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Social Relationships in Young Offenders: Relevance to Peers, Poverty, and Psychological Adjustment

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Abstract

The increasing influence of peers in adolescence is related to a developing array of skills, aspirations, attitudes, and behaviours. The nature and magnitude of this influence and the potential association of certain youth with deviant peers is among the most prominent risk factors in predicting youth crime. This becomes of greater concern for economically disadvantaged youth, whose neighbourhoods harbour greater susceptibility to negative peer influence. With social affiliations at the forefront of youth development and criminality, research efforts need to further characterize the nature, constitution, and influence of peers on adolescent offending. The current study addressed both of these noted concerns. Two hundred and eighty-one Canadian youth were sampled from an urban-based court clinic who had been referred during the years 2010 to 2015. Information was drawn from case file content. Exploratory analyses were conducted to characterize relevant demographics, trends, and dispositions of youth according to their social networks, offending patterns, and socio-economic status. Experiences of poverty and negative peers were prevalent in this sample of young offenders. A negative peer environment was correlated with poverty, criminality, number of mental health diagnoses and symptoms. An interaction was found between offending pattern (co-offending, lone offending, and mixed) and level of antisocial behaviour. Post-hoc analysis revealed an additional interaction between gender and peer influence. Lastly, unique psychological correlates were identified according to friendship influence and friendship status. Findings point to the unique role of adolescent social patterns in both guiding and investigating the motives and struggles of young offenders. The relevance of the findings is discussed as they pertain to assessment, intervention, and future research.

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Introduction

The current study sought to outline the importance of understanding the social and economic context of young offenders through both a gendered and developmental lens. In particular, this study sought to depict and interpret the interconnected relationships between poverty, peers, and mental illness, as they contribute to the introduction and continuance of youth criminality. Further, this study sought to provide a more detailed depiction of young offender social networks, social offending patterns, and psychological dispositions as they pertain to friendship status. Analyses and discussion were conducted with the ultimate focus of guiding research, assessment, and rehabilitation efforts for young offenders.

Literature Review

Adolescence presents a critical period of unique challenges that lays the groundwork for transitioning into adult life (Crone & Dahl, 2012; Greve, 2001). Key developmental milestones include a progression towards independence and the discovery of self identity. Significant to this process, adolescents negotiate their primary parental attachments in becoming more attentive and adaptive to their extra-familial environment. Learning, discovery, and identity status involves integrating the norms and values of the wider social realm (Greve, 2001; Sanders, 2013).

Increasing Relevance of Peers. Within the adolescent social environment, peer groups become the most influential socializing agent (Allen, Porter, McFarland, Marsh, & McElhaney, 2005; Brown, 1990; Sanders, 2013). Time spent with peers increases substantially from childhood, both with and without adult supervision, as youth emphasize with increasing significance the importance of their peers (Brown, 1990; Haynie & Osgood, 2005; Mounts & Steinberg, 1995). In concordance with an increased capacity to make social comparisons, increased inferences of perceived self-perception, along with the need for social belonging,

adolescents become highly sensitive and adaptable to influence and conformity (Brown, 2004; Lashbrook, 2000; Matsueda & Anderson, 1998; Sanders, 2013).

Peer association presents various opportunities for socialization. In the form of *peer pressure*, friends can exert direct and overt efforts to forcibly prescribe or proscribe certain attitudes and behaviours. Most prominent through conversations among adolescents, *normative regulation* typically involves the use of gossip and teasing to reinforce expectations of the peer group. More covert influences may present in the form of *social modelling*, in which individuals can observe the reaped benefits and consequences of behaviours committed by their peers in the social realm. Additionally, peers may garner influence through the *structuring of opportunities*, when association with groups yield differential exposure to situations that may encourage or dissuade certain behaviours (Brown, 2004; Bandura, 1977; Haynie & Osgood, 2005; Matsueda & Anderson, 1998).

Research has noted the substantial role of peer influence across a developing array of skills, aspirations, attitudes, and behaviours (Breakwell & Beardsell, 1992; Brechwald & Prinstein, 2011; 1992; Hallinan & Williams, 1990; Lashbrook, 2000; Mirande, 1968). The nature and degree of friendships nurture various psychological shifts (Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007). Yet, not every peer relationship will foster healthy adolescent development. Relations with deviant peers in particular, peers who may model or reward antisocial values, have been shown to influence violent behaviour, low academic achievement, drug and alcohol abuse, and criminal recidivism. The presence of such effects have also been noted to strengthen with each increasing number of peer associates (Matsueda & Anderson, 1998; Osgood et al., 2013; Warr & Stafford, 1990). Subsequent increases in delinquency can also lead to further association, perpetuating a cycle of crime. (Thornberry,

Lizotte, Krohn, & Farnworth, 1994). Consequently, antisocial peers have become a concern in the context of appreciating the entry into and investment in offending behaviour (Farmer et al., 2003; Mounts & Steinberg 1995; Osgood et al., 2013; Poulin, Dishion, & Burraston, 2003; Van Zalk & Van Zalk, 2015). Indeed, the presence of deviant peer associates is identified as one of the strongest risk factors in predicting youth's involvement in delinquent careers (Hawkins et al., 2000; Henggeler, Cunningham et. al., 1996; Carrington & van Mastrigt, 2013). The conclusion, as the magnitude of peer influence becomes increasingly understood, the nature of a youth's friendships become increasingly relevant and of critical importance.

While the impacts of deviant associates have been well established, reasons for such affiliations are less clear. The literature is divided on the extent to which normative influence plays a role in establishing attitudes and behaviours. Adolescents with prior established antisocial behavior, as well as those with psychopathic traits, are known to gravitate towards deviant peer groups (Kerr, Van Zalk, & Stattin, 2012; Kimonis, Frick, & Barry, 2004). Additionally, the presence of social or neuropsychological impairments stemming from childhood may ensnare adolescents into similar affiliation (Stormshak & Dishion, 2002; Thornberry, et al., 1994). Such is the case for youth afflicted with Fetal Alcohol Spectrum Disorder (FASD), wherein negative interactions with teachers and exclusion from prosocial peers, lead FASD youth towards similarly rejected groups (Corrado, Leschied, Lussier, & Whatley, 2015). However, explicit motives have also been established as reasons for association. Some studies have noted instrumental purposes including the maintenance of safety and self protection, and the achievement of prestige or social status (Boxer, Kubik, Ostermann, & Veysey, 2015; Brown, Hippensteele, & Lawrence, 2014; Lachman, Roman, & Cahill, 2013), while other factors associated with belonging such as filling a void and family alienation have

been identified as motivational reasons for joining a delinquent peer group (Brody et al., 2001; Chung & Steinberg, 2006; Lachman et al., 2013).

Even less is known of the unique psychological correlates involved in peer associations. Only recently has the literature begun to investigate such variables in the context of a more serious, robust, and organized delinquent association – gang affiliation. Several studies have noted psychological factors that increase the likelihood of youth gang affiliation including low self-esteem, anxiety, social withdrawal, and delinquent beliefs (O'Brien, Daffern, Chu, & Thomas, 2013). The extent to which psychological variables correlate with the presence of general deviant/antisocial friendships is unknown and should be looked into for further investigation. The aforementioned dispositions and motivations linked to antisocial peer associates, may imply differential needs for justice-involved youth associated with antisocial peer groups in comparison to those with neutral or prosocial peers. Andrews & Bonta (2010) concluded that delinquent youth with such associations present with the most chronic criminogenic needs. Thus, more information could be obtained to better understand the unique nature and needs of justice-involved youth associated with other deviant youth; including by means of understanding psychological correlates.

Gender and Peer Relations. It is important to consider gender when contemplating the role of peers in contributing to delinquency. While antisocial peer associations remain a prominent risk factor for both genders, a considerable literature has noted gender differences in both the development and constitution of same-sex friendships (Aukett, Ritchie, & Mill, 1988; Fagan, Horn, Hawkins, & Arthur, 2007; McNelles & Connolly, 1999; Younis & Haynie, 1992). Male and female adolescents tend to befriend same-sex gender groups (Piquero, Gover, MacDonald, & Piquero, 2005). While female friendships tend to develop in the form of

exclusive friendship dyads, male friendships tend to develop within a group context, with males maintaining extensive friendship networks (Benenson & Christakos, 2003; Youniss & Haynie, 1992). Indeed, males often report more delinquent friendships than their female counterparts (Piquero, et al., 2005). These friendships tend to be activity-oriented, rooted in participation of shared activities (Caldwell & Peplau, 1982; Youniss & Haynie, 1992). Female friendships tend to be intimacy-oriented, based in communication of thoughts, feelings, and the detailed sharing of personal information (Benenson & Christakos, 2003; Caldwell & Peplau, 1982; Hall, 2011; Morgan, 1976; Reisman, 1990; Youniss & Haynie, 1992). Additionally, females' self-esteem appears to be more tied to interpersonal relationships, while being largely tied to personal achievement for males (Agnew & Brezina, 1997; Douvan & Adelson, 1966).

Thus, gender specific factors may moderate peer socialization processes, differentiating criminogenic needs according to the gender of the offender and their peer group. However, the role of peer influence as differentiated by gender is not well understood. Simultaneously, the majority of studies concerning offending and rehabilitation have largely been confined to male participants (Rasche, 1974). Consequently, gender as it pertains to both offending and social offending patterns, is not well understood. More gender-focused research is needed to characterize developmental and social issues contributing to juvenile offending.

Co-Offending with Peers. Co-offending has recently become a burgeoning topic in the youth offending literature. High prevalence of peer interaction in adolescence may present more opportunities for co-offending. Indeed, youth are more likely to co-offend in comparison to their adult counterparts, and with a higher number of offenders involved (Weerman, 2003). Peaking in adolescence, the prevalence of co-offending subsequently decreases with age over the lifespan (Carington, 2009; Carington & van Mastrigt, 2013; Reiss & Farrington, 1991; Weerman, 2003).

Reasons for the high prevalence of co-offending in adolescence is still debated in the literature. Given that adolescents enjoy participating in activities as groups, co-offending may simply be another group activity for delinquent-oriented youth (Carrington, 2009). However, it is important to note that co-offending is most important and prevalent at the start of a criminal career, with individuals shifting towards lone-offending as their criminal experience increases (Carrington, 2009; Reiss & Farrington, 1991). Thus, it is also possible that adolescents may be induced into a criminal career by the influence of co-offending with delinquent peers, switching to lone offending when they become more competent and confident (Carrington, 2009; Reiss & Farrington, 1991; Weerman, 2003). In their prospective longitudinal study on male youth in London, England, Reiss and Farrington (1991) found that individuals who committed their first offense with others had longer criminal careers than those who committed their offenses alone.

While co-offenders tend to share the same sex, ethnicity, and age, the extent to which they share the level of experience, vulnerabilities, and reasons for offending, remains unclear (Reiss & Farrington, 1991; Weerman, 2003). Continual characterization of offending patterns may be critical in understanding who and how individuals are both introduced and encouraged into a career of prolonged offending.

Peers in a Social Context. Particular environments have been noted to harbour greater susceptibility for certain youths to adopt more deviant affiliations. Of particular relevance to the current study, lower-income communities are commonly cited as characterising higher rates of criminality that may guide youth along an antisocial path (Bunge, Johnson, & Baldé, 2005; Chung & Steinberg, 2006; Eamon, 2002; Jarjoura, Triplett, & Brinker, 2002; Lahey, Waldman, & McBurnett, 1999).

Poverty has also been identified as a risk factor for youth crime, yet the determinant is not economic status alone (Shader, 2001). Rather, youth criminality can be attributed to the structural disadvantages common in impoverished communities. Single-parent households, reduced vocational opportunity, increased susceptibility to stressful life events, the lack of positive role models, and stigma, are just a few of the challenges adolescents within the context of poverty develop (Attar, Guerra, & Tolan, 1994; Jarjoura, Triplett, & Brinker; Jani, 2013; McLanahan, 1985; Waxman, 1977; Weatherburn & Lind, 1998; Wilson, 2012).

The Interaction of Poverty and Crime. The nature of such disadvantages further depletes resources for appropriate parental and community monitoring of youth. As a result, youth may experience increased time without supervision amongst an already disadvantaged and delinquent-oriented context (Brody et al., 2001; Bunge, Johnson, & Baldé, 2005; Chung & Steinberg, 2006; Simons, Johnson, Beaman, Conger, & Whitbeck, 1996; Weatherburn & Lind, 1998). It is the combined influence of deviant associates that contribute to the poverty-crime relationship (Chung & Steinberg, 2006; Maimon & Browning, 2010).

The poverty-crime connection perpetuates a cycle of disadvantage for youth from lower-income neighbourhoods. As youth are increasingly drawn into antisocial lifestyles, criminality begins to cultivate other criminogenic risk factors that include familial, and personal repercussions that hinder vocational and economic sustainability (Carter & Leschied, 2009; Dishion & Andrews, 1995; Tarolla, Wagner, Rabinowitz, & Tubman, 2002). A justice-focused lens becomes crucial in understanding ways in which to alleviate poverty; a poverty-focused lens provides insight into understanding juvenile offending. Contributing to this relationship is the overarching developmental focus on adolescent sociality.

Social Context as a Risk Factor. Given the power peers wield in influencing both prosocial and antisocial behaviors and attitudes, social contexts become crucial to both criminal and general life outcomes for youth involved in the justice system. Dishion, McCord, and Poulin (1999) have cautioned two reasons rehabilitation may be particularly challenging for youth involved with antisocial friendships. First, antisocial youth may continue to positively reinforce one another for deviant behavior, thereby promoting increases in delinquent behavior. Second, experience with deviant socialization serves to consolidate antisocial perceptions and values for future criminal activity. The intensity of antisocial peer involvement has been shown to severely undermine the positive influence of group home staff and neutralize the potential beneficial effects of interventions (Buehler, Patterson, & Furniss, 1966; Dishion, McCord, & Poulin, 1999; Poulin, Dishion, & Burraston; 2001; Leve & Chamberlain, 2005). This concern is increasingly highlighted as certain youth become more intensively involved in some form of gang affiliation. In their evaluation of intervention services for justice-involved youth, Boxer, Kubik, Ostermann, and Veysey (2015) failed to identify any successful interventions that met rehabilitative standards of success for gang affiliated youth.

The Challenges to Rehabilitation. The justice-system is left with several challenges regarding the rehabilitation of young offenders who are characterized in their antisocial-affiliations. While group interventions may actually foster further deviant socialization, individually-oriented treatments fail to address a youth's contributing social context (Henggeler Schoenwald et. al. 1998). Intervention settings often bear little similarity to the challenging environments youth return to in their schools, communities, and neighborhoods. Optimal intervention requires understanding and addressing the interplay of bi-directional forces at the personal, social, communal, and societal levels that are affecting youth (Bronfenbrenner, 1977;

Bronfenbrenner, 1979; Gorman-Smith, Henggeler, & Schoenwald, 2011; Tolan, & Henry, 2000; Stormshak & Dishion, 2002; Tarolla, Wagner, Rabinowitz, & Tubman, 2002).

The majority of services used for justice-involved youth have either never been examined, or have failed tests of efficacy (Henggeler, & Schoenwald, 2011). One study evaluated over 600 interventions used to address problem behaviors in youth. Only three treatments targeting young offenders – Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Multidimensional Treatment Fostercare (MTF), met standards of success (Mihalic, Fagan, Irwin, Ballard, & Elliott, 2004; Muller & Bihalic, 1999). These three interventions share the commonality of their systemic focus. That is, (1) they are delivered within the youth's environment; (2) address contextual risk factors; and (3) promote healthy and sustainable relationships with peers and family. (Henggeler, & Schoenwald, 2011; Mihalic, et al., 2004; Muller & Bihalic, 1999; Sexton & Turner, 2010).

The success of such interventions as MST, FFT and MTF have supported the research rationale to promote understanding regarding the unique contexts of offending youth. Service efforts should continue to apply the increasing knowledge regarding the adolescent's environment, adapting and refining intervention practices. Given their intricate connection, information gathered in the areas of delinquency, poverty, and peer associates can serve to support these rehabilitation efforts.

The Current Study

The current study describes the unique contexts and characteristics experienced by Canadian youth, intertwined within the three core areas of poverty, crime, and deviant peers. This research characterizes relevant demographics, trends, and dispositions of youth who are embedded within negative peer environments, the nature of their offending patterns, the

psychological afflictions experienced, as well as who experiences the challenges associated with living in poverty.

Method

Participants

Participants were youth between the ages of 12 to 23 years¹ who accessed a Canadian urban-based court clinic between the years 2010 to 2015. Consent for participation was received through a letter of intake upon using the services of the court clinic. Participation for youth under the age of 16 years required both the consent of the youth and their guardian, while sole consent of the youth was required for participants over 16. A total of 281 participants were selected, predominantly consisting of serious and chronic juvenile offenders as reflected in the nature and length of their justice involvement. The majority of youth ranged between 15-17 years (71.5%) followed by the 12-14 (18.1) and 18-23 (10.3) age range. The sample consisted of 229 male youth (81.5%), 48 female youth (17.1%), 3 transgender youth (1.1%), and 1 unsure (0.4%). See tables 1.1 through 1.4 for a more descriptive analysis of the population.

Participant demographics reflected moderate diversity. While participant ethnicity was not readily available (64.6%), those identified were predominantly Euro-Canadian (19.3%), followed by Indigenous (8.2%), mixed- (2.9%), African- (2.5%), Hispanic- (1.8%), and Asian- (0.7%), Canadian ethnicity. Similarly, while religious affiliation was largely unstated (39.1%), identifying participants were primarily Christian (21%), closely followed by non-religious status (18.1%) and Roman Catholicism (16.7%). Additional faiths include Islam (1.1%), Hinduism (0.4%), Mennonite (0.7), Indigenous spirituality (1.4%), and other forms of spirituality (1.4%),

¹ While the youth court under the *Youth Criminal Justice Act* hears cases for persons between the ages of 12 to 17 years, some persons older than 18 can appear in youth court if they were apprehended after their eighteenth birthday but the age they were at the time of the offense was under eighteen years.

present in small numbers. Additionally, this research sought to capture youths' sexual orientation, while recognizing the diversity present amongst the LGBTQ2S+ community, and how sexuality may not be captured according to all derived labels in this study. While a sample of youth reported experiencing a range of sexual experiences both heterosexual and homosexual, this study respected the youths own stated identification. Only 24.6% of participants explicitly stated their sexuality. Of the identifying population however, 75.3% identified as heterosexual, 4.3% homosexual, and 11.5% bisexual, while 7.2% were questioning, and 1.4% (n=1) were unsure of how to label themselves.

Participating youth evidenced a much more diverse social context in comparison to youth not involved in the justice system. Less than half of youth lived with their parents (42.3%) at the time of clinical intake, while a quarter resided in detention (23.8%). Additional places of residence included group homes (16.4%), foster homes (5.3%), the homes of relatives (7.5%) independent living (2.5%), shelter residence (1.4%), and residence in psychiatric facility (0.4%). One participant (.04%) identified as homeless at the time, while 10% were homeless at some point in their life, and 13.2% had experienced living in a shelter. Patterns in residence reflected high instability with only half (48.1%) of youth moving less than 5 times, 36.5% of youth moving 5-9 times and 15.4% experiencing 10 or more changes in residence. Participant residence was relatively split between urban (58.4%) and rural (41.6%) geographical location.

Youth reflected a history of considerable agency involvement. Utilized agencies included, but were not limited to: child/youth mental health, probation, clinical supports programs, hospital based counselling, group homes, welfare services, addiction treatment facilities, community counselling/psychiatry, residential treatment, and the community service coordination network (CSCN). The number of agencies utilized over the course of development

and rehabilitation ranged from 1-36 with a mean of 11.6 (SD = 5.6) and a mode of 7. Only 11.4% of youth had experience with 5 or less agencies over the course of their lifetime. In capturing agency involvement, a proportional 80.1% of youth had been identified as *crossover youth* – indicating past or current involvement with child welfare services in addition to juvenile justice systems. This demographic is of particular significance due to a lack of collaboration and communication identified between the welfare and juvenile justice parties, coining the term crossover youth – a gap susceptible to disrupted care and inadequate representation for the youth in need (Findlay, 2003). In regards to school, only half of youth identified as fully attending (51.6%) while a large 30.1% were not in attendance, followed by 17.9% identifying as “sometimes” attending. The majority of youth were either enrolled in the 9th or 10th grade (49.2%), followed by those achieving grades 11 and 12 (42.8%), and those in grade 7 or 8 (8%).

Participants were also diverse in their criminal activity and experience. The majority (60.7%) of youth were identified as persistent offenders, committing their first antisocial acts prior to the age of 12 years, while a significant but smaller proportion were identified as limited offenders (39.3%), developing a pattern of antisocial behavior from the age of 12 years or onward. Nearly half (48.6%) of the participants had been in the youth justice system for less than a year upon intake, with only 16.3% of participants having over 3 years of experience. The number of charges against youth ranged from 1 to 65, with a mean of 6.8 (SD = 7.2), a mode of 2.

Offense types were separated into 7 categories: weapon (i.e. possession, assault with a weapon), sexual (i.e. sexual assault, sexual interference, prostitution), disorderly conduct (i.e. loitering, causing a disturbance), violent (i.e. death threat, assault causing bodily harm, robbery), administration of justice (i.e. failure to comply with probation requests, failure to attend court,

breach of probation, obstructing police), property (i.e. theft, mischief, arson, fraud, break and enter), and drug (i.e. possession, trafficking) offenses. The majority of the population committed administration offenses (50.5%), closely followed by property (42.7%) and violent (42.3%) offenses, followed by weapon (17.8%) and sexual (10.7%) offenses, and an equal proportion of youth committing drug and disorderly conduct offenses (5.3%).

In addition to the aforementioned characteristics, it is important to acknowledge the prevalence of traumatic factors that highly contrast the participating youth from youth who are not justice-involved. Participants were found to harbor alarming rates of trauma-prone experiences including family violence (61.5%), physical abuse (53.6%), sexual abuse victimization (18.6%), neglect (26.6%), emotional trauma (50.5%), and serious childhood illness (15.5%). In addition to these factors, 30.1% were identified as a complicated pregnancy, 23.9% had a history with a serious head injury, and 1.4% held refugee status.

In summary, the participating youth reflected a highly diverse sample of social, school, and rehabilitative contexts. This population is ultimately characterized by high levels of living instability, school instability, agency involvement, and trauma susceptibility. Participants also reflected a wide range of serious and chronic offending that often manifested into continual administrative offenses perpetuating involvement in the justice system. It is the hope that gains from this research can contribute to the development of stable supports and rehabilitation for this population as well as future populations.

Table 1.1

<i>Demographic Categories</i>		Population
		N (%)
Age	12-14	51 (18.1%)
	15-17	201 (71.5%)
	18-23	29 (10.3%)
Gender	Male	229 (81.5%)
	Female	48 (17.1%)
	Transgender	3 (1.1%)
	Unsure	1 (.04%)
Sexual Orientation	Heterosexual	52 (18.5%)
	Homosexual	3 (1.1%)
	Bi-Sexual	8 (2.8%)
	Questioning	5 (2.8%)
	Unidentified	1 (.04%)
	Not Stated	212 (75.4%)
Ethnicity	Euro-Canadian	54 (19.3%)
	Native-Status	23 (8.3%)
	African-Canadian	7 (2.5%)
	Asian-Canadian	2 (.07%)
	Hispanic-Canadian	5 (1.8%)
	Mixed Ethnicity	8 (2.9%)
	Not Stated	181 (64.6%)
Identified Native Status	First Nations	29 (10.4%)
	Metis	1 (.04%)
	Other	1 (.04%)
	N/A	89 (32.8%)
	Not Stated	160 (57.1%)
Religion	Non-Religious	51 (81.1%)
	Roman Catholicism	47 (16.7%)
	Christian	59 (21%)
	Islam	3 (1.1%)
	Hinduism	1 (.04%)
	Mennonite	2 (.07%)
	Indigenous Faith	4 (1.4%)
	Other	4 (1.4%)
	Not Stated	110 (39.1%)
Geographical Location	Urban	164 (58.4%)
	Rural	117 (41.6%)

Table 1.2

<i>Social Context</i>		Population
		N (%)
Living Status	Parent	119 (42.3)
	Group Home	46 (16.4%)
	Foster Home	15 (5.3%)
	Homeless	1 (.04%)
	Detention	67 (23.8%)
	Independent	7 (2.5%)
	Relatives Home	21 (7.5%)
	Shelter	4 (1.4%)
	Psychiatric Facility	1 (.04%)
Number of Moves	0	14 (5.4%)
	1	21 (8.1%)
	2	23 (8.8%)
	3	23 (15.4%)
	4	27 (10.4%)
	5-9	95 (36.5%)
	10 or more	40 (15.4%)
Crossover Youth		225 (80.1%)
Experience Living in a Shelter		37 (13.2%)
Experience with Homelessness		28 (10%)
Refugee Status		4 (1.4%)
Adoption Status		15 (5.3%)
Number of Agency Involvement	1-5	32 (11.4%)
	6-10	96 (34.2%)
	11-15	89 (31.7%)
	16-20	45 (16%)
	21-25	15 (5.3%)
	26-30	3 (1.1%)
	30+	1 (.04%)
School Attendance	Yes	144 (51.6%)
	No	84 (30.1%)
	Sometimes	50 (17.9%)
Grade Level Achieved	7-8	20 (8%)
	9-10	123 (49.2%)
	11-12	107 (42.8%)

Table 1.3

<i>Trauma Factors</i>		Population
		N (%)
Family Violence		170 (61.5%)
Physical Abuse		147 (53.6%)
Sexual Abuse Victimization		52 (18.6%)
Neglect		74 (26.6%)
Emotional Trauma		141 (50.5%)
Complicated Pregnancy		75 (30.1%)
Serious Childhood Illness		40 (15.5%)
History of Serious Head Injury		61 (23.9%)

Table 1.4

<i>Criminal Experience</i>			Population
			N (%)
Age at First Offense	Younger than 12		170 (60.7%)
	12 and Over		110 (39.3%)
Years in the Justice System	Less than 1		134 (48.6%)
	1-2		59 (21.4%)
	2-3		38 (13.8%)
	Over 3		45 (16.3%)
Number of Offenses Committed	1-3		104 (37%)
	4-6		72 (25.6%)
	Over 6		105 (37.4%)

Table 1.5

Offense Type

	Male	Female	Total
	N (%)	N (%)	N (%)
Weapon	46 (20.1%)	4 (8.3%)	50 (17.8%)
Sexual	27 (11.8%)	2 (4.2%)	30 (10.7%)
Disorderly Conduct	14 (6.1%)	1 (2.1%)	15 (5.3%)
Violent	91 (39.7%)	26 (54.2%)	119 (42.3%)
Administration of Justice	113 (49.3%)	27 (56.3%)	142 (50.5%)
Property	99 (43.2%)	20 (41.7%)	120 (42.7%)
Drug	13 (5.7%)	2 (4.2%)	15 (5.3%)

Procedure

Case files of offending youth between the years 2010 to 2015 were selected for analyses. Information reviewed within the case files included court-clinic intake forms, risk assessment, psychological assessment, personal and family interviews, and information from other collateral agencies. Sources included self, parent, medical, school, agency, and psychological-based reports. Information regarding charges and court involvement, social behavior and peer relationships, agency involvement, family life, mental health status, parental history, and other identifying information, were collected and inputted into a Data Retrieval Instrument (DRI) for analyses. A data coding manual was established to assist in retaining accuracy during coding of information into polychotomous variables. All research assistants involved underwent police checks, as well as signed confidentiality agreements indicating non-disclosure of case file content.

Measures

Poverty. Participants' levels of experienced poverty were defined by nine separate variables: refugee status, marital status, parent teen pregnancy, parent education level, housing

conditions, caregiver employment, caregiver financial support, shelter, and homelessness. Variables were assigned scores ranging from 1 to 4 based on their level of association with poverty. A score of 1 indicated a weak but present association to poverty, while a score of 4 indicated the strongest association. No variables were assigned a score of one; refugee status, marital status, teen pregnancy of parent, parent education, and poor housing conditions were assigned a score of 2; caregiver employment status and level of caregiver financial support were assigned a score of 3; while experience with homelessness and shelter living were assigned a score of 4. Cumulative scores were assigned to each participant, resulting in an index ranging from 0 – 18, with 0 reflecting the absence of poverty variables within a youth's context, and 18 reflecting the deep end of poverty.

Negative Peer Environment. Participants' level of negative peer environment (NPE) was created to characterize the extent to which youth experience contexts surrounded by antisocial peers. The level of a negative peer environment was characterized by a total of thirteen possible living, (group home, detention, homelessness, shelter) friendship (poor influence friends, gang status, negative ties), school (trouble with classmates, victim of bullying), situational (prostitution), dispositional (problems getting along with peers), and family (sibling or step sibling involved in the law) experiences. Each experience was rated on a scale of 1 to 4 for their level of association with antisocial peers. A score of 1 indicated a weak but present association to antisocial peers, while a score of 4 indicated the strongest association. Experience living in a shelter was assigned a score of 1, experience with homelessness, trouble with peers at school, victim of bullying at school, problems with peers indicated on psychological testing, the presence of a sibling or half sibling involved in the law, and the presence of a negative social tie outside the family, were assigned a score of 2. Experience in detention, a group home, or with

prostitution, was assigned a score of 3. Lastly, the presence of poor influence friends and gang status were assigned scores of 4.

Participants were identified as having poor influence friendships if a youth's friendships' influences were indicated as poor on the court-intake form along with additional qualitative indicators of antisocial peer associates from other file content, including whether the youths' present charges were considered to be a co-offense, or if the youth was identified as being a gang member or involved in gang activity. Participants were identified as having positive influence friendships if a youth's friendships' influences were indicated as solely good on the court intake form, along with additional qualitative indicators of good influence friends from other file content. Participants were identified as having a mix of both good and poor influence friendships if participants displayed a combination of both good and poor influence friendship indicators.

Identification of participants as co-offenders, lone-offenders, and mixed offenders, were based on whether participants exhibited a pattern of only co-offending, only lone offending, or both co- and lone-committed offenses. First time offenders were categorized based on the nature of their first offense. Administration of Justice offenses (failure to comply, failure to attend, breach of probation and obstructing police), were disregarded during categorical allocation of offending type due to their nature of inaction rather than action during committal. Information was derived from the previous charges and court involvement sections of the intake form, as well as from available police reports.

Psychological variables of interest were garnered from mental health status information provided by both risk and psychological assessments. Variables considered were those concretely identified from formal psychiatric diagnoses: attention deficit hyperactivity disorder (ADHD), oppositional defiance disorder (ODD), conduct disorder (CD), anxiety, depression,

bipolar disorder, post traumatic stress disorder (PTSD), antisocial personality disorder (APD), narcissism, psychosis, schizoaffective disorder, and disruptive mood dysregulation disorder, as well as symptoms identified from psychological testing: social inhibition, emotional insecurity, problems with peers, anxiety, depression, social anxiety, poor self-esteem, suicidality, aggression towards peers, aggression towards adults, aggression towards family members, autism, PTSD symptoms, sleep complaints, somatic complaints, complex developmental trauma, preoccupation with sexual thoughts, social insensitivity, homicidal ideation, antisocial personality disorder symptoms, personality disorder, sociopathic tendencies, eating disorder, non-suicidal self injury (NSSI), dysthymia, substance induced psychiatric disorder, attachment disorder, avoidance personality disorder, body image concerns, hypervigilance, and apathy/anhedonia.

Results

The literature on juvenile offending has highlighted several areas of concern regarding the development, persistence, and desistance of youth criminal behavior. Youth present as highly influenced by their environmental context, which may support or dissuade both prosocial and antisocial behavior. Thus, the purpose of this study was to examine and highlight experiences of young offenders within the contexts of poverty, peers, and mental health, that manifest or perpetuate youth crime. This study sought to inform both researchers and practitioners about the intersecting nature of economic status, sociality, and psychological adjustment on delinquent behavior and life success.

Each environmental context affords varying levels of flexibility for the youth to encounter differing types of socialization and contributors to development. As a variable largely out of an adolescent's control, residence in poverty presents risk for deviant socialization and harm through social disorganization, social determinants of health, and the structuring of

opportunities and services available. Alternatively, while certain contexts have the potential to support a greater prevalence of deviant peers and deviant peer association, the context of friendship is more flexible, as friendship with deviant peers is ultimately up to an adolescent's choice. Stemming across family, school, community, and neighborhood facets, emphasis is thereby placed on understanding the powerful role peers serve in an offender's life. Associated implications hope to both inform policy and aid clinical and rehabilitative efforts.

Three sets of analyses were conducted to accomplish the research objectives: (1) Descriptive statistics were provided to characterize experiences of poverty, social affiliations, and offending patterns of young offenders, (2) Correlational and Regression analyses were conducted to understand the relationship of negative peers to poverty, criminality, and the presence of psychological symptoms and diagnoses, and (3) Chi-squared analyses were conducted to identify patterns between friendship status and psychological disposition, as well as investigating offending patterns in relation to offending experience.

First described are the rates of poverty experienced by the participating youth. The second section discusses the prevalence of youth in negative peer environments and how it relates to (1) criminality, (2) poverty, and (3) mental illness. Third, the nature and constitution of young offender friendships are described in greater detail through descriptive investigation of peer influence, gender and age composition of friendships, gang affiliations, and social offending patterns. Providing a more in-depth description, psychological correlates are of friendship influence, through comparison of youth with poor influence versus good influence friends, as well as friendship status, through comparison of youth possessing friendships versus no friendships, are investigated.

Poverty

Individuals were given a poverty rating based on the cumulative index of variables that were related to poverty in their particular context. Scores ranged from 0 to 18. A score of 0, which denoted an absence of poverty, characterized 35.2% of the sample. A score of 18 that characterized youth living in deep-end poverty reflected 0.4% of the sample. A tertiary split for assigning a level of poverty was conducted for select analyses. This split separated individuals into low (0-6 contributors), medium (7-13 contributors) and high (14-20 contributors) levels of poverty. 80.4% resided in low poverty status, 17.8% in moderate poverty, and 1.8% in high or deep-end poverty.

Negative Peer Environment

Individuals were given a negative peer environment (NPE) rating based on the cumulative index of variables that were related to NPE in their particular context. Scores ranged from 0 to 18. A score of 0, which denoted an absence of NPE characterized 4.3% of the sample. A score of 20 that characterized youth living amongst a high level NPE characterized 0.7% of the sample. A tertiary split for assigning a level of NPE was conducted. This split separated individuals into low (0-6 contributors), medium (7-13 contributors) and high (14-20 contributors) levels of negative peer environment. Analyses found that 37.1% resided in a low NPE, 53% in a medium level NPE, and 10% in a high level NPE.

A total of seven analyses were conducted to determine the relationship amongst crime, poverty, negative peer affiliations, and psychological adjustment. Given the number of analyses, a conservative standard for significance was set to a p value below .00625 based on a generated Chronbach's Alpha. View Table 2.1 for a summarized table of correlations

Table of Correlations

	NPE	Poverty
Police Involvement	.001**	-
Number of Charges	.001**	-
Poverty	.001 **	-
Number of Diagnoses	.001**	.217
Number of Symptoms	.006**	.154

Table 2.1. This table depicts the correlational analyses conducted between NPE, criminality, and mental health, as well as poverty and mental health. Results from the regression analysis between NPE and poverty are also depicted.

Degree of Criminality and Peer Involvement. As stated previously, the connection between criminality and negative peers has been well established in the literature. Thus, it was hypothesized that this connection would also be found in the present sample of young offenders. Analysis revealed significant correlations between an NPE and both the number of involvements with police $r(281) = .377, p < .001$, and the number of criminal charges $r(280) = .347, p < .001$. As the severity of an NPE increased, the number of charges and the degree of police involvement increased. Refer to Figures 1 and 2 for illustration of the significant correlations.

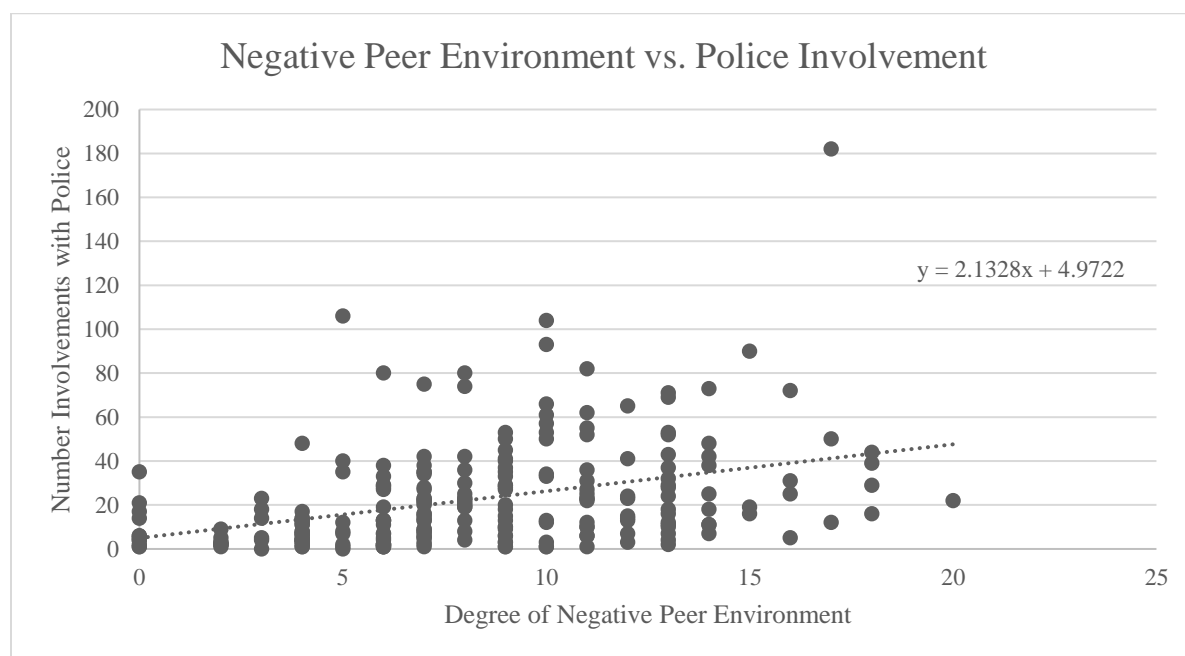


Figure 1. Negative Peer Environment Vs. Police Involvement. A significant correlation is revealed between level of Negative Peer Environment (NPE) and Number of past involvements with police.

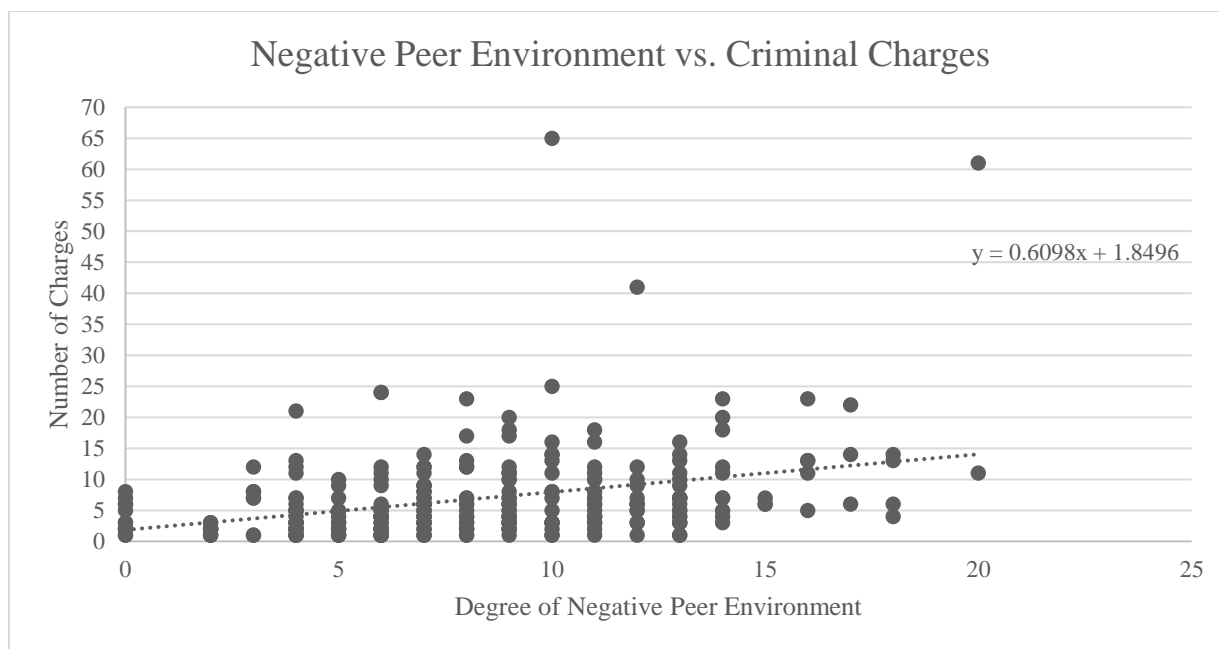


Figure 2. Negative Peer Environment Vs. Criminal Charges. A significant correlation is revealed between level of Negative Peer Environment (NPE) and Number of criminal charges held by youth.

Peer Associates and Poverty. The nature of peer associates, in the current context relating to peers who hold greater antisocial beliefs and values, are more prevalent in communities marked by higher rates of poverty (Bunge, Johnson, & Baldé, 2005; Chung & Steinberg, 2006; Eamon, 2002; Jajoura, Triplett, & Brinker, 2002; Lahey, Waldman, & McBurnett, 1999). Thus, it was predicted that the level of NPE would significantly correlate with the level of poverty. Regression analysis revealed that poverty does indeed predict level of NPE ($F(1,279) = 21.453, p < .001, r^2 = .071$). More specifically, for every additional contributor to poverty, an offender's NPE increased by .296. As a conservative evaluation, an additional four poverty contributors would add to roughly one additional situation predisposing an offender to a negative peer environment. See Figure 3 for an illustration of this correlation.

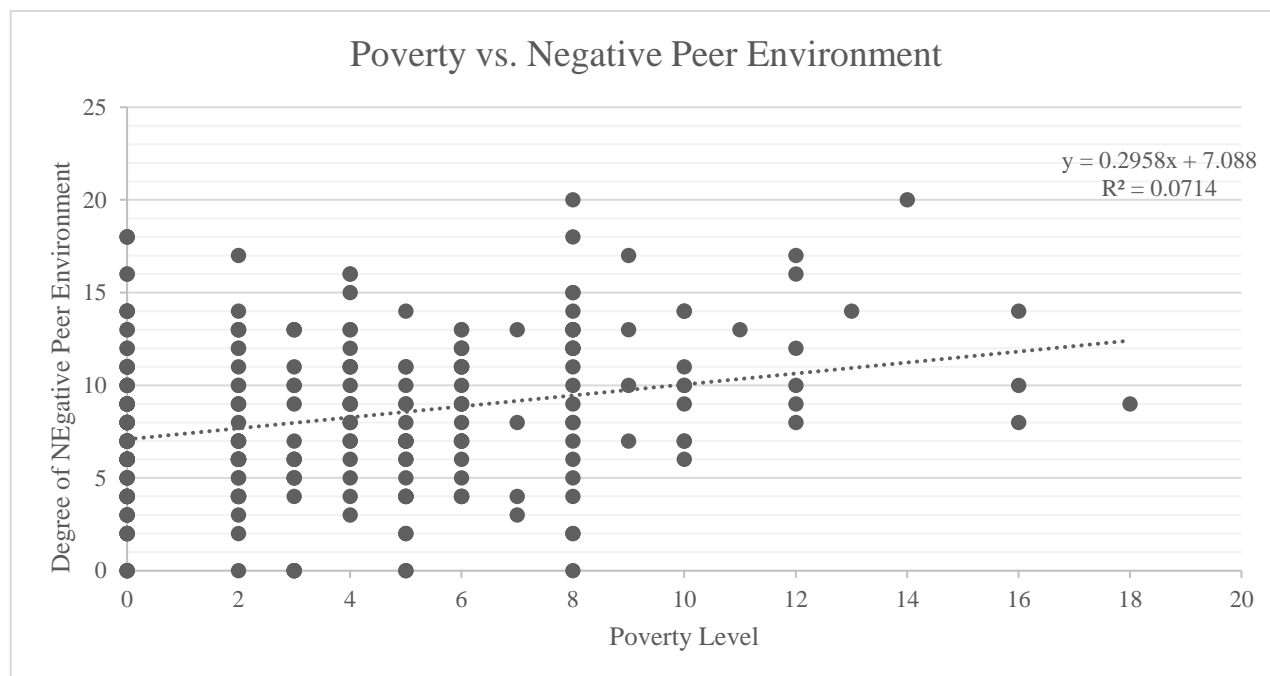


Figure 3. Poverty Vs. Negative Peer Environment. A significant correlation is revealed between level of poverty and Negative Peer Environment (NPE), such that increases in poverty predict increases in NPE by 29.6%.

Poverty, Negative Peer Environment, and Mental Illness. Research has found that impoverished neighborhoods are characterized by higher rates of mental illness and psychological difficulty (Bruce, Takeuchi, & Leaf, 1991). It was hypothesized that the level of poverty would be correlated with a level of psychological difficulty. Interestingly however, this analysis did not find a correlation between poverty and the number of diagnoses $r(281) = .047$, $p = .217$, or number of psychological symptomatology $r(281) = .061$, $p = .154$. Alternatively however, the level of NPE *was* correlated with an offender's number of different psychiatric diagnoses $r(281) = .185$, $p = .001$, and the number of different psychological symptoms $r(281) = .151$, $p = .006$, with increases in NPE reflecting increases in symptoms and diagnoses. As NPE is also correlated with poverty, it may be possible that NPE exacerbates psychological difficulties within an impoverished environment. Another alternative is that those youth experiencing

psychological difficulties gravitate towards negative peers. View Figures 4 and 5 for illustrations of the significant correlations.

In summary, NPE was found to be significantly correlated with poverty, crime, and psychological difficulty. Further analyses were conducted to aid in the effort of characterizing the nature of social relationships within the sample of young offenders.

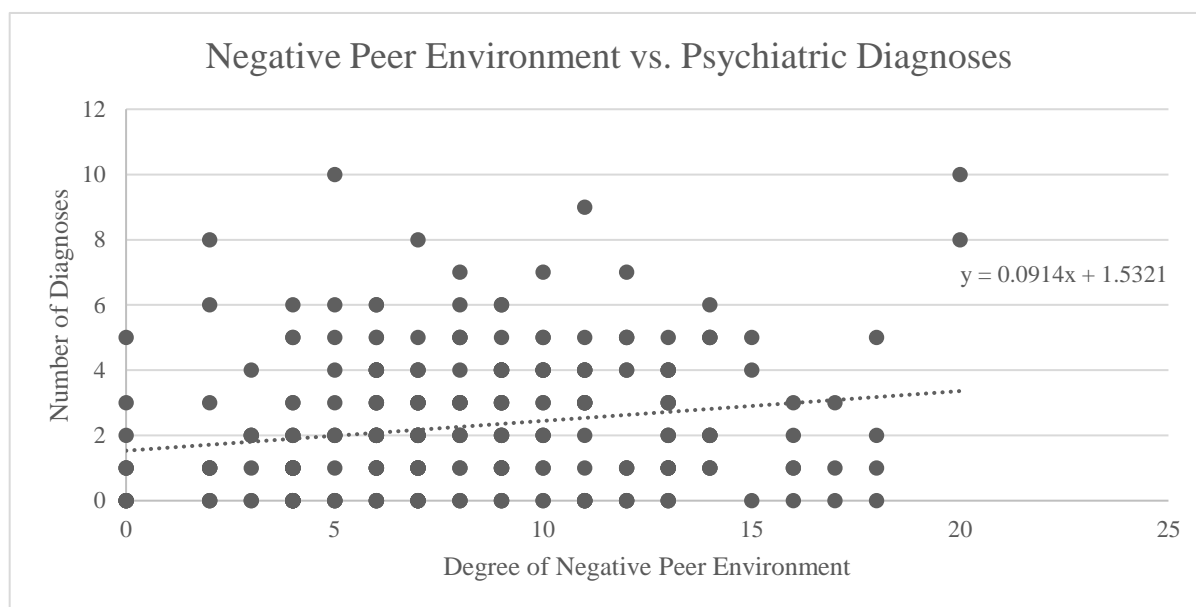


Figure 4. NPE Vs. Psychiatric Diagnoses. A significant correlation is revealed between level of Negative Peer Environment (NPE) and Number of psychiatric diagnoses.

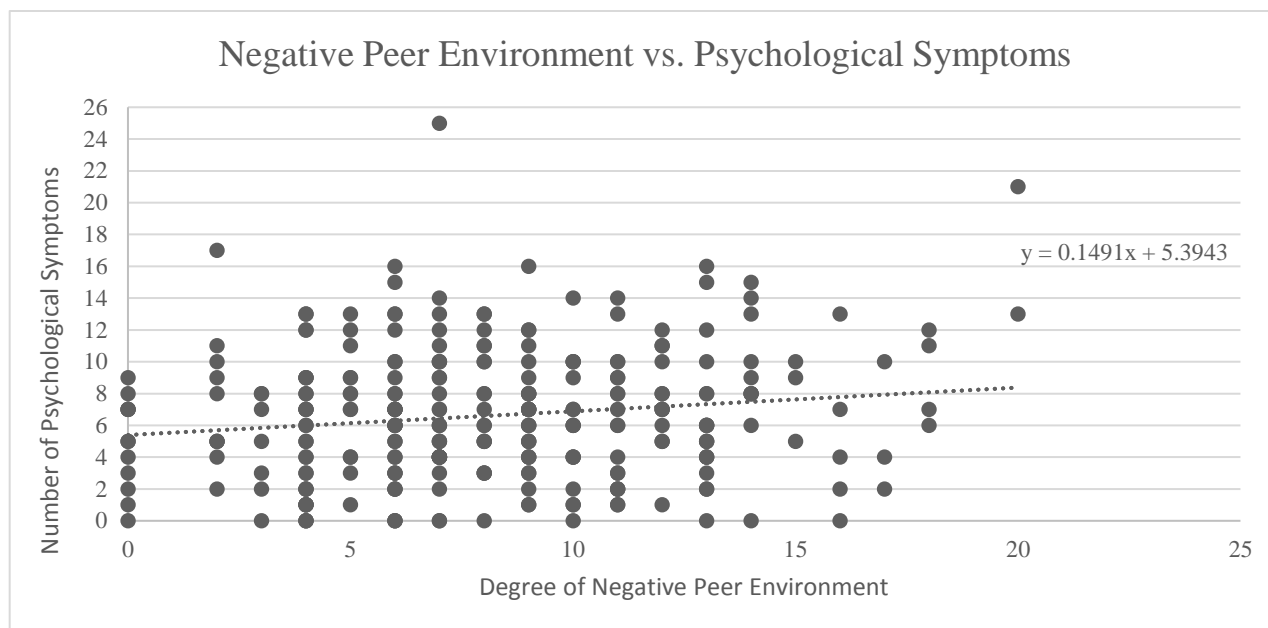


Figure 5. NPE Vs. Psychological Symptoms. A significant correlation is revealed between level of Negative Peer Environment (NPE) and number of psychological symptoms experienced.

Friendships and Affiliations

Descriptive statistics of social affiliations characterized the demographic information regarding the friendship, gang, and offending patterns of justice-involved youth through both general, gendered, and poverty focused lenses. As only four individuals identified as transgender, these individuals remained included for the general analyses, but were excluded for the gender stratification.

Peer Influence. Percentages were calculated to address the nature of peer influence prevalent for youth in the justice system. The highest proportion of offenders were identified as exclusively possessing friends of poor influence (45.5%), with 32.3% having both good and poor (mixed) influenced friendships, and 10.9% possessing an exclusively positive social network. 11.3% were identified as having *no friendships at all*. Ultimately, 77.8% of offenders possessed at least one friendship described as a poor influence, while less than half (43.2%) identified as having only a single prosocial friendship.

Peer Influence and Gender. Gendered analyses revealed slightly differing results. Female offenders were more likely to endorse exclusively poor influence friendships comprising 61.4% of the sample in comparison to less than half of the male population (42.6%). Conversely, 34% of males possessed mixed influence friendships in comparison to 25% of females. Of particular note, no females were identified as possessing an exclusively positive peer network, while 13.4% of males were identified as such. Ultimately, 86.4% of female offenders possessed at least one negative influence friend in comparison to 76.6% of male offenders, while only 25% of females have at least one good friend in comparison to 44% of males. Lastly, demographics were similar regarding those who had no friends at all, with 13.6% of females and 10% of males identifying as such.

A post-hoc chi-squared analysis was conducted to determine if there was a significant interaction between gender (male and female) and friendship influence (exclusively poor versus exclusively good influence). A significant interaction was found ($\chi^2(1, N = 144) = 8.021, P = .005$ ϕ cramers = .236). Males exhibited higher than expected counts for good influence friends, and lower than expected counts for poor influence friends. Conversely, females possessed lower than expected counts for good influence friends and higher than expected counts for poor influence friends.

Gender Composition of Friendships. Analysis determined the types of gender compositions prevalent in adolescent friendships. Of the youth identified as having friendships, over two-thirds (73.8%) had a mix of both male and female companions, while 19% were reserved to same-sex friendships, and a small percent (7.1%) possessed only opposite sex friends. When stratified by gender, a similar percentage of males (74%) and females (77%) possessed friendships of both genders. However, 14.3% of females had all opposite sex

friendships whereas this number was less than half that rate at 5.2% for males. Lastly, 20.8% of males had only same-sex friendships in comparison to 8.6% of females.

Analyses also looked at the gender composition of friendships across friendship influence types. Out of individuals who had all positive friends, 18.5% were purely same-sex friendships, 81.5% were of mixed sex, and 0% were all opposite sex friendships. Contrastingly, for those with all poor friendships, 24.2% were same sex, 13.7% were opposite sex, and 62.1% were mixed.

Age Composition of Friendships. Of all offenders identifying friendships, 14.3% held friendships only with older individuals, in comparison to 3.1% with all younger friends, 23.8% with all same age, and 58.7% with mixed age friendships. Males and females showed similar patterns of friendship-age composition. For female offenders, 19.4% had all older, 8.3% all younger, 19.4% all same age, and 52.8% mixed age friendships, while male offenders possessed 13.5% all older, 1.6% all younger, 24.3% all same age, and 60.5% mixed age friendships.

Gang Affiliation. It is important to note that 16.3% of the youth in this study identified as being part of a delinquent-oriented gang. This proportion remained stable when stratified by gender, with almost identical percentages by gender; male (16.5%) and females (16.7%) identifying with gang status. While no significant interaction was found ($X^2(2, 276) = 2.863, p = .239$), membership percentage appeared to increase with poverty level, with 14.9% of those in low poverty identifying as gang members, 20% of individuals experiencing moderate poverty identifying gang status, and 40% of those living in high poverty identifying gang status.

Offending Patterns. Data described the dominant offending patterns of the sample of young offenders as they relate to three types: (1) lone offending, (2) co-offending, and (3) both co- and lone- (mixed) offending. Administration of Justice offenses (failure to comply, failure to

attend, breach of probation and obstructing police) were excluded from this analyses. The majority of these youth (67.6%) had a history of committing lone-offending crimes, while a minority (14%) exclusively committed co-offenses. This left 18.3% of the population consisting of those who committed both lone and co-offenses. In conclusion, 85.9% of the population have committed at least one crime alone, while 32.3% have committed at least one crime in the company of others.

When stratified by gender, males and females revealed to have parallel offending patterns. Co-offenders made up 14.2% of the male and 14.6% of the female population. Lone offenders made up 67.3% of the male and 66.7% of the female population, while mixed offending types consisted of 18.6% of males and 18.8% of females.

Analyses also investigated whether offending patterns were related to criminal experience. The number of prior charges was used to indicate level of experience in crime. A tertiary split was conducted by percentile, splitting offenders into low level (equal or below 37.1 percentile), mid level (between 37.1 and 62.9 percentile), and high level (above 62.9 percentile), criminal experience. As a result, low level experience was represented by 3 or less charges, while mid-level was between 4 and 6 charges, and high level represented 6 or more charges ranging up to 65.

A significant interaction was found between level of criminal experience and type of offending pattern ($\chi^2(4, N = 278) = 11.643, P = .02$ ϕ cramers = .145). The majority of co-offenders were of low experience (51.3%), while 17.9% had mid-level, and 30.8% had high level experience. Level of experience for lone-offenders was relatively even, with 39.4% low, 26.1% mid, and 34.6% high level experience. Contrasting co-offenders, those with mixed co- and lone-

offending experience had predominantly high levels of experience at 52.9%, with 19.6% having low, and 27.5% having mid-level experience.

A Psychological Profile of Sociality

A secondary exploratory investigation was conducted to better understand the potential unique psychological dispositions of young offenders with poor influence friends, as well as those with no friends at all. Analyses investigated friendship influence (all poor influence friends versus all good influence friends) as well as friendship status (having friends versus no friends) as it pertains to particular diagnoses, clusters of diagnoses, and psychological symptomatology. A correction for the number of analyses conducted was not applied to analyze significance. Rather, the standard value of significance ($p < .05$) was used to highlight potential areas of further exploration in future research.

Particular diagnoses investigated included, Attention Hyperactive Deficit Disorder (ADHD), Oppositional Defiance Disorder (ODD), Conduct Disorder (CD), Anxiety Disorder, Depression Disorder, Bipolar Disorder (BPD), Post-Traumatic Stress Disorder (PTSD), Antisocial Personality Disorder, Psychosis, SchizoAffective Disorder, and Disruptive Mood Disorder. Diagnoses categories included, Neurodevelopmental disorders, emotional (internalizing) disorders, externalizing disorders, Neurocognitive disorders, Personality disorders, as well as Schizophrenia spectrum and other psychotic disorders, as well as trauma and stress related disorders.

Exploration also included whether there were any unique relationships concerning sociality and narcissism, sleep complaints, social inhibition, emotional insecurity, problems with peers, anxiety symptoms, depression symptoms, social anxiety, poor self esteem, suicidality, aggression towards peers, aggression towards adults, aggression towards family, PTSD

symptoms, somatic symptoms, childhood developmental trauma, substance abuse, preoccupation with sexual thoughts, social insensitivity, homicidal ideation, antisocial personality symptoms, sociopathic tendencies, eating disorder, non-suicidal self injury (NSSI), dysthymia, attachment disorder, avoidant personality disorder, body image issues, hyper-vigilance, apathy, internalizing features, externalizing features, personality disorder features, and trauma and stress related features. Refer to Tables 2.1 and 2.2 for a further summary of results.

Analyses first compared friendship influence type (all good influence versus all bad influence friends) and diagnosis. Significant interactions were found between friendship influence and ADHD ($\chi^2(1, N = 145) = 6.204, p = .013, \phi_{\text{cramers}} = .207$), ODD ($\chi^2(1, N = 145) = 4.872, p = .027, \phi_{\text{cramers}} = .183$), CD ($\chi^2(1, N = 145) = 4.545, p = .033, \phi_{\text{cramers}} = .177$), and the general cluster of Externalizing disorders ($\chi^2(1, N = 145) = 8.235, p = .004, \phi_{\text{cramers}} = .238$), such that those with prosocial friendships had lower expected counts of these diagnoses, while those with antisocial friendships had higher than expected counts. The data suggests that those with poor influence friendships may be uniquely struggling with ADHD, ODD, and CD, such that they are at 1.6 times greater risk for ADHD, 2.5 times greater risk for ODD, and at 5.7 times greater risk for CD. This finding is confirmed by the significant interaction identified with having an Externalizing disorder in general, where those with poor influence friends have a 1.6 times greater risk of having an externalizing disorder.

Analyses of friendship influence and psychological symptomatology revealed significant interactions with social inhibition ($\chi^2(1, N = 142) = 14.676, p < .001, \phi_{\text{cramers}} = .321$), social anxiety ($\chi^2(1, N = 142) = 5.018, p = .025, \phi_{\text{cramers}} = .188$), substance use ($\chi^2(1, N = 143) = 14.704, p < .001, \phi_{\text{cramers}} = .321$) preoccupation with sexual thoughts ($\chi^2(1, N = 143) = 7.698, p = .006, \phi_{\text{cramers}} = .232$), and externalizing features ($\chi^2(1, N = 145) = 5.4, p = .020, \phi_{\text{cramers}}$

= .193). Interestingly, those with prosocial friends had higher than expected counts of social inhibition, social anxiety, and preoccupation with sexual thoughts, while those with antisocial friendships exhibited lower than expected counts. Alternatively, offenders with negative influence peers had higher counts of substance abuse and externalizing features, while those with good influence friends had lower than expected counts. In summary, those with good influence friendships were at 2.9 times greater risk for social inhibition, 2.1 times greater risk for social anxiety, and 4.1 times greater risk for preoccupation with sexual thoughts. Those youth with poor influence friendships were at 3.2 times greater risk for substance use, and 1.2 times greater risk for externalizing features.

The second set of analyses compared friendship status (having friends versus not having friends) on the aforementioned psychological variables. With regards to diagnoses, there was a significant interaction between friendship status and BPD ($\chi^2(1, N = 256) = 10.651, p = .008, \phi_{\text{cramers}} = .204$) and personality disorder ($\chi^2(1, N = 256) = 8.204, p = .015, \phi_{\text{cramers}} = .179$), such that those with no friends were 5.1 times more likely to have BPD and 4 times more likely to have a personality disorder.

With regards to psychological symptomatology, significant interactions were found between narcissism ($\chi^2(1, N = 256) = 9.624, p = .019, \phi_{\text{cramers}} = .194$), social inhibition ($X^2(1, N = 253) = 8.199, p = .004, \phi_{\text{cramers}} = .324$), problems with peers ($\chi^2(1, N = 254) = 9.445, p = .002, \phi_{\text{cramers}} = .265$), poor self esteem ($\chi^2(1, N = 253) = 6.391, p = .011, \phi_{\text{cramers}} = .159$), Aggression towards adults ($\chi^2(1, N = 254) = 8.896, p = .003, \phi_{\text{cramers}} = .187$), substance use ($X^2(1, N = 254) = 6.034, p = .014, \phi_{\text{cramers}} = .154$), preoccupation with sexual thoughts ($\chi^2(1, N = 254) = 4.290, p = .038, \phi_{\text{cramers}} = .13$), NSSI ($\chi^2(1, N = 254) = 12.038, p = .001, \phi_{\text{cramers}} = .218$), and attachment disorder ($\chi^2(1, N = 253) = 5.12, p = .024, \phi_{\text{cramers}} = .142$).

In summary, youth without friends were 8.1 times more likely to have narcissistic features, 2 times more likely to exhibit social inhibition, 1.6 times more likely to have problems with peers, 1.7 times to have poor self esteem, 1.9 times more likely to be aggressive towards adults, 2.4 times more likely to suffer preoccupation with sexual thoughts, 2.1 times more likely to exhibit NSSI, and 2.1 times to exhibit an attachment disorder. Alternatively, those with antisocial friends were at 1.9 times greater risk for substance use.

<i>Friendship Influence</i>		Risk
Poor	ADHD	1.6
	ODD	2.5
	CD	5.7
	Substance Use	3.2
	Externalizing Features	1.2
Good	Social inhibition	2.9
	Social Anxiety	2.1
	Preoccupation with Sexual Thoughts	4.1

Table 3.1. This table highlights unique risks associated with friendship influence through comparison of those with good and those with poor influence friendships

<i>Friendship Status</i>		Risk
No Friends	Bi-Polar Disorder	5.1
	Personality Disorder	4.0
	Narcissistic Features	8.1
	Social Inhibition	2
	Problems with Peers	1.2
	Poor Self Esteem	1.7
	Aggression Towards Adults	1.9
	Preoccupation with Sexual Thoughts	2.4
	Non-Suicidal Self Injury	2.1
	Attachment Disorder	2.1
	Friends	Substance Use

Table 3.2. This table highlights unique risks associated with friendship status through comparison of those with and without friendship status

Concluding Results

In summary, the aforementioned results reflect numerous findings of particular relevance to literature on young offending. Results indicate that a considerable proportion of the young offending population experiences contexts contributing to poverty status, with a significant amount residing in medium-to-high or deep-end poverty (19.6%), reflecting the poverty-delinquency correlation proposed by previous research. A large proportion of young offenders also appear to be embedded within a negative peer environment that supports a delinquent context. A significant proportion of which had experienced a medium-to-high amount of contexts contributing to a negative peer environment (63%). This supports research suggesting a link between antisocial peers or disorganized social environment and crime. The significant positive correlation found between the level of negative peer environment experienced by offending youth, and both their number of charges, as well as number of involvements with police, further supports the literatures established connection between antisocial peers or disorganized social environment and crime.

Addressing both poverty and negative peer environment, level of poverty was found to predict an offender's level of negative peer environment, such that greater levels of poverty increase susceptibility to antisocial peer surroundings by 29.6%. This aligns with previous research that peers holding greater antisocial beliefs and values are more prevalent in communities marked by higher rates of poverty. Level of poverty was not correlated with mental illness through number of diagnoses or amount of psychological symptomatology. This finding is divergent from current research that suggests the prevalence of mental illness is raised in low-income communities. Alternatively, level of negative peer environment was found to be

positively correlated with the same mental health indicators, supporting a connection between antisocial peers or social disorganization and mental health.

A significant proportion (77.8%) of young offenders were reported as possessing poor influence friendships, while nearly half (45.5%) possessed exclusively poor friendships. Analysis of demographic composition of friendships for young offender's reveal diversity in regards to age and gender composition of friendship dyads. Friendships of young offenders as differentiated by gender, revealed differing rates in regards to peer influence and gender composition of friendships, but were similar on rates concerning age composition. A significant interaction was found between gender and exclusively poor versus versus exclusively good influence friends.

The majority of offenders were identified as committing lone-offending crimes. Rates of offending patterns remained similar across gender. A significant interaction was found between offending pattern and level of criminal experience, such that co-offenders reflected low-level criminal experience, lone offenders did not reflect an experience pattern, and those with mixed levels of lone and co-offending reflected high-level criminal experience. Roughly 1 in 5 (16.3%) of youth were identified as being part of a gang, a rate which remained stable across gender. Gang status appeared to increase according to severity level of poverty status.

Psychological symptomatology of young offenders differed according to types of friendships possessed, such that those with poor influence friends experienced higher rates of externalizing disorders (ADHD, ODD, CD) and substance use, while those with good influence friends reflected higher rates of social inhibition, social anxiety, and preoccupation with sexual thoughts. Psychological symptomatology of young offenders differed according to friendship status, such that those without friends reflected higher risk of psychological affliction, including higher rates of emotional and personality-related concerns (BPD, personality disorder,

narcissistic features, social inhibition, problems with peers, poor self-esteem, aggression towards adults, preoccupation with sexual thoughts, NSSI, and attachment disorder) while youth with friends showed higher risk of substance use.

Discussion

Introduction

The Significance of Social Relationships. Development does not exist within a vacuum (Blakemore & Choudhury, 2006; Rutherford, 2011). Rather, learning and growth requires reciprocal interaction between the environment and the self (Rutherford, 2011). The period of adolescence is no exception to this phenomenon, but rather a catalyst for a multitude of such interactions (Blakemore & Choudhury, 2006). In preparation for adulthood, the adolescent brain undergoes rapid changes in growth and development in a quest to discover and establish an adult identity (Blakemore & Choudhury, 2006; Crone & Dahl, 2012; Greve, 2001). Increasing independence is reflected by a shift in focus from caregivers to peers, as youth seek to adopt the norms and values of the wider social realm (Greve, 2001; Sanders, 2013).

Successful navigation through life requires this environmental sensitivity, to which individuals must respond through adaption (Rutherford, 2011). As a period of synaptic reorganization, the brain becomes more sensitive to its environmental input in adolescence (Blakemore & Choudhury, 2006). As individuals can only be influenced by what is perceived and experienced in their personal ecological realm, this study asks readers to consider what happens when youth are embedded within a deviant environment to learn and grow from (Bronfenbrenner, 1977; Bronfenbrenner, 1979; Rutherford, 2011). Noted as the most powerful socializing agent at this time, the influence of peers has been demonstrated to influence all facets of personality: skills, aspirations, attitudes, and behaviours (Allen, Porter, McFarland, Marsh, &

McElhaney, 2005; Breakwell & Beardsell, 1992; Brechwald & Prinstein, 2011; Brown, 1990; Hallinan & Williams, 1990; Sanders, 2013; Lashbrook, 2000; Mirande, 1968). Understanding the influence of deviant peers on violence, mental health, academic achievement, substance use, and criminal behaviour, an urgency is placed on addressing the influence of negative peer environments and deviant peer interaction (Matsueda & Anderson, 1998; Osgood et al., 2013; Warr & Stafford, 1990).

Indeed, from an ecological perspective, young offenders can be seen as shaped by a maladaptive or deviant realm that imposes such influences (Bronfenbrenner, 1977; Bronfenbrenner). As such, the justice-system struggles to challenge the imprint of deviant peer influence to replace with more prosocial attitudes, values, and behaviours. While group intervention may strengthen the magnitude of deviant influence, individual intervention fails to address a youth's continuing interaction with their environment (Henggeler Schoenwald et. al. 1998). Further, the context of intervention bears little similarity to the extensive amount of time spent living and operating in the same environment that originally posed deviant influence (Gorman-Smith, Henggeler, & Schoenwald, 2011; Tolan, & Henry, 2000; Stormshak & Dishion, 2002; Tarolla, Wagner, Rabinowitz, & Tubman, 2002).

As such, it is time to step back and take a broader focus on the nature of young offending (Bronfenbrenner, 1977; Bronfenbrenner, 1979; Gorman-Smith, Henggeler, & Schoenwald, 2011; Mihalic, et al., 2004; Muller & Bihalic, 1999; Sexton & Turner, 2010; Tolan, & Henry, 2000; Stormshak & Dishion, 2002; Tarolla, Wagner, Rabinowitz, & Tubman, 2002). Regardless of whether the focus is prevention or rehabilitation, researchers and practitioners must target ground zero: the peer and neighborhood context. Responsible for a substantial proportion of neighborhood structure, organization, and supports, is socioeconomic status.

The Significance of Poverty. In spite of its status as one of the wealthiest nations in the world, allocation of Canadian wealth is becoming increasingly polarized (Mikkonen & Raphael, 2010). Income inequality reveals itself through a shrinking middle class, as the bottom 60% of Canadian families experience a decline in market income that contrasts with a thriving upper 20% (Mikkonen & Raphael, 2010). As of 2013, roughly 1 in 10 (9.7%) Canadian households were identified as living below the low income cut-off established by Statistics Canada, while 1.5% experienced a persistent state of poverty 5 years onward (Lammam & MacIntyre, 2016). A particular vulnerable population under the poverty index are Canadian children under the age of 18, making up 5.5% of their age demographic (Lammam & MacIntyre, 2016).

Yet, the experience and evaluation of poverty extends beyond Statistics Canada's monetary analyses of disposable income (Lammam & MacIntyre, 2016). Those experiencing high-poverty face additional disadvantages with respect to the quality of services and social supports received, along with reduced accessibility to success, and a higher likelihood of exposure to life threatening and chronic stressors (McLoyd, 1998). In the case of children and adolescents, this context of poverty seeps into multiple pathways of development manifesting a harmful cumulative effect: physical, cognitive, academic, and socio-emotional aspects become inextricably connected to economic context (McLoyd, 1998).

Many of these physical, cognitive, academic, and socio-emotional difficulties associated with economic disadvantage also become risks for delinquency (Herrenkohl, Maguin, Hill, Hawkins, Abbott, & Catalano, 2000; Wasserman, et al., 2003). Provocation may start as early as infancy, where those from poverty are at increased risk for perinatal and postnatal complications that impede cognitive functioning and the achievement of developmental milestones (Aylward, 1992; McLoyd, 1998; Seidman et al., 2000). In regards to childhood and adolescence, McLoyd

(1998) outlined the numerous facets of low academic achievement correlated with poverty, including grade retention, test scores, placement in special education, course failure, high school graduation and drop-out rate, as well as completed years of schooling, which may all foster additional risk (McLoyd, 1998; Wasserman, et al., 2003).

Additionally, the mere social context common in impoverished neighborhoods also places children at increased risk for delinquent behaviour. Individuals from poverty are more likely to witness as well as become subject to, criminality in their communities, an experience associated with subsequent aggression (Bunge, Johnson, & Baldé, 2005; Chung & Steinberg, 2006; Eamon, 2002; Jarjoura, Triplett, & Brinker, 2002; Lahey, McLoyd, 1998; Waldman, & McBurnett, 1999). Coupled with reduced resources for parental and community supervision of youth, families and residents are faced with additional challenges when raising youth within this vulnerable environment (Bunge, Johnson, & Baldé, 2005; Chung & Steinberg, 2006; Simons, Johnson, Beaman, Conger, & Whitbeck, 1996; Weatherburn & Lind, 1998).

It is therefore no surprise that adversities accompanying poverty can affect the mental health of children and youth. Indeed, children from poverty are more likely to exhibit emotional, behavioural, externalizing, and internalizing problems (McLoyd, 1998). Further, the prevalence of internalizing and externalizing disorders increases the longer a child resides in poverty (McLoyd, 1998). Not only are such barriers presented to children and their families, but resources for associated supports are often scarce (McLoyd, 1998). Additional structural disadvantages deprive children of the social resources they need to be supported through such personal and community stressors (Attar, Guerra, & Tolan, 1994; Brody et al., 2001; Bunge, Johnson, & Baldé, 2005; Chung & Steinberg, 2006; Jarjoura, Triplett, & Brinker; Jani, 2013; McLanahan, 1985; Waxman, 1977; Simons, Johnson, Beaman, Conger, & Whitbeck, 1996;

Weatherburn & Lind, 1998; Wilson, 2012). This evident gap renders impoverished children vulnerable to falling through the cracks unnoticed, reaping continual barriers and consequences that can create a vicious cycle of impeded success and promoted delinquency.

It is therefore crucial that the contexts linking poverty to delinquency be acknowledged, and that more is done to understand and address the consequences of both. In doing so, researchers and professionals in the area of young offending must conduct investigation, understanding, and practice, through economic, community, and mental health oriented lenses. Overarching these three domains are peers, who's role becomes increasingly emphasized in the well-being of individuals during their adolescent stage. Present across neighborhood, school, family, and service contexts, peers hold substantial influence on juvenile offending. Values, behaviours, identities, and emotional supports, may all be encouraged, derived, or modified by one's peer group (Allen, Porter, McFarland, Marsh, & McElhaney, 2005; Brown, 1990; Brown, 2004; Helsen, Vollebergh, & Meeus, 2000; Dishion, McCord, and Poulinm 1999; Lashbrook, 2000; Licitra-Klecker & Waas, 1993; Matsueda & Anderson, 1998; Sanders, 2013). Thus, when it comes to adolescent behaviour, it is imperative for researchers to consider social patterns and influences surrounding contexts of poverty and mental health. This study sought to further characterize these intersecting issues.

The current study characterized the unique contexts and characteristics of youth in the justice system who had been referred for an assessment by a youth court judge. More specifically, this study took an exploratory approach in describing the sociality of young offenders, their experiences with poverty, and the interacting factors between the nature of friendships, poverty, and psychological adjustment.

Relevance to Previous Literature

Poverty and Negative Peer Environments. Initial analyses investigated the extent of poverty experienced by youth who had been referred for an assessment by a youth court judge. Results indicated that almost two thirds of this group, 64.8%, experienced at least one variable contributing to poverty status, with a substantial almost one in five, 19.6% of adolescents identified within the moderate-to-high poverty range.

Classic Strain Theory (CST) suggests delinquency may arise when individuals fail to achieve goals and aspirations, experience unjust life outcomes, have a positively valued stimuli removed, or are faced with extremely negative stimuli. (Agnew, 1992). The disadvantages associated with poverty examined within this study – refugee status, marital status, teen pregnancy, parent education, housing conditions, caregiver employment, financial support, and the experience of being homeless or in a shelter –are all considered to be contributors to such strains. This is especially so when prominent goals of western society center around financial achievement and middle-class status (Agnew, 1992; Agnew & Brezina, 1997). Thus, it is important to note how poverty can uniquely provoke criminality. The finding that a greater proportion of offending youth emerged from impoverished environments only further validates the need to consider and alleviate socio-economic disadvantage when working with offending youth.

Analyses also revealed that negative peer environments are more likely to be prevalent within the context of poverty, such that poverty is not only positively related to a negative peer environment, but also significantly predicts the existence of such risk factors. In summary, the severity of NPE increases as a youth's level of poverty increases. Previous research noted the detrimental effects that negative or anti social peers can have on various aspects of a youth's development, including their involvement in criminal lifestyles. The correlation between poverty

and NPE indicates an additional contributing disadvantage faced by parents raising youth in a low-income community.

The Interaction Between Poverty, Negative Peer Environment, Delinquency, and Mental Health. The level of poverty is a significant predictor of the level of NPE. It is therefore important to consider how youth may be embedded within antisocial peers regardless of choice. In particular, aspects of poverty may breed environments for deviancy training and socialization due to a greater NPE that in part lays the groundwork for antisocial attitudes to form and behaviour to be expressed. Indeed, this study also found that higher levels of NPE were in turn linked to higher levels of criminality. In particular, youth with higher NPE were more likely to have a greater number of criminal charges, as well as higher rates of involvement with the police. It is troubling to note that only 4.3% of offenders were identified as not experiencing any NPE variables leaving 95.7% of offenders associated with at least one NPE. Further analysis revealed that 53% experienced medium level NPE, and a proportional 1 in 10 youth (10%) are embedded within high levels of NPE. With the understanding that past research has correlated poverty with criminality (Shader, 2001), it is important to consider how the presence of both poverty and negative peers may further exacerbate the likelihood for developing pro criminal values and anti social behaviour. The fact that poverty and NPE are also correlated makes this topic of greater concern.

Additionally, negative peer environment was also found to be correlated with mental health status, such that a greater number of contributors to NPE were correlated with a greater number of symptoms and diagnoses. Various reasons may be used to support this link. For instance, bullying victimization was noted as a contributor to NPE, which has been extensively studied as negatively contributing to mental health (Arseneault, Bowes, & Shakoor, 2010;

Arseneaul et al., 2006; Schneider, O'Donnell, Stueve, & Coulter, 2012; Stadler, Feifel, Rohrman, Ver, eiren, & Poustka, 2010). Additionally, those embedded within negative peer environments may have done so out of self-selection in sharing similar psychological traits and difficulties. For instance, those with psychopathic traits and antisocial behavior are more likely to select deviant peer groups (Kerr, Van Zalk, & Stattin, 2012; Kimonis, Frick, & Barry, 2004),

Regardless of identified reasons for the correlation between NPE and criminality, as well as NPE and mental health, these findings suggest that research has been on the right track in attributing the influence of peers to criminality and socio-emotional development. Continued research in this area is encouraged to better understand ways of dissevering such significant correlations.

Peer Influence. This study characterized the nature of friendships and affiliations present for the young offender sample. Investigation noted substantial proportions of young offenders associated with negative peers, with more than two-thirds possessing antisocial friendships in comparison to less than half possessing at least one prosocial friend. Additionally, it is important to note that a large number of offenders (45.5%) were identified as possessing exclusively negative influence friends. This appears to be congruent with research pointing to the association of negative influence peers as one of the most prominent risk factors contributing to youth delinquency (Andrews & Bonta, 2010). These data further highlight the need for rehabilitation to consider the ecological context contributing to a youth's development. It is critical for intervention to understand and address a young offender's social network.

While the influence of deviant peer associates is well known, reasons for relationship development are not. The current study sought to contribute to the characterization of adolescents within the context of peer influence, by comparing levels of psychological

adjustment between those with exclusively poor influence friends and those with exclusively positive influence friends. Commonalities of individuals according to friendship influence were identified. Those with poor influence friends were more likely to be diagnosed with ADHD, ODD, CD, and externalizing disorders, and more likely to engage in substance use. While this analysis was exploratory, such patterns may indicate that those with negative influence friendships exhibit more behavioral as opposed to psychological difficulties. It is unknown whether these commonalities are a result of selecting similar peers, or if poor influence friendships exacerbate behavioral problems. Indeed, these findings compliment research stating that individuals with antisocial behaviors and traits are more inclined to associate with peers who share common traits (Kerr, Van Zalk, & Stattin, 2012; Kimonis, Frick, & Barry, 2004) or that negative peers socialize others into committing antisocial acts and provoke substance use (Andrews, Tildesley, Hops, & Li, 2002; Dishion, McCord, and Poulin, 1999; Mounts and Steinberg, 1995).

Alternatively, those with exclusively positive influence friends were identified as having greater risk for social inhibition, social anxiety, and preoccupation with sexual thoughts. This may appear to contrast the substantial research noting the positive effects of typical friendships in contributing to school and mental health factors (Berndt & Keefe, 1995; Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007). Prosocial behaviors of friends have even been noted to be negatively correlated with violent behavior (Prinstein, Boergers, & Spirito, 2001). Thus, it may be surprising that prosocial influence friends can be linked to any type of mental health risk. However, it is important to consider how this population differs from the typical adolescent population. The presence of a pattern of psychological affliction in spite of

prosocial peers may provide insight into alternative pathways to crime beyond the communal or peer context.

Peer Influence According to Gender. Analyses of friendship influence were also stratified by gender, serving to help clarify certain discrepancies prevalent in the literature. Research has identified gender differences in both the development and constitution of (same-sex) friendships, but has remained unclear regarding the role peers play in contributing to female delinquency. (Aukett, Ritchie, & Mill, 1988; Fagan, Van Horn, Hawkins, & Arthur, 2007; McNelles & Connolly, 1999; Younis & Haynie, 1992). Females have been theorized as valuing relationships to a greater degree than males, thereby experiencing greater distress than males when they are unable to achieve positive and valued relationships. Increasing distress from interpersonal relationships are theorized to trigger delinquency in females to a greater degree compared to males (Agnew and Brezina, 1997). Alternatively, however, other research has noted both a decreased attribution of peers in contributing to delinquency, as well as less susceptibility to negative peer influence for females (Galbavy, 2003; Mears, Ploeger, Warr, 1988).

The current study found that females were at a greater risk for poor influence friendships than males, along with a reduced likelihood of having a good influence friend in comparison to males. This appears to support the likelihood that peers play a significant role in delinquency for females. Thus, female sociality should not be overlooked, but rather continually investigated and dealt with as a significant aspect of their offending context.

Friendship Status. It is important to note that over one in ten of the youth in the current study (11.3%) were identified as having no friends at all. Assumptions of peer connections in adolescence has created a gap in research regarding the correlation between social isolation and delinquent behaviour (Demuth, 2004). Research that has chosen to focus on this construct has

often reaped inconsistent results. Delinquent behaviour has been cited as a developmental consequence of isolation, alongside school drop-out and adult psychopathology (Demuth, 2004; Parker & Asher, 1987). Furthermore, social control theory suggests a positive correlation between social connection and conformity, such that failure to create peer, family, community, and institutional bonds, conversely results in behavioural deviance (Demuth, 2004; Hirschi 1969). Yet, additional research has noted a lower prevalence of delinquent behaviour for “loner” adolescents (Demuth, 2004). Given the immensity of research on peer influence, it is of importance to consider investigating why a substantial portion of adolescents offend despite supposedly being free of negative peer influence.

Analysis was conducted to compare the psychological dispositions of young offenders with friends in comparison to those with no friends. It was found that having no friends is a risk factor for BPD, personality disorder, narcissistic features, social inhibition, problems with peers, poor self esteem, aggression towards adults, preoccupation with sexual thoughts, non-suicidal self injury, and attachment disorder. It would appear that those youths without friends exhibit the greatest number of psychological afflictions, with most of these being emotional and personality-related concerns. It is unknown at this point which variables contribute to peer isolation, and which variables are manifested as a result of peer isolation. Nonetheless, this finding appears to support the abundance of research noting the that isolation in adolescence may be a crippling emotional experience (Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007).

Alternatively, youth who identified having friends were significantly more likely to engage in substance use. This would align with aforementioned research on the influence of negative peers, given that the majority of the sample possessed at least one negative influence friend.

Gender and Age Composition of Friendship. Descriptive data on the gender compositions of friendships revealed that a large majority (73.8%) of offenders had a mix of both male and female companions, with the smallest proportion possessing exclusively opposite sex friends (7.1%). It is interesting to note that, out of the offenders who possessed exclusively positive friendships, none of those friendships were exclusively with the opposite sex. This finding is in comparison to 13.5% of poor influence friendships being exclusively with the opposite sex. Such a finding may indicate a modest but greater likelihood of deviancy for opposite sex friendships than same-sex friendships. While same-sex friendships in adolescence have been heavily researched in the literature, opposite sex friendships are less well understood (Paul & White, 1990). Ultimately, the knowledge that a large proportion of offenders possess both male and female friendships indicates the need for increased investigation on the utility and constitution of having opposite sex friends in adolescence. Similarly, a large proportion of young offenders (58.7%) held friendships of mixed ages (younger, older, and same age). This research exhibits the diversity of adolescent sociality.

Gang Affiliation. Lack of research in the area of gangs can be partially attributed to the fact that there remains a lack of consensus in the field regarding what constitutes a gang (Esbensen, Winfree, He, & Taylor, 2001). Gang membership has been loosely defined as “the engagement by group members in law-violating behaviour” (Esbensen, Winfree, He, & Taylor, 2001, p. 106). However, an important consideration is that gang members need not commit crimes in groups, while group crimes may not be the result of gang activity (Carrington, 2002). Thus, a popular method of defining gang membership in research has been to let members identify themselves (Esbensen, Winfree, He, & Taylor, 2001). Further, Statistics Canada has included the outside perception of others viewing members as a “distinct group” as an addition to

self-identification (Statistics Canada, 2007) This study found that 16.3% of youth were either self-identified, or identified by family members, as having gang status.

In using similar criteria, Statistics Canada (2016) has identified that there are an estimated 7000 youth gang members in Canada, with the highest number residing in Ontario (3,320). Interestingly, Statistics Canada (2016) has noted males to be the majority of gang members, consisting of 94% of the youth gang population. Thus, it is interesting to note the current research finding that male (16.5%) and female (16.7%) youth gang members shared an identical prevalence of gang status within their gender demographic. Given the rising trends in female crime, it may be important for researchers to consider differences in gang affiliation according to gender, including gang definitions and types of activities involved. Nonetheless, research on youth gangs in Canada are limited as a whole, and should be continually investigated as definitions are refined.

Offending Patterns. Analyses of offending patterns revealed that a larger majority of offenders commit lone-offending crimes in comparison to approximately one-third of offenders having committed at least one crime with another individual. Previous research has suggested that co-offending may be more important at the beginning of a criminal career, with individuals introduced to offending through friendships, and switching to lone offending as they increase their offending experience (Carrington, 2009; Reiss & Farrington, 1991; Weerman, 2003). An analysis investigated the plausibility of this relationship, with the hypothesis that there would be a significant interaction between offending patterns and level of anti social experience. This analysis revealed a weak but significant association between the level of criminal experience and offending pattern, such that the majority of exclusively co-offenders were inexperienced, exclusively lone offenders were relatively equally represented across the level of prior criminal

justice experience, while those who had committed both co- and lone offenses possessed predominantly higher levels of experience. This may support the notion that a portion of offenders may be introduced to criminality through co-offending, suggesting that they are introduced to crime by deviant peers, switching to lone offending as they gain more experience.

Clinical Implications

The Interaction Between Poverty, Negative Peer Environment, Delinquency, and Mental Health. While rehabilitative programs can work to alleviate an offender's antisocial dispositions and behaviours, they do not work to alleviate some of the major contributors to poverty, such as parental marital status, caregiver unemployment, parent education levels, and degree of financial support. Thus, in spite of any intervention, the poverty-NPE connection suggests young offenders may simply return to a never-changing maladaptive environment for ongoing deviant socialization. Indeed, it is significant to note that NPE is subsequently linked to greater criminal involvement and greater mental health difficulties, such that severance from a negative peer environment may suggest a reduction in criminality and mental health issues.

Thus, reduction in poverty may assist in addressing the interconnected contributors to delinquency including NPE and mental health. Yet, criminal sentencing and intervention is largely focused on an offender's personal responsibilities and dispositions, failing to address the pervasive barriers of socioeconomic status and peer involvement. This dilemma calls for two areas of improvement for the juvenile justice system: (1) Increased communication and cooperation between youth-justice and welfare services to support the financial stability and upward mobility of families struggling in the justice system, and (2) Increased understanding and intervention planning surrounding the nature of young offender friendships, affiliations, and mental health. The current study has initiated investigation to assist in addressing the latter.

Peer Influence. Given that a large proportion of offenders are negatively influenced through their friendships, it may be helpful for rehabilitative programs to investigate the function each friendship brings to their lives. If an offender is known to have negative influence ties, probation orders will often prohibit further contact. Yet, this may prove difficult or add additional challenges if the friendship served to alleviate a particular deficit. Understanding the utility of negative friendships can highlight areas of struggle, allowing therapists to focus on which skills to build. For example, if the offender is primarily associating with negative peers due to prosocial peer rejection, intervention should contribute to social skill development to increase competency in making positive influence friends. If youth sought to fill a void such as a lower sense of belonging, it may help for intervention to address emotional and interpersonal insecurities while nourishing family and communal ties (i.e. through organized activities). Alternatively, the utility of negative peers for instrumental purposes such as self protection may highlight a greater need to address family, neighbourhood, and living conditions.

The current study's investigation into the context of friendship influence may serve in focusing both general and gender focused rehabilitative efforts. The findings that youth with poor influence friendships exhibited greater risk for ADHD, ODD, CD, and the general pattern of externalizing disorders, suggests that it may be beneficial to focus assessment and rehabilitation on treating accompanying externalizing disorders for deviant associated youth. Intensive behavioural training programs have been shown to be effective in treating disruptive externalizing disorders in adolescents. Such interventions include parent and child training programs, as well as Multisystemic Therapy (MST) and Multidimensional Treatment Foster care (MDTF) (Eyberg, Nelson, & Boggs, 2008). Similarly, while pharmacological intervention has been identified as the most efficacious intervention for ADHD, behavioural intervention has also

been noted as effective (Brown et al., 2005; Chronis, Jones, & Raggi, 2006; Fabiano et al., 2009). Further, increased risk for substance use for those associated with poor influence peers, presents friendship as a precipitating or triggering factor to consider during addiction treatment.

Alternatively, it is interesting to note that those youths with exclusively positive influence friends were identified as having a greater risk for social inhibition, social anxiety, and preoccupation with sexual thoughts. This research does not necessarily imply that positive influence friends contribute to such afflictions. Rather, these findings may indicate that offending in the absence of negative peers may be indicative of differing psychological afflictions. For instance, youth with histories of sexual abuse are likely to experience sexual preoccupation and anxiety (Finkelhor & Browne, 1985). Thus, it may be possible for an offender's past victimization to lead to delinquency in spite of having positive influence peers (Finkelhor & Browne, 1985). These findings highlight the importance of considering how young offender sociality may point at differing pathways for youth into the justice system when considering rehabilitative routes.

Due to a greater proportion of males in the justice system, minimal research has been conducted on understanding pathways to female offending. As a result, clinical interpretations and rehabilitation avenues are often generalized to address female offending without sufficient knowledge of their gendered effects. The gender analysis of friendship influence reveals that females appear similar to males regarding the significance of negative peers in contributing to, or perpetuating, offending. Yet, females surpass males in prevalence of association with deviant peers, and no females identified as having an all prosocial friend group. Thus, the severity of peer influence on offending may be more complex or significant in determining female delinquency in comparison to males.

The notation of an interaction between peer influence and gender, suggests female offenders in particular may benefit from increased understanding and rehabilitation surrounding their social networks. Given that a greater percentage of males were shown to have at least one prosocial friend, as well as having an increased likelihood of an all prosocial friend group in comparison to females, the focus of rehabilitation may differ according to gender. More specifically, rehabilitation for males may benefit from focusing on strengthening existing prosocial friendships as while breaking ties with those of poor influence. Alternatively, many females may not have existing prosocial connections to nurture. Thus, skills involved in prosocial friendship establishment may take precedent in rehabilitation. Clinicians should consider how different pathways through varying types of friendship strain or influence may lead to delinquency according to gender.

Friendship Status. Additionally, it is important to note that slightly more than one in ten of the youth in the current study (11.3%) were identified as having no friends at all. This is troubling, given that connectedness to peers contributes to healthy adolescent development. In particular, friendships have been noted to contribute to high school involvement and performance, leadership skills, a sense of belonging, self esteem, self-efficacy, resilience, and overall emotional well-being. Alternatively, social isolation is cited as a negative emotional experience for adolescents who are likely to experience concerns with self-esteem, depression, self-efficacy, and suicidal ideation (Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007).

The suggestion that this 1 in 10 in the youth in the current sample have no friends at all, highlights the importance of intervention to understand and address the emotional experience of social isolation/inhibition. It may be important to consider whether these dispositions were by the

adolescent's choice or not. Such differing pathways may help determine appropriate rehabilitative action. For instance, rejected youth may benefit from social skills training to increase competency in developing healthy friendships, while voluntary social withdrawal may hint at the need to address deeper psychological contributors to delinquency. Regardless of cause, the myriad of research supporting the connection between prosocial friendship and healthy adolescent development necessitate the need for clinical intervention addressing social isolation.

The current study sought to assist in better understanding the psychological context surrounding such isolation by comparing those with friends and those without friends on diagnostic and symptom indicators of psychological adjustment. Findings noted increased risk for isolated youth to have emotional and personality-related concerns, with a greater number of psychological afflictions overall in comparison to those possessing friendships. These findings confirm an increased need to investigate the psychological dispositions of young offenders with no friends who are coming into a court clinic for assessment. In noting the potential benefits of prosocial friendship that contribute to mental health and bonding to conventional norms, intervention should consider a focus on reinstating social connections with positive peer groups.

Alternatively, those youths who had friendships were at a greater risk for substance use. This illustrated prevalence of drug use suggests that the monitoring of substance use could be beneficial for all social youth, and that such youth could benefit greatly from health and safety psychoeducation about harmful substances.

Gender and Age Composition of Friendships. The current research characterized adolescent sociality through an examination of the diversity of friendships with regards to age and gender composition. Given that the majority of offenders possessed both male and female

companions, rehabilitation should consider the different roles and vulnerabilities associated with same-sex versus cross-gender friendships. Of particular note, was that no offenders with strictly opposite sex friendships were also characterized as having wholly prosocial friendships. As a developmental period in which youth are consolidating models and boundaries for healthy romantic relationships, clinicians should be particularly vigilant in addressing the norms, natures, and resultant consequences, of deviant opposite-sex relationships experienced by young offenders.

Similarly, the youth in the current study reflected diversity in the age ranges of their friendships, with most offenders experiencing a mixed combination of young-, and/or old-, and/or same-age relationships. Examination of the age range of adolescent friendships can provide several clues into appropriate pathways for rehabilitation. Firstly, clinicians may better gauge the developmental level of the offender according to the age of their friends. Children often befriend individuals who share a similar stage of emotional and intellectual development: gifted children will seek out older friendships, while those with developmental delays may seek out younger friendships (Gross, 2001; Guralnick, Neville, Hammond, & Connon, 2007; Robinson, 2008; Serafica & Blyth, 1985). Those with exclusively younger friends were found to make up 3.1% of the population, while those with exclusively older friends made up 14.3% of the population.

Alternatively, a mismatch in emotional or intellectual development between friendship constituents may provoke misunderstanding or differential power structures that render youth more vulnerable to deviancy. For instance, children with mild developmental delays have been noted to take the “follower” role in a friendship dyad consisting of a typically developing counterpart, who will often assume the leadership position (Lee, Yoo & Bak, 2003). This is in

contrast to same-age friendships of typically developing children who experience more egalitarian relationships (Hartup, 1992). Alternatively, those with older friendships may be exposed to particular experiences beyond their capacity of appropriate cognitive processing or understanding for their age, leading them susceptible to risky behavior. For instance, in their study on influences of drug use, Needle et al. (1986) found older siblings to not only be a source of drugs for their younger siblings, but will also engage in substance use with their younger siblings, such that the frequency of their use predicts the frequency of use in their younger siblings. Lastly, it is important to note that the ability to resist peer influence increases as adolescents grow older in age (Steinberg & Monahan, 2007).

In conclusion, the age of offender friendships may provide important clues about an adolescents offending context, including the cognitive capacity of the offender, their exposure to particular risks, their hierarchical patterns, as well as how difficult it may be to sever the influence of such ties. The diversity within this sample lends support to beginning substantial considerations in these areas.

Gang Affiliation. While there are noted difficulties in defining gang status in research, it is important to identify that 16.3% of offenders personally identified as being either a part of a gang, or were identified by close ties (i.e. family members) as having gang status. The extent of gang affiliation and identification remained similar for both males and females. This large percentage is especially troubling given the fact that there have been no identified treatments meeting successful rehabilitation standards for gang members (Boxer, Kubik, Ostermann, & Veysey, 2015). It is unknown whether the reported percentage is an over-exaggeration (i.e. due to bragging), or under-exaggeration (i.e. not admitting activities) of the number of gang members in the juvenile justice system. Given the chance of over-reporting, it is important to consider the

meaning of stating one's gang status by the youth, and how perceived gang status subsequently affects criminal activity. Alternatively, the possibility of accurate reporting or underreporting of this percentage notes a serious issue of concern that roughly 1 in 5 offenders have gang status.

Past research has noted a pattern of increased delinquency during gang membership, with a reduction in delinquent behaviors upon dismemberment (Bouchard & Spindler, 2010). Thus, confrontation of gang status may prove extremely useful for rehabilitation. As such, an urgency is placed on researchers and clinicians to develop a successful program for this unique peer context.

Offending Patterns. Lastly, the finding of a weak but significant association between level of criminal experience and offending pattern supports previous research suggesting that offenders are introduced to crime through co-offending, later switching to lone-offending as they gain more experience. If this interpretation is valid, it may indicate that co-offenders possess qualitatively different difficulties or motivations that predispose them to crime in comparison to lone-offenders, and that this pattern may switch to lone offending with increased experience or as antisocial dispositions are engendered. Thus, exclusive co-offending may be a particularly vulnerable and malleable time for the rehabilitation of young offenders if they are being introduced to deviant behavior through deviant peers. Treatment gains from addressing peer networks may be greater for this population than for more experienced offenders or for lone offenders.

Policy Implications

It has been well-established that the contexts surrounding poverty play an integral role in provoking delinquency. The findings on group crime and peer influence in this study, including the significant links between poverty and negative peer environment, negative peer environment

and crime, as well as negative peer environment and mental health, further contribute to the messages of past research: a large component of crime prevention requires improving the conditions of impoverished neighborhoods to reduce snowballing risks of delinquency associated with lower income status. At a macro level, this requires allocated funding towards community services that (1) increase supervision of youth in the neighborhood and provide respite to caregivers (i.e. summer camps, recreation programs, subsidized day care), (2) provide easy access to health and mental health services that foster healthy development (i.e. prenatal and postnatal care, community counselling), (3) increase educational supports that foster school connection and support vocational success (i.e. educational testing, tutoring programs, afterschool activities, and in-school initiatives), and (4) increase programs that foster prosocial relations and connections to the neighborhood (i.e. community gardens, parks, recreational institutions). See Figure 6 for an illustration of suggested policy considerations.

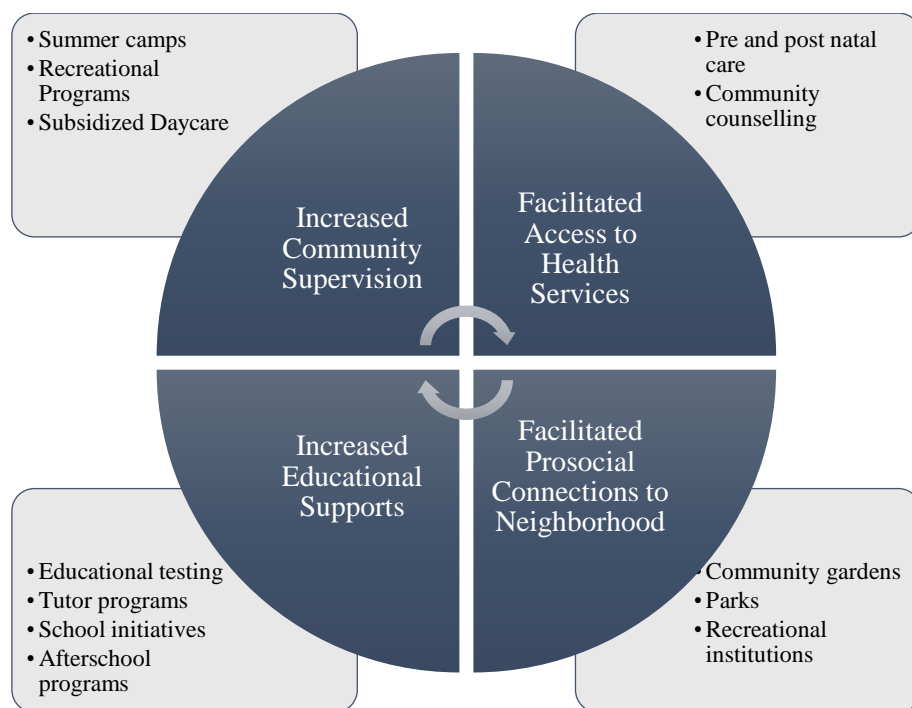


Figure 6. Policy and Poverty Reduction. This figure illustrates four recommended services that may assist in reducing snowballing risks of delinquency associated with lower income status.

Additionally, it is important to note how aspects of poverty further deplete the abilities of families to navigate the youth justice system once involved. In particular, financial issues accompanying poverty status may reduce options for rehabilitation, adequate care, and supervision, which may perpetuate involvement in the system (Brody et al., 2001; Chung & Steinberg, 2006; Perese, 2007; Simons, Johnson, Beaman, Conger, & Whitbeck, 1996; Weatherburn & Lind, 1998). Further, it is speculated that limited mobility may create greater difficulty for adolescents to attend court or comply with probation requests incurring further offenses such as failure to attend court and failure to comply with the conditions of a probation order. This may be of unique concern for rural youth, who are required to travel into city centers to complete court and probation duties. Thus, service availability according to mobility, distance, and economic status, should be a considered factor when determining appropriate sentences for criminal behaviour. Special accommodations should be considered to help achieve successful completion of court and sentence proceedings.

Limitations

The current study was not without its limitations. The first consideration surrounds the extreme nature of the population sample of young offenders. Utilization of family court clinic services indicates that youth have been referred for psychological or psychiatric assessment by a youth court judge via section 34 of the *Youth Criminal Justice Act*. This service is most commonly provided to serious and chronic offenders who have presented evident concern over their mental health. Nonetheless, the theories on young offending provided in this study present the view that most deviancies manifest as a type of psychological or community ailment facing young offenders. Thus, components of this study could be considered valid for all offenders struggling with delinquent behaviors or deviant friendships.

Second, it is important to consider the nature of file content available for research. A large bulk of information was provided through self or family reports, rendering some information more subjectively determined than others. More specifically, it is important to consider that some youth and/or their families may have desired to portray a positive or negative impression, or may have experienced lapses in judgment or memory when conducting intakes and interviews. To help address these potential biases, a decision-making framework was created to help determine content admissibility. More specifically, self- and family-report content was expected to be congruent with other file content, including more objective sources such as school, medical, assessment, and Children's Aid Society reports.

An additional consideration with regards to file content concerns the fact that some files were more complete than others in providing histories and personal information. It is important to note that an absence of information in particular areas of an offender's life may contribute to portraying them as worse or better off on certain life facets. Nonetheless, the same standard set of questions were used on all intake assessments to garner information in the areas of identifying information, charges and court involvement, school history, social behavior and peer relationships, agency involvement, family life, developmental history, mental health status information, and parental history.

A final limitation must be considered with regards to data analysis. Both the poverty and negative peer environment variables included "residence in a shelter" and "homelessness" as contributing variables to the poverty and NPE aggregates. Thus, this overlap will have contributed to the significant correlation found between poverty and NPE. However, weightings applied to calculate their level of contribution were independently rated for both poverty and NPE. Additionally, it is important to consider how overlap in contributing variables simply

emulates just how interconnected the poverty and NPE domains are. Indeed, research has suggested that “street life” renders youth vulnerable to reciprocal violence as a behavioural adaptation to satisfy extreme needs such as food, shelter, protection, and currency. In satisfying these basic needs, street youth often develop “street families” among like-minded youth for survival (Hagan, 1998). Thus, in many cases, the poverty-NPE connection proposed is much more direct to the point of sharing the same contributing variables, with one context provoking the other. Failure to acknowledge this connection may have resulted in a muted calculation of the profound link.

Conclusion

Information provided in this study sought to inform research, assessment, and rehabilitative efforts for young offenders, while providing a sense of urgency regarding the detrimental effects of poverty and negative peers. The relationship between poverty and crime has long been established in the literature. This study sought to further investigate this relationship, while considering additional contributing factors intersecting with poverty and youth criminality that would lend a greater understanding for developing rehabilitative efforts. Analyses highlighted the understanding and investigation of social vulnerabilities evident during the stage of adolescence.

Three primary findings stood out from this analysis. First, the extent of the presence of negative peers was positively correlated with the level of poverty, criminality, and the presence of psychological symptoms and diagnoses. Second, unique psychological dispositions were identified relative to the nature of friendship influence and status. Third, a descriptive picture was provided of the nature and constitution of friendships for offending youth while providing insight into social offending patterns.

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Appendix A: Western University Research Ethics Board (REB) Exemption



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,

Grace Kelly,
Ethics Officer

Appendix B: Youth/Parent Consent Form – Letter of Understanding



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

Name: _____

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

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

Signature of Witness

Signature of Youth

Signature of Parent/Guardian

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

Appendix C: Sample of Intake Form for Accompanying Adult (Caregiver)

Intake Form for Accompanying Adult (Caregiver)

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

Intake Worker: _____
 Intake Date: _____ Date Information was received: _____
 File Number: _____
 Names of Person(s) filling out information: _____
 Relationship(s) to youth: _____

Instructions:

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

Section 2 – Identifying Information:

2a. Youth

Youth's Name: _____
 DOB (day/month/year): _____ Age: _____
 Address: _____
 Phone Number: _____
 Where is youth currently living? _____
 With whom are they living? _____
 If currently in detention, date youth entered detention: _____
 City of Birth: _____ Language (spoken at home): _____
 Religion: _____ Practising (yes/no) : _____
 Lawyer's Name: _____ Phone Number: _____
 Native Heritage: yes: _____ no: _____

2b. Parent(s)/Guardian

Legal Guardian(s): _____
 Address: _____

Phone Number: _____ Cell #: _____

if different than above

Mother: _____

Address: _____

Phone Number: _____ Cell #: _____

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

Father: _____

Address: _____

Phone Number: _____ Cell #: _____

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

6'

Section 3 – Charges/Court Involvement:

3a. Present Charges:

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

3b. Previous Charges:

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

3c. Previous Police Involvement:

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

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

Name of PO: _____ City: _____

Length of order: _____ Date of termination: _____

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

Name of PO: _____ City: _____

Length of order: _____ Date of termination: _____

Section 4 – School History:

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

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

4b. Present School: _____ Previous School: _____

School Board : _____ Previous Board: _____

4c. Does the Youth attend school? YES NO

If no, please state reason: _____

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

If yes, please explain: _____

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

If yes, please describe: _____

4f. Does youth find school difficult? YES NO

If yes, please describe: _____

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

1 2 3 4 5 or more

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

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

If yes, please describe: _____

Section 5 – Social Behaviours / Peer Relationships

5a. Does the youth have friends: YES NO

If yes, please circle all that apply:

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

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

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

If yes, please describe your concerns: _____

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

Please list: _____

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

Please list: _____

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

Please describe: _____

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

Please describe: _____

- 6a. Has your family been involved with CAS? YES NO
 If yes, is your family still involved with CAS? YES NO

Length of Involvement: _____

Name of Worker: _____

Location: _____ Phone Number: _____

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

- 6c. Has your son / daughter been caught in the middle of the court issue? YES NO

Please describe: _____

Section 7 – Family Life:

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

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

- 7b. How many times has the youth moved since birth?

1 2 3 4 5 or more 10 or more

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

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

If yes, please list

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

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

Section 8 – Developmental History

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

At what age did the child begin to talk? _____

At what age was the child toilet trained? _____

Has the youth had a serious illnesses? YES NO

Has the youth had any serious accidents? YES NO

Any head injuries? YES NO

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

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

Has the youth ever been hospitalized? YES NO

If yes, what hospital(s): _____

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

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

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

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

Section 9 – Parental History

9a. Parent:

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

Name: _____

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

Length of time living with child: _____

Current Marital Status:

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

Dates of Marriages/Separations/Divorces/Common-law unions: _____

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

Religion: _____ Language: _____

Education Completed:

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

Current occupation: _____

Employer: _____

Other means of Financial Support:

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

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

1	2	3	4	5 or more
---	---	---	---	-----------

9c. Have any of these relationships involved:

Domestic violence YES NO

Aggression YES NO

Verbal aggression YES NO

Police being called YES NO

If yes to any of these, please explain: _____

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

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

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

9g. Medications for above: _____

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

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

Section 10 – Parental History

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

10a. Biological Parent or Step-Parent

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

Name: _____

Age: _____ Place of Birth: _____

Length of time living with child: _____

Marital Status:

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

Religion: _____ Language: _____

Education Completed:

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

Current occupation: _____

Employer: _____

Other means of Financial Support:

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

10b. Please describe any significant personal crisis in this person's life:

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

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

- 10d. Medications for above: _____

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

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

Section 11 – Parental History

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

11a. Non-custodial or Absent Parent

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

Name: _____

Age: _____ Place of Birth: _____

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

Marital Status:

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

Religion: _____ Language: _____

Education Completed:

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

Current occupation: _____

Employer: _____

Other means of Financial Support:

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

- 11b. Please describe any significant personal crisis in this person's life:
(include things such as death, separation, emotional illness, physical illness, problems with "nerves", issues with drugs/alcohol, financial strain, conflict with the law, separation from family etc.)

- 11c. Any mental health issues: _____
- _____
- _____

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

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

11f. Why did contact stop? _____

Section 12 – Presenting Problem

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

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

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

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

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

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

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

Please explain: _____

Section 13

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

Section 14

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

Appendix D: Data Retrieval Manual

Data Retrieval at the London Family Court Clinic:
Poverty Reduction Project
(Draft February 5, 2016)

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

1. Age – Age at time of assessment __ __ [Numerical 00-99]
2. Gender - at the Time of the Assessment – Gender [1= male; 2=female, 3=unidentified; 4=transsexual; 5=intersex; 6=Unsure]
3. 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]
4. Preg - Pregnant? [1=Past; 2=Current; 3=No; 4=N/A]
5. Geo – Originates from Urban or Rural Area [1=Urban; 2=Rural]
6. Home – Currently living [1=Parents; 2=Group Home; 3=Foster Home; 4=Homeless; 5=Detention; 6=Independent; 7=Relative’s Home; 8 =Shelter]
7. 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]
8. 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]
9. Native – Native Heritage (1=Aboriginal; 2=Metis; 3=Inuit; 4=Other; 5=N/A; 6=Not Stated)
10. LegBio – Is legal guardian biological parent? [1=Yes; 2=No]
11. YEmploy - Youth employed? [1=Yes; 2=No]
12. YHomeless - Youth Ever Been Homeless? [1=Yes; 2=No]

CHARGES AND COURT INVOLVMENT - C

1. Present Charge (type) – Most serious offense at the time of referral
- | | |
|-------------------------------------|---------------|
| PCtheftu - Theft under 5,000.00 | [1=Yes; 2=No] |
| PCthefto - Theft Over 5,000.00 | [1=Yes; 2=No] |
| PCfailtocon - Failure to Comply | [1=Yes; 2=No] |
| PCfailAtt - Failure to Attend Court | [1=Yes; 2=No] |
| PCbreach - Breach of Probation | [1=Yes; 2=No] |
| PCdt - Uttering a Death/Harm Threat | [1=Yes; 2=No] |
| PCSexA - Sexual Assault | [1=Yes; 2=No] |
| PCSexInt – Sexual Interference | [1=Yes; 2=No] |

PCLoit - Loitering	[1=Yes; 2=No]
PCAssBH - Assault Causing Bodily Harm	[1=Yes; 2=No]
PCMisch - Mischief	[1=Yes; 2=No]
PCAttThe - Attempt Theft	[1=Yes; 2=No]
PCObstPol - Obstructing Police	[1=Yes; 2=No]
PCPossWep - Possession of a Weapon for a Dangerous Purpose	[1=Yes; 2=No]
PCCauDist- Causing Disturbance	[1=Yes; 2=No]
PCUttThr - Uttering a Threat to Cause Bodily Harm	[1=Yes; 2=No]
PCPossIS - Possession of an Illegal substance	[1=Yes; 2=No]
PCSubAbT - Sub Ab Trafficking	[1=Yes; 2=No]
PCProst - Prostitution	[1=Yes; 2=No]
PCGenAss - General Assault	[1=Yes; 2=No]
PCFirstMur - First Degree Murder	[1=Yes; 2=No]
PCSecoMur - Second Degree Murder	[1=Yes; 2=No]
PCAssWea - Assault with a Weapon	[1=Yes; 2=No]
PCTruanc - Truancy	[1=Yes; 2=No]
PCFireSett - Fire Setting	[1=Yes; 2=No]
PCStalking - Stalking	[1=Yes; 2=No]
PCRobbery - Robbery	[1=Yes; 2=No]
PCFraud - Fraud	[1=Yes; 2=No]
PCPosUn – Possession Under \$5000	[1=Yes; 2=No]
PCPosOv – Possession Over \$5000	[1=Yes; 2=No]
PCBreak – Break and Enter	[1=Yes; 2=No]
PCOther – Other charge	[1=Yes; 2=No]

2. Aggressive Offense against (Hands-on offenses. i.e. assault, sexual abuse):

<u>OffFam- family member?</u>	[1=Yes; 2=No]
<u>OffFriend – friend?</u>	[1=Yes; 2=No]
<u>OffAcqu – acquaintance?</u>	[1=Yes; 2=No]
<u>OffStran – stranger?</u>	[1=Yes; 2=No]
<u>OffAuth- Authority</u>	[1=Yes; 2=No]
<u>OffFos-Foster family member</u>	[1=Yes; 2=No]
<u>Off-Gr-Group Home resident</u>	[1=Yes; 2=No]

3. CoOrLone - Co-offender or Lone offender for Current charge [1=Co-offender; 2=Lone Offender]

4. 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]

5. ParResp - Parents response to charge [1=Disappointed; 2=Indifferent; 3= Blame others; 4=Defensive; 5=Minimizing; 6=Threatened; 7= No Response]

6. FirstChar - First charge [1=Yes; 2=No]

7. NumChar - How many previous and current charges? [Numerical - 00-999]

8. NumGuilt - Number of Previous and Current findings of guilt? [Numerical - 00-999]

9. **PrevCoLone** – Previous and current pattern of CJH suggests ___ [1=Co-offender; 2=Lone offender; 3=Both Co and Lone Offender]
10. **InvolPol** – Number of involvements with police [Numerical 00-999]
11. **YrsYJS** – Length of time involved in the YJS? [1= <1 year; 2= >1 Year; 3= >2 years; 4= >3 years]
12. **Previous Experience in YJS**
- | | |
|---------------------------------------|---------------|
| PrevAltMes - Alternative Measures | [1=Yes; 2=No] |
| PrevComServ - Community Service Order | [1=Yes; 2=No] |
| PrevProb - Probation | [1=Yes; 2=No] |
| PrevCus - Custody | [1=Yes; 2=No] |
| YTC - Mental Health Court | [1=Yes; 2=No] |
| Det-Detention | [1=Yes; 2=No] |

13. Previous Placement in YJS

- | | |
|-----------------------------|---------------|
| PrevOpenD - Open Detention | [1=Yes; 2=No] |
| PrevSecD - Secure Detention | [1=Yes; 2=No] |
| PrevOpenC - Open Custody | [1=Yes; 2=No] |
| PrevSecC - Secure Custody | [1=Yes; 2=No] |
| | [1=Yes; 2=No] |
- YrsDet – Months spent in detention [Numerical 0-99]

SCHOOL HISTORY - D

- School – Registered in school [1=Yes; 2=No]
- Grade – Present grade [00-12]
- CredsCom – High school, how many credits completed [Numerical 00-99]
- AttSchool – Does youth attend school [1=Yes; 2=No]
- 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]
- FailGr – Failed a grade [1=Yes; 2=No]
- ReasFail – Reasons why failed? [1= Not attending school; 2= Intellectual Disability; 3=Incomplete Work; 4=Transition; 5= Other; 6=N/A]
- AcadAss – Ever formally assessed academically [1=Yes; 2=No]
- Excep – Identified as exceptional [1=Yes; 2=No]
- a. If yes to above was it:

Gifted - Giftedness	[1=Yes; 2=No]
LearnDis - Learning Disability	[1=Yes; 2=No]
DevDis - Developmental	[1=Yes; 2=No]
Behav - Behavioural	[1=Yes; 2=No]
- SpecEd – Special education program or specialized help? [1=Yes; 2=No]
- SpecHelp – If so, describe (homework group, etc.) [1= IEP; 2= homework group; 3= tutor; 4= EA]
- SchoDif – Do you find school difficult [1=Yes; 2 =No; 3 = Sometimes]
- 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]

14. NumSchAtt – Number of schools attended since kindergarten? [Numerical 00-99]
 15. 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]
 16. DifTeach – Difficulty with teachers? [1=Yes; 2=No]
 17. Suspend – Ever been suspended [1=Yes; 2=No]

SOCIAL BEHAVIOURS / PEER RELATIONSHIPS – E

1. Friend – Do you have friends? [1=yes; 2=no]
 2. Older - [1=yes; 2=no; 3 = N/A]
 3. Younger - [1=yes; 2=no; 3 = N/A]
 4. SameAge - [1=yes; 2=no; 3 = N/A]
 5. SameSex - [1=yes; 2=no; 3 = N/A]
 6. OppSex - [1=yes; 2=no; 3 = N/A]
 7. GoodInf- [1=yes; 2=no; 3 = N/A]
 8. PoorInf- [1=yes; 2=no; 3 = N/A]
 9. IntPartner - Does youth have intimate partner who is involved in offense(s) [1=yes; 2=no]
 10. LeadOrFoll – Youth a leader or follower? [1=leader; 2=follower]
 11. SexConc – Concerns about sexual behaviour/attitudes? [1=yes; 2=no]
 12. 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]
 13. OrganActi – Youth participates in organized activities? [1=yes; 2=no]
 14. DesActNum – Describe activities: [Number of Activities] [00-99]
 15. Hobbies – Hobbies or Interests? [1= yes; 2= no]
 16. DesHobb – Describe Hobbies or Interests? [1= Alone; 2= With Peers; 3=Family; 4=N/A]
 17. FamTime – Spend time with family? [1= yes; 2=no]
 18. DesFamTim – Describe family time? [1= positive; 2=negative; 3=neutral; 4= N/A]
 19. SocOfTies – Social ties outside family? [1=yes; 2=no]
 20. KindOfTie – Social ties? [1= positive; 2= negative; 3= both; 4= N/A]
 21. SibStatus - Sibling Status [1= Youngest; 2= Eldest; 3= Middle Child; 4=Only Child]
 22. SibAndLaw - Has sibling(s) been involved in the law [1=yes; 2=no]
 23. HalfSibLaw - Has half sibling(s) been involved in the law [1=yes; 2=no]

AGENCY INVOLVMENT – F – At Any Time

- AgOut - Child/Youth Mental Health Agency (Outpatient) [1=Yes; 2=No]
 AgIn - Child/Youth Mental Health Agency (Inpatient) [1=Yes; 2=No]
 AgBoth- Child/Youth Mental Health Agency (In and Outpatient) [1=Yes; 2=No]
 AgProbatio - Previous Probation [1=Yes; 2=No]
 AgDare - Project DARE [1=Yes; 2=No]
 AgClinical - Clinical Supports Program [1=Yes; 2=No]
 AgHosp - Hospital based counselling/therapy [1=Yes; 2=No]

AgGroup - Group Home	[1=Yes; 2=No]
AgPolice - Police	[1=Yes; 2=No]
AgChildWel – Child Welfare	[1=Yes; 2=No]
AgAddict - Addiction Treatment Facility	[1=Yes; 2=No]
AgDetent - Detention	[1=Yes; 2=No]
AgComPsych – Community Psychiatrist	[1=Yes; 2=No]
AgCommCouns – Community Counselling	[1=Yes; 2=No]
AgDevDisabil – Developmental Disability Agency	[1=Yes; 2=No]
AgResTSexD – Residential Treatment Sexual Disorder	[1=Yes; 2=No]
AgeYTC Youth Treatment Court	[1=Yes; 2=No]
CSCN – Community Services Coordination Network	[1=Yes; 2=No]
AgTotalN	__ __[00-99]

CHILD WELFARE SYSTEM INVOLVMENT – G

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

FAMILY LIFE - H

1. 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]
2. Moves – How many family moves since birth? [1=1; 2=2; 3=3; 4=4; 5=5-9; 6=10>]
3. MoveThem – If more than 5, indicate themes? [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]
4. Adopt - Adoption Status _____ [1=Yes; 2=No]
5. Refugees - Refugee Status _____ [1=Yes; 2=No]
6. FamVio - History of Family Violence / Any _____ [1=Yes; 2=No]
7. Shelter - Did family ever reside in a shelter _____ [1=Yes; 2=No]
8. SeeViolen - Evidence of child being present at the time of partner violence
_____ [1=Yes; 2=No]
9. SexAbasPerp / Youth as Perpetrator - History of sexual abuse? [1= yes; 2=no]
10. SexAbasVict / Youth as Victim - History of sexual abuse? [1= yes; 2=no]
11. SexAbFam (Youth as Victim)- Sexual abuse intra- or extra-familial [1= intra; 2=extra; 3=both]
12. SexEx – Evidence of ever being sexually exploited /sex trade [1=Yes; 2=No]

13. Neglect - Evidence of neglect? [1=-yes; 2=no]
 14. EmotTra - Evidence of emotional trauma [1=yes; 2=no]
 15. PhysAbuse – Evidence of physical abuse? [1=yes; 2=no]
 16. AgeConcern - Age at which parents first identified del concern _____ [00-18]
 17. PerOrLimOff - Persistent or limited offending [1=persistent/<12 age; 2=limited>age
 12]

DEVELOPMENTAL HISTORY - I

1. DevStatus – Cognitive / Developmental Status [1= Low; 2= Moderate; 3= Severe;
 4=Average Range; 5=Above Average; 6=N/A]
 2. SerChIll – Serious Childhood Illness [1= yes; 2=no]
 3. SerChAcci – Serious Childhood Accidents [1= yes; 2=no]
 4. HeadInj – Head Trauma / Injuries [1= yes; 2=no]
 5. Hospital – Any Hospitalization [1= yes; 2=no]
 6. If yes to [5] was it
 HospMental [1=Yes; 2=No]
 HospPhys [1=Yes; 2=No]
 HospBothMP [1=Yes; 2=No]
 7. ComPregBir [1=Yes; 2=No]

MENTAL HEALTH STATUS INFORMATION - J

1. DiaFASD - Diagnosis of FASD _____ [1=Yes; 2=No]
 2. AgeFASD - If yes to FASD, at what age _____ [00-18]
 3. Formal Psychiatric diagnoses [check as many as [applicable]
 ADHD _____ [1=Yes; 2=No]
 ODD _____ [1=Yes; 2=No]
 CD - Conduct Disorder _____ [1=Yes; 2=No]
 DiaAnxiety - Anxiety _____ [1=Yes; 2=No]
 DiaDepress - Depression _____ [1=Yes; 2=No]
 BPD - Bi Polar Disorder _____ [1=Yes; 2=No]
 PTSD _____ [1=Yes; 2=No]
 APD - Antisocial Personality Disorder _____ [1=Yes; 2=No]
 NARCISS - Narcissism _____ [1=Yes; 2=No]
 Psychosis _____ [1=Yes; 2=No]
 SleepCompl - Sleep Complaints _____ [1=Yes; 2=No]
 SchizoAff - Schizoaffective Disorder _____ [1=Yes; 2=No]
 DisrupMoodD - Disruptive Mood Dysregulation Disorder [1=Yes; 2=No]
 TotDia - Total number of different diagnoses _____ [00-99]
 4. Findings from Psychological Testing [check as many as applicable – elevation noted
 in clinical report]
 SocIn – Socially Inhibited _____ [1=Yes; 2=No]
 EmoIn – Emotionally Insecure _____ [1=Yes; 2=No]
 PWP – Problems with Peers _____ [1=Yes; 2=No]

PsychAnx – Anxiety	<u> </u>	<u>[1=Yes; 2=No]</u>
PsychDep – Depression	<u> </u>	<u>[1=Yes; 2=No]</u>
SocAnx – Social Anxiety	<u> </u>	<u>[1=Yes; 2=No]</u>
PoorSE – Poor Self Esteem	<u> </u>	<u>[1=Yes; 2=No]</u>
Suicide – Suicidal	<u> </u>	<u>[1=Yes; 2=No]</u>
Agg_Peers – Aggression towards peers	<u> </u>	<u>[1=Yes; 2=No]</u>
Agg_Adults – Aggression towards adults	<u> </u>	<u>[1=Yes; 2=No]</u>
Agg_Fam - Aggression towards family members	<u> </u>	<u>[1=Yes; 2=No]</u>
Agg_PA – Aggression towards peers and adults	<u> </u>	<u>[1=Yes; 2=No]</u>
Autism – Autism	<u> </u>	<u>[1 = Low, 2 = Medium, 3 = High, 4 = None]</u>
PsycTPTSD – PTSD	<u> </u>	<u>[1=Yes; 2=No]</u>
Somatic – Somatic Complaints	<u> </u>	<u>[1=Yes; 2=No]</u>
CDTraum – Complex Developmental Trauma	<u> </u>	<u>[1=Yes; 2=No]</u>
PsychSubA - Substance Abuse	<u> </u>	<u>[1=Yes; 2=No]</u>
PreoccSexTh - Preoccupation with Sexual Thoughts	<u> </u>	<u>[1=Yes; 2=No]</u>
SocialInsens - Socially Insensitive	<u> </u>	<u>[1=Yes; 2=No]</u>
HomicIdea - Homicidal Ideation	<u> </u>	<u>[1=Yes; 2=No]</u>
PsychTAPD - Antisocial Personality Disorder	<u> </u>	<u>[1=Yes; 2=No]</u>
PersonDis - Personality Disorder	<u> </u>	<u>[1=Yes; 2=No]</u>
SocioPTend - Sociopathic Tendencies	<u> </u>	<u>[1=Yes; 2=No]</u>
EatDisorder - Eating Disorder	<u> </u>	<u>[1=Yes; 2=No]</u>
NSSI-Non Suicidal Self Injury	<u> </u>	<u>[1=Yes; 2=No]</u>
Dysthymia - Dysthymia	<u> </u>	<u>[1=Yes; 2=No]</u>
SubInPsychD - Substance Induced Psychiatric Disorder	<u> </u>	<u>[1 =Yes; 2=No]</u>
AttachD - Attachment Disorder	<u> </u>	<u>[1=Yes; 2=No]</u>
AvoidPersD - APD-Avoidant Personality Disorder	<u> </u>	<u>[1=Yes; 2=No]</u>
BodyImageC - Body Image Concerns	<u> </u>	<u>[1=Yes; 2=No]</u>
Hypervigil – Hypervigilance	<u> </u>	<u>[1=Yes; 2=No]</u>
Apathy – Apathy	<u> </u>	<u>[1=Yes; 2=No]</u>
PsychTTotal – Total number of different psychological areas of concern	<u> </u>	<u> </u>
	<u> </u> [00-99]	

5. MoodMed – Ever Prescribed Mood Alterant Medication

 [1=Yes; 2=No; 3=N/A]

6. If yes to mood alterant medication [current or passed], was it for

MedADHD – ADHD	<u> </u>	<u>[1=Yes; 2=No]</u>
MedDep – Depression	<u> </u>	<u>[1=Yes; 2=No]</u>
MedAnx – Anxiety	<u> </u>	<u>[1=Yes; 2=No]</u>
MedBPD – Bi Polar Disorder	<u> </u>	<u>[1=Yes; 2=No]</u>
MedSD – Sleep Disorder	<u> </u>	<u>[1=Yes; 2=No]</u>
MedPsych – Psychosis	<u> </u>	<u>[1=Yes; 2=No]</u>

7. AgeofSym – Age when mental health symptoms were first identified

 [00-99]

8. AgeofDia – Age when first diagnosed with mental health disorder
_____ [00-99]

CAREGIVER HISTORY – J (#1)

1. A_Relation – I1 – Relationship type [1 = mother, 2= father, 3= Stepmother, 4 = Stepfather, 5 = foster mother, 6 = foster father, 7= grandparent, 8 = other family member, 9= other]
2. A_TeenPar – [1 = Yes, 2 = No, 3 = NA]
3. A_TimeWCh – Length of time living with child [Years]
4. A_MarStat – marital status [1 = Married, 2 = Cohabiting 2 = Single]
5. A_Divorce – Divorced [1 = Yes, 2 = No]
6. A_CEDu – Caregiver Education Completed [1 = None 2= Elementary, 3= Highschool 4 = Undergraduate 5 = Above]
7. A_Employ – Caregiver Employment [1=Yes; 2=No]
8. A_Income – Caregiver Income
9. A_Finance – Financial Support [1 = EI, 2= OW, 3= ODSP, 4= Child Support]
10. A_Youth - Financial Support [1 = EI, 2= OW, 3= ODSP, 4= Child Support]
11. A_FreqInv – Frequency of Parental Involvement [1-5]
12. A_DomVio – Domestic Violence [1 = Yes, 2 = No]
13. A_PhyAg – Physical Aggression [1 = Yes 2 = No]
14. A_VerbAg – Verbal aggression [1 = Yes, 2= No]
15. A_PolCall – Police being called [1 = Yes, 2 = No]
16. 1Crisis – Caregiver Personal Crises

A_Death - Death	[1 = Yes, 2 = No]
A_Sep – Separation (divorce)	[1 = Yes, 2 = No]
A_EmoIll - Emotional illness	[1 = Yes, 2 = No]
A_PhysIll - Physical illness	[1 = Yes, 2 = No]
A_Nerves - Problems with “nerves”	[1 = Yes, 2 = No]
A_SubUse - Issues with drugs/alcohol	[1 = Yes, 2 = No]
A_FinStra - Financial strain	[1 = Yes, 2 = No]
A_Law - Conflict with the law	[1 = Yes, 2 = No]
A_FamSep - Separation from family	[1 = Yes, 2 = No]
17. A_MentalH – Presence of Mental Health History [1 = Yes, 2 = No]
18. A_FamMenH – Extended family mental health present [1 = Yes, 2 = No]
19. A_Med – Medications [1 = Yes, 2 = No]
20. A_Impact – Crises Impact Youth [1 = Yes, 2 = No]

CAREGIVER HISTORY – K (#2)

1. B_Relation – I1 – Relationship type [1 = mother, 2= father, 3= Stepmother, 4 = Stepfather, 5 = foster mother, 6 = foster father, 7= grandparent, 8 = other family member, 9= other]
2. B_TeenPar – [1 = Yes, 2 = No, 3 = NA]
3. B_TimeWCh – Length of time living with child [Years]
4. B_MarStat – marital status [1 = Married, 2 = Cohabiting 3 = Single]

5. **B_Divorce** – Divorced [1 = Yes, 2 = No]
6. **B_Cedu** – Caregiver Education Completed [1 = None 2= Elementary, 3= Highschool 4 = Undergraduate 5 = Above]
7. **B_Employ** – Caregiver Employment [1=Yes; 2=No]
8. **B_Income** – Caregiver Income
9. **B_Finance** – Financial Support [1 = EI, 2= OW, 3= ODSP, 4= Child Support]
10. **B_Youth** - Financial Support [1 = EI, 2= OW, 3= ODSP, 4= Child Support]
11. **B_FreqInv** – Frequency of Parental Involvement [1-5]
12. **B_DomVio** – Domestic Violence [1 = Yes, 2 = No]
13. **B_PhyAg** – Physical Aggression [1 = Yes 2 = No]
14. **B_VerbAg** – Verbal aggression [1 = Yes, 2= No]
15. **B_PolCall** – Police being called [1 = Yes, 2 = No]
16. **1Crisis** – Caregiver Personal Crises

B_Death - Death	[1 = Yes, 2 = No]
B_Sep - Separation	[1 = Yes, 2 = No]
B_EmoIll - Emotional illness	[1 = Yes, 2 = No]
B_PhysIll - Physical illness	1 [1 = Yes, 2 = No]
B_Nerves - Problems with “nerves”	[1 = Yes, 2 = No]
B_SubUse - Issues with drugs/alcohol	[1 = Yes, 2 = No]
B_FinStra - Financial strain	[1 = Yes, 2 = No]
B_Law - Conflict with the law	[1 = Yes, 2 = No]
B_FamSep - Separation from family	[1 = Yes, 2 = No]
17. **B_MentalH** – Presence of Mental Health History [1 = Yes, 2 = No]
18. **B_FamMenH** – Extended family mental health present [1 = Yes, 2 = No]
19. **B_Med** – Medications [1 = Yes, 2 = No]
20. **B_Impact** – Crises Impact Youth [1 = Yes, 2 = No]

CAREGIVER HISTORY – L (Absent or Noncustodial Parent)

1. **C_Relation** – relationship type [1 = mother, 2= father, 3= Stepmother, 4 = Stepfather, 5 = foster mother, 6 = foster father, 7= grandparent, 8 = other family member, 9= other 10 = deceased2]
2. **C_TeenP** – Teen Parent of the Child being Assessed[1 = Yes, 2 = No]
3. **C_MarStat** – marital status [1 = Married, 2 = Cohabiting, 3 = Single]
4. **C_Edu** – Caregiver Education Completed [1 = None 2= Elementary, 3= Highschool 4 = Undergraduate 5 = Above]
5. **C_Employ** – Caregiver Employment [1 = Yes, 2 = No]
6. **C_Finance** – Financial Support [1 = EI, 2= OW, 3= ODSP, 4= Child Support]
7. **C_Impact** – Crises Impact Youth [1 = Yes, 2 = No]
8. **C_MentalH** – Presence of Mental Health History [1 = Yes, 2 = No]
9. **C_ConStop** – Is contact stopped? [1 = Yes, 2 = No]

PRESENTING PROBLEM LEADING TO THE LEGAL SYSTEM - M

1. **CauseP** – Cause of Problem [Parent Perspective]
MH - MH [1 = Yes, 2 = No]

- | | |
|--|---|
| Impuls - Impulsivity | [1 = Yes, 2 = No] |
| DrugAlch - Drug and Alcohol | [1 = Yes, 2 = No] |
| SexBeh - Inappropriate Sexual Behaviour | [1 = Yes, 2 = No] |
| SchoInt - No interest in school | [1 = Yes, 2 = No] |
| Neg_Peer - Negative Peers | [1 = Yes, 2 = No] |
| GangAct- Gang Activity | [1 = Yes, 2 = No] |
| Account - Lack of Accountability | [1 = Yes, 2 = No] |
| PSuper - Lack of Parental Supervision | [1 = Yes, 2 = No] |
| 2. HelpN – What help their youth needed | |
| Limits - Limits | [1 = Yes, 2 = No] |
| Bound - Boundaries | [1 = Yes, 2 = No] |
| LawUnder - Clear understanding of the law | [1 = Yes, 2 = No] |
| AggCons - Consequences for aggression | [1 = Yes, 2 = No] |
| MH_Res - MH Residential Treatment | [1 = Yes, 2 = No] |
| SubInter - Substance abuse interventions | [1 = Yes, 2 = No] |
| Counsel - Ongoing Counselling | [1 = Yes, 2 = No] |
| Mentor - Mentor | [1 = Yes, 2 = No] |
| AppMed - Appropriate Medication | [1 = Yes, 2 = No] |
| IDK - Doesn't know | [1 = Yes, 2 = No] |
| 3. PUE - Previous Unsuccessful Efforts | |
| PUEbadpeer - Not Staying Away from bad peers | [1 = Yes, 2 = No] |
| PUEdrugs - Unable to Stay Away for Drugs | [1 = Yes, 2 = No] |
| PUEcouns - More Counselling | [1 = Yes, 2 = No] |
| 4. Drug – Drugs | [1 = Yes, 2 = No, 3=N/A] |
| 5. Alch – Alcohol Use | [1 = Yes, 2 = No...] |
| 6. Pyro – Fire Setting | [1 = Yes, 2 = No...] |
| 7. Gang – Gang Activity | [1 = Yes, 2 = No...] |
| 8. SexVict – Sexual Victimization | [1 = Yes, 2 = No...] |
| 9. Bully – Bullying | [1 = Yes, 2 = No...] |
| 10. EmoDist - Emotional Distress | [1 = Yes, 2 = No...] |
| 11. Harm – Thoughts of Harming Self or Others | [1 = Self; 2 = Others; 3 = Self and Others; 4 = No] |

YOUNG OFFENDERS STRENGTHS - N

Strengths –

- | | |
|---|-------------------|
| StrenPhys - Physical | [1 = Yes, 2 = No] |
| StrenSoc - Social /Interpersonal | [1 = Yes, 2 = No] |
| StrenCog - Cognitive | [1 = Yes, 2 = No] |
| StrenEmo - Emotional | [1 = Yes, 2 = No] |
| StrenAcad - Academic | [1 = Yes, 2 = No] |
| StrenProsoc - Prosocial Attitude/Behaviour | [1 = Yes, 2 = No] |
| StrenPosAtt - Positive Attitude Towards Help Seeking | [1 = Yes, 2 = No] |
| StrenOther - Other | [1 = Yes, 2 = No] |

StrenNoneId - None Identified [1 = Yes, 2 = No]
 NumStren - Number of strength areas [0-7]

ALCOHOL / SUBSTANCE USE INFORMATION - O

1. AlcAb – Is there the presence of alcohol abuse? [Prior Use= 1; Current Use=2; Prior and Current Use= 3; No evidence of alcohol use = 4]
2. SubA - Substance Use [1= Prior Use; 2= Current Use; 3= Prior and Current Use; 4= No evidence of substance use]
3. Cannabis - Cannabis [1=Yes; 2=No]
 - Hash - Hashish [1=Yes; 2=No]
 - Cocaine - Cocaine [1=Yes; 2=No]
 - Meth - Methamphetamine [1=Yes; 2=No]
 - LSD - LSD [1=Yes; 2=No]
 - Heroin - Heroin [1=Yes; 2=No]
 - MDMA - MDMA [1=Yes; 2=No]
 - Steroids - Steroids [1=Yes; 2=No]
 - PresAbuse - Prescription Abuse [1=Yes; 2=No]
 - IntoxInhal - Intoxicative Inhalant [1=Yes; 2=No]
 - Oxy - OxyContin [1=Yes; 2=No]
 - TotDrugs - Total number of drugs used [1-10]

RISK / NEED ASSESSMENT INFORMATION - P

1. Risk / Need Assessment
 - RNA - Was there a RNA on file? [1=Yes; 2=No]

If yes to RNA complete the following:

1. RNAFam - Family Circumstance and Parenting [1= low; 2= med; 3=high; 4 = N/A]
2. RNAEd - Education [1= low; 2= med; 3=high; 4 = N/A]
3. RNAPRel - Peer Relations [1= low; 2= med; 3=high; 4 = N/A]
4. RNASubA - Substance abuse [1= low; 2= med; 3=high; 4 = N/A]
5. RNARec - Leisure / recreation [1= low; 2= med; 3=high; 4 = N/A]
6. RNAPer - Personality [1= low; 2= med; 3=high; 4 = N/A]
7. RNAAtt - Attitudes [1= low; 2= med; 3=high; 4 = N/A]
8. RNASum - Summary of RNA [1= low; 2= med; 3=high; 4 = N/A]
9. RNATotS – Total Risk Score [1= low; 2= med; 3=high; 4 = N/A]
10. Assessment of Other Needs from the RNA
 - RNAFamT - Significant family trauma [1=Yes; 2=No; 3=N/A]
 - RNALearnD - Presence of a Learning disability [1=Yes; 2=No; 3=N/A]
 - RNAVicNeg - Victim of Neglect [1=Yes; 2=No; 3=N/A]
 - RNADepress - Depression [1=Yes; 2=No; 3=N/A]
 - RNAPSocSk - Poor Social Skills [1=Yes; 2=No; 3=N/A]
 - RNAHisSPAs - History of Sexual/Physical Assault [1=Yes; 2=No; 3=N/A]
 - RNAAsAuth - History of assault on authority figures [1=Yes; 2=No; 3=N/A]

RNAHisWeap - History of use of weapons [1=Yes; 2=No; 3=N/A]

CaseMAs - Case managers assessment of Overall Risk [1 = Low, 2 = Moderate, 3 = High, 4 = Very High]

ClinOver - Was clinical override used [1=Yes; 2=No]

ClinOverRisk - If yes to clinical override was it [1=Lower Risk; 2= Higher Risk; 3=N/A]

RECOMMENDATIONS FROM ASSESSMENT

1. **Custody - Custody** [1=Yes; 2=No]
2. **CustType - If Custody was it..** [1= Secure; 2 = Open; 3 = No Custody]
3. **CustDur - If Custody was it for** [1 = less than one week; 2 = one month; 3 = 2-6 months; 4 = 7-12 months; 5 = 12+ months; 6 = N/A]
4. **Probation - Probation** [1=Yes; 2=No]
5. **ComServOrd - Community Service Order** [1-Yes; 2= No]
6. **OutPCoun - Outpatient Counselling** [1=Yes; 2=No]
7. **ResTreat – MH Residential Treatment** [1=Yes; 2=No]
8. **AddictTreat - Treatment for Addictions** [1=outpatient; 2=residential; 3=No]
9. **SexOffTreat-Treatment for Sex Offending** [1=outpatient; 2=residential; 3=No]
10. **PsychInt- Psychiatric Intervention** [1=Yes; 2=No]
11. **AttendCen- Attendance Centre** [1=Yes; 2=No]
12. **IIS - Intensive Intervention Service [IIS]** [1=Yes; 2=No]
13. **IRS – Intensive Reintegration Service [IRS]** [1=Yes; 2=No]
14. **IntHom- Intensive Home Based Intervention** [1=Yes; 2=No]
15. **AltSchProg- Alternative School Programming** [1=Yes; 2=No]
16. **ReinPlan - Reintegration Planning** [1=Yes; 2=No]
17. **IndigInt- Indigenous Based Intervention** [1=Yes; 2=No]
18. **MHCourt- Mental Health Court** [1=Yes; 2=No]
19. **FurtherAss-Further Specific Assessment** [1=Yes; 2=No]
20. **EquineT - Equine Therapy** [1=Yes; 2=No]
21. **FamCouns - Family Counselling** [1=Yes; 2=No]
22. **SupEmpOpp - Supporting Employment Opportunities** [1=Yes; 2=No]

Mental Health Court Involvement

1. **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)

1. **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]

2. **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]**
3. **HistLFCCHistory with London Family Court Clinic
Number of Assessments __ __[00-99]**

VITA

Name: Victoria Sabo

Place of Birth and Year: Toronto, Ontario, 1993

Post-secondary Education and Degrees: The University of Western Ontario
London, Ontario, Canada
2015-2017, M.A., Counselling Psychology

McMaster University
Hamilton, Ontario, Canada
2011-2015, Honours B.A., Psychology, Neuroscience, & Behaviour

Honours and Awards: Social Science and Humanities Research Council
Scholarship (SSHRC)
2016-2017

Western University Entrance Scholarship
2015-2017

Related Work Experience: Individual and Group Therapist
Student Development Center – Psychological Services
2016-2017

Adolescent Group Therapy Co-Facilitator
Big Brothers Big Sisters Canada
2016-2017

Peer Counsellor
Motivation for McMaster
2013-2015

Behaviour Therapist
Brain Injury Services
2013-2014

Research Experience: Research Assistant
London Family Court Clinic
2015-2016

Research Assistant
Anxiety Treatment and Research Clinic
2014-2015