Institutional Persistence: Involvements with Child Protective Services, the Criminal Justice System, and Mental Health Services across Childhood, Adolescence, and Early Adulthood in Denmark

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Abstract

The pairwise overlaps in system involvement between child protective services, mental health services, and the criminal justice system is well-documented. Yet, less is known about how contact to these three systems evolves as children age, and how children's trajectories through these institutions should be conceptualized. In this article, we use administrative data on the full population of Danish children born 1982-1995 that had contact to at least one of three systems before turning 21. Theoretically, we argue that children's trajectories of institutional contacts can be understood as a moral career as suggested by Goffman (1959). Empirically, we study how children move between and are retained within the three systems across childhood. We find that early contact originates with child protective services but branch out through both overlap and transitions to the other systems. Further, across age there is high levels of retention within the systems, and clear gendered dynamics play out as children age. We argue that children's trajectories across age can be viewed as moving from a position as a subject at risk to a position as subject of risk.

Keywords: childhood, child protective services, criminal justice, mental health, institutional contact

Introduction

Children and youth from socially and economically disadvantaged backgrounds are far more likely to experience involvement with child protective services [CPS] (e.g., Berger and Waldfogel 2004; Edwards 2016; Wildeman and Fallesen 2017), the criminal justice [CJ] system (e.g., Farrington and Welsh 2008; Jarjoura, Triplett, and Brinker 2002; Murray and Farrington 2010), and mental health services [MHS] (e.g., Carter et al. 2010; McLaughlin et al. 2011). CPS often represent the first point of contact for disadvantaged children. Yet, previous work amply documents that former CPS involved youth and young adults far more often than peers find themselves behind bars or receiving treatment for mental health problems (e.g., Côté et al. 2018; Yoon, Bender, and Park 2018). Yet, it is less well known how these institutional systems admit and retain children across childhood and adolescence, and how children move within and between them (see Berger et al. 2016; Norton et al. 2006 for exceptions).

In this study, we examine how institutional contacts develop and persist across childhood and adolescence for the full population of Danish children born 1982-1995. We focus on all involvements with child protective services, the juvenile and adult criminal justice system, and mental health services, and demonstrate that institutions retain children across childhood and adolescence and into adulthood. Further, we argue that children's moves between institutional spheres represent distinct moral trajectories, or careers, when viewed from an institutional perspective

Our results show that the rate at which institutions retain children and young people over childhood is close to constant, indicating a high degree of joint retention within CPS, MHS, and CJ institutions. In the discussion, we further relate our findings to Goffman's (1959) theoretical concept of moral careers, arguing that different types of institutions infer different type of moral

value on individuals. As children age through institutions, the children move from institutions that approach them as subjects at risk to institutions that approach them increasingly as subjects of risk.

The study offers several contributions to our understanding of multi-system contacts. First, it documents the full overlap in system contacts across CPS, MHS and CJ for several complete birth cohorts across the entire childhood and youth, and for an entire country. Second, the study applies a wider lens to system involvement, combining system contacts that involve high degree of invasiveness (out-of-home placement, inpatient treatment, and incarceration) and less invasiveness (in-home services, outpatient treatment, and non-custodial sentences). Third, the study relates the empirical analysis to theoretical concept of different normative values operating within related institutional contexts.

Background

Institutional trajectories as moral careers

Child protective services, the mental health system, and the criminal justice system all encompass aspects of total institutions (Goffman 1961). The systems only fully reflect total institutions in their most severe manifestations: group homes and treatment care, the inpatient mental health ward, and prison and juvenile justice institutions. There remain large grey areas between no contact to a system and full institutionalization that also include aspects of monitoring and clientification (Wacquant 2009). Children and adolescents' trajectories can overlap and shift between multiple systems. Through trajectories within these systems, children and adolescents become CPS-involved, patients, and offenders in legal and clinical understandings of the terms.

Yet, these systems also have an inherent (idealized) normative element beyond pure legal and clinical categories (as Goffman, 1961 already recognized). Children encounter CPS when CPS believe the children experience, or is at risk of experiencing, an incorrect or incomplete home

environment and upbringing. CPS then choose to either intervene by offering in-home service such as parental training and guidance, or by ultimately removing the child from the home environment and placing them in an out-of-home placement. Children and adolescent come in to contact with MHS when deemed unintentionally incapable of conducting themselves fully in a way that is safe and healthy for themselves (and, in more severe cases, the community) to an extent not manageable by general practioner or school and youth psychologists. Finally, the CJ system becomes involved when children and adolescent engage in action that are deemed a risk to the community at large.¹ We suggest that children's moves within and between systems can be conceptualized as a form of trajectory akin to the concept of moral career (Goffman 1959). To put it succinctly, in the CPS, children and youth are (predominantly) subject at risk, whereas they to a larger extent become subjects of risk when in contact with MHS and CJ, although with different judgements of intentionality. The systems infer moral values on the children that encounter them.

Goffman (1959) proposed the idea of the mental patient's moral career as a concept that encapsulated both the objective and subjective circumstances of individuals induction into and trajectory within the mental health asylum. For Goffman, the moral career focused on the turning points in the institutional context through which people viewed themselves (Goffman 1959 in Goffman 1961, p. 160). However, just as importantly, the institutional framework(s) people act (and are acted upon) within constitute patterns of social control that end up ascribing value and labels to people within the institutions (ibid.). In this study, we focus on this latter aspect of moral careers – the role of the institutions in ascribing (unintended) identities through contact. Further, we spend less time dwelling on trajectories within institutions, and instead zoom out to take a broad view of entries, exits, and moves between institutional contexts, to demonstrate how children move (and are moved) between normative categories. Last, where Goffman's terminology concerned the

¹ Categorization interpreted from Goffman (1961), see also Pescosolido (2015).

individual fully emerged in the institution, we consider the institutional identity at the margin of any sustained contact with the institutions considered, taking inspiration from Wacquant's (2009) notions of monitoring and clientification.

Empirical Studies of Multi-System Contact

Research documents that contact with each of the three systems does not happen independently of contact with the other systems, with most work focusing on the link between CPS involvement in childhood, and then later involvement with MHS and CJS. Côté et al. (2018) used matched Finish data to show that children who entered out-of-home placements at age 2-6 had substantially higher rates criminal convictions in early adulthood. In the US setting, Berger et al. (2016) used demonstrated intergenerational links between parents criminal justice contacts and children's CPS contacts², as well as substantial intragenerational moves from CPS to the most severe type of CJ involvement: incarceration. Using perhaps the most stringent designs in the literature, Doyle (2007, 2008, 2013) used data from Illinois to make a strong case for a causal link between entering foster care and later juvenile delinquency and adult crime among children who entered foster care late in childhood. Swedish work also found that children who enter foster care after turning 13 had higher risk of adult criminality (Lindquist and Santavirta 2014). Similarly, Courtney, Terao and Bost (2004) found high arrests, convictions, and time spent in jail and prison among children leaving state care in Illinois. For Denmark, Frederiksen (2012) showed an increased risk of CJ involvement among former out-of-home placed children compared to matched children who never entered out-of-home placements.

When it comes to the overlap between CPS contact and MHS involvement, Côté et al. (2018) found in Finland that out-of-home placed children had substantially higher rates of psychiatric

² Similar links has been found in Denmark (Andersen and Wildeman 2014).

diagnosis. Courtney, Terao and Bost (2004) also found that a high share of youth aging out of care subsequent has MHS involvement. Inverting the relationship, Fallesen and Wildeman (2015) showed that for Denmark, untreated attention deficit/hyperactivity disorder (ADHD) was in itself a contributing cause for increased risk of out-of-placements. Also for Denmark, Egelund and Lausten (2009) found that 20 percent of both children in out-of-home placement and of children receiving in-home services had a psychiatric diagnosis whereas it was only the case for 2.5 percent of children without any history of CPS involvement. Using British data, Guglani, Rushton and Ford (2008) also demonstrated increased rates of psychopathology in children with CPS histories compared to children without such histories. For a broader review of additional studies of the mental health outcomes in young adulthood for children leaving care, see Akister, Owens and Goodyer (2010).

The overlap in contact with the MHS and the CJ system is well-established in the literature, with people with a history of MHS contact being overrepresented among both offenders and victims (Teplin, Abram, et al. 2005; Teplin, McClelland, et al. 2005). Previous work from both the US and Denmark show substitutional relationships between the two systems, where capacity constraints in MHS increased risk of CJ contact (Evans et al. 2006; Landersø and Fallesen 2020; Norton et al. 2006). Further, MHS contact may coincide with CJ system involvement (Teplin, Abram, et al. 2005) with previous research indicating gender differences in mental health issues among CJ involved youth (e.g., Cauffman et al. 2004; Gavazzi et al. 2008). At the same time, intense involvement with the CJ system through incarceration increased the need for and subsequent involvement with MHS (Bačák, Andersen, and Schnittker 2019; Porter and DeMarco 2019). Early MHS involvement may however also lessen the likelihood of later CJ involvement. Danish studies on ADHD has found that expanding access to treatment leads to decrease in criminal involvement (Dalsgaard et al. 2013; Dalsgaard, Nielsen, and Simonsen 2014). In the US, mental health diversion

programs for youth offenders diverted youth away from subsequent offending (Evans et al. 2006). In total, MHS and the CJ system contacts are partly substitutional alternatives, but also appear partly sequentially causally linked.

Whereas previous work has considered dyadic system overlaps, no one has previously documented multi-system involvement across the full period of childhood into early adulthood. In addition, although both MHS involvement and CJ involvement is gender skewed, few studies have unpacked these gendered dynamics as they play out over age and institutions. In the following, we briefly introduce the Danish institutional setting, and then move on to present first evidence on this gap in the literature.

Institutional Settings and Prevalence in Denmark

Danish Child Protective Services

In Denmark, CPS is handled at the municipal level. Besides undertaking their own investigations following a report, CPS may also be contacted by parents if the parents find themselves unable to probably care for their child. If CPS decide to intervene, they can either provide in-home services or instigate an out of home placement. In-home services include all forms of family support provided while the child remained in the home. Out-of-home placements include all placement initiated by child protective services with or without parental consent at either a foster family, in the kinship network, in a group home or hospital setting, at a boarding school, or in aftercare living arrangements available for children who age out of care at age 18. Adoptions occur only rarely. For additional details on the different types of out-of-home placements in Denmark, we refer to Fallesen (2014), and for details on aftercare arrangements we refer to Andersen (2019). A detailed chapter on the Danish CPS organization can also be found in Gilbert, Parton and Skivenes (2011). Most recent prevalence estimates find that 3-5 percent of all Danish children can expect to experience an out-of-home placement during their childhood (Fallesen, Emanuel, and Wildeman 2014).

The Danish Criminal Justice System

The Danish criminal justice system is part of the Nordic model of criminal justice (see Pratt 2007), which in an international context is characterised by low incarceration rates, short prison spells, higher focus on rehabilitation, and the use of noncustodial alternatives to incarceration. For most of our study period the Danish age of criminal responsibility was 15, although it was lowered to 14 for the period June 1, 2010 – March 1, 2012 (see Damm et al. 2017 for details on the reform). Youth below the age of criminal responsibility are not sanctioned through the ordinary legal system – instead, the police informs local social services, which in turn may choose to involve CPS, who may initiate in-home services, or if deemed necessary, initiate an out-of-home placement. Cases involving youth above the age of criminal responsibility, but below 18, is handled by the CJ system similarly to cases for people above age 18, but the police or the prosecutor's office may also choose to involve social services. Those below 18 may in lieu of incarceration be sentenced to a stay at a CPS institution instead. In recent decades, the prevalence of youth crime in Denmark has been declining (Andersen, Anker, and Andersen 2016), with 6 percent of the 1994 birth cohort having received a criminal conviction at age 18.

Mental Health Services in Denmark

Mental health services in Denmark are publicly funded, and access to services are not subject to individual credit constraints. The Danish mental health system is managed at the regional level.³ For patients below 18, all treatment is handled by a specialized children and youth sub-system. For patients 18 and older, some treatment occurs at the regional level, whereas part of the treatment takes place at more localized district centers. Broadly speaking, access occurs through two channels – a patient's personal general practitioner (GP) may refer a patient for treatment, or patients may by own accord (or by force) contact a psychiatric emergency room. Further, local school psychologists

³ In 2007, Danish regions were merged and went from twelve region to five.

may also refer children to the regional mental health services. In addition, criminal courts may sentence people to treatment if mental health problems were deemed a causing factor in a criminal act. For more details on MHS in Denmark, we refer to Bauer, Okkels and Munk-Jorgensen (2012). As of January 1, 2019, 5 percent of all Danish children and youth below 18 had within the last five years been diagnosed with a psychiatric condition, disorder or illness (Social- og Indenrigsministeriets Benchmarkingenhed 2020).

Data

This study uses data on all Danish children born 1982-1995 followed until turning age 25 or January 1, 2017, whichever came first. We include all children born in or ever migrating to Denmark. In total the data consists of 843,622 children. A unique personal identification number assigned at birth or time of migration makes it possible to have complete record linkage for all children across the period studied. The data are maintained and made available for research by Statistics Denmark and approved to be used for research by the ROCKWOOL Foundation under data agreement 705830.

The data on child protective services involvement include information on in-home services received and out-of-home placements initiated. From 1977-1992, the data on in-home services is not complete due to under-registration by local municipal governments, leading to an undercount of less invasive services provided by CPS. We obtain mental health information from the Danish Psychiatric Central Research Register (Mors, Perto, and Mortensen 2011). The register holds information on all inpatient treatments at psychiatric hospital departments since 1960 and all ER-visits and outpatient treatment initiated since 1995, thus we will have an undercount of less severe hospital contacts prior to 1995. The registry does not hold information on people treated for mental disorders treated by general practitioners or by psychiatric specialists working in private practice, which both tends to treat milder cases of mental health problems (Mors et al. 2011). Thus, we only

include involvement with the mental health system problems so severe that they require hospital involvement. For contact to the criminal justice system, we include all criminal cases that led to a conviction. Data come from the National Crime Registries and include criminal convictions and incarcerations under Danish law since 1980 (Andersen 2018). We include all criminal justice contacts with a guilty verdict, and report whether incarceration took place following sentencing.

We break down involvement with CPS, MHS, and CJ by three-year age brackets, and treat involvement with each system as a binary event within the age-bracket, with 1 indicating any involvement and 0 indicating no involvement during those three years of childhood and adolescence. When we report “Any contact” this represents the union of contacts across all the three system. Because some children with have contacts with multiple systems within an age-bracket, the “Any”-group will generally be smaller than the sum across all three systems.

Findings

This section lays out the empirical findings on the likelihood of system involvement with child protective services, the mental health system, and the criminal justice system for Danish children born 1982-1995. First, we present results on the probability of contact with systems at different age brackets, and then we consider how contacts earlier in the life course predicts contacts later in the life course.

Temporal and Cumulative Risk of System Involvement

Table 1 reports the share of children with institutional contacts across age brackets and institution types, both per age bracket and cumulative across childhood. The first four result columns report the age-specific contact shares. Across all three types of institutional contacts there is a clear positive age gradient in temporal contacts. For CPS contacts, probability decreases after turning 18, because most children age out of care then. For the age-bracket 15-17, 14 percent of the included

cohorts had contact with at least one of the three system, with 7.6 percent having contact with CPS, 3.4 percent had contact with MHS, and 6.2 percent had contact with CJ. There are indications of multi-system contacts for all ages except 3-5, but only from age 12 and up does the sum of CPS, MHS, and CJ contact shares become meaningful larger than the share with any contact. Going from a temporal to a cumulative view of the probability of institutional contacts shown in the last four columns, we see that at the end of their 20th year, 20 percent of the cohort members had at least one institutional contact, with a steady, slow increase in the cumulative risk until age 12, and then a more rapid increase from there. 10 percent had a CJ contact at end of age 20, 8 percent had a MHS contact, and 9 percent had a CPS contact. A substantial share of Danish children has system contacts during the first 21 years of their lives and there is substantial multi-systemic overlap in the contacts. Further, as the sum of temporal contact share across age brackets is substantially higher than the cumulative risk⁴, there is also evidence of strong retention across childhood and adolescence.

⁴ Summing across age-bracket for any temporal contacts gives: $.010 + .018 + .027 + .039 + .064 + .137 + .114 = .409$, which is twice as large as the cumulative share.

Table 1. Temporal and Conditional Share of Danish Children with Institutional Contacts across Age, Cohorts Born 1982-1995

Age	Share with contact within age bracket				Cumulative share across age brackets			
	Any	CJ	MHS	CPS	Any	CJ	MHS	CPS
All								
0-2	0.010	-	0.001	0.010	0.010	-	0.001	0.010
3-5	0.018	-	0.003	0.015	0.021	-	0.003	0.018
6-8	0.027	-	0.008	0.021	0.034	-	0.009	0.027
9-11	0.039	<0.001	0.013	0.029	0.051	<0.001	0.018	0.037
12-14	0.064	<0.001	0.021	0.050	0.082	<0.001	0.032	0.061
15-17	0.137	0.062	0.034	0.076	0.162	0.062	0.054	0.093
18-20	0.114	0.053	0.042	0.039	0.203	0.095	0.078	0.094
Females								
0-2	0.010	-	<0.001	0.009	0.010	-	<0.001	0.009
3-5	0.016	-	0.002	0.014	0.018	-	0.002	0.017
6-8	0.021	-	0.004	0.019	0.028	-	0.005	0.024
9-11	0.029	-	0.006	0.024	0.039	-	0.010	0.032
12-14	0.056	<0.001	0.019	0.043	0.070	<0.001	0.025	0.053
15-17	0.114	0.031	0.039	0.070	0.135	0.031	0.053	0.084
18-20	0.094	0.020	0.052	0.036	0.169	0.047	0.084	0.085
Males								
0-2	0.011	-	0.001	0.010	0.011	-	0.001	0.010
3-5	0.020	-	0.004	0.016	0.023	-	0.004	0.019
6-8	0.033	-	0.012	0.024	0.040	<0.001	0.014	0.029
9-11	0.048	<0.001	0.019	0.033	0.061	<0.001	0.026	0.042
12-14	0.072	<0.001	0.024	0.056	0.093	<0.001	0.039	0.068
15-17	0.159	0.092	0.029	0.083	0.186	0.092	0.055	0.101
18-20	0.134	0.085	0.033	0.041	0.235	0.141	0.072	0.102

“-” indicates empty cell.

Source: Own calculation on data from Statistics Denmark.

As discussed in the previous section, there likely exist systematic gender differences in the type of institutions male and female children and adolescence have contacts with. Therefore, the second panel of Table 1 reports the cumulative and temporal risk for institutional contacts for females, and the third panel reports it for males. In general, males have higher temporal and cumulative contact shares than females, except for mental health contacts from 15-20 years of age,

where females have higher temporal shares and ultimately higher cumulative share as well. Ultimately, males have 6.6 percentage points higher cumulative risk of any contacts, driven predominantly by an almost three-fold higher risk of criminal justice contacts for males than for females. There is evidence of multi-system contacts and retention for both males and females.

Retention within Systems over Age

Tables 1 highlight two features of system involvement. First, there is both cumulative and temporal evidence of multi-system involvement during childhood and adolescence. Second, as the sum of the temporal risk over age groups is larger than the cumulative share, there is also retention within the systems. In Table 2, we report the share of children who had a system contact at a given age-bracket, conditional on whether they had contact with the same system during the previous age-bracket (e.g., CPS contact at age 3-5 conditional on whether there was CPS contact at age 0-2).

Table 2. Share of Danish Children with Institutional Contacts Across Age and Institutional Involvement in the Previous Age Period

Age	Any contact	CJ-involved	Mental Health	CPS
No contact period prior				
3-5	0.011	-	0.003	0.008
6-8	0.014	<0.001	0.006	0.009
9-11	0.018	<0.001	0.008	0.011
12-14	0.036	<0.001	0.014	0.025
15-17	0.090	0.053	0.020	0.033
18-20	0.052	0.030	0.022	0.001
Contact period prior				
3-5	0.702	-	0.044	0.685
6-8	0.766	-	0.126	0.700
9-11	0.766	-	0.176	0.668
12-14	0.788	0.001	0.215	0.676
15-17	0.823	0.196	0.231	0.704
18-20	0.509	0.198	0.169	0.274

“-” indicates empty cell.

Source: Own calculations on data from Statistics Denmark.

For any contact across the three systems, we see an increase in both retention and new entrance from ages 3-17, and then a decline caused by discontinued CPS involvement at age 18

(CPS after the age of 18 mainly consists of aftercare). More than 70 percent of children with a system contact at ages 0-2 are retained, and that percentage increase to 82 percent at age 15-17. Comparatively, 1 percent of children without any contact at age 0-2 had a contact at age 3-5. Retention through any institutional contact increases steadily across the age brackets, with CPS retention being constant, with increase in MHS retention driving the overall increase in any system contacts. CJ involvement plays less of a role for retention due to the age at onset being high. Contrastingly, the share of new entrances doubles at age 12-14 driven by CPS and MHS involvement, and close to triples at age 15-17 driven by CJ involvement. Overall, especially the CPS system shows high and steady levels of retention at around 67-71 percent retained between age brackets. At the same time, recruitment into the CPS increase with age as well. Retention in and entrance into MHS also increase with age. For CJ contacts, retention increases while entrance appears constant. Retention in MHS and CPS declines at age 18-20, whereas CJ retention continues to increase. Thus, once involved with the systems, far more than half of all children with contacts have involvements across multiple age-brackets—evidence of strong retention.

Multi-system involvement

Next, we consider multi-system involvements. Given the early-age high prevalence and temporal precedence of CPS involvements compared to MHS and CJ involvements, we first study the share of children with MHS and CJ contacts conditional on CPS contacts. Table 3 reports the share of children and adolescence who has a a) criminal justice contact; and b) incarceration conditional on CPS-involvement across age. We isolate incarcerations to capture more intense criminal activity. In Table 3, grey cells indicate that CJ and CPS occurs within the same three-year period.

For all CJ contacts, those who had a CPS involvement in any point during childhood have substantially higher rates of involvement than had children who did not have a CPS involvement in the same age-bracket. At the same time, for the CPS involved, the share with CJ involvements at

ages 15-20 increase with age at CPS involvement, while for those without a CPS contact, the share with CJ contacts at age 15-20 decreases as age increase. More than one in six of children with a CPS contact between ages 0-8 had at least one criminal justice contact at ages 18-20, whereas more than one in four of children with a CPS contact at ages 12-17 had a CJ contact at ages 18-20 – a rate more than three times higher than for children who did not have a CPS contact. For incarcerations, the story is similar. 5-6 percent of children with a CPS contact at ages 12-17 experienced incarceration at ages 18-20, whereas in contrast only 0.6-0.8 percent of children without a CPS contacts at ages 12-17 experience incarceration at ages 18-20. Taken together, Table 3 shows that the within-childhood and adolescence overlap between CPS and CJ justice involvements is substantial, and that the older the children are when they are in contact with CPS, the larger the within-childhood and adolescence overlap. Children start out in the CPS system, and the older the children are while remaining in the system, the more they enter the sphere of the criminal justice system as well.

Table 3. Probability of criminal justice system involvement and incarceration conditional on childhood CPS involvement across age

Criminal Justice Involvement						
No CPS-involvement						
Age	0-2	3-5	6-8	9-11	12-14	15-17
12-14	<0.001	<0.001	<0.001	<0.001	<0.001	
15-17	0.061	0.060	0.060	0.058	0.053	0.046
18-20	0.052	0.052	0.051	0.050	0.046	0.041
CPS-involvement						
Age	0-2	3-5	6-8	9-11	12-14	15-17
12-14	0.001	0.001	0.001	0.002	0.002	
15-17	0.175	0.166	0.169	0.187	0.224	0.253
18-20	0.159	0.155	0.158	0.173	0.199	0.203
Incarceration						
No CPS-involvement						
Age	0-2	3-5	6-8	9-11	12-14	15-17
15-17	0.003	0.003	0.003	0.003	0.002	0.001
18-20	0.011	0.010	0.010	0.010	0.008	0.007
CPS-Involvement						
Age	0-2	3-5	6-8	9-11	12-14	15-17
15-17	0.013	0.013	0.014	0.017	0.024	0.029
18-20	0.041	0.039	0.041	0.050	0.062	0.064

Source: Own calculations on data from Statistics Denmark.

Table 4 reports the link between CPS and MHS system contacts across ages at (the absence of) CPS contacts. As with CJ contacts, children who have contact with the CPS during an age-bracket have a three-to-five-fold over-involvement with MHS compared to children who at a given age did not have contact with CPS. The older children are when involved with the CPS, the higher the risk of the children also having contact with the MHS either later or simultaneously. 12 percent of children involved with CPS at age 0-2 was involved with MHS at ages 18-20, whereas the corresponding percentage for those without CPS involvement at ages 0-2 was 4 percent. For those with CPS contact at the last part of childhood, ages 15-17, 17 percent had contact with MHS at ages 18-20, whereas only 3 percent of those who had no involvement at ages 15-17 had a contact to the MHS. When children were CPS-involved at older ages, they had increasing risk of later mental

health involvement, indicating that like with CJ system contacts, so do children also increasingly enter the MHS the older they are while remaining in contact with the CPS system.

Table 4. Probability of mental health system involvement conditional on childhood CPS involvement across age

Age	No CPS-involvement at age					
	0-2	3-5	6-8	9-11	12-14	15-17
12-14	0.021	0.020	0.020	0.019	0.015	
15-17	0.033	0.032	0.032	0.031	0.027	0.022
18-20	0.041	0.041	0.040	0.039	0.036	0.032

Age	CPS-involvement at age					
	0-2	3-5	6-8	9-11	12-14	15-17
12-14	0.067	0.082	0.095	0.109	0.134	
15-17	0.098	0.113	0.124	0.133	0.150	0.176
18-20	0.121	0.136	0.146	0.149	0.153	0.167

Source: Own calculations on data from Statistics Denmark.

Next, we consider the link between contacts MHS and the CJ system. As shown in Table 1, involvement with MHS and CJ occurs later in childhood and adolescence than with the CPS. Therefore, we focus on the teenage year and early adulthood. Table 5 reports that those with MHS contact in their teens had more than twice as high rates of CJ justice contacts during early adulthood than did those without MHS contacts during their teenage years. Broken down by gender, we that more than a fourth of males with MHS contacts received a conviction during early adulthood, while only around one in tenth of those without MHS contact did the same. For females, the absolute rates where much lower than for boys, but the relative different much starker. 3 percent without MHS contacts received a conviction, whereas 10 percent of those with MHS contacts did so as well. The shares incarcerated are lower, but the relative differences much larger. For men, those with MHS involvement had 1.5-fold larger probability for incarceration, as for women it was a 3-fold larger risk of incarceration. Thus, youth with a teenage history of in- or outpatient mental health treatment

committed both more crime, but also more serious crime (measured in the form of incarceration) than did their not-MHS involved teenage peers.

Table 5. Probability of being criminally involved at 18-25, conditional on mental health involvement as adolescent (age 13-17)

	Mental health involvement as adolescent	
All	No	Yes

All	No	Yes
Pr(Incarcerated)	0.016	0.041
Pr(CJ-involved)	0.075	0.169
Males		
Pr(Incarcerated)	0.030	0.080
Pr(CJ-involved)	0.116	0.253
Females		
Pr(Incarcerated)	0.002	0.008
Pr(CJ-involved)	0.030	0.097

Source: Own calculations on data from Statistics Denmark.

Last, Table 6 examines the probability of MHS contacts in teen years, dependent on whether people a) received a CJ conviction; and b) was incarcerated between age 18 and 25 across gender. 3.5 percent of men not incarcerated during early adulthood had a MHS contact in their teens, whereas more than 9 percent of those incarcerated had a history of in- or outpatient contact to MHS during their teen years. Considering all criminal justice convictions, 3 percent of men never convicted during early adulthood had in- or outpatient contact with MHS during their teenage years, with 8 percent of those convicted had contact to MHS. The contrast and magnitude for women are larger, reflecting both that more women than men have in- and outpatient MHS contacts during their teenage years, as well as a more intense link from the CJ system back to MHS for women than for men. 18 percent of incarcerated women had a history of MHS contact in their teens, whereas this was only 4.5 percent of the (much larger) group of women not incarcerated.

Table 6. Probability of being involved in the mental health system at 13-17, conditional on gender and criminal involvement at 18-25

Involvement	Men		Women	
	Incarcerated	CJ-involved	Incarcerated	CJ-involved
No	0.035	0.032	0.045	0.043
Yes	0.092	0.077	0.184	0.133

Source: Own calculations on data from Statistics Denmark.

Conclusion and Discussion

In this study, we showed that, across childhood and young adulthood, there exist a high degree of persistence of institutional involvement with welfare systems aimed to mitigate risk. Children who encountered CPS (often at younger ages) had a high probability of remaining in contact for the rest of their childhood, and as they aged also to encountered MHS and the CJ system. Even early CPS contact was highly indicative of later MHS and CJ contact. Further, as children aged, overlap between system contacts increased. We also showed that there were gendered pathways through the system, and explicitly considered the gendered links between contact with MHS during teen years and intensity of CJ system contact in early adulthood.

The results demonstrated that there is a strong persistence in contact with child protective services, mental health services, and the criminal justice system across childhood and early adulthood. As children age, their contacts increasingly change from being with a system that aims to protect children from external forces, to increasingly aiming to protect society (and/or the child) from the child itself. Across age, the systems-involved child goes from being a subject at risk to a subject of risk. The high degree of retention within these system underline that this progression in moral career is likely not driven solely by differences in which children have system contacts at certain ages, but also partly by an intra-childhood career progression. Further, previous work demonstrate that such careers are not limited to intragenerational progression—they are also

transmitted intergenerationally in a dynastic way (e.g., Hjalmarsson and Lindquist 2013; Mertz and Andersen 2017; Wildeman and Andersen 2017).

Further, careers appear distinctly gendered. Boys and young men had higher share of system contact across childhood and early adulthood. As also found elsewhere, boys and young men are overrepresented in CPS and the CJ system, and girls and young women overrepresented in cumulative share ever to have contact with MHS. Yet, young women with criminal involvement in early adulthood had twice as high rates of MHS contact in teen-years as their male peers did. So, among women who enter the CJ system, there exist a stronger link back to MHS across degree of intensity of CJ involvement. Thus, boys and young men are generally more likely to have institutional careers but having a MHS history is more concentrated among women with criminal records than among men, indicating concentration of contact along two different dimensions for males and females. As a task for future research, it will be worth to give additional theoretical and empirical consideration to the gendered nature of such multisystemic contacts.

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