The aim of this study is to assess the effect of neighbourhood socioeconomic disadvantage on violent crime among a group of children and adolescents who attended Psychiatric Child and Youth Clinics in Stockholm, Sweden. Data is drawn from The Stockholm Child-psychiatric database, which consists of approximately 7600 children and adolescents who consulted the Psychiatric Child and Youth Clinics (PBU) in the county of Stockholm. The children were born in 1981-1989, and finished their contacts with the Psychiatric Child and Youth Clinics between 2003 and 2005. Using multilevel techniques, incidences of violent crime in police registers were related to characteristics of the neighbourhood where the children and adolescents lived. About 7 percent of the variance in violent crime incidents is found at the neighbourhood level. Controlling for individual characteristics reduces the between-neighbourhood variance, though a significant neighbourhood effect remains. When neighbourhood-level disadvantage is added to the model, the between-neighbourhood variance in incidence of violent crime is further reduced, but still significant. This implies that neighbourhood characteristics, in addition to individual characteristics, should be considered in the design and development of psychiatric care for children, and for the development of strategies to prevent future criminality.

Children’s Pathways to Psychiatric Child and Youth Clinics: Are Ethnicity and Neighbourhood of Residence Associated with Source of Referral?

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This study examines how child and adolescent referrals to psychiatric child and youth clinics are associated with ethnicity and neighbourhood of residence. Four sources of referrals are examined: family referrals, social/legal agency referrals, school referrals and health/mental health referrals. Referrals of 2054 children aged 11-19 from the Stockholm Child-Psychiatric Database were studied using multilevel logistic regression. Results indicate the importance of ethnicity for child and adolescent referrals to psychiatric child and youth clinics. Family referrals were more common among children and adolescents of Swedish background than among those of immigrant background. Referrals by social/legal agencies were more common among children and adolescents of African and Asian background, while children of Asian or South American background were more likely to have been referred by schools or by the health/mental health care sector. A significant neighbourhood effect was found only in relation to family referrals (i.e. it was more likely to be referred to psychiatric child and youth clinics by the family in some neighbourhoods than in other neighbourhoods).
findings have significant implications for the design and evaluation of community mental health outreach programs and should be considered when developing strategies intended to help children and adolescents with mental health problems.

Victimization and Violent Crime among Children and Adolescents

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The purpose of the study was to examine the relation between victimisation and violent crime among a group of children and adolescents who attended Psychiatric Child and Youth Clinics in Stockholm, Sweden. It also sought to compare victimised girls and boys in terms of their use of violence. Data is drawn from The Stockholm Child-psychiatric database which consists of approximately 7600 children and adolescents who consulted the Psychiatric Child and Youth Clinics (BUP) in the county of Stockholm. The children were born in 1981-1989, and finished their contacts with the Psychiatric Child and Youth Clinics between 2003 and 2005. The “victimization” variable was defined as neglected physical and/or mental health care. Data on violent crime was received from the Swedish crime statistics, and concerned those with police records of violent crime. The study showed that children and adolescents who had been victimised (N=354) were found guilty of violent crime significantly more often compared to those who have not been victimised, with the trend being more pronounced amongst the girls than the boys. Knowledge of possible violence risk factors may contribute to the development of violence risk assessment and management. The results from the study along with possible explanations for the findings will be discussed.

Criminality among Former Child Psychiatric Patients and Matched Controls: Overall More Crimes but Strongly Linked with Type of Psychiatric Problems

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The present report analyzes differences in criminality among former child and adolescent psychiatric (CAP) patients in relation to cause of referral (problems suggestive of diagnoses), family context, exposure to stressors, and sex. The data for the CAP group (N approx. 7500) was compared with age-matched controls (2 for each CAP patient) with respect to frequency and patterning of criminality, year by year. CAP patients had twice as many registered crimes as the controls. Within the CAP group, problems with acting-out were strongly associated with criminality, regardless of sex. Family and other contextual problems were not generally