Key issues for youth justice systems: A discussion paper

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Acronyms

ADHD Attention Deficit Hyperactivity Disorder

AEP Alternative Education Program

AJJA Australasian Juvenile Justice Administrators

BOCSAR NSW Bureau of Crime Statistics and Research

FASD foetal alcohol spectrum disorder

GLM Good Lives Model

ISP Intensive Supervision Program

MST Multisystemic Therapy

NFP Nurse Family Partnership

RNR Risk-Needs-Responsivity

ROGS Report on Government Services

TBI Traumatic Brain Injury

Executive summary

In this paper, a discussion is provided of some of the core issues related to the delivery of youth justice and dealing with young people who offend – that is, those who offend while aged under the age of 18 years. The paper is intended as a practical overview of outcomes relevant to youth justice delivery, and interventions, strategies and approaches that have evidence to support their effectiveness. It is not a comprehensive compendium of all issues affecting youth justice systems or of all that is known. The issues described affect not only the role and functions of youth justice agencies but a range of other youth justice stakeholders, including but not limited to police, the courts, education providers, health services, non-government youth and community services, and statutory child protection agencies.

Youth offending: The facts

Evidence suggests that up to half of all young people will commit offences at some time before they become adults. However, the majority of these offences go undetected and these young people ultimately become law-abiding adult citizens. Despite the strong relationship between age and offending behaviour (Fagan & Western 2005; Farrington 1986), only a minority (approximately 15–20%) of young people will ever come into formal contact with the criminal justice system (eg via a caution, youth justice conference, or court). This varies substantially by Indigenous status and gender, with young males much more likely to come into contact with the criminal justice system than young females and Indigenous young people much more likely to come into contact with the criminal justice system than non-Indigenous young people (eg Allard et al. 2010; Hua, Baker & Poynton 2006; Skrzypiec & Wundersitz 2005).

It is also clear that while minor offences are commonly committed by young people, more serious offences (eg assaults, malicious damage and robbery) are also committed. Further, while the majority of those who come into contact with the criminal justice system will desist from offending as they enter adulthood, there is a small ‘core’ of young people who are responsible for a disproportionate amount of crime, who will reoffend persistently and into adulthood. Responses to offending by young people therefore need to be targeted towards different cohorts of offenders to more effectively facilitate desistance and to make the best use of limited resources.

Developmental perspectives - differences between adult and youth offenders

Adolescence is a critical period for the development of adolescent behaviour (both normative and atypical) as a result of the brain’s significant development during puberty and adolescence, the increased exposure of young people to the wider environment and concomitantly to a range of risks and opportunities, and the increasing pressure of peer influence (Hay, Payne & Chadwick 2004; Steinberg 2005). Scientific studies suggest that the adolescent brain differs from the adult brain in terms of both function and structure (Bjork et al. 2004), and that there is significant brain development and maturation during the decade spanning the period of adolescence (Steinberg 2005). As a result there is great deal of difference among those categorised by legislation as ‘young people’. First, adolescence is a time of rapid and profound change and a very young offender (aged 10 or 11 years) can be expected to have very different needs and require quite different responses compared with an older adolescent who is in trouble with the law; it should also be recognised that young people of a similar age will mature at different rates which may also necessitate a different response.

A number of neuropsychological studies looking at developmental cognition and behavioural patterns have indicated that young people’s inherent impulsivity, lack of self-control and inconsequential thinking are a result of the maturational process, as adolescent brains do not mature until a person has reached their mid-twenties (Allan, Trzcinski & Kubiak 2012). While the parts of that brain that regulate emotional reactions may develop in early adolescence, the pre-frontal cortex (and the associated decision making and impulse control functions) is one of the last areas to develop, leading to the conclusion that these neurodevelopmental discrepancies ‘play a role in explaining the tendency of teenagers to engage in various forms of risk taking’—including antisocial behaviour and criminal offending (Bateman 2012: 65).

In essence, there is a body of evidence drawn from a range of professional sectors that demonstrates that young people are ill-equipped to make decisions relating to risky behaviour by comparison with mature adults. Adolescence has been described as akin to ‘starting an engine without yet having a skilled driver behind the wheel’ (Steinberg 2005: 70).

It is also important to identify the impacts of Traumatic Brain Injury (TBI) and neurological disorders on subsequent offending patterns, as a disrupted developmental process (such as when a young person experiences an injury to the frontal and temporal lobes) is associated with a range of other cognitive and behavioural disorders, which often coincide with difficulties in self-monitoring, regulation and social judgement. TBIs are often associated with ‘greater violence in offences’ among youth offender populations (Williams et al. 2010: 801) and with the early onset of criminal behaviour and sustained offending (Perron & Howard 2008). While the area is currently under-researched, some research is now being produced that links experiencing foetal alcohol spectrum disorder (FASD) with higher levels of offending and contact with the criminal justice system (eg Fast, Conroy & Loock 1999).

Taken as a whole, the evidence provides support for a system of youth justice under which young people are treated differently from adults and that recognises their inherent immaturity, inexperience and vulnerability.

Early intervention approaches

The objective of early intervention is to prevent the onset of criminal offending through general intervention programs and/or to prevent the escalation of offending through interventions that target ‘at risk’ youth or young people early in their offending so that they do not progress to more serious criminal involvement.

The importance of evidence-informed criminal justice policies and programs, including those aimed at young people who offend, has been increasingly recognised. While not particularly robust, it is the case that the evidence base about what works to prevent, reduce and respond to youth offending has grown considerably in recent years and continues to grow, despite the difficulties encountered with measuring the effectiveness of policies and programs.

Research institutes such as the Washington State Institute for Public Policy and the Campbell Collaboration have conducted numerous meta-reviews of high-quality research studies to determine which interventions can make significant changes to young people’s behaviour and reduce offending and reoffending. Importantly, these meta-reviews show not only what works, but what does not work in relation to youth offending. In addition, the cost–benefit of interventions can be determined, with some programs having been found to be both costly to implement and costly in the longer term, because they have failed to decrease offending or have actually increased offending.

Overall, there is consistent evidence about the capacity of particular early intervention programs to reduce offending and produce positive social and economic benefits. Early intervention programs with evidence of successful youth justice outcomes are based on the following principles:

* identifying and reducing risk factors while enhancing protective factors to improve outcomes (developmental prevention);
* ongoing development that is influenced by cumulative effects of prior experiences which should mean that ongoing interventions will have a greater influence on the probability of future offending behaviours; and
* recognition that development is influenced by multiple contexts, notably the family, school and community (Freiberg & Homel 2011).

As Wise et al. (2005: 2) noted:

a significant proportion of well-designed early childhood interventions yield positive and substantial short-term outcomes, with cognitive effects typically diminishing over time but positive effects on crime rates and employment being evident.

The most promising approaches to preventing youth crime – with demonstrated empirical evidence of reduced offending - include:

* frequent home visiting to provide advice about prenatal and postnatal care of children;
* pre-school ‘intellectual enrichment’ programs, such as ‘head start’ programs;
* cognitive and social skills training for children;
* peer influence strategies;
* classroom management and other training for teachers; and
* anti-bullying programs in schools (Farrington cited by Brown & Putt 1999).

It is important to recognise that virtually all of these programs operate outside of youth justice services and that most are cross-sectoral in nature, with program implementation and their overall success requiring:

* effective interagency and cross-sectoral recognition of the multiple benefits accruing from such programs;
* a significant resource stream; and
* agency collaborations to maximise the benefits for young people.

A role for juvenile justice services is to influence and support the inclusion of antisocial behaviour and crime-related outcome measures in these projects and in their evaluations in order to enhance knowledge on what works in preventing youth crime or increases desistance.

Finally, it should also be recognised that while there are many programs in operation, with asmaller proportion with the evidence to support their effectiveness, there are a number of program types that have clear evidence of a failure to produce positive youth justice outcomes for ‘at risk’ youth. In particular, juvenile awareness programs such as Scared Straight, wilderness camps/challenges and first generation boot camps have been shown to produce negative or neutral outcomes for participants.

Key populations

Young people are not a homogenous group and it is important that the diversity of young people who come into contact with the criminal justice system is recognised and reflected in youth justice policy and practice. Young people in trouble with the law vary according to gender, sexuality, age, cultural and linguistic background (including Indigeneity), religious beliefs, socioeconomic status, offending history and offence type.

Young people who offend also have varying criminogenic needs that warrant appropriately targeted (tailored) interventions. These needs include mental and physical health issues, histories of abuse and victimisation, problems with alcohol and other drugs, and learning difficulties and cognitive problems. Further, a first-time or minor youth offender is likely to need a different response compared with a serious and/or persistent youth offender.

The United Nations Committee on the Rights of the Child (2007) stressed the importance not only of ensuring that young people are not discriminated against on the grounds of factors such as race or religion, but also ensuring that ‘de-facto discrimination’, which may be the result of a lack of consistent policy in relation to vulnerable groups of young people such as homeless young people, young people with a disability and young people who reoffend or come into repeated contact with the youth justice system, does not occur.

An important element of recognising the diversity of young people in trouble with the law is therefore the tailoring of responses to individual young people. It has been demonstrated that ‘what works’ for one group of young people may not work for another. For example, what works for Indigenous young people may not work for non-Indigenous young people and what works for young males may not work for young females. Further, measures that work in a particular locality may not work in others (McAra & McVie 2007), such that policies and programs that are appropriate and effective in metropolitan locations may not be appropriate or effective in regional or remote locations. Three key offender populations are discussed in more detail in this paper.

Indigenous young people

Indigenous young people are overrepresented in all aspects of the criminal justice system, particularly at the most severe end of the system (ie in detention). Reducing offending by Indigenous young people has been identified as an important strategy for reducing Indigenous overrepresentation in the criminal justice system. However, there have been few rigorous evaluations of crime prevention programs for Indigenous young people. There are some promising primary prevention programs that seek to prevent and/or reduce offending by Indigenous young people. These include:

* reducing access to intoxicating substances; and
* community patrols and community justice groups.

There is also little evidence of the success of secondary and tertiary crime prevention interventions in working with ‘at risk’ or offending Indigenous young people. Multi-systematic and restorative justice approaches appear promising, although the evidence is mixed.

Despite the general lack of research on what works in preventing Indigenous youth from offending, there have been some broad principles (core tenets) of engaging and working with indigenous communities that may be considered when working with Indigenous young people and communities to prevent and respond to youth offending or other social concerns. Blagg (2000) summarised these as:

* participation—by the community and in particular by elders;
* a sense of ownership and/or self-determination;
* the provision of infrastructure—training and education to support community-based initiatives; and
* recognition of the need to embed programs in a wider service context (ie recognising the need for young justice programs to be supported or interact with a range of health, welfare and education responses to address needs holistically).

Overall, more programs need to be implemented to address young Indigenous offending, with a greater emphasis on developing and evaluating culturally appropriate, tailored programs that are embedded with strong community support and engagement in order to identify which approaches work and under what circumstances.

Young females

There has been an increase in recent years in recorded offending by young females. This appears to have been particularly the case for the youngest cohort of female offenders. Risk factors that are unique to females are mainly concerned with experiences and relationships within the family, with familial risk factors appearing to differentially influence girls’ behavioural and emotional functioning when compared with the impacts on boys (Hipwell & Loeber 2006; Wong, Slotboom & Bijleveld 2010). Maternal relationships in particular appear to have a vital role in a young female’s offending behaviour, although there is some evidence that paternal relationships may also influence offending (Goodwin & Davis 2011; Wong, Slotboom & Bijleveld 2010).

Risk factors and problem behaviours among young females not only increase the likelihood of involvement in criminal activity and contact with the criminal justice system, but predict a range of adverse non-criminogenic outcomes in adulthood, such as poor physical and mental health, substance abuse and dependence, and antisocial personality disorder (Hipwell & Loeber 2006). There is also increased risk of involvement in subsequent violent or dysfunctional intimate relationships and deficits in parenting the next generation. It also contributes to girls ‘becoming particularly heavy users of health, social service, and welfare agencies in adulthood’ (Hipwell & Loeber 2006: 222).

There is a dearth of research and literature surrounding what interventions can prevent criminal offending by young females, with many programs being merely adaptations of approaches used with males or adult females. What limited information is available suggests that, as with boys and adults who offend, multi-modal interventions targeting several ‘interacting domains of risk show promise’ (Hipwell & Loeber 2006: 221). Further research is required to specifically focus on the factors that lead girls to continue to offend as adults, to develop and assess the effectiveness of programs and approaches tailored to meet the needs of young females who offend, to determine the best means of facilitating their successful transition back into the community and to prevent further offending.

Young people with mental health and disabilities

Understanding the nature and extent of mental health issues and impairment among young people, in addition to social and motivational factors, is necessary in order to fully appreciate the context of their offending behaviour. Various intellectual and mental health issues have been identified among a substantial proportion of young people in custody. Therefore, appropriate screening of young people in contact with the youth justice system is vital. While issues, risks and needs ultimately vary according to individual situations, and need to be considered in developing any intervention or treatment for young people with mental health issues or disabilities, Hunsicker (2007) highlighted the following as vital components of a professional response:

* identification;
* individualisation;
* integrated evidence-based treatment;
* community collaboration;
* family involvement;
* pre-release planning;
* continuation of services upon re-entry into the community; and
* evaluation of program outcomes.

Client outcomes for youth justice services

Youth justice systems in Australia have multiple, complex aims including reducing offending and reoffending by young people, supporting the safe and productive participation of young people in the community, providing a fair and just response to young people in contact with the justice system, holding young people who have offended accountable for their actions, assisting victims of youth crime and contributing towards community safety. Yet recidivism is often seen as the primary measure of an agency’s performance.

Given that the onset and persistence of antisocial and offending behaviour is largely determined by socialising factors such as family functioning, interactions with antisocial peers and engagement with education or employment (Day & Casey 2012), as well as mental health and substance abuse problems (Noetic Solutions Pty Ltd 2010), youth offending cannot be addressed through a focus on criminogenic factors alone. Outcomes that lead to positive changes in family, school and community contexts are likely to have a significant impact on reoffending. In fact, ‘the most effective programs appear to be those that address more than one risk factor and area of influence’ (Sallybanks 2003: 42). Therefore, positive outcomes from youth justice services should include:

* reductions in the seriousness of offending and access to diversion programs;
* enhanced community safety and confidence in the criminal justice system; and
* an increase in young offenders’ capacity and skill development
* increased pro-social skills and positive family and peer relationships;
* increased engagement with education (lower truancy rates) and training; and
* improved health and wellbeing.

These outcomes require an assessment of not only the direct responses to offending provided by youth justice services but also an acknowledgement of the influence of other service sector responses. These include, but are not limited to, police and the courts, local and state governments, victim support services, the private sector, education and health sectors, statutory child protection agencies, corrective services and the youth and community service sector.

*Effective interventions*

The main theoretical models that frame interventions for criminal offenders include the Risk-Needs-Responsivity (RNR) Model and the Good Lives Model (GLM). Conceptually, the RNR model identifies risk individually and psychometrically (Ward & Maruna 2007). Risk factors are quantifiable with the potential risk posed by individuals predicted on the basis of the presence of factors associated with offending behaviour. These factors are derived from models generated from the demographic, social and offence history profiles of known offenders. Programs and interventions based on this approach should be consistent with five key principles identified by Andrews and Bonta in 1998 (see Andrews & Bonta 2010). These are:

The risk principle—requires that services and interventions are targeted according to the level of risk of reoffending the offenders pose. More intensive interventions and services are targeted towards higher risk offenders and minimal intervention to lower risk offenders.

The need principle—emphasises that the dynamic risks (criminogenic need) offenders present should be assessed and targeted in treatment.

The responsivity principle—highlights the need to provide cognitive behavioural treatment tailored to individual learning style, motivation, abilities and strengths.

The professional discretion principle—acknowledges that practitioners have a role in assigning priority for intervention in areas of need and in identifying further assessments that may be required.

One example of a strengths-based approach to offender rehabilitation has been the Good Lives Model (GLM) developed by Ward and colleagues (Ward & Brown 2004; Ward & Marshall 2004). The GLM is a strengths-based approach to offender rehabilitation oriented towards ‘goods promotion’ acknowledges the need for a risk management focus but stresses the enhancement of positive capabilities ‘rather than just suppressing dysfunctional ones’ (Purvis 2011: 7). In essence, the GLM suggests that by promoting human goods, risks are reduced. As such, it can be seen as a supplementary approach to the RNR model.

Four broad categories of interventions found to be effective include:

* Family-based interventions—where treatment focuses on family engagement and motivation to change, teaching problem-solving skills and helping families to generalise these skills (Sexton & Alexander cited in Ogilvie & Allard 2011).
* Multi-modular interventions based on Multi-systemic Therapy—targeting high-risk or repeat offenders using an ecological and holistic approach (Ogilvie & Allard 2011);
* Other community-based interventions—including mentoring programs, drug courts and coordinated support services (Ogilvie & Allard 2011);
* Behaviour modification and cognitive behaviour therapy—which are psycho-educational targeting different aspects of offending-related functioning (Ogilvie & Allard 2011); and
* Restorative justice approaches (conferencing and victim-offender mediation)*.*

McGuire (1995) and Sallybanks (2003) identified a number of interventions with limited or no evidence of effectiveness of reducing recidivism.

* deterrence-based approaches (including boot camps and scared straight programs) unless they include therapeutic components and provide skills that generalise to the young person’s usual environment;
* institutional milieu therapy;
* vocational training without connection to genuine employment prospects;
* wilderness or outdoor challenge programs that are without high standards, training or therapeutic aspects;
* programs that remove a young person from their familiar environment and provide no aftercare when they return to their community.

Strengths-based approaches identify the importance of casework practice and the impact individual workers and worker/client relationships can have on attaining positive outcomes. Approaches that have been shown to promote effective client-worker relationships include:

* accurate role clarification;
* reinforcing and modelling prosocial values;
* collaborative problem solving; and
* integrated approaches.

Contents

[Introduction 13](#_Toc412807434)

[Key issues in youth offending: The facts 15](#_Toc412807435)

[What proportion of young people commits offences? 15](#_Toc412807436)

[What proportion of young people comes into contact with the criminal justice system? 16](#_Toc412807437)

[Youth offending trajectories 16](#_Toc412807438)

[What proportion of young people reoffend? 17](#_Toc412807439)

[Young people as victims of crime 18](#_Toc412807440)

[Conclusion 19](#_Toc412807441)

[Developmental perspectives 20](#_Toc412807442)

[Hormones and puberty 20](#_Toc412807443)

[Personality development and self-esteem 21](#_Toc412807444)

[Cognitive development 21](#_Toc412807445)

[*Traumatic Brain Injury* 23](#_Toc412807446)

[*Foetal Alcohol Spectrum Disorder* 24](#_Toc412807447)

[Peer influence 24](#_Toc412807448)

[Early intervention 27](#_Toc412807449)

[What is early intervention? 27](#_Toc412807450)

[Early intervention as primary crime prevention 27](#_Toc412807451)

[Early intervention as secondary crime prevention 28](#_Toc412807452)

[Risk and protective factors 28](#_Toc412807453)

[The effectiveness of early intervention in preventing or reducing juvenile offending 32](#_Toc412807454)

[Cost effectiveness of early intervention programs 40](#_Toc412807455)

[Conclusion 43](#_Toc412807456)

[The mental health and disability needs of young people who offend 57](#_Toc412807457)

[Youth justice outcomes 65](#_Toc412807458)

[National outcomes 65](#_Toc412807460)

[State and Territory outcomes 66](#_Toc412807461)

[Recognising the role of other sectors in achieving youth justice outcomes 68](#_Toc412807462)

[Effective policy and practice for youth justice services 74](#_Toc412807463)

[Models of offender management and rehabilitation 74](#_Toc412807464)

[Elements of effective programs 76](#_Toc412807465)

[Elements of effective practice 79](#_Toc412807466)

[Bibliography 85](#_Toc412807467)

Introduction

While the majority of young people will never have contact with the criminal justice system, offending by young people has been described as ‘normal and ubiquitous’ (Enzmann et al. 2010: 163). While most young people commit offences of a relatively minor nature (eg graffiti or shoplifting), self-report studies and police data indicate that offending by young people is not confined to minor offences and that it is reasonably common for young people to also be involved in the commission of more serious offences, including violent offences (Baker 1998; Richards 2009).

Of those young people who do come into contact with the criminal justice system, most young people who are apprehended by police do not come back into contact or have quite limited further contact. However, many or most of those who proceed to a caution, conference or the children’s court do continue on to further contact with the criminal justice system (Chen et al. 2005; Vignaendra & Fitzgerald 2006); and those who reoffend are, on average, quite prolific offenders (Wallace & Jacobsen 2012). There is also a small, core group of young people who continue to reoffend repeatedly (recidivists), who have multiple contacts with youth justice agencies and the court, and who continue to offend over the life course, committing offences and having contact with the criminal justice system as adults.

Developing and maintaining effective responses for this core group of offenders, as well as the larger group that naturally desist from offending, will necessarily involve a range community safety, human rights, education and child welfare issues for youth justice agencies and the wider government sector to consider. First, there is a need for effective interventions and strategies to prevent the start, progression, escalation and repetition of a young person’s criminal behaviour. However, considering the rate of natural desistance, the risk and harms caused by a young person further offending need to be assessed in order to ascertain whether intervention is required, to determine the most appropriate intervention and who is best placed to provide it.

Second, studies from a range of disciplines have demonstrated that adolescence is a time of profound physical, social and emotional change, as young people undergo the process of maturation and associated cognitive development. Adolescent decision making is characterised by impulsivity of action, limited self-control and inconsequential thinking (Allan, Trzcinski & Kubiak 2012); in essence, by comparison with adults, adolescents are relatively ill-equipped to make decisions regarding their engagement in risky behaviour and to take into account the consequences of their actions. Research into adolescent cognitive functioning has provided support for what has become a generally accepted principle of youth justice systems—that it is unreasonable to expose young persons to the same justice measures as adults and that there should be separate system of youth justice under which young people are treated differently from adults, which recognises their inherent immaturity, inexperience and vulnerability.

Third, all young people require a safe home and access to education and healthcare. Barriers or disruptions to these conditions can often be underlying causes of a young person’s criminal behaviour. Young people who come into contact with the criminal justice system have highly varying criminogenic needs, including mental and physical health needs, histories of abuse and victimisation, problems with alcohol and other drugs, and learning difficulties and cognitive problems. Therefore, it is important that the socio-demographic and other differences among young people are taken into account and reflected in youth justice policy and practice, and that appropriate, evidence-based interventions are developed to address the criminogenic needs of young people who offend as a means of preventing and reducing offending.

Finally, not all young people have the same experiences with the criminal justice system. For instance, Aboriginal and Torres Strait Islander young people (particularly young males) are largely overrepresented at all levels of contact, from police contact to detention; young females appear to have different offending risk factors and therefore may require different crime prevention measures. Further, young people with mental health and disabilities have specific needs and intervention requirements that require consideration when the young person is in contact with the criminal justice system and beyond.

This Paper was designed to provide an overview of some key issues issues to inform a consultation process being undertaken by the Australasian Juvenile Justice Administrators to explore principles and future directions in national youth justice policy and practice. The paper is designed in two parts. In *Key Issues in Youth Offending* the nature of youth offending, offender characteristics, the factors identified that increase the risk of offending and what works in reducing or preventing youth offending are described. In *Youth Justice Systems*, the international and national frameworks that provide a foundation for youth justice systems are described, linking them to the delivery of youth justice and dealing with young people in Australia who offend. A practical overview is provided of the outcomes relevant to youth justice delivery as well as the interventions, strategies and approaches that have some evidence to support their effectiveness. While the focus is on the regular functions of youth justice agencies, many of the issues and strategies raised are relevant to, and rely on the involvement of, a range of other youth justice stakeholders if they are to be effective in preventing and reducing youth offending. These stakeholders include but are not limited to police, the courts, education providers, health services, non-government youth and community services and statutory child protection agencies.

The terms *Aboriginal and Torres Strait Islander peoples* and *Indigenous people*s are used interchangeably in this Paper when referring collectively to Australia’s first peoples; the terms ‘Aboriginal peoples’ or ‘Torres Strait Islander peoples’ are used where the discussion refers specifically and only to those populations. While the terms ‘young people who offend’ and youth justice are preferred and used where possible, the terms ‘juvenile offenders’ and ‘juvenile justice’ are also used given their widespread use in the literature, and in policy and practice in Australia and internationally.

Key issues in youth offending: The facts

In this section, an overview is provided of the facts about youth offending—the proportion of young people who commit offences and come into contact with the criminal justice system, some key demographics for those who offend (gender and Indigenous status) and the proportion of young people who have offended who become recidivist offenders.

What proportion of young people commits offences?

It has been well-documented that most young people commit offences of a relatively minor nature (eg graffiti or shoplifting) and that ‘juvenile offending is normal and ubiquitous’ (Enzmann et al. 2010: 163). Self-report studies and police data indicate that offending by young people is not, however, confined to minor offences. Weatherburn and Baker’s (2001) self-report survey of more than 3,600 NSW secondary students found that nearly half (48%) admitted involvement in at least one of six offences (assault, malicious damage, receiving or selling stolen goods, shoplifting, break and enter, and motor vehicle theft) in the 12 months prior to the survey. Sixty-one percent had committed one or more of these offences at some time prior to the survey (Baker 1998), while in the 12 months preceding the survey, 29 percent of students had committed an assault, 27 percent malicious damage and 15 percent had received or sold stolen goods (Baker 1998).

Similarly, in Western, Lynch and Ogilvie’s (2003) Sibling Study, a self-report survey of four cohorts of Queensland young people (secondary school students, ‘vulnerable’ young people (eg those known to social support services), young offenders (those in juvenile detention, on a community-based order or being sentenced in the Children’s Court) and a small cohort of urban Indigenous young people), it was found that 43 percent of all respondents (n=1,125) had broken the law. Like Weatherburn and Baker’s results (2001), results from the Sibling Study indicated that in addition to less serious offending being common among young people (eg 24% admitted to graffiti and 36% to using marijuana), young people admitted to ‘relatively high rates of involvement in violent crimes’ (Western et al. 2003: 30). Western et al. (2003: 30) claimed that

While it may not be surprising that more than 50 per cent of the Offender cohort reported having beaten somebody up, it is remarkable that more than a third of the vulnerable cohort also report this offence, as do 14 per cent of the School cohort.

Richards’ study of young people’s contact with the criminal justice system in Australia found that while young people are most commonly apprehended by police for property offences, in some cases police data ‘challenge the widely-accepted view that young people commit primarily minor offences’ (2009: 46). For example, young people comprise approximately one-third of police apprehensions for robbery. It is clear then that juvenile involvement in a range of crimes, including quite serious crimes, is relatively common.

What proportion of young people comes into contact with the criminal justice system?

There is a strong relationship between age and offending behaviour such that young people (aged under 18 years) and young adults proportionately commit the most crimes (AIC 2012; Fagan & Western 2005; Farrington 1986). Yet the majority of young people will never come into formal contact with the criminal justice system. Morgan and Gardner (1992) found that 18 percent of those born in 1962 (n=24,000) and 21 percent of those born in 1972 (n=23,000) had at least one contact with the South Australian criminal justice system (ie the Children’s Court or an Aid Panel) before turning 18 years of age. Substantial differences in levels of contact with the criminal justice system were found between males and females, with 26 percent of males and 10 percent of females born in 1962 (and 29 percent of males and 13 percent of females born in 1972) having contact with the criminal justice system. Morgan and Gardner (1992) also found substantial differences between the level of contact Indigenous and non-Indigenous young people had with the criminal justice system. Fifty-five percent of Indigenous young people, compared with 21 percent of all young people had contact with the Children’s Court or an Aid Panel. As Morgan and Gardner (1992: 21) concluded, ‘Aboriginal youth have an extraordinary level of contact with juvenile justice’.

Similarly, Skrzypiec and Wundersitz (2005) found that 17 percent of all individuals born in South Australia in 1984 (n=20,902) were apprehended by South Australian police as juveniles (see also Skrzypiec 2005). Skrzypiec & Wundersitz (2005) found that 25 percent of males but only eight percent of females were apprehended by police as young people. Like Morgan and Gardner (1992), there was strong overrepresentation of Indigenous young people, with 44 percent of Indigenous young people being apprehended by police, compared with only 16 percent of non-Indigenous young people (Skrzypiec & Wundersitz 2005). Skrzypiec (2005) found that the proportion of Indigenous female young people who offended persistently (ie those who were apprehended by police five or more times) was higher than the proportion of either Indigenous or non-Indigenous male persistent offenders.

In another study, Hua, Baker and Poynton’s (2006) cohort study of 8,784 individuals born in New South Wales in 1984 found that 10 percent (16% of males and 4% of females) appeared in a NSW criminal court at least once before turning 21 years of age; one-quarter of these appeared first before the Children’s Court. Substantial differences were found in levels of police contact between male and female young people, and between Indigenous and non-Indigenous young people.

Finally and most recently, a longitudinal study by Allard et al. (2010) found that of all persons born in Queensland in 1990, 14 percent had one or more formal contacts (caution, youth justice conference or court appearance) with the criminal justice system by the age of 17 years, although this varied substantially by Indigenous status and sex. Indigenous young people were 4.5 times more likely to have contact with the criminal justice system than non-Indigenous young people. Sixty-three percent of Indigenous males and 28 percent of Indigenous females had had a contact with the criminal justice system as a child or young person, compared with 13 percent of non-Indigenous males and seven percent of non-Indigenous females (Allard et al. 2010).

Youth offending trajectories

While the majority of those young people who offend and come into contact with the criminal justice system will desist from crime, a small ‘core’ will have repeated contact with the criminal justice system and are responsible for a disproportionate amount of crime (Skardhamar 2009).

The processes facilitating desistance have not been well explored and it appears that there may be multiple pathways in and out of crime (Fagan & Western 2005; Haigh 2009). Research on trajectories of offending by young people consistently reveals that youth offending patterns are highly diverse and that there are distinct cohorts of offenders within the youth offending population. For example, a study by Livingstone et al. (2008) of a cohort of young people born in Queensland in 1983 or 1984 who came into contact with the police as young people (n=4,470) and with one or more finalised juvenile court appearances identified three primary trajectories among young people who offended:

* *early peaking* moderate offenders showed an early onset of offending, with a peak around the age of 14 years, followed by a decline. This group comprised 21 percent of the cohort and was responsible for 23 percent of offences committed by the cohort;
* *late onset* moderate offenders, who displayed little or no offending behaviour in their early teen years, but who had a gradual increase until the age of 16 years, comprised 68 percent of the cohort but was responsible for only 44 percent of the cohort’s offending; and
* *chronic* offenders, who demonstrated an early onset of offending with a sharp increase throughout the timeframe under study, comprised just 11 percent of the cohort, but were responsible for 33 percent of the cohort’s offending (Livingstone et al. 2008).

Marshall’s (2006) cohort study of all individuals born in South Australia in 1984 who had been apprehended by police at least once between the ages of 10 and 17 years (n=3,344) also found that among young people who offend, there are distinct offending trajectories. Marshall (2006) identified six discrete groups of young offenders—very low desisters, very low persisters, moderate early, moderate late, high and very high offenders. Marshall (2006) tracked the young people until the age of 20 years and determined that only two of these groups persisted with their offending into early adulthood. Importantly, there were clear differences between Indigenous and non-Indigenous young people, with Indigenous young people being overrepresented in the groups that commenced offending early, committed serious offences and offended with moderate to high frequency.

Indigenous young people made up 48% of persons most likely to be in the Very High Group, despite representing only 6% of the 1984 birth cohort who had at least one apprehension as a juvenile (Marshall 2006: 10; see also Skrzypiec 2005).

Similarly, Hua, Baker and Poynton (2006), Skrzypiec (2005) and Morgan and Gardner (1992) found that a small proportion of young people offend repeatedly and account for a disproportionate amount of crime (see also Marshall (2006) for a discussion).

What proportion of young people reoffend?

Most young people who commit offences escape detection and grow up to become law-abiding citizens; only a minority of all young people ever come into adverse contact with the criminal justice system. Of those who come into contact with the criminal justice system, it is important to determine whether most desist from crime or go on to become serious and/or persistent offenders.

Yet there is some confusion in the research literature about whether young people who come into contact with the criminal justice system will desist, which largely stems from the diversity of practices subsumed under the umbrella of ‘contact with the criminal justice system’. That is, the likelihood of a young person either persisting (coming back into contact with the criminal justice system) or desisting (not coming back into contact with the criminal justice system) varies according to the type of contact they have with the criminal justice system. While most young people who are apprehended by police do not come back into contact with the criminal justice system, many or most of those who proceed further into the system—proceeding to a caution, conference or the children’s court—are more likely to have further contact.

Vignaendra and Fitzgerald’s (2006) study of reoffending among 5,981 young people cautioned by police or who participated in a youth justice conference found high levels of recidivism:

* 42 percent of those formally cautioned were reconvicted of a further offence within five years, with those who reoffended appeared in court an average of 3.2 times during this five year period;
* 58 percent of those conferenced (n=1,711) were reconvicted at least once in the five year period following their youth justice conference, with those who reoffended appearing in court an average of 4.3 times during the five year period;
* five percent of young people cautioned and 11 percent of those conferenced received full-time custodial penalties during the five years following their caution or conference.

It should be recognised, however, that these figures only relate to young people who participated in a formal police caution or youth justice conference; other young people may come into contact with the police, many of whom are dealt with via informal warnings that are not recorded.

A study by Chen et al. (2005) tracked the offending trajectories of 5,476 young people who appeared in the NSW Children’s Court for the first time in 1995 over an eight year period. The study found that 68 percent had reappeared at least once in a criminal court by the end of 2003. Forty-three percent of the cohort reappeared at least once in the Children’s Court and 57 percent at least once in an adult court during this period. Thirteen percent of the total cohort received an adult prison sentence during the period (Chen et al. 2005). Again, it should be stressed that these data relate to young people who appeared in the Children’s Court; that is, those young people who had ‘progressed’ through the diversionary measures of warnings, cautions and conferences or who had committed serious offences. These young people are not representative of all those who come into contact with the police.

It was contended in a NSW Bureau of Crime Statistics and Research (BOCSAR) paper (2011: 2) that the assumption that most young people who come into contact with the criminal justice system through offending will desist without intervention is false:

[That] most juvenile offenders desist from offending without being sanctioned by the court system or placed in any form of rehabilitation program...is undoubtedly true. *It does not follow, however, that most juveniles coming into contact with police and courts will desist* without extensive or intensive intervention. Juveniles arrested by police are not a representative sample of all juvenile offenders. They tend to be among the more persistent of offenders (which is why they get caught) [italics in original].

‘Contact with the police and courts’ therefore needs to be understood in nuanced terms. It appears that while most juveniles who come into contact with the police do not come back into contact with the criminal justice system, many or even most of those who have a formal intervention (ie police caution, youth justice conference or court) do reappear. Further, it is important to distinguish between ‘contact with the police’ (which includes warnings and cautions) and ‘being arrested by police’ (which is likely to occur following a serious offence).

Young people as victims of crime

Young people are not only disproportionately the perpetrators of crime (as described above), they are also disproportionately the victims of crime (Finkelhor et al. 2009; Richards 2009). For example, in 2007, the highest rate of recorded sexual assault in Australia was against 10 to 14 year old females, at 544 per 100,000 population (AIC 2008). For males, rates were also highest among young people, with 95 per 100,000 of the population of 10 to 14 year olds reporting a sexual assault.

The high rate of victimisation of young people is critical to consider, as it is widely acknowledged that victimisation can be a pathway into offending behaviour for some young people (eg Stewart, Dennison & Waterson 2002). For example, Stewart and colleagues (2002) found that children who have been maltreated (ie had a substantiated maltreatment notification) were more likely than those who had not been substantiated as maltreated to offend as adolescents. Further, it has been well-documented that young people in out-of-home care are much more likely than other young people to enter the youth justice system (McFarlane 2010), perhaps in part due to the increased scrutiny these young people come under (Cusick et al. 2010).

Further, it is important to recognise that the problems characteristic of young people in conflict with the law interact with one another in a ‘vicious cycle’. As Indig et al. (2011) explained, childhood abuse and neglect can inhibit psychosocial development in young people, resulting in increased substance abuse, mental health problems and disengagement from school. In turn, these can lead to antisocial behaviour and social exclusion. It should also be recognised that these issues interact with youth and immaturity. It has been recognised, for example, that young people are more at risk of a range of problems conducive to offending including mental health problems, substance misuse and peer pressure than adults, due to their immaturity, inexperience and heavy reliance on peer networks. Alcohol and other drugs have also been found to act in a more potent way on young people than adults (LeBeau & Mazayani cited in Prichard & Payne 2005).

Conclusion

Although most young people who come into contact with the police do not reoffend, it appears that many (approximately half) of those subject to a more formal process such as a police caution or conference, have further contact with the criminal justice system. Those who reoffend are, on average, quite prolific offenders (see Wallace & Jacobsen 2012). Recent research has identified a proportion of young people who reoffend repeatedly, which supports existing evidence indicating that a small proportion of young people are responsible for a disproportionate amount of offending. This clearly demonstrates the need for responses to juvenile offending to be appropriately targeted or tailored within the juvenile offending population.

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| Key points   * Young people are the most likely group in the population to commit crime and be a victim of crime. Many young people will commit offences at some stage before they become adults. * The majority of offences committed by young people are minor and property offences are the most common, but some young people commit much more serious and violent offences. * The majority of offences committed by young people go undetected and most young people do not commit further offences or become engaged with the criminal justice system. * Only a minority (approximately 15–20%) of all young people come into contact with the criminal justice system (eg via an informal or formal caution, youth justice conference, or court). * Indigenous young people are substantially overrepresented, compared with non-Indigenous young people, at all points of the criminal justice system. * A small ‘core’ of recidivist young offenders is responsible for a disproportionate amount of crime. * Given there are various identified offending and desistence trajectories, responses to youth offending need to be tailored to best affect the trajectories of different cohorts of offenders, while making the most of limited resources. |

Developmental perspectives

Developmental perspectives on youth offending offer an important platform for understanding the reasons why some young people engage in anti-social behaviours and why a small proportion become involved with more persistent offending. It should also be recognised that there is a great deal of developmental difference and levels of maturity among those persons categorised by legislation as ‘young people’. That is, someone aged 10 or 11 years of age who commits offences can be expected to have very different needs and require different responses, compared with an older adolescent who commits an offence.

The literature on what makes young people who offend different from adult offenders is focused around developmental differences in decision making and engagement in risky behaviour. Risk-taking behaviour has been found to be more prevalent among adolescents than adults (Gardner & Steinberg 2005; Steinberg 2005). Various studies from a range of disciplines have sought to explain this difference by assessing adolescents’ susceptibility to influence by their peers and their inability to control their emotions or feelings. With regard to latter, it has been found that adolescents’ decisions to engage in risky behaviours tends to be based on ‘gut feelings’ that take place outside of conscious decision making. Boyer (2006) proposed that it is not the misunderstanding or miscalculation of potential risks; rather it is the young person’s inability to control the desire for potential positive outcomes or rewards that leads to risky behaviour. This type of decision making and the feelings associated with it become more regulated as adolescents mature. In the following sections key issues in adolescent development and decision making processes, as they apply to engaging in offending, are examined.

Hormones and puberty

Adolescence is a critical period for the development of adolescent behaviour (both normative and atypical) as a result of the brain’s significant development during puberty and adolescence, the increased exposure of young people to the wider environment and concomitantly to a range of risks and opportunities, as well as the increasing pressure of peer influence (Hay, Payne & Chadwick 2004; Steinberg 2005). Recognising the significance of this period, Boyer (2006: 292) indicated that ‘risk taking behaviours emerge, increase, and eventually peak in adolescence’.

Historically, the onset of puberty in boys has been associated with an increase in aggressive or delinquent behaviour, largely attributed to the increase in levels of testosterone that occurs during this period (Najman et al. 2009; Rowe et al. 2004). Yet, in their longitudinal study, Najman et al. (2009) found little difference between the levels of aggression/delinquency exhibited by boys and girls at the onset of puberty. Thus, the authors suggested that such behaviour can be attributed at least in part to social and environmental factors, given that while hormonal changes associated with puberty are different in boys and girls, little difference was found in levels of aggression for each gender. The same research did find that a high number of participants engaged in aggressive or delinquent behaviour during pubertal years, but such behaviour declined dramatically immediately following that period, further supporting Moffitt’s theory of adolescent-limited antisocial behaviour.

Rowe et al. (2004) found a link between non-aggressive antisocial behaviour and an increase in testosterone levels in adolescent boys, although this was only the case where adolescents associated with deviant peers. This reinforces the view that a number of factors—social, psychological and environmental—contribute towards young people’s antisocial or offending behaviour.

Another factor examined in research is the notion that the timing of onset of puberty and hormonal changes may be associated with antisocial or delinquent behaviour among adolescents. This is particularly relevant given that the age at which adolescents experience pubertal changes is decreasing in developed countries (Bellis, Downing & Ashton 2006; Caspi et al. 1993). Bellis, Downing and Ashton (2006) distinguish between physical puberty and ‘social puberty’, with the latter referring to a readiness to function as an adult in society. They suggest that although adolescents are encountering physical puberty at a young age, the onset of social puberty tends to come later. The result of this discrepancy is again that children or young adolescents are ill-equipped to make decisions relating to risky behaviour.

Personality development and self-esteem

Other studies have looked at the role of personality development to assess the correlation between particular personality traits and criminal behaviours. Donnellan et al. (2005) explored the relationship between externalising behaviours such as violence and self-esteem among young people. They extended their earlier research that demonstrated a relationship between low self-esteem and externalising problems to also assess externalising behaviours in those with very high self-esteem. They found that having very high self-esteem (best captured by measures of narcissism) was a more significant factor in aggression and crime than low self-esteem. Thus, there may be a need for further consideration of the low self-esteem hypothesis, as Donnellan et al. (2005) concluded that a key predictor of antisocial or criminal behaviour among young people was the presence of *either* very low or very high self-esteem.

Cognitive development

Critical to understandings of youth risk taking and offending has been the range of scientific studies suggest that the adolescent brain differs from the adult brain in terms of both function and structure (Bjork et al. 2004), and that there is significant brain development and maturation during the decade spanning the period of adolescence (Steinberg 2005). The American Psychological Society (2004: 9–10) reiterated this theory in Roper v Simmons, also stating that ‘the human brain does not settle into its mature, adult form until after the adolescent years have passed and a person has entered young adulthood’.

Three key observations associated with brain development during adolescence were noted by Steinberg (2005):

* adolescent brain development largely occurs in the regions of the brain that relate to emotional and behavioural regulation, and the ability to weigh up risks and rewards;
* during puberty, adolescents experience changes in arousal and motivation, yet these changes occur prior to the development of a capacity to regulate such feelings; and
* changes in the prefrontal cortex of the brain (the area of regulation) during adolescence have been associated with improvements to long-term planning, self-regulation and the capacity to assess risks and rewards.

Steinberg (2005) draws attention to the role that emotion plays in influencing cognition. Specifically, increases in risk-taking behaviour during puberty, which are partly be explained by a desire during that period to appease peers.

Similarly, a number of neuropsychological studies looking at developmental cognition and behavioural patterns have indicated that young people’s inherent impulsivity, lack of self-control and inconsequential thinking are a result of the maturational process, as adolescent brains do not mature until a person has reached their mid-twenties (Allan, Trzcinski & Kubiak 2012). Bateman (2012) illustrated that while the parts of that brain that regulate emotional reactions may develop in early adolescence, the pre-frontal cortex (and the associated decision-making and impulse control functions) is one of the last areas to develop. As Bateman (2012: 65) concluded, these neurodevelopmental discrepancies ‘play a role in explaining the tendency of teenagers to engage in various forms of risk taking’.

Risk-taking behaviour

Other research has specifically examined the differences in risk-taking behaviour of adolescents in comparison with adults. Leijenhorst et al. (2010) used functional magnetic resonance imaging to examine whether there is variation between adolescents and adults in brain activation associated with ‘uncertain rewards’. ‘Reward’ in this context refers to the positive outcomes of a particular behaviour; this could be either a stimulating neural experience and/or material/tangible benefits (Leijenhorst et al. 2010). The area responsible for this stimulation is the ventral striatum, which is responsible for experiences of anticipation for potential rewards. This area of the brain is underdeveloped during adolescence and as a result, requires higher stimulation to activate the same neural response shown in adults. This results in potentially higher risk taking behaviours, as the uncertainty of physical rewards increases stimulation in these areas of the brain.

The results of the research support the notion that middle adolescents are more responsive to uncertain rewards than young adults. It is possible that this may contribute to increased levels of risk-taking behaviour among this age group, stemming from an inability to distinguish between certain and uncertain rewards. The research also indicated that regions of the brain that are responsible for ‘higher order processing and cognitive control functions’ continue to develop until late adolescence (Leijenhorst et al. 2010: 68). Prior to this time, the capacity for children and young adolescents to process unfavourable outcomes may be affected. Further, the lack of complimentary regulatory functions increases the risk of adolescents participating in concerning behaviours.

Steinberg (2009) noted four key developments in brain structure that occur during adolescence:

* grey matter in prefrontal regions of the brain decreases and this coincides with significant improvements in information-processing and logical reasoning;
* a shift in the distribution of dopamine receptors means that the level of dopamine in the prefrontal cortex increases significantly. This has been associated with sensation-seeking behaviour and has potential implications relating to overvaluing potential rewards even where risks are apparent;
* the process of myelination, whereby nerve fibres are coated in myelin, begins to occur during early adolescence and continues through to early adulthood. This results in an increased amount of white matter in prefrontal regions of the brain and is associated with improvements to executive functions ‘such as response inhibition, planning ahead, weighing risks and rewards, and the simultaneous consideration of multiple sources of information’ (Steinberg 2009: 743); and
* connections between the cortical and subcortical regions of the brain increase, which facilitates improved emotional regulation and cognitive control.

He noted additional changes in brain functioning that occur during the same period:

* brain functions relating to self-regulation and cognitive control gradually improve during adolescence and into early adulthood; and
* adolescents have been found to be particularly responsive to rewards.

Evidence suggesting the link between neurodevelopment and delinquent or criminal behaviour is increasing. However, the link between deficits in neuropsychological development and antisocial behaviours already has a robust body of evidence (Moffitt 1993). Moffitt (1990) illustrated that deficits such as poor verbal and executive functions, often a characteristic of children with Attention Deficit Hyperactivity Disorder (ADHD) or a conduct disorder, is strongly associated with antisocial behaviours. In a study conducted on adolescent boys in New Zealand, he found that boys who exhibited symptoms of conduct or Attention-Deficit Disorder and scored poorly on verbal and executive psychological tests had histories of extreme antisocial behaviour. This supports a number of aspects of the adolescent-limited theory, which associates deficits in neuropsychological development with persistent antisocial behaviour.

*Traumatic Brain Injury*

Injury to the frontal and temporal lobes, commonly referred to as Traumatic Brain Injury (TBI), is the leading cause of disability among children and young adults (Fleminger 2005). Injury to key functioning and regulatory areas of the brain, particularly the frontal and temporal lobes are often associated with ‘problems with memory, attention, executive function, behavioural control, and regulation of mood’ (Fleminger 2005: 1419).

However, while brain injuries are not a developmental disorder in and of themselves, TBIs are most likely to occur in people aged 15 to 24 years, resulting in a higher chance of a disrupted developmental process (Fleminger 2005). Key functioning and developmental processes such as ‘attaining independence from parental support, completing study and establishing a vocation, and forming social networks’ (Fleminger 2005: 1419) can be interrupted by a TBI. Fleminger (2005) also noted the likely comorbidity of a range of cognitive and behavioural disorders, which often coincide with difficulties in self-monitoring, regulation and social judgement.

In addition to developmental neuropsychiatric sequelae (ie abnormal conditions following an injury or illness), TBIs are often associated with ‘greater violence in offences’ among juvenile offender populations (Williams et al. 2010: 801). Williams et al. (2010) conducted a study that explored rates of self-reported TBI among young people who offend and found an association between three or more self-reported TBIs and increased violence. There was also an association between increased mental health and drug abuse problems, particularly problems with cannabis. However, this study was limited in that it did not use a control for rate of injury, nor were there direct measures of neuropsychological functioning to assess the link between TBI and actual neurocognitive dysfunction (Williams et al. 2010).

Perron and Howard (2008) found a higher number of criminogenic sequelae with their research on young people in rehabilitation services. Interviews with 720 residents of the Missouri Division of Youth Service rehabilitation services were conducted to assess relationships between TBI, substance abuse, psychiatric symptoms and antisocial behaviours. The findings suggested that participants with a TBI ‘displayed significantly earlier onset of criminal and substance-using behaviours, more lifetime substance abuse problems…and more frequent past-year criminality than youth without TBI’ (Perron & Howard 2008: 252).

*Foetal Alcohol Spectrum Disorder*

Foetal Alcohol Spectrum Disorder (FASD; previously known as Foetal Alcohol Syndrome) is a term used to encompass the range of disorders resulting from pre-natal exposure to alcohol. Studies indicate that exposure to alcohol in the prenatal stages can cause ‘physical, neurologic, behavioural, and cognitive deficits that interfere with growth, learning and socialisation’ (Williams 2006: 5). The three key characteristics of children with FASD are ‘recognisable patterns of growth deficiency, characteristic facial anomalies, and central nervous system dysfunction’ (Fast & Conroy 2009: 250). Alcohol has been identified as both a neurological and behavioural teratogen (ie an agent that can impede the development of a foetus and cause birth defects), resulting in a range of ‘alterations in brain structure [and] function [underling] these cognitive and behavioural anomalies’ (Roebuck, Mattson & Riley 1998: 339).

While the study of prenatal alcohol exposure on brain structure is in its infancy (Fast & Conroy 2009), reviews suggest that significant exposure to alcohol during the prenatal stages of development can result in microcephaly (ie an unusually small head due to a lack of brain growth) and ‘structural abnormalities in various brain regions, including the basal ganglia, corpus collosum, cerebellum, hippocampus and amygdala’ (Fast & Conroy 2009: 252).

Fast, Conroy and Loock (1999: 370) and others have highlighted that the impact alcohol has on both neurological and behavioural functioning is often reflected in by the ‘poor judgement, impulsiveness, inability to anticipate consequences and seeming inability to alter behaviour’ typically exhibited by people with FASD. Further, research suggests that issues such as mental disorders, social ineptness, cognitive impairment, substance use disorders, difficulties with school and employment difficulties (problems with achievement, mastery of skills and reliable attendance), and the inability to adequately deal with the basic requirements of daily living can both result from and compound FASD, and therefore contribute to involvement in antisocial and criminal behaviours (Fast & Conroy 2009; Ministry for Children and Families (British Columbia) 1999; Williams 2006). Fast and Conroy (2009: 256) concluded that

the life-long neurological impairments found in people with FASD include learning disabilities, impulsivity, hyperactivity and poor judgement, increases susceptibility to criminal behaviour and victimisation.

The study of offenders with FASD is relatively new, particularly in relation to prevalence. However, research by Fast and colleagues (1999) found that 23.3 percent of the 287 young people remanded to the Inpatient Assessment Unit in the United States had an alcohol-related diagnosis—three to 10 times greater than the accepted worldwide incidence of FASD. The proportion of young people diagnosed with FASD is likely to be underestimated and is a key factor for the effective management of young people in contact with the criminal justice system and in preventing reoffending for some decades to come. It is therefore important that a better understanding is developed of ‘the profile of behavioural, mental health and adaptive outcomes of children diagnosed with FASD’ (Rasmussen et al. 2008: 190), as this will greatly assist in the development of tailored interventions and services to best address the needs of these young people and to prevent reoffending.

Peer influence

The impact of peer influence is known to be particularly significant among adolescents and has been used to explain adolescent engagement in risky or deviant behaviour (Gatti, Tremblay & Vitaro 2009; Gaviria & Raphael 2001; Piquero et al. 2005; Steinberg & Monahan 2007). In their research of peer and parent influences on smoking and drinking among adolescents, Simons-Morton et al. (2001) found that peer influences play a significant role in adolescent cigarette smoking and consumption of alcohol, particularly among girls.

In a similar study, Prinstein, Boergers and Spirito (2001) examined the model of risks for adolescent risk taking. The research used the Factor Analysis of Peer Behaviour Inventory Items to assess prosocial and antisocial behaviours in participants’ immediate peer groups. The antisocial items included both criminal and deviant behaviours such as petty theft and cheating on tests to more severe factors such as violence. The prosocial factors related to school and community engagement and the positive perceptions of friends. The findings indicated that adolescents’ behaviours were influenced by peers who carried a weapon, were frequently physically aggressive, smoked cigarettes and frequently consumed alcohol and marijuana. Yet reassuringly, the research found that the vast majority of participants were exposed to both antisocial and prosocial behaviours in their immediate friendship group. The research also suggested that where adolescents were part of a dysfunctional family, some risk factors associated with peer influence were more pronounced. For example, an adolescent engaged in risky behaviours was more likely to carry a weapon or have more friends with suicidal or depressive tendencies if there were high levels of family dysfunction (Prinstein, Boergers & Spirito 2001). The results indicate that the probability of continued risky or deviant behaviour increases with each risk factor.

Gaviria and Raphael (2001) concluded that peer influence is particularly strong in the school environment. They tested the effect of peer influence in relation to five activities—drug use, consumption of alcohol, cigarette smoking, attending church and dropping out of school, and concluded that adolescents are influenced to engage or disengage in such behaviours by the prevalence of the behaviour in their school peer group. The strongest influence was found in relation to drug use. Similarly, two key findings can be drawn from Gardner and Steinberg’s (2005) research on the influence of peers on risky behaviour in both adolescence and adulthood. First, participants were more likely to engage in risky behaviour when in the company of peers than independently and second, this association was strongest among adolescent participants compared with adults.

It is important to note Romer and Hennessey’s (2007) argument that peer influence is correlational or may be associated with risk taking but is not a causal factor. As Romer and Hennessey (2007: 98) indicate ‘not only does sensation seeking encourage attraction to exciting experiences, it also leads adolescents to seek friends with similar interests’. Boyer (2006) reiterates this argument by highlighting the role of choice in association with peers who engage in risky behaviours. Furthermore, Bauman and Ennett (1996) indicate, children and adolescents will ultimately chose friendship groups based on personality similarities. In essence, children who are inclined to take risks will often choose to associate with peers with similar inclinations.

Finally, Steinberg and Monahan (2007) sought to determine the role of peer influence among three age groups—pre-adolescence, middle adolescence and young adulthood in relation to antisocial and prosocial behaviours. They used a self-report method to assess susceptibility to peer influence, drawing on a large and diverse sample of more than 3,600 males and females between the ages of 10 and 30 years. The sample was classified into four ethnically and socioeconomically diverse groups that included those who had committed serious offences , young people who had been detained in a juvenile facility, young people from lower income backgrounds, as well as the broader community. The researchers found that increases in *resistance* to peer influence were most notable between the ages 14 and 18 years across all of the subgroups, increasing linearly over the four year period. Thus, while family influence remained a significant influence across adolescence, middle adolescence was an especially significant period for the development of the capacity to stand up for individual beliefs and to resist opposing peer pressures. It had been posited that the capacity to resist peer influence may continue to develop throughout adolescence and through to early adulthood (Gardener & Steinberg 2005), but there was little evidence of this in pre and post assessments over the four year study period.

As a useful way forward, Prinstein, Boergers and Spirito (2001) concluded that the combination of adaptive and maladaptive sources of influence found within peer groups highlights the importance of developing primary prevention strategies to counter negative influences. These strategies need to be aimed at strengthening the impact of positive associations and behaviours in peer groups, as opposed to eliminating all association with deviant peers

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| Key points   * Adolescence is a time of profound physiological, social and emotional change. * A combination of factors including physiological (eg hormones, brain development), social (eg peer influence) and environmental (eg school) influence young people’s antisocial and/or offending behaviour. * Adolescents undergo ‘physical puberty’ first and ‘social puberty’ later, experiencing emotional changes before developing the capacity to regulate emotions. * Brain development during adolescence results in improvements to information processing, logical reasoning, response inhibition, long-term planning capacity, ability to weigh risks and rewards, emotional regulation and cognitive control. * Traumatic brain injury and other physiological disorders, such as Foetal Alcohol Spectrum Disorder, can produce neurocognitive and behavioural deficits, and affected young people are at greater risk of engaging in criminal behaviour. * The greater the number of risk factors evident in an adolescent’s life, such as exposure to deviant peer groups or a dysfunctional family environment, the more likely they are to continue engaging in risky behaviours |

Early intervention

While there is consistent evidence about the capacity of particular early intervention programs to reduce offending and produce positive social and economic benefits, much of this evidence has been generated by, and applies to, the United Kingdom and the United States; the Australian evidence is more ambiguous. This section provides an introduction to early intervention and outlines the evidence about its capacity to reduce both offending and to provide cost-effective interventions that reduce crime and other social ills.

What is early intervention?

Early intervention is a crime prevention strategy aimed at preventing the onset and escalation of criminal involvement. The objective of early intervention principles is twofold—to prevent the onset of criminal offending through general intervention programs and/or to prevent the escalation of offending through interventions that target ‘at risk’ youth or young people early in their offending so that they do not progress to more serious criminal involvement. That is, the purpose of early intervention is to prevent young people commencing offending in the first place and/or to prevent offending behaviour becoming entrenched among young people who have already offended or are at risk of doing so. Early intervention therefore includes both primary crime prevention and secondary crime prevention strategies.

Primary crime prevention intends to stop crime from occurring by focusing on universal social and situational factors that reduce opportunities for crime and strengthen community and social structures. Secondary crime prevention targets people and/or communities at risk of engaging in criminal behaviour (ie vulnerable groups) through programs and policies that focus on rapid and effective interventions (AIC 2003).

Early intervention as primary crime prevention

Primary crime prevention is aimed at preventing the onset of offending among children and young people who have not previously exhibited antisocial or criminal behaviour (Freiberg & Homel 2011; Prior & Paris 2005) and is often targeted at children in the pre-school years (0–6 years of age) or at other key developmental transitions (eg transitioning from primary to secondary school; adolescence; see National Crime Prevention (1999) for a detailed discussion) Examples include the Pathways to Prevention Program, the Positive Parenting Program and the Nurse Family Partnership program.

Longitudinal studies have demonstrated that persistent patterns of disruptive, antisocial or negative behaviours throughout childhood may be predictive of criminal involvement in later years (Freiberg & Homel 2011). Therefore, early childhood intervention is based on the notion that intervening effectively early in a young person’s development can produce significant long term benefits, including reducing the likelihood of delinquency in adolescence and offending later in life (Brown & Putt 1999).

There are two aspects of primary prevention—social crime prevention and situational prevention. Social crime prevention strategies strengthen community and social structures by addressing ‘factors that influence an individual’s likelihood of committing a crime, such as poverty and unemployment, poor health and low educational performance’ (AIC 2003: 1). Social crime prevention programs can be school-based, such as anti-bullying initiatives, or community-based, for example, the establishment of theatre and arts groups or sport and recreation centres (AIC 2003). Situational prevention strategies reduce opportunities for crime by addressing the physical environment, for example, through the design of buildings and landscapes, and target-hardening (AIC 2003).

Early intervention as secondary crime prevention

Early intervention, however, is also used to denote approaches that intervene ‘early in the life of a problem’, in this context by intervening to prevent the escalation or progression of problems by targeting young people early in offending, or when a young person begins to exhibit risky behaviours ‘that have not escalated to the point of formal involvement by police or the youth justice system’ (Freiberg & Homel 2011: 82), but that may lead to more serious delinquency or involvement in crime. For instance, diversion is an early intervention strategy that can impact the frequency and severity of reoffending for young people, compared with court.

There are two main elements to secondary prevention—intervening with high-risk young people and intervening in high-risk communities. Strategies that target at-risk youth include drug and alcohol programs, social competence or cognitive behavioural programs, employment and alternative learning programs, mentoring programs, and sport and recreation programs (Sallybanks 2003). Initiatives that target at-risk communities can include alcohol restrictions, forming community justice groups, night patrols and the Opal Fuel Initiative (where standard fuel was replaced by Opal fuel that does not result in intoxication when sniffed; Richards, Rosevear & Gilbert 2011).

Risk is a key concept in this approach, as

early identification of youth at risk of offending and addressing their problems through preventive intervention may reduce the likelihood of their involvement in crime in the longer term’ (Sallybanks 2003: 13).

In the context of youth justice, Prior and Paris (2005: 15) explain ‘risk’ as being ‘the presence of factors in a child’s life that, within large population samples, have a statistical correlation with anti-social or offending behaviours’. This means that if a young person experiences or is exposed to destructive or criminal behaviours, then the likelihood of them becoming an offender is statistically more probable. Conversely, protective factors that address and combat risk while promoting positive behaviours are identified as reducing the probability that a young person will engage in antisocial behaviour or offending (Prior & Paris 2005).

Risk and protective factors

Early intervention principles (as applied to antisocial and criminal behaviour) are premised on the belief that the presence of risk and protective factors influences the likelihood that a young person will engage in offending behaviour. Therefore, an important principle of early intervention is the prevention of negative development and the promotion of positive development, commonly known as ‘developmental prevention’ (NCP 1999). Under this approach, identifying risk factors and intervening to reduce the impact of these is only one part of the solution. The other part involves implementing programs that are designed to have a protective effect by promoting positive youth development and equipping young people with the skills they need to contribute productively to society (Freiberg & Homel 2011).

A wide range of risk factors have been identified as potentially leading to the onset of juvenile offending. While the goal of early interventions is better outcomes for individual children or young people, the individual is influenced by multiple developmental settings (Freiberg & Homel 2011). For this reason, the following sections consider risk factors across the domains of the individual, the family, schooling and the community.

Individual risk factors

Individual risk factors can be defined as an individual’s genetic, emotional, cognitive, physical and social characteristics (Wasserman et al. 2003). Research has identified a range of individual risk factors that may contribute to a young person’s involvement in the youth justice system (see Australian Government 2010; Freiberg & Homel 2011; Frize, Kenny & Lennings 2008; Prior & Paris 2005; Wasserman et al. 2003; Williams et al. 2010). These include:

* ADHD;
* low intelligence;
* restlessness;
* impulsiveness;
* low empathy;
* birth complications;
* TBI and FASD;
* sensation seeking;
* temperamental difficulties and aggression;
* poor emotional and cognitive development;
* high levels of daring behaviour;
* low academic achievement;
* intellectual disability;
* Indigenous status; and
* victimisation.

Parental and familial risk factors

The parental and familial risk factors that may increase young people’s involvement in crime have been well documented (see Cashmore 2011; Freiberg & Homel 2011; Goodwin & Davis 2011; Prior & Paris 2005; Richards 2011; Stewart, Dennison & Hurren 2005; Wasserman et al. 2003) and include:

* pre and post-natal factors (such as birth weight, and abnormality and complications before and during the birth);
* parental drug and alcohol misuse and addiction; for example, substance abuse by the mother during pregnancy may cause deficits and disorders such as FASD;
* disorder and physical or cognitive abnormalities;
* lack of parenting skills;
* family conflict;
* parental attitudes that condone antisocial and criminal behaviour;
* harsh and inconsistent discipline;
* child maltreatment (abuse and neglect) – see *Box 1 The pathway from child maltreatment to offending*;
* parent conflict and home discord;
* parental antisocial or criminal behaviour;
* poor child-rearing practices;
* family violence and witnessing domestic violence;
* divorce or family breakdown;
* parental psychopathology;
* teenage parenthood;
* family structure; for example, single parent households may have fewer economic resources;
* large family size (may be linked to diminished supervision);
* lack of parental supervision or monitoring;
* high level of conflict between parent and child;
* low level of positive parental involvement in child’s life;
* parental depression; and
* delinquent siblings.

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| Box 1 The pathway from child maltreatment to youth offending  One of the strongest links between childhood experience and subsequent offending has been found for children who experience child abuse and neglect (child maltreatment). Professor Cathy Widom produced some of the earliest and seminal work (1989; 1992; Widom & Maxfield 2001) exploring what has become known as the ‘cycle of violence’—that children experiencing maltreatment (ie child abuse and neglect) have an increased risk of subsequently being involved in delinquency, adult criminal offending, intimate partner violence, sexual assault and the perpetration of child maltreatment (Reckdenwald, Mancini & Beauregard 2013). They are also more likely to become frequent offenders (Smith & Thornberry 1995), and to be life course persistent offenders (Widom & Maxfield 2001).  Widom followed approximately 1,500 children (900 victims of substantiated child maltreatment, 667 matched comparison group, not known to have been maltreated) in a US longitudinal study from childhood through adolescence to adulthood in order to assess the criminal arrest records for each group over time. Widom (1992) reported that while the majority of subjects in both groups had no juvenile or adult criminal record, however being maltreated as a child increased the likelihood of arrest as a juvenile by 53 percent, arrest as an adult by 38 percent, and arrest for violent crime by 38 percent. In addition, maltreated children were a year younger on average when first arrested (16.5 versus 17.3 years), committed nearly twice as many offences (2.4 percent versus 1.4 percent), and appeared to be arrested more frequently (17 percent versus 9 percent with 5 or more arrests).  A history of child maltreatment also had a substantial impact on the likelihood of females engaging in crime. A history of child maltreatment increased the probability of arrest for females by 77 percent; although experiencing child maltreatment did not increase the likelihood of adult offending. An analysis of the relationship between the type of maltreatment experienced in childhood and subsequent criminal behavior revealed that approximately 16 percent of children who were physically abused were arrested for violent crime. Of particular interest, 12.5 percent of neglected children were also arrested for violent crime. After controlling for the effects of age, sex and race, there was still a significant relationship between neglect and subsequent violence. Widom (1992) concluded that the notion that only childhood victims of physical violence resort to violence in later years may be rather limited. She argued that a continuum of family situations may contribute to violence, incorporating both physical abuse and neglect. Both forms of maltreatment appeared to be equally potent predictors of later violence and criminal behaviour.  In the two decades since Widom’s work there has been a general acceptance of the lasting effects of trauma experienced early in life (Reckdenwald, Mancini & Beauregard 2013). Although the transmission of violence is not inevitable and the precise mechanisms of transmission are still being delineated, a common estimate is that approximately one third of maltreated children will go on to perpetrate violence in some form (eg maltreating children, intimate partner violence and other criminal offending (Tomison 1996). Some recent prospective studies are provided to demonstrate the nature of the pathway from maltreatment to offending:   * Undertaking a prospective study using data for the 41,700 children born in Queensland in 1983, Stewart, Dennison & Waterson (2002) found further evidence of a causal relationship between experiencing child maltreatment and subsequent offending. They found that about 10 percent of the children came into contact with the Department of Families by the time they were 17 years old because of a child protection matter, while about 5% of those in the cohort had a court appearance for a proven offence. It was found that children who suffered maltreatment were more likely to offend in adolescence and that experiencing physical abuse and neglect were significant predictive factors for youth offending; sexual and emotional abuse were not—consistent with prior research.   Maltreated Indigenous children were found to be four times more likely to offend than maltreated non-Indigenous children; while young people whose final maltreatment occurred in adolescence were found to be at greater risk for offending than children whose maltreatment occurred only in childhood. Children with out-of-home placements, usually an indicator that more severe maltreatment has been experienced, were more likely to offend than children who had not been in an out-of-home placement.  While maltreatment did not seem to account for differences in male and female offending, more females than males experienced persistent maltreatment or maltreatment only in adolescence. The authors noted the need to undertake further research to examine the trajectories of these females to examine how many subsequently offended. It was noted that late maltreatment may be more or less predictive of female rather than male offending.   * Using data from the US Chicago Longitudinal study, a prospective study of 1,539 underprivileged minority children it was found that the rate of delinquency, general adult offending—and more specifically violent, drug and property offending - were all elevated if a participant had experienced childhood or adolescent maltreatment when compared with non-maltreated peers. Experiencing maltreatment in childhood was particularly related to subsequent adult offending (Mersky, Topitzes & Reynolds 2012).   It was also found that experiencing child maltreatment was a predictor of subsequent youth delinquency for boys, but not for girls. However experiencing child maltreatment was a significant predictor of subsequent adult offending for both genders—although the factors underpinning the pathway to offending varied by gender (Topitzes, Mersky & Reynolds 2011).   * Ogloff et al tracked a sample of 2,759 sexual abuse victims who were abused in Victoria between 1964 and 1995 and were able to follow some victims for up to 45 years. The authors provided further evidence that the majority of victims sexually abused during childhood do not subsequently become an offender or experience ongoing victimisation of violence. However, victims were almost five times more likely than the general population to be charged with some form of offence when compared with a non-abused sample, with the strongest associations found for sexual and violent offences. The victims also registered a greater number of charges, a higher proportion of their charges resulted in a guilty verdict, the victims experienced more custodial sentences and they continued offending to an older age. These findings suggest that offences committed by sexual abuse victims are not isolated to sexual offences or to being male (Benoit & Kennedy 1992; cited in Ogloff et al. 2012). It should be noted that the victims were also more likely to have been victims of crime, particularly crimes of a sexual or violent nature, which accounted for the majority of their contact with police.   Further, while the majority (99%) of male and female victims of child sexual abuse were not charged for a sexual offence, they were 7.6 times more likely to be charged with sexual offences than the general population. The authors reported that a quite large proportion of male victims were subsequently convicted of a sexual offence (5% of all male victims and 9.25% of those aged 12 years and above at the time of their victimisation).  These findings are important in that they point clearly to the need to develop and provide therapeutic interventions for adolescent male sex abuse victims ‘with a focus on positive sexuality in attempt to reduce their heightened risk of committing a sexual offence’ (Ogloff 2012: 5). They also noted the  benefits of psychological treatment for trauma, addressing victims’ mental health problems and preventing or addressing criminogenic risk factors such as low education and employment attainment, substance abuse and negative supports, in the aftermath of sexual abuse to both male and female victims is also likely to reduce the risks of offending in general and violent offences in particular. Legal and judicial representatives, as well as forensic psychologists and psychiatrists who may assess offenders, should take into consideration the complex interplay between history of [child sexual abuse], mental illness and offending. Offender treatment programs in the community or custodial settings may need to be adapted to consider the role of childhood abuse in attempts to reduce recidivism. Many now do not allow for the discussion of offenders’ own sexual victimisation (Ogloff et al. 2012: 5).  This assessment very much fits with the broader literature on adolescent sex offending—the need for comprehensive assessment and tailoring multi-dimensional treatment programs to need (see Box 2 Young people who sexually offend). |

Risk factors relating to schooling

A child’s engagement in antisocial, delinquent or criminal behaviours may be influenced by their attitudes to school, as well as the culture of the school and its attitudes towards negative and antisocial behaviours. Research (see Farrington 2002; Gaviria & Raphael 2001; Prior & Paris 2005; Wasserman et al. 2003) cites school-based risk factors as relating to:

* poor academic performance and low achievement;
* negative interaction with peers and teachers (such as peer rejection and bullying);
* lack of commitment to or investment in schooling;
* poor quality of schooling;
* association with deviant peers (also relates to increased co-offending);
* lack of attachment or failure to bond to school;
* low academic aspirations; and
* poor motivation.

Community risk factors

Community-based early intervention programs encourage strong bonds between children, families, schools and communities. They focus on socially disadvantaged areas rather than individual disadvantaged children or families (eg the Pathways to Prevention program has been implemented in a disadvantaged area of Queensland and the Seattle Social Development Project in a high-crime area of Seattle, United States). This is because young people are influenced by the community in which they live. If they exist in a high-risk environment, where they are exposed to norms favourable to crime, then they are at an increased risk of offending or engaging in antisocial and delinquent behaviours (Wasserman et al. 2003). As such, Freiberg and Homel (2011: 84) suggest that it is ‘important to focus preventive interventions in communities that experience a high overall level of risk’.

Community factors that may contribute to the risk of juvenile offending include:

* locations that have higher than average levels of poverty;
* socioeconomic disadvantage;
* high unemployment;
* sole-parent households;
* more young people engaged with the youth justice system;
* low community collective efficacy;
* neighbourhood disadvantage;
* disorganised neighbourhoods where criminal or delinquent behaviours may go unmonitored or unnoticed;
* social disorganisation and concentrated poverty that might lead to residents’ decreased willingness to intervene when children engage in antisocial or criminal activity;
* concentration of delinquent peer groups; and
* access to weapons (list compiled from research by Freiberg & Homel 2011; Homel et al. 2006a; Wasserman et al. 2003).

The effectiveness of early intervention in preventing or reducing juvenile offending

As Wise et al. (2005) noted, most early intervention programs are inadequately evaluated, due to small sample sizes, inappropriate designs and methodologies, and the difficulties of measuring long-term outcomes. In addition, the immediate goals of early intervention programs are often not directly related to reducing offending but to addressing risk and protective factors associated with offending (eg school engagement, family environment). It is often assumed that reduced offending will occur as a flow-on effect of the immediate goals of a program. As described in more detail below, while the immediate goals of early intervention programs are often achieved and are more easily measurable, programs’ impacts on offending is often more difficult to determine.

Yet the importance of evidence-informed criminal justice policies and programs, including those aimed at young people who offend, has been increasingly recognised (Weatherburn 2009; McAra & McVie 2007. It is also the case that the evidence base about what works to prevent, reduce and respond to youth offending has also grown considerably in recent years and continues to grow, despite the difficulties encountered with measuring the effectiveness of policies and programs.

Research institutes such as the Washington State Institute for Public Policy ([www.wsipp.wa.gov](http://www.wsipp.wa.gov)) and the Campbell Collaboration ([www.campbellcollaboration.org](http://www.campbellcollaboration.org)) have conducted numerous meta-reviews of high-quality research studies to determine which interventions can make significant changes to young people’s behaviour and reduce offending and reoffending. Importantly, these meta-reviews show not only what works, but what does not work in relation to youth offending. In addition, the cost–benefit of interventions can be determined, with some programs having been found to be both costly to implement and costly in the longer term, because they have failed to decrease offending or have actually increased offending (Drake, Aos & Miller 2009; Petrosino, Petrosino-Turpin & Buehler 2004; UKSRU 2013).

Yet many policies and programs across various locations and contexts have still not been rigorously evaluated. In addition, criminal justice programs, both for adults and young people, sometimes emerge ‘organically’ or in response to particular local issues. While innovation and the development of localised solutions to local problems should not necessarily be discouraged, the evidence base should nonetheless be used as a guide where possible and then the evaluation of programs encouraged to further strengthen the evidence base.

Overall there have been consistently positive findings about particular early intervention strategies based on outcome (juvenile crime reduction) and economic (cost–benefit) evaluations. This evidence, as well as the evidence about what doesn’t work, is outlined below.

What works in early intervention?

Early intervention programs that have evidence of successful youth justice outcomes are based on the following principles (Freiberg & Homel 2011):

* identifying and reducing risk factors while enhancing protective factors will improve outcomes;
* development is ongoing and is influenced by cumulative effects of prior experiences; therefore, ongoing interventions will have a greater influence on the probability of future offending behaviours; and
* recognition that development is influenced by multiple contexts, notably the family, school and community

To this end, programs with the following characteristics are considered the most promising approaches to preventing youth crime (Farrington cited by Brown & Putt 1999):

* frequent home visiting to provide advice about prenatal and postnatal care of children;
* pre-school ‘intellectual enrichment’ programs, such as ‘head start’ programs;
* cognitive and social skills training for children;
* peer influence strategies;
* classroom management and other training for teachers; and
* anti-bullying programs in schools.

Brown and Putt (1999: 3) also note

that many of these programs and strategies reduce the likelihood of children becoming victimised within family, school and neighbourhood contexts. Thus the positive effects of effective interventions and supportive environments are two fold—reducing the victimisation of children and over time preventing future offending by these children.

In addition, Freiberg and Homel (2011) suggest that successful programs are implemented within the natural environment of the child or family, as opposed to a clinical or centre-based setting, and are delivered in a manner that is consistent with the original design (ie they achieve program fidelity). This can be accomplished through the use of manuals, professional training and good data systems.

The domains of the individual, the family, schooling and the community are therefore key domains in which early intervention strategies can be applied. This section describes the ways in which early intervention can be applied in each of these settings and provides examples of specific programs or policies that have been shown to be effective.

Individually-based programs

A meta-review published by the Australian Institute of Family Studies assessed the design and implementation of interventions for children 0–6 years that were oriented to child outcomes, such as the child’s cognitive, language and social development and school performance. It was concluded that

a significant proportion of well-designed early childhood interventions yield positive and substantial short-term outcomes, with cognitive effects typically diminishing over time but positive effects on crime rates and employment being evident (Wise et al. 2005: 2).

For example, results from the Perry Preschool Project, which followed children to the age of 40 years, demonstrated a reduction in crime rates during late adolescence and into adulthood, even when immediate cognitive improvements weakened over time (Schweinhart et al. 2005).

Findings from similar types of programs demonstrate that intervening at a single stage early in life (0–6 years of age) can have positive crime outcomes throughout childhood and adolescence, but positive effects on criminal behaviour diminish into adulthood. For example, Drake, Aos and Miller (2009) estimated that the Seattle Social Development Project could produce a 15.7 percent reduction in crime. The Seattle Social Development Project is a universal program for first grade children in a socially disadvantaged community. The aim of the project was to improve the bond between children and their families, schools and communities through teacher training and supervision, child training in cognitive problem solving, peer group sessions and parent training for effective behaviour management (Freiberg & Homel 2011). Early results showed that children had a greater attachment to school and better achievement, while parents had better management skills, greater involvement in their children’s development and more effective family communication. Participants were assessed at age 18 years, with the results showing that fewer students had engaged in violent delinquent acts, heavy drinking and risky sexual behaviours (Hawkins et al. 2003). However, in subsequent follow-up periods at ages 24 and 27 years, ‘no continuing intervention effects on crime or substance abuse indicators could be demonstrated’. (Freiberg & Homel 2011: 86).

Family-based programs

Family-based interventions are typically aimed at parents during pregnancy until the child is of school age (5 or 6 years). These interventions are parent or family focused and based on the assumption that increasing parenting knowledge, health and wellbeing, and economic self-sufficiency will have an indirect impact on the child (Wise et al. 2005).

Family-based crime prevention programs may include home visiting programs, daycare or preschool programs, parent training programs, school-based programs and home or community programs with older adolescents (Piquero et al. 2008). Farrington and Welsh (cited in Prior & Paris 2005: 23) identified that ‘family interventions were often effective in reducing the risk indicators to some extent’ and that ‘parent education was particularly effective, especially in the setting of home visiting, day care or formal parent management training’. However, the effectiveness of such programs is dependent on good attendance, commitment and participation from both parents and children (Prior & Paris 2005: 23).

A review of international research by Brown and Putt (1999) suggested that family support and parenting programs targeted particularly in early childhood can have immediate effects as well as having beneficial outcomes later in life. Similarly, a systematic analysis conducted by Piquero et al. (2008) found that early family or parenting programs have a measurable effect on child behavioural problems in the pre-school years, as well as longer term effect on delinquency and crime in later adolescence and adulthood. This included fewer arrests, convictions and probation violations, lower rates of juvenile and violent arrests at 18 years of age, and lower prevalence of arrests for violent, property, drug and other crimes in adulthood.

The Nurse Family Partnership (NFP) program is a family-based program developed in the United States that has subsequently been implemented in the United Kingdom and Australia. This program provides intensive visitation by nurses to low-income, at-risk women bearing their first child from pregnancy until the child is two years old. The US model has shown to reduce crime outcomes for the mothers, as well as long-term crime outcomes for the children of the mothers (Drake, Aos & Miller 2009). In a 15 year follow-up, both mothers and their children had fewer arrests compared with mothers and children who did not receive home visits. Specifically, children had less than half as many arrests as children of mothers who did not have home visits (Freiberg & Homel 2011).

The Australian NFP program is targeted at women pregnant with an Aboriginal and Torres Strait Islander child (http://www.anfpp.com.au/), and has been adapted for the Australian health care system and the geographical and cultural diversity of Indigenous communities. In Australia, home visits are provided up to when the child is two years old. Outcomes of this program have not yet been evaluated in Australia.

The Positive Parenting Program (Triple P) is an Australian-designed multi-level parenting and family support strategy that ‘aims to prevent severe behavioural, emotional and developmental problems and child maltreatment by enhancing family protective factors and reducing risk factors associated with child maltreatment.’ (Sanders, Cann & Markie-Dadds 2003: 155). The program targets parents of children and adolescents from birth to age 16 years, thus targeting the five developmental periods in a child’s life—infant, toddler, pre-schooler, primary schooler and teenager. The program consists of five levels of intervention to address the differing levels of dysfunction and behavioural disturbance in children, as well as the differing needs and preferences that parents have regarding the type, intensity and mode of assistance that they require (Sanders, Cann & Markie-Dadds 2003).

Triple P has been subject to multiple evaluations since it began in 1977. Sanders and colleagues (2003) note that initial evaluations provided evidence that the program could assist parents to implement behaviour change and positive parenting strategies, and that these could be successfully applied in the home as well as in the community. However, not all parents were able to generalise their skills to high-risk situations, such as when there were competing demands, time constraints or stress. This was overcome, however, when parents employed additional self-management skills, such as planning ahead and goal setting (Sanders, Cann & Markie-Dadds 2003). Children showed significantly lower levels of disruptive and oppositional behaviour following both the basic parenting skills and planned activities training (Sanders, Cann & Markie-Dadds 2003). Similar results were obtained by Thomas and Zimmer-Gembek (2007) through their meta-analysis of Triple P interventions. Overall, it was found that Triple P could produce moderate to large effects on reducing parent-reported child behaviour and parenting problems. However, they concluded that although there is encouraging evidence that Triple P can assist parents to have better relationships with their children and can reduce child behaviour problems, independent, longer term and cost-effectiveness analyses are needed.

Further, Sanders, Markie-Dadds and Turner (2003: 21) recommend that

continuing research is needed to determine the types of families and child problems that respond to the different levels of intervention, either alone or in combination with other interventions.

An evaluation conducted in Queensland by Mihalopoulos et al. (2007) assessed the cost effectiveness of Triple P, concluding that Triple P was a cost-saving intervention, having the potential to save more resources than it consumes. As this analysis only considered conduct disorders, the true impact of Triple P for producing additional benefits, such as reduced maltreatment, improvements in parental quality of life and reduced delinquency and crime, may in fact be underestimated (Mihalopoulos et al. 2007). Further, as only intermediary outcomes were assessed, further research needs to be conducted to evaluate long-term efficacy.

School-based programs

A number of successful early intervention programs are implemented in school. Prior and Paris (2005) argued that the school environment and the way it is managed is particularly important in reducing delinquency among young people and highlighted the importance of modelling consistent and prosocial values at both an organisational and practitioner level. More specifically, they suggest that programs that emphasise high-quality teaching and organisation; dynamism, energy and commitment; and a whole school approach to problems like bullying, truancy and antisocial behaviour, can produce a positive effect on outcomes linked to juvenile offending (Prior & Paris 2005).

With regard to programs designed to prevent and reduce delinquent and antisocial behaviour, a range of programs have been designed that are oriented towards students, teachers, curricula, administration, the physical design of the school, parents, security personnel, community and legislation (Omaji 1992). A review by Sallybanks (2003) considers two main types of education programs—those that aim to change school structures or processes and those that aim to change individuals. Programs that amend structures and processes involve changing the way the school operates, while programs that change individuals aim to reduce and prevent unmanageable and delinquent behaviours occurring both within and outside the school.

Programs can also be categorised as in-school programs or out-of-school programs (though not necessarily off-site). In-school programs

are the sole efforts of the school, seeking to address the problem of juvenile delinquency or crime through adjustment to the internal structures and processes, particularly in the areas of organisation, curriculum and pedagogy (Omaji 1992: 403).

Out-of-school programs involve partnerships with outside agencies that work together to deliver programs (Omaji 1992). An example is the Crime Prevention Education Program in South Australia where teachers and police co-deliver education modules to Year 6 and 7 students to help them understand the consequences of crime and antisocial behaviours (Fletcher 2005).

Programs aimed at changing the individual include strategies that focus on school counselling and discipline, and are designed to encourage the early identification and appropriate management of children with behavioural problems. For example, the Tasmanian Supportive School Environments Program is a teacher-oriented counselling strategy designed to promote open sharing of problems and solutions, and provide teachers with conflict resolution skills (Omaji 1992). Although counselling for disruptive students is an initiative that is implemented in Australian schools, Omaji (1992: 405) argues that ‘its effectiveness in preventing student criminality remains to be tested’. The same conclusion was reached in research in the United Kingdom and United States, which found that there was a general lack of evaluative data and little evidence to demonstrate the effectiveness of counselling interventions (Omaji 1992). Although these conclusions may seem outdated, it appears that the same observations can be made for current programs, with little quality evidence generated to demonstrate success.

Behavioural management programs use different instructional approaches ‘to encourage positive relationships between the at-risk students and schooling’ (Omaji 1992: 407). For example, the use of token economies and rewards systems have shown to be effective in reducing criminal behaviour, with one US study reporting that ‘after five years the intervention group was 66 per cent less likely to have county court criminal records’ than the control group (Sallybanks 2003: 15). Token economies have also shown to have positive effects on truancy, discipline problems, academic achievement, aggressiveness, suspensions/expulsions and the likelihood of students continuing high school education. A token economy involves rewarding students for participation and good behaviour; for example, by giving points that can be exchanged for privileges. As part of one US initiative, tickets were earned for good attendance that were then placed in a raffle to win money, movie tickets, music or gift vouchers (Sallybanks 2003).

The Alternative Education Program (AEP) is a further example of how changing school structures and processes can have a positive impact on youth justice outcomes. Research has consistently shown that truancy, attrition and disengagement from school

tends to impact on later life outcomes across a range of dimensions, with those who do not complete their education tending to be significantly more disadvantaged (KPMG 2009: 7)

and at an increased risk of becoming involved in antisocial behaviour and criminal activity (Sallybanks 2003). The AEP is targeted at students who have either disengaged or are at risk of disengaging from school. The aim of the program is to

assist students back into mainstream educational programs, vocational training or employment and this is achieved through the establishment of links with schools, other key agencies as well as government and non-government organisations (NTOEC 2012).

For example, the Northern Territory Open Education Centre operated by the Northern Territory Department of Education and Training is one agency that works in partnership with the AEP to provide access to programs for students in Years 10 to 12. The Centre suggests that the program can benefit students experiencing difficulties such as chronic truancy, school refusal, parenthood, bullying, impulsive behaviour, social and cultural isolation, and anxiety (NTOEC 2012).

Community-based programs

The Pathways to Prevention project demonstrates how early intervention can be successfully applied in a community setting. This program is underpinned by the principle that risk factors that have been identified as key predictors of involvement in juvenile crime can be modified through planned interventions to reduce young people’s antisocial and criminal behaviours, particularly if they live in a disadvantaged community (Homel et al. 2006a). The program began in 2001 and targets four to six year old children in a disadvantaged area of Queensland. The project had a central focus on the transitional period from home to school, with the goal of empowering the children’s families, schools and community to create a supportive environment for positive development. With these goals in mind

[a] model of intervention emerged that focused on the transition to school and combined communication and social skills programs for pre-schoolers with family support and community development activities (Homel et al. 2006a: 2).

Findings from the project show that early intervention programs are able to not only operate successfully across multiple areas of influence, but the project also provides ‘some of the strongest evidence that multilayered interventions in school and community settings can influence developmental pathways’ (Homel et al. 2006a: 5). Further, the Pathways to Prevention project illustrates how early intervention programs that operate

within a universal prevention framework in a disadvantaged area can produce worthwhile reductions in problem behaviours in young children and strengthen the features of family context that facilitate positive child development (Homel et al. 2006b: 111).

The overall goal of the Pathways to Prevention project is to reduce the likelihood that children will become involved in crime and related problems (Homel et al. 2006b). While a number of the Pathways to Prevention programs have been evaluated to measure short-term outcomes relating to child wellbeing and family functioning, Homel et al. (2006b: 100) explain that

One of the difficulties in assessing the effectiveness of early intervention projects is that many of the benefits are not evident until later in the participants’ lives.

Therefore, the Juvenile Justice Simulation Model has been used to estimate the likely reduction in offending based on the behavioural problems and social skills exhibited pre and post-intervention, as well as an estimation of the project’s cost effectiveness (Homel et al. 2006b). Simulations were run out to 2016, when the participants would turn 20 years of age. The results indicated that participating in the program would lead to a 33 percent reduction in the number of at-risk children in the community and in a 21 percent reduction in offending. Further, the simulations estimated a cost reduction of $415,000 to the youth justice court and the corrections system over the last three years of the simulation (Homel et al. 2006b).

What doesn’t work in early intervention?

While there are many programs, some with evidence to support their effectiveness, there are a small number of programs that have clear evidence of their inefficiency to produce positive youth justice outcomes for at-risk youth. In particular, juvenile awareness programs such as Scared Straight, wilderness camps/challenges and boot camps have been shown to produce negative or neutral outcomes for participants (see *Boot camps* below. The Scared Straight program aims to deter criminal involvement through organised prison visits by juvenile delinquents or children at risk of criminal behaviour (Petrosino, Petrosino-Turpin & Buehler 2004). Wilderness and boot camps engage young people in challenging physical activities, usually outdoors or in the natural environment, with boot camps typically being run with a high degree of military-style discipline. Wilson and Lipsey (2000: 1) explain that by

mastering a series of incrementally challenging physical activities, the participant experiences a pattern of success and thereby builds confidence, self-esteem, and a more internalized locus of control. This newly empowered individual, then, is presumably less likely to continue with a pattern of inappropriate or illegal behaviour.

It is expected that since challenges are conducted in a group where positive interaction and cooperation is required for successful completion, young people will learn prosocial interpersonal skills that will be maintained once the program is finished (Wilson & Lipsey 2000).

Meta-analyses of wilderness programs have produced mixed results. Wilson and Lipsey (2000) found that wilderness programs can produce a positive outcome under certain conditions, most often for young people who are already institutionalised and when the physical component is supplemented by a therapeutic component. This raises questions about the ability of already institutionalised young people to reoffend and whether the program would have similar results for at-risk youth who have not yet had contact with the criminal justice system.

More recently, an analysis of nine wilderness and 14 boot camp programs by Drake, Aos and Miller (2009) found that this type of intervention had no effect on reducing recidivism among participants. Of further concern is the finding that programs like Scared Straight produce negative youth justice outcomes for participants. In their analysis of 10 Scared Straight programs, Drake, Aos and Miller (2009) concluded that this type of program increased recidivism rates by 6.1 percent. Similarly, a meta-analysis by Petrosino, Petrosino-Turpin and Buehler (2004) had found this type of intervention to be more harmful than doing nothing and actually increased delinquency. Petrosino, Petrosino-Turpin and Buehler (2004: 8) concluded that they ‘cannot recommend this program as a crime prevention strategy’ and that agencies that permit such programs

must rigorously evaluate them not only to ensure that they are doing what they purport to do (prevent crime)—but at the very least they do not cause more harm than good to the very citizens they pledge to protect.

Further, a cost-benefit analysis conducted by the Social Research Unit in the United Kingdom found that Scared Straight was cost ineffective, having a 100 percent risk of loss (UKSRU 2013; see Table 2).

**Boot camps**

Boot camps vary in terms of their degree of adherence to a military model, the nature and characteristics of the client group targeted, the duration of the camps, their cost and extent of post-camp support (National Institute of Justice 2003; Tyler et al 2001). Since the introduction of the earliest generation of boot camps in the 1980s and 1990s in the US, and the subsequent assessment of their lack of efficacy in reducing recidivism (eg Drake, Aos & Miller 2009; National Institute of Justice 2003; Schram 2007), these programs have continued albeit in a refined way (Schram 2007). So-called ‘second generation’ boot camps (operating since the 2000s) have placed less focus on military-style training and an increased focus on therapeutic intervention through education, cognitive therapies and substance abuse treatment (Schram 2007). More recently again, there is some evidence of a ‘third generation’ boot camp movement that is further focused on the incorporation of therapeutic intervention and post-program aftercare (Schram 2007).

The past five years have seen the introduction of boot camp programs in both New Zealand and a number of Australian jurisdictions. In 2010, the NZ Government introduced a range of measures to address young people who seriously offended, including a military-style intervention known as Military Activity Centre programs for the 40 most serious young offenders in New Zealand. This program retained the involvement of military personnel involvement and some aspects of military discipline and activities, together with mentoring, education and rehabilitation elements. Initial findings were that reoffending outcomes for MAC young people did not appear to be better than those for other young people serving Supervision with Residence Orders (Polaschek 2013). Child Youth and Family (NZ Ministry of Social Development) has continued to refine the program with a focus on enhanced programming and the development of enhanced post-release supervision of offenders and transitional integration and support programs delivered in the community.

Unlike in the United States and New Zealand, the Australian programs are not delivered by military staff, nor have they incorporated true military-style discipline. Framed more as wilderness or adventure-based programs, but with a higher degree of behavioural regulation, the programs have only recently been adopted and have not yet been evaluated.

Cost effectiveness of early intervention programs

The crime reduction effectiveness and cost–benefit analysis of a number of common early intervention programs are presented in Table 1. It should be noted that the rigorous analyses on which these figures are based have been conducted in the United States and may not be directly relevant to the Australian context.

The NFP program has demonstrated the greatest effect on crime outcomes, reducing crime by 38.2 percent for mothers and 15.7 percent for children. The NFP program also produces significant monetary benefits, particularly for victims and taxpayers (a total of $20,756 when combining benefits resulting from a reduction in crime of both mothers and children). High school graduation produced the next most significant reduction in crime (21.1%), which translates to significant monetary benefits to victims ($3,647) and taxpayers ($5,915); however, the overall cost effectiveness could not be estimated. The most cost-effective initiative was the Pre-K education for low-income three and four year olds ($14,848), which also produced a significant reduction in crime (16.6%).

Similar cost-benefit analyses have been undertaken in the United Kingdom by the Social Research Unit for approaches and programs that are focused on education and early childhood interventions. There are four education interventions and two early childhood interventions that have proven to be cost effective for the youth justice system. Although other programs have not been developed with youth justice outcomes in mind, given the link between school and family engagement and offending, these programs may produce important youth justice outcomes and therefore may be a worthwhile investment if proven to be cost effective.

Specific programs/approaches that have been assessed by the UK Social Research Unit (2012) as cost effective and which produce benefits to the youth justice system include:

* FAST (Families and Schools Together)—an eight week after school program for children aged between six and 13 years of age and their families;
* Good Behaviour Game—a universal classroom management strategy for children aged between six and eight years and designed to improve aggressive/disruptive classroom behaviour and prevent later criminality;
* Life Skills Training—a school based curriculum that teaches children aged 11 to 14 years social and self-management skills to reduce the risks to them of alcohol, tobacco, drug use and violence;
* Quantum Opportunities Program—a four year program in which disadvantaged young people aged 14 to 18 years work with a caring adult on basic skills, personal development, cultural enrichment and volunteering; and
* Early Childhood Education—programs that target low-income children aged three to four years.

Table 2 shows the cost-benefit analysis of these programs, as well as other cost-effective education and early childhood interventions that address risk factors linked with youth offending.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 1 Effectiveness of early intervention programs in the United States (crime reduction, benefits and costs) | | | | | |
| Early intervention program | **Effect on crime outcomes (% crime reduction) based on number of programs evaluated (in parentheses)** | **Benefits to crime victims (of the reduction in crime)** | **Benefits to taxpayers (of the reduction in crime)** | **Costs (marginal program cost per participant compared with cost of alternative)** | **Benefits (total) minus costs (per participant)** |
| Pre-K education for low-income 3 and 4 year olds | 16.6% (8) | $9,882 | $5,579 | $612 | $14,848 |
| Nurse Family Partnership (children) | 15.7% (1) | $8,515 | $4,808 | $756 | $12,567 |
| Nurse Family Partnership (mothers) | 38.2% (1) | $8,093 | $5,676 | $5,580 | $8,189 |
| Guiding good choices | 7.2% (1) | $959 | $1,627 | n/e | n/e |
| High school graduation | 21.1% (1) | $3,647 | $5,915 | n/e | n/e |
| Parent–child interaction therapy | 5.1% (1) | $1,793 | $994 | n/e | n/e |
| Seattle social development project | 15% (1) | $2,270 | $3,652 | n/e | n/e |

Note: Benefits and costs (USD) are per participant, Net Present Value 2007

n/e=not estimated

Source: Adapted from analysis by Drake et al. 2009 conducted for programs operating in the United States. This analysis is ongoing and a current update (cost–benefit only; and not for all programs listed in the Table) can be found in Aos et al. 2011

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table 2 Cost effectiveness of early intervention programs in the United Kingdom | | | | | | | | | | |
| **Intervention program** | Cost (£) | Benefits to taxpayers (£) | Benefits to participants (£) | Benefits to others (£) | Total benefits (£) | Benefits minus costs (£) | Benefit–cost ratio (£) | Rate of return on investment (%) | Risk of loss (%) | Benefit to youth justice system (£) |
| Additional day of teaching | 21 | 25 | 50 | n/e | 75 | 54 | 3.57 | 13 | 41 | n/e |
| Bonus for teachers | 54 | 512 | 1,045 | n/e | 1,557 | 1,503 | 28.83 | 20 | 0 | n/e |
| FAST | 225 | 306 | 619 | 4 | 929 | 704 | 4.12 | 16 | 47 | 3 |
| Good behaviour game | 108 | 309 | 457 | 126 | 892 | 784 | 8.26 | 13 | 15 | 85 |
| K-12 tutoring by adults | 1,578 | 2,051 | 4,184 | n/e | 6,235 | 4,657 | 3.95 | 8 | 4 | n/e |
| K-12 tutoring by peers | 804 | 3,779 | 7,708 | n/e | 11,487 | 10,683 | 14.29 | 13 | 1 | n/e |
| Life skills training | 27 | 134 | 46 | 165 | 345 | 318 | 12.78 | 61 | 2 | 112 |
| Parent involvement programs | 653 | 1,021 | 2,082 | n/e | 3,103 | 2,450 | 4.75 | 11 | 33 | n/e |
| Quantum opportunities program | 17,966 | 6,890 | 14,049 | -39 | 20,900 | 2,934 | 1.16 | 5 | 40 | 2 |
| Reading recovery | 1,498 | 5,576 | 11,372 | n/e | 16,948 | 15,450 | 11.31 | 12 | 0 | n/e |
| Special literacy instruction for ESL | 222 | 2,021 | 4,123 | n/e | 6,144 | 5,922 | 27.68 | 22 | 35 | n/e |
| Success for all | 192 | 1,513 | 3,086 | n/e | 4,599 | 4,407 | 23.21 | 16 | 19 | n/e |
| Tutoring for English language learners | 1,077 | 3,277 | 6,684 | n/e | 9,961 | 8,884 | 9.25 | 15 | 37 | n/e |
| Abecedarian program | 59,995 | 3,302 | 3,153 | 623 | 7,078 | -52,917 | 0.12 | n/e | 100 | 420 |
| Early childhood education | 5,865 | 5,037 | 7,955 | 631 | 13,623 | 7,758 | 2.32 | 6 | 1 | 430 |
| Scared Straight | 54 | -623 | -794 | -348 | -1,765 | -1,819 | -32.69 | n/e | 100 | -233 |

Note: Currency is in Pounds (£), Net Present Value 2012

n/e=not estimated

Source: Adapted from UKSRU 2013

Conclusion

Based on a variety of research studies, systematic reviews and meta-analyses, a number of conclusions can be made about the effectiveness of early intervention programs.

Programs need to be adequately evaluated to determine efficacy

Studies that have evaluated long-term youth justice outcomes have found that early intervention can have positive long-term effects on crime and delinquency in s-called ‘flagship’ evaluations (Wise et al. 2005); however, most evaluations do not measure outcomes, do not measure outcomes over a sufficient period of time or only evaluate the success of the program’s design and implementation (ie process evaluation). This makes it difficult to determine if programs are effective in reducing reoffending and other crime outcomes.

It is important to recognise that not all programs work in all settings. In addition, the need to adapt or tailor programs to particular locations and the specific needs of young people and the community means that the benefits derived from the original program may not be applicable in new settings, even where program integrity is carefully managed and maintained. In a systematic review by Drake, Aos and Miller (2009) it was found that a number of early intervention programs demonstrated statistically significant reductions in crime outcomes, while others did not. They concluded that

the overall lesson from our evidence based review is that public policy makers need to be smart investors: some programs work, some programs do not, and careful analysis is needed to inform policy decisions (Drake, Aos & Miller 2009: 183).

Further, the objectives of many early intervention programs are not oriented to crime or youth justice outcomes, but rather address a range of related risk factors or problem behaviours, thus making it difficult to soundly establish their direct effect on youth crime. It is important that justice services therefore seek to influence and support the inclusion of antisocial behaviour and crime-related outcome measures in evaluations of such programs in order to enhance knowledge on what works in preventing youth crime or increases desistance.

Successful programs target multiple risk factors across a variety of settings

Successful programs simultaneously improved the quality of family, school and community contexts. According to Sallybanks (2003: 42)

targeting youth to ensure the right people are provided the right program is essential and a risk/needs assessment of the youth can determine the type of program that would be most effective for them. Furthermore, it is clear that the most effective programs appear to be those that address more than one risk factor and area of influence.

Intervention needs to be ongoing

Early intervention cannot be a standalone crime prevention strategy, as intervening at a single developmental stage early in a child’s life is not guaranteed to prevent them from engaging in delinquent or criminal behaviour in the future. Positive outcomes are more likely to be sustained if the intervention is followed by further (or continued) interventions at other appropriate stages as the child develops.

Cross-agency partnerships, cooperation and coordination

As previously noted, successful programs simultaneously improve the quality of family, school and community contexts to achieve positive youth justice outcomes. These programs operate outside of the remit of youth justice services and justice departments, and are typically not led by justice agencies. Thus, program implementation and success requires interagency and cross-sectoral recognition of the multiple benefits accruing from such programs, a resource stream and the cooperation, coordination and partnerships to maximise the benefits for young people. For partnerships and collaborative arrangements to be successful, there should be governance mechanisms established to provide overall coordination and maintenance of focus. At the same time, individual agencies and programs should maintain the capacity for localised autonomy in their decision-making to maintain local relevance and appropriateness and to not lose their capacity for responsiveness to individual needs.

|  |
| --- |
| Key points   * The effects of early intervention programs on crime are difficult to determine. * Early intervention programs are typically not aimed specifically at reducing crime, but at minimising risk factors associated with crime. * While the evidence about the capacity of early intervention to reduce crime is limited, rigorous evaluation of a small number of programs has clearly demonstrated the prevention of criminal offending and reduced experience of victimisation as long term outcomes. There is also sound evidence about these programs’ capacity to minimise risks and enhance protective factors. * There is sound US and UK evidence for the cost effectiveness of early intervention programs. * There is clear evidence about those early (secondary) interventions that do not work—‘first generation’ boot camps and ‘scared straight’ programs. * Program implementation and success requires interagency and cross-sectoral recognition of the multiple benefits accruing from such programs, a resource stream and agency partnerships to maximise the benefits for young people. |

Key populations

The general principles associated with effective practice and interventions applicable to a range of young people who offend have been previously described. Young people are not a homogenous group and it is important that the diversity of young people who come into contact with the criminal justice system is recognised and reflected in youth justice policy and practice. Young people in trouble with the law vary according to gender, sexuality, age, cultural and linguistic background (including Indigeneity), religious beliefs, socioeconomic status, offending history and offence type. Young people who offend also have varying criminogenic needs, which will warrant appropriately targeted interventions. These needs will include mental and physical health issues, histories of abuse and victimisation, problems with alcohol and other drugs, and learning difficulties and cognitive problems. Further, a first-time or minor youth offender is likely to need a different response compared with a serious and/or persistent youth offender.

The United Nations Committee on the Rights of the Child (2007) stressed the importance not only of ensuring that young people are not discriminated against on the grounds of factors such as race or religion, but also ensuring that ‘de-facto discrimination’, which may be the result of a lack of consistent policy in relation to vulnerable groups of young people such as homeless young people, young people with a disability and young people who reoffend or come into repeated contact with the youth justice system, does not occur.

Thus, an important consideration when developing effective interventions that prevent or reduce offending is the need to develop individualised or tailored solutions that best meet young people’s differences in maturity, capacity, need and strengths. It has been demonstrated that ‘what works’ for one group of young people may not work for another. For example, what works for Indigenous young people may not work for non-Indigenous young people and what works for young males may not work for young females. Further, measures that work in a particular locality may not work in others (McAra & McVie 2007), such that policies and programs that are appropriate and effective in metropolitan locations may not be appropriate or effective in regional or remote locations.

Together with the following chapters, this chapter provides information relating specifically to three subgroups of young people who offend—Indigenous young people, young females and young people with mental health problems or cognitive impairments.

Indigenous young people

The overrepresentation of Indigenous young people at all stages of the criminal justice system, particularly at the most severe end of the system, is a key social policy issue. Indigenous young people are more than 24 times as likely to be in juvenile detention as non-Indigenous young people (eg Richards & Lyneham 2010).

Reducing offending by Indigenous young people has been identified as an important strategy for reducing this overrepresentation (Allard et al. 2010; Weatherburn, Fitzgerald & Hua 2003). A study by the New South Wales Bureau of Crime Statistics and Research and the New South Wales Health Department of 3,600 secondary school students found that ‘the prevalence of self-reported involvement in crime is higher among Aboriginal young people than among non-Aboriginal young people in every category of crime’ (Weatherburn, Vignaendra & McGrath 2003: 69). Previous research (eg Lynch et al. 2003) has found similar results.

Preventing offending and reducing reoffending by Indigenous young people has therefore been identified as a critical factor (although not the only relevant factor) in reducing their overrepresentation in the criminal justice system (Snowball 2008).

There is, however, very limited good-quality evidence about what works to prevent offending by Indigenous young people in Australia or internationally. In part, this is because applying program evaluation techniques, particularly when the community is of a different cultural and linguistic background to the researcher/evaluator, is not simple. Special emphasis must be placed on developing programs and also evaluation methods that have been tailored to the cultural and community setting so that participants’ voices are heard, and their contribution to monitoring and evaluation can lead to meaningful change (Williams & Tomison 2013).

A research paper by Richards, Rosevear and Gilbert (2011) published through the Indigenous Justice Clearinghouse provided an overview of the limited evidence about primary, secondary and tertiary measures that appear promising in terms of preventing and reducing offending by Indigenous young people. This section summarises this evidence.

Primary crime prevention measures that reduce offending by Indigenous young people

Indigenous young people are more likely to begin offending early in life and to belong to the group of offenders that has long-term contact with the criminal justice system compared with their non-Indigenous counterparts (CMC 2009; Livingstone et al. 2008). As a result, universal, community-level primary crime prevention strategies, which seek to prevent crime before it begins, are critical for Indigenous communities.

However, there have been few evaluations of primary crime prevention measures that aim to prevent offending by Indigenous young people and only limited evidence about what works in this regard (Richards, Rosevear & Gilbert 2011).

Programs that limit access to intoxicating substances

A number of programs that aim to limit Indigenous communities’ access to alcohol or petrol (with some attempts to link the restricted access to strengthened communities) and reductions in crime have been evaluated, with promising results.

Under the Opal Fuel initiative, the governments of South Australia, Western Australia and the Northern Territory replaced standard fuel with Opal Fuel (which does not result in intoxication when sniffed) in roadhouses, petrol stations and other fuel outlets in a number of communities affected by petrol-sniffing (Ray & McFarland 2010). This strategy aimed to curb a range of social problems associated with intoxication by limiting the opportunities for members of these communities to become intoxicated.

An evaluation of the initiative (d’Abbs & Shaw 2008) conducted in 2008 found that the initiative had had a positive impact and that petrol sniffing had decreased substantially in targeted communities. The evaluation revealed a statistically significant relationship between the distance from each community to the nearest standard fuel outlet and the size of the decrease in the prevalence of sniffing in each community (d’Abbs & Shaw 2008).

An evaluation (Kinnane et al. 2010) of alcohol restrictions in Halls Creek, Western Australia also produced positive results, with restrictions found to have improved school attendance rates, more children taking the bus to school and increased parental engagement in a range of school activities.

These evaluations suggest that limiting Indigenous communities’ access to intoxicating substances can result in a range of positive outcomes for those communities. Although these measures did not aim to reduce juvenile offending specifically and their impacts on rates of juvenile offending have not been reported, given the well-documented links between substance misuse and juvenile offending, they appear promising.

Another primary crime prevention program that restricted access to intoxicating substances was the Doomadgee Petrol Project. Unlike the Halls Creek alcohol restrictions and the Opal Fuel initiative, this program aimed specifically to reduce crime within the town of Doomadgee by reducing petrol sniffing by young people (Kennedy 1999). In addition to educating school children about the dangers of petrol sniffing and a competition for local young people to design an anti-sniffing logo, this program involved removing glue and other sniffable substances from stores and allowing these items to be purchased by adults only (Kennedy 1999). Kennedy found a substantial decrease in crime in the community while the program was in operation. This report is not comprehensive however and details of the evaluation and the impacts of the program are scarce.

As highlighted in Richards, Rosevear and Gilbert (2011), however, programs such as these may also result in a displacement effect, whereby those from ‘dry’ communities move to communities in which restrictions are not in place. Kinnane et al. (2010) found that this was the case with the Halls Creek alcohol restrictions, identifying an increase in antisocial behaviour and violence in a nearby community as a result of the displacement of both adults and young people from Halls Creek.

Holistic primary crime prevention programs

Richards, Rosevear and Gilbert (2011) identified a number of primary crime prevention programs that aim to reduce crime by providing holistic interventions. In particular, both community night patrols and community justice groups are identified as promising in terms of their capacity to prevent crime by Indigenous young people.

A key finding of a recent research project on community night patrols found that while primary crime prevention is one of the main purposes of night patrols, this objective is often unrecognised (Beacroft et al. 2012). Yet despite the absence of much rigorous evidence about the capacity of night patrols to prevent offending by young people, Blagg (2003: 77) argues that the evidence, albeit ‘patchy and anecdotal’, is ‘encouraging’.

The capacity of community justice groups to prevent offending by Indigenous young people is more robust. Community justice groups, such as those established in Kowanyama and Palm Island in the 1990s, undertake a wide variety of activities, including primary prevention activities such as resolving family disputes (see Bimrose & Adams 1995; Cunneen 2001; Gant & Grabosky 2000). An evaluation of these groups found substantial decreases in the number of young people charged by police and the number of young people appearing in court.

The Pathways to Prevention program, described above, aims to promote children’s positive transition to school through a variety of means including communication and social skills programs at preschools, play groups, behaviour management programs for parents, family support groups and community development initiatives (Homel et al. 2006). This project was not designed exclusively for Indigenous children, but is based in a Brisbane suburb with a relatively high Indigenous population (approximately 7%). An evaluation identified a range of positive benefits, including improvements to children’s communication skills and a reduction in the levels of difficult behaviour. Although impacts of the program on juvenile offending have yet to be determined, Homel et al. (2006) used the Juvenile Justice Simulation Model to estimate that the reduction in the number of children at risk of severe behavioural problems would result in a 21 percent reduction in juvenile offending in the target community (Homel et al. 2006).

Secondary crime prevention measures

There are few evaluations of secondary crime prevention programs for ‘at risk’ Indigenous young people (eg Richards, Rosevear & Gilbert 2011); two programs are discussed here—the Panyappi Indigenous Youth Mentoring Project and the Exploring Together program.

The Panyappi Indigenous Youth Mentoring Project was established in Adelaide in 2001 as a direct response to the issue of Indigenous young people becoming involved in criminal behaviour in the inner city (Stacey and Associates 2004). Broadly speaking, the program aims to intervene in young people’s offending pathways and decrease their contact with the criminal justice system. An Indigenous mentor is matched with each juvenile in the program and mentors work with each juvenile to connect them with relevant local services (Stacey and Associates 2004). Although an evaluation found that most juvenile participants had reduced levels of offending, only a small number of young people (n=15) had completed the program at that point (Stacey and Associates 2004). It is therefore difficult to determine the effectiveness of this program.

The Exploring Together, or Ngaripipliga’ajirri program, is a 10 week program for children displaying emotional and/or behavioural problems, and their parents. The program operated in three primary schools on the Tiwi Islands between 2000 and 2004 (Robinson & Tyler 2008). An evaluation found statistically significant reductions in children’s problem behaviour and these reductions were sustained after six months (Robinson & Tyler 2006). While this program does not aim directly to prevent offending, outcomes such as improved family relationships and reduced problematic behaviour may have a flow-on effect to reduce juvenile crime (Richards, Rosevear & Gilbert 2011).

Tertiary crime prevention measures

There is also very limited evidence about the capacity of tertiary crime prevention measures (ie those that seek to prevent reoffending by intervening in the lives of known offenders) to reduce offending by Indigenous young people.

Multisystemic Therapy

Multisystemic Therapy (MST) is a commonly utilised tertiary measure for young people, although the evidence about its efficacy has been mixed, it is increasingly demonstrating empirical positive outcomes when used with young offenders (Chaffin 2008; Nisbet, Rombouts & Smallbone 2005; Richards, Rosevear & Gilbert 2011). Developed in the United States, under MST models (Cant et al. 2009), juvenile offending behaviour is viewed as having multiple determinants, including peers, family, schools and neighbourhood factors. MST is a holistic and intensive program, with services available 24 hours a day, seven days a week, to participating families.

Despite the potential its application with Indigenous youth justice clients has been less successful and may perhaps be a good example of the difficulties of applying westernised interventions to Indigenous clients and communities. In 2009, the WA Department of Corrective Services contracted an independent review of the MST-based Intensive Supervision Program (ISP). Social Systems and Evaluation provided their final report on the review in June 2009, which identified significant concerns. It was found that between November 2004 and March 2009, only 357 referrals were received by ISP, of which 46 percent were Aboriginal clients. Due to poor engagement (which was an issue for Aboriginal families in particular) only 65 percent of the referrals progressed to treatment. By March 2009, 186 treatment cases were closed with only 58 percent linked to completion. In addition, there was a lack of an ongoing evaluation plan and lack of regular reports for stakeholders on outcomes achieved.

The Department had serious concerns regarding the cost effectiveness of the program and its ability to deliver appropriate outcomes for young people in the Western Australian justice system. Following this review, funding and support for the program were reduced to make it more cost efficient. In addition, efforts were made by both Youth Justice Officers and ISP supervisors to increase the number of cases and include more young people from the serious and repeat offending group. The program was also re-named as the Family Intensive Team. Despite these efforts, there was neither significant improvement in caseload numbers nor an increase in the number of statutory cases being serviced by the program. Further, many of the family members of the Department’s Youth Justice Services were excluded due to the assessment and referral process.

The program continued to struggle to attract and retain suitably qualified staff and had a consistently low referral rate of young people at the most serious end of the offending spectrum. As the program was not meeting the desired Community and Youth Justice outcomes and was not proven to be value for money, the Family Intensive Team ceased as of 31 December 2010.

Restorative justice approaches

Similarly, while restorative justice programs are now quite common in Australian youth justice systems, providing conferencing for young offenders and victim-offender mediation, the ability of restorative justice to reduce Indigenous youth reoffending is promising but requires further work to demonstrate clear reductions in recidivism (Joudo Larsen 2014; Strang 2010).

In Strang’s review (2010), she identified a number of issues with the operationalization of restorative justice approaches for Indigenous youth, including: low referral rates, limited availability of Indigenous conference convenors, many youth offenders failing to appear for conferences, and a lack of awareness among Indigenous communities of the potential benefits of restorative justice – Joudo Larsen (2014) noted that such issues still remain today despite efforts to reduce these barriers by increasing the cultural relevance of restorative justice programs such as by involving respected community members and Elders.

While the programs can demonstrate a range of benefits, such as greater cultural relevance and acceptance by victims, offenders and communities, the extent to which they are able to reduce recidivism is less clear. For example, a study by the New South Wales Bureau of Crime Statistics and Research (Luke & Lind 2002) of 590 juvenile first-time offenders who attended a conference and 3,830 juvenile first-time offenders who attended court found that the risk of reoffending was 15 to 20 percent lower among young people sent to a conference than among those who went to court, irrespective of Indigenous status. Similarly, in a recent study assessing the impact of the NSW Young Offenders Act (YOA) 1997 on the likelihood that a young offender would receive a custodial order, it was found that that the YOA had been effective in diverting both Indigenous and non-Indigenous young people from custody (Wan, Moore & Moffatt 2013).

Yet conversely, Allard et al.’s (2010) study of 8,236 young people who offend born in 1990 found that diversion to caution or conference in Queensland did not reduce the likelihood of recontact with the criminal justice system among Indigenous young people (or non-Indigenous males).

More recently, BOCSAR contended that Luke and Lind’s (2002) original study was ‘not able to rule out the possibility that the effects they observed were attributable to pre-existing differences between the conference and court groups’ BOCSAR (2011: 3). It was also claimed that more recent (unpublished) Australian research comparing young people who offended and were dealt with either via a conference or the children’s court ‘found no difference in the likelihood of re-offending, the seriousness of re-offending, the time to re-offend or the frequency of re-offending’. Further consideration of this research—and a breakdown by the Indigenous status of young offenders—would be beneficial in determining the effectiveness of restorative justice approaches in reducing offending by Indigenous young people.

Overall, Strang’s (2010) overview of randomised controlled trials of restorative justice programs highlighted that while restorative justice practices appear to work better for adults than young people who offend, some restorative programs for young people have been effective in reducing offending (See also Approaches that work). In light of the need for further work to assess the efficacy of restorative justice approaches for reducing young people’s reoffending, it is important to also recognise and capture the extent of other benefits arising from restorative justice approaches, such as:

‘victim satisfaction, offender responsibility for actions and increased compliance with a range of orders, among others. As restorative justice is essentially about repairing harm, it cannot be deemed to have failed based on reoffending outcomes alone (Joudo Larsen 2014: vii).

Other youth justice practices

In addition to the programs and interventions described above, a range of other programs that are either Indigenous-specific or target predominantly Indigenous young people have been implemented by youth justice and related services across Australia.

The *Woorabinda Early Intervention Coordination Panel* in Queensland provides assessment, planning and implementation of interventions for young people involved in offending or at risk of involvement. Working with both young people and their families, it provides intensive case management, support both within schools and after school and access to other programs and supports (AIHW 2011). The *Tiwi Islands Youth Development and Diversion Unit* provides intensive community-based services to young Indigenous people in communities on the Tiwi Islands north of Darwin. It aims to engage and support young people through youth justice conferencing, engagement with school, cultural activities, sport and recreation (Stewart et al. 2014). Both the Woorabinda and Tiwi Islands programs have been evaluated and, within the limited data that was available, were found to produce effective outcomes with indicators of being able to provide longer-term positive benefits (Stewart et al. 2014).

Several other youth justice programs have been implemented around Australia that show promise, but have not been properly evaluated. Described in a paper by the Australian Institute of Health and Welfare (AIHW 2011), these include:

* Dthina Yuwali (NSW)—a drug and alcohol program
* Our Journey to Respect (NSW)—group session program for young men to reduce family and intergenerational violence
* Koori Youth Justice Program (Victoria)—provides culturally sensitive support, advocacy and casework including access to appropriate role models
* Youth Opportunity Program (Queensland)—case management, therapeutic and intervention service in Far North Queensland. It supports young people on community service orders or bail assessed as moderate to high risk of further offending. Works with young people and families to address causes of crime and reduce risks of offending
* Aboriginal Youth Diversion Service (Western Australia)—guidance, mentoring and leadership to support pro-social activities
* HALO (Western Australia)—based at Banksia Hill Detention Centre, providing pro-social activities, mentoring, leadership and community engagement
* Lungtalanana (Tasmania)—detention based program providing culturally appropriate activities
* Balunu Foundation (Northern Territory)—cultural healing camps for young people involved in anti-social behaviour or risk of involvement.

Note that given that programs are often funded for short terms it is possible that some of these programs may no longer be in operation at the time of reading.

Finally, it is recognised that Indigenous Australians’ experiences of engagement with the youth justice system are unique to this country. Similarly, the experiences of other colonised indigenous or first nations peoples of the world are highly diverse, requiring specific, localised and culturally appropriate youth justice responses. Despite the heterogeneity of responses designed for use with indigenous peoples, evidence of successful programs developed for non-Australian indigenous populations may yield valuable insights for policymakers and practitioners working in Australia. However, as in Australia, there is only limited evidence available on what works to reduce offending by indigenous young people in comparable international jurisdictions, including New Zealand and Canada (Richards, Rosevear & Gilbert 2011). Despite the general lack of research on what works in preventing Indigenous youth from offending, there are broad principles (core tenets) of engaging and working with indigenous communities to engender change that may be considered when working with Indigenous young people and communities to prevent and respond to youth offending or other social concerns. Blagg (2000) summarised these as:

* participation—by the community and in particular by elders;
* a sense of ownership and/or self-determination;
* the provision of infrastructure—training and education to support community-based initiatives; and
* recognition of the need to embed programs in a wider service context (ie recognising the need for young justice programs to be supported or interact with a range of health, welfare and education responses to address needs holistically).

Specifically, Blagg (2000) noted that the literature supports models of intervention with Indigenous communities that:

* are tailored to meet the needs of specific localities;
* are based on community development principles of empowerment;
* are linked to initiatives on health, alcohol abuse and similar problems in a holistic manner;
* employ local people where feasible;
* respect traditional law and customs where appropriate;
* employ a multidisciplinary approach;
* focus on partnership between agencies and community groups;
* add value to existing community structures where possible;
* place greater stress on the need to work with males; and
* place more emphasis on intervention that maintains family relationships and healing.

Conclusion

Given the disproportionate involvement of Indigenous young people in offending and in the criminal justice system (Allard et al. 2010; Lynch et al. 2003; Weatherburn, Fitzgerald & Hua 2003;), it is critical to determine effect methods to prevent and reduce their offending. Preventing and reducing offending by Indigenous young people is likely to have a tangible impact on the youth justice system as a whole, given the substantial over-representation of Indigenous young people in all parts of the youth justice system.

While there are numerous programs that aim to prevent offending by Indigenous young people in communities throughout Australia (CMC 2009), few programs have been robustly evaluated and there is a very limited body of evidence on what works in this regard. In some cases where rigorous evaluations have been conducted, the results have not been made publicly available. It is critical that policymakers can access the evidence about both what works and what does not work in reducing offending by Indigenous young people.

As reducing offending by Indigenous young people has been identified as an important strategy for reducing Indigenous overrepresentation in the criminal justice system, there needs to be a greater emphasis on developing and properly evaluating culturally tailored programs that are embedded with strong community support and engagement in order to identify which approaches work and under what circumstances.

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| Key points   * Indigenous young people are significantly overrepresented in all aspects of the criminal justice system, particularly at the most severe end of the system (ie in detention). * While there are a range of strategies that may reduce this overrepresentation (eg diversion), reducing offending by Indigenous young people has been identified as a critical strategy in addressing this problem. * Adaptation of existing programs for adult and/or juvenile non-Indigenous offenders are not likely to succeed unless tailored to the specific needs of Indigenous young offenders, including through the use of culturally appropriate content. * While there are some promising programs that seek to prevent and/or reduce offending by Indigenous young people, there have been few rigorous evaluations of crime prevention programs for Indigenous young people. * Effective evaluation of such programs requires the use of culturally appropriate methods and approaches. |

Young females

Both in Australia and abroad there is a general lack of knowledge on young female offenders (aged 10 to 17 years). While researchers have started to fill some of the knowledge gaps on adult female offenders, there remains an absence of publicly available information relating to the young female cohort (Panopoulos, Begent & Scott 2011). Similarly, the bulk of literature on young people who offend relates to males not females. It appears to be assumed that females and males who offend are homogenous groups, in part because of the low numbers of young female offenders. Consequently, young females who offend are not examined separately and the factors used to explain the offending and antisocial behaviours of both adult females and young people are generically applied to girls. Without age or gender considerations, risk/protective factors, policies and programs that address offending behaviours may not be as well-defined or as relevant for young female offenders.

Researchers suggest a number of explanations for the paucity of information relating to young females who offend:

* Female offending is generally considered to be less serious or a less serious issue, so there has not been a pressing need to study it (Panopoulos, Begent & Scott 2011; Wong, Slotboom & Bijleveld 2010).
* The prevalence of female offending is low, which makes it more difficult to study (Wong, Slotboom & Bijleveld 2010).
* Many antisocial and delinquent behaviours of young females are considered a welfare problem, rather than a crime problem, and therefore are seen as less appropriate to be managed through formal justice processes (Creaney 2012).
* Methodological difficulties—‘research studies do not generally have the funds to recruit and follow sufficiently large numbers of girls, with the prospect of identifying a small percentage who develop problems’ (Hipwell & Loeber 2006: 223).

Trends in offending by young females

More recently, researchers and policymakers have been interested in examining patterns of young female offending, specifically looking at whether offending by girls and young women is increasing and/or becoming more violent (Hipwell & Loeber 2006).

Data from the jurisdictions (excluding New South Wales) reported in Facts & Figures (AIC 2013) identified that in 2011–12:

* 4 percent of all recorded offenders were young females aged 10–17 years;
* 28 percent of offenders aged 10–17 years were female;
* young females remain less likely to offend than their young male counterparts, with the rate of reported female juvenile offending being 1,483 per 100,000 population compared with 3,627 per 100,000 for males;
* 15–19 year olds had the highest rate of offending among all females (a statistic similar to their male counterparts)—using the most recent available data (for 2010–11).
* The offences committed most often by young female offenders (in order from highest to lowest number of incidents) were theft, acts intended to cause injury, public order offences, unlawful entry with intent, property damage and illicit drug offences.

In summary, there has generally been an increase in recent years in recorded offending by young females. This appears to have been particularly the case for the youngest cohort of females. Similar trends have been identified internationally in other Western jurisdictions and it has been said that ‘young women represent the fastest growing population within juvenile justice systems around the world’ (Carrington 2006: 35).

It is important to acknowledge, however, that an increase in recorded offending may reflect both a genuine increase in offending by young women and/or the increased willingness on the part of police to take action against young women (see Carrington 2006). As Carrington (2006: 42) argues, either way, rising rates of offending by young women ought to be considered more closely:

[R]ising rates of female delinquency do measure something real—decisions by key actors in the juvenile justice system to process more young women through the criminal justice arm of the system. At the very least this signals a significant shift has occurred in the normative regimes that govern how young women interact with and come to the attention of the justice authorities; and how some are consequently drawn into the orbit of the juvenile justice system.

Risk factors for young female offenders

While there is a lack of information relating to the cohort of young female offenders, Panopoulos et al. (2011: 4) observed that

what is available points to significant added disadvantage among girls, particularly with regard to histories of abuse and neglect and associated psychological and emotional health outcomes.

They noted that the inequities and disadvantage for young female offenders were more pronounced than older female offenders, and particularly so when assessing young Indigenous girls (Panopoulos, Begent & Scott 2011).

In attempting to identify what makes young female offenders different from young male offenders, researchers have examined how risk factors affect boys and girls in similar or different ways. The different explanations proposed to explain the contrasting trends in delinquency between young males and females can be summarised as:

* girls and boys are affected by the same risk factors, but girls are less likely to experience those risk factors (Wong, Slotboom & Bijleveld 2010);
* boys and girls have different risk factors for offending (Wong, Slotboom & Bijleveld 2010); or
* females have a higher threshold for becoming delinquent than males. That is, although females may be affected by the same types of risk factors as males, females can generally experience more risk factors before they start offending. Therefore, it is gender differences in managing the number/accumulation/rate of exposure to risks that influences the onset of offending (Hipwell & Loeber 2006; Wong, Slotboom & Bijleveld 2010).

Wong, Slotboom and Bijleveld (2010) conducted a review of studies that identified risk factors related to delinquency in young people across four key areas of influence—the individual, the family, the school and the peer group. The researchers then discussed how each of the risk factors impacted young male and young female delinquents, including which risk factors are shared by males and females, as well as the risk factors unique to each gender in the context of juvenile offending (see Table 3).

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| Table 3 Shared and unique risk factors related to young female and male delinquency, by area of influence | | |
| Risk factors shared by males and females | Risk factors unique to males | Risk factors unique to females |
| Individual | | |
| Victimisation | Birth complications | High number of negative life events |
| Being harassed by an adult | Psychological wellbeing | Disobedience |
| Low self-control |  | High self-esteem |
| Aggression |  | Depression |
| Low IQ |  | Suicidal behaviour |
| Low self-esteem |  |  |
| Being unashamed towards parents, friends and teachers |  |  |
| Positive attitudes towards delinquency |  |  |
| Substance abuse |  |  |
| Family | | |
| Inadequate parenting | High parental knowledge about friends | Maternal parenting style |
| Paternal parenting style | Convicted mother | Low child disclosure |
| Overall parental monitoring | Single parenthood | Being seldom at home |
| Decreased parental monitoring |  | Physical abuse by parents |
| Low involvement of parents in school |  | Low parental trust |
| Lack of rules at home |  | Low maternal support |
| Harsh discipline |  | Low-quality mother–child relationship |
| Low parental warmth |  |  |
| Conflicts within family |  |  |
| Low-quality father–child relationship |  |  |
| Convicted father |  |  |
| Delinquent sibling |  |  |
| Living in a disadvantaged neighbourhood |  |  |
| School | | |
| Low school commitment | Low school achievement | Low-quality relationship with teachers |
| Peers | | |
| Having delinquent friends |  | Extent of delinquency of friends |
| Having negative friends |  |  |
| Problematic youth group membership |  |  |
| Having a romantic partner |  |  |
| Many activities with friends |  |  |
| Having friends disliked by parents |  |  |

Source: Wong, Slotboom & Bijleveld 2010

It is contended that there are distinctive factors that have the potential to explain offending by young females:

* ‘Females seem to be more affected by social context factors, such as negative life events and physical abuse by parents. Also, internalizing problems were more prominent’ (Wong, Slotboom & Bijleveld 2010: 278).
* Risk factors that are unique to females seem to be mainly concerned with experiences and relationships within the family. Although delinquent behaviour for both boys and girls is closely associated with characteristics of the family environment, familial risk factors ‘differentially influence girls’ behavioural and emotional functioning relative to boys’ (Hipwell & Loeber 2006: 226).
* Further, the ‘role of mothers in their daughters’ delinquency is noteworthy. Maternal support, the mother–child relationship and maternal parenting styles were uniquely associated with female delinquency…A bad relationship with the mother seems to put adolescent and young adult females at risk of becoming delinquent’ (Wong, Slotboom & Bijleveld 2010: 279).
* Overall, school factors seem to have less of an effect on female delinquency, although the relationship with the school teacher was identified as a distinctive risk factor for females (Wong, Slotboom & Bijleveld 2010: 279).

Risk factors and problem behaviours among young females not only increase the likelihood of involvement in criminal activity and contact with the criminal justice system, but predict a range of adverse non-criminogenic outcomes in adulthood, such as poor physical and mental health, substance abuse and dependence, and antisocial personality disorder (Hipwell & Loeber 2006). There is also increased risk of involvement in violent or dysfunctional intimate relationships and deficits in parenting the next generation, contributing to girls ‘becoming particularly heavy users of health, social service, and welfare agencies in adulthood’ (Hipwell & Loeber 2006: 222).

In an earlier study conducted in 2003, the Victorian Juvenile Justice Review (cited in Panopoulos, Begent & Scott 2011) also concluded that adolescent female offenders have unique or more pronounced health and psychosocial factors including:

* much higher prevalence and frequency of physical or sexual abuse compared with boys;
* higher needs in terms of mental health issues resulting from abuse histories;
* health needs related to pregnancy, parenting and sexually transmitted diseases;
* multiple sex contacts from an early age;
* histories of running away from home and truancy;
* learning disabilities;
* substance abuse issues;
* likelihood of having been state wards;
* greater concerns regarding economic and social dependency (namely pressing needs for an income, housing and medical services after release); and
* face more pronounced stigmatisation after release.

Gendered practice and interventions

[The current] evidence of the effectiveness of treatments for girls with disruptive and delinquent behaviors is extremely limited, with relatively few studies including sufficient numbers of females or reporting on treatment effects by gender (Hipwell & Loeber 2006: 221).

Although young people who offend may be eligible for interventions regardless of gender, the interventions are likely to have been designed based on the risk factors and needs of boys (the majority of the offending population), leaving female-specific needs unaddressed. Given that there are small numbers of young female offenders generally, and that few programs for girls exist, there remains little empirical evidence about what works.

The gender-specific risks noted above may have a significant impact on whether girls and young women complete their statutory orders and whether their circumstances improve during supervision (Hipwell & Loeber 2006). As Hipwell and Loeber (2006: 227) note, if female-specific risk factors

are not considered in treatment design and efforts are not made to counter them, then the probability that the girl and her family will even engage in treatment will be reduced.

It is therefore important to develop information, from services and from young women themselves, about their treatment needs and the factors that influence their capacity and commitment to engaging with services.

Hipwell and Loeber (2006: 246) also suggest that ‘the components of treatment programs for disruptive and delinquent behaviour should become increasingly gender-specific with increasing age’. This is based on the notion that there are few gender differences in antisocial behaviour for children until the pre-adolescent period, when noticeable differences between males and females begin to emerge. It follows then that there is a greater need for gender-specific interventions in adolescence.

Finally, the limited information available suggests that, as with boys and adult offenders, multi-modal interventions targeting several ‘interacting domains of risk show promise’ (Hipwell & Loeber 2006: 221). Research specifically focused on the precise factors, or constellation of factors that lead girls to reoffend and reoffend into adulthood is required, as is an assessment of how to effectively transition girls from detention into the community.

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| Key points   * Both in Australia and overseas, there is a general lack of knowledge on young females who offend. * There has been a general increase in recent years in recorded offending by young females in Australia and other international Western jurisdictions, leading to increased interest in examining the nature and prevalence of offending by young women. * Evidence is beginning to identify distinctive risk factors that have the potential to explain offending by young females. Young females seem to be more affected by social context factors and particularly familial risk factors in comparison with young males. * The current availability of tailored intervention programs for young females who offend is limited, as is the evidence of the effectiveness of treatments for girls with disruptive and anti-social behaviours. |

The mental health and disability needs of young people who offend

Although understanding the role that mental health and cognitive disabilities play in young people’s offending trajectories is still in its infancy, particularly in Australia, mental health issues or disabilities are becoming an increasingly recognised feature among young people on community orders and in secure facilities (Lennings 2003). However, it may also be the case that rather than an increase in mental health and disability concerns in the offender population, improved psychological assessment and diagnosis, together with more sophisticated screening and monitoring of young people in youth justice systems is increasing the identification of such concerns.

Definitions of mental health and disabilities

The World Health Organisation defines mental health as

…a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (2001: 1).

A range of illnesses, disorders, deficits and disabilities are also encompassed in the terms mental health and cognitive disabilities. Baldry and Dowse (2012: 4) highlight that the term mental health disorder

includes psychotic conditions (such as schizophrenia), affective disorders (such as bipolar disorder or depression) and anxiety disorders (such as obsessive‐compulsive disorder).

In addition, they define cognitive disorders as ‘including the diagnostic categories of intellectual disability (including borderline intellectual disability) and acquired brain injury’ (Baldry & Dowse 2012: 4–5).

Specific definitions of mental health are important for diagnosis and treatment but broad terms are also required to provide analytical concepts centred on impairment that can provide the basis for critiquing and problematizing the criminal law and criminal justice differential regulation of the group (Baldry & Dowse 2012).

Lennings (2003) proposed six broad classifications relevant to mental health issues experienced by young people in the criminal justice system. They are:

* conduct disorders;
* ADHD;
* affective disorders;
* trauma/anxiety;
* psychotic disorders; and
* developmental disability and neurological dysfunction.

Prevalence of mental health disorders in the youth justice system

Current research suggests that there are more than just social and motivational factors contributing to offending by young people (Snow & Powell 2005). Research in the United States has identified the ‘significant relationship’ (Hunsicker 2007: 60) between high-risk behaviours and mental health disorders such as post-traumatic stress disorder and depression.

While the literature exploring the prevalence rates of mental and cognitive disorders in young people who offend is limited in the Australian setting, evidence consistently indicates that young people in a criminal justice setting have multiple needs including social, educational and peer and family (Harrington et al. 2005; Kenny et al. 2006). For example, intellectual disabilities are more common among young people under the supervision of the criminal justice system than among adults under the supervision of the criminal justice system or among the general Australian population (Calma 2008; Frize, Kenny & Lennings 2008). Mental illness is also overrepresented among young people in detention compared with those in the community. The Young People in Custody Health Survey, conducted in New South Wales in 2009, found that 92 percent of young people in custody reported symptoms consistent with a mild, moderate or severe psychiatric disorder (Indig et al 2011). Alcohol abuse and the use of illicit drugs was also found to be rife among young people in detention (Indig et al. 2011).

Kenny et al reported ‘significant physical and mental health needs’ in a sample of 802 young people on community orders (2006: 5). The findings revealed:

* using the WASI Full Scale IQ test, 11 percent of young people on community orders had an intellectual disability;
* 40 percent (n=311) of the sample reported severe symptoms consistent with a clinical disorder on at least one subscale and 13 percent reported symptoms for two or more clinical disorders;
* 19 percent reported symptoms of a severe conduct disorder;
* 26 percent reported symptoms of a severe substance abuse disorder;
* ADHD was the most commonly reported diagnosis (19%);
* 25 percent of all respondents had ‘high’ to ‘very high’ distress scores suggesting a level of anxiety or depression; and
* more females than males exhibited suicidal ideation and had actually attempted suicide.

In a complimentary study, young people in custody were found to have a range of needs resulting from social disadvantage associated with their physical and mental health challenges (Indig et al. 2009). It was found that:

* each participant in the survey had an average of 3.3 past and/or current psychological disorders;
* young women had a significantly higher mean number of psychological disorders than young men;
* young Aboriginal people had significantly higher numbers of diagnoses than non-Aboriginal people;
* attention and behavioural disorders were the most prominent among the sample, with 82.1 percent of young women and 67.7 percent of young men reporting symptoms;
* young women were substantially more likely to have more than one diagnosis compared with young men;
* approximately 24 percent of the sample reported symptoms suggesting a mood disorder, with the most common being bipolar disorder. Females were also more likely to report having a mood disorder; and
* one third of participants reported having an anxiety disorder, with the majority of diagnosis being for post-traumatic stress disorder.

Research from BOCSAR has found a relationship between educational attainment and offending behaviours among Aboriginal and Torres Strait Island people (Calma 2008). Respondents to the National Aboriginal and Torres Strait Islander Social Survey (2002) were less likely to be involved in the criminal justice system, charged or imprisoned if they had completed Year 12 (Weatherburn, Snowball & Hunter cited in Calma 2008). While limited school engagement and education are not a direct precursor to offending behaviour, Calma (2008: 9) highlighted that ‘cognitive disabilities by their very nature, lead to difficulties in learning, comprehending and managing behaviour in structural environments such as school’. The lack of engagement, coupled with insufficient supports and services (Hearne nd), often exacerbates the chances of a young person becoming involved with the criminal justice system. This research found that

Indigenous young people in contact with the juvenile justice system are 4 to 5 times more likely to have an intellectual disability than the general population (Calma 2008: 9).

Similarly, in research that assessed the relationship between Indigenous status, intellectual disabilities and offending, young people with an intellectual disability were more likely to reoffend that those without such disability (Frize, Kenny & Lennings 2008). Other findings from this research indicated that while there was no causal link between Indigenous status and disability and offending, young Indigenous people with an intellectual disability were more likely to receive a higher recidivism risk score.

It has also been demonstrated that young people who offend have poorer language abilities than other young people. For example, Snow and Powell (2002) compared the language skills of 30 young people offenders completing community-based youth justice orders and 50 males attending a local high school, and found that although the young people who had offended were an average of two years older than the group of students, they performed significantly worse on measures of language competence. Snow and Powell (2008) later found that over 50 percent of a sample of young offenders on community-based youth justice orders (n=50) could be classified as suffering from language impairments.

This current body of research suggests that understanding the nature and extent of mental health issues and impairment (in addition to social and motivational factors) for young people is necessary in order to fully appreciate the context of their offending.

Assessment and identification

There is a large body of evidence that highlights the importance of proper assessment for young people who offend with mental health and cognitive issues. The US Justice Policy Institute (2012) noted that it is vital to adequately address the risks and needs of young people who offend; this is predicated on the development of a comprehensive assessment process that incorporates the assessment of a wide range of mental health illnesses, disabilities or disorders. This recognition is modelled in the US North Dakota region where the youth justice treatment approach moved from symptom control to a trauma-informed system (Justice Policy Institute 2012). During the admission process into jails or secure facilities, young people should be screened for the following:

* current risk or history of suicide or self-harm;
* mental health problems;
* substance abuse;
* medications;
* aggressive or violent behaviour;
* psychiatric hospitalisation; and
* mental health status.

This information should be derived from a number of sources and included in any programming for this cohort.

Yet despite the increase in the prevalence of young people with mental health issues coming into contact with the criminal justice system, there are limited systems available in Australia to identify and prevent this cohort from becoming entrenched in the system (Ogloff et al. 2007), particularly when coupled with socio-economic disadvantage and limited community services (Hearn nd).

Best practice

A universal or ‘one size fits all’ approach in dealing with young people who offend is consistently identified as inappropriate and ineffective—this is particularly true for young people with mental health issues. International research into young people who offend and their health needs indicate that studies into this population must consider comorbidity as a ‘conceptual foreground’ (Snow & Powell 2005: 239) and a significant factor in delinquent behaviours (Hunsicker 2007; Mishna & Muskat 2001). Effective treatment for young people with mental health disabilities in the criminal justice system, where the number of needs are often exacerbated, will therefore require a multi-systemic and integrated approach.

Yet the majority of programs that assist young people with mental health disorders are typically adapted from programs utilised in adult jurisdictions. In research that looked at the best practice approach for reintegrating young offenders with mental health concerns, it was found that the most frequently provided service was discharge, or post-release programming (Ayland & West 2006. This is perhaps understandable to an extent, given young people who offend typically spend quite short period in youth detention, if detained at all (Richards 2011).

To expand the services beyond referrals, it was identified that service and system integration was vital in assisting offenders with mental disorders back into the community. Recent assessments of mental health services for young people in the criminal justice system and reviews of the barriers to accessing these services have identified a number of factors that contribute to the likelihood of young people coming into contact and re-contact with the criminal justice system. These include:

* *Service availability*—the limited availability of community mental health services for young people has been consistently identified as one of the key drivers for the increase in mental health, intellectual and cognitive disabilities among young offender populations (Justice Policy Institute 2012; Hearn nd).
* *Institutionalisation*—the institutionalised nature of community psychiatric services is noted to be a considerable deterrent for young people with mental health concerns to seek assistance. Complex access procedures and extensive waiting times are also considered significant deterrents from community health services (Hearn nd).
* *Negative social connotations—*the increased negative stigma attached to mental health, cognitive or other psychiatric disorders and the association between mental health disorders and increased offending and recidivism risk have played a significant role in shaping public health policy. Baldry and Dowse (2010: 4) contended that the stigma and criminal association have effectively shaped the public service provisions away from the long term goals of treatment, service provision and social inclusion and increasingly towards ill-informed public protection goals.
* *Homelessness*—Baldry and Dowse (2010) highlight the complexity associated with assessing the more intrinsic mental health concerns when young people are consistently in a state of crisis, often associated with homelessness or transient accommodation.
* *Limitations of appointment-based service provisio*n—this is interrelated with a number of previously mentioned factors. When there is a lack of stable accommodation, no family support systems or when young people are disengaged with education and health services, having the capacity to meet appointments is challenging (Szirom, King & Desmond 2004).
* *Terminology and mental health assessments—*in research from the United States, delinquent behaviours have been identified as being related to past trauma (Justice Policy Institution 2012). Despite the link between childhood traumas, mental health and past trauma, limited clinical definitions result in young people with psychological needs being classified as delinquent or antisocial (Justice Policy Institute 2012).
* *Fragmented services*—the US Justice Policy Institute (2012) recognised conflicting interests between service providers that deal with young offenders with mental health concerns. While community services often aim to rehabilitate and reintegrate young people with complex mental health needs, community safety and risk of reoffending are priority considerations in the criminal justice system.

In an assessment of best practice approaches to community reintegration for offenders with co-occurring disorders, jails and secure custodial facilities were recognised as ‘psychiatric crisis centres’ (Osher, Steadman & Barr 2003: 80). It was found that inadequate transitional planning and post-release community services ultimately pushed this cohort back into the criminal justice system (Hearn nd; Osher, Steadman & Barr 2003).

To address this limitation and cycle of contact with the justice system, Osher, Steadman and Barr (2003) presented the APIC model. This model is a multi-faceted approach to provide a ‘model of transition planning that contains core concepts equally applicable to jails and communities of all sizes’ (Osher, Steadman and Barr 2003: 21). Further, it highlights the importance and provides a framework for ‘active system integration between relevant criminal justice, mental health, and substance abuse treatment systems’ (Osher, Steadman & Barr 2003: 81). The APIC model operationalises general case management models described earlier in this paper. Services are coordinated based on identified needs and aftercare is highlighted as an important feature (see Table 4).

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| Table 4 The APIC Model | |
| Item | Description |
| Assess | Assess the offenders needs and risks |
| Plan | Plan for required treatments and services required to address risks and needs |
| Identify | Identify the required community and correctional programs in the post-release setting |
| Coordinate | Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based service |

Source: Osher, Steadman & Barr 2003

An array of methods or programs adapted to work with young offenders affected by learning disabilities have been identified, with a focus on rehabilitation to reduce reoffending (Mishna & Muskat 2001). Typically, the nature of interventions varies between open and closed custodial settings and within a community-based environment. Mishna and Muskat (2001) identified the following as some of the common support programs:

* short-term behavioural family systems therapy;
* individual support provided by contract workers;
* probation supervision;
* diversion programs that teach prosocial skills;
* specialised academic or vocational programs; and
* custody specific programs.

While issues, risks and needs ultimately vary according to individual situations, Hunsicker (2007) highlighted the following as vital components for treatments and intervention among young people with mental health issues:

* identification;
* individualisation;
* integrated-evidence based treatment;
* community collaboration;
* family involvement;
* pre-release planning;
* continuation of services upon re-entry into the community; and
* evaluation of program outcomes.

Sex offending

Finally, there has been considerable research into interventions for young people with mental and cognitive disabilities who commit sexual offences. Typically, interventions have focused on relapse prevention, understanding the cycle of abuse, risk targeting and addressing criminogenic needs (Ayland & West 2006). One program example is the ‘Goodway Model’, which provides a two-streamed process that incorporates a narrative therapy and addresses

the interpersonal aspects of treatment starting with the impact of others on the client and feelings of loss and trauma, then considering the impact of their abusive behaviour on others, and also developing skills for positive relationships with others (Ayland & West 2006: 193).

Ayland and West (2006) indicated that narrative questioning allows the young person to separate their inappropriate behaviour from themselves. This approach articulates a relationship between the clients and the problem to encourage the person to address and map the problematic behaviour. Young people are supported to take responsibility and recognise their behaviours and the program also works to address ‘the client’s own victimisation and/or issues such as neglect, separation, insecure attachment, grief and loss’ (Ayland & West 2006: 197).

In many ways this approach mirrors that taken when dealing with young sex offenders who are not experiencing disabilities, although treatment is more targeted and specialist in nature. The assessment and treatment of adolescent sex offenders, in general, is a difficult one where the evidence base is not well-developed, although it is improving. A summary of some of the key issues in adolescent sex offending is provided below—as for much of this chapter, comprehensive assessment, tailoring interventions to address criminogenic factors and needs in a multidimensional program appears key to reduced recidivism and other positive treatment outcomes (See *Box 2: Young people who sexually offend)*.

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| Box 2 Young people who sexually offend  Since the 1980s it has been increasing clear that young people perpetrate a substantial proportion of the sex offences committed against children and adults – it is estimated young people commit between 20 and 50 per cent of all known sex offences (Barbaree & Marshall 2006; Nisbet, Rombouts & Smallbone 2005). As a consequence of the greater recognition of the prevalence of youth sex offending there has been concomitant growth in the development and operation of specialist programs designed to prevent or address children and young people’s sexually inappropriate behaviour and to reduce the risk of reoffending of adolescents convicted of an offence.  Research, assessment and intervention with young people who commit sexual offences ‘has been heavily influenced by the literature and practice of assessment and intervention with adult sexual offenders, which (some have argued) has in turn has been influenced by a legislative, rather than a scientific, agenda’ (Nisbet, Rambouts & Smallbone 2005: 3; Chaffin 2008). Righthand and Welch (cited in Nisbet, Rombouts & Smallbone 2005) describe seven common target areas of treatment in their review: impaired social relationships, empathy deficits, cognitive distortions, deviant sexual arousal, problematic management of emotions, impulsive/antisocial behaviours and consequences of a personal history of child maltreatment. They also identified 22 different modes of treatment often used to address some of these target areas, and noted the relative lack of rigorous evidence in support of adolescent sex offender treatment (particularly residential treatment programs) in contrast with broader offender treatment programs, such as MST.  A key expert in the area, Professor Mark Chaffin has argued since the late 1990s that treatment approaches for children and adolescents who commit sex offences has been overly harsh and based on a range of unproven assumptions, ‘most of which [presume] that juvenile-on-juvenile sex crimes reflected a compulsive and incurable pattern of deviant sexual arousal and calculated deceit similar to characterizations of adult sexual predators’ (2008:111). Chaffin also contends that programs have generally been adapted from programs for adult sex offenders, are founded ‘on a set of unproven assumptions drawn from theories about adult pedophilia’ (2008: 111) and that:  given some form of credible intervention, long-term risk is generally low and not unusually different from that of many other common and far larger juvenile groups….For the overwhelming majority of youth, the problem is in no way commensurate with the stereotypic image of pedophilic adult child molesters or sexual predators (2008: 120).  Some of the key issues in current approaches to juvenile sex offending relate to:  *The specificity of offending and interventions.* The widespread assumption has been that young sex offenders represent a distinct subset of youth offenders who will recidivate at high rates. As Chaffin notes:  Unlike virtually every other juvenile delinquent and childhood behavior problem group sex offending youth are not viewed as “generalists” whose versatile and episodic problem behaviours reflect broad, general problems with self-control, judgement, and social environment’ (2008: 115).  Yet research has now demonstrated that young people who sexually offend are generally unable to be distinguished from those committing non-sexual offences and are more likely to be generalist offenders than specialist offenders (Chaffin 2008; Fanniff & Kimonis 2014; Nisbet, Rombouts & Smallbone 2005). One difference that has been found relates to prior experiences of childhood abuse. For example, Fanniff & Kimonis (2014) reported that young people who sexually offended had higher levels of child sexual abuse in their histories, as well as higher levels of physical and emotional abuse. They also self-reported higher levels of anxiety compared with generalist offenders but other differences were not evident.  Nisbet, Smallbone and Wortley (2010) assessed 108 adjudicated Australian adolescent sex offenders – classified according to offence specialisation and versatility as ‘specialist’ offenders (sex offending only), versatile (sexual and non-sexual offending), and short duration (committed one sexual offence only) on a range of developmental, individual and family characteristics. They found very few differences between the groups - although versatile offenders were more likely to be from an Australian Indigenous background. The results were consistent with previous literature (eg Seto & Lalumiere’s 2005 meta-analysis of 24 studies investigating adolescents who had sexually offended with those who had committed other offences) in that it showed that offenders varied according to the degree to which conduct problems had been reported in childhood, with versatile offenders demonstrating greater problems compared with specialist sex offenders (Nisbet, Smallbone & Wortley 2010).  The authors concluded that their findings pointed to ’the importance of considering the contribution of a general delinquency factor in our understanding of the etiology of adolescent sexual offending and its treatment’ (Nisbet, Smallbone and Wortley 2010: 94). In essence, while it was unclear what developmental pathways led to specialist sex offending, it is still not clear as to whether adolescent sex offending should be thought of as ‘having a distinct “cause” or whether in many (or most) cases they are simply another way of expressing antisocial conduct’ (2010: 94).  *The importance of tailoring interventions to meet the needs of a heterogenic population.* As Nisbet, Rombouts and Smallbone noted, it is precisely because of the heterogeneity of what is a relatively small population of young sex offenders that the accurate classification or delineation of subcategories of offenders and their similarities and differences has been precluded. And just as the young people themselves ‘fall at different places along the continuum of sexual aggression (2005: iv), so too should treatment programs be tailored to meet need, taking into account the nature and patterns of offending.  As is the case when developing programs for young people who commit non-sexual offences, tailoring programs to best meet needs requires a focus on careful and precise assessment processes that take into account the nature and duration of the offending (eg Justice Policy Institute 2012). Further, as Worling and Langton (2012: 840) note:  each adolescent who has offended sexually presents with unique strengths, risks and needs. [Clinicians]…will need to complete a comprehensive assessment to determine what specialized treatment–if any–would be appropriate given the characteristics of the youth, his or her family, and the setting  Evidence of program success. In their review of adolescent sex offender programs, Nisbet, Rombouts and Smallbone (2005) assessed a range of individually-oriented treatment approaches, combination approaches, residential treatment programs, community-based treatment programs and multisystem approaches. They noted that:  despite a range of program and research limitations in the current evidence base, there is some ‘reason to hope that well resourced and carefully constructed treatment programs can have a significant effect in reducing both sexual and non-sexual recidivism… Reductions of 13 per cent in sexual recidivism have been observed between treated and non-treated adolescents in overseas treatment programs’ (2005: iv).  Much of the existing literature has not been of sufficient methodological standard sufficient to be considered clinical case trials, that is, robust enough to produce valid and reliable findings. Nisbet, Rombouts and Smallbone cited community-based three studies that met the standard and that incorporated pre-post experimental-control group designs and provided an assessment of recidivism. In two of the studies (Seabloom et al. 2003 ; Worling & Curwen 2000; cited in Nisbet, Rombouts & Smallbone 2005) juveniles who completed treatment were significantly less likely to engage in any sort of re-offending; whereas in the third study by Lab et al. (cited in Nisbet, Rombouts & Smallbone 2005) no differences were found between treatment and comparison groups. Overall, the findings from that review and other research have indicated that programs that appear most likely to demonstrate positive treatment effects address functioning across a range of dimensions, including the individual, family, school and community systems, with MST identified in the review and by others as producing the best outcomes (Chaffin 2008; Nisbet, Rombouts & Smallbone 2005; Worling, Littlejohn & Bookalam 2010). It has also been found that:  A reliance on individual-level interventions by themselves appears unlikely to lead to the reductions in recidivism associated with the more holistic treatment approaches. It also appears that involvement of families is an adjunct to successful treatment’ (Nisbet, Rombouts & Smallbone 2005: v).  *Treatment location.* Few young offenders will be detained for a period of time sufficient to participate and complete a specialist treatment program before release. It is also important to recognise that there is currently no rigorous evidence that demonstrates that specialised residential treatment programs produce better recidivism outcomes than community-based programs, or that such programs should only address offence-specific goals (Worling & Langton 2012).  While residential programs have not yet demonstrated clear recidivism outcomes, in part because of a failure to apply adequate methodological rigor to research design (eg appropriate comparison groups and pre/post test recidivism measures), they have been able to demonstrate some specific behavioural changes including: reduced cognitive distortions (Shapiro et al., 2001) and improved emotion management skills (Bremer, 1992). Eastman (cited in Nisbet, Rombouts & Smallbone 2005) found that young people treated in residential settings experienced greater reductions in ‘cognitive distortions and increases in sexual knowledge and pro-social sexual attitudes’ (2005:14).  Nor is there evidence that in the absence of specialist facilities and programs that intervention cannot or should not occur with young offenders. Given the lack of major differences in characteristics and the histories of general adolescent offenders, versatile offenders who commit sexual and non-sexual offences, and those who only commit sexual offences, there is support for the view that general tailored multi-faceted individual or group interventions can still address critical goals or comorbidities and may produce the desired level of desistance in many sex offenders (Worling & Langton 2012). As noted above, MST programs, and treatment in community settings, have demonstrated positive treatment outcomes (Worling, Littlejohn & Bookalam 2010). |

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| Key points   * Mental health issues and/or intellectual disabilities are prevalent among young offenders on community orders and in secure facilities. * Proper assessment for young people with mental health and cognitive issues is vital to adequately address risks and needs. * Psychological disorders are particularly prevalent among young females and Indigenous young people in the youth justice system. * Effective treatment for young people with mental health issues in the youth justice system requires a tailored, multi-systemic and integrated approach. * Inadequate transitional planning and post-release community services have been identified as leading to young people with mental health issues returning to the criminal justice system. The APIC case management model provides a framework for case coordination across sectors and the effective transition of offenders from detention to community settings. * An array of programs has been adapted to work with young offenders with mental health issues and learning disabilities in detention and community settings. These operate in open and closed custodial settings and within a community-based environment. * While there has been considerable research into interventions for young people with mental and cognitive disabilities who commit sexual offences, evidence of effectiveness is limited. |

Youth justice outcomes

Identifying outcomes is an important and necessary feature of government service provision. Desired outcomes represent the positive difference, or impact, that a service or program needs to achieve to be effective. In this section, an overview is provided of client outcomes expected from engagement in statutory youth justice services together with a brief analysis of the interrelationship between these outcomes and those of other key sectors including the police, courts, adult corrections, education and employment, child protection and health.

National outcomes

Australian national-level outcomes and performance measures for youth justice services are outlined within the general framework for performance measurement in the Report on Government Services (ROGS) (SCRGSP 2012). Within ROGS, the objective of youth justice services is articulated as:

to promote community safety and reduce youth offending by assisting young people to address their offending behaviour and take responsibility for the effect their behaviour has on victims and the wider community (SCRGSP 2012: 15.57)

The ROGS framework builds on a general service process model that identifies the inputs, processes, outputs and outcomes delivered by service providers. Agency objectives inform the service (input, process, output) provided.

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| Table 8 General service process model for youth justice | | |
|  | Definition | Example |
| Outcome | Results or impacts of actions on stakeholders | Increased capacity of young people who offend to prosper |
| Output | Tangible products or services supplied | Programs and services provided to young people who offend |
| Process | How the products or services are developed or created | Planning, providing assistance, training and support, case management |
| Input | The resources and other requirements needed to drive the processes | Money, skills, equipment, buildings |

Source: People and Strategy 2006

In ROGS (SCRGSP 2012), the outputs and associated indicators of performance for youth justice services are defined as:

* Diversion
* Pre-sentence reports completed
* Group conferencing outcomes
* Rehabilitation
* Offending-specific programs completed
* Education and training attendance
* Safe and secure environment
* Absconds from unescorted leave
* Assaults in custody
* Self-harm and attempted suicide in custody
* Deaths in custody
* Escapes
* Statutory responsibilities
* Completion of orders
* Case plans prepared
* Inputs per output unit
* Cost per offender
* Offender-to-staff ration
* Centre utilisation

Outcomes developed for youth justice services should be associated with these outputs and consistent with the overarching aim of service delivery.

State and Territory outcomes

Generally speaking, youth justice interventions have three core goals—ensuring accountability to victims of crime, increasing competency in offenders and enhancing community safety (Bazemore 2006). Across the states and territories, a range of outcomes are articulated in publicly available policy documents (see Table 7). These goals are underpinned by an overarching purpose set out within the Australasian Juvenile Justice Administrators (AJJA) Standards—‘to intervene with children and young people to contribute to [community safety by reducing] re-offending’ (AJJA nd: 3 – see Appendix A).

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| Table 7 Anticipated youth justice goals across Australian states and territories | | | | | | | | |
|  | NSW | Vic | Qld | SA | WA | Tas | NT | ACT |
| **Enhance community safety** | Y |  | Y | Y |  |  |  |  |
| **Encourage reintegration into community/opportunities for rehabilitation** | Y | Y | Y |  |  |  |  | Y |
| **Accountability for actions** |  |  | Y | Y |  | Y |  |  |
| **Reduce reoffending** | Y | Y | Y | Y |  |  |  | Y |
| **Public support and confidence in youth justice services** | Y | Y |  |  |  |  |  |  |
| **Divert from system** | Y | Y |  | Y | Y | Y |  | Y |
| **Minimise progression into criminal justice system** |  | Y |  | Y | Y |  |  | Y |
| **Promote prosocial behaviours and wellbeing** | Y | Y |  |  | Y |  |  | Y |

Source: Australian youth justice service websites

A focus on reducing reoffending involves an assessment of not only the direct responses to offending provided by youth justice services but also the acknowledgement of the influence of other service sector responses on the factors associated with offending and desistance from offending.

Complex factors interact to determine offending, its trajectory and other associated risks, including health risk behaviours such as substance use, injecting drug use, psychological risks such as early emotional, physical or sexual abuse and dysfunctional families; psychosocial risks such as deviant peer associations, low cognitive capacity, weak school connectedness and low educational achievement; and geographic location and cultural affiliation (Kenny & Nelson: 1–3).

Although in the criminal justice sector, recidivism is often seen as the primary measure of an agency’s performance, there are numerous factors that affect reoffending and many are beyond the remit of the criminal justice sector (Richards 2011). Given that the onset and persistence of antisocial and offending behaviour is largely determined by socialising factors such as family functioning, interactions with antisocial peers and engagement with education (Day & Casey 2012), as well as mental health and substance abuse problems (Noetic Solutions Pty Ltd 2010), youth offending cannot be addressed through a focus on criminogenic factors alone. Outcomes that lead to positive changes in family, school and community contexts are likely to have a significant impact on reoffending. In fact, ‘the most effective programs appear to be those that address more than one risk factor and area of influence’ (Sallybanks 2003: 42). As Richards (2011: ix) notes that

criminal justice interventions may be effective at improving a range of indicators for offenders (eg health and wellbeing; educational and/or employment opportunities), without reducing recidivism. These measures may have an impact on offending trajectories in the longer term and may therefore provide a better assessment of the performance of criminal justice services.

Successfully negotiating the transition from

childhood to adolescence and then adolescence to adulthood require(s) positive development in several areas…education, pro-social family and peer relationships, health and wellbeing and work and life skills (Peters & Myrick 2011: 32).

These are among the critical factors influencing the likelihood of a young person engaging in antisocial and in some cases, criminal behaviour. Studies have shown a link between family (dys)functioning, having antisocial peers and low engagement with education and involvement in the criminal justice system. Further, it is widely recognised that young people in the justice system are ‘some of the most vulnerable and disadvantaged in the community’ (ACT HRC 2011: 280), a situation that emphasises the potential impact of physical, psychological and emotional health needs on youth justice outcomes.

The impact of services and programs delivered by the youth justice system is mediated by these factors, which occur both before a young person enters the system and once they leave. Therefore, measuring improvements across a range of areas—health and wellbeing (Butts, Bazemore & Meroe 2010; Cunneen & Luke 2007), education (Butts, Bazemore & Meroe 2010; Mears & Butts 2008; Risler & O’Rourke 2009), work and life skills (Butts, Bazemore & Meroe 2010; Cunneen & Luke 2007), family and peer relationships (Butts, Bazemore & Meroe 2010) and risk-taking behaviours (Cunneen & Luke 2007) is critical in determining the full impact of youth justice services. A thorough understanding of the importance of these factors and the role they play in ensuring that young people ‘become productive crime-free citizens of their communities’ (Peters & Myrick 2011: 33) is critical in determining the full impact of youth justice services.

Given the complementary nature of the relationship between recidivism and the outcome measures discussed here; that is, ‘positive youth outcomes…will be inversely correlated with recidivism; in other words, the greater the educational attainment, the lower the recidivism’ (Peters & Myrick 2011: 34), positive outcomes from youth justice services should also include:

* reductions in the seriousness of offending and access to diversion programs;
* enhanced community safety and confidence in the criminal justice system;
* capacity and skill development
* increased pro-social skills and positive family and peer relationships;
* increased engagement with education (lower truancy rates) and training; and
* improved health and wellbeing.

Moving beyond recidivism to consider a wider range of anticipated outcomes will provide a more accurate indication of the impact of a program and/or service and recognise the complexity underpinning youth offending and the range of agencies and stakeholders—both with and without statutory responsibilities—involved in delivering youth justice services. Many youth justice programs are delivered in conjunction with a range of criminal justice (police, courts, corrections), child welfare, health and education agencies and the interrelationship between outcomes and these other partners needs to be better understood and utilised.

Recognising the role of other sectors in achieving youth justice outcomes

Given that the problem is multi-faceted, the solution must lie in providing a range of interventions in a holistic and integrated way (in both funding and service delivery), so the often complex causes of young people’s offending behaviour are addressed and young people are supported in developing skills that will help them engage with the community in positive ways (CCYP WA 2010: 2)

The need for partnerships in the youth justice sector is recognised across the states and territories, and in every jurisdiction youth justice/welfare services work closely with a range of other justice and human service agencies, local governments and the non-government sector in responding to young people who offend. The intersection of the roles and responsibilities of each of these groups with youth justice services against the outcomes identified in the subsection above is set out below.

Reduced reoffending/recidivism

Recidivism is one of the most commonly studied outcomes in criminal justice research and is often used across the criminal justice system to measure program and service effectiveness (eg see Payne 2007; DCPC 2008).

Defining and measuring recidivism is complex. The term recidivism refers to repeated criminal activity and covers reoffending, re-arrest, re-conviction and re-incarceration (or a combination of these), which on their own are context specific. In understanding recidivism consideration may be given to:

* who has identified the offence (self-report, police arrest, facts proven in a court of law);
* whether the current offence is the same as that for which a previous conviction was recorded;
* whether the current offence is less or more serious than past behaviours;
* the length of time between offences or incidents;
* the sanctions applied to the current offence (and previous offences);
* whether the current offence is a breach of conditions or a criminal act; and
* whether other concurrent offences occurred but were dismissed or not proven; and
* whether a return to custody is on remand (therefore alleged) or under sentence (Payne 2007).

Assessing rates of recidivism is an important tool for youth justice services as it provides an indication of whether the programs and interventions provided are having the intended effect and whether they have had some success in identifying needs or at-risk behaviours, as well as positive behaviours and resilient traits to promote desistance. Youth justice service models that have been found to be effective in reducing offending are outlined in the next section of this paper.

Other services also contribute to reduce reoffending, as partners working with young people while they are being supervised by youth justice services and during non-offending periods when they have interactions with young people in the community.

Courts

A young person’s first court appearance is an important point of intervention. As stated previously, NSW research showed that the majority of young people who appear in the Children’s Court for the first time will reappear at a NSW court within eight years (68%), with over half appearing in an adult court at least once within this time period (57%; Chen et al 2005). Therefore, it is important that when courts sentence a young person, they consider the available evidence on what works to reduce reoffending or improve other related outcomes. It has been shown that detention does not always act as a deterrent to reoffending for young people (Weatherburn 2009); therefore, consideration of effective community-based sentencing measures are warranted (effective interventions and youth service delivery for young people, including Indigenous young people, are outlined below).

In order to achieve this, it is important that prior to sentencing the court has an understanding of a young person’s circumstances. Where legislation allows, this can be provided by youth justice agencies within a pre-sentence report (which often details a young person’s current family, education, health and accommodation situation), allowing these factors to be taken into consideration when determining which sentencing measures would be most effective and/or appropriate to the young person’s circumstances.

Youth service sector

Youth services, such as the YMCA and locally-based youth centres, have important partnerships with police and youth justice agencies that provide young people in the youth justice system with a range of support services including alternatives to detention and post-release support. In New South Wales, community organisations are engaged in providing support and assistance to young people who have had contact with the youth justice system through Juvenile Justice’s Joint Support Program. This program provides funding for accommodation support, family intervention programs, employment placement and casework support provided for young people under youth justice supervision (NSW Juvenile Justice website nd).

Local government

Local governments in Australia are in a unique position to influence opportunities for crime through their

development control plans and the services and recreational facilities they provide’ in addition to ‘the policies they adopt in relation to such things as building, design, public space development and local business practice (Weatherburn 2004: 209).

Statutory child protection services

Young people who are clients of the statutory child protection services may be referred to other support services by child protection case officers when necessary for the young person and their family to meet the needs of their case plan. These services may address the criminogenic needs of the young person (ie alcohol and drug rehabilitation, counselling or mental health services).

Reductions in the seriousness of offending and access to diversion programs

While reducing reoffending is a worthy goal, a program may fail to reduce overall reoffending rates but still produce a positive change by reducing the seriousness of subsequent offending. This may then mean that in some situations, diversionary options may become available to the young person, thereby limiting ongoing contact with the criminal justice system. Diversion can occur at various points of the criminal justice system (ie pre-arrest, pre-trial, pre-sentence and post-sentence) as a way of breaking the cycle of offending by providing an avenue out of the formal justice system.

Police and the courts

Young people can be diverted by either the police or the courts, with the nature of the diversion differing between these two sources. As stated previously, police can divert through the use of cautions or warnings, youth conferences, or can provide referrals to externally run diversion programs that have vocational, educational or rehabilitation aims. The courts have similar avenues to divert young people, but may also provide a young person with a deferred sentence or other pre-sentence order, providing the young person with an opportunity to receive support from specialised services prior to sentencing. These options vary by state and territory. The completion of program, or the provision of specific services while on a deferred sentence order, may result in a lesser sentence for the young person (Sentencing Advisory Council 2012).

Health services

Mental health services, in addition to alcohol and other drug rehabilitation services, play an important role in providing diversionary programs and options for young people to remain in the community rather than be put into detention by the courts. These services may also address the underlying criminogenic needs of a young person.

Youth service sector

As noted above, not-for profit and other non-government agencies provide important youth services, often in collaboration with police and youth justice agencies, regarding diversion programs and bail support services.

State and territory governments

The state and territory governments have the jurisdiction to legislate for the diversion pathways used by the police and courts for young people, and the sentencing options available to the courts for young people who offend.

Enhanced community safety and confidence in the criminal justice system

Public belief in the fairness, legitimacy and accountability of the criminal justice system is central to maintaining public order (Hough & Roberts 2004) and outcomes of the youth justice system have a significant impact on this. The police, courts and local government also play a critical role in enhancing community safety and increasing confidence in the criminal justice system through their regular functions. Perceptions and satisfaction with the criminal justice system may also rely on people’s experience with the system as an offender or victim. This includes the level and type of support provided to victims of crimes perpetrated by young people and whether they are satisfied that the offender has been held accountable.

For instance, restorative justice programs involves the victim in the process of deciding what the young offender can do to repair the harm caused by their criminal behaviour and acts as a mechanism to hold the young offender accountable (Joudo Larsen 2014). These programs are implemented and/or funded by state and territories’ youth justice services, usually in the form of youth justice conferencing. NSW research has suggested that youth justice conferencing results in high levels of satisfaction among participants (both the offender and victim; Wagland, Blanch & Moore 2013). As noted above, while the evidence is mixed, the programs have also generally been found to reduce reoffending (Joudo Larsen 2014). The roles of other stakeholders in maintaining the public’s confidence in the criminal justice system are outlined below.

Police and the courts

Through the role of police liaison officers (youth, Indigenous, multicultural, lesbian, gay, bisexual and transgender) police services establish positive perceptions of police legitimacy and confidence among the public and marginal groups. Police partnerships with organisations such as Crimestoppers, Crime Watch, Neighbourhood Watch, statutory road authorities and the delivery of information to the public through schemes like ‘Eyewatch’ (see NSW Police Force 2013; Victoria Police 2013) are existing initiatives currently delivered in some states in an effort to engage the community in crime prevention actions and enhance community safety. Police and Community Youth Clubs also create an environment where police and young people can interact outside of the criminal justice system or responses to criminal activities.

The courts enhance the public’s confidence in the criminal justice system through transparent and fair judgements.

**Local government**

Local government often partner with their local police and non-government agencies to develop and implement a range of initiatives that prevent crime and enhance community cohesion, such as community and cultural events (Morgan et al. 2012). Further, planning issues such as lighting and urban development are within the remit of local councils and can often enhance community perceptions of safety.

Victim support

Victim support agencies (ie victim assistance services, counselling services, sexual assault/rape crisis service, homicide support group) may make victims’ experiences with the criminal justice system less daunting and traumatising. They may also support a victim through their participation in a restorative justice program or assist in the development of a victim impact statement. This support may need to be specialised given that young people are those most likely to be the victims of crime ands well as the offenders (Richards 2011). For example, Queensland data shows that half of victims of youth crime are themselves young people (53% of victims of offences against a person as perpetrated by a young offender were under 20 years of age; Children’s Court of Queensland 2012).

Capacity and skill development

A range of other outcomes impact on the ability to divert young people from further, or any, contact with the criminal justice system. Programs and/or services that seek to increase prosocial skills, positive peer relationships, engagement with education and training, and health and wellbeing are critical in building resilience among young people to antisocial (and eventually criminal) behaviours, which may result in contact with the criminal justice system. Focusing on capacity and skill development can act as both a primary prevention tool by putting young people on a pathway that leads them away from any contact with the youth justice system and also as an effective component of diversion measures by helping them address the underlying issues that influenced their initial offending with the goal of preventing further contact with the youth justice system. The involvement of various agencies across three key areas of capacity and skill development: prosocial skills and positive peer relationships, engagement with education (lower truancy rates) and training, and health and wellbeing, is set out below.

Increased prosocial skills and positive peer relationships

Police

Police run a range of programs to engage with young people and provide environments and activities that encourage prosocial behaviours. In Queensland, school-based officers contribute to crime prevention strategies for school communities, investigate offences that occur in schools and take part in school activities such as camps and assemblies. Police Ranger programs in Western Australia and the Northern Territory (see Western Australia Police nd; Northern Territory Police nd) and the police Youth Corps and Youth Leadership Programs in Victoria (Victoria Police 2014) provide young people with training in a range of leadership, personal development and team building skills. These programs often involve partnerships with local schools. Further, Police and Community Youth Centres across the country coordinate regular Blue Light discos and offer other activities for young people in an environment free from antisocial behaviours, drugs and alcohol.

Education sector

Many state education departments coordinate a range of anti-bullying and harassment programs. These programs are often supported by public, independent and religious school authorities, for instance, the ‘Bullying. No way!’ initiative, which provides resources for schools to deal with bullying and harassment and was developed in collaboration with school authorities at the state and federal level (see Bullying. No way! nd). There are also a range of programs available for early learning centres and schools to administer that teach young children social skills.

Youth services

There are a range of not-for-profit organisations that specifically aim to provide mentoring and counselling to young people around issues of mental health, respectful relationships and domestic violence. Some also offer peer support programs and may facilitate increased engagement with education (lower truancy rates) and provide training activities.

Education sector

Some state education departments administer partnership initiatives with their local youth services, family support, homelessness, mental health and youth justice sectors (ie Victoria’s Youth Partnerships initiative), with the goal of providing support to young people facing barriers for school attendance and access to training and employment. Programs involving guidelines on how to monitor school attendance and work with parents, community services and local businesses to prevent truancy and ensure school attendance are also implemented by schools across the country.

Private sector

Businesses can take part in training or leadership initiatives for at-risk or vulnerable young people, or provide cadetships/apprenticeships for similar groups. Mentoring programs are also provided by employers in specific sectors for young people studying in a related field.

Youth corrections

Education and training programs are available to young people in youth detention facilities across Australia. Education services are provided by either the state/territory education department, or sub-contracted out to specialised service providers.

Community services

Various non-government organisations provide training programs in particular trades/sectors (ie carpentry, hospitality) specifically designed to provide unemployed young people who are not studying with skills to gain employment. There are also organisations that provide alternative education streams for young people that struggle to engage with the mainstream education system.

Statutory child protection services

Education indicators have been added to the National Framework for Protecting Australia’s Children 2009–2020 and the National Standards for Out-of-home Care. In response, the Australian Institute of Health and Welfare are currently developing a monitoring dataset for the education outcomes for young people on care orders (orders determined by the court placing a child/young person into the care of the relevant Minister; AIHW 2013). These indicators include reaching standard literacy and numeracy benchmarks, and completing Year 10, Year 12 or equivalent VET training. This brings education and training outcomes into the scope of statutory child protection agencies’ performance frameworks.

Improved health and wellbeing

Statutory child protection agencies

Child protection agencies ensure the safe placement of children and young people, assess family functioning and provide avenues to improve familial functioning and relationships. The reduction of family dysfunction as an environmental stressor increases a young person’s wellbeing and psycho-social development and functioning.

Health sector

As outlined below, the health sector is involved in important partnerships with schools and the youth justice corrective services to provide health services within these contexts.

Schools and education sector

School-based health initiatives vary by state and territory and by school, but typically involve school based counsellors and nurses; classes on sexual health, drug and alcohol use and healthy eating; and facilitating weekly structured physical activities. Additional programs include School Breakfast programs, the provision of information and resources on cyber safety and school-based chaplaincy or welfare officers.

Youth corrections

Young people in youth justice facilities have access to medication and a range of healthcare professionals such as general practitioners, nurses, psychologists etc. Detention can act as an important point of health-related intervention for some young people.

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| Key points   * At a national level, promoting community safety and reducing youth offending by supporting young people to address offending behaviour are articulated as primary objectives of youth justice services. National indicators of success focus on diversion, rehabilitation and the establishment of safe and secure environments for young people in detention. * All Australian jurisdictions have established youth justice goals and outcomes, although they vary in the extent to which these are articulated in public policy documents. Diversion and reduction of further offending are dominant among the articulated goals. * The complexity of factors contributing to offending by young people requires holistic responses through collaborative partnerships across agencies. Identifying youth justice outcomes that can be pursued through these partnerships is an important element of successful collaborative arrangements. |

Effective policy and practice for youth justice services

Each Australian jurisdiction operates under a different legislative and policy context that defines the primary role of youth justice services. Identifying programs and interventions that work in achieving outcomes for young people in youth justice services therefore requires a thorough understanding of these contexts and the outcomes expected (see summary of legislation and 'client outcomes' sections above). Common to all services is the desire to enhance community safety by ensuring young people who offend are held accountable for their actions and reoffending is minimised. In addition to these functions, youth justice services also seek to expand opportunities for young people involved in the youth justice system by enhancing personal capabilities.

This section of the discussion paper examines current evidence on effective policy and practice relating to tertiary youth justice service delivery, specifically for young people on orders supervised by a youth justice administrator. The primary models used for offender rehabilitation and the key principles underpinning program and service delivery are described. Although youth justice services encompass the policing and court sectors, approaches undertaken by these authorities are beyond the scope of the current exercise.

Models of offender management and rehabilitation

Models of offender management and rehabilitation are designed to target recidivism, the primary outcome of adult and youth justice services.

*Risk–needs–responsivity*

The primary offender management and rehabilitation model used across Australia is the RNR model (eg Andrews & Bonta 2010). The RNR model was developed in Canada in the 1980s in response to the stance against rehabilitation expressed throughout the 1970s and the move towards a risk-management framework within the field of corrections (see Andrews & Bonta 2010; Ward & Maruna 2007 for a full discussion of the concepts and theories underpinning the development of this model).

Conceptually, the RNR model identifies risk individually and psychometrically (Ward & Maruna 2007). Risk factors are quantifiable, with the potential risk posed by individuals predicted on the basis of the presence of factors associated with offending behaviour. These factors are derived from models generated from the demographic, social and offence history profiles of known offenders.

Risk factors are commonly expressed as either static or dynamic factors. Static risk factors are those factors that cannot be changed and include previous offence history, poor history of compliance, sex and age at onset of offending. Dynamic risk factors may be either stable or acute. Factors such as pro-offending attitudes and self-regulation are generally stable over time but can change, while acute factors change across situations and contexts and include factors such as substance misuse.

Under the RNR model, dynamic risk factors highlight individual deficits that are related to offending (criminogenic needs) and other deficits that, even if changed, may not have a direct impact on reoffending (non-criminogenic needs). Examples of criminogenic needs include pro-offending attitudes, poor problem-solving abilities, impulsiveness and substance abuse problems. Non-criminogenic needs include low self-esteem and mental health problems such as unresolved grief and depression (Ward & Maruna 2007).

‘Responsivity’ acknowledges the need to account for differences between individuals in their capacity to respond to and engage with treatment. General responsivity refers to using cognitive social learning strategies to effect changes in behaviour. Specific responsivity considers the need to adapt strategies to account for individual characteristics such as learning style, maturity motivation sex and culture (Bonta & Andrews 2007).

The concepts of risk, need and responsivity are framed into a principle-based rehabilitation response, often referred to as ‘what works’. These principles are described below in the section ‘elements of effective programs’.

There is a considerable body of evidence supporting the RNR model of rehabilitation (see for example Bonta & Andrews 2007). Analyses have demonstrated the validity and reliability of a number of risk assessment instruments developed from this approach (including the Youth Level of Service/Case Management Inventory and Victorian Offending Needs Indicator for Youth) and reductions in offending following interventions modelled on RNR principles.

However, the RNR approach has also been subject to criticism. Critics highlight the need for further evidence of its effectiveness for specific populations of offenders and more evaluation of the role played by specific responsivity in identifying treatment approaches and outcomes (eg Hannah-Moffat 2009). Some have argued that a focus on risk alone is not sufficient for reducing reoffending, that the model can be subjective, prescriptive and that it neglects the role of contextual and ecological factors, personality and personal agency and the relevance of trust and relationships in the treatment process (Ward & Maruna 2007; White & Graham 2010).

The Good Lives Model

Developed by Ward and colleagues (Ward & Brown 2004; Ward & Marshall 2004) the GLM is a strengths-based approach to offender rehabilitation. The model, oriented towards ‘goods promotion’ (Purvis 2011: 8), acknowledges the need for a risk management focus but stresses the enhancement of positive capabilities ‘rather than just suppressing dysfunctional ones’ (Purvis 2011: 7). In essence, the GLM suggests that by promoting human goods, risks are reduced. As such, it can be seen as a supplementary approach to the RNR model.

The underlying theoretical framework for the GLM comes from positive psychology, which assumes that

all human beings are naturally inclined to seek certain types of experience or human goods, and that they experience high levels of well-being if these goods are obtained’ (Ward & Maruna 2007: 111).

Rehabilitation, therefore, must focus on equipping individuals with the necessary capabilities to secure ‘primary human goods’ (Ward & Maruna 2007: 108) in socially acceptable ways (McNeill 2009).

Elements of effective programs

Principles

As noted above, the RNR model has ‘become enshrined as the what works approach to offender rehabilitation’ (Day, Howells & Rickwood 2003: 19). Programs and interventions based on this approach should be consistent with five key principles identified by Andrews and Bonta in 1998 (see Andrews & Bonta 2010). These are:

The risk principle—requires that services and interventions are targeted according to the level of risk of reoffending the offenders pose. More intensive interventions and services are targeted towards higher risk offenders and minimal intervention to lower risk offenders.

The need principle—emphasises that the dynamic risks (criminogenic need) offenders present should be assessed and targeted in treatment.

The responsivity principle—highlights the need to provide cognitive behavioural treatment tailored to individual learning style, motivation, abilities and strengths.

The professional discretion principle—acknowledges that practitioners have a role in assigning priority for intervention in areas of need and in identifying further assessments that may be required.

The program integrity principle—acknowledges the need for programs and interventions to be evidence-based (sound) and implemented as intended.

These principles apply to the design, development and delivery of programs and interventions. Latessa, Cullen and Gendreau (2002) identified key principles of effective interventions underpinned by the RNR philosophy and covering the organisational context of service delivery, need for trained staff and collaboration, as well as assessment and program integrity (see Table 9).

|  |  |
| --- | --- |
| Table 9 Principles of effective intervention | |
| Principles | Attributes |
| Organisational culture | Well-defined goals, ethical principles, staff cohesion, support for training, self-evaluation and use of outside resources |
| Program implementation/maintenance | Programs empirically define needs, are fiscally responsible and congruent with stakeholder’s values. Programs are theoretically sound, piloted and maintain staff professional credentials |
| Management/staff characteristics | Staff are professionally trained and experienced. Selection is based on holding beliefs supportive of rehabilitation and having the relationship styles and therapeutic skills associated with effective intervention |
| Client risk/needs practices | Valid assessment tools are used. Assessment takes into account a wide range of factors including the strengths and responsivity needs of offenders |
| Program characteristics | Programs target for change, incorporate social learning, cognitive behavioural therapies that are empirically valid and incorporate relapse prevention strategies |
| Core correctional practice | Program therapists engage in anti-criminal modelling, effective reinforcement and disapproval, problem-solving techniques, structured learning for skill-building, effective use of authority, cognitive self-change, relationship practices and motivational interviewing |
| Inter-agency communication | The agency makes referrals and advocates for its clients |
| Evaluation | Program audits, client satisfaction surveys, process and outcome evaluations and assessment of recidivism rates is undertaken |

Source: Adapted from Latessa, Cullen & Gendreau 2002

Approaches that work

In her review of effective intervention, Sallybanks (2003) acknowledged some difficulties in conducting program evaluations to determine the success of the various approaches. She noted that the methodologies employed are not always clearly articulated, including how young people were selected for program participation or as research subjects in the evaluation and that the ‘tangible measureable components and outcomes’ (Sallybanks 2003: 6) of programs were often quite variable. Thus, it is not surprising that there remains a paucity of information about effective interventions and that evidence of the 'long-term, sustainable success of interventions in terms of crime reduction and influence upon practice remains 'promising', yet limited (Haines & Case 2008: 6).

Meta analyses and other forms of evaluation can point to characteristics of successful programs. This may be of far more relevance than an identification of specific interventions as few are evaluated and those that are rarely are re-evaluated to identify sustained benefits.

Ogilvie and Allard (2011) identify four broad categories of effective interventions. These were:

* Family-based interventions—where treatment focuses on family engagement and motivation to change, teaching problem-solving skills and helping families to generalise these skills (Sexton & Alexander cited in Ogilvie & Allard 2011).
* Multi-modular interventions based on Multi-systemic Therapy (MST)—targeting high-risk or repeat offenders using an ecological and holistic approach. MST is a commonly utilised tertiary measure for young people that is increasingly demonstrating empirically-validated positive outcomes when used with a range of young offenders (Chaffin 2008; Curtis & Heiblum 2009; Nisbet, Rombouts & Smallbone 2005; Richards, Rosevear & Gilbert 2011; Worling, Littlejohn & Bookalam 2010). Developed in the United States, under MST models (Cant et al. 2009), juvenile offending behaviour is viewed as having multiple determinants, including peers, family, schools and neighbourhood factors. MST is a holistic and intensive program, with services available 24 hours a day, seven days a week, to participating families;
* Other community-based interventions— including mentoring programs, drug courts and coordinated support services;
* Behaviour modification and cognitive behaviour therapy—which are psycho-educational targeting different aspects of offending-related functioning; and
* Restorative justice approaches.

These findings are congruent with the earlier review of the literature on effective youth crime prevention conducted by Sallybanks (2003).

**Restorative justice approaches**

As Joudo Larsen (2014) notes in her review, since 2001 restorative justice practices have become a key part of Australian juvenile justice systems. Restorative justice programs now span conferencing for both young and adult offenders, circle sentencing and victim-offender mediation (see *Indigenous young people* for a brief discussion of the application of restorative justice to Indigenous youth offenders).

As at 30 October 2013, a wide range of restorative justice options were available across Australia, specifically:

* conferencing for young offenders was available in all Australian states and territories
* conferencing for adult offenders was available in New South Wales and South Australia
* Circle sentencing was available in New South Wales and Western Australia, and
* Victim Offender Mediation was available in jurisdictions, with the exception of Victoria and the Australian Capital Territory (Joudo Larsen 2014: iv-v).

As with MST, the evidence is somewhat mixed with regard to the ability of restorative justice to reduce reoffending, although it continues to improve. It is also important however, to recognise and capture the extent of other benefits arising from the approach, such as victim satisfaction and an ability to deliver both accountability and responsibility to young people who offend (eg Strang 2010; Joudo Larsen 2014).

Other research is now demonstrating more precisely where and how restorative justice approaches work best. It appears to be more effective for more serious and prolific offenders and when delivered post- rather than pre-sentence. Further, it is increasingly being used to successfully respond to the harm caused by more serious offending, such as murder, sexual assault and family violence, which should perhaps lead to a re-consideration to how conferencing is best used (Joudo Larsen 2014).

Approaches that have limited or no current evidentiary basis

McGuire (1995) and Sallybanks (2003) identified a number of interventions with limited or no evidence of effectiveness of reducing recidivism (see What doesn’t work in early intervention? above):

* deterrence-based approaches (including boot camps and scared straight programs) unless they included therapeutic components and provided skills that generalised to the young person’s usual environment;
* institutional milieu therapy;
* vocational training without a connection to genuine employment prospects;
* wilderness or outdoor challenge programs operating without high standards, training or therapeutic aspects;
* programs that removed a young person from their familiar environment and provided no aftercare when they return to their community.

In an address to the Children and the Law International Conference, Judge Andrew Becroft, Principal Youth Court Judge for New Zealand, being deliberately controversial and ironic, identified what he called 10 easy steps to turn a young offender into an adult criminal (Becroft 2009: 2). These were:

1. Leave families alone to sort themselves out—'ignore risk and erode resiliency'.
2. Make the age of criminal responsibility as young as possible and get children into Court as soon as possible.
3. Criminalise welfare issues.
4. Treat all young offenders as if they were the same.
5. Always arrest the child/young person if they offend, especially the first time no matter what the circumstances. Be firm and disrespectful, and always bring them to Court.
6. Sideline the child offender in the justice response. Ensure the child is marginalised, does not participate and prevent any contact between the offender and the victim.
7. Always enter a conviction on the child/young person’s record. And make no allowance for youth at sentencing—‘adult time for adult crime’.
8. Convicted young people need a short sharp shock; in praise of corrective training, bootcamps and scared straight programmes.
9. Segregate young offenders from their families, communities and victims. Wherever possible, aggregate them together in treatment facilities and in prison.
10. If all else fails, use ‘what works’ for child offenders, but deliver it badly.

Although clearly not the goal of youth justice services, Judge Becroft’s intention was to challenge perceptions of good practice in addressing offending by young people by succinctly identifying practices that have not reduced offending or led to positive outcomes for young people who offend or children and young people at risk of offending. His presentation underscores the need for an approach to youth crime that addresses the underlying problems associated with offending and antisocial behaviour in a manner that respects the rights of young people to be involved in the decisions and processes that ultimately ensures a connection (or re-connection) of young people to the important things in their lives.

Elements of effective practice

Throughout the literature, there is a strong focus on specific treatment and intervention which assumes that all offenders will participate in programs, will be aided by programs, or that these in and of themselves, will achieve a positive outcome (Atkinson 2004). Under models using the RNR approach to rehabilitation, risk assessment scores will lead to tiered resource allocation and intervention levels applied as:

1. Sentence administration for low-risk offenders (including supervision and monitoring).

2. Social integration programs for offenders with integration needs or non-criminogenic needs requiring only limited support.

3. Offence-focused criminogenic programs for medium and high-risk offenders.

4. Intensive supervision for high-risk offenders with complex needs and/or serious offence histories (Day, Howells & Rickwood 2004: 4).

This tiered approach is important because intervening too much has had a demonstrated impact on poor outcomes. However, young people who offend who are unable to express need or their risks may not receive adequate opportunities.

The GLM and other strengths-based approaches identify the importance of casework practice and the impact individual workers and worker/client relationships can have on attaining positive outcomes. Case practice can

focus on factors increasing the likelihood of young people expressing need (for services, support, guidance) and [has a direct impact on whether there is a] focus upon positive outcomes (pro-social behaviour, access to rights, educational success, good health) (Case 2006: 177).

**Child-centred practice**

Child and young person centred practice involves focusing on the ‘person in the environment’ and addresses personal, interpersonal and contextual issues and concerns (Moore 2004: 3). The Institute for Child Protection Studies (Australian Catholic University) in Canberra highlights four themes as being important to child centred practice:

1. recognising critical time frames in childhood and adolescence including assisting children and young people as early as possible—early in the life of the child and early in the life of the problem;

2. taking into account the developmental needs of children and young people in all interventions;

3. providing children and young people with appropriate opportunities to participate in all aspects of interventions which affect them; and

4. promoting a collaborative approach to intervention with children and young people including the strengthening of networks that are critical to their wellbeing (Winkworth & McArthur 2006:1)

Case management

Individual practices need to supported by a strong model for service delivery within a youth justice system that supports young people and their families. Case management is the primary organising process for working with offenders. A number of case management models have been utilised in custodial and community correctional settings:

* a simple brokerage model that focuses on administrative tasks;
* a co-ordinated approach that encompasses assessment, planning, referral some advocacy and direct casework support; and
* a comprehensive model that adds advocacy for resource development, monitoring and quality assurance and crisis intervention to the tasks identified above (Kemshall et al. 2004: 179).

Current best practice, the comprehensive model, is identified by Moore (2004) as a partnership emphasising a coalition of enforcement, intervention and prevention services (see Table 10).

|  |  |  |  |
| --- | --- | --- | --- |
| Table 10 Case management models for youth justice services | | | |
|  | Minimal (Throughcare) | Holistic (Coordination) | Partnership (Comprehensive) |
| Purpose | Efficient movement of client's case from one intervention to another | To efficiently and effectively access specialised treatments and services | To form a coalition of enforcement, intervention and prevention services |
| Target system | Intra-agency | Intra-agency  Interagency | Intra-agency  Interagency  Community (civic and informal) |
| Functions |  |  | Outreach  Community needs  Client group needs |
|  | Assessment/intake risk  Classification | Assessment/intake risk  Criminogenic needs  Multi-agency specialists | Assessment/intake risk  Criminogenic needs  Multi-agency specialists  Social-ecological |
|  |  | Resource identification  • Index formal services | Resource identification  • Index formal services  • Strengthen family supports  • Access civic resources eg commercial, religious, service clubs  • Extended informal supports eg mentors |
|  | Planning  Case plan  Programs | Planning  Case plan  Programs  Formal supports | Planning  Case plan  Programs  Formal supports  Informal supports |
|  |  | Service agreements  Programs | Service agreements  Programs  Formal services  Brokered supports |

Source: Adapted from Moore 2004: 6

Case management is underpinned by a number of primary tasks conducted in stages (see Kemshall et al. 2004; Taxman 2002; White & Graham 2010 for a full account).

1. Preparation—involving role clarification and the broad identification of resources and services that may be required (sometimes referred to as screening and involving induction activities).

2. Assessment—working with the offender to identify risks associated with offending and needs associated with improved life circumstances. This stage will also involve assessment of current capacity and support networks to determine priority areas. Assessment should be undertaken at key stages such as intake, when circumstances change, as part of the review process, after a crisis and upon exit from the service.

3. Planning—identifying agreed areas of importance and determining what and who is needed to support the plan, making necessary referrals, engaging additional services and employing appropriate direct practice skills including motivational interviewing. Planning also requires aspects of contingency management where the expectations and consequences associated with the plans are clearly articulated and the time is taken to ensure they are understood.

4. Managing—identifying tasks and allocating responsibility for their completion. This may involve the use of family or other supports at various points to sustain change. This stage will involve coordination of service delivery, monitoring and providing a continuum of care. Managing the intervention or supervision of offenders also requires accurate record management and the oversight of quality assurance processes.

5. Review and evaluation—assessing progress, highlighting achievements, reflecting on personal practice and seeking feedback from the offender. Review and evaluation should be supported by accessing and recording all necessary data to support future service delivery.

The key questions that should be addressed at each of the key case management stages are presented in Table 11 (McNeill 2009):

|  |  |
| --- | --- |
| Table 11 Case management processes and critical questions for case managers | |
| Prepare | What is already known about the person? What types of aspirations?  What concerns or goals might s/he bring to the supervision process?  How can I best engage with these goals and concerns? How can we develop trust and openness?  What can I do to engage him or her in the supervision process and in the supervisory relationship? |
| Assess | What risk assessment instruments need to be used in this case?  What is my analysis of the key risk factors and issues? What more do I need to know about the contexts of these risks?  What are the needs?  What is my assessment of the strengths and resources of the individual and his/her social networks?  What might enable desistance and what might represent the key obstacles to it?  What do we see as the problems?  Which are the priorities?  Who are the people involved? |
| Plan | How can the identified risk factors be addressed? What are the priorities? Are specific programs or interventions required?  How can my knowledge of the risk factors and contexts of risk inform risk management?  How can the identified needs be met? What are the priorities? What specific services or programs are required?  How can individual strengths and resources be used to support change?  How can resources for desistance be engaged and obstacles overcome?  What needs to be done to develop motivation to change?  What needs to be done to develop capacity to change?  What needs to be done to develop opportunities to change?  How are we going to tackle problems?  What are our shared realistic objectives?  Who will do what, by when? |
| Manage | Who is responsible for case management? Who is providing continuity and consistency of care?  How many/few people really need to be involved? Who is doing what by when?  Are the different parties and services working together to consolidate learning and progress towards desistance?  Are there any unmet needs or required programs/services that are not available?  How is compliance being promoted and fostered and non-compliance being tackled?  Put the plan into effect. Keep records  Monitor that agreed steps are being taken at specified times  Troubleshoot difficulties  Highlight achievements |
| Review and evaluate | What data are required to allow us to review and evaluate?   * from re-administration of assessment tools * from the offender (self-reported progress and self-reported offending) * from significant others * from the supervisor * from others contributing to the case plan * from records of attendance/non-attendance * from other records   How far have objectives been reached?  Record evidence for these  Highlight achievements  Not items for new review cycle |

Source: adapted from McNeill 2009

Direct practice skills

A key component of case management is ensuring that staff have the necessary skills to work directly with clients to achieve goals, strengthen engagement in the process and involvement in the decisions that will affect them.

Advocacy

Advocacy is a critical skill employed by case managers but, as White and Graham (2010) contend, is poorly understood by both practitioners and their clients. Advocacy is defined as protecting vulnerable people, empowering individuals to express their own needs and make their own decisions, promoting the person’s rights, developing partnerships between providers and users of services, being informative and being supportive. White and Graham (2010) suggest that working with involuntary clients often makes advocacy more complex because of ‘what is essentially a coercive service provision context’ (White & Graham 2010: 100).

In his book Working with Involuntary Clients, Trotter (1999) acknowledged that client worker relationships involve voluntary and involuntary components. For example, an offender may engage in a treatment program or intervention solely because of a statutory condition on an order but s/he may also choose to engage fully in that program to receive the maximum benefit. Effective practice with involuntary clients therefore requires particular approaches to increase client motivation (Rollnick & Miller 1995) and to build positive worker/client relationships (Trotter 1999).

Motivational interviewing

Motivational interviewing (Rollnick & Miller 1995) is a communication technique or interpersonal style that is both directive and client centred. The goal of utilising this technique is to get the client or offender to identify their reasons for concern and their arguments for change. In this way, the client ‘owns’ the need for behaviour change rather than being told it is a requirement. Clients may move through the stages of change—pre-contemplation, contemplation, preparation, action and maintenance (with an awareness of potential relapse), with the assistance of a skilful interviewer who:

* expresses empathy—employing reflective listening;
* develops discrepancy—between present behaviour or situation and desired goals;
* avoids arguments—that could lead to labelling and judgment that encourage defensiveness;
* rolls with resistance—allowing clients to identify solutions to problems; and
* supporting self-efficacy—by believing that change can happen and allowing the client to be active in managing the change process.

Motivational interviewing can be challenging for statutory service providers who are accountable not only to the offenders they are working with but also the courts.

Direct practice to build relationships

Trotter (1999) identified direct practice approaches that improve worker/client relationships, as well as those that sometimes work but are more difficult in certain contexts such as when working with involuntary clients (see Table 12). He also noted that non-client directed and punitive approaches do not work.

|  |  |  |
| --- | --- | --- |
| Table 12 Direct practice interventions | | |
| Approaches that work | Approaches that sometimes work | Approaches that do not work |
| Accurate role clarification | Empathy (not supported with involuntary clients) | Approaches that blame, punish or judge |
| Reinforcing and modelling prosocial values | Humour (must be appropriate to the situation) | Focusing solely on insight (without prosocial or problem solving elements) |
| Collaborative problem solving | Optimism (must be appropriate and not invalidate client circumstances or feelings) | Worker-centred problem identification |
| An integrated approach | Self-disclosure (only where the disclosure will help the client) | Uncertainty about roles |
|  | Case management (must be comprehensive) | Pessimistic view of capacity for change |
|  | Short-term versus long-term intervention (depends on the nature of the problem and the client) | Focus on the individual as the problem rather than the client in the context of family and social contexts |

Source: Adapted from Trotter 1999; White & Graham 2010

Recent research has confirmed that youth justice workers who use the direct practice approaches that ‘work’ or ‘sometimes work’, among others, have a significant influence on the level of reoffending by the young person in the subsequent two years after supervision. The specific skills of the worker that were most strongly associated with an absence of reoffending were the use of rewards, consistent with prosocial modelling and reinforcement models, and the use of a non-blaming approach (Trotter 2012).

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| --- |
| Key points   * The Risk-Needs-Responsivity (RNR) approach is the primary model for management and rehabilitation for both young people and adults who offend. The RNR model provides for consistent and rigorous assessment of risk and identification of needs that can lead to offending behaviour. * Effective youth justice interventions include those that are family-based, multi-modular, community-based programs and behavioural modification programs. * Applying the RNR approach gives a tiered model of interventions, with increasingly intense and specific interventions that align with levels of assessed risk. * Child-centred practice recognises the developmental pathways of children and young people and the importance of both providing interventions appropriate to developmental stages and opportunities for young people to participate in the development of solutions. * Effective and appropriate case management is a critical element of individualised approaches to supporting young people who offend. * Effective case management requires youth justice staff to have the requisite skills to work directly with clients to achieve goals, strengthen engagement in the process and involvement in the decisions that will affect them. |

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| Case study: The Missouri model  An example of a comprehensive approach to service delivery for young people in an institutional setting  In the United States, the state of Missouri has developed a model for rehabilitating young people in residential facilities. As a cautionary note however, the model is underpinned by indeterminate sentencing which affords the program the time to provide services and young people to achieve their goals. Recidivism figures for young people leaving the centres was 7.3 percent in 2007. According to program documentation the model incorporates:   * Community services for low-risk young people including support services to divert low-risk youth from placement in detention centres. This also includes early interventions, day treatment programs and evidence-based practices such as Multi-Systemic Therapy—a home-based service that provides intensive counselling and supports to young people and families. * Group rehabilitative services designed to address the underlying causes of their offending. Young people work in small groups of 10–12 with a counsellor. They role play real situations and help each other to develop constructive solutions. The groups encourage the promotion of positive self-images and stronger social skills. * Daily educational instruction and participation in vocational and job training through the Department of Youth Services Job Program, a program that provides employment skills and financial compensation. * Support of family and community connectedness by locating centres close to where young people reside to allow access for visitation and involvement in the treatment process. Therapists visit families to provide information on progress, expectations and how to support the young person when they return home. Young people are allowed regular home visits to facilitate reintegration and transition. * A single service coordinator (case manager) who works with the young person in the centre and after release providing assessment, planning and coordination of treatment needs. * Staff support at an organisational level through small case loads of 15–20 young people and training to ensure they retain professional skills. Staff undertake all aspects of service delivery with the young people. * Design features that create a home-like environment and encourage group treatment. Centres are small, with no more than 48 residents. * Intensive monitoring post-release by college students or residents of the young person’s home community. They assist service coordinators by monitoring the young person’s behaviour and activities throughout the day, maintain regular and act as mentors. Aftercare services are provided for an average of six months transition and post-release services the planning for which begins at admission. |

Bibliography

All URLs correct at March 2014

Allard T et al. 2010. Police diversion of young offenders and Indigenous over-representation. Trends & Issues in Crime and Criminal Justice no. 390. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/tandi/381-400/tandi390.aspx

Allan T, Trzcinski E & Kubiak S 2012. Public attitudes toward people who commit crimes: The relationship between assessments of adolescent development and attitudes toward severity of punishment. Crime and Delinquency 58(1): 78–102

Aos S et al. 2011. *Return on investment: Evidence-based options to improve statewide outcomes.* Document no.11-07-1201*.* Olympia, WA: Washington State Institute for Public Policy

American Psychological Society (APS) 2004. Amicus Curiae Brief filed in U.S Supreme Court in Roper v Simmons. <http://www.apa.org/about/offices/ogc/amicus/roper.pdf>

Andrews D & Bonta J 2010. The psychology of criminal conduct, 5th ed. New Providence, NJ: Matthew, Bender and Company Inc

Atkinson D 2004. The what works debate: keeping a human perspective. Probation Journal 51(3): 248–252

ACT Human Rights Commission (ACT HRC) 2011. The ACT Youth Justice System 2011: A report to the ACT Legislative Assembly by the ACT Human Rights Commission. ACT Human Rights Commission. http://www.hrc.act.gov.au/childrenyoungpeople/content.php/category.view/id/210

Australasian Juvenile Justice Administrators (AJJA) nd. Juvenile justice standards 2009. http://svc201.wic007wss.server-web.com/Home/AJJA%20Standards/2012%20Updated%20October%202012%20-%20AJJA%20Juvenile%20Justice%20Standards%202009%20Part%201%20and%202.pdf

Australian Institute of Criminology (AIC) 2013. Australian crime: Facts & figures 2012. Canberra: AIC. http://www.aic.gov.au/media\_library/publications/facts/2012/facts12.pdf

Australian Institute of Criminology (AIC) 2012. Australian crime: Facts & figures 2011. Canberra: AIC. http://www.aic.gov.au/publications/current%20series/facts/1-20/2011.html

Australian Institute of Criminology (AIC) 2008. *Australian crime: Facts & figures 2007*. Canberra: AIC. http://www.aic.gov.au/publications/current%20series/facts/1-20/2007.html

Australian Institute of Criminology (AIC) 2003. Approaches to understanding crime prevention. AICrime Reduction Matters no. 1. Canberra: Australian Institute of Criminology. <http://www.aic.gov.au/publications/current%20series/crm/1-20/crm001.html>

Australian Institute of Health and Welfare (AIHW) 2012. Indigenous young people in the juvenile justice system 2010-11. Canberra: Australian Institute of Health and Welfare

Australian Institute of Health and Welfare (AIHW) 2013. Development of an ongoing national data collection on the educational outcomes of children in child protection services: A working paper. Canberra: AIHW. http://www.aihw.gov.au/child-protection-publications/

Ayland L & West B 2006. The Good Way model: A strengths-based approach for working with young people, especially those with intellectual difficulties, who have sexually abusive behaviour. Journal of Sexual Aggression 12(2): 189–201

Baker J 1998. Juveniles in crime part 1: Participation rates and risk factors. Sydney: NSW Bureau of Crime Statistics and Research

Baldry E & Dowse L 2010. People with mental health disorders & cognitive disabilities in the criminal justice system in NSW—Policy and legislative impacts. Sydney: New South Wales Department of Human Services: Aging, Disability and Home Care

Barbaree HE & Marshall WL 2006. An introduction to the juvenile sex offender: Terms, concepts and definitions, in HE Barbaree & WL Marshall (eds), The juvenile sex offender (2nd ed). New York: Guildford Press: 1-18

Bateman T 2012. ‘New Insights into brain development’ may have implications for the age of criminal responsibility. Youth Justice 12(1): 64–75

Bauman KE & Ennett S 1996. On the importance of peer influence for adolescent drug use: Commonly neglected considerations. Addiction 91(2): 185–198

Bazemore G 2006. Performance measures: Measuring what really matters in juvenile justice. Alexandria: American Prosecutors Research Institute

Beacroft L, Richards K, Andrevski H & Rosevear L 2012. Community night patrols in the Northern Territory: Toward an improved performance and reporting framework. Technical and background paper series no. 47. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/tbp/41-60/tbp047.html

Becroft A 2009. How to turn a child offender into an adult criminal—In 10 easy steps. Paper presented at the Children and the Law International Conference, Prato Italy: 7 September. http://www.rethinking.org.nz/assets/Young\_People\_and\_Crime/10\_Easy\_Steps.pdf

Bellis M, Downing J & Ashton J 2006. Adults at 12? Trends in puberty and their public health consequences. Journal of Epidemiology and Community Health 60(11): 910–911

Bimrose G & Adams J 1995. Review of community justice groups: Kowanyama, Palm Island, Pormpuraaw. Queensland: Yalga-binbi Institute for Community Development

Bjork JM et al. 2004. Incentive-elicited brain activation in adolescents: Similarities and differences from young adults. *J Neurosci* 24: 1793–1802

Blagg H 2000. *Crisis intervention in Aboriginal family violence: Summary Report*. Canberra: Partnerships Against Domestic Violence, Office of the Status of Women.

Blagg H 2003. An overview of night patrol services in Australia. Canberra: Attorney-General’s Department. http://www.crimeprevention.gov.au/Publications/FamilyViolence/Documents/Night\_Patrol.htm

Bonta J & Andrews D 2007. Risk–Need–Responsivity model for offender assessment and rehabilitation. Ottawa: Public Safety Canada. http://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rsk-nd-rspnsvty/rsk-nd-rspnsvty-eng.pdf

Boyer TW 2006. The development of risk taking: A multi-perspective review. Developmental Review 26: 291–345

Braithwaite J 1989. Crime, shame and reintegration. Cambridge: Cambridge University Press

Brown M & Putt J 1999. Early intervention—Crime prevention. Paper presented at the Children and Crime: Victims and Offenders Conference convened by the Australian Institute of Criminology, Brisbane: 17–18 June 1999. http://www.aic.gov.au/media\_library/conferences/children/brown.pdf

Bullying. No Way! nd. Website. http://www.bullyingnoway.gov.au/

Butts JA, Bazemore G & Meroe SA 2010. Positive youth justice—Framing justice interventions using the concepts of positive youth development. Washington, DC: Coalition for Youth Justice

Calma 2008. Preventing and promoting rights for Indigenous young people with cognitive disabilities and mental health issues. Sydney: Australian Human Rights Commission

Cant R, Downie R, Henry D & Simpson T 2009. Review of the intensive supervision program. Perth: Western Australia Department of Corrective Services

Carrington K 2006. Does feminism spoil girls? Explanations for official rises in female delinquency. Australian and New Zealand Journal of Criminology 39(1): 34–53

Carrington K & Pereira M 2009. Offending youth: Sex, crime and justice. Leichhardt: Federation Press

Case S 2006. Young people 'at risk' of what? Challenging risk-focused early intervention as crime prevention. Youth Justice 6(3): 171–179

Caspi A, Lynam D, Moffitt T & Silva P 1993. Unraveling girls’ delinquency: Biological, dispositional and contextual contributions to adolescent misbehaviour. Developmental Psychology 29(1): 19–30

Cashmore J 2011. The link between child maltreatment and adolescent offending: Systems neglect of adolescents. *Family Matters* 89: 31–41

Centre for Children and Family Services in the Justice System (CCFSJS) 2002. Seeking effective interventions for serious young offenders: Interim results of a four-year randomized study of multisystemic therapy in Ontario, Canada. London, ON: London Family Court Clinic

Chaffin M 2008. Our minds are made up - Don’t confuse us with the facts: Commentary on policies concerning children with sexual behaviour problems and juvenile sex offenders. Child Maltreatment 13(2): 110-121.

Chen S, Matruglio T, Weatherburn D & Hua J 2005. The transition from juvenile to adult criminal careers. Contemporary Issues in Crime and Justice no 86. Sydney: NSW Bureau of Crime Statistics and Research

Childrens Court of Queensland 2012. Childrens Court of Queensland annual report 2011–2012. http://www.courts.qld.gov.au/about/publications#Childrens Court Annual Reports

Children’s Rights International Network (CRIN) nd. Beijing Rules: The background to the Beijing Rules. <http://www.child-abuse.com/childhouse/childrens_rights/dci_bei1.html>

Commissioner for Children and Young People, Western Australia (CCYP WA) 2010. Youth justice. Issues paper 4. http://www.ccyp.wa.gov.au/files/IssuesPapers/Issues%20Paper%20Youth%20Justice\_f.pdf

Creaney S 2012. Risk, prevention and early intervention: Youth justice responses to girls. Safer Communities 11(2): 11–120. <http://dx.doi.org/10.1108/17578041211215348>

Crime and Misconduct Commission (CMC) 2009. Restoring order: Crime prevention, policing and local justice in Queensland’s Indigenous communities. Brisbane: CMC. http://www.healthinfonet.ecu.edu.au/key-resources/bibliography/?lid=17968

Cunneen C 2001. The impact of crime prevention on Aboriginal communities. Sydney: Institute of Criminology. http://www.lawlink.nsw.gov.au/lawlink/cpd/ll\_cpd.nsf/vwFiles/impact\_of\_crime\_prevention\_on\_aboriginal\_communities\_chris\_cunneen\_sep2001.pdf/$file/impact\_of\_crime\_prevention\_on\_aboriginal\_communities\_chris\_cunneen\_sep2001.pdf

Cunneen C & Luke G 2007. Recidivism and the effectiveness of criminal justice interventions: Juvenile offenders and post release support. Current Issues in Criminal Justice 19(2): 197–210

Curtis N & Heiblum N 2009. Dissemination and effectiveness of multisystemic treatment in New Zealand: A benchmarking study. Journal of Family Psychology 23: 119–129

Cusick GR, Courtney ME, Havlicek J & Hess N 2010. Crime during the transition to adulthood: How youth fare as they leave out-of-home care. Washington, DC: US Department of Justice. <https://www.ncjrs.gov/pdffiles1/nij/grants/229667.pdf>

d’Abbs P & Shaw G 2008. Evaluation of the impact of Opal Fuel: Executive summary. Canberra: Department of Health and Ageing. <http://www.health.gov.au/internet/stoppetrolsniffing/publishing.nsf/Content/708AC851B8897457CA2579A40006F5C0/$File/opalimp.pdf>

Day A & Casey S 2012. Commentary: Assessing client outcomes in youth justice services: Current status and future directions. Journal of Juvenile Justice 1(2): 1–9

Day A, Howells K & Rickwood D 2004. Current trends in the rehabilitation of juvenile offenders. Trends & Issues in Crime and Criminal Justice no. 284. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/tandi/281-300/tandi284.html

Department of Foreign Affairs and Trade (DFAT) nd. Treaties. http://www.dfat.gov.au/treaties/index.html

[Donnellan MB](http://www.ncbi.nlm.nih.gov/pubmed?term=Donnellan%20MB%5BAuthor%5D&cauthor=true&cauthor_uid=15828981), [Trzesniewski KH](http://www.ncbi.nlm.nih.gov/pubmed?term=Trzesniewski%20KH%5BAuthor%5D&cauthor=true&cauthor_uid=15828981), [Robins RW](http://www.ncbi.nlm.nih.gov/pubmed?term=Robins%20RW%5BAuthor%5D&cauthor=true&cauthor_uid=15828981), [Moffitt TE](http://www.ncbi.nlm.nih.gov/pubmed?term=Moffitt%20TE%5BAuthor%5D&cauthor=true&cauthor_uid=15828981) & [Caspi A](http://www.ncbi.nlm.nih.gov/pubmed?term=Caspi%20A%5BAuthor%5D&cauthor=true&cauthor_uid=15828981) 2005. Low self-esteem is related to aggression, antisocial behavior, and delinquency. *Psychological Science* 16(4): 328–335

Drake E, Aos S & Miller M 2009. Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington State. Victims and Offenders 4: 170–196

Drugs and Crime Prevention Committee (DCPC) 2008. Inquiry into strategies to prevent high volume offending and recidivism by young people. Discussion paper. Melbourne: Parliament of Victoria

Dwyer A 2011. ‘It’s not like we’re going to jump them’: How transgressing heteronormativity shapes police interactions with LGBT young people. Youth Justice 11(3): 203–220

Enzmann D et al. 2010. Self-reported youth delinquency in Europe and beyond: First results of the Second International self-report delinquency study in the context of police and victimization data. European Journal of Criminology 7(2): 159–183

Fagan A & Western J 2005. Escalation and deceleration of offending behaviours from adolescence to early adulthood. Australian and New Zealand Journal of Criminology 38(1): 59–76

Fanniff AM & Kimonis ER 2014. Juveniles who have committed sexual offenses: A special group? *Behavioral Sciences and the Law* 32: 240-257

Farrington D 1986. Age and crime, in Tonry M & Morris N (eds), Crime and justice: An annual review of research. Chicago: University of Chicago Press: 189–250

Farrington D 2003. Key results from the first forty years of the Cambridge Study, in Thornberry TP & Krohn MD (eds.), *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies*.[*Longitudinal research in the social and behavioral sciences: An interdisciplinary series*](http://link.springer.com/bookseries/6236). New York: Kluwer/Plenum: 137–183

Fast D & Conroy J 2009. Fetal alcohol spectrum disorders and the criminal justice system. Developmental Disabilities Research Reviews 15: 250–257

Fast D, Conroy J & Loock C 1999. Identifying fetal alcohol syndrome among youth in the criminal justice system. Developmental and Behavioural Pediatrics 20(5): 370–372

Finkelhor D, Turner H, Ormrod, R & Hamby SL 2009. Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics* 125(5): 1–13

Fleminger S 2005. Long term outcome after traumatic brain injury. BMJ 331(7530): 1419–1420

Fletcher B 2005. Evaluation of the crime prevention education program. Adelaide: Office of Crime Statistics and Research. http://www.ocsar.sa.gov.au/docs/evaluation\_reports/CPEP.pdf

Freiberg K & Homel R 2011. [Preventing the onset of offending](http://www.griffith.edu.au/__data/assets/pdf_file/0014/403160/Preventing-the-onset-of-offending.pdf), in Stewart A, Allard T & Dennison S (eds.), Evidence-based policy and practice in juvenile justice. Sydney: Federation Press: 320–333

Frize M, Kenny D & Lennings C 2008. The relationship between intellectual disability, Indigenous status and risk of reoffending in juvenile offenders on community orders. Journal of Intellectual Disability Research 52(6): 510–519

Gant F & Grabosky P 2000. The promise of crime prevention, 2nd ed. Research and Public Policy Series no 31. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/rpp/21-40/rpp31.html

Gardner M & Steinberg L 2005. Peer influence on risk taking, risk preference, and risky decision making in adolescent and adulthood: An experimental study. *Developmental Psychology* 41(4): 625–635

Gatti U, Tremblay R & Vitaro F 2009. Iatrogenic effect of juvenile justice. The Journal of Child Psychology and Psychiatry 50(8): 991–998

Gaviria A & Raphael S 2001. School-based peer effects and juvenile behaviour. The Review of Economics and Statistics 83(2): 257–268

Goldson B & Muncie J 2006. Rethinking youth justice: Comparative analysis, international human rights and research evidence. Youth Justice: An International Journal 6(2): 91–106

Goodwin V & Davis B 2011. Crime families: Gender and the intergenerational transfer of criminal tendencies. Trends & Issues in Crime and Criminal Justice no. 414. Canberra: Australian Institute of Criminology. <http://www.aic.gov.au/publications/current%20series/tandi/401-420/tandi414.aspx>

Haigh Y 2009. Desistance from crime: Reflections on the transitional experiences of young people with a history of offending. Journal of Youth Studies 12(3): 307–322

Haines K & Case S 2008. The rhetoric and reality of the 'risk factor prevention paradigm' approach to preventing and reducing youth offending. Youth Justice 8(5): 5–20

Hammarberg T 2008. A juvenile justice approach built on human rights principles. Youth Justice: An International Journal 8(3): 193–196

Hannah-Moffat K 2009. Gridlock or mutability: Reconsidering ‘gender’ and ‘risk assessment’. Criminology and Public Policy 8(1): 209–220

Harrington R et al. 2005. Mental health needs and effectiveness of provision for young offenders in custody and in the community. Youth Justice Board for England and Wales. http://www.mac-uk.org/wped/wp-content/uploads/2013/03/Youth-Justice-Board-MentalHealthNeeds-of-Young-Offenders.pdf

Hawkins JD et al. 2003. Understanding and preventing crime and violence: Findings from the Seattle Social Development Project, in Thornberry TP & Krohn MD (eds.), *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies*.[*Longitudinal research in the social and behavioral sciences: An interdisciplinary series*](http://link.springer.com/bookseries/6236). New York: Kluwer/Plenum: 255–312

Hay D, Payne A & Chadwick A 2004. Peer relations in childhood. Journal of Child Psychology and Psychiatry 45(1): 84–108

Hearn R nd. Where’s the justice? Young people, mental health and the law. http://www.aic.gov.au/media\_library/publications/proceedings/22/hearn.pdf

Hipwell AE & Loeber R 2006. Do we know which interventions are effective for disruptive and delinquent girls? Clinical Child and Family Psychology Review 9(3/4): 221–255. DOI: 10.1007/s10567-006-0012-2

Homel R et al. 2006a. The [Pathways to Prevention Project: Doing developmental prevention in a disadvantaged community](http://www.griffith.edu.au/__data/assets/pdf_file/0004/82615/trends.pdf). Trends & Issues in *Crime and Criminal Justice* no. 323. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/tandi/321-340/tandi323.html

Homel R et al. 2006b. *The Pathways to Prevention Project: The first five years, 1999–200*4. Sydney: Griffith University and Mission Australia

Hough M & Roberts J. 2004. Confidence in justice: An international review. ICPR Research paper no 3. London: The Institute for Criminal Policy Research

Hua J, Baker J & Poynton S 2006. Generation Y and crime: A longitudinal study of contact with NSW criminal courts before the age of 21. Sydney: NSW Bureau of Crime Statistics and Research

Hunsicker 2007. Mental illness among juvenile offenders—Identification and treatment. Corrections Today 69(5): 60–63

Indig D et al. 2011. 2009 NSW young people in custody health survey: Full report. Sydney: Justice Health and Juvenile Justice

Joudo Larsen J 2014. Restorative justice in the Australian criminal justice system. Research and Public Policy series no. 127. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/rpp/121-140/rpp127.html

Justice Policy Institute 2012. Mindful of the consequences: Improving the mental health of DC’s youth benefits the district. <http://www.justicepolicy.org/uploads/justicepolicy/documents/mindful_of_the_consequences.pdf>

Kemshall H, Holt P, Bailey R & Boswell G 2004. Beyond programmes: Organisational and cultural issues in the implementation of what works, in Mair G (ed), What matters in probation. Portland, OR: Willan: 170–186

Kennedy B 1999. Doomadgee community saving Aboriginal children from a life of drugs. Vedette 173: 18–19

Kenny DT & Nelson PK 2008. Young offenders on community orders: Health, welfare and criminogenic needs. Sydney: Sydney University Press. http://www.justicehealth.nsw.gov.au/publications/CH1-3.pdf

Kenny DT et al. 2006. NSW young people on community orders health survey 2003–2006: Key findings report. Sydney: The University of Sydney

Kilkelly U 2008. Youth justice and children’s rights: Measuring compliance with international standards. Youth Justice: An International Journal 8(3): 187–192

Kinnane S, Golson K, Henderson-Yates L & Melbourne J 2010. Halls Creek alcohol restriction report: An evaluation of the effects of alcohol restrictions in Halls Creek relating to measurable health and social outcomes, community perceptions and alcohol related behaviours after twelve months. Mt Lawley: University of Notre Dame. http://www.dao.health.wa.gov.au/

KPMG 2009. *Re-engaging our kids: A framework for education provision to children and young people at risk of disengaging or disengaged from school.* Prepared for Department of Education

and Early Childhood Development. Melbourne: KPMG

Latessa E, Cullen F & Gendreau P 2002. Beyond correctional quackery—professionalism and the possibility of effective treatment. Federal Probation 66(2): 43–49

Leijenhorst L et al. 2010. What motivates the adolescent? Brain regions mediating reward sensitivity across adolescence. Cerebral Cortex 20(1): 61–69

Lennings C 2003. Assessment of mental health issues with young offenders. Juvenile justice: From lessons of the past to a road for the future conference. Sydney: 1–2 December. <http://www.aic.gov.au/crime_community/communitycrime/mental%20health%20and%20crime/~/media/conferences/2003-juvenile/lennings.ashx>

Livingstone M, Stewart A, Allard T & Ogilvie J 2008. Understanding juvenile offending trajectories. Australian and New Zealand Journal of Criminology 41(3): 345–363

Luke G & Lind B 2002. Reducing juvenile crime: Conferencing versus court. Crime and Justice Bulletin no. 69. Sydney: Bureau of Crime Statistics and Research

Lynch M, Buckman J & Krenske L 2003. Youth justice: Criminal trajectories. Trends & Issues in Crime and Criminal Justice no. 265. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/tandi/261-280/tandi265.html

MacCoun R 2005. Voice, control and belonging: The double-edged sword of procedural fairness. Annual Review of Law and Social Science 1: 171–201

Marshall J 2006. Juvenile offending trajectories: A South Australian study. Adelaide: Office of Crime Statistics and Research. <http://www.ocsar.sa.gov.au/docs/research_reports/JOT.pdf>

McAra L & McVie S 2007. Youth justice? The impact of system contact on patterns of desistance from offending. *European Journal of Criminology* 4(3): 315–345

McFarlane K 2010. From care to custody: Young women in out-of-home care in the criminal justice system. *Current Issues in Criminal Justice* 22(2): 345–353

McGuire J 1995. What works: Reducing reoffending guidelines for research and practice. Oxford: John Wiley and Sons

McNeill F 2009. Towards effective practice in offender supervision. Glasgow: Scottish Centre for Crime & Justice Research

Mears P & Butts J 2008. Using performance monitoring to improve the accountability, operations, and effectiveness of juvenile justice. Criminal Justice Policy Review 19(3): 264–284

Mersky JP, Topitzes, J & Reynolds AJ 2012. Unsafe at any age: Linking childhood and adolescent maltreatment to delinquence and crime. Journal of Research in Crime and Delinquency 49(2): 295-318

Mihalopoulos C, Sanders MR, Turner KMT, Murphy-Brennan M & Carter R 2007. Does the Triple P-Positive Parenting Program provide value for money? Australian and New Zealand Journal of Psychiatry 41: 239–246

Ministry for Children and Families (British Columbia) 1999. Parenting children affected by fetal alcohol syndrome: A guide for daily living. Vancouver: The Society of Special Needs Adoptive Parents

Mishna F & Muskat B 2001. Social group work for young offenders with learning disabilities. Social Work with Groups 24(3/4): 11–31

Moffitt T 1993. Adolescence-limited and life-course-persistent antisocial behaviour: A developmental taxonomy. Psychological Review 100: 674–701

Moffitt T 1990. Juvenile delinquency and attention-deficit disorder: Development trajectories from age 3 to 15. Child Development 61: 893–910

Moore E 2004. Designing case management systems in juvenile justice contexts. Australian Journal of Case Management 6(2): 3–9

Morgan A, Boxall H, Lindeman K & Anderson J 2012. Effective crime prevention interventions for implementation by local government. *Research and Public Policy series* no. 120. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/rpp/100-120/rpp120.html

Morgan F & Garder J 1992. Juvenile justice 1. Adelaide: Office of Crime Statistics

Morris C 2008. Developing a juvenile justice system in Bosnia and Herzegovnia: Rights, diversion and alternatives. *Youth Justice: An International Journal* 8(3): 197–213

Muncie J 2009. *Youth and crime*, 3rd ed. London: SAGE Publications

Najman J et al. 2009. The impact of puberty on aggression delinquency: Adolescence to young adulthood. Australian and New Zealand Journal of Criminology 42(3): 369–386

National Crime Prevention (NCP) 1999. *Pathways to prevention: Developmental and early intervention approaches to crime in Australia.* Canberra: National Crime Prevention, Attorney-General’s Department

National Institute of Justice 2003. *Correctional Boot Camps: Lessons From a Decade of Research*. NIJ Research for Practice. Washington: US Department of Justice. <https://www.ncjrs.gov/pdffiles1/nij/197018.pdf>

Nisbet IA, Rombouts S, Smallbone SW 2005. Impacts of programs for adolescents who sexually offend: Literature review. Sydney: NSW Department of Community Services

Nisbet IA, Smallbone SW & Wortley R 2010. Developmental, individual and family characteristics of specialist, versatile, and short duration adolescent sex offenders. Sexual Abuse in Australia and New Zealand 2(2): 5-96

New South Wales Bureau of Crime Statistics and Research (BOCSAR) 2011. Submission on the Young Offenders Act (1997). Sydney: BOCSAR. <http://www.lpclrd.lawlink.nsw.gov.au/agdbasev7wr/lpclrd/documents/pdf/bocsar.pdf>

NSW Juvenile Justice nd. Joint support program service types. http://www.djj.nsw.gov.au/joint\_support\_program\_service\_types.htm

NSW Police Force 2013. Website. http://www.police.nsw.gov.au/about\_us/structure/specialist\_operations/operational\_communications\_and\_information\_group/project\_eyewatch

Noetic Solutions Pty Ltd 2010. A strategic review of the New South Wales juvenile justice system. Report for the Minister for Juvenile Justice. Canberra: Noetic Solutions Pty limited

Northern Territory Open Education Centre (NTOEC) 2012. *Alternative education program* http://www.ntoec.nt.edu.au/site/contents/index.php?f=Students&p=Alternative%20Education%20Program

Northern Territory Police nd. Website. http://www.pfes.nt.gov.au/Police.aspx

Office of the United Nations High Commissioner for Human Rights (OUNHCHR) 2011. Committee on the rights of the child. http://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx

Ogilvie J & Allard T 2011. Preventing reoffending—Evidence based rehabilitative programs and interventions, in Stewart A, Allard T & Dennison S (eds), Evidence based policy and practice in youth justice. Annandale: Federation Press

Ogloff JR, Cutajar MC, Mann E & Mullen P 2012. Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study. Trends & issues in crime and criminal justice no.440. Canberra: AIC.

Ogloff JR, Davis MR, Rivers G & Ross S 2007. The identification of mental disorders in the criminal justice system. Criminology Research Council Consultancy. Melbourne: Monash University and Centre for Forensic Behavioural Science

Omaji PO 1992. Schools and juvenile crime prevention, in Proceedings of the National Conference on Juvenile Justice held on 22–24 September 1992. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/previous%20series/proceedings/1-27/22.html

Osher F, Steadman H & Barr H 2003. A best practice approach to community reentry from jails for inmates with co-occurring disorders: The APIC model. Crime and Delinquency 49(1): 79–96

Panopoulos F, Begent J & Scott S 2011. Gender responsive policies and programs for young female offenders. Paper prepared at the Seventh Australasian Women and Policing Conference—Making it happen in the community: Hobart: 21–24 August. http://www.awcaus.org.au/resources/documents/AWC-ACWAP2011-Paper2-YO.pdf

Payne J 2007. Recidivism in Australia: Findings and future research. Research and Public Policy Series no. 80. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/rpp/61-80/rpp80.html

Perron B & Howard M 2008. Prevalence and correlated of traumatic brain injury among delinquent youth. Criminal Behaviour and Mental Health 18: 243–255

Peters CS & Myrick S 2011. Juvenile recidivism—Measuring success or failure: is there a difference? Corrections Today 73(1): 32–34

Petrosino A, Petrosino-Turpin C & Buehler J 2004. ‘Scared Straight’ and other juvenile awareness programs for preventing juvenile delinquency. Oslo: The Campbell Collaboration

Piquero A, Farrington D, Welsh B, Tremblay R & Jennings W 2008. *Effects of early family/parent training programs on antisocial behaviour and delinquency.* https://www.ncjrs.gov/pdffiles1/nij/grants/224989.pdf

Piquero N, Gover A, MacDonald J & Piquero A 2005. The influence of delinquent peers on delinquency: Does gender matter? Youth Society 36(3): 251–275

Polaschek C 2013. What worked, what didn’t and what don’t we know? The New Zealand experience using the ‘What Works’ literature as a guide to establishing an intensive programme for serious young offenders. Paper presented at the *Australasian Youth Justice Conference ‘Changing trajectories of offending and reoffending’* 20-22 May 2013, Canberra. <http://www.aic.gov.au/media_library/conferences/2013-youthjustice/presentations/polaschek-paper.pdf>

Prinstein M, Boergers J & Spirito A 2001. Adolescents’ and their friends’ health-risk behaviours: Factors that alter or add to peer influence. Journal of Pediatric Psychology 26(5): 287–298

Prichard J & Payne J 2005. Alcohol, drugs and crime: A study of juveniles in detention. Research and public policy series no.67. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/rpp/61-80/rpp67.html

Prior D & Paris A 2005. *Preventing children’s involvement in crime and anti-social behaviour: A literature review.* A paper produced for the National Evaluation of the Children’s Fund. Research report 623. Nottingham: Department for Education and Skills.

Purvis M 2011. The Good Lives Model in practice: Taking theory and practice to the coalface in community corrections. http://www.deakin.edu.au/health/psychology/research/ease/2011%20conference/files/mayumi%20purvis.pdf

Rasmussen C, Andrew G, Zwaigenbaum l & Tough S 2008. Neurobehavioural outcomes of children with fetal alcohol spectrum disorders: A Canadian perspective. Paediatric Child Health 13(3): 185–191

Ray T & McFarland B 2010. The petrol sniffing strategy: A case study. Dialogue 29(1): 68–72

Reckdenwald A, Mancini C & Beauregard E 2013. The Cycle of Violence: Examining the Impact of Maltreatment Early in Life on Adult Offending. Violence and Victims 28(3) 466-482

Richards K 2011. Measuring juvenile recidivism in Australia. Technical and Background paper no. 44. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/tbp/41-60/tbp044.html

Richards K 2009. Juveniles’ contact with the criminal justice system in Australia. Monitoring reports no. 7. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/mr/1-20/07.html

Richards K & Lyneham M 2010. Juveniles in detention in Australia, 1981–2008. Monitoring report no. 5. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/mr/1-20/05.html

Richards K, Rosevear L & Gilbert R 2011. Promising interventions for reducing Indigenous juvenile offending. Indigenous Justice Clearinghouse Brief no. 10. Sydney: Indigenous Justice Clearinghouse. <http://www.indigenousjustice.gov.au/briefs/brief010.pdf>

Risler E & O’Rourke T 2009. Thinking exit at entry: Exploring outcomes of Georgia’s juvenile justice educational programs. The Journal of Correctional Education 60(3): 225–239

Robinson G & Tyler W 2008. Ngaripirliga’ajirri: The implementation of exploring together on the Tiwi Islands. Australian e-Journal for the Advancement of Mental Health 7(1): 1–11

Robinson G & Tyler W 2006. Ngaripirliga’ajirri: An early intervention program on the Tiwi Islands: Final evaluation report. Darwin: School for Social and Policy Research, Institute of Advanced Studies, Charles Darwin University. http://ccde.menzies.edu.au/sites/default/files/17846%20FIN2006%2003%20ALLws.pdf

Roebuck TM, Mattson SN & Riley EP. 1998. A review of the neuroanatomical findings in children with fetal alcohol syndrome or prenatal exposure to alcohol. *Alcoholism: Clinical and Experimental Research* 22(2): 339–344

Rollnick S & Miller WR 1995. What is motivational interviewing? Behavioural and Cognitive Psychotherapy 23: 325–334

Romer D & Hennessy M 2007. A biosocial-affect model of adolescent sensation seeking: The role of affect evaluation and peer-group influence in adolescent drug use. Prevention Science 8: 89–101

Rowe R, Maughan B, Worthman C, Costello E & Angold A 2004. Testosterone, antisocial behaviour, and social dominance in boys: Pubertal development and biosocial interaction. Biol Psychiatry 55: 546–552

Sallybanks J 2003. What works in reducing young people’s involvement in crime? Report for ACT Chief Minister’s Department. Canberra: Chief Minister’s Department. http://www.aic.gov.au/publications/previous%20series/other/41-60/what%20works%20in%20reducing%20young%20peoples%20involvement%20in%20crime.html

Sanders MR, Cann W & Markie-Dadds C 2003. The Triple P-Positive Parenting Programme: A universal population-level approach to the prevention of child abuse. *Child Abuse Review* 12(3): 155–171

Sanders MR, Markie-Dadds C & Turner KMT 2003. Theoretical, scientific and clinical foundations of the Triple P Positive Parenting Program: A population approach to the promotion of parenting competence. *Parenting Research & Practice Monograph* 1: 1–24

Schram PJ 2007. Delinquency programs that failed. In MD McShane & FP Williams FP (eds) *Youth violence an delinquency: Monsters and myths. Volume 3: Juvenile treatment and crime prevention* (17-36). Westport: Praeger Publishers

Schweinhart LJ et al. 2005. *Lifetime effects: The HighScope Perry Preschool study through age 40*. Monographs of the HighScope Educational Research Foundation 14. Ypsilanti, MI: HighScope Press

Sentencing Advisory Council (SAC) 2012. Sentencing children and young people in Victoria. Melbourne: Sentencing Advisory Council

Seto MC & Lalumiere ML 2005. Conduct problems and juvenile sexual offending. In Barbaree HE, Marshall WL & Hudson SM (eds.),The juvenile sex offender. New York: Guilford Press: 166-188

Simons-Morton B, Haynie D, Crump A, Eitel P & Saylor K 2001. Peer and parent influences on smoking and drinking among early adolescents. Health Education & Behaviour 28(1): 95–107

Skardhamar T 2009. Reconsidering the theory of adolescent-limited and life-course persistent anti-social behaviour. British Journal of Criminology 49: 863–878

Skrzypiec G 2005. Young people born in 1984: Offending behaviour of juveniles apprehended at least once. Adelaide: Office of Crime Statistics and Research. <http://www.ocsar.sa.gov.au/docs/research_reports/1984offending.pdf>

Skrzypiec G & Wunderstiz J 2005. Young people born in 1984: Extent of involvement with the juvenile justice system. Adelaide: Office of Crime Statistics and Research.

Snow P & Powell MB 2008. Oral language competence, social skills, and high risk boys: What are juvenile offenders trying to tell us? Children and Society 22(1): 16–28

Snow P & Powell MB 2005. What's the story? An exploration of narrative language abilities in male juvenile offenders *Psychology, Crime and Law* 11(3): 239–253

Snow P & Powell MB 2002. The language processing and production skills of young offenders: Implications for enhancing prevention and intervention strategies. Canberra: Criminology Research Council. <http://www.criminologyresearchcouncil.gov.au/reports/200001-23.html>

Snowball L 2008. Diversion of Indigenous juvenile offenders. *Trends & Issues in Crime and Criminal Justice* no. 355. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/tandi/341-360/tandi355.html

Stacey K and Associates 2004. Panyappi Indigenous youth mentoring program: External evaluation report. Adelaide: South Australia Department of Human Services. https://www.yumpu.com/en/document/view/4443285/panyappi-indigenous-youth-mentoring-program-evaluation

Steering Committee for the Review of Government Service Provision (SCRGSP) 2012. Factsheet: Protection and support services (Juvenile Justice). http://www.pc.gov.au/gsp/rogs/2012

Steinberg L 2009. Should the science of adolescent brain development inform public policy? American Psychologist November: 739–750

Steinberg L 2005. Cognitive and affective development in adolescence. *Trends in Cognitive Sciences* 9(2): 69–74

Steinberg L & Monahan K 2007. Age differences in resistance to peer influence. Developmental Psychology 43(6): 1531–1543

Stewart A, Dennison S & Hurren E 2005. Juvenile offending trajectories: Pathways from child maltreatment to juvenile offending, and police cautioning in Queensland. Canberra: Criminology Research Council

Stewart A, Dennison S & Waterson, E 2002. Pathways from child maltreatment to juvenile offending. Trends & Issues in Crime and Criminal Justice no. 241. Canberra: Australian Institute of Criminology. http://aic.gov.au/publications/current%20series/tandi/241-260/tandi241.html\

Stewart J, Hedwards B, Richards K, Willis M & Higgins D 2014. *Indigenous youth justice program evaluation*. Canberra: Attorney-General’s Department <http://www.ag.gov.au/LegalSystem/IndigenousLaw/Indigenousjusticepolicy/Documents/Project%20C%20Diversion%20Programs.pdf>

Strang H 2010. Restorative justice research in Britain and Australia: What do we know? Presentation to the Australian Institute of Criminology, 18 February. <http://www.aic.gov.au/events/seminars/2010/strang.aspx>

Szirom T, King D & Desmond K 2004. Barriers to service provision for young people with presenting substance misuse and mental health problems. Success works. Canberra: National Youth Affairs Research Scheme

Taxman F 2002. Supervision—Exploring the dimensions of effectiveness. Federal Probation 66(2): 14–27

[Thomas R](http://www.ncbi.nlm.nih.gov/pubmed?term=Thomas%20R%5BAuthor%5D&cauthor=true&cauthor_uid=17333363) & [Zimmer-Gembeck MJ](http://www.ncbi.nlm.nih.gov/pubmed?term=Zimmer-Gembeck%20MJ%5BAuthor%5D&cauthor=true&cauthor_uid=17333363) 2007. Behavioral outcomes of Parent-Child Interaction Therapy and Triple P-Positive Parenting Program: A review and meta-analysis. *J Abnorm Child Psychol* 35(3): 475–495

Tomison AM 1996. Intergenerational transmission of maltreatment, National Child Protection Clearinghouse Issues Paper no.6. Melbourne: Australian Institute of Family Studies

Topitzes Mersky & Reynolds 2011. Child maltreatment and offending behavior: Gender-specific effects and pathways Criminal Justice and Behavior 38(5): 492-510

Trotter C 2012. Effective community-based supervision of young offenders. Trends & Issues in Crime and Criminal Justice no 448. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/tandi/441-460/tandi448.html

Trotter C 1999. Working with involuntary clients. St Leonards: Allen and Unwin

Tyler J, Darville R & Stalnaker K 2001. [*Juvenile boot camps: a descriptive analysis of program diversity and effectiveness*](http://www.sciencedirect.com/science/article/pii/S0362331901001306). The Social Science Journal 38(3): 445-460

Tyler T, Sherman L, Strang H, Barnes GC & Woods D 2007. Reintegrative shaming, procedural justice, and recidivism: The engagement of offenders’ psychological mechanisms in the Canberra RISE drinking-and-driving experiment. Law and Society Review 41(3): 553–585

United Kingdom Social Research Unit (UKSRU) 2013. Investing in children: Technical report. London: Social Research Unit at Dartington. http://investinginchildren.eu/sites/default/files/Investing%20in%20Children%20-%20Technical%20Report%20(September%202013).pdf

United Nations nd. Declarations and conventions contained in GA Resolutions. <http://www.un.org/documents/instruments/docs_subj_en.asp?subj=83>

United Nations Treaty Collection 2014. *Definition of key terms used in the UN Treaty Collection*. https://treaties.un.org/pages/Overview.aspx?path=overview/definition/page1\_en.xml#treaties

United Nations 1990a. United Nations guidelines for the prevention of juvenile delinquency (the Riyadh Guidelines). Adopted and proclaimed by General Assembly resolution 45/112 of 14 December 1990. http://www.un.org/depts/dhl/resguide/r45\_en.shtml

United Nations 1990b. United Nations rules for the protection of juveniles deprived of their liberty. Adopted by General Assembly resolution 45/113 of 14 December 1990. http://www.un.org/depts/dhl/resguide/r45\_en.shtml

United Nations 1989. United Nations convention on the rights of the child. Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989. http://www.un.org/depts/dhl/resguide/r44\_en.shtml

United Nations 1985. Standard minimum rules for the administration of juvenile justice (The Beijing Rules). Adopted by General Assembly resolution 40/33 of 29 November 1985. http://www.un.org/depts/dhl/resguide/r40\_en.shtml

United Nations 1976. International covenant on civil and political rights. Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI). http://www.un.org/depts/dhl/resguide/r21\_en.shtml

United Nations 1957. Standard minimum rules for the treatment of prisoners. Adopted by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held at Geneva in 1955, and approved by the Economic and Social Council by its resolutions 663 C (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977 http://www.ohchr.org/EN/ProfessionalInterest/Pages/TreatmentOfPrisoners.aspx

United Nations Committee on the Rights of the Child (UN CRC) 2007. Children’s rights in juvenile justice. General Comment No. 10 Forty-fourth session: Geneva, 15 January-2 February 2007. http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsqIkirKQZLK2M58RF%2f5F0vEZN%2bo3pfhJYL%2b%2fo2i7llJgP6EjqSGKnB2CPSr6g7ed2P0M8AO57Tg1kfwde7vhIIwc0tRQLDmAZWHVA9bVwzD%2b

UNICEF 2007. General comments of the committee on the rights of the child and general measures of implementation of the convention. http://www.unicef.org/rightsite/sowc/pdfs/panels/General%20Comments%20of%20the%20Committee%20on%20the%20Rights%20of%20the%20Child.pdf

Urbas G 2000. The age of criminal responsibility diversion of Indigenous juvenile offenders. *Trends & Issues in Crime and Criminal Justice* no. 181. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/tandi/181-200/tandi181.html

Victoria Police 2014. Youth leadership programs. https://www.police.vic.gov.au/content.asp?Document\_ID=29519

Victoria Police 2013. Eyewatch. http://www.police.vic.gov.au/content.asp?Document\_ID=35566

Vignaendra S & Fitzgerald J 2006. Reoffending among young people cautioned by police or who participated in a youth justice conference. Sydney: NSW Bureau of Crime Statistics and Research

Wagland P, Blanch B & Moore E 2013. Participation satisfaction with youth justice conferencing. Contemporary Issues in Crime and Justice no 170. Sydney: NSW Bureau of Crime Statistics and Research

Wallace N & Jacobsen G 2012. Children reoffend as system goes soft. *Sydney Morning Herald* 28 April: 1

Wan WY, Moore E & Moffatt S 2013. The impact of the NSW Young Offenders Act (1997) on likelihood of custodial order. *Contemporary Issues in Crime and Justice* 166.

Ward T & Brown M 2004. The Good Lives Model and conceptual issues in offender rehabilitation. Psychology, Crime & Law 10: 243–257

Ward T & Marshall W 2004. Good lives, aetiology and the rehabilitation of sex offenders: A bridging theory. Journal of Sexual Aggression: Special Issue: Treatment and Treatability 10: 153–169

Ward T & Maruna S 2007. Rehabilitation. New York: Routledge

Wasserman G et al. 2003. Risk and protective factors of child delinquency. Child Delinquency Bulletin Series. Maryland: Office of Juvenile Justice and Delinquency Prevention

Weatherburn D 2004. *Law and order in Australia: Rhetoric and realit*y. Annandale: Federation Press

Weatherburn D 2009. Policy and program evaluation: Recommendations for criminal justice policy analysts and advisors. Contemporary Issues in Crime and Justice no. 133. Sydney: New South Wales Bureau of Crime Statistics and Research. http://www.bocsar.nsw.gov.au/agdbasev7wr/bocsar/documents/pdf/cjb133.pdf

Weatherburn D & Baker J 2001. Transient offenders in the 1996 secondary school survey: A cautionary note on juvenile justice diversion. Current Issues in Criminal Justice 13(1): 60–73

Weatherburn D, Fitzgerald J & Hua J 2003. Reducing Aboriginal over-representation in prison. Australian Journal of Public Administration 62(3): 65–73

Weatherburn D, Vignaendra S & McGrath A 2009. The specific deterrent effect of custodial penalties on juvenile offending. Technical and Background Paper no 33. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/publications/current%20series/tbp/21-40/tbp033.html

Western J, Lynch M & Ogilvie E (eds) 2003. Understanding youth crime: An Australian study. Aldershot: Ashgate Publishing Limited

Western J, Lynch M, Ogilvie E & Fagan A 2003. Offending behaviours: Situated choices and consequences, in Western J, Lynch M & Ogilvie E (eds), Understanding youth crime: An Australian study. Aldershot: Ashgate Publishing Limited: 23–43

Western Australia Police nd. Police rangers. http://www.police.wa.gov.au/Youngpeople/PoliceRangers/tabid/1273/Default.aspx

White R & Graham H 2010. Working with offenders: A guide to concepts and practices. New York: Willan

Widom CS 1989. Does violence beget violence? A critical examination of the literature. Psychological Bulletin 106(1): 3-28.

Widom CS 1992. The cycle of violence. Child Protection Seminar Series No.5. Sydney: NSW Child Protection Council.

Widom C & Maxfield M 2001. An update on the ‘Cycle of Violence’. Research in Brief, Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Williams E & Tomison AM 2013. Monitoring and evaluating community based interventions for children and families in the Asia-Pacific region, in Srivastava RN, Seth R & van Niekerk J (eds), Child abuse and neglect: Challenges and opportunities. New Delhi: JayPee: 159–172

Williams S 2006. Is there justice in the juvenile justice system: Examining the role of fetal alcohol spectrum disorders. Justice Policy Journal 3(1)

Williams W, Cordan G, Mewse A, Tonks J & Burgess C 2010. Self-reported traumatic brain injury in young offender: A risk factor for re-offending, poor mental health and violence. Neuropsychological Rehabilitation: An International Journal 20(6): 801–812

Wilson SJ & Lipsey MW 2000. Wilderness challenge programmes for delinquent youth: A meta-analysis of outcome evaluations. Evaluation and Programme Planning 23: 1–12

Winkworth G & McArthur M 2006. Principles for child centered practice: Timely, developmentally appropriate, participatory and collaborative. Canberra: Institute of Child Protection Studies

Wise S, da Silva L & Sanson A 2005. *The efficacy of early childhood interventions*. Research report no. 14. Melbourne: Australian Institute of Family Studies

Wong TML, Slotboom AM & Bijleveld CCJH 2010. Risk factors for delinquency in adolescent and young adult females: A European review. European Journal of Criminology 7(4): 266–284. <http://euc.sagepub.com/content/7/4/266.full.pdf>

World Health Organization (WHO) 2001. Strengthening mental health promotion. Fact sheet no. 220. Geneva: WHO. http://www.who.int/mediacentre/factsheets/fs220/en/

Worling JR & Langton CM 2012. Assessment and treatment of adolescents who sexually offend: Clinical issues and implications for secure settings. Criminal Justice and Behavior 39(6): 814-841.

Worling JR, Littlejohn A & Bookalam D 2010. 20-year prospective follow-up study of specialized treatment for adolescents who offend sexually. Behavioral Sciences and the Law 28 46-57.

Appendix A:

AJJA Juvenile Justice Standards 2009 – Purpose

The purpose of the AJJA Juvenile Justice Standards is to support jurisdictions to deliver services that:

1. are procedurally fair and acknowledge the rights and responsibilities of all involved. (Procedural Fairness Domain)
2. provide professional, timely, evidence-based advice to courts, statutory authorities and other stakeholders. (Informed Advice Domain)
3. support compliance, contribute to reducing offending, increase community safety, and support positive behaviour. (Service delivery Domain)
4. reduce offending by working with families and the support and cultural networks of children and young people who are involved in the juvenile justice system. (Family and Community Domain)
5. partner with government and community organisations to improve integrated services to children and young people. (Partnerships Domain)
6. reduce the number of children and young people in the justice system through diversionary strategies. (Diversion Domain)
7. provide the facilities and other resources required to deliver effective and efficient juvenile justice services. (Infrastructure Domain)
8. ensure that agencies implement workforce practices that support staff to deliver effective and efficient juvenile justice services. (Workforce Domain)
9. ensure that environments in which children and young people are lawfully detained are safe, secure and developmentally appropriate. (Security Domain)
10. provide juvenile justice services in ways that optimise the health and wellbeing of children and young people. (Health and Wellbeing Domain)