

TRAJECTORIES OF OFFENDING ACROSS LIFE COURSE IN OUT-OF-HOME CARE

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Despite prior research showing associations between out-of-home care (OHC) placement and criminal involvement, studies on how OHC-experienced individuals' offending patterns change across the life course have been scarce. Recent academic additions suggest that OHC-experienced individuals have substantially elevated risks of following chronic offending patterns, particularly among those who were first placed during adolescence. Using longitudinal prospective data from the Stockholm Birth Cohort Multigen (SBU Multigen, $n \approx 14,000$), this study aims to map out the movement of formerly OHC-placed individuals in the criminal justice system from adolescence (15 years) to retirement (65 years). The intent is to explore heterogeneity in offending trajectories in these individuals compared to same-aged peers without OHC experiences. A comparison group consisting of individuals who were investigated by the Child Welfare Services (CWS) but were not placed is utilized to improve causal inference. Results from sex-separate group-based trajectory modeling and multinomial logistic analyses show that OHC-experienced individuals have significantly higher risks of following criminal trajectories characterized by high rates and persistent offending across the life course compared to those without such experiences. Those displaying the highest risks of following high-rate and persistent offending trajectories were those placed due to individual behavior or a combination of individual behavior and family circumstances, as well as those placed in multiple types of care. Individuals investigated by the CWS also have higher risks of following criminal trajectories characterized by high rates and persistent offending, albeit less risk than those placed in OHC, compared to the general population. While men and women follow similar patterns of continuity and change across the life course, men with OHC experiences still show a higher risk of offending compared to the general population. The findings have implications for understanding OHC-experienced offending patterns and highlight the necessity of early intervention. Further efforts to improve causal inference are needed.

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