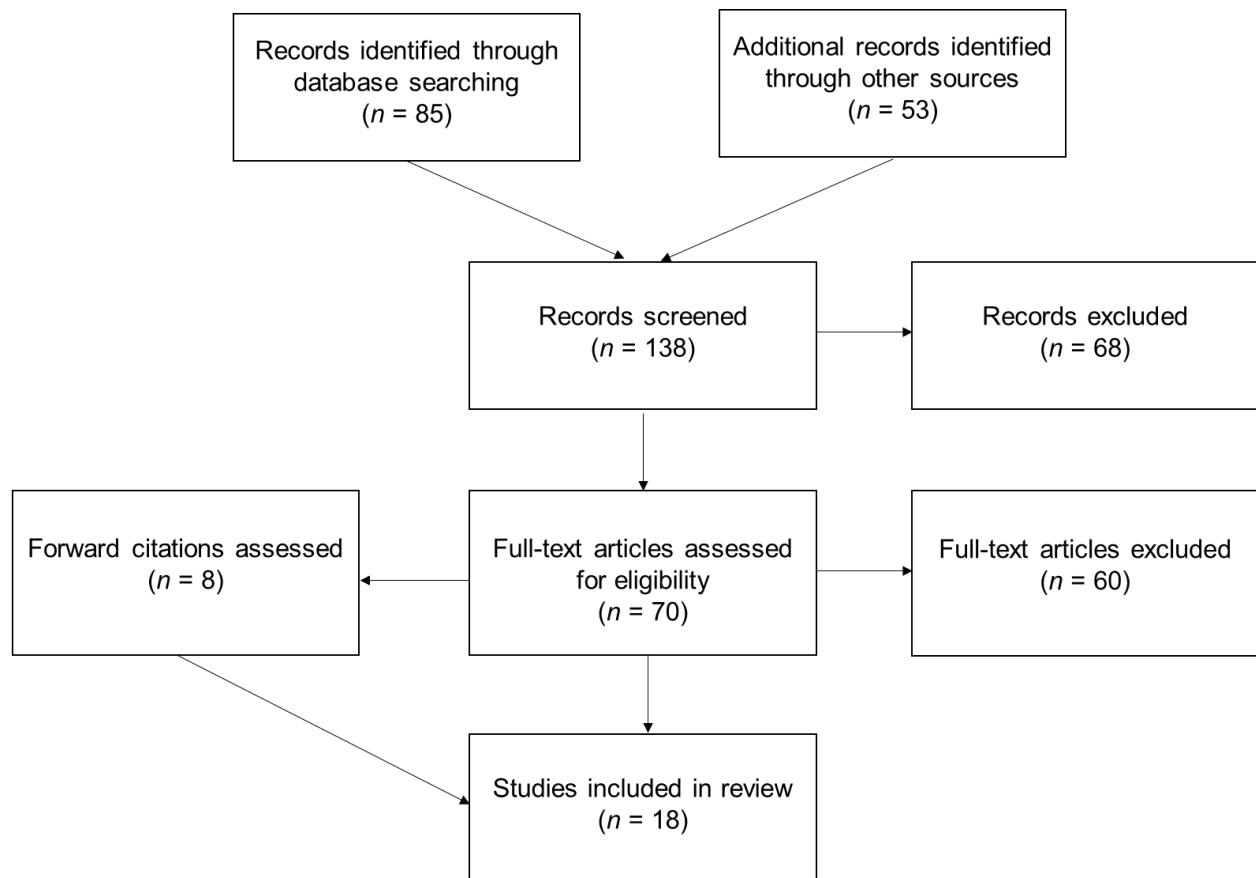


SUPPLEMENTAL MATERIALS

**Supplementary Figure 1**

*Flowchart documenting identification, screening, and inclusion of articles reviewed. Included articles were published between January 2002 and September 2021. Adapted from The PRISMA Group (Moher Liberati, Tetzlaff, and Altman, 2009) and the PRISMA Extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018).*



**Supplementary Table 1.**

*Summary of Key Findings from Literature Included in Scoping Review*

Authors & Year	Sample	Methods	Findings Summary
Leve et al. 2005	81 girls referred from court to residential care for chronic delinquency  74% white, 12% Native American, 9% Hispanic, 2% Black, 2% Mixed, 1% Asian	Quantitative; Randomized Controlled Trial; Longitudinal (12 month)	<ul style="list-style-type: none"> <li>● At 12-month follow-up, girls (<math>n = 44</math>) randomized to typical residential group care spent more days locked in a juvenile facility, had greater referrals to criminal courts, and greater caregiver reported delinquency compared to girls in specialized care (i.e., multidimensional treatment foster care).</li> <li>● There were no differences on self-reported delinquency.</li> </ul> <p>No differences by race/ethnicity were reported.</p>
Chamberlain et al. 2007	Identical to Leve et al. 2005	Quantitative; Randomized Controlled Trial; Longitudinal (24 month)	<ul style="list-style-type: none"> <li>● At 24-month follow-up, girls (<math>n = 44</math>) randomized to typical residential group care reported significantly greater delinquency and spent more days locked in a juvenile facility, compared to girls randomized to specialized care (i.e., multidimensional treatment foster care).</li> <li>● This was especially true for older girls.</li> </ul> <p>No differences by race/ethnicity were reported.</p>
Ryan et al. 2008	Secondary analysis of large urban county administrative child welfare and juvenile justice data for 20,309 youth in foster care compared to group homes, propensity score matched to 8226 youth (46% girls)  47% Black, 34% Hispanic, 17% white, 2% Asian	Quantitative propensity score matched analysis	<ul style="list-style-type: none"> <li>● Among the full sample, 10.4% were arrested at least once while in care</li> <li>● 79% of youth received their first arrest while in care, with over 40% of these arrests occurring in group homes</li> <li>● Youth in group (vs foster) care more likely arrested for threats and violence</li> <li>● Among the matched sample, youth in group care (vs foster) have a 2.5x greater risk of delinquency</li> <li>● Risk of delinquency was greater for boys, Black and Hispanic youth, and youth experiencing placement instability</li> </ul>
Hayden 2010	Secondary trend data from 10 children's residential care settings ( $n = 10$ settings) over 7 years; 1-year cohort study of children ( $n = 46$ ; 37% girls) residing in or admitted to care; in	Trend analysis of residential settings; Interviews with residential staff and	<p><i>Trend Data</i></p> <ul style="list-style-type: none"> <li>● On average, 9.6% of children had formal court convictions while in care</li> <li>● Police involvement was more frequent (1,451 police call-outs per year), with the majority (62.4%) for missing persons or unauthorized absences; offending behavior (e.g., assaults, thefts) accounted for 22% of call-outs</li> </ul> <p><i>1-Year Cohort</i></p>

	<p>England 93% white</p>	<p>children; 1 year cohort study</p>	<ul style="list-style-type: none"> <li>● 76.1% of youth incurred a record of offending during care (mean offenses = 4.7), and were disproportionately girls (42.9%) compared to all girls (37%)</li> </ul> <p>No differences by race/ethnicity were reported.</p> <p><i>Interviews</i></p> <ul style="list-style-type: none"> <li>● Youth perceived staff in generally positive ways, but reported problems in management of youth and often had preferences for specific staff members</li> <li>● Staff perceived youth in residential care as difficult to manage, viewed care as a “last resort” for hard to place children, and reported discouragement from supervisors to call police, but believed it appropriate to do so from crimes</li> <li>● Law enforcement believed care staff called police too often and were disappointed when youth were not formally charged</li> </ul>
<p>Pullman 2010</p>	<p>Secondary analysis of statewide case management data for young people (<i>n</i> = 423; 50% girls) receiving publicly funded mental health services  77% white, 9% Black, 8.5% Hispanic, 5.5% Other</p>	<p>Quantitative, cross-sectional</p>	<ul style="list-style-type: none"> <li>● Youth in treatment in out-of-home placements (i.e., inpatient hospitalization, residential treatment) had the same risk of legal system involvement as their counterparts.</li> <li>● Residential treatment was unrelated to legal charges for boys or girls</li> <li>● Inpatient hospitalization linked to decreased odds of drug charges among girls</li> </ul> <p>No differences by race/ethnicity were reported.</p>
<p>Robst et al. 2011</p>	<p>Secondary analysis of statewide administrative data from 3346 placements to residential treatment (including inpatient psychiatric and therapeutic group care) among 2,163 youth (44% girls) from 2003 to 2007  49.3% white, 26% Black, 24.7% other</p>	<p>Quantitative analysis of matched data from Medicaid and juvenile justice</p>	<ul style="list-style-type: none"> <li>● 15% of youth had a formal legal charge during care compared to 33% in the 6 months prior and 23% 6 months after</li> <li>● Juvenile legal system contact during care was positively linked to peer delinquency and facility size</li> <li>● Boys, older youth, and Black youth were more likely than girls, younger, and all other races of youth, respectively, to have system contacts following treatment; there were no differences in system contact during care by gender or race</li> </ul>
<p>Shaw 2011</p>	<p>Staff and residential care workers (e.g., social workers, police officers, residential care managers (<i>n</i> = 31; 42% female)</p>	<p>Qualitative interview</p>	<p><i>Professionals’ Attributions for Youth Offending</i></p> <ul style="list-style-type: none"> <li>● The majority of court/legal professionals believed youth were unnecessarily criminalized in care settings for behaviors that would not be considered offenses if occurring elsewhere</li> <li>● Residential settings were viewed as territorial</li> <li>● Social workers perceived youth too often “called the shots” at the expense of staff, that arrest could be a</li> </ul>

			<p>“wake up call”, and residential settings needed to monitor and control youth more strictly to prevent offending</p> <p><i>Professionals’ Perceptions of Pathways to Offending</i></p> <ul style="list-style-type: none"> <li>Residential staff viewed peer contagion, strict rules, and feelings of powerlessness, as strong influences on offending</li> </ul>
Robst et al. 2013	<p>Secondary analysis of statewide administrative data from 4529 RTC episodes (inpatient psychiatric, therapeutic group, or therapeutic foster care) among 2,800 youth (43% girls) from 2003 to 2007</p> <p>29% Black, 23% Hispanic</p>	<p>Quantitative analysis of matched data from Medicaid and juvenile justice</p>	<ul style="list-style-type: none"> <li>Youth in treatment group homes (vs therapeutic foster care or inpatient psychiatric care) were the most likely to be arrested during (28% vs 10-14%) and following (22% vs 14-17%) care</li> <li>Among all youth in care, arrests during treatment were linked to a 4-fold increase in arrest risk after treatment</li> </ul> <p>No differences by race/ethnicity were reported.</p>
Shaw 2014	<p>Young people (<math>n = 12</math>) currently or formerly in residential care who were convicted of an offense committed during care; in England</p>	<p>Qualitative; interview</p>	<ul style="list-style-type: none"> <li>Youth reported that being housed with other young people was both empowering and a precipitating factor for getting in trouble while in care</li> <li>Youth cited the following as reasons leading to an offense: solidarity with peers, projecting strength, disagreements with staff, rigid rules and regulations, and having to ask permission for most daily activities</li> </ul>
Day 2017	<p>Young people (<math>n = 19</math>; 21% girls) in and out of residential care; in England</p> <p>63% white, 11% Black, 26% Biracial</p>	<p>Qualitative; interview</p>	<ul style="list-style-type: none"> <li>Youth’s responses centered around three themes: labeling of children in care, anger toward the care setting and staff, and importance of the peer group</li> <li>Youth believed the residential treatment setting influenced offending behavior by creating feelings of powerlessness, mistrust of staff, feeling “given up on”, and lack of control over when treatment would end</li> <li>Youth reported being motivated to offend to gain status or identify with peers</li> </ul> <p>No differences by race/ethnicity or gender were reported.</p>
McFarlane 2017	<p>Case files of children (<math>n = 160</math>) with legal cases with and without residential care histories; in Australia</p>	<p>Quantitative; case file review</p>	<ul style="list-style-type: none"> <li>Half (49.5%) of children with legal cases had spent time in out of home care, and these youth were more likely to be Indigenous (44%) compared to those not in care (1%)</li> <li>Children in residential care were more likely to receive a formal charge for a first offense rather than a police “warning” without a formal charge, compared to children with legal histories who were not in residential care</li> <li>35% of offenses in residential care were directly related</li> </ul>

			to placement settings (e.g., property damage, assault on staff, residents or kinship carers); 14% of these cases led to additional charges of assault on police or resisting arrest
Robst et al. 2017	Secondary analysis of statewide administrative data for young people ( <i>n</i> = 1511; 42.1% girls) with “severe emotional disturbance” placed in RTC after arrest from 2002 to 2008	Quantitative analysis of child welfare, juvenile justice, and Medicaid	<ul style="list-style-type: none"> <li>● Severe trauma history was linked with greater likelihood of re-arrest within 1-year and additional out of home placement</li> <li>● The majority (63%) of youth with severe trauma histories were re-arrested, on average, within 95 days of release</li> <li>● Girls and Black youth were more likely to have had severe trauma histories</li> </ul>
Hayden & Graves 2018	Secondary analysis of administrative data for young people ( <i>n</i> = 64; 41% girls) who offended while in residential care; in England	Quantitative analysis of youth offending and social care data	<ul style="list-style-type: none"> <li>● Youth were about twice as likely to offend when in care (~3 offenses) compared to when not in care (~1.5 offenses), but for less serious offenses</li> <li>● Young people in continuous care (i.e., 6 months or more) had a lower total number of less serious offenses compared to youth in shorter-term care</li> <li>● Boys offended at 2.5 times the rate of girls</li> <li>● Girls spent longer in care, had fewer placements, and committed fewer and less serious offenses</li> </ul> <p>No differences by race/ethnicity were reported.</p>
Grosset et al. 2018	Young adults ( <i>n</i> = 59; 40% female) with histories of residential treatment; in Canada  15% ethnic minority	Qualitative; interviews	<ul style="list-style-type: none"> <li>● 24% of young adults had been in trouble with the law in the past 2 years, most commonly for assault and robbery, with this subgroup being mostly male (86%)</li> <li>● Among this group, all reported struggling with mood, behavior, anger, and substance use challenges; as well as education and health</li> </ul> <p>No differences by race/ethnicity were reported.</p>
Gerard et al. 2019	Residential care and criminal justice staff ( <i>n</i> = 46) in contact with youth in care; in Australia	Qualitative; interviews	<ul style="list-style-type: none"> <li>● Staff identified the care environment, use of police for behavior management, deficient staff training and inadequate policies and funding as factors leading to the link between residential care and justice involvement.</li> <li>● Staff viewed the residential care environment as criminogenic. They reported that many young people were charged with criminal offenses for behaviors that would not be managed punitively in other settings (e.g., not following rules), and that police were used for behavior management and de-escalation of tensions that residential staff were not able to manage</li> </ul>

			<ul style="list-style-type: none"> <li>● Police reported being constantly called to residential homes and feeling that they had to charge youth. Officers felt that behavior management procedures within the care homes were reactive</li> <li>● Staff reported that placements that take youth out of their environments, especially for Indigenous youth, often result in formal legal involvement</li> </ul>
Baidawi 2020	<p>Secondary analysis of criminal court records (<math>n = 300</math>; 31% girls; 1% transgender) of children with dual system involvement; in Australia</p> <p>18% Indigenous</p>	Quantitative exploratory analysis of children in child welfare and juvenile justice	<ul style="list-style-type: none"> <li>● 30% of youth were in residential treatment, and 13.3% had engaged in residential treatment-based offending</li> <li>● Most offenses during care were first-time initial charges; children with complex trauma and neurodisability overrepresented in offending-in-care sample</li> <li>● Charges often involved assault, property damage, peer co-offending</li> </ul> <p>No gender or Indigenous status differences reported.</p>
Baidawi & Sheehan 2020	Identical to Baidawi 2020	Quantitative; exploratory and descriptive design	<ul style="list-style-type: none"> <li>● 36% of children ever placed in residential care received charges related to their behavior while in care.</li> <li>● Proportion of youth who received charges in care increased with time in care</li> <li>● Offenses were most often property, deception or theft, and assault, and occurred in the context of stressors (e.g., family challenges, rejection by peer or staff, changes to routines or placement, conflict with peers or staff)</li> </ul> <p>No differences by gender or Indigenous status were reported.</p>

*Note.* Columns report key methodology, type of primary design, key findings, and race and gender findings if reported, in line with recommended data charting suggestions for systematic scoping reviews (PRISMA-ScR; Tricco et al., 2018). If studies were conducted in non-US samples, the location of the study is described under the Sample column.

**Supplementary Table 2.**

*Synthesis of Themes Generated from Qualitative Analysis of Petitions (N= 83)*

Theme	Description	Exemplary Excerpt or Quote
<b>Lack of Safety in Care</b>		
<i>Physical threat to safety and criminalizing safety-seeking behaviors</i>	Experiencing a sense of being unsafe, reported among staff and youth, influenced by: <ul style="list-style-type: none"> <li>● Prior fights with residents</li> <li>● Damage to RTC property</li> </ul>	<p><i>[Youth says]: I felt like [girls] were going to do something to me and I got scared. I asked [staff] to walk me to my room because I wanted to...tell her that I think [they] are gonna jump me tonight...[and] I told her. She told me to mind my business and stay in my room.</i></p> <p><i>[Staff says]: "I was in total fear for my safety. I still think about the incident which makes it difficult to interact with him."</i></p>
<i>Ineffective and Delayed Staff Response</i>	Ineffective or delayed staff response to violence - especially among and between youth - that lead to the criminalizing of youth's behaviors rather than a focus on treatment and repair.	<p><i>"This is the second time this girl has fought me since I have been at the RTC; I want her to pay for what she did to me. I have never tried to hurt this girl. I want her to leave me alone"</i></p> <p><i>"It seemed like 15 minutes later staff... finally helped me. But first a staff jumped on me and pushed me down. They did not know I was a parent ... being assaulted. Staff later told me they thought that it was just residents fighting and that's why they did not do anything"</i></p> <p><i>"I walked out of the unit and went AWOL to get away from these girls because I am afraid they are going to attack me again"</i></p>
<i>Unmet needs of youth during care</i>	Youth engaging in behaviors to access resources that result in assault or theft allegations (e.g., use of shared resources; stealing pregnancy test)	<p><i>Tina [youth] was using a computer belonging to [facility] staff to watch movies...I began to ...take it away from her. Tina kept trying to take [it] back from me [unsuccessfully].</i></p> <p><i>"I later learned that [she] was a RTC resident and besides the alcohol she also stole a two pack of Clearblue Pregnancy test, \$30, and a box store extra strength pain relief, \$15."</i></p> <p><i>"Yesterday morning I was in my cottage arguing with another resident...about the fact that (he) had eaten two bowls of cereal and it wasn't fair to everyone else"</i></p>

**Limited Strategies for and Standards of Care Trigger Escalated Responses and Police Contact**

<i>Over-reliance on therapeutic holds as a response to mental health needs</i>	High frequency of therapeutic holds to respond to mental health needs combined with an absence of evidence suggesting knowledge or use of	<p><i>"Julia [youth] was, at that time, standing around watching; as this staff member (witness) went to go break up the (other) girls (who were fighting), Julia was still hyped and amping the situation...she then tried to open the rescue window and tried to jump out of it. As more people showed up (Julia) became more agitated and started swinging and hit me in my stomach...Once in the classroom me and another staff member got Julia down and held her. The third staff member had the</i></p>
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	other therapeutic strategies	<i>legs and I had the top part."</i>
<i>Therapeutic holds: a bridge from treatment to prison</i>	Youth triggered and physically reacting to therapeutic hold which directly triggers court involvement	<i>"Chelsea [youth] was in crisis and I was attempting to calm her down along with other staff members. At one point (she) attempted to choke herself with a shirt and bra. At this time I intervened and as a staff member had [her] by the legs, I bent down to try to get the shirt and bra away. Chelsea then bit me [assault charge]."</i>

**Residential Treatment as a High Surveillance Care Setting**

<i>Punitive behavioral control that prioritizes compliance over treatment</i>	Behavioral management strategies that prioritize compliance; fear of staff response; perceived noncompliance or disrespect by staff towards youth, often leading to physical handling of youth to comply with rules	<p><i>"I was trying to remove residents because they belonged in [another] unit...the girls refused to cooperate."</i></p> <p><i>I explained to them that they had to return to Wing A. While I was standing at the door, Brenda [youth] took a swing with a closed fist at my face which I was able to deflect.</i></p> <p><i>The staff on duty chased us for a while. When he was chasing us, Derek kept calling the administrator on duty on his cell phone. We got scared ..[and asked] Derek to stop.</i></p>
<i>Different threshold for offenses based on gender</i>	Pattern of lower documented threshold for filing assault charges against girls versus boys	<p><i>(Girl charged with assault): I [staff] want to press charges against Angela [youth] for pushing me and purposely spitting in my face.</i></p> <p><i>(Boy charged with assault): He ... ripped down the shower curtain and removed the metal pole. [He] yelled [that] ... he was going to hit me in the head with the metal pole.</i></p>
<i>Gendered dynamics around behavioral control</i>	<p>Distinct patterns for girls from care to court involvement:</p> <ul style="list-style-type: none"> <li>● Group fights among girls</li> <li>● Interpersonal escalations</li> <li>● Individual character traits invoked more frequently to justify allegations</li> </ul>	<p><i>Sonja [youth] came over to me and took off her zip-up sweater. She told me, 'I want to fight you right now.' I asked her why and she said 'because she heard me talking shit.' When I asked what she was talking about, she hit me in the face.</i></p> <p><i>...myself and other staff tried to put Nina [youth] in a therapeutic hold to calm her. Before we were even able to ...I was attacked by [4 other girls]... punching and kicking me.</i></p> <p><i>Assault or attempted assault charges filed for girls described as "rowdy," and "out of control"</i></p>