The perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres

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A dearth in research exists regarding the onset and escalation of misbehaviour in male, prepubescent, at-risk children. Insight into which factors contribute to the onset and escalation of such behaviour in this age group, as well as what could possibly assist in the prevention of misbehaviour, is lacking in criminological literature. While observational research into male, at-risk children is fraught with ethical concerns, an in-depth understanding of the perceptions of those responsible for their wellbeing could provide invaluable information on the topic. This study explored the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres. The empirical findings indicate that experts and guardians insist that numerous factors can contribute to both the onset and prevention of misbehaviour in male, at-risk children in child and youth care centres. The factors that experts and guardians thought contributed to the prevention of the onset of misbehaviour included: quality relationships with family members; parenting capacity; positive peer pressure at home or school; and the personal resilience of the individual. Conversely, some of the factors that experts and guardians considered to have contributed to the onset of misbehaviour included: lack of time to acclimatise to the child and youth care centre; environmental inconsistency; a non-resilient personality; negative peer pressure; and weak caregiver attachment. This study therefore provides an in-depth qualitative understanding of the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres. Finally, recommendations pertaining to possible focus areas in secondary crime prevention programmes aimed at curbing youth misbehaviour in male, at-risk children are considered.

***Keywords**: misbehavior; early onset; at-risk/risk factors; child and youth care centre; status offence*

INTRODUCTION

Many studies have been conducted on the potential risk factors in early life and the profound effects these factors have on children, however, far fewer studies examine the effect these phenomena have on the onset of misbehaviour in early life (Bartol & Bartol, 2017: 45, 164-165). Globally, young people are also exposed to different pull and push factors in their immediate environment, some of which become triggers or causative risk factors for misbehaviour in their daily lives. Delinquent peers, drugs, and domestic violence are some of the global social ills that are considered risk factors in a young person's life (Harris & Bezuidenhout, 2010: 28).

In South Africa, which is currently listed as the country with the fifth highest crime index in the world (Crime Index for Country 2016 Mid-Year, 2016), a significant portion of crimes are committed by and against children. This implies that many children end up in the Criminal Justice System (CJS) as both perpetrators and victims of crime. While it is not ideal for a child to be exposed to crime in any way, their psychological, emotional, and sometimes physiological development can be profoundly affected by such experiences (Bartol & Bartol, 2017: 45, 164-165; Parliamentary Monitoring Group, 2014). In South Africa, children under the age of ten years are not yet considered to have criminal capacity and can therefore not be criminally prosecuted (Child Justice Act No. 75 of 2008; Gallinetti, 2009). While a child under the age of ten years may not be considered legally responsible for a criminal offence, one cannot ignore the commission thereof and steps must be taken to prevent further crime by these children. Both the Child Justice Act (No. 75 of 2008) and the Children's Act (No. 38 of 2005) make provision for the

post-offence processing and care of such children. One concern is that little is said about the process leading up to the onset of the undesirable, and in this case, criminal behaviour of children who derail and have contact with the CJS. Risk factors and protective/preventative factors play a significant role in the encouragement or discouragement of the onset and maintenance of misbehaviour in children. If not managed, these factors may contribute to the onset of criminal behaviour at a young age, which can escalate to serious criminal acts in later life (Bartol & Bartol, 2017: 173-175). Conversely, a child exposed to protective factors (regardless of whether risk factors are present) is more likely to develop resilience against his/her negative circumstances and may therefore be less likely to present with maladaptive or problem behaviour later in life. Protective factors in this case may stem from the child himself/herself, the child's family environment, and/or community (Theron & Theron, 2010: 2). It is evident that there are various inherently complex factors that play a role in the onset of misbehaviour in at-risk children. In an attempt to further study the aspects of childhood misbehaviour as previously described, the researchers elected to investigate two aspects. These include risk factors or preventative factors that can escalate or prevent the onset of misbehaviour in the early childhood of male at-risk children, and in what way protective measures could be implemented in child and youth care centres (which are often used in the post-offence processing and care of such children).

KEY CONCEPTS

For the purpose of this article, 'misbehaviour' refers to conduct that is considered contextually inappropriate and can interfere with academic and social learning processes (Hameed-ur-Rehman & Sadruddin, 2012: 162). In this way, behaviour that is perceived as traditionally delinquent (such as aggressive behaviour, petty theft, arson, antisocial behaviour, bullying, drug abuse, or truancy) also falls within the scope of misbehaviour (Bartol & Bartol, 2017: 167). Early to middle childhood refers to children between the ages of six and ten years old (Bezuidenhout, 2018: 12). The term 'early onset' will be used to refer to the onset of misbehaviour in early life.

Risk factors refer to environmental, social, and biological factors that increase the possibility of an individual initiating and maintaining antisocial behaviour. Three categories of risk factors exist, namely: criminogenic, dynamic, and static factors. Criminogenic factors are associated with criminal behaviour (such as theft), dynamic factors are associated with current modifiable attitudes, emotions, and behaviour (such as family circumstances), and static factors are associated with unchangeable factors (such as abuse history) (Harris & Bezuidenhout, 2010: 28). Exposure to any one of the aforementioned factors classifies a child as being 'at-risk' (Rak & Patterson, 1996: 368). For the purpose of this article, being 'at-risk' refers to previous or current exposure to any number of the aforementioned risk factors in any of the aforementioned categories.

'Child and youth care centres' will refer to secure care centres, shelters for street children, children's homes, and places of safety. The term 'guardian' will refer to the designated house parent of a child at the relevant care centre. Lastly, the term 'expert' will refer to social workers with two or more years of experience working with male, at-risk children in child and youth care centres.

OVERVIEW OF RISK FACTORS PERTAINING TO CHILDREN

Although a myriad of factors exist that could be causative, or trigger the early onset of misbehaviour in male, at-risk children in child and youth care centres, only a few key factors will be highlighted. In South Africa, the Children's Act (38 of 2005) states the conditions under which a child would be in need of an intervention (specialised care and protection) in order to prevent risk factors from initiating or maintaining antisocial behaviour. The list of these conditions is as follows and concerns children that:

- Are without visible support as in the case of abandonment or loss of guardian(s);
- Present with uncontrollable behaviour;
- Live on the street or must beg for a living;
- Are addicted (without treatment or support) to a dependence producing substance;
- Have been exploited;
- Have had their physical, mental or social well-being harmed;
- Are in a state of neglect (whether physical or mental);
- Are being deliberately abused or maltreated by an individual under whose control the child is;
- Are victims of child labour;

- Are in, or head a child-headed household;
- Live in circumstances that expose the child to any of the above factors; and
- May be at-risk of exposure to any of the above factors if returned to their parent or guardian.

Hildyard and Wolfe (2002) have shown that the presence of risk factors in childhood have far-reaching, long term and short term effects on a child's developmental processes. However, buffers and positive social influences in the child's life can lessen the degree to which a child is affected by any of the above risk factors. Within the context of the early onset of misbehaviour in male, at-risk children, many risk factors and variables can have influences on a child's eventual behaviour (Child Maltreatment Surveillance, 2008; Harris & Bezuidenhout, 2010: 28; Mash & Wolfe, 2009: 89). Below, a brief overview of some of the most recognised and documented risk factors in at-risk children are considered.

Abuse

While the symptoms after abusive incidents are child specific, a child who has been physically abused is likely to display and maintain different behaviours well into adulthood. These include aggression; nonviolent criminal behaviour; substance use; self-injurious behaviour; suicidal behaviour; anxiety; physical illnesses often related to hypochondria; poor school performance and depression (Malinosky-Rummell & Hansen, 1993: 68-79; Moylan, Herrenkohl, Sousa, Tajima, Herrenkohl & Russo, 2010: 53-63; Springer, Sheridan, Kuo & Carnes, 2007: 517-530). Research by Sternberg, Baradaran, Abbot, Lamb and Guterman (2006: 89-112) showed that children between the ages of four and nine years old who were exposed to both domestic violence and abuse were at a higher risk of displaying externalising behaviour (acting out) than children aged between ten and 14 years. This implies that younger children are more likely to present with external adverse behaviour as a result of exposure to domestic violence and abuse than their older peers (Moylan et al, 2010: 53-63). Among the many symptoms displayed by child victims of sexual abuse, the following are the most common: depression; substance use; self-injurious behaviour; sexualised behaviour; anxiety; Post Traumatic Stress Disorder (PTSD); an increase in complaints of physical illness and poor school performance (Klonsky & Moyer, 2008: 166-170; Putnam, 2003: 269-278). Symptoms associated with emotional child abuse include but are not limited to an increase in anxiety; reports of physical illness/other physical symptoms; depression and PTSD (Spertus, Yehuda, Wong, Halligan & Seremetis, 2003: 1247-1258). Children who are subjected to any of the above forms of abuse may display a number of developmental, behavioural, psychological, and physical symptoms, thus making them at-risk and in need of care and protection (Rak & Patterson, 1996: 368).

Neglect

There are a number of different kinds of neglect that can take place including: physical neglect (neglect of physical needs, like food); emotional neglect (failure to meet a child's emotional needs, such as withholding love); medical neglect (failing to provide adequate medical treatment when needed); mental health neglect (e.g. the caregiver refuses to follow through with recommendations by a mental health practitioner with regards to the child's mental health); and educational neglect (wherein the caretaker fails to ensure their child attends school) (Myers, 2002: 6-7). Research by Hildyard and Wolfe (2002) has shown that neglect is detrimental to a child's behavioural, cognitive and socio-emotional developmental processes and proposes that neglect occurring in early life is especially harmful to a child's later development. Some symptoms that may be expected from a neglected child include problems with self-control; aggression, peer rejection as a result of the aggression; overeating (in cases where a child did not receive regular meals); poor school performance; and low self-esteem (Chapple, Tyler & Bersani, 2005: 39-53; Myers, 2002: 7).

Substance abuse

Even though the use of substances by children is regarded as misbehaviour in itself it can also affect an individual's internal behavioural inhibitors and decision-making abilities, as well as increase the frequency of other risk-taking behaviour (Harris & Bezuidenhout, 2010: 33; Kilpatrick, Acierno, Saunders, Resnick, Best & Schnurr, 2000: 19-30; Taylor & Webster-Stratton, 2001: 165-192.). Regarding aetiology, Repetti, Taylor and Seeman (2002: 330-331) purport that being part of a 'risky family' (in other words a family that puts a child 'at-risk' with its home environment, parenting style or behaviour) creates deficits in a child's social and emotional development. These deficits are then compensated for by the child through substance use as a form of 'self-medication'. Access to substances through peers or

neglectful parents only exacerbates the risks that the child is exposed to and is therefore a particularly dangerous risk factor that should be taken into account when trying to alleviate misbehaviour in children. Similarly, Wall and Kohl (2007: 20-30) insist that conduct problems and low caregiver relatedness can be associated with higher levels of substance use in children. On the other hand, Merenäkk, Mäestu, Nordquist, Parik, Oreland, Loit, and Harro (2010: 13-22) hypothesise that while the initiation of substance use in children and adolescents is determined mostly by environmental factors, the establishment of use patterns is strongly controlled by an individual's levels of genetic vulnerability (i.e. predisposition) to substance use. Furthermore, they found that by age 15 and 18 years respectively participants with a specific genotype were more active tobacco, alcohol and drug users. In addition, at 18 years of age, male participants tended to use more drugs than their female peers, leading researchers to speculate that gender played a role in addition to environmental factors and genetic makeup. In closing, it was concluded that vulnerability to substance use in children is determined by the child's age, gender, type of substance and interaction of the child's genes.

Family structure

Conflict and stress within an incomplete or 'broken' family unit can often have an effect on both the mental and physical health of a child, with incidents of aggression, depression, anxiety and an increased prevalence of abuse within the family unit becoming prevalent (Repetti et al, 2002). Childhood exposure to a broken home in the form of domestic violence could be linked to both internalising and externalising behaviours in children, including anxiety; social withdrawal; low self-esteem and depression (Moylan et al, 2010: 53-63). A 'broken' family unit is therefore considered a contributing factor in the early onset of misbehaviour and later need for intervention in at-risk children. In addition to a family unit being incomplete as a result of the absence or neglect of an adult guardian, a family unit may also be considered incomplete when it becomes a child-headed household (in the event of illness, death or abandonment of a guardian) or a blended family (Jamieson Mahery & Scott, 2011: 7). According to an Internet article (Child and youth-headed households [Sa]) written in 2015, it was estimated that there are approximately 90 000 children in South Africa living in 50 000 child-headed households, with up to three children per household being dependant on their caretakers. Despite the ongoing Human Immunodeficiency virus infection and Acquired Immune Deficiency syndrome (HIV/AIDS) epidemic in South Africa, the abovementioned estimated number of child-headed households is apparently not increasing. Surprisingly, only about 8% of child-headed households are the result of children being orphaned. The vast majority of children living in a child-headed household actually have one or both parents present, but are forced to take charge at home due to parental illness or incapacity. There are also cases where the parent have to work long distances away from home. In many of these cases, these children are either supported by their community, through menial work or by remittance, in other words money sent by parents/relatives who are working away from home (Maqoko & Dreyer, 2007: 717-731; Theobald, Farrington & Piguero, 2013: 44-52). On the other hand, Payne (2012: 399-411) feels that while the emotional and material needs of the children in child-headed households are not currently being met, such children are often also resilient, competent and otherwise coping in the face of their circumstances. Thus, while no child should have to take responsibility for the well-being of their family, it is clear that multiple factors can influence whether or not a child heading such a household will engage in misbehaviour.

A blended family (also known as a stepfamily) refers to a family unit made up of at least one partner that entered the relationship/family with children from a previous relationship (Gillespie, 2004; Siegel & Welsh, 2001: 173). According to Gillespie (2004) there are a number of dynamics at play that may contribute to problem behaviour in a blended family or dissolution of the marriage. These include the fact that the new partner is often expected to instantly take on the role of the missing parent (but may have no experience with children or may have reservations about having to care for children that are not theirs); may have more partner-focused expectations from the marriage (such as personal time and romance) than parenting expectations; may neglect their new partner by focusing on their own children from a previous relationship; or may be prone to focusing on their own children's needs over those of their stepchildren. Similarly, there is likely to be a degree of conflict in a newly formed, blended family because of the pre-existing children potentially rejecting the new parent/siblings; being jealous of any attention their biological parent shows to others; or feeling that they are being neglected or have been 'forgotten' in light of the new arrivals in the family home. The above dynamics (if not addressed) often result in higher incidents of problem behaviour and rebellion from the children in blended families. In comparison to

children from intact families, children from blended families are more likely to display hyperactivity, behavioural problems, weak attachment, aggression, greater susceptibility to peer pressure and hostility (Siegel & Welsh, 2001: 174).

The absence of a father figure in a child's life can result in social problems in children and such children are often at greater risk than children that have two biological parents at home (McLanahan & Sandefur, 2009: 2). To support this, Choi and Jackson (2011: 698-704) showed that more frequent contact between fathers and their children (as well as better parenting ability by fathers) is indirectly associated with fewer childhood behavioural problems, meaning the absence thereof could contribute to more frequent problem behaviour. With the above in mind, the absence of a father figure in a child's life should be considered a potential risk factor.

A state of extended poverty

The reality in South Africa is that many children live in families who are marginalised and live under the breadline. Nikulina, Widom and Csaja (2011: 309-321) examined the role of neglect and childhood poverty in predicting PTSD, academic achievement, Major Depressive Disorder (MDD) and crime in young adulthood. They found that the ecological context in which the at-risk child finds himself is just as important as the neglect or poverty experienced by the child himself. Children from families that live in a state of extended poverty are thus at a high risk of presenting with developmental and academic deficits as a result of their extended mental and physical neglect (Duncan & Brooks-Gunn, 2000: 189). Factors that correlate with poverty-stricken ecological contexts of a child and exacerbate their risk are homelessness (street children) and foetal alcohol spectrum disorder (absorbing excessive amounts of alcohol in the womb).

In the aforementioned section a few noticeable risk factors were highlighted. It would be impossible to identify and discuss all the risk factors that could have an influence on an at-risk child, but from the highlighted risk factors it is clear that the presence of risk factors in a child's life may have a profound effect on the child's development and play a role in the onset of misbehaviour in later life. It should be noted, however, that the age of an at-risk child might also influence the behavioural symptomology and onset of misbehaviour in the child in question.

Resilience

A child exposed to protective factors (regardless of whether risk factors are present) is more likely to develop resilience against his/her negative circumstances, and may thus, in turn, be less likely to present with maladaptive/problem behaviour later in life. Protective factors in this case may stem from the child him/herself, the child's family environment and/or community (Theron & Theron, 2010: 2). A resilient child is considered a child that successfully navigates childhood despite being exposed to significant life stressors. In this way, the child is considered to have gradually learned to handle increasing amounts of life stress without major adverse effect, thus being able to overcome incidents such as childhood trauma (Goldstein & Brooks, 2013: 8; Wang & Gordon, 2009: 3-5; Wingo, Wrenn, Pelletier, Gutman, Bradley & Ressler, 2010: 411–414). The interplay between risk factors and protective factors affect numerous aspects of an at-risk child's life (Bartol & Bartol, 2017: 50-51). As discussed above, children that are exposed to risk factors are considered to be 'at-risk' and in need of state care and safeguarding.

With the abovementioned scope relating to risk factors that could trigger misbehaviour in children, the researchers wanted to probe the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres. With this in mind a research question that guided the research was formulated: What are the perceptions of experts and guardians regarding the early onset of misbehaviour in male, at-risk children in child and youth care centres?

METHODOLOGY

The current project involved qualitative research methods wherein topics of interest derived from the literature review were used to formulate an interview and a focus group schedule. Therefore two different instruments and qualitative techniques were used. Firstly face-to-face, semi-structured interviews were carried out with guardians who were working at child and youth care centres. Secondly a focus group interview was conducted with experts who have more than two years' experience in working with at-risk children. The following themes were explored during the focus groups and interviews: demographic specific behaviour of children; individual factors; family and environmental factors; the school

environment; and therapeutic intervention. A total of 14 participants were identified by means of purposive sampling. Face-to-face, semi-structured interviews were carried out with five guardians from the Jakaranda Children's Home, Louis Botha Children's Home, and Tshwane Place of Safety Association (TPOSA), respectively. The focus group comprised of nine experts from the Jakaranda Children's Home and Louis Botha Children's Home. For the purpose of the research, participants were required to be working with male, at-risk children (between the ages of six and ten years old) in child and youth care centres at the time of the study and have at least two years' experience working with at-risk children. Prior to the commencement of the research, all participants consented to be interviewed and all responses were gathered ethically (Strydom & Delport, 2011: 117-119).

SUMMARY OF FINDINGS

Following the data gathering stage, the following themes were identified from participant responses during the semi-structured interviews and focus group: gender, age inappropriate behaviour; resilience; type of trauma; mental health; consistency; parenting capacity; quality relationships with family members; peer pressure; bullying; therapeutic interventions in child and youth care centres; and over-analysis of behaviour. Additionally participants identified factors that can trigger or buffer the early onset and maintenance of misbehaviour in at-risk children in child and youth care centres.

Gender

The study did not intend to focus on gender differences between male and female at-risk children. Although the focus was on male, at-risk children (between the ages of six and ten years old) in child and youth care centres, some participants felt the need to mention behavioural differences between genders to contextualise their responses. Participant feedback suggested that noteworthy behavioural differences exist between male and female at-risk children of the target age group. As such, the consensus was that male, at-risk children of this age group misbehaved in an overt and aggressive manner (e.g. through physical fighting and screaming), while female, at-risk children tended to be hostile (but less so than males), swear, act rudely, or inflict emotional pain. Despite this conclusion, the available literature remains undecided about whether or not there are gender specific differences regarding responses to exposure to risk factors in early childhood. Research has both claimed that gender is a significant factor (Evans, Davies & DiLillo, 2008: 131-141) and that there is no evidence of gender-by-outcome interactions regarding the effects of exposure to risk factors in childhood (Kitzmann, Gaylord, Holt, & Kenny, 2003: 339-352; Moylan et al., 2010: 53-63). Regarding the current contribution one can deduce that gender differences do exist with regard to the early onset of at-risk behaviour.

Age inappropriate behaviour

The participants considered the following behaviour abnormal for the age group in question: excessive tantrums; excessive crying; aggression or violence; bullying; truancy; excessive defiance (such as aggressive responses to instructions, attempts to mock or injure the house parent, and extreme refusal to obey requests, sometimes even days after they were asked); swearing; a lack of manners; over-sexualised behaviour; smoking; and the consumption of alcohol. The available literature indicates that prepubescent children are labelled as engaging in misconduct if they engage in one or more of the following behaviours: aggression; deceit; defiance; abusiveness towards animals and people; vandalism; theft; and/or rule breaking (Scaccia, 2016). The literature thus supports what experts and guardians perceive as age inappropriate behaviour in male, at-risk children in child and youth care centres. These behaviours were deemed significant as it is perceived as often being the precursors of misbehaviour and misconduct later in life.

Resilience

The development of resilience is paramount to a child's ability to adjust to life in a new environment and handle future adversity in a healthy manner. Participant feedback from experts indicated that while resilience is mostly child-specific, a deliberate focus on introducing protective factors to the child's life, family environment, and/or community can help a child become more resilient. In support of this, both experts and guardians agree that some children are simply better at adjusting to their circumstances than others and feel that both protective factors and personal resilience play a significant role therein. These sentiments are illustrated in the following quotes:

Guardians

- *Participant 2: "I have one boy that can't leave me alone for a second, he always wants to be near me and gets anxious when I'm not around. Then there's another boy from a similar background [abuse] that gets annoyed if I 'faf' [worry about or ask about his wellbeing] and wants to do his own thing with his friends. They're all different."*
- *Participant 3: "Some boys bounce back from trauma a lot faster than others."*

Experts

- *Participant 7: "No matter the circumstance, it's always child-specific. Sure, some kids act the same way, but you never know how well that personality is going to cope with a situation or if he will react badly to something, because it's different for every child. Some children are just stronger than others emotionally."*
- *Participant 12: "Sure, a lot of it has to do with what support is available to the child (and his relationships with those people), how long the trauma went on and how long he's been cared for in a place of safety…but some children have the support and fall apart while others have no support but work through it and move on anyway. The personality of the child plays a big role."*

The available literature emphasises that a child exposed to protective factors is more likely to develop resilience against his/her circumstances (regardless of whether risk factors are present) and may be less likely to present with misbehaviour as a result. According to Theron and Theron (2010: 2), protective factors may stem from the child himself/herself, the child's family environment, and/or community, which coincide with the perceptions of experts regarding a deliberate focus on introducing protective factors to the child's life, family environment, and/or community.

Type of trauma

Participant feedback hints at the likelihood of different types of misbehaviour manifesting in relation to the different risk factors a child was exposed to. For example, it was stated that the manner in which a physically abused child is likely to misbehave (aggression and obscene language) will differ greatly from that of a sexually abused child (sexualised behaviour towards adults and other children). Knight and Sims-Knight's (2006) three-path model of sexual offending describes a similar process whereby three paths to sexually coercive behaviour are defined which are respectively strengthened by either physical abuse, verbal abuse, or sexual abuse (Bartol & Bartol, 2017: 392). The model thus describes a developmental process whereby different risk factors influence different behavioural outcomes. This is similar to what participants suggested takes place with different types of trauma in male, at-risk children in child and youth care centres. They concurred that the type of trauma often predisposed the child to a specific pathway of acting out the trauma. Sexually abused children most often showed very predictable behaviour of over sexualised behaviour and a tendency to be calloused and pessimistic. With the above example in mind it is possible to see how developmental pathways to specific behavioural outcomes may depend on the type of trauma/risk a child is exposed to.

Mental health

Participants indicated that some children manifest with mental health problems in the care centres. Children with mental health problems are often ostracised in the house due to the fact that they would need more attention and care (owing to their mental health problems) or act out towards the other children due to feelings of anger or rejection. The following quotes illustrate some of the challenges pertaining to the mental health of the children:

Guardians

- *Participant 1: "My one boy has the mental age of a much younger child, I do my best, but it really gets hard sometimes…especially when there are eleven other boys trying to get your attention."*
- *Participant 2: "Most of them here are being born with FASD."*
- *Participant 5: "Like it or not, they just need so much more attention. If they're not really getting it (because you're busy with the other kids), they sometimes do something bad so that they can get you to give it to them – bad or good."*

Expert

- *Participant 11: "It's a bit of a strain on the house moms but we do what we can to give the children with mental health problems the help they need."*

The available literature indicates that children with mental health problems are likely to display social, physical, and cognitive developmental problems throughout their childhood (Robertson, 2010: 79). As a

result, children with mental health challenges may form a weak attachment to their guardian because they are repeatedly scolded for being aggressive or the guardian is inadvertently focused on the other, more manageable children (Bertrand, 2009: 986-1006; Hughes, 1997: 5-8; May, Gossage, Kalberg, Robinson, Buckley, Manning & Hoyme, 2009: 176-192; Rich, 2006: 11; Warren, Hewitt, & Thomas., 2011: 414). As such, as suggested by participant 5, the onset of misbehaviour in this regard may be an attempt to gain validation or approval. Their acting out behaviour can even be seen as a defence mechanism against a non-accepting environment. From this one can deduce that children with mental health challenges need special attention and that early diagnosis of their challenge could contribute to early intervention before the cycle of rejection and labelling commences.

Consistency

According to participant feedback, consistent and stable house rules, affection, chores, routine, extracurricular activities as well as the implementation of fair punishment when needed are key to curbing or preventing the onset of misbehaviour in male, at-risk children in child and youth care centres. This is illustrated by the following verbatim responses:

Guardians

- *Participant 3: "It won't work unless the child has a chance to get used to how things work in his new environment [the child and youth care centre] over a period of time. He needs to know how the rules and routines work. These kinds of children are often shuffled from house to house because their behaviour is too bad for one environment [in that the child's behaviour is too volatile for the current house], or they have a bad history [the guardian may not have experience dealing with sexually abused children], meaning a lot of these children don't get the stability that they need to adjust to their new environment and develop into healthy kids."*
- *Participant 4: "The environment from which a child is taken is often stable but abnormal [in that the child is consistently being abused or neglected over a period of time and learns to manipulate that environment to avoid harm as far as possible – which is not a normal environment to grow up in], so when that child is placed in a youth care centre they expect the environment to work the same way because of their previous circumstances [for example, sexualised behaviour may have been rewarded at home, but is inappropriate at a child and youth care centre]."*

Experts

- *Participant 7: "They need rules and discipline, which they often aren't used to."*
- *Participant 11: "I think things that would help maintain consistency are a consistent routine, involvement in sports, lots of love, trust, set rules, and good examples of how they should behave."*
- *Participant 12: "If they are kept busy in an active and productive way it definitely helps."*
- *Participant 14: "A child doesn't know that the situation its coming from isn't 'normal', so they will always fight you when they come into your home and you start teaching them what 'normal' [a set of age-appropriate behaviours and rules] looks like.*

In support of this, Bruskas (2008: 71) insist that at-risk children experience a degree of trauma from being removed from their original homes (usually where consistent house rules are wanting) because of their new, unfamiliar environment where consistent and stable house rules are imposed. The participants echoed this sentiment and also highlighted the fact that children (even abused and neglected children) eventually function better in a stable home set up where they know exactly what is expected of them. As such, consistency and routine are integral to a successful intervention strategy as it assists children in acclimatising to an otherwise unfamiliar environment.

Parenting capacity

Participants highlighted the fact that the degree to which a guardian can not only care for a child but understand and guide that child is of paramount importance to foster an environment of trust, discipline, and meaningful change. Since humans use different parenting styles that are often associated with their personality type, guardians and house parents are often challenged to implement a style of parenting that nourish consistency and a stable home environment for the already traumatised child.

Quality relationships with family members

Guardians that were interviewed stressed that love, communication, and trust between the various house children and the primary caregiver was of significant importance for long-term intervention strategies. The experts that participated in the focus group were in agreement, adding that fostering strong attachment

to a primary caregiver is imperative when attempting to mitigate the effects of risk factors in a child's life. It is thus vital that children form meaningful attachments to the established guardian and other house children in order to prevent a situation where the child feels rejected, defensive, or alienated by their peers, thus increasing the chance for a successful intervention and adaptation in their new environment. Children who have a weak attachment to their guardian are at high risk regarding the early onset of misbehaviour. In addition, it is challenging to address their misbehaviour and to find interventions that result in meaningful behavioural change and adaptation (Rich, 2006: 11). Moreover, Egeland, Tuppett, Appleyard and Van Dulmen (2002) state that early, relationship-based intervention can, in most cases, prevent later deviance. It is therefore imperative to identify high risk children very early in their placement in a care facility and to intervene immediately.

Peer pressure

Participants indicated that male, at-risk children between the ages of six and ten years are easily influenced by their peers at home and at school. According to the participants, misbehaviour is often encouraged by negative influences in either of these environments. At the same time, however, one guardian indicated that peer pressure could be utilised in a positive manner. In this way, a misbehaving child could be 'pressured' by peers at home or school into normalising his behaviour or following a set of rules solely because the other children in the house were doing so. The available literature indicates that young children are more susceptible to peer influence than parental influence, and that peer influence is a strong predictor of misbehaviour and the early onset of substance use (Bartol & Bartol, 2017: 55-58). Group interventions with all the children in a house could address the issue of peer pressure. Guardians and experts can have weekly house meetings with all the residents in the house to stipulate the house rules and to defuse negative peer pressure.

Bullying

Another factor that participants highlighted as a trigger to the onset of misbehaviour in male, at-risk children is bullying at home or at school. Participants emphasised that male, at-risk children that were bullied often started misbehaving at home in response to the bullying, and that (assuming the bullying stopped) the misbehaviour would generally continue for a short while (approximately two weeks) after the bullying incident had taken place. Furthermore, it was stated that in the event that steps were not taken to assist the child in coping with the bullying or if bullying was not stopped, the misbehaviour would continue long after the expected period of misbehaviour had run out. This is illustrated in the following quotes:

Guardians

- *Participant 1: "Bullying by other kids at school happens quite often, and they almost always act out for a few days when they get home [after it's happened]."*
- *Participant 2: "The longer the bullying goes on, the worse the behaviour at home gets."*
- *Participant 4: "It normally takes up to two weeks for them to start behaving normally again, and that's after we stopped what was going on at school."*

Experts

- *Participant 6: "Bullying at school also makes them worse."*
- *Participant 7: "Children from these houses [child and youth care centres] are often ostracised and teased by their school peers for being orphaned or because their 'parents didn't want them'. There's not much you can do about it besides trying to address the associated feelings with better coping strategies at home."*
- *Participant 13: "Being bullied, bullying others, and smoking definitely* makes the behaviour worse."

Crockette, Raffaelli and Shen (2006: 508) state that affiliation to peers who engage in misconduct and/or aggressive behaviour is positively linked to later misbehaviour in children and adolescents. Similarly, ridicule and/or adverse behavioural influences from school peers act as facilitators to the onset, continuation and/or escalation of misbehaviour in the target group of children.

Therapeutic intervention in child and youth care centres

Participant feedback indicated that child and youth care centres were better equipped to provide male, at-risk children with therapeutic intervention, discipline, and behavioural management than regular foster care facilities. This is supported by the literature, which emphasises that foster care facilities are not always equipped to address an at-risk child's context-specific needs and/or maladaptive behaviour (Barber &

Delfabbro, 2004: 151; Bruskas, 2008: 71; Hughes, 1997: 3). This supports the notion that general hybrid interventions will probably not be effective in these care centres. Individualised professionally developed programmes for each child will most probably have the most effective results.

Over-analysis of behaviour

Participant feedback suggests that misbehaviour presents differently in early childhood as opposed to adolescence. Specifically, participants listed the following with regard to the general misbehaviour of the target age group (between the ages of six and ten years) when compared to older children: excessive tantrums; aggression; stealing; lying; defiance; swearing; substance use (circumstance-specific); poor academic performance (circumstance-specific); and/or sexualised behaviour (circumstance-specific). Conversely, the following was mentioned with regard to the misbehaviour of older children when compared to the target age group: an increase in aggression; an interest in sexual activities (more intense than normal experimenting behaviour) or pornography; gangsterism (context-specific); and/or substance use (circumstance-specific). Participants further pointed out that it is often easy for experts and caregivers to incorrectly assume that misbehaviour (such as escalated aggression) is related to the child's exposure to risk factors and requires immediate intervention. The following quote from one of the experts illustrates this notion:

- *Participant 10: "Even when it [the behaviour] is normal, we tend to overreact because it's [foster care, childhood trauma, childhood neglect, abandonment, child and youth care centres, and removing children from inadequate environments] such an abnormal system."*

Often, however, misbehaviour can be the result of normal circumstances such as the onset of puberty or as a reaction to bullying at school. Participants stressed that it should always be kept in mind that any number of factors could cause the child to misbehave, and that it is better to explore all possible causes before reaching hasty conclusions and attempting to intervene. The literature supports this sentiment. Simpson, Yahner and Dugan (2008) insist that biological and situational factors which are different from factors that influence the onset of problem behaviour in later life, determine the onset of problem behaviour. Tannenbaum's (1938) labelling theory also proposes that the over-analysis of normal behaviour owing to a label is likely to do more harm than good to the child's development (Liddell & Martinovie, 2013: 136).

RECOMMENDATIONS

It is recommended that secondary crime prevention programmes aimed at curbing misbehaviour should focus on implementing/negating the implied triggers and buffers to the onset of misbehaviour in male, at-risk children in child and youth care centres. Participant feedback indicated the following factors which may trigger or encourage the onset of misbehaviour: severe trauma; insufficient time to acclimatise to the child and youth care centre; environmental inconsistency (such as irregular discipline, inconsistent time schedules, and absent or unenforced house rules); inconsistency with regard to their relationships with others; the type of trauma or risk they were exposed to; a non-resilient personality; lack of access to therapeutic intervention; being labelled as 'deviant' or 'bad' (regardless of behaviour); negative peer pressure at home or school; bullying at home or school; pre-existing mental health problems; a lack of trust between the child and primary caregiver; and weak caregiver attachment. It is recommended that the developers of secondary crime prevention programmes consider these factors and actively work to mitigate the effect they may have on male, at-risk children in child and youth care centres. Research participants identified the following potential buffers to the onset of misbehaviour in the target group of children: beneficial peer pressure at home or school; quality relationships with family members; constructive parenting capacity; resilience; early and regular therapeutic intervention; and consistent stable home environments. These factors can all play a role in preventing or discouraging the onset of misbehaviour (as well as to address the behaviour once it has already manifested). The importance of fostering and maintaining these factors in potential secondary crime prevention programmes cannot be overstated when attempting to curb youth misbehaviour in male, at-risk children in child and youth care centres.

CONCLUSION

The success or failure of secondary prevention strategies largely depends on the circumstances, history, environment, personality, and situation-specific strengths and weaknesses of the child involved. Similarly,

the research indicates that many factors interact with a male, at-risk child's personality, protective factors, and risk factors on a daily basis. As such, curbing misbehaviour is only possible through a multifaceted approach to an at-risk child's individual circumstances. While the perceptions of guardians and experts do not seem to differ much (except in isolated cases), it is vital that they continue to collaborate in order to effectively deal with and curb behavioural problems within their assigned roles. The research participants believe that misbehaviour in at-risk children between the ages of six and ten years (if allowed to develop and escalate) is a strong predictor of deviant behaviour later in life. It is thus imperative to prevent the onset and escalation of misbehaviour in at-risk children. In essence, early, pre-emptive intervention may reduce later criminal behaviour in male, at-risk children.

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