Exploring the criminalisation of children in residential care through the lens of identity disruption

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Abstract

Care-experienced children are markedly over-represented in youth justice systems internationally. Existing explanations tend to fall into two camps. The first holds that care-experienced children share the same background risk factors as justice-experienced children generally. The second holds that practices within the care environment, such as staff calling the police for behaviour that would be handled informally in a family home, propel children towards criminalisation. This paper offers an original, complementary explanation. It draws on semi-structured interviews with nineteen careexperienced children in North-West England who were also being supervised by 4 different youth offending teams in the same region. The analysis is informed by attachment theory and by Goffman's work on stigma and total institutions. It also extends our earlier account of how residential care disrupts children's identities (Authors et al., 2023).

The paper's principal contribution is the Identity-Disruption Response Typology, a five-part typology of how children actively respond to stigmatising and depersonalising experiences in residential care. The five responses are reacting to the unfairness of care, reinforcing stigmatised identities, defending pre-care identities, reinforcing pre-care identities, and constructing new identities organised around status and protection. The typology connects children's pre-care experiences, residential-care practices and criminalisation. Drawing on children's retrospective accounts, we argue that their responses to identity disruption, and the ways in which staff and police react to those responses, form an under-recognised part of pathways into the youth justice system, alongside pre-care adversity and staff practice. We conceptualise children's agency as situated and constrained by pre-

care adversity, placement instability, racialisation and adultification, staff practices and policing, rather than as an independent cause of criminalisation. This has implications for how residential care providers, social workers and youth justice practitioners understand and respond to behaviour that is perceived as challenging.

Keywords: residential care; identity; stigma; Goffman; criminalisation; youth justice; reflexivity

Introduction: The disproportionality of care-experienced children in youth justice systems

The over-representation of care-experienced children in youth justice systems across the globe is a longstanding challenge to academics and policy makers (Gerard et al, 2019). Mendes et al (2014) observed that the persistent over-representation of care-experienced children within youth justice systems worldwide has prompted an increased focus on international comparisons of best practices in efforts to address this complex issue (e.g. del Valle and Bravo, 2013). Existing explanations for this over-representation, reviewed more fully below, have tended to focus either on the risk factors that care-experienced children share with justice-experienced children generally, or on the practices of residential care staff. This paper's original contribution is to offer a third, complementary explanation: a five-part typology, not previously set out in the literature, of how children themselves respond to the stigmatising and depersonalising experiences of residential care, and an account of how children narrated these responses, and the institutional reactions they met, as part of their pathways into contact with the criminal justice system. We do not treat children's responses as an independent driver of criminalisation. Rather, we understand them as situated and constrained: shaped by pre-care adversity, placement instability, racialisation and adultification, and by the staff practices and policing that determine whether a given behaviour is managed within the home or becomes a matter for the criminal justice system. This typology, and its explicit connection to criminalisation, forms the paper's central contribution and is developed in full in the Findings and Conclusion below.

Focusing on England and Wales, the scale of the problem is stark. The number of children in care stood at approximately 84,000 in 2024, the highest figure since records began in 1994 (DfE, 2024), and analysis of census data shows that 52% of care-experienced children born in 1994 had received a criminal conviction by the age of 24, compared with 13% of children who had not been in care (Stafford et al., 2022). A recent UK Government report on Children in Custody revealed that 66% of children in custody had previously been in care; the single most over-represented group in this cohort (HMIP, 2023).

Children who cannot safely remain with their birth families in England and Wales may be cared for through several different routes. In England, the majority live with foster carers, either in a mainstream fostering household or, increasingly, with relatives or family friends through kinship care; a smaller number live in residential children's homes, secure children's homes, or semi-independent and other supported accommodation (Department for Education, 2025). Each pathway rests on different assumptions about what children need: foster and kinship care are usually framed as reproducing a

family-based environment, whereas residential care has historically been positioned as a placement of last resort, reserved for children whose needs cannot be met in a family setting (Dobbs, 2022; Kahan, 1994; Frost, Mills and Stein, 1999).

In the UK, children who are placed in care may live with a foster family or in a residential children's home. Most children's homes (84%) in England are run by private or voluntary-sector providers, with a smaller proportion managed directly by local authorities (Ofsted, 2025). This paper focuses specifically on the experiences of children living in residential care, both because it is the setting in which the children in this study were living at the point of their criminalisation, and because, as the following sections outline, its particular institutional features may make it more likely to expose children to processes of stigmatisation and identity disruption than other placement types.

Existing explanations for over-representation

Established international explanations for the over-representation of care-experienced children in youth justice systems worldwide largely fall into two camps (Staines, 2016). Reviewing European, American and Australian literature, Staines identified that the primary explanation has been that children in care have similar background 'risk factors' as children in the youth justice system generally (e.g. chaotic childhood, poverty, poor parenting). This implies a determinism about care-experienced children's entry into the criminal justice system by focusing on their shared 'risk factors' with all justice-experienced children. This suggests that the care system itself carries little blame for the overrepresentation of care-experienced children in youth justice systems (e.g. Corrado et al, 2011; Gerard et al, 2019; Youth Justice Board 2016; Narey 2016). The second explanation relates to the care environment itself, including the role that frontline residential home staff play in propelling children in care towards the criminal justice system. For example, by calling the police for children's behaviours that may have been dealt with informally if occurring in a parental home (Herz et al., 2012; Howard League 2016). However, the dominance of these explanations in policy and practice risks obscuring other possible factors (Shaw 2014b), such as the impact of stigmatisation and identity disruption on a child's criminalisation.

Theoretical framework: attachment and stigma

Two theoretical traditions inform the analysis in this paper: attachment theory and Goffman's work on institutions and stigma. Attachment theory (Bowlby, 1978) states that a child's early relationship with a consistent caregiver provides a secure base for exploring the world, and that disruption to this

relationship can undermine a child's safety, self-worth, and later capacity to trust and relate to others. Attachment theory and research have developed considerably since Bowlby's original work, and recent syntheses for child and family social work have highlighted widespread misunderstanding and misapplication of the theory in practice (Foster et al., 2025; Hanbury, 2025). It is this specific claim, linking disrupted early caregiving to later relational and identity difficulties, that we draw on here, rather than the theory's more contested propositions about discrete attachment "styles" or its origins in a narrow model of the mother-infant dyad, for which it has been critiqued as culturally limited. This more cautious reading is consistent with contemporary guidance, which encourages practitioners to apply attachment ideas in ways that support children's relationships rather than label them (Foster et al., 2025; Hanbury, 2025). Goffman's (1961; 1963) concepts of the "total institution" and "spoiled identity" are used with similar care: we draw on his account of how institutional regimes strip away individual identity, and on his argument that stigma can lead a person to be regarded as "not quite human" (Goffman, 1963: 15). Goffman's original studies, however, examined adult psychiatric hospitals and prisons, not children's residential care, and his framework has been criticised for treating institutionalised people as relatively passive recipients of a spoiling process, underplaying the resistance and agency that residents, including children, can exercise (Scott, 2011). Applying Goffman to children in residential care therefore requires some caution, and part of this paper's contribution is to show how children actively respond to, rather than simply absorb, stigmatising and depersonalising processes (see Findings), while recognising that this agency is exercised within, and constrained by, the institutional regimes that Goffman describes.

Residential care as a heterogeneous provision

Having set out the theoretical framework, we now return to residential care itself, and to the point that it is not a single, uniform model. Residential care homes can take many forms ranging from smaller family focused units through to larger institutions. Drawing on Bowlby’s Attachment Theory (Bowlby, 1978), in 2009, the UN called for the end of all residential care placements for younger children and babies. Several jurisdictions across Europe, South and Central America responded to this and now only place younger children in foster care (Hamilton-Giachritis and Quiroga, 2022). The homogenous understanding of residential care as less preferable to smaller family-based units has recently been challenged, with Hamilton-Giachritis and Quiroga (2022) arguing that any reform and analysis of residential children's care must be informed by cultural and paradigm variations worldwide, recognising that different theoretical perspectives have influenced differing paradigm shifts over space and time. In England, for example, large Victorian-era institutions gave way to smaller, more family-style children's homes following the 1946 Curtis Report and the Children Act 1948 (Frost, Mills and

Stein, 1999). A more dramatic shift occurred in Romania after 1989, where the exposure of mass institutional care under the Ceaușescu regime, combined with longitudinal evidence of its developmental harms (Kreppner et al., 2007), drove rapid deinstitutionalisation and reshaped international policy on residential care for children (Goldman et al., 2020).

Given that there is a huge variation internationally in what is understood by the term's 'institution' and 'residential care', Hamilton-Giachritis and Quiroga (2022) argue that viewing residential care through such a narrow lens and treating it as a single, uniform model typified by large, impersonal institutions, is unhelpful. They conclude that focusing on how residential care could be smaller, more individualised, and therapeutic offers a formula that can be applied beyond its current narrow presentations.

Read alongside attachment theory, this argument suggests that smaller, more individualised and therapeutic residential settings can, in principle, replicate several of the relational conditions associated with secure attachment: consistency of care, responsiveness to individual need, and stable relationships with a small number of trusted adults, rather than a large and frequently changing staff group. The children in this study were placed predominantly in privately-run homes (see Table 1), and 11 of the 19 were placed outside their home area. Their accounts described features associated with more institutional regimes, including frequently changing staff, rule- and sanction-based behaviour management, and limited freedom and personal space (see also Authors et al., 2023). We did not systematically collect data on the size, staffing or therapeutic model of these homes, so this characterisation rests on the children's own descriptions. These settings appear to differ from the smaller, therapeutic settings described by Hamilton-Giachritsis and Quiroga (2022), and the largely negative experiences reported in the Findings should be read in that light: as an account of residential care as these children experienced it, rather than as evidence that residential care as such is inherently harmful to children's identity development.

Residential care, identity and criminalisation

International research argues that the residential care home is criminogenic when compared with other forms of care, such as foster or kinship care (Hayden, 2010; Shaw, 2014a; Stanley, 2017). For example, in England, Shaw (2014a) suggested that experiences directly related to living in residential care may, in themselves, be criminogenic, presenting a range of explanations including children's solidarity and friction with (offending) peers, poor supervision, and reacting against a disempowering or authoritarian culture. She argued that these experiences may perpetuate negative, nonmainstream

identities that children had already formed prior to entering residential care (2014a: 156). Shaw suggests these identities are often linked to freedoms not traditionally associated with conventional notions of childhood, such as greater autonomy. Because such freedoms conflict with the rules and expectations of residential care, children holding these identities are more likely to come into conflict with staff, contributing to their criminalisation (2014a: 101). Elsewhere, we have shown how negative or stigmatised identities may also be formed by the residential care experience itself and questioned whether the negative effects from these stigmatised identities could offer an alternative explanation for the criminalisation of children in care (Authors et al 2023). We highlighted how features of care can disrupt a child's identity through depersonalisation, labelling and stigmatisation. Care-experienced children described how their experiences of residential care environments and regimes undermined their sense of self. Against this background of care-disrupted identities, we reported stigmatising interactions with staff that leave children in care feeling labelled both as a generic 'looked-after child' and as a 'bad kid' (Authors et al, 2023).

Drawing on semi-structured interviews with nineteen care-experienced children about their journeys into and through both the care and youth justice systems, this paper explores how children made sense of their pathways into care and their care-experiences. We argue that the children's pre-care experiences set the context against which children experience and respond to a range of stigmatising challenges in residential care. In the children's accounts, these responses often involved behaviours which, once interpreted and responded to by staff and police, brought them into contact with the criminal justice system. Many of these stigmas are unique to residential care and may offer an alternative lens through which to consider the over-representation of care-experienced children in youth justice systems. The sections that follow review the literature on children's pre-care experiences, the stigma of being a 'looked-after child', racialisation and adultification, and the pathways from stigma to criminalisation, before we set out the paper's contribution in full.

Pre residential care experiences

When children are placed in the care of the state, they have often experienced many significant traumas and challenges. For example, in England and Wales, 66% of children enter care because of abuse or neglect, and just 1% enter care because of their own behaviour **(categorised by the DfE as 'socially unacceptable behaviour')** (DfE, 2024). Three-quarters of children entering residential care have already experienced failed foster placements, with 31% experiencing six or more failed care placements (Hart and La Valle, 2015). In the US, Mitchell (2023) argued that the loss associated with being removed from their families and communities is also associated with further losses to children's

sense of self-worth, belonging and identity. There is evidence of a similar pattern internationally; when children arrive in residential care, they have often experienced multiple instances of neglect, harm, instability and rejection (e.g. Collin-Vezina et al, 2011; Morantz et al, 2013) significantly impacting on their self-worth, belonging and identity (Scott, 2007; Shaw, 2014a). Consistent with Goffman's (1961) thesis on the mortification of self within 'total institutions', children are similarly required to conform to the expectations of institutional regimes. These regimes may be at odds with the child's pre-existing sense of self—including their needs and preferences—particularly if developed in the context of prior abuse or neglect.

Stigma of being a 'looked-after child'

Once in care, international research and reviews have established that negative outcomes during and after care can be linked with various events in the child's care journey (e.g. Laming, 2016; Mendes et al, 2014; Shaw, 2014b). These include: placement instability and distance from original home (HM Government, 2006; Lipscombe et al, 2019); living with other children with complex needs (Baidawi and Ball, 2022); the loss of contact with family and friends (Hart et all, 2011); and difficult relationships with social care staff and other children (Hart et al, 2011; Shaw 2014b; Mazzone et al 2018).

There is arguably a stigma associated with being placed in residential care homes specifically, partly through the view, that these are placements of last resort (Dobbs, 2022; Kahan, 1994; Frost, Mills and Stein, 1999; Author et al, 2023). This can influence perceptions amongst social care professionals and children that those placed in residential care are 'damaged' in some way (Kools, 1997). Indeed, media reporting has found that residential care-experienced children believe that the public view them as troublesome and uneducated (Cockett, 2017). We contend that such representations can negatively impact how children in care understand and present their identities to others. Identity development is an area that has shown to be negatively affected by being in care.

Goffman (1963: 12) explores how a person's social identity can become 'spoiled' through stigmatisation when a person possesses an '*attribute that makes him different from others…..he [sic] is thus reduced in our minds from a whole and usual person to a tainted a discounted one. Such an attribute is a stigma*.' We cannot do justice here to all that has been written about the impact of identity and stigma in relation to those in care (see An et al, 2017) however, there is a strong narrative that any move into care risks the loss of a child's individual identity, to be replaced with a collective identity of being a 'looked after child' (Neagu et al, 2019). This collective identity is characterised by different labels

deployed by professionals and are determined by legal status or social norms reflected in stereotypes that form a stigma (Ibid, 2019). The collective identity of a 'looked after child' results from:

> *'the devaluation of one's personal identity by others through biased assumptions, description or identification in negative, stereotypical terms, and behavioural expectations and treatment in accordance with these biases or labels' (Kools, 1997: 266).*

In response to this, children can reassess their sense of self and how they are viewed by others upon entering care (Dansey et al, 2019). Goffman famously stated that the attribution of a stigma leads to a person being viewed as 'not quite human' (Goffman, 1963: 15). Others have considered the extent to which stigma can dehumanise children in care settings. For example, Kools (1997) argued that children in foster care internalise the labelling associated with this depersonalisation, leading to a stigmatised self-identity including that of a bad child and a rejected/ damaged child.

Racialisation, adultification and criminalisation

The over-representation of care-experienced children in youth justice systems is not experienced equally across ethnic groups. Analysis of a cohort of 2.3 million children found that minoritised careexperienced children in England were disproportionately more likely to receive a youth justice caution or conviction, and that custodial sentences were almost twice as common among Black and Mixedethnicity children who had been in care as among White children who had been in care (Hunter et al., 2023). Hunter's (2019) doctoral research described this pattern as a process of institutionalised racialisation, operating at the level of individual encounters such as policing, at the level of the institutions that make placement and referral decisions, and at the level of national policy, and identified policing practice as a particularly powerful driver. Hunter (2022: 15) describes a "double discrimination", or "double whammy" (Hunter, 2022: 15), experienced by children who are both Black and care-experienced, in which racism and care-experience combine to increase exposure to exclusion, over-policing and criminalisation.

One mechanism through which this operates is adultification bias: the tendency for Black children in particular to be perceived as older, less innocent and less vulnerable than their White peers, and consequently to be met with suspicion and punitive sanction rather than the protection or support that would be offered to a child seen as more conventionally "innocent" (Davis and Marsh, 2020). In a residential care setting, where staff already hold considerable power to define and label children's behaviour (Kools, 1997), adultification bias offers one explanation for why racially minoritised children's responses to stigma and identity disruption may be more readily interpreted as dangerous

or wilful, rather than as an understandable reaction to trauma, loss or unfair treatment. This paper's findings, discussed below, include an account of racialised name-calling and stereotyping by peers and staff that a participant, Scott, experienced as itself a stigmatising attack on his identity, suggesting that racialisation should be understood as one of the specific stigmatising processes through which residential care can contribute to children's criminalisation, rather than as a separate issue running alongside it.

Stigma and labelling from experiences during care

Entering a residential home has been shown to impact identity and a sense of belonging through the loss of connections with family, friends and home (Swain and Musgrove 2012; Woods, 2020), and multiple placement transitions can exacerbate this (Ward et al 2011). The environment and culture of an individual's care placement can also interrupt a child's identity development (Author, 2017; Harter, 1990; Jack, 2008; Woods 2020). In a previous paper, we showed that both the environment of residential care and interactions within it can disrupt a child's existing identity and reinforce the depersonalising identity of a 'looked after child' (Author et al 2023). Institutional features including bureaucratic procedures, the presence and movement of staff, the use of rules and restrictions to manage behaviour, and the lack of freedom and personal space all challenge a child's sense of self and cause them to feel different from those residing with their families (ibid, 2023).

Finally, the quality of relationships between staff and children in care can be central to whether children come to adopt negative or stigmatising identities (Marshall et al, 2020; McMurray et al, 2011; Neagu et al, 2019; Selwyn, 2015; Woods, 2020). Similarly in foster care, in the US, McKinney (2011) found that a child's carer constructed a totalising and durative 'institutional identity' that they tried to impose on the child with depersonalising impact.

From stigma to criminalisation

Shaw (2014b) noted how residential staff's stereotyping, adulterising and labelling of children as problematic feeds criminalisation by making it more likely that they will respond to children's behaviour punitively, including calling the police. This echoes the process presented by Jarvinen and Andersen (2009) in Danish adult treatment institutions, where more punitive, coercive or surveillanceoriented staff responses are likely because they 'make up' (Hacking, 1999) their clients as chronic addicts irrespective of the client's own self-perception.

Research suggests that the stigma associated with residential care can have a negative behavioural effect. In a South Korean study, An et al (2017) found that the children highly aware of the stigma associated with care tended to have higher levels of aggression and challenging behaviours. Longer term, children who were seen to have disrupted identity formation because of multiple transitions between care placements, were more likely to present with self-destructive behaviours, including some defined as criminal, in adulthood (Ward et al 2011). However, there has been a deficit in understanding the process of how the stigma might feed into behaviours that adults experience as challenging, that are then open to stigmatised interpretation and authoritarian or punitive responses by staff.

We advance this understanding by arguing that the stigmas children experience in residential care can be viewed through the lens of identity disruption. By conceptualising children's responses to the challenges they experience in care, we offer an additional lens through which to understand behaviours of children in residential care that are perceived as challenging, some of which were subsequently criminalised. We do not suggest that these responses in themselves cause criminalisation. Whether a behaviour becomes a criminal matter depends on how it is interpreted and responded to by staff, managers and police, and children's responses are themselves shaped by precare adversity, placement instability, and racialised and adultified readings of their behaviour. We therefore conceptualise children's agency as situated and constrained: children act, but they do so within structural and institutional conditions that are not of their making and that largely determine the consequences of their actions.

This paper's contribution is threefold. First, building on Goffman's (1963) account of spoiled identity, it shows how children in residential care experience a range of stigmas that disrupt their identity development. Second, whereas our earlier paper (Authors et al., 2023) described how the residential care environment and interactions within it disrupt children's identities, this paper turns to the children's own responses to that disruption, developing a five-part typology that has not previously been set out in the literature. Third, the paper connects this typology to processes of criminalisation, showing how children narrated identity-protective responses to stigma and depersonalisation as part of their pathways into contact with the criminal justice system, and how those responses became criminalised through the institutional reactions they met. It is this combination that distinguishes this paper from prior accounts of residential care as simply criminogenic (e.g. Hayden, 2010; Shaw, 2014a; Stanley, 2017) and from our own earlier work on identity disruption alone (Authors et al., 2023).

Research Design

Empirical material comes from semi-structured interviews with 19 care-experienced children from North-West England who were also being supervised by four different Youth Offending Teams (YOT)[1] in the same region as part of a community sentence[2] (Author 2019). One member of the research team had previous experience as a YOT Team Manager, who was able to contact former colleagues and facilitate access to the children's case managers and the children themselves. Participants were recruited using a purposive sampling strategy: all children supervised by the participating Youth Offending Team and living in care were invited to take part via their case manager. The aim of the study was to place the experiences and views of care-experienced children of their criminalisation story at the centre stage and then consider the implications for policy and practice. The children were initially approached through a YOT Officer[3] (usually their case manager), who explained the study, verbally read out the information sheet and sought their agreement to be contacted by the researcher, where they could express an initial interest in participating in the project. -The researcher discussed potential issues that might impact upon the child with the YOT Officer, including any additional learning needs or social, emotional or mental health challenges.

Ethical approval was secured from (anonymised) University Ethics Committee. One of the major challenges regarding the ethics of accessing and recruiting children as participants in research relates to informed consent (Powell and Smith, 2009). The gatekeeper (YOT Officer) initially asked the children whether they were happy to be contacted. Following this, the researcher followed a further two stages to gain informed consent. Firstly, participants were provided with an information sheet and consent form. Written in accessible language, the information sheet covered matters such as a project overview, requirements of the participant, freedom to withdraw at any point, confidentiality, recording of the interview, and how the information will be used. Then, prior to commencing the interview, the researcher explained the information sheet again and each child reconfirmed consent. It was re-emphasised to all participants that the process was entirely voluntary and was not part of a "requirement" of a sentence plan. The limits to confidentiality were reemphasised at this stage, i.e. where a risk of harm to self or others was disclosed, this would have to be reported to the child's case manager.

[1] Youth offending teams work with children aged 10-17 in England and Wales that get into trouble with the law, are arrested, or taken to court, and help them stay away from crime.
[2] You may get a community sentence if you are convicted of a crime by a court but are not sent to prison. [3] A Youth Offending Team Officer works with children, typically from the age of 10 to 18 who are involved in the criminal justice system or at risk of offending. They provide support, supervision, and interventions aimed at preventing reoffending and promoting positive outcomes.

An interview guide was used as a prompt. However, the pace and direction of the conversation was largely determined by the child's own narratives. The interviews took place either in the child's home, or YOT Office. They focused on the children's own understanding of their criminalisation story, and significant events that they believe contributed to this, drawing on their narrative throughout. Topics covered in the interview included, the child's understanding of why they were placed in care, their care story, offending and care, relationships with professionals, and their plans for the future. All interviews were audio-recorded and subsequently transcribed for purposes of analysis. Interviews were anonymised at the point of transcription. Pseudonyms have been used for all the children.

The interviews were conducted by the first author who had previously worked as a youth justice practitioner and policy maker for several years. This brought considerable insider professional knowledge of the system the children were describing, and this familiarity likely helped in building rapport and in interpreting children's accounts of care and justice processes. At the same time, this insider status carried risks. For example, the children may also have responded to her, consciously or not, as a quasi-professional figure rather than as a neutral researcher, particularly given that interviews were arranged through, and sometimes took place at, the YOT office, and were facilitated by the child's own case manager acting as gatekeeper. It is possible that this shaped what children felt able or willing to say, for example by encouraging accounts that were framed in terms already familiar from professional settings, or by discouraging criticism of the youth justice system itself. To manage this, the researcher kept a reflexive research diary throughout data collection and analysis, in which she recorded her initial reactions to each interview and interrogated her own assumptions and discussed emerging with the other authors as a check against overly practitioner-centred readings of the data.

The researcher's positionality as a White, adult woman interviewing a sample that included Black and mixed-heritage children also required sustained reflexive attention. Age and racial difference between researcher and participant can shape what children choose to disclose, how they frame experiences of racism and adultification, and how far they trust that such experiences will be understood and taken seriously (Hunter, 2022). We cannot know with certainty how this shaped the interviews reported here, including Scott's account of racialised name-calling discussed in the Findings below; it is possible, for instance, that children minimised racialised experiences to a White researcher, or conversely felt a need to more explicitly justify and evidence them than they would have done with a researcher who shared their background. In analysis, we returned repeatedly to racialised material, and to Scott's account in particular, precisely because of this concern, crosschecking coding and interpretive decisions against the wider literature on adultification bias

(Davis and Marsh, 2020) and racialised criminalisation (Hunter, 2019; 2022) rather than relying solely on the first author's initial reading of the transcript. This process does not remove the influence of the research team's positionality on the data or its analysis; we present it here as an account of how that influence was recognised and, as far as possible, actively managed.

Of the 19 participants, 15 were male and 4 were female, ranging in age from 13 to 17. Twelve were White British, two were Black British, four were of mixed Black British and White British heritage, and one was of mixed Asian and White British heritage. At the time of interview, most participants (12 of 19) were placed in privately-run children's homes; the remainder were in local authority-run homes, foster care, a secure children's home, semi-independent or independent accommodation, or living with family. All 19 participants had lived in residential children's care at some point in their care journey. The placement recorded in Table 1 is the child's placement at the time of interview. Those listed under foster care, family, semi-independent accommodation, own tenancy or the secure children's home had all previously lived in one or more residential children's homes, and their accounts of those placements are included in the analysis. All 19 interviews therefore contributed to the residential-care analysis presented here.

Child	Gender	Ethnicity	Age	Out of area	Placement at time of interview
John	Male	Black British	16	Yes	Private
Paul	Male	Mixed Black British and White British	17	No	Private
Eric	Male	White British	16	Yes	Private
Lee	Male	White British	17	Yes	Private
Josh	Male	Black British	16	No	Local Authority
Louise	Female	White British	17	Yes	Private
Dylan	Male	White British	15	Yes	Private
Jason	Male	Mixed Asian and White British	16	Yes	Private
Julie	Female	White British	17	Yes	Private
Daniel	Male	White British	16	No	Local authority
Lucy	Female	White British	15	No	Family

Matthew	Male	White British	15	No	Secure Children's Home (welfare based, local authority)
Scott	Male	Mixed Black British and White British	14	Yes	Private
Ben	Male	Mixed Black British and White British	17	No	Foster care
Simon	Male	White British	17	No	Semi independent
Luke	Male	White British	17	No	Own tenancy
Mark	Male	Mixed Black British and White British	16	Yes	Private
Layla	Female	White British	17	Yes	Private
Jack	Male	White British	13	Yes	Private

Adopting inductive reasoning, data analysis of the interviews highlighted several recurring themes across the children's interviews. Interview transcripts were analysed using reflexive thematic analysis (Braun and Clarke, 2006; 2019). Following an inductive, data-driven approach, transcripts were read and re-read for familiarisation before initial codes were generated across the dataset. These codes were grouped into candidate themes representing recurring patterns in how children described their pathways into care and their subsequent behaviours. Themes were reviewed and refined against the full dataset and against individual transcripts to check they captured a coherent pattern of meaning, before being named and defined. The Identity-Disruption Response Typology presented in the Findings was developed through this iterative process of comparing children's accounts with one another to identify commonalities and differences in how they responded to stigmatising experiences in care.

Twelve of the nineteen children are directly quoted below to provide the strongest examples of the recurring themes. Examining how children describe their experiences helps reveal how care environments may contribute to criminalisation from the children's perspectives.

This study has several limitations. The sample was drawn from four Youth Offending Teams across North-West England, and all participants were, by definition, already known to youth justice services; the findings may not generalise to care-experienced children who have not had youth justice contact,

or to residential care settings and youth justice systems in other geographical or policy contexts. The sample size, although generating rich qualitative data, is relatively small, and it must also be noted that just 4 of the 19 children were girls. A further limitation, discussed above, is that the interpretation of children's accounts, including of racialised experiences, was shaped by the positionality of the researcher. We have sought to manage this through sustained reflexive practice rather than treat it as a single methodological step. We also did not collect systematic data on the characteristics of the residential settings, such as size, staffing and therapeutic approach, so we cannot assess how these shaped children's experiences.

Most importantly for the claims made in this paper, the design is qualitative and retrospective, and the sample was selected on the basis of existing youth justice involvement. The data therefore cannot establish causal pathways into criminalisation, nor can they show how often similar responses occur among care-experienced children who are not criminalised. What they offer is an account of how children narrated the relationship between their care experiences, their own responses and their criminalisation, together with our interpretation of those narratives. Where we describe responses as forming part of a pathway into youth justice involvement, this should be read as a description of participants' accounts and our analysis of them, not as a causal claim. Children's retrospective accounts were also produced while they were under YOT supervision, a context in which they may have become used to explaining their behaviour in terms of their own choices, which may itself have foregrounded individual agency in their narratives.

Findings: responding to stigma in care

Clear themes emerged in the way in which the children described their responses to the challenges they experienced in residential care (Authors et al, 2023; Selwyn, 2015). We have previously argued (Authors et al, 2023) that these challenges can be framed as a range of stigmas associated with living in residential care. The children's accounts of their responses to these challenges can be organised as a typology. In their narratives, these responses sometimes involved behaviour that staff perceived as challenging and that, depending on how staff and police responded, drew the attention of criminal justice agencies. As noted in the Introduction, this typology extends our earlier account of how residential care disrupts children's identities (Authors et al., 2023) by focusing on what children actively do in response to that disruption. The five response types set out below: reacting to the unfairness of care, reinforcing stigmatised identities, defending pre-care identities, reinforcing

precare identities, and constructing new identities organised around status and protection, are the paper's central original contribution.

Throughout the analysis that follows, we read these responses as situated and constrained rather than as freely chosen or as independent causes of criminalisation. Each was shaped by the pre-care adversity and placement instability that children brought with them, and for the racially minoritised children in the sample, by racialised and adultified readings of their behaviour. In each case, too, criminalisation also required an institutional decision: a member of staff choosing to call the police rather than manage an incident within the home, a missing-from-care report, or a police decision to arrest and charge. The typology therefore describes what children did and how they explained it; it does not suggest that children's responses alone account for their criminalisation.

Reacting to the unfairness of care

The children described many situations that they perceived to be unfair whilst in residential care. Many of these situations were unique to the setting and something that only a 'looked after child' would experience. For example, Mark did not disclose why he entered care at the age of five, but he had lived with a foster carer for seven years until that relationship broke down after his carer found his behaviour increasingly difficult to manage. Mark went on to live with two further foster carers for several months before moving to residential care. When the primary author spoke to him at the age of 16, he had experienced a further five or six moves around residential care. He was originally from London but living in a care placement approximately 150 miles from his home area at the time of our discussion. Mark shared his insights into what he perceived to be the frustrating elements of residential care relative to his experience in long-term foster care:

Mark: *'They [residential care staff] let you down; they are the ones that fuck you over. They tell you what they want you to hear. They won't tell you about all the stuff you're entitled to. They won't tell you about all the stuff that you need. They won't tell you about what's gonna happen or is happening with your family. They won't tell you about current affairs, they won't tell you about anything.'*

In residential care, Mark felt staff were dismissive of him as an individual with interests and concerns. We have previously conceptualised Mark's sense of being disregarded as an individual in the residential care environment as disruptive to his identity development (Author, 2023). Prior to Mark's interview, he had experienced up to ten moves in a four-year period, which included having to deal with the grief

of losing his longer-term foster family and being split up from his sister. Set against this context, Mark presents his own narrative and interpretation of his criminalisation. Mark recognised how his frustrations at his experiences in residential care would build up over time until they eventually spilled over into an angry outburst of property damage in the home, for which he would be arrested:

Mark: It became sort of like an ongoing thing. I wouldn't do [criminal damage] like every week, but it was a rare thing, but when it come out, it ended up in arrest. Because I've let myself do it and I think, you know, "Fuck it".

Int: Does it feel better afterwards?

Mark: Yeah it feels like "Rarr!". I've got a tonne of anger out, and then I end up in a police station. [I then] Sort of like over-think it, and then I go back and I'll do my apologies, and I'll mean it. It doesn't build up because I get angry, it just builds up. And it'll be that one thing that sets it off…

Mark describes an accumulation of frustration rather than a single choice. His account also shows that property damage within his own home was, in his experience, routinely met with arrest rather than managed within the placement, a response that would be unlikely in most family homes (Howard League, 2016; Shaw, 2014b).

Thirteen-year-old Jack was also originally from London and had been placed in the North-West of England. Jack's first memories were of his mum being physically assaulted by his dad, who was addicted to crack and alcohol. Most of Jack's early years were spent moving between his mum and grandmother, until he was eventually placed in care. By the age of 13, Jack's parents had separated, and his dad had been drug and alcohol free for several years. He did not want to return to live with his mum and wanted to be moved to a residential care placement near to both his parents so he could visit them regularly. Jack spent most of the interview discussing his attempts to return to his home area. He also discussed the pressure he felt to comply with rules of the regime ("*do this and that*"), during a transition plan to return home, but would become frustrated at the perceived unfairness in his situation:

Jack: I was doing a four week transition plan to go back home, so if I was good for four week, and my mum would show up to meetings, and do this and do that, and I was good and wouldn't run away, my social worker was giving me overnight stays to see how it went and stuff, and I was staying at home, and then after the four week transition plan, and everything went well;

he still said he was going to court for a full care order, so I just switched and I thought "fuck this".

Jack agreed to follow the rules laid down by his social worker so that he could see his mum. Jack's perception was that the social worker was using the promise of contact with his mum to achieve compliance, which he deemed to be deeply unfair. Still, despite the perceived unfairness, Jack complied with the rules and kept his part of the deal. When this did not lead to increased contact with his mum, his frustration at the injustice spilled over and he lashed out at staff and caused damage to property, and staff called the police.

Both Jack and Mark reacted with frustration to the perceived unfairness they experienced whilst in care. The frustrations associated with this were typically symptomatic of being a 'looked after child', subject to home rules and court orders imposed by social workers and care home staff. These frustrations arose from decisions over which the children had little control, and their consequences were shaped by the institutional decision to involve the police. Yet other than acknowledging that the disempowering effect of residential care can be a source of frustration for children (Kilpatrick, 2008), the language of 'frustration' is largely absent from the literature on children in care.

Reinforcing stigmatised identities

The children described a range of stigmatising labels that they had adopted because of their interactions in care, often set against a disruptive and traumatic pre-residential care context. These labels included a range of negative stigmatising identities, including being a 'bad child' whilst in care. When children feel labelled as 'bad', they can respond by adopting and acting out that prescribed role (Becker, 1963). Lucy had been in care for most of her life and recalled feeling negatively labelled as 'Bad Lucy' by staff. Prior to care, Lucy observed violence in the family home and was more recently struggling to deal with the sudden death of her brother. As she reflected on the impact of this bereavement, and trying to make sense of her own behaviours, she described how as embodying the identity of 'Bad Lucy,' she internalised this perceived negative label to the extent that she consciously acted it out in her behaviour:

Lucy: *It was always the bad girl, the 'Bad Lucy'. But there was a good side to me. That's why I always said there was a 'Good Lucy' and a 'Bad Lucy'. And that's what I used to say when I was younger. If I feel myself getting wound up, I was like "'Bad Lucy' here - I'm going".*

The internalisation of labels through interactions with others can lead to stigmatisation (Deakin et al, 2022). Lucy responds to her frustrations whilst in care in an angry outburst because that reflects what is expected of 'Bad Lucy'. Lucy described most of her criminal offences as arising from these incidents of 'Bad Lucy' reacting angrily while in a care placement. The label was not only one Lucy applied to herself; it was given to her by staff, and it is likely to have shaped how staff interpreted and responded to her anger, including whether the police were called (Shaw, 2014b).

Paul had been in care since the age of two. He initially lived with foster carers until the age of 12 and referred to them as 'mum and dad'. However, when they separated, and Paul's brother died suddenly, his own behaviour deteriorated, resulting in his foster placement breaking down. Paul was asked why he believed his behaviour deteriorated, he explained that the impact of losing his foster carers and brother meant that he became an '*angry little kid*':

Paul: *Just an angry little kid. I don't know I just, I just….. If someone looked at me the wrong way, I'd say summat to em, or say someone did something to one of my mates that I didn't like, I'd go mad at em. I don't know. I'd get pissed off dead easy….. When I was in care homes, I used to assault members of staff and other kids.*

Louise, was placed in care as a baby, and after a number of failed foster placements and the tragic breakdown of an adoption at the age of 11, she was placed in residential care. Louise reflected on the impact of residential care on how she viewed herself and subsequent behaviours:

Louise: *Never put kids in residential care. It's the worst thing for them. I can honestly say that. It's absolutely disgusting. I would never….I would never have offended, I would never have started drugs, I would never have started drinking if they hadn't put me in a home. Never….. Believe it or not, I was a proper good girl me, apart from all the kicking off and that. I was a proper, proper good girl. But when I went into residential, all that went out of the window.*

Louise appeared to reinforce the perceived labels given to her by others repeatedly referring to herself as 'dead naughty', and 'the devil child' with 'behaviour problems' when seeking to explain her violent behaviour in care. She was told that her behaviour was the main reason for the failed adoption; an explanation which reinforced the labels attributed to her.

Mark discussed being part of a 'crowd' that led to him joining in with their behaviours. Yet Mark is clear that if he was not in residential care, he would not have become involved in the behaviours attributed to their care environment, where the 'bad kids' are:

Mark: You're in with the bad kids now (in residential care).

Int: Did you feel like you'd been labelled by being in there, or just that you're put there and it's like, you're there now?

Mark: Yeah, you do what everyone else does, you're part of 'that crowd' now.

Mark demonstrated an awareness of the stigma of residential care which is where he understood that the 'bad kids' go. Mark accepted this perceived stigma upon being placed in residential care following the breakdown of his foster placement and appeared to understand this as making it more likely that he would engage in behaviour that would be criminalised.

A similar process was seen in Eric's experiences. Eric described himself on several occasions as 'insane', 'thick' and 'retarded'. When seeking to understand his behaviours throughout his childhood he believed that there must be something 'wrong' with him. In the exchange below, the interviewer's question repeats Eric's own words back to him in order to explore what he meant, rather than introducing this framing:

Eric: Everyone in those schools was just banging their head on the table and going d'uuh d'uuuh. I'm not stupid though I don't know what's wrong with me, but I'm not thick, that's what I don't get.

Int: Do you think there is something wrong with you?

Eric: There's gotta be.

Int: Why do you say that?

Eric: There's gotta be. It's just…..I know me. This isn't normal.

Eric reflected on what he meant by this. Explaining that he wanted to live with his dad, he referred to feeling treated like a puppet and under the control of social services whilst in residential care:

Eric: Social services think that they know everything, they just don't want me living with him cos they know that they can't do shit to me. They want me to stay in care so they can play me like a fucking puppet. If I'm not in care then they can't do nothing. I know it.

Int: So you're 16 now?

Eric: I can sign myself out now but I want a flat. That's the only reason I'm staying in care.

For Eric 'normal' is living in a family home or at least being able to live with his father. The loss of a 'normal' identity is central to Goffman's (1963) idea about the spoiled identity and suggests that simply

being in care makes everything about Eric's world and how he sees himself as not normal and ultimately 'spoiled'.

As Dansey et al (2019) note, a child reconsiders their self-identity as soon as entering care because of feeling different to 'normal' children. This can create a space in which negative labels can be applied to children in care that they can either reflect or resist. The children reflected this label by becoming 'bad', 'naughty', 'insane' or 'fucked up'. Kools (1997) also found that, whilst in foster care, children internalised negative labels, which were then repeated producing a stigma. We go beyond this, however, to suggest that, in the children's accounts, the internalisation of these labels formed part of how they understood their own criminalisation. Labels such as 'bad' are not only internalised by children; they also shape how staff interpret and respond to children's behaviour (Shaw, 2014b), so that the same label can act both on a child's sense of self and on the institutional decisions through which their behaviour is criminalised.

Defending pre-care identities

Care-experienced children can feel labelled and stigmatised and believe that their individuality is not respected or recognised (Selwyn, 2015). Some of the children such as Lucy, felt that they had no choice but to accept the imposition of a perceived stigmatising identity. Others experienced what they interpreted as attacks on their personal identity whilst they were in residential care and felt that they had little choice but to defend against these. This included some racially minoritised children contending with racist interactions. For example, Scott, a black young man, originally from London, was placed in a residential care home in a rural area in the North-West of England. Scott's life before care became very difficult when his older brother was murdered in front of him at the age of 10. Struggling to deal with his grief and anger, Scott described his own behaviour as deteriorating leading to being placed in care by his mum. Scott stated that his brother's murder 'changed him' and that he internalised his emotions to the point that he had never cried about his death. Upon being placed in care, Scott's distress continued to be expressed through behaviour that staff found difficult to manage, resulting in being moved several times before being placed hundreds of miles from home. He experienced racist stereotyping and bullying within the home from other children and staff. Scott described responding to this with anger – but the anger was about wanting his abusers to 'listen', which sometimes led to violence towards care home staff:

*Scott: I was just like, "You need to listen!". Those who do not hear will feel. "If you do not hear what I'm gonna say to you, you're gonna feel what I'm gonna say. Listen." People, they don't understand. They just think, "Aww you're this typical black lad from ******." "You don't know what it's like", I used to say to them. And I'm like "Alright then, alright then". Once they used my brother's death against me. They used to say to me, "Aww just because your brother's dead, you think you're a bad man." I used to be like, "Are you taking the piss?". I used to go mad. They had to hold me back because someone said something about my brother, I'd just go mad.*

Scott's understanding of how he became criminalised whilst in care focused on how he felt stigmatised by carers and defended himself against racialised and stigmatising identities such as 'a typical black lad' and 'a bad man', stereotypes that display adultification bias (Davis and Marsh, 2020). Scott wanted to force care staff, and the wider care system, to 'listen'. His account suggests that his responses to these racialised attacks were themselves read through the same stereotypes, and responded to as the actions of 'a bad man' rather than of a bereaved and racially targeted child. It was through these institutional responses, rather than his anger alone, that Scott entered a discriminatory youth justice system (Lammy, 2017), experiencing a 'double whammy' of being a young black man with both care and justice experience (Hunter, 2022: 15).

Scott's experience illustrates his sensitivity to verbal attacks on his family, which was a dominant subtheme, with children defending their pre-care identities. Matthew responded violently toward another boy when his mother was called a 'sket' (a sexually promiscuous woman):

Matthew: I got put on incident innit cos I went to smash a cup of his head cos he called me mam a sket and that, so obviously, he dunt even know me mam.

While in residential care, children reported regular occurrences of bullying and mocking that often attacked their sense of self and their family context prior to coming into care. Children described responding to this, at times with violence, and in several accounts these responses were subsequently criminalised. Matthew's sense of self was closely linked to his family, and particularly his mother, so an insult against her is likely to have insulted Matthew personally, disrupting his identity and sense of self; in his account, it was this insult that provoked his anger and violence. Matthew's own mother and family have been labelled and stigmatised by another child in the care placement, which he sought to defend with a violent action, for which he was later criminalised. The incident was recorded by staff; whether conflicts between children living in the same home are resolved within the placement or referred to the police is an institutional decision, and one through

which children in residential care are known to be disproportionately criminalised (Howard League, 2016).

The children defended their experiences before care, which included stories of abuse, neglect and bereavement, as well as home life and personal relationships, as this formed a core part of their identities. Luke had been placed in care in his early teens after experiencing years of physical abuse from his family. When this was mocked by another child in the home, Luke responded:

Luke: *He said something about me family hitting me, and I said, "You fucking what?", and bolted outside….I noticed his window was open, so I thought "fuck this" and climbed up his drainpipe, climbed into his window, and locked his room from the inside, and smashed his room up and shit on his bed. Right on his pillow.*

Luke encountered the most personal attacks on his identity by having his pre-care family experiences of abuse mocked. In breaking into this child's room and defecating on his pillow, Luke committed an act of ultimate violation. Luke, Matthew, and Scott entered care with identities already shaped by the trauma and loss of abuse, neglect, and bereavement . When they experienced perceived attacks on their pre-care lives, they described violence often following as part of this defence.

The children typically responded to the perceived attacks on their identities with a defence, usually involving some form of violence either against the physical environment or another child or staff member. Rios framed this defence as a 'basic struggle' for 'dignity' and to be treated as a 'fellow human being' (Rios, 2011: 115). For the children in this study, the desire to be treated as a 'fellow human being', involved directly defending their own identities.

Reinforcing pre-care identities

Many of the children valued friendships from their pre-care lives. These friendships reinforced a sense of their pre-care identities to such an extent that it involved some risky behaviours to maintain these friendships. Layla was placed in care as a teenager and prior to this spent much of her time on the streets with friends to escape her abusive family environment. Her own sense of self was linked strongly to this group of friends, one of whom she was reunited with when placed in residential care. Layla discussed being able to be herself with her friend, Katie:

Layla: We go way back me and Katie before we even lived there. And she got me into loads of trouble and that and got me taking loads of drugs.

Layla had previously stayed with Katie for several months, prior to being placed in care, after being kicked out by her mum:

*Layla: She (Layla's mum) kicked me out, so I went and stayed at me mate's (Katie's) house, this was when I was about 13/14. And then I went in school with me bags cos I had nowhere to live, cos I got kicked out of ******'s as well, and then social services put me in an emergency foster placement, and I was put in care.*

Int: How long were you at Katie's?

Layla: Six months.

Int: That's quite long isn't it?

Layla: We all used to drink all the time and get on it and just….it was good while it lasted.

Katie is Layla's only friend in the residential care home, treating her as an individual rather than the stigmatising label of a 'looked after child'. Layla expressed a desire to 'escape' care, likely because she missed the freedoms she had with her friends before entering care (spending time away from adult supervision and organising her own days). It seemed she wanted to escape literally and metaphorically from the perceived stigma of being in care, even if this involved participating in risky acts including criminal behaviours to secure this friendship.

Other children discussed how they maintained pre-existing friendships while in care. Although he had been in many care homes, Paul retained a core group of friends. He discussed regularly running away from care and spending long periods of time, often days with his friends. Like Layla, his friends knew him before he was in care, and therefore relate to him as he views himself. Paul spent almost all his spare time with this group of friends, and described them as 'like family':

Int: So what do these lads mean to you?

Paul: Everything. They're like family.

Int: *Family. So if you was out and someone did something to upset one of them, what would happen?*

Paul: *They'd get rolled on (beat up).*

Int: *By who?*

Paul: *All of us.*

Paul himself linked his criminalisation closely to the time spent with his friends outside of care. Running away from his placements is also likely to have brought him into regular contact with the police through missing-from-care procedures, so that the routes by which he sought belonging were also routes into police attention. He appeared to regard this as a price worth paying to escape the restrictive world of care to be around those who view him as he views himself. The bond between Paul and this group is so strong that they will protect 'one of their own' through violence, reflected implicitly in Paul's reference to them as 'family'. This points to a sense of belonging that Paul has with this group; they are part of who he is. The group interacts with Paul in ways that reflect how he views himself, encouraging him to seek out his 'family' that he knows will reinforce that identity.

The children sought to reinforce their pre-care identity through seeking out the company of friends or family who interacted with them based on how they view themselves before they entered care. Goffman (1963: 31) notes that a stigmatised individual will 'seek the company of sympathetic others who share his stigma', which will give a person a feeling of being 'at home and at ease'.

Creating new identities: status, protection and belonging

Creating a new identity was another response to the challenges of residential care that we have framed as stigmatising and depersonalising. These identities were organised around status, protection and belonging, and the behaviours through which children enacted them sometimes involved offending. In analysing them, we distinguish between two things that are easily conflated: adopting particular behaviours as situated strategies for protection, status, belonging or resistance within a specific setting, and developing a relatively enduring identity organised around offending. The children's accounts offer considerably more evidence of the former than the latter. Luke discussed going shoplifting with his peers from the care home at weekends and selling the goods for drugs:

Luke: *Drugs. I don't know, I had too much to spend. I just had it all in front of me for a little while. I thought I'd made it, so I thought right I'll buy drugs, so I bought an ounce of weed, smoked half of it, ticked half of it, I don't even know what I did with it, blew it all.*

Creating a new identity based on the elevation of one's social status through the acquisition of money and valuable goods is well established in the criminological literature (e.g. Merton, 1938). Luke's acquisitions appeared to serve the purpose of appearing 'successful' or 'rich' to increase his status amongst his peers, in stark contrast to the stigmatising status of a 'looked after child'. However, gaining large sums of money involved committing criminal acts, which appears to be worth it to feel far removed from the stigmatising and depersonalising world of care. Luke's account is better read as a strategy for status and belonging among his peers in the home than as evidence of a settled offending identity: the shoplifting took place with other children from the care home, and his description of having 'blew it all' suggests that its value lay in the momentary status of having money rather than in offending itself. Merton's (1938) account is, moreover, a structural one: it locates the pursuit of status through illegitimate means in the gap between culturally valued goals and access to legitimate means of achieving them, a gap that is particularly wide for children living in residential care.

Simon described both witnessing and being a victim of physical abuse as a young child. As a result of this he was placed in care at the age of seven and had spent the majority of his teenage years in a range of residential care homes. Simon's mother had recently severed contact with him, and he was struggling to process his feelings related to this. Now, at the age of seventeen, he had worked out the new identity that he needed to adopt to manage his time in residential care:

Int: *And what did you used to do?*
Simon: *Prove I'm the don of the house.*

In accounting for his own journey into criminalisation, Simon described needing to 'prove' he was the 'don (boss) of the house'. Simon's experiences of physical assault as a young child, recent rejection by his mother and multiple residential care moves influenced Simon's perception that he must be the 'don' to ensure he is not victimised whilst in care. This also sets himself apart from other children in residential care, meaning that the usual perceived labels and stigmas of being in care do not apply to him, he is above them as he is in charge. Enacting this identity, however, involved fighting with other children, which resulted in convictions for assault. Simon's 'don' identity is better understood as a situated strategy for protection within a particular setting, adopted in a context where he had experienced victimisation, than as an identity organised around offending: its purpose, as he described

it, was to avoid being victimised in the house. That fights between children in the home led to assault convictions also reflects decisions by staff and police about how such incidents were handled.

In the children's accounts, the desire to create a new identity which increases a child's sense of status within a group was also associated with some offending behaviours. This allowed the children to distance themselves from the perceived stigmas labels and harms whilst in care and negotiate new identities which also increases their own status within the group. For example, Simon discussed the importance of establishing himself as the 'don' of the house, by engaging in confrontational behaviour, including fighting Goffman (1963: 29) notes that approaching others with 'hostile bravado' can lead to a 'set of troublesome reciprocations', which in Simon's case included criminalisation.

We therefore use the term 'pro-offending' with caution, and have not used it to name this response type. In the accounts presented here, children did not describe themselves primarily in terms of offending. Rather, offending was one of the means, among the limited ones available to them in residential care, through which they sought status, protection and belonging. Whether such situated strategies harden into more enduring offending identities is likely to depend less on the children themselves than on how institutions respond to them: repeated arrest, conviction and the label of 'offender' are themselves processes through which a situated strategy may become a more settled identity (Becker, 1963; Deakin et al., 2022). Our retrospective data cannot establish whether this occurred for these children, and this is an important question for longitudinal research.

Conclusion: Viewing residential care experiences through the lens of identity disruption

This paper set out to explore whether children's own responses to stigma and identity disruption in residential care might offer an alternative, or complementary, explanation for existing accounts of the over-representation of care-experienced children in youth justice systems. Its principal original contribution, developed across the Findings above, is the Identity-Disruption Response Typology to stigma and depersonalisation, which has not previously been articulated in the literature and which extends our earlier account of how residential care disrupts children's identities (Authors et al., 2023) by showing what children actively do in response to that disruption, and how children understood those responses, and the institutional reactions they met, as part of their pathways into criminalisation.

When seeking to explore their own journey into criminalisation, the children described a range of precare experiences involving significant trauma, abuse, neglect and bereavement. Within this context,

the children entered care and subsequently underwent multiple placements, initially with foster carers and later within residential settings. Their challenging experiences in these environments have been characterised as both stigmatising and depersonalising. Their responses included frustration about being treated as a 'looked after child'; externally attributed identities unique to being placed in care; and direct attacks on pre-care identities. The children described responding to these attacks in different ways. In their accounts, these responses were often met with criminalising institutional reactions, enmeshing the children in a spiral of further depersonalisation and stigmatisation. The responses to these challenges range from anger at the unfairness of care through to creating new identities organised around status and protection. Being in the care system has been a difficult challenge for the children, as who they are and how they view themselves has been challenged and disrupted by their own interpretations of their interactions with the care context.

Author et al (2017) argue that the pro-criminal identities shape the way that children interact with others; and this includes engaging in offending behaviours. They cite the work of Factor et al, (2015), who found that a child's pro-criminal identity may not be as a criminal but could contain 'characteristics conducive to criminality – such as 'tough', 'street-wise', 'a fighter' or a 'gangster'' (Author et al, 2017: 7). The children we spoke to responded to the challenges of care, which we conceptualised as disruptions to their identity development through stigma and depersonalisation, and the responses they described contained characteristics that, in the institutional context of residential care, were more likely to be read and responded to as offending behaviour, such as being angry and frustrated (leading in some cases to behaviour that staff responded to as challenging), the 'don' of the house (Simon), or 'bad Lucy' (Lucy). It is apparent that the care context is one which the childrenfind very challenging. We have interpreted these challenges as disruptive to their identities as a result of stigma and depersonalisation and may offer an alternative perspective into the debate on the disproportionate criminalisation of children in care.

In her seminal book on children's care experiences, Julie Shaw (2014a) described how entering care and taking on the status of a 'looked after child' can be stigmatising. Further, we have shown how the environment and interactions in residential care homes can be depersonalising and stigmatising (Authors et al, 2023; Selwyn, 2015). Children enter care having experienced a range of traumas that can profoundly affect their developing sense of self and then, once in residential care, experience a range of challenges that we have interpreted as depersonalising and stigmatising disruptions to their identities. Such disruptions included the frustrations of being treated as a 'looked after child'; externally attributed identities unique to being placed in care; and direct attacks on pre-care identities.

The children described responding to this in ways that, as staff and police reacted to them, ultimately formed part of their criminalisation. The depersonalisation and stigmatisation of care disrupts or 'spoils' (Goffman, 1963) the child's identity development.

This paper's original contribution to that existing literature is threefold. First, it has built upon Goffman's (1963) work on a spoiled identity by arguing that in residential care children experience a range of stigmas that disrupts their identity development. Second, and centrally, it moves beyond documenting that identity disruption occurs (our own earlier focus in Authors et al., 2023) to ask what children do about it, developing the Identity-Disruption Response Typology below as an original, empirically grounded account of children's responses. Third, it connects that typology to criminalisation, offering an account, grounded in children's own narratives, of how their responses interact with pre-care adversity, placement instability, racialisation, staff practice and policing in their pathways into youth justice involvement. The children respond to this in a range of ways which are presented as an Identity-Disruption Response Typology below:

- Reacting to the unfairness of care
- Reinforcing stigmatised identity
- Defending pre-care identity
- Reinforcing pre-care identity
- Creating a new identity organised around status and protection

The children's pre care experiences set the context against which children interpret their experiences in residential care. In the children's accounts, these responses often involved behaviour that was perceived as challenging and subsequently criminalised .

We present this typology of responses as a potential framework through which children's behaviours in residential care can be interpreted. The context against which the children interpret their care experiences can prompt responses from children that can contribute to later criminalisation. This may explain why Stanley (2016) found that children in care become institutionalised and view entry into custody as inevitable. We emphasise, however, that the typology describes children's responses, not the causes of their criminalisation. Children's agency in these accounts is situated and constrained: it is exercised within conditions of pre-care adversity, placement instability, racialisation and adultification, and it becomes criminalised only through the decisions of staff, police and courts.

The findings in this paper suggest changes to international, national and local policy and practice. Internationally, residential care providers, social workers and youth justice practitioners must consider

how children's pre-care experiences can profoundly affect children's developing sense of self and how this may impact upon both their sense of self and behaviours when entering residential care. The children's accounts suggest that a range of professionals continue to interact with care-experienced children as a homogenous group, attributing a range of labels to them that are depersonalising, labelling and ultimately criminalising. It is crucial that both policy makers and practitioners work with children in ways that both recognise their individuality and allow their voices to be heard.

We are conscious that a typology of children's responses could be misused to individualise responsibility for criminalisation, for example as a tool for identifying children with supposedly 'prooffending' identities. That is not our intention. The practice implications of this paper are directed primarily at adults and institutions rather than at children: recognising children's responses as understandable, situated reactions to stigma, loss and unfair treatment; reducing recourse to the police for incidents that would be managed informally in a family home; addressing racialisation and adultification in how staff interpret children's behaviour; and reducing the placement instability that repeatedly disrupts children's identities.

Hamilton-Giachritis and Quiroga (2022) argue that smaller, emotionally focused, therapeutic environments offer a potential international blueprint for children's residential care. We would agree with this and argue that any model of best practice should also consider how residential care impacts on children's identity development.

This paper presents a new perspective on the over-representation of care-experienced children in youth justice, drawing on their voices and experiences. This approach should be considered by researchers, practitioners, and policy makers as it adds valuable insight to an issue that significantly affects care-experienced children. It is equally important to ensure that the lived realities and unique perspectives of these children inform future research, policy development, and practice. By centring their voices, stakeholders can work collaboratively to develop more responsive, compassionate, and effective interventions that reduce the risk of further marginalisation and support positive outcomes for care-experienced children.

Finally, in presenting this typology we are conscious that the account offered here is filtered through the interpretive lens of a researcher whose own positioning, discussed in the Research Design, will have shaped both what children chose to share with us and how their accounts were understood and analysed. We offer the Identity-Disruption Response Typology not as a definitive, causal or fully generalisable account of why care-experienced children are criminalised, but as a framework grounded in these particular children's own narratives, developed through a process of sustained reflexive engagement with our own positionality rather than an assumption of researcher neutrality. We hope

it prompts residential care providers, social workers and youth justice practitioners to attend more closely both to how children themselves make sense of, and respond to, stigmatisation and depersonalisation in care, and to how their own positioning shapes what they, in turn, come to see.

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