

Navigating risk: Young women's pathways through the care, education and criminal justice systems

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Abstract

The criminalization of young women in care remains an important practice and policy issue in England despite 2018 national guidance and the subsequent development of local authority protocols to reduce the criminalization of care-experienced young people. This paper contributes to the emerging research on young women whose behaviour challenges professionals, through secondary analysis of case file data and narrative interviews with 24 care-experienced young women from a national project on care and offending. Analysis focused on young women's pathways through the care, justice and education systems and identified five domains within young women's lives where available risk or resilience factors were significant in directing young women towards prosocial opportunities, to new types of victimization or to criminalization and offending. These domains consisted of placements and caregiver relationships; partner relationships; pregnancy and motherhood; participation in education; and the transition to adulthood through leaving care. The paper concludes with implications for practice for professionals working with young women, in particular emphasizing that how the care, justice and education systems respond to young women can contribute to negative pathways or transform them.

KEYWORDS

criminal justice, education, gender, out-of-home care, resilience, risk

1 | INTRODUCTION

Higher rates of offending by care-experienced young people compared to peers in the general population has been a UK policy and practice concern since the 1980s (Schofield et al., 2014). A recent study (Hunter et al., 2023) found that children in care experience criminal justice involvement at a rate of eight times that of non-care-experienced peers, with children from ethnic minority backgrounds most disproportionately impacted.

The Laming Review (Prison Reform Trust, 2016) and literature review by Staines (2016) provided an overview of the involvement of children from a care background in the criminal justice system in England and Wales. These reviews highlighted gaps in research and knowledge around girls, asylum-seeking young people and black and minority ethnic young people and led to a number of policy and practice recommendations within the UK, including national guidance on reducing the criminalization of young people in care (Department for Education, 2018). An analysis by Fitzpatrick et al. (2022) of a

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sample of 36 local authority protocols suggests that while these initiatives represent a commitment to reduce criminalization, they lack consideration of gender and ethnicity. Thus, this remains an important practice and policy issue.

This paper focuses on care-experienced girls whose early maltreatment experiences make them vulnerable to a variety of challenging outcomes, including, but not limited to, victimization, criminalization and offending. The paper reanalyses file search data and interviews with 24 care-experienced young women collected during a national study on the care system and offending (Schofield et al., 2014). The research explored risk and resilience factors that contributed to, or protected young people from, offending behaviour, and in particular, explored the crucial impact of maltreatment on social cognition (Schofield et al., 2014, 2015). The study included gender within the sampling criteria but did not analyse gender differences. All the young women in the sample had experienced maltreatment, and at the time of the interview, 18 had, or were exhibiting, internalizing or externalizing behaviours that professionals considered placed the young women themselves or others at risk. The paper contributes to knowledge related to offending pathways for young women by arguing that while young women's challenging behaviour, stemming from maltreatment, only translates into offending for a minority, it leads to ongoing vulnerabilities for the majority that are clearly noted by the care, education and/or justice systems but not routinely supported. While criminal convictions are one important consequence, other systemic consequences such as placement breakdowns within the care system, a lack of adequate support and/or exclusions within education and their invisibility within police data as victims, similarly disadvantage young women and their futures. This paper argues that close multi-agency working between the care, education and criminal justice system is necessary to promote more positive and resilient pathways.

2 | LITERATURE REVIEW

The care system aims to protect young people from maltreatment and provides therapeutic and practical support, which can have positive effects on young people's lives (Schofield et al., 2014; Schofield & Beek, 2009; Sebba et al., 2015). Many young adults from a care background, both male and female, however, continue to face adverse outcomes in relation to mental health and within the education and criminal justice systems (Kelly et al., 2016; Prison Reform Trust, 2016; Sebba et al., 2015).

International research on these outcomes identifies both individual and systemic risk factors. Within offending and education research, individual risk factors for poor outcomes include experiencing maltreatment prior to entering care, being male, coming from a minority ethnic background, entering the care system as an adolescent, poor mental health or having a behavioural or communication disability or neurodevelopmental difference (Baidawi, 2020; Baidawi & Sheehan, 2019; Hayden & Graves, 2018; Malvaso et al., 2017, 2016; O'Higgins et al., 2017; Schofield et al., 2014; Staines, 2016).

Behind many of the adverse outcomes for care-experienced young people of both genders is the experience of maltreatment. Maltreatment has significant impacts on brain development resulting in social, emotional and communication difficulties (Schofield et al., 2015) and a range of internalizing and externalizing behaviours, which may contribute to offending (Hicks et al., 2021; Malvaso et al., 2017) or school exclusion (Arnez & Condry, 2021; Hatton, 2018). While girls have traditionally been linked to internalizing behaviours, particularly in adolescence (Gutman & McMaster, 2020), girls with maltreatment backgrounds may externalize as a reaction to cumulative stresses (Kalu et al., 2020). Further, the overlap of trauma-related behaviours and disability are particularly complex with both featuring in the profiles of young people involved in the care and justice systems ('dual pathway' young people) (Baidawi & Sheehan, 2019) and who experience educational suspensions and exclusions (Kothari et al., 2018). Systemic risk factors within the care system that contribute to poor outcomes have been identified within US, UK and Australian literature and include placements in residential care, instability within care, educational under-achievement and the loss of professional support when transitioning out of care (Cusick et al., 2011; Huang et al., 2015; Malvaso et al., 2018; Schofield et al., 2014). Issues around joint working between the care and criminal justice systems, such as using the police to respond to conflict or property damage within placements, also criminalize young people unnecessarily (Gerard et al., 2019; Taylor, 2003). The corporate nature of young people's placements means challenging behaviours are subject to more 'excessive surveillance' with young people in residential settings (often with multiple vulnerabilities) and girls disproportionately affected by such policies (Fitzpatrick et al., 2022, p. 30; Gerard et al., 2019).

The knowledge base of girls in care who offend has built in recent years (Fitzpatrick et al., 2019). A review of the international research literature, for example, has noted that care-experienced girls who offend have longer care histories than care-experienced boys who offend (Baidawi et al., 2023). A recent UK study by Fitzpatrick et al. (2022) involving 54 care- and justice-experienced women suggests they have significant needs in terms of trauma and mental ill-health that go unsupported with the focus being on their offending behaviour. Poly-victimization for girls with offending histories, including care-experienced girls who offend, have been well documented (Baidawi et al., 2023; DeHart & Moran, 2015), and thus, the shift in the treatment of young women displaying challenging behaviour from being 'in need' and supported by welfare systems to being 'risky' and thus dealt with through the criminal justice system has been criticized (Fitzpatrick, 2017; Sharpe, 2012). Scholars have argued that girls' intersectional position is particularly important and that professional biases around gender, ethnicity and class further disadvantage vulnerable young women (Burgess-Proctor, 2006).

Developmental criminology has been helpful in shaping our collective understanding of the risk and protective factors that help to either encourage young people's persistence or desistance from offending as well as reasons for the spike in offending for adolescents

(Farrington et al., 2016; Moffitt, 1993). Being female is often described as a protective factor in that girls offend less often and 'mature' out of offending sooner than boys (Youth Justice Board, 2009). Young women, however, are also 'invisible' within the criminal justice system and care-experienced young women continue to face victimization, including grooming and sexual exploitation (Coy, 2008; Hallet, 2016; Havard et al., 2021). Feminist theoretical understandings of why girls offend, building on this research body, has suggested it as a trauma response to their histories, as a strategy to exercise agency and navigate complex relationships or both (Henriksen & Miller, 2012; Sharpe, 2012).

Given the complexity of care-experienced young women's needs and outcomes, resilience theory is particularly appropriate when understanding the risks young women face and how and when it is helpful to intervene (Masten & Barnes, 2018). Resilience theory is aligned with developmental criminology as it describes young people developing along pathways from childhood to adolescence and encountering risk and protective factors along the way, which may cause upward or downward spirals depending on a young person's resilience (Gilligan, 2004; Masten, 2001; Rutter, 2006, 2012; Schofield et al., 2014). Some young people are protected from poor outcomes due to individual or system sources of resilience such as a positive self-esteem, a high IQ, nurturing relationships with parents, or within the extended family, school and/or community (Howe, 2011; Masten, 2001; Schofield et al., 2014). Resilience can, however, be developed and promoted by professionals and is thus beneficial to consider when working with young people with maltreatment experiences (Gilligan, 2004; Schofield & Beek, 2009).

For children in care of both genders, resilience promoting factors have included ongoing engagement with education; long-term, stable placements; supportive relationships with caregivers or professionals that act as a secure base; and an individual sense of self-belief and positive self-esteem (Howe, 2011; Rutter, 2012; Schofield et al., 2014; Summersett Williams et al., 2021). For young women, motherhood has sometimes proven beneficial, but this depends on support as well as being judged as appropriate caregivers by the care system (Care Journeys, 2022; Fitzpatrick et al., 2022). With resilience factors involving multiple agencies identified by research, the Independent Children's Social Care Review (MacAlister, 2022) has advocated for a greater role for multi-disciplinary youth offending teams for children in need and in care in order to promote opportunities for resilience and positive pathways.

This paper seeks to identify risk and resilience factors for adolescent care-experienced young women in order to understand how professionals, through multi-agency working, can help young women navigate significant life experiences that may present new risks in order to promote more positive pathways.

3 | METHODS

This paper is based on secondary analysis of qualitative interviews and case file data of young women with care histories collected as

part of the mixed-methods study, *Looked after children and offending: reducing risk and promoting resilience* (Schofield et al., 2014). The study was composed of a national survey of local authorities in England on their policy and practice with looked after children who offended; file searches (care and criminal justice asset files) and interviews with 100 young people from four local authorities in the UK; and focus groups with professionals from the same four local authorities.

The file searches were conducted using a data collection tool, and available information was gathered on gender, date of birth, ethnicity, offence details of current and past offences, care history and placement information, family and personal relationships, education, training and employment, neighbourhood, lifestyle factors, substance abuse, physical health, emotional and mental health, perception of self and others, thinking and behaviour. The interviews were conducted face-to-face either in participants' homes or in settings such as within the premises of the referring organization. The interviews contained a narrative component (asking young people about what they do in their free time, experiences of friends, family, care, education, criminal justice) as well as developmental measures.

The 100 young people who participated in the study (69 male/31 female) were sampled from three groups: care-experienced young people (32); criminal justice-experienced young people (35); and young people with experience of both systems (34). Criminal justice experience was defined as having a conviction. The project received ethical approval from the School's Ethics Committee at the University of East Anglia.

While this paper uses secondary analysis, the authors are members of the original research team, and the new research question remained aligned with the original project's aims. No further ethical approval or consent from participants was required.

The reason for returning to the original data was that concerns have persisted in terms of understanding pathways to offending for young women in care (Fitzpatrick et al., 2022; Prison Reform Trust, 2016). This paper revisits available qualitative interviews (23) and file search data (24) of young women who experienced care. Seven young women from the original study were excluded because they had offended but not spent time in care.

The research question that informed the analysis was:

- How do young women in care navigate the risks they experience in their pathways through the care, criminal justice and education systems?

The research question was answered through analysis of the young women's file search data and thematic analysis of the original interview transcripts. This resulted in a detailed sample description exploring professionals' depiction of young women's behaviour and risk factors and their engagement with the care, education and criminal justice systems (below) but also provided powerful insights into young women's experiences of their lives and pathways through these systems.

Thematic analysis of the young women's pathways through the care, education and criminal justice systems was considered through childhood to adolescence, paying attention to gender-specific pressures. The analysis resulted in identifying five key domains where intersecting risk and resilience factors contributed to either positive or negative pathways.

3.1 | Sample description

At the time of interview, the young women ranged in age from 15 to 18, with an average age of 17. Age at entry into care ranged from 2 to 16 years of age. Entry into care occurred due to experiencing maltreatment (22) or due to adoptive families being unable to cope with their behaviour (2). Nineteen were from white backgrounds, and five were from black or minority ethnic backgrounds. The number of placements in care ranged from one to 16, not including respite care, periods missing from care or periods of returning home. All participants had experienced maltreatment or loss: witnessing domestic violence, exposure to parental drug/alcohol use, parental bereavement, experiencing physical, sexual, emotional abuse and/or neglect. Educational experiences were not on file for all participants, but from available information, four had been excluded, 10 had difficulties with attendance (including the four who had been excluded), and three in the sample had diagnosed Special Educational Needs (often along with attendance issues/exclusion). Table 1 shows the young women's placement type and education/employment at the time of interview.

According to the file search data, 18 young women had displayed, or were displaying, risk-related internalizing or externalizing behaviours that negatively impacted themselves or others. While some experienced only one or the other, the majority of the 18 exhibited behaviours impacting both themselves and others. As will be described in Section 5, file searches not only provided information about young women's histories but also how they were viewed by professionals. Quotation marks represent language used by professionals in the care and/or criminal justice system files.

TABLE 1 Placement and education/employment at time of interview.

Foster care	11
Kinship care	2
Residential care	2
Semi-independent living	9
School	5
College (age 16–18)	11
Other training	2
Pre-employment training	1
Part-time work	1
Full-time work	1
Neither in education nor employment	3

3.1.1 | Risk-related behaviours impacting on self

These included self-harm, suicide attempts, drug and alcohol misuse, going missing from placement, breaching referral orders and engaging with risky peers or partners. Young women were described as 'easily led', 'influenced by peers', 'copying the behaviour of others', displaying 'sexualised behaviours' or having had multiple sexual partners. Several had partners known to youth offending teams, known to groom girls from care or who were controlling. Young women were identified to be at risk of intimate partner abuse or sexual exploitation.

3.1.2 | Risk-related behaviours impacting on others

These included being violent or threatening towards peers, classmates, siblings, foster parents, adoptive parents, residential staff, teachers or police. They included destroying property in foster homes, residential settings, schools or the community. Young women were described as 'controlling', 'headstrong', 'demanding and difficult', 'attention-seeking', 'intense', 'aggressive', 'jealous', 'manipulative', 'challenging', 'impulsive', 'acts out to get her own way' and/or having a 'lack of consequential thinking' or 'low motivation to change'.

3.1.3 | Consequences of risk-related behaviours impacting self or others

While the frequency of risk-related behaviour described above was not always clear in the young women's files, the frequency of systemic consequences were. The most common formal systemic consequence occurred with the care system with 14 young women experiencing up to 16 placement disruptions related to risk-related behaviour. Twelve young women had committed offences known to the police, and of these, eight had between 1 and 10+ convictions, all while in care. As previously mentioned, four young women had been excluded from mainstream school. A small group of young women (4) experienced formal consequences in all three systems.

4 | FINDINGS

The following sections, illustrated by narrative case examples, describe five significant domains where the presence of interacting risk and resilience factors either positively or negatively influenced young women's behaviour and pathways. Each domain presents young women engaging in multiple formal systems; care, education and/or criminal justice. At times difficulties within one system, e.g. education or care, had a cumulative impact on pathways and could link to offending, criminalization or victimization. The domains consist of placement and caregiver relationships; partner relationships; pregnancy and motherhood; participation in education; and transition to adulthood through leaving care.

4.1 | Placement and caregiver relationships

The first domain involved risk and resilience factors in placements within the care system and relationships with caregivers. Within the sample, pathways through placements in the care system varied significantly. Some entered care in early childhood and remained in one of their first foster placements, with a duration between 7 and 10 years. Others had a period of care instability and then settled into a long-term placement lasting over 2 years.

Young women who found stability in the care system spoke about positive relationships with long-term caregivers who offered practical and emotional support, a core resilience factor identified by previous research (Rutter, 2006; Schofield et al., 2014; Schofield & Beek, 2009). Several of these young women still displayed behaviours that negatively impacted themselves or others, but these behaviours were dealt with positively by professionals supporting placements within the care system, thus evidence of a system responding in a protective way and minimizing disruption and instability. While there was much to be gained for young people who found stable placements early on in their care pathways, the narratives of the young women demonstrated that finding a positive caregiver never came too late and could then create upward spirals, have positive effects on behaviour and risk of offending in adolescence as well as pathways within care and education.

For example, one young woman, Jenny, experienced 10 placements because of 'demanding and difficult behaviour' and had school attendance problems entered a supportive long-term foster family at age 11 where she remained happy and settled 5 years later, undertaking key school examinations.

Others experienced significant placement instability (10+ placements) and did not find a settled placement. Young women with convictions more frequently experienced this type of care pathway than young women without convictions. Frequent placement moves coincided with disrupted educational pathways, which previous research has also linked to poor educational attainment (Sebba et al., 2015). This also had implications for self-esteem; young women spoke about feeling 'unwanted' and not good enough for family life within care. The combination of difficult early experiences, lack of positive care experiences and education stability and negative feelings about themselves, particularly if the young person's behaviour was part of the reason for the placement moves, was powerful. If not challenged by professionals or countered by positive experiences within care placements, these cumulative risk factors and negative feelings became internalized as a 'bad' identity and could affect young women's behaviour.

4.1.1 | Case study: Danielle

Danielle was an 18-year-old white British female who entered care at the age of 4 after experiencing neglect and physical and emotional abuse. She had over 10 placements, had a diagnosis of Special Educational Needs and had been excluded from school. Danielle's pathway

through care began with multiple short-term foster care placements before being placed for permanence in long-term foster care in middle childhood.

When Danielle's long-term foster carer unexpectedly died, Danielle (aged 10) was placed in residential care. At this point, she had a significant maltreatment background, a history of placement instability and the recent loss of a long-term family through bereavement. Danielle, like many other young women in the sample, described residential care staff as busy managing a range of young people's challenging behaviours, 'You never formed a close relationship with staff'.

Danielle described copying behaviours in order to fit in with peers, first smoking and drinking and later offending. The offence for which she earned her first conviction at age 11 occurred with a friend from residential care when they were intoxicated and attempted to steal from a shop. Further thefts, fighting and criminal damage, most under the influence of alcohol or drugs followed. Danielle's file described her as 'intelligent and bright but with very challenging behaviour' and 'very impulsive'. She was noted to self-harm, use drugs and alcohol, be vulnerable to sexual exploitation and have relationships with partners involved in gangs and drug dealing.

By the time of the interview, Danielle had stopped offending but had little outside support. She was unemployed and regretted her previous behaviour, 'I wish I went to school and didn't get arrested every time'. Although she was desisting, her vulnerability due to her history and gender persisted. She'd been pregnant, and a month prior to the interview, she was assaulted by a former partner. She informed the police, but they had not acted on it. In her view, Danielle found it difficult to get help because of her extensive criminal record, 'They don't do nothing because I am known to the police'. She had further internalized her experiences and woven them into a narrative about herself as out of control rather than as a traumatized child, 'I think I was always naughty even from being at my mum's house ... I was dead naughty from being little'. This account created a coherent narrative for Danielle that made sense of the sequence of events. But it left her with shame and guilt in the absence of positive relationships from a supportive placement family or professional network that could help her develop an alternative and resilience-promoting narrative and trajectory.

4.2 | Partner relationships

Another significant domain for young women involving risk and resilience factors was partner relationships. Partners offered the potential of connection and security, which, as the previous pathway illustrated, was difficult for some young women to find with a caregiver in stable care placements.

Within partner relationships, some young women did have stable or long-term partners they met through school or whom they had been friends with before dating. These partners were described as 'best mates' or as someone who 'tries to make me happy', which could support a positive trajectory with no professional concerns raised.

In contrast, other young women had experiences that included intimate partner violence, sexual exploitation, unsafe sex, rape or becoming involved in drug use and offending (Coy, 2008; Hallet, 2016; Havard et al., 2021). These types of experiences occurred for young women with and without convictions. One young woman was coerced into stealing from a shop by a partner. Another destroyed property within her residential home because her partner had been arrested and she was trying to get arrested in solidarity (which she was). Yet, another, living on her own since 16, described the police coming on numerous occasions to intervene with physical fights between herself and her boyfriend; both had been arrested, but neither convicted.

Partners had the ability to change young women's lives abruptly. As one young woman in the sample explained, 'Got my first boyfriend and it all kicked off'. Partner relationships could also affect care and education pathways. Young women reported conflicts with their foster carers or professionals related to partners, with professionals identifying partners as risky and young women emphasizing their right to choose. Sometimes, this led to young women choosing a partner over their long-term carer or becoming independent earlier than planned. This then could have impacts on pathways in other systems: The loss of personal and practical support led some young women in the sample to leave education. As one described, 'I dropped out, didn't finish it [course] ... because of everything, moving about ... I got behind on all my coursework'.

Young women who left care and had not maintained contact with previous carers found themselves unsupported and vulnerable to exploitation by 'boyfriends' (Pearce, 2013) as well as managing the pain of the loss of a former secure base (Schofield & Beek, 2009). One young woman whose long-term foster carer had chosen not to be in touch said, 'I still feel angry, I still feel upset, there's nothing I can do about it'. When professionals turned out to be 'right' about a partner, young women struggled to tell them about the risks they now faced, fearing they would be told they had been naïve or that they were to blame. As previously mentioned, young women did not always find turning to the police for support for partner violence to be helpful, with examples in this paper being the police arresting both partners or not noting it as a crime (e.g. Danielle case study).

As the following case study illustrates, partnering with someone 'risky' could happen to young women without previous behavioural concerns. When this happened at a time of decreasing placement and professional support, such as leaving care, there were suddenly new doubts about young women's futures but with no obvious plan of support if things did not work out.

4.2.1 | Case study: Izzie

Izzie, a 17-year-old white British young woman, entered care at age 11 after experiencing sexual abuse and neglect. She had a long-term foster placement that lasted 5 years but ended at age 17 due to adolescent conflicts. She had been in her current foster care placement for 7 months, and the plan was for her to remain until 18 when she

would live independently. Izzie had completed mainstream education and was on the apprenticeship track. She was described in her care file as hiding her feelings.

Although Izzie and professionals viewed her new foster placement as positive, Izzie described the area as dangerous, 'You've got quite a lot of bad people round here. They get in trouble with the police and there's a lot of people that do drugs in flats and stuff'. Izzie met her current partner, in his early 20s and unemployed, there. Izzie's life became centred around him to the exclusion of other friendships and activities.

In the interview, Izzie minimized her boyfriend's risks: 'He's got a bad reputation round here, but he's not bad anymore'. Professionals did not agree. According to the file search data, her partner was known to probation, not engaging with his current order and still associating with peers who offended. Professionals had recently convinced her not to move in with her partner when leaving care.

Like many others in the sample, Izzie had internalized her early experiences as a negative identity; 'When I was little I was quite a bad person'. Thus, while on the surface, Izzie was doing well with support in care and presented as having no challenging behaviours, she was due to become 'independent' and lose support from professionals, with clear vulnerabilities related to her self-esteem and identity, and potentially reliant on a partner with a history of offending.

4.3 | Pregnancy and motherhood

Pregnancy and motherhood affected a small number of young women in the sample. By the time of the interview (age range 15–18), five of the 24 had been pregnant. One young woman had been pregnant twice. These young women had elected to have abortions, miscarried, and two had lost children to the care system or adoption when the child protection system found them to be unable to parent safely due to risky lifestyles.

While affecting a small number of young women, this domain was significant in that the young women involved tended to have multiple risk and few resilience factors (see also Fitzpatrick et al., 2022). Four of the five young women who had been pregnant all had 9+ placements, had been excluded from school due to their behaviour and had criminal convictions. They were also noted to have misused alcohol and drugs, be vulnerable to sexual exploitation and to have had relationships with older men or men with gang/criminal associations. One gave birth at 14.

They grieved the loss of their children but described their choices as attempts to 'mother' in the best way they could through protecting an unborn child from having a life in the care system like them, remaining connected through letter box contact or deliberately maintaining a relationship with their child's father. Still, given these new losses, they were navigating several stigmatized identities—the 'bad' child from care, the 'offender' and the 'not good enough' parent (see Care Journeys, 2022).

The effect was detrimental on their behaviour. As contemporary research on motherhood among female offenders has shown, many

continue offending especially if there is ongoing substance abuse or a lack of support or they are unable or not allowed to live with their children (Michalsen, 2011). One young woman recalled the difficulty of co-operating with criminal justice system work after losing her child to the care system: 'There was a drug worker ... I hated him because he was trying to pressure me into doing the work ... It was around the time the baby was took off me and they were asking questions about that'. They also faced professionals who blamed the pregnancy on them, despite the known context of these young women's risk of exploitation. A young woman, for example, reporting being asked by a professional, 'Do you think it's a good idea bringing a child into this world when you can't look after yourself?'

The fifth young woman, however, told a very different story when faced with an unplanned pregnancy. The following narrative describes how the presence of considerable personal resilience factors and system support in a young woman's life could potentially help mitigate risks like pregnancy.

4.3.1 | Case study: Emily

Emily, a 17-year-old white British young woman, entered care at age 3 after experiencing neglect and sexual abuse. Further risk factors were reminiscent of the young women described above such as experiencing over 10 placements, initially in foster care, before entering residential care at age 9 due to her 'disruptive and disturbed behaviour'. After 4 years in residential care, however, at 13 when the other young women began earning convictions for their behaviour, Emily became fostered long term by a carer who worked at Emily's residential home.

At 17, she remained in her foster placement, had completed school and was doing well at a post-16 college. Although becoming more independent, Emily mentioned having ongoing practical support from her long-term foster carer, particularly within education, and a good relationship with her social worker, who was working with Emily on the transition to adulthood. She had established positive links with her birth father and was in a stable relationship with a prosocial and employed partner. Emily's file search data described her as 'mature, calm and thoughtful'. She planned to attend university.

When discovering her pregnancy, Emily incorporated it into her overall positive identity and pathway. In the interview, she suggested that unlike most girls in that position, she would remain committed to her education. Her imagined identity as a mother was one where she made better choices than those around her, remaining at home to give her child a good start and then working school hours. It seemed important to Emily to emphasize how she was different from other children in care. Talk about residential care focused on how she sided with care staff during conflicts in the home. When addressing education, she said she was 'not seriously bad like a lot of them were'. Her sense of difference also covered childhood memories; she presented herself as 'an angry child'. How Emily spoke positively about herself was thus a core and significant difference to the other young mothers. While this was an idealized vision given her age and history, and she

had not yet experienced the realities of motherhood, her narrative demonstrated positive self-esteem alongside practical and relational support, all core resilience factors (Howe, 2011; Schofield & Beek, 2009). She had already picked up an application to transfer onto a college course in the local area that had a creche. Thus, there was the potential that Emily's experience of motherhood would be a different one—should this support continue.

4.4 | Participation in education

For the majority of the young women, with and without convictions, completing their education was described as important. However, achieving within education was difficult given their histories and care experiences. Some had patchy experiences of education prior to care, and entering care could disrupt education further. For the young women in the sample, stability in care and education were often linked. Once in a stable placement, young women settled into a school, forming long-term relationships within both systems. For others, frequent placement moves also meant educational moves.

The transition to secondary education was a pivotal time when factors such as underachieving, having intermittent attendance and placement instability coincided with adolescence and individual risk factors (Berridge et al., 2020; Sebba et al., 2015). Achievement might drop (even if previously good), attendance deteriorated, and some young women were excluded as a result of these and other factors. Exclusion not only affected disadvantaged women in relational ways but also practically, as without qualifications achieving a settled and prosocial lifestyle was made more difficult (Arnez & Condry, 2021).

The following case study shows how even when a young woman was aware of the importance of education and worked hard to remain engaged, success in this pathway was affected by psychosocial issues outside their control, such as the impact of early trauma, gender-related risks and the absence of both a secure relationship base and practical support.

4.4.1 | Case study: Donna

Donna, age 17, a white British young woman, had experienced long-term neglect and sexual abuse before entering care at age 13. She had one long-term foster placement, which had been stable but broke down months prior to the interview. She was then placed in supported lodgings. Donna's case file data noted she had flashbacks, difficulties with social maturity and sexual relationships that put her at risk. She had no criminal justice contact, although she used drugs recreationally. She hoped to attend university.

Education featured heavily in Donna's narrative. She began consistently attending school only after entering care: 'I didn't really go to middle school and that or high school because before I was in care mum didn't send me because she needed me to help like cleaning and stuff'. She was behind her peers, but with effort, she had passed some key school examinations and was currently resitting others. Education

was 'hard ... so much work', but her life was centred around her college routine, from getting there on time, attending classes and revising at night.

Alongside education and at an earlier age than her peers, Donna was managing new responsibilities that accompanied semi-independence—paying rent, budgeting and cooking. She had worked part-time but found it negatively affected her studies and made her feel different from her friends. She needed to find new work to manage financially, but her success there was linked to her education; 'It's hard because I haven't got correct grades. Everyone wants maths and I haven't got it'.

Donna was also coping with a recent rape, which was the reason behind conflicts with her long-term foster carer; 'Bad things happened with me and I couldn't tell her and I drifted away and stuff'. Donna disclosed the rape to her social worker but was dismayed by her dismissive and blaming reaction; 'She was trying to stop me crying and she was saying, "You'll be alright", and she said, "How did you get yourself in this position again?"'

In order to manage difficult feelings around the rape and linked placement breakdown, Donna turned to drugs, which fuelled self-blame and negative feelings about herself. Holding onto her educational routine that made her feel 'normal' felt necessary. However, Donna was still catching up educationally, had lost practical and relational support in the move to semi-independence and was using drugs to take her mind off her challenges. These interacting sources of stress directly affected her education, 'You stay awake when you have college then you go to college and you are so paranoid, your eyes go funny'.

4.5 | Transition to adulthood through leaving care

The final key domain where risk and resilience factors had a significant effect on young women's upward or downward spirals was the transition to adulthood and the experience of leaving care, a previously known risk factor for offending (Cusick et al., 2011). Nine young women were living in semi-independent or independent accommodation at the time of interview. Five of these women had convictions, but all were to some degree preoccupied with what would happen for them when leaving care.

Transitioning from care involved uncertainty and change. One of the most significant changes involved losing professional support—with the level varying from a few hours a week to live-in support workers who advised on cooking and budgeting. Types of accommodation also differed greatly. Some were described as home-like; others had hostel-style accommodation. The latter involved more drugs/alcohol and police callouts, risking further criminalisation.

The transition from care might increase internalizing disorders (depression, anxiety) or externalizing behaviours (fighting, damaging property). Leaving care could also increase resilience through learning new skills and managing responsibilities, leading to maturity and pride. Finally, as the following case study demonstrates, semi-independence could be a last opportunity to form positive relationships with professionals.

4.5.1 | Case study: Mandy

Mandy, a 17-year-old black British young woman, entered care at age 2 after experiencing physical and sexual abuse. Mandy was placed in long-term foster care with her birth sibling until the age of 12. In early adolescence, she began fighting at school, leading to a school exclusion. File search data suggested the school exclusion led to her care placement breakdown, an example of systems interacting to create downward spirals. Mandy experienced a series of short-term foster placements before being placed in residential care at age 13. Mandy's externalizing behaviour was criminalized in residential care, and she then spent years moving between secure units and residential care where she offended again. Her files described risk-related behaviours that impacted herself (absconding, overdosing, self-harm, risky partners) and others (threatening behaviour, violence). Her files also suggested that as a young black woman, placed exclusively with white carers, Mandy struggled with her identity.

Mandy blamed herself for entering care and the relational losses she experienced after that, including her long-term foster care placement with her sibling and the possibility of family life in other foster placements. She reacted to self-blame with anger at those around her. In the end, she had multiple convictions for violence, which could be shared with employers and educators, convincing Mandy that 'nobody would want me'.

In semi-independence, Mandy was supported by a black professional who openly challenged other professionals' view that Mandy was dangerous. Mandy explained that others said, 'Oh, how can you work with Mandy? Don't you get scared?' and that her support worker responded, 'Why would I be scared of her?'. Developing a relationship with a supportive professional who saw Mandy differently, at a stage when most young women were losing professional support, led to a significant positive change in her internal working model (Howe, 2011). Mandy felt seen and understood, 'She knows, she's black ... she knows me'.

Combined with Mandy's growing maturity and effort, this support, according to Mandy, allowed her to regularly attend college and form additional positive relationships with professionals and peers. She was determined to show herself and others that she was worth taking a chance on.

5 | DISCUSSION AND IMPLICATIONS FOR PRACTICE

Research on care-experienced young people and offending, discussed in Section 2, highlighted the importance of analysing both individual risk factors, such as maltreatment, as well as risks in key systems, such as placement insecurity, but also emphasized the importance of a focus on gender-specific factors, in individuals and systems, to understand the pathways of young women. This paper uses the five key domains from our analysis of the data to demonstrate the gendered nature of interacting risk and resilience factors young women experienced within each domain. The remaining discussion centres around

the learning from the five domains and is divided into what helped and what hindered young women navigating the diverse risks they faced.

5.1 | Resilience factors that helped young women

5.1.1 | Supportive networks of relationships

One of the primary resilience factors emerging from the findings across the five domains was the importance of secure relationships with a caregiver or professional for young women. The importance of secure relationships that support young people's effort to grow and mature has been well documented, particularly for young people with adverse childhood experiences (Schofield & Beek, 2009). Findings in this paper suggest the need for relationship-based interventions for vulnerable young women in care. Caregivers and professionals the young women highlighted as important were usually female and were described as not just doing their jobs but seeming to genuinely care for the young women, stood up for them or chose them to work with; they were often foster carers but could also be support workers, teachers or youth offending workers (see Humphery, 2019). These adults offered reliable and consistent availability for the young women.

As explored across the domains, even 'prosocial' young women with few risk-related behaviours had underlying vulnerabilities, which could be triggered by new risks if the right supportive relationships were not in place. An especially vulnerable time was the transition to independence as has previously found when positive pathways could be derailed (Cusick et al., 2011), not necessarily through offending, but by new risks from partners or pregnancy, for example. The result often consisted of downward spirals within formal systems such as education, suggesting the need for ongoing support from the 'right' professional past leaving care. This is consistent with the MacAlister (2022) report, which had a significant focus on the continuing gaps in support for care leavers and need for greater investment, especially in advocacy services. But the specific risks and opportunities facing female care leavers can be seen to require targeted support.

5.1.2 | Positive self-esteem

Narrative research with care-experienced children suggests they need to negotiate stigmatized identities and may blame themselves for past experiences, including their own challenging behaviours (Schofield et al., 2017). The findings in this paper suggest a clear link between poor self-esteem, negative internal working models of self and others (Howe, 2011) and further downward spirals. As demonstrated in Danielle and Mandy's narratives, feeling as though they had no one and nothing did not inspire them to positive behaviour. For others feeling as though they were 'bad' seemed to make it easier to partner with men who were 'bad' (Izzie).

By contrast, having positive self-esteem helped young women cope with unexpected risks or at least approach it in a resilience way (e.g. Emily) (Howe, 2011). Self-esteem could be built through available and sensitive relationships with caregivers, which gave young women the confidence to engage with education. This paper suggests that, for young women, maintaining a positive sense of self alongside support from a caregiver/professional may protect young women during additional relational losses, placement instability or new victimization, which have been reported as commonly experienced by young women in care (Fitzpatrick et al., 2022).

5.1.3 | Continuing engagement in education

As a resilience factor, education contributed to positive upward spirals by providing a strong identity 'hook for change' when young women had the opportunity to feel capable (Giordano et al., 2002). Educational success, often gained against the odds, could be used by participants as evidence of their ability to succeed in other areas of their lives. It also provided them with a sense of being 'normal' in the middle of situations that were risky such as managing independence and/or teenage pregnancy.

As seen in the narratives, the systems young women were involved in sometimes reduced their opportunity to successfully engage in education. A placement change, for example, could be considered an example of 'fixes that fail' (Gibb & Marsh, 2019, p. 8). While placement changes are sometimes in the best interests of a child, they are often emotionally difficult, which can lead to educational disruption, negatively affecting education as a resilience factor. Similarly, a move to independence and the demands that managing finances, cooking and other household tasks places burden on young women which they are ill-prepared to undertake at their developmental stage.

Professionals working with young women in care and after leaving care, including strategic leads, should consider who is available in young women's lives to provide targeted educational support to help them catch up or who can provide practical support during crises or at transitions to keep young women hooked into education and at times advocate for young women to gain entry into courses, particularly when behaviour or attendance has been an issue. As seen in Mandy's case study, the combination of the 'right' professional and the 'right' educational setting for even the most disadvantaged young women in late adolescence has the potential to transform and redirect negative pathways.

5.2 | Risk factors that hindered young women

5.2.1 | Gender-specific victimization

The young women in the sample experienced sexual assault, intimate partner violence or pregnancy, had their children taken into care and were exploited or manipulated by male partners. These gender-

specific risk factors resulted in considerable downward spirals within the care, education and criminal justice systems. Most significantly, they resulted in new risk-related behaviours and other intersecting vulnerabilities (Burgess-Proctor, 2006; Schofield et al., 2014).

A particular gender-specific domain with significant risk factors was women's experiences of partners. Professional concerns about young women's sexual relationships have been a focus for both welfare and criminal justice professionals since the early 1900s (Sharpe, 2012). Conflicts around partners between caregivers and young people are often a typical part of adolescence; however, because of maltreatment experiences, there were greater risks for these young women. These narratives demonstrate how easily conflicts about partners resulted in young women withdrawing from professionals or feeling as though professionals withdrew from them.

The young women's files suggested risks around partners were 'expected', and thus, how professionals navigate these conflicts—and that professional support may need to be available regardless of the relationship outcome—is critical. Previous research, for example, suggests that professionals acknowledging young people's agency is a necessary part of developing supportive relationships and that it is through such relationships that increasing young women's capacity to navigate risks becomes possible (Warrington et al., 2016). Unfortunately, as also found by Fitzpatrick et al. (2022), experiences such as intimate partner violence, rape, pregnancy or child loss were not always supported by care and criminal justice professionals—and with education professionals unaware of new victimization. This had significant detrimental effects for young women's safety, well-being and engagement in all formal systems.

5.2.2 | Narratives of young women as difficult or 'choosing' to take risks

The young women encountered professionals who suggested they put themselves at risk and/or blamed them for getting pregnant. Reporting violence from partners to the police, especially for young women with offending histories, was challenging. Such victim blaming of young women by professionals is, unfortunately, a familiar issue (Coffrey, 2014).

The care and asset files presented the young women as difficult. This perception runs counter to the earlier point that an important way of raising young women's resilience is supporting positive self-esteem. Labelling young women as demanding or controlling may have led to a lack of emotional or practical support for some (Fitzpatrick, 2017; Fitzpatrick et al., 2022; Pearce, 2013; Sharpe, 2012).

5.2.3 | Interconnected systemic consequences

The paper suggests that offending is one particular systemic consequence that affects the most vulnerable young women in care but that other more common consequences, such as placement and

education disruption and associated losses, may be just as damaging to young women's identities and pathways. Of great concern were overlapping systematic consequences. This paper demonstrated that care and educational pathways were often interconnected and could influence each other. School exclusions caused disruptions in care placements, and care placements and independence without targeted educational support disrupted education. For some girls, this also interacted with criminal justice involvement. Joint working between care, education and justice must ensure that young women do not have systemic consequences in all three system—this leads to worse outcomes and leaves room for no environmental resilience factors.

Looking at young women in terms of risk-related behaviours impacting self or others rather than conviction/non-conviction provided a more in-depth understanding of young women's vulnerabilities and how they, at times, translated into offending. For the young women in the sample, for example, risk-related behaviour impacting on self could mean self-harm or illegal drug use to self-medicate past trauma, being coerced into offending by a partner or being drawn into associations with offenders due to loneliness and isolation. Risk-related behaviour impacting others often involved violence towards professionals, peers or property, but the anger and impulsivity behind these actions were often a direct result of previous trauma and/or new victimization. While risk-related behaviours impacting others was more likely to be noted by systems and result in placement disruptions, school exclusions or arrests, the same women also tended to have risk-related behaviours that impacted themselves, making them doubly vulnerable.

The findings of the disadvantages caused by multiple systems suggest a further need to more closely understand the input from individuals as well as systems in this sort of exchange (Fitzpatrick et al., 2022; Schofield et al., 2014). Future research using a systems theory approach (see Monat & Gannon, 2015) involving the care, education and criminal justice systems working with vulnerable young people is suggested.

6 | CONCLUSION

This paper addresses a literature gap on the experiences of young women in care who face systemic consequences within care, education and justice due to their risk-related internalizing or externalizing behaviour. The research had a number of strengths and limitations.

Comparing young women in care with convictions to those without was helpful and demonstrated that offending for girls is part of a larger narrative about vulnerability and that how (and which) systems respond to both troubled and challenging behaviours is significant in either exacerbating or improving them. The impact of intersecting vulnerabilities including gender, abuse histories, care and offending status could be seen in pathways across different systems.

There were limitations in the sample size for sub-samples, for example, five young women who had experienced pregnancy. Missing education data also created knowledge gaps. More research is needed on understanding young people's experiences across the three

systems but also what is building resilience. This research suggests the need for the three systems to work more closely together.

Messages for professionals include the importance of listening to young women in care and care leavers, avoiding victim blaming and not giving up on young women when challenges arise, which may mean a goal of 'minimizing' risks in order to protect the positive work/momentum and professional relationship long term (see Beckett et al., 2017, p. 33). Increasingly, this will include complex areas, such as managing self and relationships on social media. Significant for achieving more resilience are close relationships with adults who are willing to stick with care-experienced young women, accept them and offer practical support. This research suggests that the right fit is important, but that the professional can work in care (including leaving care), education or justice, and that it is never too late for the right helping adult to enter young women's lives.

CONFLICT OF INTEREST STATEMENT

None of the authors have a conflict of interest to disclose.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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