA - Substance Use [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 [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. ntoxInhal - Intoxicative Inhalant [1=Yes; 2=No]
344. Oxy – Oxycodone(Oxtcontin) [1=Yes; 2=No]
345. TotDrugs - Total number of drugs used [Numerical 1-100]

RISK / NEED ASSESSMENT INFORMATION - P

346. RNA - Was there a RNA on file? [1=Yes; 2=No]

If yes to RNA complete the following:

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 / recre3ation [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. RNATotS – Total Risk Score [1= low; 2= med; 3=high; 4 = N/A]

Assessment of Other Needs from the RNA:

356. RNASigFamT - Significant family trauma [1=Yes; 2=No; 3=N/A]

357. RNALearnD - Presence of a Learning disability [1=Yes; 2=No; 3=N/A]

358. RNAVicNeg - Victim of Neglect [1=Yes; 2=No; 3=N/A]

359. RNADepress - Depression [1=Yes; 2=No; 3=N/A]

360. RNAPSocSk - Poor Social Skills [1=Yes; 2=No; 3=N/A]

361. RNAHisSPAs - History of Sexual/Physical Assault [1=Yes; 2=No; 3=N/A]

362. RNAAsAuth - History of assault on authority figures [1=Yes; 2=No; 3=N/A]

363. RNAHisWeap - 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]

RECCOMMENDATIONS FROM ASSESSMENT - Q

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 – MH Residential Treatment [1=Yes; 2=No]

374. AddictTreat - Treatment for Addictions [1=outpatient; 2=residential; 3=No]

375. 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 Opportunities [1=Yes; 2=No]

MENTAL HEALTH COURT INVOLVEMENT - R

389. MHCrt - Was youth's case heard in the Mental Health / Youth Treatment Court? [1=Yes; 2=No]

Relevance of Mental Health in the Committal of the Offense(s):

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 is it** [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 Family Court Clinic Number of Assessments** [Numerical 00-99]

Appendix B

Research Ethics Board Exemption

Western Research

Research Ethics

February 5, 2016

Dr. Alan Leschied
Professor, Faculty of Education
FEB 1108
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,

VITA

Name	Blake Stewart	
Post-secondary Education and Degrees:	Western University, London, Ontario, Canada M.A. Counselling Psychology	2016 - 2018
	Mount Allison University Sackville, New Brunswick, Canada B.Sc. Honours in Psychology	2010 - 2015
Related Work Experience:	Psychological Services Internship Thames Valley District School Board (TVDSB) London, Ontario	2017 - 2018
	Group Therapy Co-Facilitator Family Services Thames Valley London, Ontario	2017 - 2018
	Online Mental Health Resource Moderator Merrymount Family Support & Crisis Centre London, Ontario	2017
	Child/Youth Early Intervention Worker Cumberland Early Intervention Program Amherst, Nova Scotia	2014
	Camp Counsellor YMCA Moncton, New Brunswick	2013
Research Experience:	Research Assistant London Family Court Clinic London, Ontario	2016 - 2017
	Research Assistant Mount Allison Sexual Health Lab Sackville, New Brunswick	2012 - 2015
Honours and Awards:	Joseph Armand Bombardier Canada Graduate Scholarship-Master's (CGS-M), Social Sciences and Humanities Research Council of Canada (SSHRC)	2017-2018
	Western University Entrance Scholarship	2016-2018