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The characteristics of delinquent behavior and predictive factors in Japanese children's homes

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ABSTRACT

The purpose of this study was to examine the risk factors of delinquent behavior in children's homes in Japan and the co-occurrence of externalizing problem behavior and internalizing problem behavior. Eight hundred and nine children (436 boys, 373 girls were recruited from such homes. Childcare workers from these homes completed sets of questionnaires. Our results found significant relationships between delinquent behavior and gender [odds ratio (OR) = 1.66; 95% confidence interval (CI), 1.16–2.38], age (OR = 1.25; 95% CI, 1.16–1.35), parent–child conflict (OR = 2.79; 95% CI, 1.45–5.36), neglect (OR = 1.43; 95% CI, 1.03–2.11), and aggressive behavior (OR = 1.10; 95% CI, 1.08–1.12). Results also showed externalizing problem behaviors and internalizing problem behaviors were associated with age (OR = 1.23; 95% CI, 1.08–1.41), thought problems (OR = 1.37; 95% CI, 1.17–1.59), attention problems (OR = 1.12; 95% CI, 1.02–1.23), and physical abuse (OR = 3.09; 95% CI, 1.64–5.83). Our study clarifies the predictive factors for delinquency and related internalizing behavior symptoms and externalizing behavior problems. These results indicate that children in children's homes have various problems and require multilevel intervention. Our findings may be used to improve current policies governing children's homes.

1. Introduction

Child Protective Services (CPS) and foster care support children in need, and enhance children's wellbeing by supporting and strengthening family relationships. Social protective care for foster children (SPCFC), under the Ministry of Health, Labor and Welfare, provides institutional home care and serves as an intermediary for adoption in Japan. However, there are various debates concerning the management and improvement of SPCFC.

To date, there are 47,776 children who are admitted to institutional care homes covered by public aid (Ministry of Health, Labour and Welfare, 2015). This figure approximately corresponds to 0.2% of the same age group in the total population. Over 90% of children who need SPCFC were admitted to the institutional care home (ICH) where foster nurses take care of multiple children. However, only 9.5% of children in need are placed into foster care in Japan. This is in large contrast to Western nations.

In England, CPS placed 9% of children into residential homes (Secure units, children's homes and hostels). In comparison, 75% of children were placed into foster care in 2015 (Department for Education, 2015). In Australia, only 6.6% of children and young people in out-of-home care were in residential placement in 2013–2014 (Australian Institute of Health and Welfare, 2015). This included small group homes, which can be viewed as multiple fostering. Although residential home and out-of-home care historically have played a crucial role in childcare, the percentage of children placed into foster care is increasing.

Institutional or residential homes are known as children's homes (CHs) in Japan. In fact, many children who need SPCFC have been admitted to CHs. It appears that CHs are becoming more common because of complicated backgrounds and problematic behaviors among children. The majority of children admitted to CHs (59.5%) have experienced abuse and neglect. The percentage of physical abuse, sexual abuse, neglect, and psychological abuse these children received were 42.0%, 4.1%, 63.7%, and 21.0%, respectively (Ministry of Health, Labour and Welfare, 2015). Additionally, these children were more likely to come from a family background of mental illness, poverty, drug addiction, and divorce. Moreover, over 30% of these children have experienced unwilling institution changes. Professional foster nurses are therefore needed to care for these children.

A substantial body of research revealed that adverse childhood experiences (ACEs) such as child abuse and maltreatment negatively affect children's development and outcome (Kaplow & Widom, 2007; Jaffee et al., 2004; Dong et al., 2005). In fact, ACEs are strong predictors of poor social functioning, poor well-being, increased health risks, and early death. For example, child abuse and neglect are highly correlated with illegal drug abuse (Wilson & Widom, 2009; Dube et al., 2003), alcohol addiction (Widom et al., 2007; Widom et al., 2006; Schuck &

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Widom, 2001), and depression (Cluver et al., 2015; Khan et al., 2015; Roh et al., 2015). In addition, ACEs have a negative impact on education, employment, income, and asset formation (Currie & Widom, 2010).

In particular, ACEs have a clear impact on antisocial behavior (Maxfield & Widom, 1996; Widom & Maxfield, 1996; Widom, 1989; Matsuura, Toichi, & Kumagami 2007; Matsuura, Hashimoto, & Toichi, 2009b). Widom et al. (2006, 2007) conducted a longitudinal cohort study, and reported that children who were physically abused and neglected are more likely to commit violent crimes, be arrested by police officer, and have higher a recidivism rate in adulthood. Previous research revealed that child abuse and neglect increased aggressive and violent behaviors (Connor et al., 1998, 2003). Furthermore, child abuse and neglect were significant predictive factors for anti-social personality disorder (Luntz & Widom, 1994). Children with 4 or more ACE items were more likely to engage in health-damaging behaviors, including alcohol abuse, illegal drug addiction, and cigarette smoking. These children also exhibit greater internalizing problem behaviors that include depression and suicide attempts compared to children with lower ACE scores (Dube et al., 2003; Felitti et al., 1998; Chapman et al., 2004). Thus, there is a strong relationship between early childhood abuse and antisocial behaviors, which includes delinquency and emotional dysfunction in adolescence. These findings suggest that the cumulative and reciprocal effects of abuse affect the development of internalizing and externalizing problem behaviors (Matsuura, Toichi, & Kumagami 2007; Matsuura, Hashimoto, & Toichi 2007a, 2007b).

There are similar studies among serious juvenile delinquents in Japan. For example, there is a strong relationship between ACEs and antisocial behavior among inmates in Japanese correctional facilities (Matsuura, Toichi, & Kumagami 2007; Matsuura et al., 2014). In addition, ADHD and learning disabilities correlate with juvenile delinquency (Matsuura et al., 2008b, 2010), and there is a robust positive correlation between depressive symptoms and ACEs among female correctional facility inmates (Matsuura et al., 2008a, Matsuura, Hashimoto & Toichi 2009a). These previous findings reveal that there are strong relationships among ACEs, developmental disorders, and depressive symptoms in Japanese delinquents.

As previously noted in this section, the majority of children who need social welfare services are admitted to CHs. However, there is very little empirical research concerning children in Japanese CHs. Children in CHs often show various behavioral and emotional problems similar to that of inmates in correctional facilities. Some of these children exhibit serious antisocial behaviors, and become juvenile delinquents. It is very important to evaluate their behavioral and emotional problems in order to provide appropriate support. Specifically, we need to assess their environmental conditions, family backgrounds, and the extent of abuse they have received (Matsuura, Toichi, & Kumagami 2007; Ohara, 2013). It is necessary to understand the conditions each child received prior to being admitted to CH in order to reduce the development of internalizing and externalizing problem behaviors. The aim of the current study is to: 1) examine the related or predictive factors for delinquency, and 2) clarify the related or predictive factors for children with internalizing and externalizing problems behaviors.

2. Methods

2.1. Participants

The participants were 809 children (436 boys, 373 girls) from 72 CHs recruited between April and June 2010. Participants were aged 6–15 years with mean age of 10.49 (SD = 2.61) years. All CHs in Japan are administrated by "Child Welfare Act", and managed by local governments. Those children who are admitted to CH are: having no parents, exposed to child abuse, and having serious environmental problems. The decisions of admission to CHs are made by prefectural governors base on judgements of child guidance center. There are about 600 CHs and 30,000 children who were taken care of in them across the country.

2.2. Questionnaire

2.2.1. Face sheet

The face sheet consisted of items related to children's age, placement period, gender, delinquent behaviors, developmental disability, and IQ.

2.2.2. Characteristics of child abuse

Records from the child guidance center provided information regarding child abuse. The experience of physical, psychological, sexual abuse and neglect was recorded.

2.2.3. Developmental disorders

Records from the child guidance center also provided developmental disorder information (e.g. Attention Deficit Hyperactivity Disorder (ADHD)).

2.2.4. Family background and demographic data

Parental mental disorder, parental suspicion of mental disorder, parental intellectual disability, and parental dependence on alcohol and drugs were among the items collected from the child guidance center.

2.2.5. Delinquent behaviors

Based on the official records and the information from childcare workers, we evaluated their antisocial behaviors and minor offenses. If he or she committed some kinds of crimes such as stealing, injurious assault, school violence, and run away from home all night through. We defined them as delinquency. However, we did not evaluated the severity of delinquency.

2.2.6. CBCL

The Child Behavior Checklist (CBCL) was created by Achenbach (1991) and standardized into a Japanese version (Itani et al., 2001). Specifically, CBCL consists of behavioral items including social withdrawal, somatic complaints, and social problems. These behaviors are qualified as internalizing problem behaviors, externalizing problem behaviors, and total problem behaviors. The CBCL consists of a 3-point Likert-scale where 0 = not true (as far as you know), 1 = somewhat or sometimes true, and 2 = very true or often true.

2.3. Ethical considerations and informed consent

We sent childcare workers in each CH the questionnaires which included the aims of the study, implemental method, ethical considerations, and an e-mail address to contact the research staff. We assumed that consent was obtained with the return of completed questionnaires. Ethical considerations were listed as follows: 1) you may stop the questionnaire at any time, 2) answers will only be used for research purposes, and 3) personal and facility information will not be identified.

2.4. Statistical analyses

The demographic data was compared between children with delinquent behaviors (DBs) and children without DBs with a t-test and chi-square test. CBCL scores were used to examine comorbid and multidimensional problems among DBs. DBs group was further divided as follows: group A: children with externalizing problem behaviors, and group B: children with internalizing problems behaviors. The cutoff point was set at M + 0.5 SD. Specifically, group A had a mean over 18.9 and group B had a mean over 12.8 points. Finally, children who have DBs and a higher cutoff point than either group A or group B were designated into group C. Multiple logistic regression analysis was employed to identify risk factors associated with total delinquency, group A, group