

YOUTH JUSTICE REVIEW AND STRATEGY

Meeting needs and reducing offending
Appendices – July 2017

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Youth justice review and strategy

Appendices

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Appendices

Appendix 1 : Terms of reference.....	1
Appendix 2 : Stakeholder engagement and consultation	9
Appendix 3 : Literature review	17
Appendix 4 : Youth consultation workshops.....	96
Appendix 5 : Youth survey analysis	133
Appendix 6 : Youth Parole Board analysis	159
Appendix 7 : Time in motion observations	170
Appendix 8 : Youth justice in the media.....	182
Appendix 9 : Additional legislative information.....	189
Appendix 10 : Table of all available orders in the youth justice system.....	194

Appendix 1: Terms of reference

Context

1. The Department of Health and Human Services is responsible for the statutory supervision of young people in the criminal justice system. The department also provides a range of youth support and diversion services, as well as delivering services to children, including child protection and out-of-home care.
2. Since 2010, there has been a steady decline in the number of young offenders. However, while there are fewer young offenders, on average they are being charged with more offences and there has been an increase in severe and recidivist offending.
3. Community concern has been growing around young, recidivist offenders committing violent crimes, particularly aggravated burglaries and robberies.
4. There are particular cohorts of children and young people that are vulnerable to exploitation and are at heightened risk of involvement with the criminal justice system. The exploitation and targeting of these cohorts in particular, by organised criminal and extremist groups, present significant challenges.
5. Work is underway across the department to respond to the risk of young people becoming involved with crime. This work includes children of primary school age up to young adults and varies from broadly targeted social cohesion efforts to prevention and early intervention work and rehabilitative initiatives.
6. The department is also working closely with its key partners, including Victoria Police, the Department of Justice and Regulation and the Department of Education and Training. In addition, the 10-year mental health plan has identified forensic mental health (including young people) as a priority.
7. However, there is currently no departmental youth justice framework that guides the coordination of this work. The current government policy framework, A Balanced Approach to Youth Justice, is 16 years old.
8. Due to this policy context and current system pressures, the department will undertake a review of its own youth support, youth diversion and youth justice services (the Review). The Review will engage with children, young people and their families, and provide opportunity for young people to shape the overarching policy framework for youth justice, consistent with the Youth Engagement Charter and the 2016 Youth Policy: Building Stronger Youth Engagement in Victoria.

Objectives of the Review

9. The primary objective for the Review will be to create an overarching policy framework for the development of a contemporary youth justice program and accompanying service delivery model. The framework will need to be responsive to current cohorts of young people and their families, consider the current systems challenges and also position the Victorian system on a path towards longer term reform.
10. The Review will aim to understand the needs of cohorts of young people and segments of young offenders that are particularly vulnerable to exploitation and are at heightened risk of involvement with the criminal justice system. The Review will assess whether the current model is best positioned to respond to the needs of children, young people and their families to address and reduce risk of offending into the future.
11. The Review will deliver a strategy to enhance and position the department's youth support, youth diversion and youth justice services to respond to the needs of vulnerable cohorts into the future, drawing on opportunities across portfolios such as Mental Health, Child Protection and Housing. The strategy will also consider opportunities to strengthen the department's interface and coordination of response across other agencies.
12. To achieve the primary objective, the Review will:

- a. assess the current and future needs of each cohort of children, young people and their families who are at heightened risk of involvement with the criminal justice system, including the support and prevention needs of children within primary school age and the transition and support needs of young adults up to the age of 25
 - b. articulate the policy objectives and outcomes to be achieved by a contemporary youth justice program and consider the core capabilities, priorities and resources required to deliver a coherent and coordinated response to youth offending across the service spectrum
 - c. compare the current Victorian approach to global best practice in the delivery of youth justice services to determine the extent to which Victoria's system is seen as contemporary and able to meet policy objectives and outcomes
 - d. assess the appropriateness of current programs and services in achieving desired objectives such as
 - ability to intervene earlier and prevent the risk of offending, reoffending and reduce acute recidivism i.e. leveraging broader first contact interventions beyond the police – health, schools, child and family services
 - ability to effectively address the needs of cultural groups, specifically over-represented groups such as Aboriginal children and young people, and groups who have experienced acute trauma associated with violence in the home, or war/civil conflict in countries of origin or refugee settings
 - consider best practice approaches to supporting the mental health and wellbeing of young people, responding to mental health issues and the nature of current interventions and approaches deployed e.g. trauma-informed
 - agility and responsiveness of services and programs including the client centric nature of approaches adopted
 - levels of service coordination and connection (both internally within the department and externally)
 - transparency and accountability of services and programs, including their orientation towards outcomes and how reporting and public accountability can be enhanced
 - the efficacy of the existing legislative framework, and alignment of current programs and services with the Victorian *Charter of Human Rights and Responsibilities 2006*
 - overall efficiency and cost-effectiveness.
 - e. determine the most appropriate connection and alignment with other reform work.
13. The Review will be a key input into the development of broader youth engagement work.

Scope

14. The Review will consider the department's programs and services (either directly provided or funded) in relation to youth support, youth diversion and youth justice services only. The existing youth justice service includes statutory and non-statutory service responses to address youth offending in Victoria. Specifically these services and programs will include (full details in Attachment A):

Pre-charge/pre-court	Youth Support Service Community-based Koori Youth Justice Program
Pre-court	Youth Referral and Independent Persons Program Central After Hours Assessment and Bail Placement Service
Pre-court/pre-sentence	Diversion in the Children's Court (pilot, pre-plea)

	Youth Justice Bail Supervision Youth Justice Court Advice Service
Pre-sentence	Youth Justice Group Conferencing
Pre-sentence/post-sentencing	Youth Justice Community-Based Supervision Koori Youth Justice Program – statutory response Youth Justice Community Support Service Youth Justice Custodial Supervision (remand and sentence) Custodial-based health services and rehabilitation programs (YHaRS) Access to tertiary health services including clinical mental health services
Post-sentencing	Youth Justice Support Service

15. The following services and programs are considered out of scope:

- Victoria Police Cautioning and ROPES program
- Custodial-based education and training (Parkville College, provided by the Department of Education and Training)
- Youth Parole Board
- Client Death Inquiry.

16. The Review will consider key interfaces between services and programs outlined above and other programs and services both within the department and across government. This will include interfaces to deliver sustained outcomes for the young person and the community post supervision (including connection to education, employment, policing, family and community).

17. In addition, the Review will consider system levers and enablers available to the department in the management of these programs and services including but not limited to regulation, system planning, funding, commissioning, performance management, data and information sharing and workforce reform.

18. The capital program and investment in relation to these services is considered out of scope for this Review.

Proposed approach

19. The Review will adopt the following approach (note the steps need not be sequential):

Step 1	Cohort needs analysis	<ul style="list-style-type: none"> • Analysis of client data, including demographics, health presentations and offence-specific segments and trends overtime, with consideration of specific needs and emerging trends • Research and analysis of best practice responses to cohorts
	Definition of contemporary system of supports for youth diversion, support and justice	<ul style="list-style-type: none"> • High-level literature scan in areas relevant to the Review • Secondary research and analysis of national/international comparator systems • High-level design features of a contemporary system including future service delivery model
Step 2	Strategic analysis of the current system	<ul style="list-style-type: none"> • Data analysis – system performance, cohorts and client pathways

		<ul style="list-style-type: none"> • Performance/outcomes comparators and benchmarks • Consideration of current areas of reform and their potential impact – for example, Justice Data Linkage Project, workforce capability and recruitment framework, funding model reforms to strengthen agile and outcomes-oriented service delivery, departmental outcomes framework, and departmental clinical governance standards
Step 3	Program, service and system enablers analysis and consultation	<ul style="list-style-type: none"> • Specific program/service analysis – service model and model-of-care analysis (including custodial model and follow-up/supervised bail) • System levers and enablers analysis – funding, commissioning, performance management and workforce • Specific stakeholder consultation and engagement activity • Analysis of key interfaces including local partnerships and networks
Step 4	Issues prioritisation and draft recommendations	<ul style="list-style-type: none"> • Detailed issues analysis and case for change • Assessment of current system against work in step 1 (contemporary system) • Draft set of recommendations • Alignment with whole-of-government Youth Justice review
Step 5	Development of strategic policy framework	<ul style="list-style-type: none"> • Updated strategic policy framework to replace A Balanced Approach to Youth Justice • Strategic policy framework to include: vision for the system, principles, future service model, reform areas, initiatives and their sequencing, implementation approach. It may also include components such as a future suite of interventions, trauma-informed frameworks, cultural competency platforms, an enhanced governance model, an outcomes framework (incorporating service coordination and integration metrics) and a monitoring and evaluation framework

20. The Review will be delivered in partnership with two independent external reviewers from KPMG and the Centre for Forensic Behavioural Science, Swinburne University.

Proposed deliverables and timelines

21. The following represent proposed high-level deliverables and timeframes:

Proposed timeframes	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Terms of reference endorsed and independent reviewers engaged	•								
Review governance established		•							
Definition of contemporary system of supports for youth diversion, support and justice				•					
Strategic analysis of the current system (including client pathways and experience analysis)		•							
Program, service and system enablers analysis and consultation				•					
Issues prioritisation and draft recommendations				•					
Development of strategic policy framework, including final recommendations							•		
Release/launch of the youth justice strategy (to be confirmed due to alignment with whole-of-government Youth Justice review)									•

Governance

22. Subject to formal confirmation and engagement, the Review will be led by Penny Armytage and Professor James Ogloff. They will approve the project approach and guide and advise on the work completed within the Review. They will shape and deliver overall recommendations to the department and approve content in relation to each of the steps in the approach.
23. A Project Advisory Group will be established and meet periodically to provide advice and guidance to the Review. This will comprise:

Co-chairs: The Hon. Jenny Mikakos, Minister for Families and Children; Minister for Youth Affairs
Kym Peake, Secretary, Department of Health and Human Services (DHHS)

Chief Commissioner, Victoria Police
President, Children's Court
Manager, Koori Courts
Principal Commissioner, Commission for Children and Young People
Commissioner for Aboriginal Children and Young People, Commission for Children and Young People
Director, Criminal Law, Victoria Legal Aid
State Coordinator, Koori Youth Council
CEO, Centre for Multicultural Youth
CEO, Victorian Aboriginal Legal Service
Regional Aboriginal Justice Advisory Committee Representative
Youth Advisory Council of Victoria
CPSU
Deputy Secretary, Operations, DHHS
Deputy Secretary, Community Services Programs and Design, DHHS
Deputy Secretary, Community Participation, Sport & Recreation, Health and Wellbeing, DHHS
Director, Secure Services, DHHS
Deputy Secretary, Criminal Justice, DOJR
Deputy Secretary, Police and Corrections, DOJR
Director, Vulnerable Children Branch, Department of Education and Training

Professor of Youth Mental Health, University of Melbourne Director of the Board, National Youth Mental Health Foundation (headspace) Executive Director, Orygen
Chief Practitioner Human Services Director, Office of Professional Practice
Director, Mental Health, DHHS
Deputy Secretary, Social Policy, Department of Premier and Cabinet

24. Internal support and Secretariat for the Review will be provided by a designated project team in the Priority Child and Family Projects (PCFP) Branch of the Portfolio Strategy and Reform Division. PCFP will work closely with the Statutory and Forensic Services Branch, and Safeguarding and Community Services Branch, Community Services Programs and Design.
25. Internal governance mechanisms of the Review will leverage existing departmental structures e.g. DHHS Executive Board. An internal advisory group from across the department will be established to progress the work.

Attachment A: In-scope programs and services

The existing youth justice service includes statutory and non-statutory service responses to address youth offending in Victoria. The current service components that are in scope of the Review are outlined below.

Youth population in Victoria

Input	Intervention phase	Activities	Outputs	Outcomes – short term	Outcomes – medium term	Outcomes –long term	Measure
Policy and program development and design	Prevention and early intervention	Youth services	Youth programs and services in the community	Young people have access to positive recreation and networks	Reduce isolation and dis-engagement by young people	Healthy and engaged youth population	Rate of youth offending in Victoria

Over-representation of Aboriginal children and young people in youth justice

Input	Intervention phase	Activities	Outputs	Outcomes – short term	Outcomes – medium term	Outcomes –long term	Measure
Aboriginal Justice Agreement	Prevention and early intervention	Community-based Koori Youth Justice Program	Early intervention and prevention initiatives, with children, families and communities, to prevent contact with youth justice	Young people have access to positive recreation, networks and opportunities Young people are connected to community and culture	Reduced number of Aboriginal children and young people in Victorian youth justice	No over-representation of Aboriginal children and young people in Victorian youth justice	Proportion of Aboriginal children and young people involved with youth justice

Community safety – Government responsibility for the care and rehabilitation of children and young people involved in high-risk activities, in contact with police or charged with criminal offences

Input	Intervention phase	Activities	Outputs	Outcomes – short term	Outcomes – medium term	Outcomes –long term	Measure
Policy and program development and design	Diversion and youth support	Youth justice community-based services	Case management support for children and young people participating in high-risk behaviours and in contact with police	Effective support and diversion away from police and youth justice involvement	Improved outcomes for young people – reduction in high-risk behaviours	Reduction in high-risk activities by children and young people	Number of children and young people in contact with police
		Youth Support Service	Case management support for children and young people participating in high-risk behaviours and in contact with police	Effective support and diversion away from police and youth justice involvement	Improved outcomes for young people – reduction in high-risk behaviours	Reduction in high-risk activities by children and young people	Number of children and young people in contact with police
	Risk assessment	Central After Hours Assessment and Bail Placement	Advisory service to support Victoria Police to consider a child's			Reduced number of children and young people held on remand	Number of / proportion of children and young people

Input	Intervention phase	Activities	Outputs	Outcomes – short term	Outcomes – medium term	Outcomes –long term	Measure
		Service	suitability for bail				subject to bail supervision
	Diversion	Diversion in the Children's Court (pilot, pre-plea)	Option to divert children and young people to address causes of offending behaviours	Young people engage in and benefit from diversion activities	Reduced risk-taking behaviours by young people	Reduction in the number of children and young people subject to youth justice supervision	Number of children and young people subject to youth justice supervision
Legislation: statutory obligations and practice requirements	Case management support and advice	Youth Justice Bail Supervision	Intensive supervision of children subject to bail	Bail completed without breach or incident	Increased proportion of young people diverted away from youth justice system	Reduction in the number of children and young people subject to youth justice supervision	Number of children and young people subject to youth justice supervision
		Youth Justice Court Advice Service	Risk assessment of child, advice to the court regarding diversionary options for a child	Increased proportion of children and young people provided with diversionary options	Increased proportion of young people diverted away from youth justice system	Reduction in the number of children and young people subject to youth justice supervision	Number of children and young people subject to youth justice supervision

Children and young people charged, remanded or sentenced for criminal offences

Input	Intervention phase	Activities	Outputs	Outcomes – short term	Outcomes – medium term	Outcomes –long term	Measure	
		Youth Justice Group Conferencing	Young person successfully participates in a conference and receives a reduced sentence	Reduced time that young people are subject to youth justice supervision	Increased chance of integration into the community post supervision	Reduced numbers of children and young people subject to long periods of youth justice supervision	Sentence length for children and young people subject to youth justice supervision	
	Statutory supervision, health and rehabilitation services and community support services	Youth Justice community-based supervision	Young people subject to statutory supervision and case management support in the community	Young person is engaged with statutory supervision and received case management and support	Reduced offending and high-risk behaviours by young people subject to supervision	Reduced proportion of children and young people returning to statutory supervision	Number of return / repeat offenders	
		Youth Justice community support service	Young people receive intensive support services to complement statutory supervision (including youth justice housing pathways initiative)	Young person receives intensive service, including housing pathways support	Young person's circumstances are stabilised and support is in place to assist with effective rehabilitation	Reduced proportion of children and young people returning to statutory supervision	Number of return/repeat offenders	
		Community-based rehabilitation programs (YHaRS)	Eligible, consenting or court-ordered young people participate in rehabilitation programs while subject to community-based supervision	Young person is supported to address the cause of offending	Effective rehabilitation and reduced risk of offending	Reduced proportion of children and young people returning to statutory supervision	Number of return/repeat offenders Rehabilitation programs outcomes data	
		Youth Justice Custodial Supervision including remand	Young people on remand or subject to statutory supervision and case management support in youth justice custodial centres	Young people receive case management care while held in custody for their period of remand or custodial supervision		Reduced proportion of children and young people returning to statutory supervision	Number of return/repeat offenders	
		Custodial-based health services and rehabilitation programs (YHARS)	Young people receive primary health and rehabilitation services while subject to custodial supervision	Primary health services and rehabilitation programs delivered to young people subject to custodial supervision	Improved health outcomes for children and young people in custody	Reduced proportion of children and young people returning to statutory supervision	Number of return/repeat offenders Health service outcomes data	
		Education and training – out of scope	Custodial-based education and Training (Parkville College – DET)	All young people participate in education and training six days per week			Reduced proportion of children and young people returning to statutory	Educational attainment outcomes

Input	Intervention phase	Activities	Outputs	Outcomes – short term	Outcomes – medium term	Outcomes –long term	Measure
						supervision	
Policy and program development and design	Post-release support services	Youth Justice Community Based Supervision	Community-based supervision	Child and young person is well supported to transition from supervision	Community-based services are provided to the child or young person as required	Healthy and engaged youth population	Number of return/repeat offenders
		Youth Justice Community support Service	Young people receive intensive support services to complement statutory supervision (including youth justice housing pathways initiative)	Young person receives intensive service including housing pathways support	Young person's circumstances are stabilised and support is in place to assist with effective rehabilitation	Healthy and engaged youth population	Number of return / repeat offenders
Legislation, and Policy and program development and design	Case management support and supervision	Youth Parole – Youth justice assessment and parole planning services	Young people released on parole, subject to conditions	Young person receives the supports required to comply with conditions	Reduced offending and high-risk behaviours by young people subject to parole	Reduced proportion of children and young people returning to statutory supervision	Number of breaches of parole

Appendix 2: Stakeholder engagement and consultation

The Review benefited from a broad range of expertise and perspectives from a range of multidisciplinary stakeholders, experts, community members and advocates. There was extensive support and a high level of engagement that provided the Review with valuable insights and depth of understanding.

In total, 111 formal consultations were undertaken, with a total attendance of approximately 675. An outline of formal individuals and groups consulted are provided with explanatory notes below. Some experts or individuals were consulted on multiple occasions and across multiple forums as noted.

The below summary provides details of the range and frequency of consultations including:

- young people
- Project Advisory Group members
- Internal Advisory Group members
- expert advisors
- organisations
- government agency stakeholders
- forums
- Youth Justice divisional staff consultations
- forums
- site visits and observations.

Young people

Web-based engagement

A web-based survey of Victorian young people was undertaken, attracting 1,019 respondents aged 25 or under.

Young people in custody

Young people under custodial supervision were engaged in the course of seven guided tours of custodial facilities by the Review team and during three full days of custodial facility observations. This included confidential interviews with sentenced young offenders.

Young people in the community

Thirty-two young people participated in five focus groups. Focus groups comprised service-using and non-service-using young people recruited through Melbourne City Mission, the Koori Youth Council, the Centre for Multicultural Youth, the Brotherhood of St Lawrence and Jesuit Social Services.

Project Advisory Group members

The Project Advisory Group was established from the commencement of the Review and met periodically to provide advice and guidance to the project team. This comprised the following members or their delegates.

Membership

Co-chairs

Minister for Families and Children; Minister for Youth Affairs

Secretary, Department of Health and Human Services

Members

Chief Commissioner, Victoria Police

President of the Children's Court of Victoria

Manager of the Koori Court

Principal Commissioner, Commission for Children and Young People

Commissioner for Aboriginal Children and Young People, Commission for Children and Young People

Director of Criminal Law and executive leadership members, Victoria Legal Aid

State Coordinator of the Koori Youth Council

Chief Executive Officer, Centre for Multicultural Youth

Chief Executive Officer, Victorian Aboriginal Legal Service

Regional Aboriginal Justice Advisory Committee representatives

Youth Advisory Council of Victoria

Community and Public Sector Union

Deputy Secretary, Operations, Department of Health and Human Services

Deputy Secretary, Community Services Programs and Design, Department of Health and Human Services

Deputy Secretary, Community Participation, Sport and Recreation, Health and Wellbeing, Department of Health and Human Services

Director, Secure Services, Department of Health and Human Services

Deputy Secretary, Criminal Justice, Department of Justice and Regulation

Deputy Secretary, Police and Corrections, Department of Justice and Regulation

Director, Vulnerable Children Branch, Department of Education and Training

Professor of Youth Mental Health, The University of Melbourne; Director of the Board, National Youth Mental Health Foundation; Executive Director, Orygen

Chief Practitioner Human Services, Director, Office of Professional Practice

Director, Mental Health, Department of Health and Human Services

Deputy Secretary, Social Policy, Department of Premier and Cabinet

Internal Advisory Group members

The Internal Advisory Group considered matters relating to youth support, diversion and justice programs and services delivered by the Department of Health and Human Services. The group met periodically to provide advice and guidance to the project team.

The advisory group comprised the following members or their delegates.

Membership

Chair

Project Director / Assistant Director, Priority Child and Family Projects Branch

Members

Director, Aboriginal Health and Wellbeing Branch

Assistant Director, Economic and Community Participation, and Office for Youth

Director, Statutory and Forensic Services

Assistant Director, Youth Justice and Disability Forensic Unit

Assistant Director, Family Services, Family Violence, Sexual Assault and Homelessness

Area Directors – Youth justice portfolio holders, Operations Divisions

Assistant Director, Programs and Performance, Mental Health Branch

Senior Practice Advisors, Operations Divisions

Director, Secure Services

Manager, Client Services Secure Services

Assistant Director, Office of Professional Practice

Expert advisors

In addition to participating as members of the Project Advisory and/or Internal Advisory Group and attending hosted workshops, the following people were consulted individually. Individuals who were engaged in multiple consultation activities are noted.

Justice and legal experts

Chair, Youth Parole Board

Consulted individually on two occasions and during observation of Youth Parole Board proceedings.

Chair, Sentencing Advisory Council

Consulted individually as a member of the SAC roundtable and in the Youth Justice forecasting workshop.

President of the Children's Court of Victoria

Consulted individually on two occasions and as a member of the Children's Court Magistrate group consultation.

Research Professor in Criminology – Architecture and design of prisons, School of Applied Social Science, University of Brighton

Former Attorney General & Adjunct Professor, Centre for Innovative Justice, Centre for Innovative Justice, RMIT

Secretary, Youth Parole Board

Individual consultation in addition to participation during Youth Parole Board hearing observation.

Director, Criminal Law and executive leadership members, Victoria Legal Aid

Individual consultation in addition to Victoria Legal Aid representation in workshops.

Executive Director, Human Rights Law Centre

Director of Public Prosecutions

Former chairman of the Criminal Bar Association and Barrister, Victorian Bar

Victorian Equal Opportunity and Human Rights Commissioner

Executive Director, Commissioners Office, Victorian Equal Opportunity and Human Rights Commissioner's Office

Chief Executive Officer, Victorian Aboriginal Legal Service

Individually consulted in addition to being a member of Project Advisory Group.

Former Commissioner of Victoria Police, author of multiple reports into youth justice custodial matters

Children's Court Magistrates

Consultation session with magistrates from the Children's Court in addition to two consultation sessions with the Children's Court president.

Child and adolescent health and development experts

Director, Centre for Adolescent Health

Principal Commissioner, Commission for Children and Young People

Individually consulted in addition to participating as a member of the Project Advisory Group.

Commissioner for Aboriginal Children and Young People

Medical Director, Victorian Aboriginal Health Service
Executive and operational team consultation session
Professor, Centre for Mental Health
Chief Executive Officer, Youth Advisory Council of Victoria
State Coordinator, Koori Youth Council
CEO, Centre for Multicultural Youth
Secretary, Community and Public Sector Union
Professor of Youth Mental Health, The University of Melbourne
Aboriginal Elder, Victorian Aboriginal Community Service Association Ltd
Family violence advocate

Organisations

Jesuit Social Services
Executive team consultation session in addition to representation at funded agency forum and supporting delivery of youth focus groups.

Crime Statistics Agency
Four consultations with representatives of CSA in addition to CSA representation in workshops.

Save the Children
Executive management consultation

Victoria Legal Aid
Two consultation sessions with executive leadership in addition to representations on the Project Advisory Group and representation in workshops.

Victorian Aboriginal Health Service
Consultation session with executive and operational staff.

Victorian Auditor-General's Office

Forensicare
Consultation with consultant psychiatrist and youth justice mental health coordinator.

Funded service delivery stakeholders

Funded providers – Youth Justice Support Service, Youth Justice Community Support Service, Group Conferencing and Children's Court Diversion pilot providers

YHaRS consortium executive team
Leadership consultation session in addition to YHaRS representation at workshops.

Parkville College
Consultation session held with Acting Principal and Director of Strategy and Services.

Government agency stakeholders

Corrections Victoria – Young Offenders Framework
Director, NDIS – Department of Premier and Cabinet
Policy Officer, Department of Premier and Cabinet

Major Projects Victoria
Consulted on two occasions.

Gateway Review Panel
Interviewed review team on seven occasions.

Commissioner for Corrections and executive team
Assistant Commissioner and Senior Leadership members, Victoria Police
Deputy Secretary, Criminal Justice, Department of Justice and Regulation
Deputy Secretary, Police and Corrections, Department of Justice and Regulation
Director, Vulnerable Children's Branch, Department of Education and Training
Executive Director, Early Childhood and School Education Group
Regional Director, Juvenile Justice, NSW Department of Justice
Acting Centre Manager, Reiby Youth Justice Centre, NSW Department of Justice

Youth Justice divisional staff

Seven consultation sessions were undertaken with area staff from across the state. Consultations were attended by 72 divisional staff comprising community-based youth justice practitioners, team leaders, managers and senior practice advisors.

Consultation session run through the all-staff 'town hall' at Parkville Youth Justice Precinct, attended by approximately 60 youth justice, YHaRS and Parkville College staff.

DHHS central office staff

DHHS stakeholders were engaged throughout the Review as individually consulted stakeholders, workshop participants and in providing ongoing collaboration during the Review process. Standing workshops were engaged for consultation throughout the Review.

Secretary

Director of Secure Services and Parkville senior management team
Individually consulted on four occasions in addition to site visits and throughout workshops.

DHHS Systems Intelligence Analytics

Forensic Mental Health Implementation team

Rapid Family Violence Budget Response team – Youth Justice and Youth Support Services

Deputy Secretary, Sport and Recreation, Infrastructure, International Engagement and Director of Housing

Transformation Office

Project Management Office

Child Protection area directors

Chief Practitioner, Director Office of Professional Practice

Deputy Secretary, Portfolio Strategy and Reform, Director, Community Services Priority Projects

Deputy Secretary, Operations

Deputy Secretary North Division

DHHS Executive Board

Director Statutory and Forensic Services, Assistant Director, Youth Justice and Disability Forensic Unit

Participated in forums, executive consultations and workshops. Regular weekly meetings were held, with 32 update meetings with project team members during the Review.

Youth Justice and Disability Forensic team

Individual consultations in addition to four unit discussions.

Secretary, Youth Parole Board

Individual consultation in addition to engagement during Youth Parole Board observation.

Deputy Secretary, Community Services Programs and Design

Two individual consultation sessions in addition to attendance in stakeholder workshops and advisory group membership.

Nine individual consultation sessions with Deputy Secretary, Directors and Assistant Directors with accountability for youth justice, in addition to executive team meetings.

Mental Health executive team

Secure Services Quality Governance Group

Service Plan Workshop – Major Projects Victoria

Individual Family Support / area directors and custodial and community senior practice advisers

Youth Justice Senior Practice Advisor Group

Senior Practitioner, Disability

Assistant Director, Out of Home Care

Director, Client Outcomes and Services Improvement

Director, Statutory and Forensic Services

Three formal consultation sessions in addition to ongoing collaboration and workshop participation.

Assistant Director, Youth Justice and Disability Forensic Services

Three formal consultation sessions in addition to ongoing collaboration and workshop participation.

Client Services Manager, Malmsbury

Policy Strategy and Reform – Health and Human Services Workforce executive leadership

Assistant Director, Youth Support Service

Manager, Youth Support

Director, Mental Health Branch

Forums

Complementing the consultations sessions with experts, stakeholders and organisations, the Review team attended pre-existing forums and hosted forums for the purpose of conducting consultations with multidisciplinary groups. These forums are listed below.

Symposium on Youth Justice Health, Centre for Adolescent Health

With keynote presentations and research considered from Professor Linda Teplin, Professor Pamela Snow, Professor Stuart Kinner and Professor Kerry Arabena, and panel discussions involving Dr Rohan Borschmann, Mr David Braddock, Dr David Broderick, Mr Andrew Bruun, Commissioner Liana Buchanan, Professor Andrew Chanen, Mr Julian Cleary, Dr Mick Creati, Dr Jill Guthrie, Mr Brendan Murray and Commissioner Andrew Jackomos.

Sentencing Advisory Council Roundtable on Youth Reoffending

Youth Justice Forecast Workshop

Forty representatives from the youth justice sector including Victoria Police, funded service providers, Department of Health and Human Services youth justice community and custodial services, the Crime Statistics Agency and the Sentencing Advisory Council.

Youth Justice Quarterly Forum

Aboriginal Justice Forum 46

Victorian Indigenous Child Health Roundtable

Service Sector Consultation workshop

Chaired by the Secretary to DHHS, workshop attended by sector representatives from 36 organisations and services.

Internal Advisory Group Meeting

Hosted twice throughout the review process.

Funded providers consultation session

Attended by Youth Justice Community Support Services, Group Conferencing and Children's Court Youth Diversion program service provider leadership members.

DHHS Deputy Secretary's Workshop

Attended by all DHHS Deputy Secretaries and supporting directors who have direct accountability for youth justice.

Site visits and observations

Hearing of the Youth Parole Board

Youth Parole Board hearings observed, followed by a consultation with parole board members.

Three tours of Parkville

Three tours of Malmsbury

One tour of the Grevillea Unit (Barwon)

Full-day observations at Parkville, Malmsbury and Grevillea

In addition to structured tours, observation of full-day operations at each of Malmsbury, Parkville and Grevillea youth custodial facilities were undertaken by two Review team members comprising approximately 72 hours of observed operations across five units.

One tour of Reiby Juvenile Justice Centre, NSW

Appendix 3: Literature review

Understanding and intervening with young offenders: a literature review

Completed by Stefan Luebbers, Grant Hunter and James RP Ogloff

Contents

Overview of the literature review	19
Section 1: Factors related to offending by youth	21
Introduction.....	21
Understanding how risk factors are empirically identified.....	23
Empirically supported risk factors	23
Issues with identification and differentiation of factors.....	26
Differential offending pathways in adolescence.....	29
The role of mental health	31
Role of victimisation and trauma.....	32
Section 1 summary	36
Section 2: How to address youth offending.....	37
Introduction.....	37
'What works' in general correctional programming.....	38
Intervention approaches.....	45
Adolescent Violence Intervention Program.....	54
Family and systemic interventions	57
Intensive supervision and mentoring	67
'Trauma-informed care' and milieu management	68
Common characteristics of effective programs for violent youth	71
Applying RNR principles	72
The principle of program integrity	88
Section 2 summary	92
Section 3: Summary and framework	92
Literature review references	96

Overview of the literature review

To provide background information for the review of youth justice services, we reviewed the literature to better understand the factors that relate to youth offending, and how we can most effectively intervene with youth. We used both published and grey literature. The review is not exhaustive, but we focused on matters most relevant to the youth justice services review.

This literature review is divided into two sections. Section 1 summarises the literature on factors related to youth offending. The section briefly explains the pattern and nature of youth offending, including offending incidents by age and offence type in Victoria. It also introduces how risk factors are established, including the difference between describing the characteristics of youth in youth justice services and identifying the risk factors for becoming an offender. It then identifies empirically supported risk factors, and how they pertain to violent versus non-violent offenders, gender specificity, developmental stage, and temporal proximity and causality.

Section 1 identifies the notion of differential offending pathways in adolescence and discusses some of the pathways. We also review the prevalence of mental health problems among young offenders and the role of mental health in offending—specifically, it is a responsivity issue rather than a risk factor. Similarly, we discuss the role of victimisation and trauma among young offenders, showing that while addressing the trauma and maltreatment of young offenders is critical, such treatment alone will not reduce their reoffending.

Section 1 also identifies a range of risk, promotive and protective factors in a number of domains of functioning as correlates of youth offending. While these factors have been found to be important in identifying ‘at risk’ and ‘high risk’ youth, the causal relationship between these factors and subsequent offending is still equivocal. Further, youth offenders are not a homogenous group. Robust findings demonstrate differential pathways of youth offending and subsequent adult offending, and that some level of antisocial behaviour is normative during adolescence. The role of risk, promotive and protective factors during different periods of development, and their relationship to different developmental pathways of offending is not well understood. The range of risk and protective factors identified fall into the following four broad conceptual areas that foster and maintain ongoing criminal activity:

- a social environment during development that encourages and tolerates rule violations, crime and criminals
- personal attitudes and values supportive of criminal behaviour
- a personality style that finds impulsive high risk behaviour rewarding
- an established history of benefiting from criminal activity.

The high prevalence in juvenile justice populations of histories of childhood maltreatment, trauma and mental health disturbance now receives considerable attention. The relationship between these adverse life events and offending is not well understood and is likely complex and multifaceted, and mediated through other criminogenic factors. Providing comprehensive mental health support for juvenile offenders is appropriate with respect to duty of care and human rights, but it will not reduce rates of recidivism unless it also addresses key criminogenic needs that are the primary drivers of offending.

Section 2 reviews intervention approaches that show success for addressing young offenders’ needs and reducing offending. The literature emphasises the supremacy of the risk-needs-responsivity model for effecting offending rehabilitation. Although the model was originally developed with adult offenders, research over the past two decades reinforces its applicability to youth populations. Section 2 explains the risk, need, and responsivity issues, along with issues of intervention. The section then focuses on intervention approaches, including cognitive and behavioural interventions, anger management programs, aggression replacement training, mood deactivation therapy, and multifactor cognitive behaviour therapy (CBT) programs, such as the Adolescent Violence Intervention

Program (AVIP), developed for Victoria Youth Justice. AVIP has not been evaluated, but it satisfies the best practice principles in youth offending and violence programs.

Section 2 also identifies family and systemic intervention programs, including programs addressing parental abuse, parent training programs, multidimensional treatment foster care, functional family therapy and multisystemic therapy. We also summarise the literature on intensive supervision and mentoring, trauma informed care and milieu management, and then identify the common characteristics of effective programs for violent youth, applying the risk-need-responsivity principles.

These principles of risk, need, responsivity and integrity are crucial to enhance program effectiveness and encapsulate those youths for whom offender rehabilitation is most necessary. Treatment programs must be based on a thorough assessment and formulation of risk, need and responsivity for each offender, and then offer a tiered approach to address varying levels of risk and need between individuals. Further, within each tier, programs must be adaptive to the specific needs of individual participants, and individual characteristics that are likely to affect treatment engagement and response. It cannot be overstated that poor 'suitability' for standard programs cannot justify withholding treatment altogether. Treatment programs must also take appropriate steps to ensure program fidelity, including adequate training and supervision of staff, manualisation, and documentation of sessional content and therapeutic process. Even the most widely validated, highest success programs will be ineffective if they are not adequately funded, faithfully implemented, and facilitated by appropriately trained and competent clinicians. Staff training and quality control have often been neglected when implementing new programs, or have been gradually lost with program drift over time.

Finally, section 2 highlights the need to encapsulate treatments within supportive and therapeutic cultural environments, so that program participation is supported by the youth justice context as a whole. This includes support by staff at all levels, as well as incorporating a systemic approach to the support and facilitate key relationships in the youth's environment (family, peers, school). This approach is as important for youth in custody as in the community, if not more so; and the physical distance between program facilitators and the youth's natural community environment should not be a deterrent to offering systemic-based treatments to those with high levels of risk and need. Transitional/reintegration services may be necessary, as well as follow up sessions in the community.

Section 2 ends with a summary and framework discussion. From the literature that is available, the best practice principles highlight that issues of risk, need and responsivity are of primary importance; programs that adhere to the RNR principles are more likely to be successful than those that do not. For adherence to occur, programs must target higher risk youth, address a wide variety of criminogenic needs that are known to be associated with increased risk of recidivism, and take an individualised approach that considers the relevant responsivity issues of individual participants. The literature identifies four key mechanisms through which these processes occur:

- A thorough assessment and formulation of each young person is necessary to identify the relevant risk, need and responsivity issues that are to be targeted.
- The most effective programs are multimodal in nature, targeting a variety of relevant criminogenic needs
- The most appropriate treatments use a CBT approach and are oriented toward skills development, rehearsal, and real world implementation, to effect long term behaviour change
- Treatment must consider risk and need across multiple domains, including individual, family, peer, school and community domains. That is, treatment must target the relevant criminogenic needs in each of these domains to reduce an individual's risk of further offending.

Section 1: Factors related to offending by youth

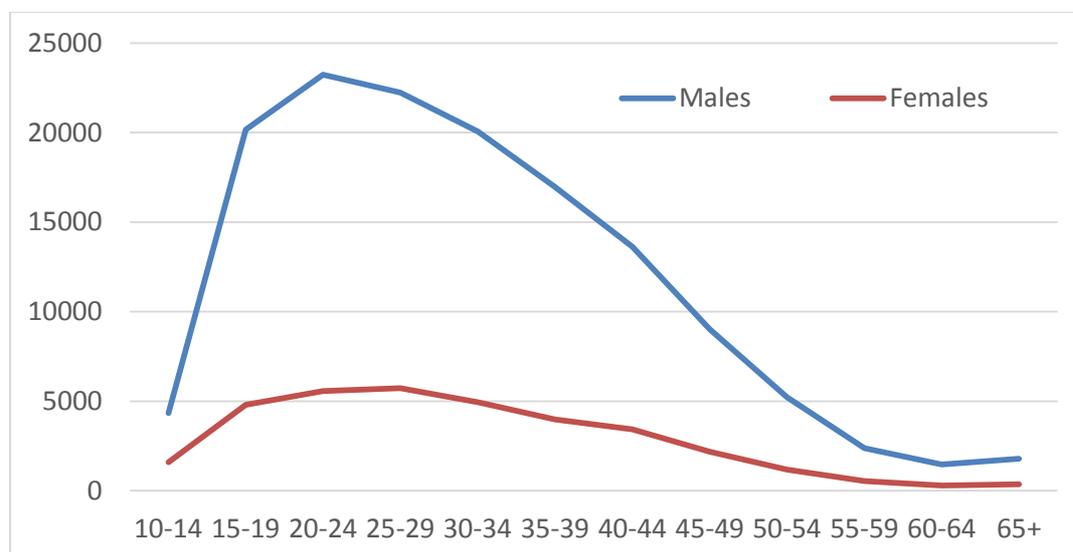
Introduction

There is no simple, straightforward answer to the question of why young people offend. There are many factors that have been found to relate to offending by youth. Moreover, different factors tend to carry more weight for some individuals, and the factors differ across different developmental periods of the young offenders. There has been a large volume of research conducted on offending trends and patterns by young people. One of the notable researchers in this area (Farrington 2003) reviewed the key theoretical and empirical issues and concluded that:

- Offending most often begins between eight and 14 years of age.
- Offending is most prevalent between 15 and 19 years of age.
- People most often desist between 20 and 29 years of age (the main factors in stopping offending being getting married, getting a satisfying job, moving to a better neighbourhood and joining the armed forces).
- Early-onset offending predicts a longer duration of offending behaviour, with many offences likely to be committed.
- There is often continuity in offending and antisocial behaviour from childhood through adolescence to adulthood.

Farrington (2003) also notes, however, that the prevalence of offending can vary with age and that many children who have antisocial behaviour become socially well-adapted adults. Also, individuals commit different types of crime at different ages – for example, shoplifting in early adolescence, later moving on to property crime and violence by the early 20s. A small proportion of chronic offenders are responsible for a large proportion of crime committed. Chronic offenders also tend to engage in other reckless and antisocial behaviour. Up until about 18 years of age, young people tend to offend in groups. In their 20s, people are more likely to offend as individuals, with their crimes becoming more specific (Figure 1).

Figure 1: Alleged offender incidents in Victoria by age and sex (Oct 2015–Sept 2016)

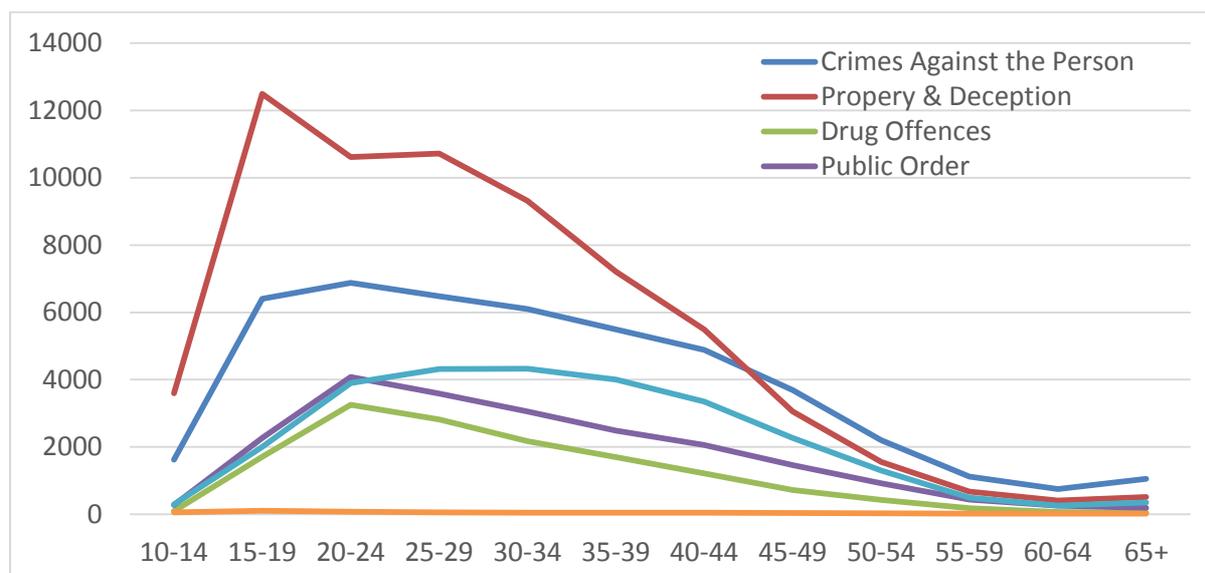


Adapted from the Victorian Crime Statistics Agency data for the year ending 30 September 2016

Some degree of offending is seen as normative among youth (Farrington 2003). This certainly does not mean that most young people offend; rather, the proportion of people who offend is highest among adolescents and young adults.

Figure 2 shows that the pattern of offence incidents by age is, roughly, the same across different offence types. There is some difference for justice procedure offences, which includes intervention orders, where the reduction in offences across age is more gradual until post age 40 years.

Figure 2: Alleged offence incidents in Victoria by age and offence category (Oct 2015–Sept 2016)



Adapted from the Victorian Crime Statistics Agency for the year ending 30 September 2016

Research shows that most people, regardless of age, do not offend. The question then becomes: Why do some people – young people in particular – offend while others do not? It is widely acknowledged that for any offender rehabilitation program or service model to have a positive impact on recidivism, it must first bring about changes to dynamic (changeable) risk factors (Andrews 1995; Andrews & Bonta 1994, 2006; Casey et al. 2007). There is considerable evidence that the population of young offenders share many of the same childhood and adolescent risk factors. Historically, most of what is known about risk factors for youth offending has been based on studies of between-individual differences (Farrington et al. 2002). These types of studies compare factors that differentiate between offenders and non-offenders or correlate risk factors to offending at a single time point. A limitation of these approaches that has become apparent is that measuring risk at one time point may have little relevance for *preventing* or reducing offending, as it does not explicitly address change.

Longitudinal studies are better suited to establish causality and potential mechanisms for change as they examine within-individual fluctuations and subsequent outcomes (Kazemian, Farrington & Le Blanc 2009). These types of studies compare the effects of life events on the same individual. For example, having delinquent peers is a known risk factor for youth offending. However, Farrington et al. (2002) found that, although having delinquent peers was a significant risk factor for offending between individuals (offenders versus non-offenders), it was not causal because it did not predict offending when it varied within individuals. The risk of delinquency remained the same during periods of having and not having delinquent peers. This suggests that, when offenders and non-offenders are compared, having delinquent peers is only a significant risk factor because it is a *symptom* rather than a *cause*. That is, it measures the same underlying theoretical construct as offending.

Another example is the association between tattoos and crime. Although this observation seems quite dated, a significant amount of evidence has shown that, at least historically, people who have tattoos are more likely to offend (Miller & Gover 1989), and the prevalence of tattoos is particularly high among prison populations and young people in detention. To investigate whether having a tattoo was a cause of offending, Jennings et al. (2014) used propensity score matching (PSM) on data from the UK Cambridge Study in Delinquent Development. The main advantage of PSM is that it is able to simulate an experimental design, in that control and treatment groups are created and matched on the probability of receiving 'treatment' – in this case, a tattoo (Gibson et al. 2009). The findings showed that tattoos were not a cause of offending, and this relationship was observed only in between-group differences. While this finding itself is likely not surprising, it is a useful example to illustrate that a common characteristic observed in youth offenders does not equate to a causal factor for offending.

Over the past two decades several methodologically sound longitudinal prospective studies have been conducted to identify both static (historical) and dynamic (changeable) variables that are associated with future youth offending, including serious violent offending. In addition to risk factors, researchers have also explored potential trajectories through which antisocial and violent behaviour

may develop. Although a comprehensive account of this research is beyond the scope of this literature review, it is important to summarise those risk factors that are most consistently supported by the empirical evidence as the basis for relevant treatment targets. Comprehensive reviews of developmental risk factors for offending in adolescence are provided elsewhere (Farrington 2002; Ferguson & Meehan 2010; Hawkins et al. 1998, 2000; Losel & Bender 2006).

Understanding how risk factors are empirically identified

There is a general misconception that the characteristics of a group or population are the risk factors for the group. It is important to differentiate information that pertains to characteristics of young offenders from risk indicators for becoming a young offender, or having a higher risk of reoffending. While characteristics are determined from a review of actual perpetrators, risk factors are characteristics that serve to *differentiate* children who offend other children in the relevant cohort in the broader population.

An example may be helpful here. As the description of the cohort of young offenders in Victoria shows, a high proportion of young offenders have a range of traumatic and damaging experiences with, for example, high rates of child abuse and high rates of experiences living in out-of-home care. This information has been obtained by investigating the characteristics of children in the youth justice system. It might seem logical to infer that being the victim of abuse, being exposed to family violence and living in out-of-home care leads (or causes) one to offend. What the information ignores, however, is the number of children in the population who share these characteristics but who do not offend.

So, how many children in Victoria experience the negative outcomes experienced by a disproportionate number of children in the youth justice system? The recent report, *The State of Victoria's Children Report 2015* (Department of Education and Training 2016) provides information about the state of Victoria's children. The report shows that there were 105,609 child protection reports in Victoria in 2015–16, and 10.4 per 1,000 children had substantiated abuse (circumstances judged by Child Protection to be of real risk). Based on 2015–16 data, this suggests that more than 13,000 young people have substantiated child abuse annually. Regarding out-of-home care, in 2014–15 there 8,567 children in out-of-home care.

By comparison, results show that in 2015–16, 52% (805) of the 1,548 young people who received a youth justice custodial or community order had substantiated child abuse. Moreover, 34% (526) had at least one out-of-home care placement.

Based on the above data alone, the vast majority of children with substantiated cases of child abuse do not offend. Indeed, more than 13,000 young people have substantiated child abuse annually yet most never offend. Similarly, the vast majority of children with out-of-home care experiences never offend. As such, neither substantiated child abuse or out-of-home care are risk factors for youth offending. Indeed, if all children with substantiated abuse or out-of-home care were considered to be at risk for youth offending, we would have many times the number of young offenders that is the case.

While identifying and understanding characteristics of young offenders is critical for understanding the needs of the group, risk factors for youth offending will only be valid when they serve to validly differentiate children who offend from those who don't.

Empirically supported risk factors

Drawing on the logic above, researchers have sought to identify the factors that differentially lead young people to offend. Typically, research identifying childhood and adolescent predictors of later offending has categorised the relevant variables into one of five domains: individual, family, peer, school and community. To a lesser extent, authors have also considered contextual factors, which are usually proximal in nature. The risk factors that have been consistently demonstrated for each of these domains are summarised in Table 1. The factors presented in the table fall into the following four categories:

- a social environment during development that encourages and tolerates rule violations, crime and criminals
- personal attitudes and values supportive of criminal behaviour
- a personality style that finds impulsive high-risk behaviour rewarding
- an establish history of benefiting from criminal activity.

Although the relationship between risk factors and antisocial behaviour is not additive in the strict sense, generally speaking, the more risk factors for antisocial behaviour an individual possesses, the higher his or her chance of engaging in future antisocial behaviour (Farrell & Flannery 2006). Moreover, individuals who present with risk factors in multiple domains typically pose greater risk than those with risk factors in only one domain (i.e. individual factors only versus those presenting with individual factors plus family factors). Even so, the presence of only one risk factor, if sufficiently deleterious within a given individual, can contribute to a high level of risk.

Some commentators have criticised the excessive focus on risk factors, advocating instead for greater understanding of factors that may protect or inhibit an individual's risk of further offending and/or violence. However, a number of influential critiques have raised doubts about protective factors research as it currently stands. For example, there have been calls for greater operationalisation of protective factors, rather than merely equating protection with the absence or low end of the scale of a given risk variable (Jessor et al. 1995; Lodewijks, de Ruiter & Doreleijers 2010). To avoid ambiguity in definition, Loeber and colleagues (2008) suggested that *protective factors* should be defined as factors that predict a low probability of offending among those *exposed* to risk factors, while *promotive factors* should be defined as factors that predict a low probability of offending, as in between-individual effects (Farrington, Loeber & Ttofi 2012).

There is some evidence that the same variables can function as both risk and protective factors, and are not the mere opposite of risk factors (Stouthamer-Loeber et al. 2002). For example, a factor's relationship to offending may be non-linear (Farrington 1995) in that only one end (e.g. the promotive end) may have an effect on the risk of offending. To examine whether the opposite end of an identified risk factor is promotive, the factor may be *trichotomised* (as close as possible) into the middle or neutral half (middle 50%), the 'worst' or risk quarter (upper 25%), and the 'best' or promotive quarter (lower 25%) (Farrington & Ttofi 2011; Pardini et al. 2012; Shepherd, Luebbers & Ogloff 2016). Each end can then be compared with the middle half using logistic regression. Howard (2015b) trichotomised all 10 scales of the Offender Assessment System (OASys) used across England and Wales from 132,093 assessments to compare the risk, neutral and promotive groups and whether risk and promotive ends were significantly related to reoffending. All 10 scales showed that promotive ends were negatively linked to reoffending, whereas the risk end of nine of the scales were positively linked to reoffending.

In contrast, there is some evidence that *protective* factors can mitigate behaviour even in the presence of risk factors. In a study of social welfare residential clients in Germany, Bender and Losel (1997) found peer influences to be both positive and negative. On the one hand, *clique* membership and social connection fostered behavioural continuity, whether pro- or antisocial. On the other hand, low social support was shown to have a risk effect for well-adapted adolescents but a *protective* effect for more the antisocial adolescents (Bender & Losel 1997).

Similarly, Herrenkohl et al. (2003) investigated the impact of protective factors on later violence by adolescents deemed a high risk for future violence. They analysed data collected at age 10, 15 and 18 years from a subset of young people who participated in the Seattle Social Development Project and who were identified as possessing aggressive tendencies at age 10. Among these 'high-risk' youths, those who participated in religious services, experienced good family management or had strong school ties at age 15 years were less likely to engage in violence at age 18 years than were other aggressive children. Moreover, those who presented with multiple protective factors at age 15 years demonstrated reduced risk of later violence, even among those who were also exposed to external risk factors at age 15 years (antisocial peer influences, disorganised neighbourhoods).

While these studies show some preliminary evidence of the interplay between risk and protection, further research is needed to investigate the interactions between risk and protective processes both within and across environmental domains (van der Merwe & Dawes 2007). For further discussion on the interplay between risk and protection, see Schwalbe (2009). In practice, protective factors should be considered independently from risk factors, both as variables that can have their own direct effects on behaviour, as well as play a potentially moderating or interacting role on the relationship between risk factors and outcomes (Farrell & Flannery 2006; Jessor et al. 1995; van der Merwe & Dawes 2007). Table 1 (column 3) summarises protective factors identified in the literature.

Table 1: Risk and protective factors for serious offending in adolescence

Domain	Risk factors	Protective factors
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Individual		
<i>Developmental</i>	Pre/peri-natal problems Chronic illness Low birth weight Low resting heart rate	
<i>Cognitive</i>	Poor problem solving Poor concentration Low intelligence Impulsivity	Higher intelligence Positive coping skills
<i>Attitudes/beliefs</i>	Beliefs about aggression/violence Attribution bias Low self-esteem Lack of empathy Rebelliousness Dishonesty	Prosocial attitudes Religious involvement Attitudes intolerant of violence
<i>Mental health</i>	Conduct disorder/externalising disorders Callous/unemotional traits/psychopathic traits Hyperactivity/ADHD	Absence of internalising disorders
<i>Behaviour</i>	Drug and alcohol use Poor social skills Risk taking/sensation seeking Early violence/aggression Involvement in non-violent crime	Strong social skills
Family		
<i>Parental relationship</i>	Low parental attachment/bonding Product of unwanted pregnancy Young mother Low parental involvement High permissiveness	Nurturing relationship with parent (warm, supportive) Strong parent/child communication
<i>Sibling relationship</i>	Delinquent siblings	
<i>Parental management</i>	Lack of parental monitoring/Lack of clear guidelines Severe or inconsistent discipline Parental attitudes regarding crime, violence and substance use Parental criminality/violence Physical abuse/neglect Involvement of supervisory services	Good parental management Improved parental management Consistent expectations of punishment for bad behaviour
<i>Family structure</i>	Parental conflict Parent separation Parent/child separation Large family size	
Peer relationships/influences	Alienation/rejection	Positive peer relationships

	Absence of peers Delinquent Peers Gang involvement	Mixed gender peers Parental approval of peers Socially supportive friendships Socially acceptable peers
School		
<i>Academic</i>	Poor academic performance Poor engagement with school	
<i>Behaviour</i>	Truancy Suspension	
<i>Systemic</i>	Low school involvement Low attachment to or poor relationships with teachers Poor quality school, overcrowding Poor classroom management Frequent school changes	Strong school ties Adult mentor within school or nurturing relationship with teacher
Community		
<i>Crime</i>	Victim of violent crime High crime neighbourhood/violence exposure Availability of drugs and guns	
<i>Economic and social</i>	Poverty High transience Exposure to racial prejudice Community disorganisation Low community participation	
Situational context	Availability of weapon Alcohol/drug consumption Victim/offender relationship Motivation Behaviour of others	

Sources: Dahlberg (1998); Day et al. (2003); Derzon (2010); Ferguson & Meehan (2010), Hawkins et al. (1998); Herrenkohl et al. (2000; 2003); Horizons (2008); Huizinga & Jakob-Chien (1998); Lipsey & Derzon (1998); Loeber et al. (1998); Losel & Bender (2006); van der Merwe & Dawes (2007).

Issues with identification and differentiation of factors

Violent versus non-violent offenders

It is important to note that while distinctions are often made between violent and non-violent young offenders, there is considerable commonality in the risk factors associated with antisocial outcomes in general and violent behaviour in particular among youth (Huizinga & Jakob-Chien 1998). Indeed, it is thought that while the manifestation of the behaviour (e.g. violence versus general offending) may differ, many of the factors that relate to both violent and general offending are similar. This appears to reflect the overlap of violence and antisocial behaviour more generally among this age group. Regardless, some research has attempted to identify risk factors that are specific to violent youth and thus may differentiate them from other, non-violent delinquents. A few key factors have been identified. Perhaps predictably, these include exposure to community or familial violence, engaging in prior violence, early onset of violent behaviour, high levels of early aggression, low guilt, pro-violence attitudes and current hard substance use (Bailey 2006; Herrenkohl et al. 2000; Loeber, Farrington &

Waschbusch 1998; Tolan & Gorman-Smith 1998). While the utility of these predictor variables may seem obviated for older youth, they do emphasise the importance of early intervention and prevention for younger children who behave aggressively and may be more likely to become persistently violent individuals in future.

Gender specificity

The majority of research into risk factors for offending among adolescents has been conducted with samples either entirely or predominantly male. Even broad-scale epidemiological longitudinal studies often have not conducted separate analyses according to gender. This is likely due to the over-representation of males among offender samples, providing insufficient sample size to examine the relative impact of a number of different variables. However, it should not be assumed that those risk factors identified as most relevant for male offenders are necessarily equivalent in female populations. The concept of gender distinction is becoming increasingly recognised in the literature (Shepherd, Luebbers & Dolan 2013; Strand, Luebbers & Shepherd 2016). Blum, Ireland and Blum (2003) examined factors associated with self-reported violent behaviour in a subset of adolescents who participated in interviews as part of a nation-wide school survey (more than 17,000 students). Violence was defined as serious fighting resulting in injury, group involvement in violence or weapon use in the past 12 months. There was considerable overlap between genders in terms of the key individual, family, environmental and demographic variables that were found to be associated with violence. However, some gender-specific variables were also found; for girls, emotional distress, marijuana use and family connectedness were significant; while for boys, learning problems and school connectedness were more relevant.

Developmental stage

Commentators often assert that different environmental domains have varying relevance across the developmental lifespan. In particular, familial factors may have greater influence during childhood and early adolescence, whereas peer, school and community factors have more influence in mid- to late-adolescence (Ferguson & Meehan 2010; Lipsey & Derzon 1998). There is some empirical evidence from longitudinal studies that risk factors may be more or less important at different stages of development.

Lipsey and Derzon (1998), for example, conducted a meta-analysis of longitudinal studies that explored the predictive utility of childhood factors for later offending as an adolescent or young adult, aged 15 to 25 years. In childhood (age six to 11 years), the strongest predictors were committing general offences and using substances (particularly tobacco and alcohol) at that age. Static factors were also relevant during childhood, including socioeconomic status, male gender and antisocial parents. For older children aged 12–14 years, the strongest predictors of later offending were lack of social ties, antisocial peers, already engaging in general offending, aggressive behaviour, poor school attitudes/performance, presence of psychological conditions and low parent–child interactions.

More recently, Ferguson & Meehan (2010) examined the relative importance of individual risk factors for *antisocial outcomes* (defined as antisocial traits, weapons carrying and fighting) in youth across developmental stages. They found the impact of drug use, antisocial personality traits and peer influences increased with age, whereas the influence of internalising problems (specifically depression) and family environment decreased with age.

Herrenkohl et al. (2000) investigated the relative power of a diverse range of risk factors present at age 10, 14 and 16 years, to predict violent offending at age 18 years, using data from a citywide prospective longitudinal study (the Seattle Social Development Project). Of those who engaged in violence at age 18 years, 80 per cent could have been predicted to do so based on risk factors present at age 10 years; 84 per cent could have been predicted by risk factors present at age 16 years.

Some factors were relevant across all ages (e.g. hyperactivity, low academic performance and peer delinquency), but there were some differences:

- Parent attitudes toward violence at age 10 years had a strong influence, as did actual parental violence at age 14; but parental violence at age 16 was not significantly related to youth violence.
- Poor family management practices and family conflict at age 10 were not significant predictors of later violence, but were significant when present at age 14 and 16.

- Behavioural problems at school at age 10 were a significant predictor, whereas at age 14 and 16, low commitment to schooling and school transitions were more relevant.
- Having delinquent peers was a relevant risk marker at all age groups, but the risk for violence associated with gang membership increased incrementally across age groups.

Related to this, Theobald & Farrington (2009) extended the findings of Farrington & West's (1995) findings on the effects of a committed relationship on offending. In the earlier study, getting married reduced the risk of offending compared with staying single, and periods when men were separated from their spouses increased the risk of future offending compared with staying married. The later study examined risk factors at ages 8–10 and also at age 18, using PSM, and found that entering a committed relationship causally protected against offending, but only if the individual entered the relationship when he was aged 18–24 years.

Additional analyses revealed differences between men who entered a committed relationship later (25+ years) and men who entered a committed relationship earlier (18–24 years) (Theobald & Farrington 2011). Compared with later-relationship men, earlier-relationship men were more nervous and likely to experience a broken home, and this may protect against offending because they seek committed relationships.

Thornberry & Krohn (2005) developed interactional theory, using the Rochester Youth Development Study—one of the three 'causes and correlates' studies (Farrington & Ttofi 2012). According to this theory, the importance of particular social relationships and influences changes during the life course. For example, from ages 6–12 years, family factors and neighbourhood are particularly salient; at ages 12–18 years, school and peer factors dominate.

Reviewing protective factors against youth violence, Lösel & Farrington (2012) found a positive parent-child relationship protected against youth violence, but a good bond to non-family members was also protective. Interactional theory was extended to include the intergenerational transmission of crime (Farrington, Jolliffe, Loeber, Stouthamer-Loeber & Kalb 2001): frequent contact with an antisocial parent increased the risk of the child's later offending (Thornberry, Freeman-gallant & Lovegrove 2009). The authors concluded that the causes of a child's antisocial behaviour may stretch back to at least the parent's adolescence.

Further, co-offending is an interpersonal relationship that affects the prevalence of offences during adolescence, but less so in adulthood. Reiss and Farrington (1991) found co-offenders tended to have similar characteristics (that is, age, sex, race, close proximity) to each other, but as individuals aged, they were more likely to commit offences alone. A small proportion of persistent offenders, however, acted as *recruiters* who continually offended with less experienced or first-time offenders. Recruiters may increase the prevalence of offending in a particular population, and this type of relationship should be considered for those at risk in the community.

Temporal proximity and causality

Van Dorn, Volavka and Johnson (2012) emphasised the close temporal relationship between a risk factor and an outcome when studying the causal relationship between characteristics and offending. For example, in a study of psychiatric symptoms and violence, Ullrich, Keers and Coid (2014) found the close temporal proximity mattered, because delusions occurring before violence (but only if close to the time of violence) were a significant risk factor. They concluded it was not enough to merely establish precedence, as previous research had in analysing the MacArthur Violence Risk Assessment Study (Appelbaum, Robbins & Monahan 2000). However, considering temporal proximity is difficult for social factors and this must be considered in future research on causality.

The issue in establishing causality and temporal ordering from social factors is the length of time between when the risk factor occurs and the outcome. The risk factor must precede the outcome, but it is unclear how much time should elapse between the risk factor and the outcome before the effects of the risk factor occur. If too much time elapses between the risk factor and the outcome, it is uncertain whether changes in the risk factor or changes in another factor changed the outcome.

Ideally, this could be resolved via multiple assessment waves. If the change in the risk factor was very close in time to the change in the outcome, the effect may not necessarily be causal. Instead, causal effects of other factors that took months or even years to develop may be responsible (Farrington & Loeber 2014). For example, leaving home or joining a gang are discrete events whose causal effects

may be established directly, whereas the causal effects of poor parenting or low self-control may be more difficult to measure (Farrington & Loeber 2014).

Given this, we need further research to identify which causal factors occur only in close temporal proximity to offending and which factors operate over long periods of time (Loeber & Le Blanc 1990). We might expect causal factors based on discrete changes because of an event (e.g. the effects of a relationship) would have more immediate than long lasting effects (e.g. effects of poor parenting). But, even the effects of a discrete event, such as developing a supportive relationship, could be the result of a gradual process of settling down and being present in a relationship.

Differential offending pathways in adolescence

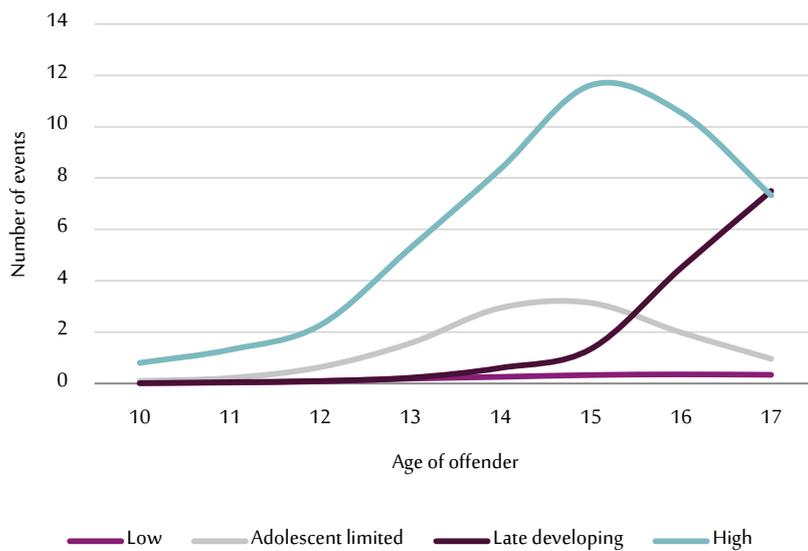
Research has demonstrated that the incidence of delinquent behaviour peaks in adolescence, and some researchers have suggested more minor forms of delinquency among this age group are more common than not (Moffitt 1993; 2006). Most of these delinquent youths do not progress to serious crime, and in fact appear to desist spontaneously without intervention. In light of these findings, research has begun to focus more intently on the smaller subgroup of youths who engage in antisocial acts with greater frequency, persistence and severity, and are therefore at the highest risk to continue.

Empirical research consistently demonstrates that a small number of individuals can account for a large proportion of offences (Snyder 1998; Thornberry, Huizinga & Loeber 1995; Weitekamp, Kerner, Schindler & Schubert 1995). These individuals have been variously termed *serious, violent and chronic* offenders (Loeber & Farrington 1998), *life-course persistent* offenders (Moffitt, Caspi, Harrington & Milne 2002), and *early starter* offenders, because this small group of offenders commence their delinquent and problematic behaviour early in childhood, persist throughout adolescence and even adulthood, and engage in greater diversity of offending behaviours (Loeber & Farrington 1998; Moffitt 2006).

These offenders have a higher level of childhood risk factors, including more serious social, familial, demographic and psychological problems (Loeber & Farrington 1998). For example, Thornberry et al. (1995) reported results from three longitudinal research projects in US cities, totalling 4500 inner city youths. Chronic violent offenders constituted only 15 per cent of the total sample in Rochester and 14 per cent of the sample in Denver; however, these youths were responsible for 75 per cent and 82 per cent of the violent offences reported in each site, respectively. The authors concluded that 'if we do not successfully reach this small group, we will leave the vast majority of the violence problem untouched' (p. 220).

The Crime Statistics Agency (CSA) of Victoria reported similar findings, using a semi-parametric group-based analysis with official Victoria Police data for the first eight years of offence history for young offenders born 1996–98 (Sutherland & Millsteed 2016). This report identified four distinct trajectory groups: 'low', 'adolescent limited', 'late developing' and 'high', with the vast majority of offenders falling into the low group (88.7 per cent of the sample)(figure 3). Risk factors for inclusion in one of the three higher rate trajectory groups included being male, identifying as Aboriginal or Torres Strait Islander, and living in one of the most socioeconomically disadvantaged areas when their offending record started.

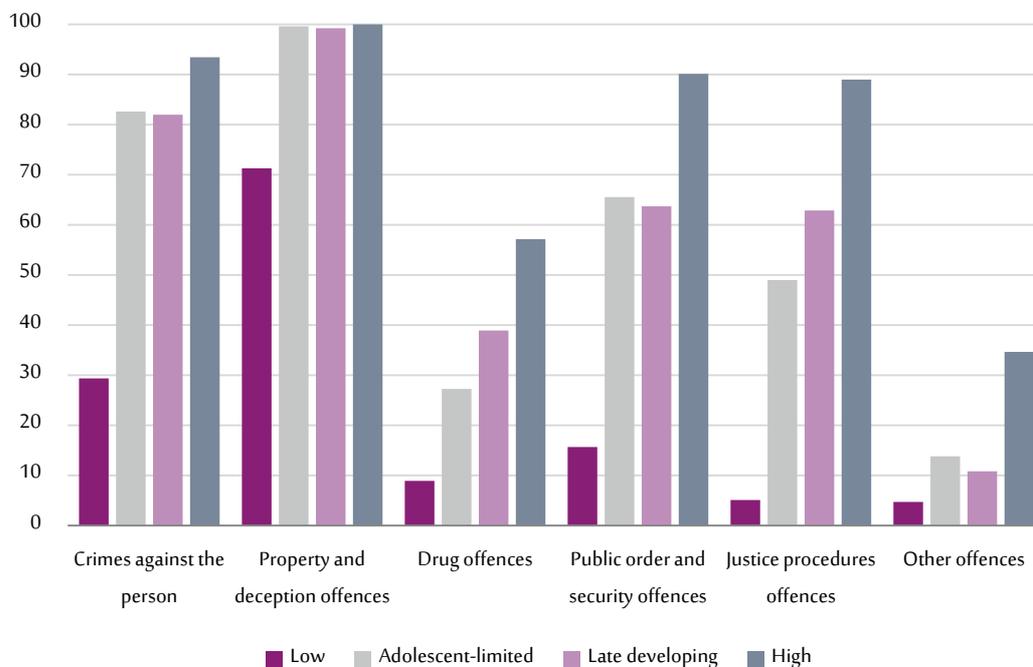
Figure 3: Offence trajectories for Victorian young offenders born between 1996 and 1998



Source: Sutherland & Millsteed (2016), Victorian Crime Statistics Agency.

In analysing individual cohorts, the CSA identified significant differences between cohorts in terms of both offence types and demographics of the offenders within. While the low cohort accounted for the vast majority (88.7%) of all offenders, the high rate of offending among other trajectories accounted for the majority (58.1%) of incidents and 62.4% of offences. Figure 4 indicates the proportion of young people from each cohort charged with at least one of each type of offence, highlighting the relatively low rate of violent offending among the low trajectory.

Figure 4: Proportion of young offenders by cohort charged with each type of offence



Source: Sutherland & Millsteed (2016), Victorian Crime Statistics Agency

Evidence shows many chronic young offenders do engage in both violent and general offending; but not all violent adolescents engage in other forms of offending, and not all serious offenders engage in

violence. For example, Snyder (1998) analysed the criminal careers of over 150 000 youth identified in a US county between 1980 and 1995. Only 8 per cent of juvenile delinquents were identified as violent. Among *serious* offenders, 29 per cent had no history of violent offending. Similarly, Weitekamp et al. (1995) found that only one third of chronic offenders were ever violent, and of those who were violent, 88.5 per cent were violent only once. A small subgroup of offenders were repeatedly violent; 73 per cent of all violent offences were committed by the same 32 youths. Similarly, 72 per cent of homicides were committed by 10 individuals.

Given this consistent finding, researchers explored the characteristics of these youth that may distinguish them from non-violent antisocial youth, so that they may be reliably identified and targeted for intervention and prevention. Indeed, identifying the group of youth who go on to become life course persistent offenders—and how to intervene successfully to stop their trajectory—has become the 'Holy Grail' of adolescent offending (e.g. Bailey 2006). Much of what is known about these severe and persistent offending youths stems from the Office of Juvenile Justice and Delinquency Prevention in the US, which formed a Study Group on Serious, Violent and Chronic Juvenile Offenders (SVJOs) in the 1990s (Loeber & Farrington 1998). This study group has been criticised for an over-inclusive definition of SVJO—which they defined as youth who engaged in serious *or* violent *or* chronic offending, but the obtained sample provides a good basis for generalising to serious and persistent young offenders. This initiative comprehensively collated and synthesised the existing research on the development of SVJ offending, factors that predict how and why SVJ offending develops and recurs, and the potential strategies and programs that show promise in preventing or reducing serious violent offending among high risk youth.

The role of mental health

The prevalence rate of youth with mental disorders within the juvenile justice system is found to be consistently higher than those within the general population of adolescents (Grisso & Barnum 2000). Prevalence studies in the US and Canada revealed that approximately 50–75 per cent of the youth encountering the juvenile justice system met criteria for a mental health disorder (Goldstein et al. 2003; Gottsman & Schwarz 2011; Grande, Hallman, Caldwell & Underwood 2011; Teplin et al. 2002; Teplin et al. 2012; Wald & Losen 2003). In addition, approximately 40–80 per cent of *incarcerated* juveniles have at least one diagnosable mental health disorder (Colins et al. 2010; Gilbert, Grande, Hallman & Underwood 2014; Teplin et al. 2002; Timmons-Mitchell et al. 1997; Wasserman et al. 2002). These prevalence rates varied by gender, with approximately two thirds of males and three quarters of females found to meet criteria for at least one mental health disorder (Gavazzi, Yarcheck & Chesney-Lind 2006).

Few prevalence studies use Australian samples, but those that are available, primarily from NSW, suggest similar rates (Kenny & Nelson 2008; Kenny, Lennings & Nelson 2008; Lennings & Pritchard 1998; Lennings, Copeland & Howard 2003).

Rates of comorbid substance use disorders are as high as 70 per cent (Huizinga, Loeber, Thornberry & Cothorn 2000; Skowrya & Cocozza 2007; Teplin et al. 2005; Wasserman et al. 2002). Research strongly correlates substance use with offending (Jennings et al. 2015); however, many researchers consider offending and substance use are symptoms of a larger underlying syndrome of antisocial behaviour and the correlation between them is spurious (Farrington 2005). Nevertheless, several studies identified adolescent substance use as a predictor of later adult offending (Kazemian et al. 2009; Odgers et al. 2008). Recently, Jennings et al. (2015) examined drug use continuity over the life course and its influence on offending from adolescence until the age of 50 years. The findings showed those who used drugs both in adolescence and adulthood were at the highest risk of a criminal conviction by age 50. After considering childhood individual and environmental risk factors, the relationship between continuous drug use and offending remained strong.

Despite these results, we must be cautious in identifying mental illnesses as being causally related to offending. Heilbrun, Lee and Cottle (2005) found the link between mental health difficulties and youthful offending is complex and mediated by more prominent criminogenic factors. This finding is consistent with findings for adult offenders with mental illnesses (Bonta, Blais & Wilson 2014). Nevertheless, evidence is emerging that certain types of mental disorders common among young offenders—and specific symptom clusters (e.g. anger, irritability, impulsivity)—can increase a youth's risk of engaging in aggressive and violent behaviours (Atkins et al. 1999; Connor 2002; Stoddard-Dare, Mallett & Boitel 2011).

Impulsiveness is a common symptom in mental disorders that impairs self-regulatory capacity. It is one of many constructs that refer to a poor ability to control one's behaviour (Farrington & Welsh 2007). Indeed, impulsiveness is such a strong predictor of offending, it is the key explanation for crime in one of the more influential criminological theories (Piquero, Jennings & Farrington 2010) put forward by Gottfredson and Hirschi (1990). Their theory proposed that low self-control (one of many similar constructs to impulsiveness) is the main cause of offending, because it encourages the pursuit of immediate gratification; those with low self-control are vulnerable to temptations of the moment and do not consider the consequences of their actions (Gottfredson & Hirschi 1990). These individuals find crime appealing because it involves mundane, simple, trivial, and easy acts intended to satisfy desires of the moment (Gottfredson & Hirschi 1990).

In a recent systematic review and meta-analysis on the relationship between early measures of impulsiveness and later violence, Jolliffe and Farrington (2009) examined six prospective longitudinal studies of large community samples:

- the CSDD in the UK (Farrington et al. 2006)
- the Orebro Project in Sweden (Klinterberg, Andersson, Magnusson & Stattin 1993)
- the Dunedin Multidisciplinary Health and Development Study in New Zealand (Moffitt, Caspi, Rutter & Silva 2001)
- the Seattle Social Development Project in the US (Herrenkohl et al. 2000)
- the Pittsburgh Youth Study (PYS) in the US (Loeber et al. 2008)
- the New York State Longitudinal Study in the US (Johnson, Smailes, Cohen, Kasen & Brook 2004).

The findings showed measures of impulsiveness taken in childhood were significantly related to future violence. Although the authors specified that their results were not meant to suggest that impulsiveness caused violence, this comprehensive study indicated support from prospective longitudinal studies with multiple time points that impulsiveness may be considered a causal dynamic risk factor.

Negative affectivity is another mental health symptom and personality characteristic that has been associated with youth offending. Negative affectivity refers to negative mood states such as anger, guilt, nervousness and fear (Douglas & Skeem 2005). In the Dunedin Study (Moffitt et al. 1996, 2001), children who exhibited a more difficult temperament (that is, high emotional instability, restlessness, attention problems and roughness) became violent and persistent antisocial offenders.

Similarly, other studies showed having a difficult temperament characterised by negativity predicted later aggression and antisocial behaviour (see Farrington & Welsh 2007). Significantly, however, some aspects of negative affectivity have been found to reduce the risk of offending. For example, anxiety, shyness, and internalising problems tend to protect against future violence in childhood and adolescence (Charney et al. 1993; Farrington 1989).

Importantly, the high prevalence of mental disorders within the juvenile justice system does not equate to a need for mental health intervention to reduce recidivism; however, as a duty of care and provision of health services, the youth justice system needs different levels of mental health care and treatment. Some youth who meet criteria for a disorder experience their disorder temporarily and only need acute or short term services. Others, approximately 10 per cent, represent a group of youth with chronic mental health needs who will likely need clinical care well into adulthood (Roberts, Atkins & Rosenblatt 1998). This individuality requires an effective screening and assessment process, as well as varied effective treatment options.

Role of victimisation and trauma

There is growing recognition that young offenders are not just the perpetrators of crime, inflicting trauma on members of the community, but they themselves also represent a highly traumatised population. The offender–victim overlap, as opposed to a dichotomy, poses important and challenging implications for the criminal justice system on how to sensitively respond to the unique needs of the young offender while upholding the safety needs of the community.

Studies of trauma in offending populations are bedevilled by methodological problems—the reliance on retrospective methodology (which involves the participant recalling past experiences) and failure to control or consider base rates of trauma in the general population and future offending. Relying on unsubstantiated retrospective recall of traumatic experiences, particularly trauma experienced in childhood and recalled years later, raises the issue of recall bias and the veracity of claims (Widom, Raphael & DuMont 2004).

Although strong evidence indicates that within the general population, people, particularly males, tend to fail to report their past experiences of child sexual abuse (Fergusson, Horwood & Woodward 2000; Hardt & Rutter 2004; Widom & Morris 1997; Williams 1994), the opposite effect of false positive claims of abuse among the offending population is considered to be likely. Reporting bias is particularly concerning among an offender population, because external motivation to report a history of abuse to elicit sympathy and/or receive a lenient sentence cannot be excluded (Falshaw 2005). For example, in Femina, Yeager and Lewis (1990) study on 69 juvenile delinquents with a substantiated history of childhood physical abuse, almost half provided discrepant information about their abuse at follow up in adulthood.

Exposure to traumatic events is a common phenomenon, with 25% of the population being exposed to such events by the onset of adulthood and the majority of the population aged over 45 years having experienced traumatic events (Norris & Slone 2014). The lifetime prevalence of continued disturbance in functioning due to traumatic events – post-traumatic stress disorder (PTSD) – is considerably less, being in the order of 7% of the population in most Western countries (Norris & Slone 2014) and only slightly higher rates in the Australian population. At any point in time, it is estimated that approximately 1–3% of the civilian population have *active* trauma symptomology, with a female-to-male gender ratio of 2–3:1 (Norris et al. 2001). Within Australia, some 700,000 residents meet diagnostic *caseness* for PTSD, based on recent population estimates (see Australian Bureau of Statistics 2014).

Importantly, there can be no doubt that, as a group, young offenders have high rates of trauma, as the information regarding incidents of child abuse and out-of-home care in Victoria show. However, the vast majority of young people who experience trauma – even severe forms – never offend. As such, it is important to understand further the factors that differentiate traumatised youth who do not offend from those who do. Sadly, such research is sorely lacking.

Maltreatment and offending

Several studies have concluded the relative risk of youth offending is higher among maltreated youth, by comparing groups of maltreated youth with either non-maltreated youth or general population estimates (Baskin & Sommers 2010; Bright & Jonson-Reid 2008; Widom, Schuck & White 2006). However, the strength of the association between maltreatment and youth offending varies systematically with the specific research methodology, particularly relating to whether the design is retrospective or prospective (Malvaso, Delfabbro & Day 2016; Wilson, Stover & Berkowitz 2009). Retrospective analyses (such as Flannery, Singer & Wester 2001) usually take sample of offenders and examine the likelihood that they have been previously involved with the child protection system or have experienced maltreatment. By contrast, prospective methods (such as Thornberry, Ireland & Smith 2001) typically analyse data from community samples or samples of youth involved with child protection or maltreated youth to determine the likelihood that they will subsequently become young offenders.

Retrospective analyses help us to understand the possible accumulation of risk factors for young offenders relative to youth in the general population. But prospective examinations provide more valid insights into the predictive relationship between maltreatment and coexisting sociodemographic factors on future offending behaviour. Such prospective analyses clearly show that only a small proportion of children subject to abuse are at risk of subsequent offending behaviour. Further, these studies identified a range of factors other than, or in combination with, maltreatment (such as gender, ethnicity and socioeconomic status) that can influence this relationship (for a review see Malvaso et al. 2015).

Maltreatment experiences are not homogenous; young people experience different types of maltreatment, at different times, and at varying levels of severity or chronicity. These variations, and how they are associated with offending outcomes, have been the subject of longitudinal research (Mersky & Reynolds 2007; Thornberry, Henry, Ireland & Smith 2010; Widom & Massey 2015). Many

of these studies used only a single category of maltreatment (e.g. neglect; Verrecchia, Fetzer, Lemmon & Austin 2010) or a composite measure that combines different types of maltreatment into a single aggregated category (Smith, Park, Ireland, Elwyn & Thornberry 2013).

Relatively few considered the consequences of multi-type maltreatment, or the experience of more than one type of maltreatment, which limits our ability to determine the unique effects of different types of maltreatment on offending. However, researchers have reported associations between physical and sexual abuse and offending (Mersky & Reynolds 2007; Smith, Ireland & Thornberry 2005; Papalia et al. 2017; Widom & Ames 1994), with neglect also increasingly identified as a strong predictor (Maxfield & Widom 1996; Mersky & Reynolds 2007; Smith et al. 2005).

Researchers have also investigated the effect of maltreatment recurrence (sometimes also referred to as chronicity or severity) and the timing of maltreatment (Lemmon 2006; Mersky, Topitzes & Reynolds 2012; Ryan & Testa 2005; Verrecchia et al. 2010). Recurrence is commonly measured by the number of maltreatment incidents, reports or substantiations accrued by an individual. However, various issues in defining and measuring recurrence make it difficult to compare findings across studies, and these problems might help to explain inconsistent findings in this area (for a review see Malvaso et al. 2016).

Consistent with theories of cumulative harm, it is plausible that repeated maltreatment is linked with poorer outcomes due to extended, and potentially more severe, exposure to maltreatment (Masten & O'Dougherty Wright 1998). Alternatively, the effects of recurrent maltreatment may be attenuated by intervention services, such as out of home care (Lemmon 2006). However, some studies also demonstrated out of home care placements increase the risk of a range of negative behavioural outcomes in youth, especially relating to juvenile justice involvement (Baskin & Sommers 2010; Doyle 2008; Goodkind, Shook, Kim, Pohlig & Herring 2012; Ryan 2012). While some of these adverse outcomes are likely to be a direct consequence of maltreatment and other confounding risk factors, it might be that placement compounds initial behavioural difficulties, and increases the risk of delinquent behaviour over time.

In terms of the timing of maltreatment, most previous studies considered only age when maltreatment is first reported or substantiated, with some reporting that as the age at time of maltreatment increases, so does the risk of offending (Bright & Jonson-Reid 2008; Leiter, Myers & Zingraff 1994; Ogloff et al. 2012; Papalia et al. 2017). However, although age at time of substantiation has often been used as a proxy for age at time of maltreatment, this indicator might reflect other underlying confounding factors. For example, maltreatment reported and substantiated later in childhood may indicate a later age of onset of maltreatment. Alternatively, it could reflect that maltreatment was not recognised earlier, or that the reported incident took some time to be substantiated. Some types of maltreatment may be more readily identified or investigated earlier than others. For example, neglect is often more difficult to identify, quantify or substantiate, compared with instances of physical or sexual abuse where tangible evidence (injuries) might be present.

Other studies have examined the timing of abuse in more detail, by breaking it down into three groups:

- childhood-limited maltreatment
- adolescent-limited maltreatment
- persistent maltreatment (that is, maltreatment occurring both in childhood and adolescence).

Studies by Thornberry, Ireland, Smith and colleagues, for example, found maltreatment that either starts or continues into adolescence is more consequential in the development of offending behaviour than maltreatment that is limited to the childhood years (Smith et al. 2005; Thornberry et al. 2001; Thornberry et al. 2010). However, another study that investigated this issue in a similar way also associated childhood-limited maltreatment with offending (Mersky et al. 2012).

As our review shows, the effects of maltreatment on youth offending behaviour are not simple and theoretical explanations of the mechanisms that underpin the maltreatment-offending association are often poorly articulated. A number of psychological and criminological theories of offending have been advanced (for a review see McGuire 2002), but it might be that pathways from maltreatment to offending are too heterogeneous for any single set of risk or protective factors, or any one theory, to explain. This is a main premise of developmental and life course (DLC) theories, which propose that human development is multiply determined by interconnections between a person's environment and their individual cognitive decision making processes, with these influences varying over the course of

the lifespan (Farrington 2007). For example, Cicchetti & Toth (1995) suggested maltreatment occurring in the early childhood years may be more critical because it disrupts age-appropriate development.

While not undermining the importance of negative childhood events, a life course approach emphasises the salience of events and situations occurring in adolescence and adulthood in changing behaviour (Sampson & Laub 2005). That is, proximal events may be more influential than distal experiences, which may explain why maltreatment in adolescence might be more consequential in the offending behaviour of youth. As Ireland, Smith, and Thornberry (2002) suggested, neither approach describes whether maltreatment that persists from childhood to adolescence has the most aversive influence on adolescent behaviour, but it is likely that the primacy of maltreatment in early childhood combined with other exogenous influences in adolescence results in the most disruptive behaviour for victims of persistent maltreatment.

Neurobiological understandings

In the past decade, neurobiological understandings of the sequelae of trauma have become a popular theoretical paradigm to identify any potential causal mechanism of maltreatment and trauma on offending. Neurobiological theories of trauma, and its association with offending, contend that lasting change occurs by: modifying brain functioning; strengthening or weakening synaptic connections; promoting neuronal growth or death; and fundamentally altering brain anatomy (Nash et al. 2014). Known as *neuroplasticity*, such neurophysiological changes to brain structure and function are particularly sensitive to environmental influence during the early neurodevelopmental period—a point where critical processes underpinning attachment, planning and reasoning, impulse control, empathy, self-soothing, and self-concept formation are also evolving.

During adulthood exposure to trauma, an individual follows a typical neurodevelopmental path resulting in a degree of *resilience*. By contrast, childhood exposure occurs before the child forms self-concept and acquires internal coping resources. Without fundamental support structures, typical neurodevelopmental processes are interrupted, altered or fail to occur at all—compromise that is particularly evident with chronic and enduring abuse, or repetitive exposure to adverse events (Terr 1990). Thwarting these neurological processes has an enduring impact on psychosocial development, because it undermines the acquisition of effective emotional and behavioural regulation, sensory processing, attachment, social/interpersonal skills, empathy, academic functioning, consciousness, and physical health (Nash et al. 2014). Similarly, early exposure to traumatic events (such as abuse and neglect) can impair major hormonal systems; compromising the development of impulse control, reasoning, problem solving and judgement (see Fairbank, Putnam & Harris 2014 for a comprehensive review).

Creeden (2005) summarises the pervasive neurophysiological implications arising from exposure to adverse or trauma-related experiences during one's formative years:

- Limbic irritability, or a priming effect of emotional hyper-vigilance, can result in a tendency to interpret social cues and interactions as threatening, resulting in activation of the sympathetic nervous system.
- Fearful anticipation learned by the amygdala may automatically override and exclude the use of other learning that might otherwise result in more appropriate and less reactive behavioural responses.
- Diminished bilateral integration limits the opportunity to effectively assess and respond to environmental stimuli, learn and adapt new problem-solving responses, and process stressful experiences.
- Stress-related reductions in hippocampal capacity, in conjunction with limbic priming, may create difficulties in central processing and behavioural responses.
- Limitations in metacognition make it unlikely that the individual will be able to consciously recognise reactive and non-processed emotional responses.

One could draw links between these neurophysiological changes arising from early trauma and subsequent offending behaviour. However, no studies have directly investigated this relationship between trauma and offending from a neurobiological perspective. Studies have investigated

neurophysiological/neuropsychological dysfunction in offenders (Giancola, Roth & Parrott 2006; Hancock, Tapscott & Hoaken 2010; Kelly, Richardson, Hunter & Knapp 2010) or the *neuro-sequelae* of trauma (Day & Kearney 2016; Diener et al. 2016; Hetterma 2016), but not both. In addition, neurobiological understandings of the nexus of trauma and offending do not account for why some individuals who experience early trauma go on to offend while many do not. Again, while neurophysiological implications of trauma may increase one's risk of engaging in rule breaking behaviour, there is likely to be moderating factors that influence any potential causal link.

Historically, trauma was often overlooked as a possible contributing factor in offending, despite its potential to fundamentally alter an individual's neuropsychological development, and severely compromise their interpersonal functioning. Acknowledging that multiple frameworks have attempted to elucidate the mechanisms underpinning such pathology, limited evidence exists to implicate trauma *causally* in the process of offending to date.

Instead, extensive research demonstrates a clear *correlation* between trauma symptomology, particularly that occurring during the early formative years, and subsequent aberrant behaviour. Such a correlation is most pronounced during those times where adverse childhood events (such as abuse, maltreatment, and neglect) are prolonged, and occur within the context of insecure parental bonding. During such times, the same mechanisms underpinning aberrant behaviour (that is, self-regulation, social connectivity and distorted cognitive processing) are believed to become irreparably compromised at a neuropsychological level.

This appears to make some individuals who have experienced trauma more vulnerable to situations in which offending may occur; limits their capacity to escape situations where aberrant behaviour is likely; or means they are unable to conjure the requisite internal resources needed to either desist from offending, or seek more adaptive regulation strategies. Nevertheless, the criminogenic interventions that target factors known to reduce recidivism aim to address these very issues and should not be seen as unique from therapeutic intervention addressing the sequelae of trauma.

Section 1 summary

A range of risk, promotive and protective factors in a number of domains of functioning have been identified as correlates of youth offending. While these factors have been found to have important utility in identifying 'at-risk' and 'high-risk' youth, the causal relationship between these factors and subsequent offending is still equivocal. Furthermore, youth offenders are not a homogenous group. There are robust findings that there are differential pathways of youth offending and subsequent adult offending, and that some level of antisocial behaviour is normative during adolescences. The role of risk, promotive and protective factors during different periods of development and their relationship to different developmental pathways of offending is not well understood. Nevertheless, the list of risk and protective factors presented in Table 1 can be summarised in to four broad conceptual areas that foster and maintain ongoing criminal activity:

1. a social environment during development that encourages and tolerates rule violations, crime and criminals
2. personal attitudes and values supportive of criminal behaviour
3. a personality style that finds impulsive high-risk behaviour rewarding
4. an establish history of benefiting from criminal activity.

In recent years there has been considerable attention given to the high prevalence in youth justice populations of histories of childhood maltreatment, trauma and mental health disturbance. The relationship between these adverse life events and offending is not well understood and is likely to be complex and multifaceted, and mediated through other criminogenic factors. While providing comprehensive mental health support for young offenders is appropriate with respect to duty of care and human rights, it will not necessarily reduce rates of recidivism unless it also addresses key criminogenic needs that are the primary drivers of offending.

Section 2: How to address youth offending

Introduction

Reflecting the mounting knowledge of factors that increase risk for offending, programs to address antisocial behaviour among adjudicated youth are increasingly tailored to address these risk factors, to discourage recidivism and encourage desistance. Interestingly, targeting the factors that play a role in developing and perpetuating youth offending is relatively new in the history of correctional programming. The issue is as much political (if not more so) as it is scientific ignorance. 'Tough on crime' sentencing policies often receive more political favour and community popularity than have 'human service' programs designed to treat, rather than punish, criminality.

Historically, this debate has dominated the adult corrections system arena, but it applies equally to youth justice policies. Very early reviews of correctional programming were pessimistic (e.g. Martinson 1974), leading to quick conclusions that 'nothing works'. Two main issues contributed to these quick conclusions:

- First, the reviews defined 'correctional treatment' very widely, including general sentencing and institutional policies as well as psychotherapeutic interventions. This common failure to distinguish between structural/setting variables and the clinical aspects of human service delivery *within* those structures and settings may make sense to policy makers and administrators. But many such 'treatments' have little relevance to the processes of behavioural influence, so lack theoretical or empirical basis for how they might change behaviour (Andrews & Bonta 2006; Ogloff & Davis 2004).
- Second, reviewers displayed an apparent bias when interpreting results, by favouring studies that demonstrated program ineffectiveness over those that demonstrated effectiveness. That is, study reviewers did not question the designs for studies that demonstrated treatment effectiveness, seemingly reflecting concerns about the authorship of papers and concerns for threats to reliability and validity. By contrast, reviewers did not apply similar methodological standards equally to studies that demonstrated non-effectiveness. Reviewers appeared to accept the findings of these studies without question (see Andrews & Bonta 2006 for a full discussion of these issues).

Encouragingly, when the issue was revisited and updated, a different, more optimistic picture emerged. Certain types of programs—those that included an element of human service and that could more easily be regarded as psychological *treatment*—appeared to be more effective than programs of punishment or deterrence (such as diversion, probation, custody, restoration; Andrews, Zinger et al. 1990; Gendreau & Ross 1987; Palmer 1983). A number of major reviews reached similar conclusions (Hollin 1999; Lipsey 1992a, 1992b, 1995), and the evidence base for appropriate programming having a significant impact on recidivism grew. Reflecting this, many experts in the field of correctional programming in general, and youth justice programming in particular, have now identified principles of program delivery that are related to increased program effectiveness (Andrews & Bonta 1994, 2006; Andrews, Bonta & Hoge 1990; Lipsey & Wilson 1998). These principles have become enshrined as the 'what works' approach to offender rehabilitation (Andrews & Bonta 2006; Day et al. 2003; Ogloff & Davis 2004).

A considerable number of systematic reviews, meta-analyses and research syntheses now identify *what works* in reducing offending in general, and young offenders in particular. Unfortunately, little new research has evaluated individual programs. This imbalance is problematic. First, we over-rely on the efficacy of early programs that are likely no longer being implemented, and know very little about the effectiveness of current interventions. (The exception to this dearth of evidence base for modern programs is licensed programs, such as Aggression Replacement Training (ART) and Multi-Systemic Therapy (MST). This perhaps reflects the financial incentives offered from royalties and the high level of cooperation of service providers implementing licensed programs.)

Second, many of the principles of effective practice are derived from research into correctional programming *in general*, and are then applied to programs for youth in particular. While these principles have demonstrated relevance for youth, there is limited knowledge about how developmental factors may influence program effectiveness.

With these caveats in mind, the following sections summarise the evidence base for effective programs, outline the key features that are consistently identified in more effective programs, and

describe the principles of best practice that are currently espoused in the offender rehabilitation literature.

‘What works’ in general correctional programming

As noted, much of what is known about elements of effective rehabilitation programming for offenders has come from research that focuses broadly, rather than exclusively, on adult and youth populations, male and female participants, and antisocial or delinquent behaviour that may include, but is not limited to, serious and/or violent offending (e.g. Andrews & Bonta 1994, 2006; Lipsey & Wilson 1998).

This research has demonstrated that after statistically controlling for methodological issues, a number of treatment-related variables are associated with reduced recidivism. For example, a large-scale meta-analysis conducted in the late 1980s (Lipsey 1992a; 1992b) found that variables related to improved program effectiveness included:

- longer duration of treatment and more meaningful contact (with the exception of continuous contact such as institutionalisation)
- services external to formal correctional/institutional settings
- services evaluated by the program developer
- services that are behaviour-oriented, skill-oriented and multimodal
- services that target higher risk cases
- treatment that considers the individual in broader systemic contexts (e.g. family).

Lipsey (1992a; 1992b; 1995) has demonstrated that program effectiveness can also be found specifically for youth samples in reducing delinquency and general recidivism. In a meta-analysis of almost 400 published and unpublished studies of delinquency interventions, two-thirds of the studies reported a positive treatment effect, although the overall reduction in recidivism was modest (10%). Although the outcome was defined as official arrest in the analyses, the *nearest analogue* was included for studies that did not report recidivism (the minimum requirements for the nearest analogue were not reported).

This lack of clarity in outcome variable may be problematic because Lipsey did not limit his inclusion of studies to only those that described programs delivered to adjudicated youth but also included studies of prevention programs for children with problem behaviours or otherwise *at-risk* children. Thus it is possible that some of these studies did not use an objective behavioural measure of outcome, making it difficult to extrapolate what, specifically, these programs were effective at changing.

Significant variability in effect size was found among studies in this meta-analysis, with some studies producing much larger impacts on recidivism rates than others (Lipsey 1992a). Methodological characteristics that were associated with greater effect sizes included:

- smaller samples
- shorter follow up periods
- matched equivalence of treatment and control groups
- lower attrition rates
- no-treatment compared with treatment-as-usual control groups
- higher risk participants
- higher treatment dosage (26 weeks or more, twice per week or more, and 100 or more total contact hours).

In addition, studies that were conducted by the program developers or in which the researchers were involved in treatment delivery produced greater effects than studies conducted by independent researchers. Similar to the findings of other researchers using adult samples (Andrews et al. 1990), Lipsey found the most effective programs were multimodal, skills oriented, and behaviour-oriented, and reduced recidivism by 20 per cent or more.

By contrast, deterrence approaches (such as shock incarceration, boot camps) and vocational counselling were found to be the most ineffective. Programs that combined the most favourable characteristics (treatment type, researcher monitored and high dosage) yielded a 25 per cent reduction in recidivism rates. Interestingly, Lipsey did not perceive that involvement of the researcher in program delivery or development was unfavourable due to bias in the reporting of statistics, as some authors have argued. Instead, he emphasised the potential for ongoing monitoring of program integrity and consistent delivery when the researcher is more involved in the program.

Given the developing evidence for the circumstances for effective correctional treatment, one group of authors (Andrews 1995; Andrews & Bonta 1994; Andrews, Bonta & Hoge 1990; Andrews, Zinger, Hoge et al. 1990) posited three key principles that have been empirically shown as essential for such programs to be effective. These were the principles of risk, need and responsivity (RNR). There is now a large evidence base to support these principles, and widespread agreement among criminal justice and forensic psychology researchers and commentators that programs that adhere to these principles are more effective than those that do not, all else being equal (McGuire & Priestly 1995; Ogloff & Davis 2004).

As the evidentiary support for these principles has grown, so too has the number of *principles of effective practice*. These are now 18 principles (Andrews, Bonta & Wormith 2011; Andrews & Bonta 2006). Table 2 outlines these principles, still commonly referred to as the RNR principles in spite of their growing number. The three main principles of risk, need, and responsivity are explained briefly below.

The risk principle

The risk principle espouses that level of treatment service provision needs to be matched to the level of risk of the offender. This principle assumes that risk can be reliably determined through use of valid, reliable risk assessment instruments. Higher risk cases require more intensive and extensive services in order to significantly reduce recidivism. For low-risk offenders, minimal or even no intervention is appropriate. Andrews and Bonta (2006) provide evidence that reductions in recidivism for high-risk offenders are found only when intensive treatment services are provided, while for low-risk offenders, intensive services have either a minimal effect or a negative effect.

The need principle

The need principle draws a distinction between offender needs that relate directly to the causes and correlates of offending behaviour (*criminogenic needs*; or dynamic risk factors), and needs that are unrelated to criminal behaviour (*non-criminogenic needs*). The need principle argues that for reduction in recidivism to occur, criminogenic needs must be targeted. While offenders also have a right to services for non-criminogenic needs to improve quality of life, such as poor self-esteem, depression, anxiety, dental hygiene and physical health, addressing these needs is unlikely to alter recidivism unless that alteration directly impacts on a criminogenic need (Andrews & Bonta 2006).

The responsivity principle

This principle has two related components—one general and one specific—that refer to delivering treatment programs in a style and mode that is consistent with the ability and learning style of the offender. The general responsivity principle states the most effective therapeutic interventions change behaviour are cognitive-behavioural in nature, regardless of the nature of the problem behaviour (e.g. smoking, depression or antisocial behaviour).

Specific responsivity considerations factor in more of the individual offender's idiosyncratic characteristics that may affect his or her ability to respond to therapeutic interventions, even those that are appropriately cognitive-behavioural in nature. For example, anxious or paranoid individuals may have difficulty in a group format. People with cognitive deficits may require more repetition, visual input, and other adaptations to suit their learning abilities. By identifying issues of personality, culture, gender, age, cognition/learning style, motivation, and readiness to change, treatment can better match the needs of the specific client.

Considerable evidence now exists that demonstrates treatment programs that adhere to these principles are more effectiveness, as defined by reduced recidivism. Andrews and colleagues (1990) conducted a meta-analysis of 154 comparisons of correctional programs, 124 of which could be

defined as treatment services. Treatment groups were categorised as *appropriate*, *unspecified* and *inappropriate* according to their adherence to the RNR principles. Few studies differentiated clients according to risk level or were clear about the criminogenic needs being targeted.

The majority of *appropriate* treatments were so defined because they employed behavioural techniques. *Inappropriate* treatments included deterrence (such as shock incarceration), non-directive, client-centred and psychodynamic therapies, non-behavioural milieu and group interaction approaches, and those that did not match treatment to clients. *Unspecified* treatments were those for which there was insufficient information to classify as appropriate or inappropriate.

The key results were:

- The average effect size for appropriate treatments was positive and significant (0.30), representing a reduction in recidivism of approximately 50 per cent from that found in the comparison conditions (35 per cent recidivism compared with 65 per cent recidivism, respectively).
- The average effect size for appropriate treatments was significantly greater than unspecified treatments (0.13), inappropriate treatments (-0.06), and no-treatment criminal processing (-0.07).
- The effect-size correlation for this four-level type of treatment variable was stronger than that between a simple behavioural/non-behavioural variable, suggesting that the risk and need principles contributed to appropriate service beyond the effect of behavioural treatment (the general responsivity principle).
- The results remained significant for both juvenile and adult services, and in randomised and non-randomised designs. Treatment in community settings was more effective than treatment in custodial settings (.35 and .20, respectively).

Further support for the RNR principles came from another meta-analysis by Antonowicz and Ross (1994), who attempted to control for methodological limitations of original studies by including only peer-reviewed publications of experimental or quasi-experimental studies, published between 1970 and 1991. Antonowicz and Ross included only those studies that employed official recidivism as the outcome measure. Despite their stringent inclusion criteria, most of the studies identified had significant limitations in their reporting, making appropriate classification for analysis difficult. Many studies had inadequate information about characteristics of the experimental and control programs, program staff, and the study participants. As a result, many of the characteristics of interest could not be statistically examined.

Despite this limitation, Antonowicz and Ross found that 20 out of the 44 experimental programs to be successful, and that certain program characteristics were associated with increased effectiveness:

- 75 per cent of successful programs employed both cognitive and behavioural techniques, whereas all programs without a cognitive component were deemed unsuccessful.
- With respect to RNR principles, 90 per cent of successful programs targeted criminogenic needs compared with 58 per cent of unsuccessful programs.
- 80 per cent of successful programs adhered to responsivity compared with 50 per cent of unsuccessful programs.

Antonowicz and Ross argued the risk principle was not supported, because low risk offenders were able to benefit from some treatments.

Table 2: The expanded risk-need-responsivity (RNR) model

Overarching principles	
1. <i>Respect for the person</i>	Services are provided in an ethical, legal, just, moral, humane and decent manner.
2. <i>Theory</i>	Use a general personality and cognitive social theory of criminal behaviour (make use of a psychology of criminal conduct). Behaviour reflects genetic predispositions in combination with the personal, interpersonal and community-based density of rewards and costs for criminal and non-criminal alternative actions. In the immediate situation of action, supports may be actively mediated by the person, interpersonally mediated and/or be relatively automatic, intrinsic and unconscious.
3. <i>Human service</i>	Introduce human service delivery rather than relying on the severity of the penalty.
4. <i>Crime prevention</i>	The theoretical and empirical base of RNR-based human service should be disseminated widely for purposes of enhanced crime prevention throughout the justice system and beyond (e.g. general mental health services).
Principles of risk, need and responsivity	
5. <i>The risk principle</i>	Match the level of service to the offender's risk to reoffend. Work with the moderate and higher risk cases. Keep low-risk cases out of intensive correctional services thereby avoiding interference with existing strengths and/or increased association with higher risk others.
6. <i>The need principle</i>	Assess criminogenic needs and target them in treatment. Criminogenic needs (dynamic risk factors) are characteristics of people and/or their circumstances that signal reward–cost contingencies favourable to criminal activity relative to non-criminal activity. The Central Eight risk/need factors (for general crime) are identified as antisocial associates, antisocial cognitions, antisocial personality pattern, history of antisocial behaviour (a static risk factor), substance abuse and circumstances in the domains of family/marital, school/work and leisure/recreation.
7. <i>The responsivity principle</i>	Maximise the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities, and strengths of the offender. a. General: Use cognitive social learning methods to influence behaviour. b. Specific: Modify strategies in accordance with the strengths, motivations, readiness to change, personality, mental status, learning ability, learning style, circumstances and demographics of individuals.
The principles of structured assessment	
8. <i>Assess risk, need and</i>	Use structured and validated instruments to assess risk, need and responsivity.

<i>responsivity</i>	
9. <i>Assess strengths</i>	Assess personal strengths and integrate them in interventions.
10. <i>Breadth</i>	Assess specific risk, need, responsivity factors as well as non-criminogenic needs that may be barriers to prosocial change, but maintain a focus on the RNR factors.
11. <i>Professional discretion</i>	Deviate from the RNR principles for <i>specified reasons</i> in rare cases.
Principles of program delivery	
12. <i>Dosage</i>	Engage higher risk cases and minimise dropout from programs that adhere to RNR.
Staff practices	
13. <i>Relationship skills</i>	Relationship skills include warmth, respect and being collaborative.
14. <i>Structuring skills</i>	Structuring skills include modelling, reinforcement, skill building, problem solving, cognitive restructuring and other validated structuring strategies.
Organisational practices	
15. <i>Community-based</i>	Services that adhere to RNR are more effective when delivered in the community although institutional or residential services that adhere to RNR can also reduce recidivism.
16. <i>Continuity of service</i>	Provide services and ongoing monitoring of progress.
17. <i>Agency management</i>	Managers select and train staff according to their relationship and structuring skills, provide clinical supervision according to RNR, ensure there are organisational mechanisms to maintain the monitoring, evaluation and integrity of assessments and programs.
18. <i>Community linkages</i>	The agency within which the program is housed will maintain positive relationships with other agencies and organisations.

Source: Andrews et al. 2011

A more recent meta-analysis of juvenile delinquency programs did find support for the risk principle (Lipsey 2009). Further, this meta-analysis highlighted the importance of controlling for methodological differences between studies before drawing conclusions about genuine treatment effects on recidivism. Lipsey found methodological differences among studies accounted for a significant proportion of the variance in recidivism effect sizes. After controlling for these method variables, he found only three program characteristics to be major correlates of program effectiveness: a *therapeutic* intervention philosophy, regardless of its orientation; *high quality* program implementation; and *servicing higher risk* offenders.

This significant finding for the risk principle appears in contrast to the results of previous meta-analyses (e.g. Andrews, Zinger et al. 1990; Antonowicz & Ross 1994). This difference may be due to controlling for variables related to study design. Alternatively, more recent studies may have considered the risk principle more carefully and explicitly, making it easier to examine the impact of risk on treatment effectiveness. Lipsey's recent meta-analysis also found interventions were equally effective for younger and older juveniles, for males and females, and for different ethnic groups.

Meta-analyses conducted since those of Andrews et al. (1990) and Lipsey (1992a) provided considerable additional support for the utility of the RNR principles in reducing recidivism (Dowden & Andrews 1999a, 1999b; Hill, Andrews & Hoge 1991; Lipsey 1995, 2009; Lipsey & Wilson 1998; Losel 1995; de Vries et al. 2014). Meta-analytic evidence has also emerged to support the applicability of these principles to a diverse range of offender populations, including:

- female offenders (Dowden & Andrews 1999a)
- young offenders (Dowden & Andrews 1999b; de Vries et al. 2014)
- violent offenders (Dowden & Andrews 2000)
- within both institutional and community settings (Andrews, Zinger et al. 1990; Hill et al. 1991), although stronger effects were frequently found for the latter compared with the former (Lipsey 2009).

In the past decade, a handful of studies used repeated assessments to examine the merits of dynamic risk factors (that is, *criminogenic needs*). Dynamic risk factors are superior to static risk factors in establishing causality; they can guide the practitioner to more effective interventions, by measuring the individual's present risk, or *risk state* (Skeem & Mulvey 2002). By focusing on risk state, we expect predictive accuracy to be higher than if we consider only an individual's static risk factors (Howard & Dixon 2013).

Generally, changes within individuals are superior to differences between individuals in establishing causality, because of the better control of extraneous variables. When changes within individuals are studied, all individual factors (e.g. age, sex, personality, intelligence, social class) are held constant. By contrast, measuring change in dynamic risk factors and establishing causality requires repeated measures. Many empirical studies have used scores from only one-time point and suffer from small samples (Douglas & Skeem 2005). Yang et al. (2016) noted that studying causal dynamic risk factors in criminal justice settings is often difficult, due to missing data, differences in administering repeat assessments, and individual differences such as differences in baseline risk levels.

Howard and Dixon (2013) summarised five earlier studies on dynamic risk factors that used repeated measures. Their study overcame previous shortcomings by using a large sample (n = 196 493) and ratings that were derived from practitioners instead of from researchers. Howard and Dixon (2013) examined change in dynamic risk factors in the OASys Violence Predictor (OVP, version 1). This actuarial risk predictor forms one part of OASys, a risk assessment used in all adult prisons and probation throughout England and Wales.

Howard and Dixon found all but two dynamic risk factors changed. The accuracy in predicting violent recidivism was higher for scores from current assessments compared with scores from only static risk factors or to scores from the initial assessment of dynamic risk. The study supported previous findings on the changeability of dynamic risk factors using a stronger research methodology.

Since Howard and Dixon's study, more longitudinal research on dynamic risk factors and change has emerged. These studies assessed change by using change scores to predict offending risk (Baglivio, Wolff, Jackowski & Greenwald 2015; Olver, Nicholaichuk, Kingston & Wong 2014; de Vries, et al. 2015) and comparisons between the predictive validity of repeated assessments and the initial one-time assessment (Greiner, Law & Brown 2015; Howard 2015a).

Some researchers have noted limitations of these studies on dynamic risk factors. First, Brown et al. (2009) observed that adequately assessing change needed at least three time points, and that this methodology is still rare in the study of dynamic risk factors. Second, most studies of dynamic risk factors do not test whether changes in dynamic risk factors lead to changes in offending risk (Harris & Rice 2015; Serin, Lloyd, Helmus, Derkzen & Luong 2013).

Some recent studies addressed these limitations in diverse samples. Howard (2015a) examined changes in dynamic risk factors in the OVP and the OASys General Reoffending Predictor (OGP, version 1). The findings from repeated assessments of 221 157 cases (of which almost 90 per cent were male) showed changes in dynamic risk factors predicted changes in offending risk. Changes in accommodation, drug misuse, and attitudes from the OGP had the most significant influence on non-violent reoffending, accounting for 70 per cent of the changes in risk. In the OVP, changes in alcohol misuse and accommodation accounted for over half of the changes in violent reoffending risk. Changes in accommodation seemed to be important for both violent and non-violent offending risk.

Greiner et al. (2015) examined dynamic risk factors for 497 federally sentenced Canadian women using the Community Intervention Scale (CIS). The analyses of risk scores from four time points showed some dynamic risk factors may be more stable than others, while other more acute factors were more prone to change rapidly. This study also found employment and social interactions may be the most important dynamic risk factors for recidivism among female offender populations.

Highlighting the importance of ongoing risk assessment to juvenile justice practice, Mulvey et al. (2016) created risk indicators based on the Youth Level of Service/Case Management Inventory (YLS/CMI), the most widely used youth risk assessment. This study used multi-wave data on 1354 American serious juvenile offenders from the Pathways to Desistance project. Although their risk indicators showed dynamic risk factors changed over time, the study found psychological and attitudinal risk did not vary much, suggesting these particular factors may be 'set' by the time youth are in court. In addition, risk indicators closest to the time of reoffending (e.g. most current assessments) were the strongest predictors of future offending.

Issues of implementation

Despite the seemingly overwhelming evidence to support the notion that adherence to RNR principles is crucial to the effectiveness of correctional treatment (at least, assuming the aim of such programs is to reduce recidivism), its supporters have noted that what the research demonstrates as *best practice* remains slow to trickle down in to mainstream practice in the *real world* (Flores et al. 2005; Goggin & Gendreau 2006; Latessa 2004). For example, Flores and colleagues surveyed correctional treatment staff from three youth justice agencies in the US and found that the majority were not aware of the major criminogenic needs that have been consistently identified to contribute to offending, and were not aware that cognitive, cognitive-behavioural or social-learning-based treatments are the most effective for reducing recidivism. Latessa (2004) argues that for successful infiltration to occur, *readiness to change* must be a whole-of-organisation process, such that staff at all levels (from policymakers to on-the-ground staff and program facilitators) must be ready and willing to embrace best practice and support offenders through treatment. Strong leadership for change (i.e. championing a program) is also required at each of these levels.

With the failure to adopt best practice through the adherence to RNR principles in mind, it is even more troubling that many adult and youth correction services have started to give prominence to ideas of correctional intervention being guided by the attainment of 'human goods' as outlined in the Good Lives Model (GLM) (Ward & Brown 2004; Ward & Stewart 2003). The GLM was developed in the context of the treatment of adult sexual offenders and to some degree was a reaction to predominately punitive measures being imposed on sexual offenders in Queensland. The emphasis of the GLM on offender strengths and fostering healthy development has been appealing to many working in correctional systems. However, it has been argued that these ideas are more robustly captured and empirically supported within the RNR principles (see Andrews, Bonta & Wormith 2011; Ward, Yates & Willis 2012), and more contemporary research investigating the role of protective factors (i.e. strengths) in reducing risk and recidivism would tend to support that assertion (de Vries et al. 2013; Lodewijks, de Ruiter & Doreleijers 2010; Shephard, Luebbers & Ogloff 2016; Wooditch, Tang & Taxman 2014).

In summary, several meta-analytic studies in the field of offender rehabilitation and general correctional programming conducted since the 1980s demonstrated consistently that some, but not

all, correctional programming can be effective in reducing future recidivism. Consistently, these quantitative reviews showed programs that employ a human service element (such as psychological treatment), use cognitive and/or behavioural techniques, and target dynamic risk factors (criminogenic needs) are more effective at reducing recidivism than are programs that do not employ these elements. Further, the following types of programs are consistently shown to be not effective:

- programs based on deterrence (such as boot camps, 'scared straight' programs, trialled-as-adult initiatives, mandatory sentencing)
- vocational programs (excluding job seeking assistance programs)
- peer-directed programs (such as unstructured milieu therapy)
- 'general' counselling programs that are not designed to address criminogenic needs (including client-centred, non-directive, supportive and psychodynamic approaches).

These consistent findings prompted researchers to develop *principles of best practice* for correctional programming, including risk, need and responsivity. While considerable evidence supports these principles—particularly need and general responsivity—empirical support for the risk principle is mixed. This latter finding may be due to a failure of many programs to appropriately consider risk, or at least inadequate reporting of how evaluations considered it.

The next section discusses the RNR principles as they apply *specifically* to intervention programs for youth.

Intervention approaches

Broadly speaking, treatment programs to address youth offending demonstrated to be consistently effective can be divided into two main categories:

- cognitive and/or behavioural therapies that target dynamic risk factors within the individual, and
- family/systemic therapies that address criminogenic needs in broader system domains, such as family and peer networks.

Generally, programs that do not employ therapeutic techniques, or that do not target antisocial behaviour and criminogenic needs specifically, have not reduced recidivism. Examples of such programs include psychodynamic and general counselling, peer-directed milieu therapy, and educational programming that does not have direct and supported pathways to vocation. They do not explicitly target criminogenic needs, nor are they considered effective at reducing recidivism (e.g. Borum & Verhaagen 2006; Dowden & Andrews 2000; Horizons 2008), so we do not consider them any further.

Rather, this review focuses on interventions that have been shown to be effective with *high to moderate risk* young offenders, in line with the RNR approach. The most effective intervention for low risk young offenders is diversion away from the criminal justice system to community services.

Cognitive and behavioural interventions

Cognitive behavioural therapy (CBT) recognises that inappropriate behaviours and thought patterns stem from the individual's learning and development through social experiences (social learning theory; Bandura 1977). Thoughts and feelings impact behaviour, so CBT strategies target problematic (e.g. criminogenic) thought processes to change maladaptive (e.g. antisocial) behaviours (see Wilson, Bouffard & Mackenzie 2005).

Specific techniques employed by cognitive behavioural programs include role playing, modelling, interpersonal skills training, reinforcement and problem solving skills (Andrews, Zinger et al. 1990; Flores et al. 2005). Alexander (2000) describes a range of CBT techniques for group-based offender programming, including encouraging debate and gentle challenging about thoughts and opinions, which allows offenders to consider alternative viewpoints and to reassess logic. Evans and Kane (1996) describe the *cognitive click*, which occurs when the individual realises their current line of thinking is not sustainable when applied to this group debate process.

CBT programs are very commonly offered in adult prisons and youth correctional facilities alike throughout North America, the UK and Australia. These programs typically involve social skills training, behaviour and reasoning modification, and aim to reduce general offending. A number of

'licensed' cognitive behavioural programs now exist for the general offender population, such as Cognitive Skills, Reasoning and Rehabilitation (R&R), Moral Reconciliation Therapy, and Controlling Anger and Learning to Manage it (CALM). Numerous evaluation studies establish the efficacy of these programs in facilitating behaviour change among participants, and demonstrating reduced general recidivism rates among both adults and adolescents, in custody and in the community (Andrews, Zinger et al. 1990; Day, Howells, Mohr, Schall & Gerace 2008; Izzo & Ross 1990; Rendono, Sanchez-Meca & Garrido 1999). However, recent critiques question the long term impact of these programs on behavioural outcomes (Armeliuss & Andreassen 2007).

Some evidence suggests standard CBT programs such as those named above are insufficient in intensity, duration and focus to reducing offending in persistent and severe offending adolescents (see, for example, Day et al. 2003). Nonetheless, more comprehensive and higher intensity CBT programs have been found to be effective in reducing specific types of offending, including sexual and violent offending (e.g. Dowden & Andrews 2000). Examples of CBT programs aimed to reduce antisocial behaviour that have been evaluated are described below.

Anger management programs

Anger management programs are widely implemented in criminal justice systems for both adults and young people, delivered in community probation services as well as in custody (Day et al. 2003; Heseltine, Howells & Day 2010; Howells 2004). These programs are typically brief (e.g. 20 sessions) and teach calming strategies, interpersonal problem solving and assertiveness. Howells (2004) identifies the key components and strategies of anger management programs to include identification of triggering events, impulsive reactions to anger, cognitive appraisal of triggering events including cognitive biases, education regarding physiological arousal in anger, and teaching adaptive self-regulation strategies. Strategies to mitigate potential for anger triggers and contextual stressors are also emphasised.

As noted by Howells (2004) and McGuire (2008), much of the evidence base for anger management programs comes from studies of community programs rather than correctional programs. Studies that have examined the efficacy of anger management programs at reducing recidivism among offender populations have provided mixed evidence, and this is particularly the case for severe and persistent offenders. For example, Heseltine, Howells and Day (2010) conducted a controlled outcome study of a standard, 20-hour, anger management program offered to adult offenders. The treatment group demonstrated improved knowledge about anger but little change on measures of angry experience and anger expression compared with waitlist controls.

Evidence about the efficacy of anger management programs among adolescent offender populations is particularly limited. Escamilla (1998) evaluated a six-session program offered to young offenders and found no significant differences in general or violent recidivism at one-year post program completion between the 15 participants and controls. There are considerable methodological limitations to this study (including small sample size and an unmatched comparison group), making it difficult to interpret the data.

Ireland (2004) evaluated a similarly low-intensity CBT-based anger management program offered to young offenders in the UK prison service (mean age 19 years). The program involved 12 one-hour sessions delivered over three days. Fifty program participants and 37 waitlist controls with similar demographic and offence-related variables were compared on pre/post-group self-report questionnaires measuring anger and officer-rated behaviour scales. More than half the participants in each group had a history of violence, but this was not necessarily the basis for program referral. Significant post-treatment reductions on self-report and officer-rated scales were found for the treatment group, but not the control group. However, these evaluation outcomes (and the treatment inclusion criteria) were both related to angry thoughts, feelings and behaviours, not violent or antisocial acts per se. The follow-up period was limited to eight weeks, and it is unknown whether treatment gains would be sustained long term, particularly post release to a community environment.

Many commentators and clinical experts have argued that anger management programs are insufficient in duration, intensity and scope to have a measurable effect on recidivism among severe and persistent offenders, in youth or adulthood (Heseltine, Howells & Day 2010; Howells 2004; Howells et al. 2005; Polaschek 2006). Anger should be considered as an individual-level, dynamic and contextual risk factor, and is neither necessary nor sufficient to produce violent behaviour (Howells 2004). The sole focus on anger in treatment therefore does not address many other dynamic

risk factors that contribute to antisocial behaviour, particularly for those whose offending is entrenched, instrumental or supported by attitudes and schemas that are hostile, aggressive or focused on external attribution of blame, and those who present with more complex psychological and social difficulties (Howells 2004).

Moreover, readiness to change and therapeutic engagement are as important for core anger management programming as they are for more intensive forms of treatment (Howells & Day 2003). For example, Heseltine, Howells and Day (2010) found that scores on measures of treatment readiness correlated positively with post-treatment improvement on anger scales. Yet readiness, motivation and engagement are rarely assessed or addressed prior to entry into anger management programs.

These concerns do not suggest that anger management programming should not occur, but it should not be relied upon as a single modality for behaviour change, particularly with severe and persistent offenders. Howells and colleagues (2002) argue that while anger management programs should continue to be offered in prisons, a move away from blanket delivery of these programs as a 'tick box' needs to occur. Polaschek (2006) perceived that anger management training has a place *within* multimodal programs, in which a broader array of criminogenic needs associated with offending are addressed. Day and colleagues (2008) suggest adding a perspective-taking module to traditional anger management programs for offenders, including visual feedback (videotaped role-plays), chair work and forgiveness therapy.

Aggression Replacement Training

Aggression Replacement Training (ART) is an example of a licensed program developed specifically to reduce aggressive behaviours in children and young people, including adjudicated youth. It was initially developed at Annsville Youth Centre, a New York state residential facility for adolescent male felony offenders (aged 14–17 years), and was later replicated in a maximum-security custody centre for young people aged 13–21 years serving sentences for serious violent offences.

Its developers defined ART as a 'multimodal, psycho-educational intervention for assaultive, hostile adolescents and children who are either institutionalised or pose severe, disruptive behaviours in communities' (Glick & Goldstein 1987, p. 356). It is a 10-week program comprising three concurrent modules (one session of each module per week): skill streaming, anger control training and moral education (Glick 2003; Glick & Gibbs 2011).

Skill streaming aims to teach social skills, emotional regulation skills, alternatives to aggression, and planning (goal setting and decision making) skills through use of modelling, role-playing, performance feedback and transfer training. Transfer training is designed to promote use of skills when needed in real-life environments such as on return to the community. In anger control training, participants learn to identify their triggers to anger, cues for anger and techniques that reduce anger. Each participant is required to bring to each session a description of a recent anger-arousing experience, and to record such experiences in a *hassle log*. Participants are trained to respond to hassles with a step-by-step behavioural process that includes use of self-statements, behavioural anger reduction techniques and self-evaluation.

Finally, the moral education component was added as a values-oriented component designed to reduce the impact of intrinsic and extrinsic rewards and reinforcements for aggressive behaviour. Moral education teaches a set of procedures designed to raise the person's fairness, justice and concern for the needs and rights of others by addressing cognitive distortions through moral dilemma exercises (Glick 2003). Therein lies the fundamental distinction between ART and standard anger management programs; moral reasoning is designed to address aggression and violence that occurs through conscious choice rather than emotional dysregulation.

The original evaluation of ART showed that treated youth at the Annsville site demonstrated significantly reduced intensity, number and impulsivity of externalising behaviours than controls, and were rated by community supervisors as functioning better in terms of peer and family relationships and lawful behaviour. In contrast, treated youth at the maximum-security site did not demonstrate a reduction in externalising behaviours, although the authors argued that the secure setting may have been responsible for low base-rates of difficult behaviour in both treatment and control groups at this location. Unfortunately, post-release follow-up data were not available for this sample of serious violent young offenders (Glick & Goldstein 1987).

Subsequent evaluations have demonstrated ART to assist in increasing interpersonal skills competence, reducing self-reported anger levels in mild (but not severe) anger-provoking situations, and reducing re-arrests for adolescents in the community. Further reductions in recidivism occurred when families were also delivered ART treatment (Goldstein et al. 1989). In addition, ART has been demonstrated to reduce aggressive incidents and improve social skills and self-control in aggressive students when delivered in a Brisbane high school (Jones 1990; cited in Glick & Gibbs 2011). In a methodologically limited Australian youth justice custody setting, ART has been associated with significant reductions in overall aggression as well as improved social skills (Currie et al. 2009). However, this study reported on a pilot program with only five participants, no control sample, no follow-up period and no behavioural measure of outcome.

ART has also been examined in relation to its effectiveness at reducing gang involvement and gang-related violence, with mixed results. Goldstein and Glick (1994) reported a study in which two Brooklyn (New York) community agencies each conducted three four-month ART programs. Twelve gangs participated in the project – six were assigned to ART and six as controls. Each ART group included only members from the same gang. Both ART and control groups also received various educational, vocational and recreational services offered by the two agencies. ART participants demonstrated superior performance on all post-treatment skill measures, including beginning social skills, advanced social skills, feelings-relevant skills, aggression-management, stress-management and planning skills, as well as total skills score. However, there were no differences between groups for scores of anger control. Arrest data was available for a subset of two ART groups and their respective control groups. Only five of the 38 ART participants (13%), compared with 14 of the 27 control-group members (52%), were re-arrested during the eight-month follow-up period. Although this difference was statistically significant, a longer follow-up period is necessary to determine sustainability of treatment effects long term. Of note, a violence-specific measure of behaviour change or recidivism was not employed, despite the aim of the study being to assess ART's ability to reduce gang-related violence.

Since the program's development, ART has been adapted to suit a variety of populations and settings (see Goldstein et al. 2004). For example, Leeman, Gibbs and Fuller (1993) combined ART with the pre-existing milieu program called Positive Peer Culture (PPC) in a medium-secure facility for young offenders with felony offences in Ohio. Although the PPC approach has not been shown to have a significant impact on recidivism (Greenwood & Turner 2009), it has demonstrated effects in terms of increased control over impulsive behaviours among violent youth. The PPC approach involves an 'adult guided, youth-run, small group approach', teaching youth a set of basic rules with clear and consistent consequences, and placing major responsibility on youth for managing their living environment and behaviour.

Combining ART and PPC was an attempt to add a skills-oriented intervention to this motivation-driven milieu culture, and was called EQUIP. It combines moral discussion, anger management and social skills discussions in sessions referred to as 'equipment meetings'. The evaluation of EQUIP in Ohio examined measures of behaviour change among EQUIP participants and two control groups; one received straight motivation intervention and the other received no treatment. EQUIP participants demonstrated improvements in institutional misconduct relative to the control groups, including lower rates of self-reported misconduct, formal incident reports and unexcused absences from the school program. Moreover, recidivism rates were low for the EQUIP group across two time periods (15 per cent at 6 and 12 months), while the comparative rates worsened for both control groups (25–35 per cent for the motivation group, and 30–40 per cent for the no-treatment group). These results suggest EQUIP may yield benefits not only in terms of institutional adjustment, but also longer term results upon return to the community.

Thus there is reasonable evidence for the efficacy of ART in terms of improved social skills, anger control, reduced ratings of institutional aggression and improved ratings of prosocial behaviours. ART has demonstrated similar successful findings when implemented with integrity and adequate staff training, in multiple countries, across genders and different cultural groups, and in community, institutional, school and mental health populations. Although these results show considerable promise, studies that have examined the impact on behaviour change per se (particularly criminal recidivism) have shown mixed results (see Glick and Gibbs (2011) for a full review).

The pre- and post-measures of change employed by these efficacy and evaluation studies appear to represent a test of participants' knowledge of program content, rather than an assessment of behaviour change based on that learning. For those studies that have employed some measure of

behavioural recidivism, measures of behavioural outcome have been non-specific (e.g. broadly defined 'externalising' behaviours, mild aggression, supervision violation). The few studies that have examined official reports of new offences have not described the nature of those offences (and may include misdemeanours), and employ very short follow-up periods (e.g. three months).

Palmer (2007) has also criticised the generality of findings with respect to ART's impact on aggressive behaviour, noting that the exact contribution of each module is unable to be determined until component analysis is undertaken. Palmer questioned the utility of the moral reasoning component in particular in providing any additional value over that of typical anger management programs that do not include this values component.

Mode Deactivation Therapy

Mode Deactivation Therapy (MDT) has been described as an 'advanced' form of CBT designed to simultaneously address the multiple problems of conduct- and personality-disordered youth (Apsche & Ward Bailey 2004; Apsche & Bass 2006). According to Apsche and Bass (2006), MDT draws on Beck's theory of *modes* as well as key elements from other cognitive-behavioural approaches: CBT, Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT), functional analytic behaviour therapy and schema-focused therapy.

MDT is designed to deactivate the pre-established maladaptive cognitive, behavioural, affective and motivational response set (i.e. a *mode*) that is internalised through prior experience and automatically triggered in situations of interpersonal conflict or disturbed mood state (Apsche & Bass 2006). MDT was designed with consideration of the serious histories of victimisation among many offending youth and the resulting difficulties in interpersonal trust. The aim was therefore to remove the focus on the therapist as 'another adult' trying to impose authority and force change.

Unlike cognitive therapy, therefore, MDT does not directly challenge the 'irrationality' of schemas or argue the concepts of cognitive distortions, as this has potential to invalidate the young person's experiences and trigger negative reactions that may undermine therapeutic alliance and treatment progress. Instead, core beliefs are validated as legitimate creations from the person's life experience, and then 'balanced' through collaborative processes to deactivate the maladaptive response. This process requires an exhaustive case conceptualisation that includes a diagnostic interview, complete family history, comprehensive behavioural history and functional analysis of behaviour (Apsche, Bass & Houston 2007). Specifically designed imagery, relaxation and mindfulness exercises are also introduced to teach emotional regulation (Apsche & Ward 2002). Sessions are delivered weekly in individual or group formats, and a workbook is utilised (Apsche 1999). In addition, MDT can be applied as a family-based therapeutic intervention (see Apsche et al. 2008).

Apsche and Bass (2006) compared the relative effectiveness of CBT, MDT and social skills training (SST) in the treatment of conduct disorder and personality-disordered young people referred to a residential treatment facility for aggression and sexually-aggressive behaviour. Sixty young males were assigned to one of the three treatment conditions at the time of admission, based on the caseload of participating clinicians specifically trained in one of the three treatments. The three conditions had similar rates of mental disorder diagnoses, age and racial backgrounds.

MDT was found to be associated with a significant reduction in post-treatment physical aggression compared with CBT and SST, with MDT participants demonstrating an 80.7% reduction in rates of post-treatment physical aggression compared with 72.6% reduction for CBT participants and 68.8% for SST participants. The greater magnitude of effect for MDT was statistically significant compared with CBT and SST, which were not significantly different from each other. Only MDT showed a statistically significant reduction in rates of sexual aggression from baseline to post-treatment. Improvements were also observed in measures of mental disorder symptomatology, psychological distress and externalising behaviours for the MDT group.

Nonetheless, some methodological limitations hinder the conclusions that could be drawn from these findings. First, length of treatment was not reported for each group. Length of institutional follow-up was not reported, nor was the absolute rates of post-treatment aggressive behaviour (only reductions from baseline were reported). Second, participants were not followed into the community to observe the potential impact of treatment in their natural home environments. Third, no information was provided on rates of prior violence or criminal involvement. Given a large proportion were identified as 'sexually aggressive', the results may not generalise to non-sexual violent offenders. Finally, while it was ensured that facilitators of both treatment groups had similar qualifications, training and

experience, there was no indication that the same was true for facilitators of the control program (SST). While additional studies by Apsche and his colleagues have shown promising results, they have similar methodological limitations (see Apsche, Bass and DiMeo (2011) for a recent review and meta-analysis).

More recently, an independent group (Thoder & Cautilli 2010) evaluated a MDT program for 39 'high-risk' adjudicated male adolescents. No information on the types of prior offences were provided, and thus the means through which these clients were identified as high risk or in need of behavioural intervention is not clear. MDT was provided individually for 12 months. Comparison of pre- and post-treatment assessment self-report measures assessing beliefs about aggression, victim empathy and aggressive behaviours showed a reduction in scores across all measures. One-year recidivism rates were also reportedly reduced (compared with prior to treatment); only 7% reoffended, and none were for personal injury or sexual offences. However, they did not employ a comparison sample and as such the interpretation of results is limited.

Thus, it appears that MDT is a comprehensive and well-thought-out program designed to address individual-level dynamic risk factors for offending and tailored specifically for those arguably higher risk young people with a personality disorder, a history of abuse and/or more severe conduct difficulties who are less likely to respond to traditional CBT techniques and lower intensity programming. The program is responsive to individual and system needs in that it can be offered individually, collectively or as a family therapy, and can vary in length according to treatment progress.

However, evaluation of the MDT program is in its very early stages, and studies reported to date have significant methodological issues that limit the ability to draw firm conclusions in support of this program. These results will need to be replicated under more experimental conditions (random assignment or matched control group, larger sample sizes and longer follow-up periods), and further research into the efficacy of MDT for reducing recidivism in particular among serious young offenders is required.

Multifactor CBT programs

Research shows the CBT interventions described may help to improve interpersonal skills and emotional regulation, and reduce antisocial behaviour, at least in the short term. However, in the context of the RNR principles, these brief interventions may be inappropriate for high risk youth, and insufficient in terms of duration, intensity and scope. They are generally too simplistic, targeting only a small number of criminogenic needs (and only one in the case of anger management). This is likely to be insufficient to bring about sustainable behaviour change among more high risk, complex needs, severe and persistent young offenders. MDT may be one exception to this general rule, but we have insufficient evidence to support its efficacy in reducing persistent offending in the long term.

Some more intensive, multimodal CBT programs do exist that target moderate and high risk, severe and persistent young offenders, and address multiple dynamic risk factors. In fact, these programs have become quite common among adult correctional populations, community correctional populations, forensic psychiatric populations and juvenile justice populations both in Australia and internationally.

However, very few have been formally evaluated, at least in terms of making the results *publicly* available. This review found only two evaluation reports of such programs designed for adolescent offenders. Typically, these programs combine a number of the CBT elements discussed above (e.g. anger management, conflict resolution, problem solving, addressing aggression-supporting attitudes and beliefs, and perspective taking) with additional offence-specific elements. The programs explore the individual's cycle of offending, and develop a relapse prevention plan that incorporates learned internal coping resources that use prosocial supports.

Programs that employ this multi-domain focus are more likely to be successful than CBT programs that address cognitive skills and prosocial behaviour more generally. They are typically longer in duration (6–8 months), of sufficient intensity (two lengthy sessions per week, plus written homework and/or behavioural practice exercises), and, importantly, are well integrated into the correctional system (custodial or community) in which they are implemented.

Gretton et al. (2007) described a substantially more intensive program for violent offenders in British Columbia (Canada). The Violent Offender Treatment Program (VOTP) is offered to young offenders

across four British Columbia sites (one custody centre and three outpatient forensic psychiatry services), and follows a primarily cognitive-behavioural structure, involving both group and individual components. Twice-weekly groups challenge the youth's criminal thinking and attitudes towards others, developing problem solving skills and victim empathy. The goal is to promote changes in attitude regarding antisocial lifestyle, to encourage responsibility for actions and behaviours, and to develop alternative, prosocial problem solving strategies. Treatment outlines vary slightly from site to site, but typically involve a general introduction, including:

- reviewing the rules of the group
- establishing answers to questions such as why the youth was in treatment, what they want to accomplish
- reviewing the offences that they have committed.

Facilitating trust and engagement was a key part of this early phase. Youth then progressed to a detailed disclosure of their crimes (an *offence cycle*), which included challenging any inconsistencies and distortions in their account.

The treatment also included:

- further assessing a youth's 'route of offending', including a cycle of problems, contributing contextual factors, cognitive distortions and a review of the experience of the victim (including developing empathy for the victim)
- considering the youths' personal needs (including relationships), including how to achieve them without engaging in criminal behaviour
- developing skills
- preventing relapse.

The group portion of the treatment program lasted 6–8 months on average. Youth also met with a therapist for one-on-one sessions to supplement the group work. These sessions were much less structured, and focused on reinforcing group learning, and addressing other issues that were not covered during, or appropriate for, group. The timeline for individual sessions varied, depending on personal needs. Some differences in the program's format occurred between sites; for example, two were closed programs, one was open-ended or *rolling*, and one separated the group segments into separate modules (4–10 sessions each), which individuals completed as needed. All sites provided treatment manuals that outlined program modules and goals.

Gretton et al.'s (2007) evaluation of the program was limited to the three community-based sites, and compared treatment completers (n = 61) with youth who were referred and/or would have been eligible based on their history of offending (n = 58). Participants were aged 12–18 years, and referrals were received from the courts or youth justice probation officers. An additional group of youth who were unable to be classified as treated or untreated (such as those who dropped out of the program) formed a second comparison group. The groups were comparable on a number of potential moderating variables, including age, index offence, conduct disorder symptoms, and history of violent and non-violent offending. The mean follow up period was 3.5 years post program completion, and recidivism was defined using official criminal charges and convictions.

The evaluation found evidence that this high intensity, multifactor cognitive behavioural program is associated with significant reductions in recidivism that are sustained over a lengthy follow up period:

- VOTP youths had a lower rate of violent recidivism when compared with youths who did not receive treatment (23 per cent versus 48 per cent). These rates were similar across sites.
- The comparison group committed new violent offences sooner than did the treatment group (average 2.2 years after discharge from the service, compared with 3.1 years for the treatment group).
- Similar reductions in non-violent recidivism were also found for the treatment group (51 per cent versus 69 per cent). But despite this reduction, half of the treated group still committed further non-violent offences.
- Treatment had a similar impact on violent and non-violent recidivism for both male and female participants.

Despite these favourable findings, the authors cautioned the results could not identify the specific mechanisms that made treatment successful.

The second multifactor CBT program available in the literature focused on the RNR principles, by addressing responsivity and treatment readiness among the most high risk, complex-needs young offenders in the Wisconsin juvenile correctional system. Caldwell and Van Rybroek (2001) developed a 'decompression' treatment program designed to treat the most unmanageable and aggressive youths in a population of disruptive, incarcerated young offenders who have repeatedly committed serious institutional infractions and responded to the resulting security controls and sanctions with increased aggressive behaviour.

The treatment model is based on the notion that defiant behaviour can become cyclic when the defiant response to a sanction is itself sanctioned, resulting in more defiance and increasing sanctions (Caldwell & Van Rybroek 2005). These youth spend increasing time on security status, with less and less time engaged in treatment and rehabilitative programming. They are transferred to increasingly restrictive security units to manage their behaviour, and ultimately transferred to the Mendota Juvenile Treatment Center (MJTC), where the decompression treatment program was developed. The MJTC was established to provide mental health treatment to the most disturbed youth held in the state's secure correctional facilities. These youth have, through their repeated highly aggressive and disruptive behaviours, effectively been 'expelled' from standard treatment programs and transferred to MJTC as a result. Although operated under the Department of Corrections as a secure correctional facility, the program is housed on the grounds of, and operated by clinical staff of, a state mental health facility (Caldwell & Van Rybroek 2005).

The general treatment program at MJTC provides group CBT-based therapy involving anger management, social skills training, problem solving, substance abuse and, where indicated, sexual offence treatment. Youths typically have several individual counselling sessions each week with a psychologist, psychiatrist or social worker. The program's primary themes include helping youths accept responsibility for their behaviour, strengthening their personal skills, teaching social skills, resolving mental health issues, and helping to build positive relationships with families. Although the program operates as a secure correctional facility, the treatment is provided in a multidisciplinary treatment team model as used in the hospital's psychiatric treatment units (Caldwell, McCormick, Umstead & Van Rybroek 2007).

Of the youth transferred to MJTC, a small subgroup stood out as the most difficult to manage. The decompression treatment program was developed to respond to the needs of this subgroup (Caldwell & Van Rybroek 2001). Decompression treatment (Monroe et al. 1988) is designed to gradually lift the individual out of the compressed cycle of extensive discipline or overcontrolled security measures, which for these youths paradoxically leads to further aggressive behaviours. The program comprises frequent, low contingency, clinical contacts that avoids control based interaction (that is, punishment). The techniques used vary, depending on the youth's level of aggressiveness and other characteristics. With the most aggressive youths, decompression treatment may initially include frequent, brief conversations at the door of a maximum security room. Very short term, simple behavioural contracts are offered in which a desired activity is linked to a short period of minimal compliance, such as avoiding violence for 48 hours. These simple contracts aim to establish a minimal level of cooperation, which serves as the building blocks for a greater degree of mutual cooperation.

The goal of decompression treatment is simply to obtain sufficient behavioural control so that the youth can engage in the usual treatment services. The model assumes manualised, module-based treatment is insufficient to reduce offending and unruly behaviour in these youth, and that treatment must also address their antagonistic defiance of conventional behaviour and lifestyles through more concentrated interactions and reinforcements (Caldwell & Van Rybroek 2005). It attempts to prevent the youth from withdrawing, or being withdrawn from treatment as a result of their aggression, and avoid the most aggressive, high risk youth being unable to obtain appropriate amounts of formal treatment to address that risk (Caldwell & Van Rybroek 2005). These very high risk youth, if treated successfully, should be no more likely to reoffend than the general population of treated and released young offenders (Caldwell & Van Rybroek 2001).

Caldwell & Van Rybroek (2001) examined the efficacy of this pilot program by comparing the first 10 youths in the pilot project with two control groups matched case by case basis for demographics, criminal history and psychopathic traits. Members of one control group attended the MJTC for assessment only, and members of the other received standard mental health treatment. Participants

were followed up to 1170 days post release (mean 532 days). More than 82 per cent of the failures did so within the first 270 days at large. Only one of the 10 treatment group participants was reconvicted for a new criminal offence, and only two of the 10 controls treated at another correctional institution. By contrast, seven of 10 assessment-only controls were reconvicted of a subsequent offence in the follow up period. The difference in failure rates between the treatment group and the assessed-only group was statistically significant.

In a larger evaluation of the MJTC treatment program as a whole, Caldwell & Van Rybroek (2005) followed consecutive admissions to MJTC over a 4.5-year period. They compared 101 youth who received the majority of their treatment at MJTC with a group of 147 youth who were admitted to MJTC briefly for assessment or stabilisation but received the majority of their treatment at another correctional institution (TAU). Psychopathic traits in both groups were, on average, above the diagnostic cut-off according to the Psychopathy Checklist, Youth Version (PCL-YV; Forth, Kosson & Hare 2003). Most of the comparison group youth also received some mental health services in the usual corrections setting, but it was not residential unit-based. It was typically offered in weekly treatment sessions, and less frequent, brief medication evaluation sessions provided by contracted psychiatry staff.

After a two-year follow-up period, MJTC youth had lower reoffence rates in all categories of recidivism, although the difference was most pronounced for serious and violent offending. Fifty-two per cent of MJTC youth were rearrested for any offence, compared with 73 per cent of the comparison group. For violent offences, 23 per cent of the MJTC group were rearrested, 18 per cent for violent felonies and 7 per cent involving serious injury or death. By comparison, 44 per cent of the comparison group were rearrested for any violent offence, 37 per cent for a violent felony, and 25 per cent involving serious injury or death. These results remained significant (except for misdemeanour offences) after controlling for demographics, criminal history, risk category, psychopathic traits, intelligence, conduct disorder, institutional misconduct and prior victim injury.

The authors concluded programs designed specifically to reduce institutional infractions may have success in reducing recidivism in the community. However, they cautioned the mechanism through which this success occurred is unclear. Behaviour change may be related to quantitative progress factors such as intensity, duration, consistency and persistence of treatment, and constant contact with therapeutic staff, or qualitative factors such as specific treatment techniques, removal of correctional style, and use of mental health staff (see also Caldwell, Skeem, Salekin & Van Rybroek 2006).

In light of these successful results, Caldwell, Vitacco & Van Rybroek (2006) compared the cost benefits of the MJTC (101 males) with the usual treatment in a secured juvenile corrections facility (101 males). Outcome data included the number and type of criminally charged offences over an average follow up period of 53 months (range 14–92 months). Costs for each offence were calculated in 2001 US dollars. Results showed the initial costs of the program were offset by improved treatment progress and lowered recidivism, especially violent recidivism. The treatment group yielded a benefit–cost ratio of more than 7 to 1 over the TAU group. Youth in the matched comparison group averaged more than twice the number of charged offences in the follow up period (2.49 versus 1.09 for the treatment group) and more than three times the number of violent offences (0.85 versus 0.25 for the treatment group). These findings suggested the cost of even very high intensity, mental-health service based treatment for severe and persistent antisocial behaviour in youth can be offset by the public financial gains and reduced victimisation of the community in terms of reduced recidivism.

Summary of CBT programs

This section has reviewed a number of different CBT programs for antisocial young people, with varying levels of intensity and scope in terms of criminogenic needs. Anger management programs have shown some success at reducing experienced levels of anger but have not demonstrated reductions in recidivism. These programs have been criticised for their limited scope, targeting only one criminogenic need within the individual, which is likely to be insufficient for those with high-risk and complex needs. It could thus be said that standard anger management programs do not adhere to RNR principles, at least not as stand-alone programs. They may show more promise as part of a programming package, either as one module of a more comprehensive program for moderate- and high-risk offenders, or if offered to low-risk offenders while moderate- and high-risk offenders receive more extensive programming. It is important to note, however, that the efficacy of anger management for low-risk offenders specifically has not been demonstrated. Finally, in regard to anger management

programs, is the need to tailor such interventions towards young people who present with problems with anger. This tailoring of programs to suitable candidates who present with that specific need may seem obvious, but standard anger management programs have been criticised for being just that – standard. Severe and persistent offending can, and does, occur in a variety of situations in which anger is not present. Thus some assessment of risk, need and suitability is needed prior to entering even baseline programming, including an assessment of readiness and engagement.

ART and conflict resolution programs show more promise in regard to their efficacy at reducing antisocial behaviour, in spite of their relative low intensity and duration. These programs combine anger management with additional CBT skills to target additional interpersonal needs (such as attitudes, beliefs and interpersonal skills that may promote crime). However, it remains unknown as to whether these programs best target low, moderate or high-risk cases, and whether offending behaviour is actually reduced in the long term. Further research is required to establish the efficacy of these programs.

MDT adheres at least to the need principle, combining several therapeutic approaches to address multiple targets, and introducing the concepts of comprehensive assessment and formulation to inform appropriate treatment. Given this, MDT appears to be tailored to the needs of specific individuals, and purports to address a variety of complex needs, including offence-specific needs, emotional regulation, personality disorder and trauma history. While MDT shows promise in terms of reducing institutional aggression, we need longer follow up periods and community recidivism data to demonstrate the long term effectiveness of this treatment modality.

Programs that do seem to demonstrate the greatest effects in terms of reducing severe and persistent offending in the long term are multimodal, multifactor, higher intensity, longer duration programs that combine CBT approaches with an offence-specific and relapse prevention element to address an individual's unique, complex needs. These programs, like MDT, stress the importance of a comprehensive assessment and formulation of risk, need, and responsivity issues to inform treatment. However, the current review located only two such programs in the literature, one of which was never published (Gretton et al. 2007). This problem is consistent with the many evaluations and reports produced in Australia regarding correctional programming, which are not published.

While both programs demonstrated success with long term follow up periods, it is unclear what elements of these programs contribute to that success. Is it the higher intensity or longer duration? Is it the focus on multiple complex needs? Is it the use of mental health professionals rather than correctional officers to deliver the program? Or is it the use of comprehensive assessment processes that allow for a complete understanding of the individual's unique risk, need and responsivity factors to tailor the program specifically to address those issues?

This review demonstrated a variety of CBT programs exist that purport to address antisocial behaviour in adolescents. Employing CBT at minimum responds to the principle of general responsivity, which states that humans respond best to the social learning techniques employed by CBT (Andrews & Bonta 1994; 2006). Even so, it is important that within programs that employ CBT techniques, additional risk, need and responsivity considerations are still adhered to. There is a danger that programs are perceived to be impacting offending behaviour merely because they are cognitive-behavioural in nature, but method of program delivery is only part of the equation in terms of *what works* in offender treatment. Indeed, CBT programs that target the individual (either in group or one-on-one format) have been criticised as being too narrow in scope, even those that address a variety of needs.

Given that dynamic risk factors for youth offending can be present in a variety of domains external to the individual, it could be argued that any individual-based program does not adequately adhere to the need principle. Some authors have therefore argued that treatment that effectively reduces recidivism in the community must employ a holistic approach, encompassing family relationships, deviant peers and negative school and community environments (Jeglic, Maile & Calkins-Mercado 2011).

The following section discusses those programs that target the broader network of social systems among young offenders.

Adolescent Violence Intervention Program

There is a lack of evidence-based intervention programs to address violent offending. Youth Justice in Victoria operated a low intensity violence program for many years (Be Real About Violence—BRAVE), but a comprehensive evaluation of the program in 2012 revealed those participants who

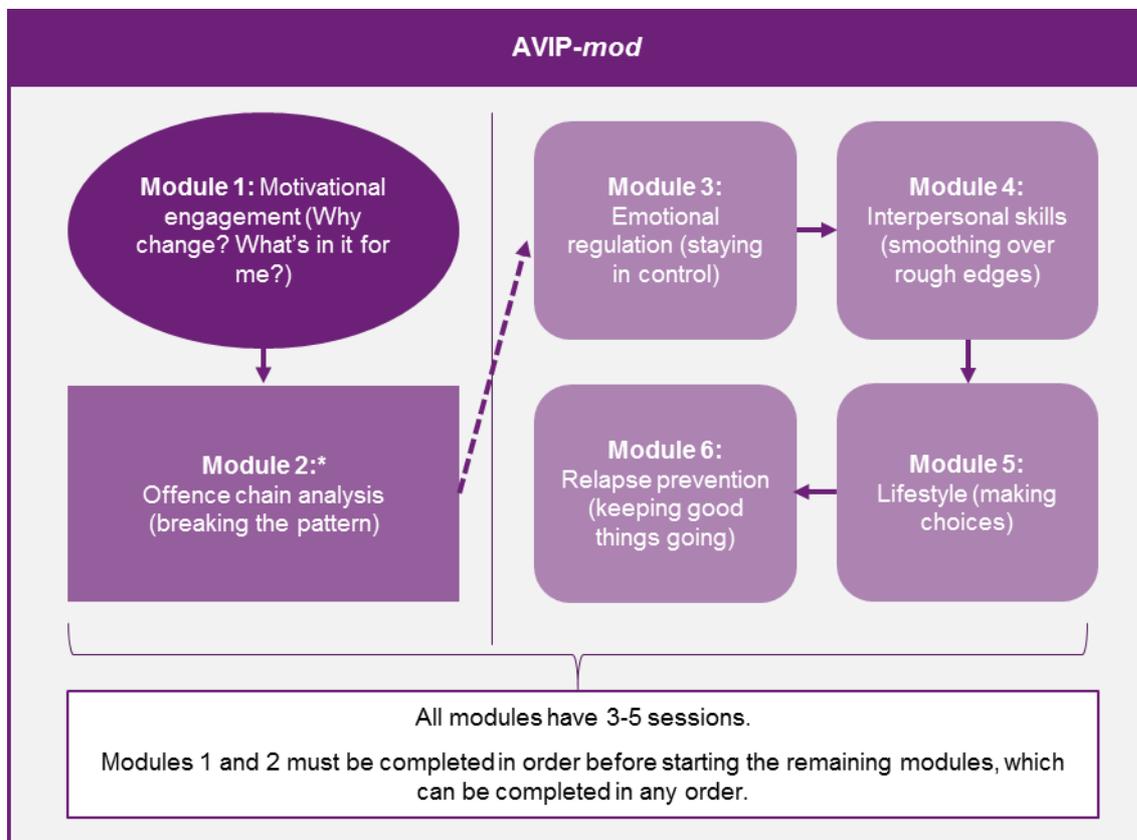
completed the BRAVE program had no difference in offending and violent offending outcomes than those who did not participate in the program (Ogloff, Wood & Daffern 2012).

Given the program's lack of efficacy, a revised moderate intensity violence intervention program was developed, known as the Adolescent Violence Intervention Program (AVIP). It aims to help young people at moderate risk of violent behaviour and offending develop skills to refrain from using violence (Thomson, Dietrich, Daffern & Ogloff 2012).

There are three AVIP programs, each modified for a specific purpose:

1. The Adolescent Violence Intervention Program – Moderate Version (AVIP-*mod*) is developed for young offenders who have been sentenced. It is designed to be delivered to youth in custody or in the community (see Figure 5).
2. The Adolescent Violence Intervention Program – Remand Version (AVIP-*remand*) consists of the first two modules of the AVIP-*mod* program, which have been modified to be suitable to youth on remand.
3. The Adolescent Violence Intervention Program – Lower Cognitive Functioning Version (AVIP-*lcf*) is a modification of the AVIP-*mod* program that has been adapted for young people with lower levels of cognitive functioning who could benefit from a simplified presentation of the material.

Figure 5: Overview of the AVIP-*mod* program



The AVIP-*mod* consists of six modules, each of which contains between three and five sessions. The duration of the sessions is 90 minutes including a 10-minute break. There are a total of 26 sessions, which translates to a 39-hour program. The program is based on a CBT framework, which assumes that thoughts, feelings and behaviours are all interconnected. It is also informed by a Motivational Interviewing approach. The Motivational Interviewing approach is based on an assumption that people only initiate and maintain change that is meaningful, relevant, important to them and consistent with their values. The program is informed by a trauma framework, given the considerable level of trauma in youth offenders. New participants must complete the first and second modules (Motivational Engagement and Offence Chain Analysis) in order prior to commencement with any of the remaining four modules. The four remaining modules (modules 4–6) may be completed in any order.

Young people on remand are able to complete the AVIP-*remand* version, which is a self-contained adaptation of the first two modules. While the focus of the first two modules is the same for remanded and sentenced youth, the content of the modules is slightly modified. For young people on remand, the offence chain analysis in the second module, which is necessary for the young person to understand the nature and purposes of their violent behaviour, does not use their own chain analysis. The reason for this is that this step would require young people to share the nature and details of their offences with program staff and that would be inappropriate for young people who have yet pleaded guilty or who have otherwise been convicted. In order for young people on remand to understand the concepts related to offence chain analyses, the program includes a case study based on factors common to many young people that will help exemplify the concepts in the module. Young people who complete this offence chain module on remand using a generic vignette who are then sentenced will need to re-do the offence chain using their own violent behaviour following sentence prior to engaging in the following modules. This is critical so that treatment is based upon their idiographic needs.

The program has been designed to enhance participants' motivation to find healthy ways of dealing with difficult thoughts and emotions associated with violence, and to develop skills to support this. The underlying assumption is that motivation, insight into violence and skills development will provide each young person with the power to make healthy choices and live a violence-free life. The six modules that comprise the program target criminogenic needs that research consistently shows are associated with violence in young people. Research shows that these criminogenic needs are robust in that they apply across cultures, age brackets and socio-demographic factors.

The six modules are:

- motivational enhancement
- offence chain analysis
- emotional regulation skills
- interpersonal skills
- lifestyle
- relapse prevention.

Each module has a core structure, starting with a session that orients the participants to the module's theme and goals, and staging the content in terms of introducing the concept, exploring it in others, then examining it within the self. All modules make explicit links back to the first two modules to maximise content integration and consolidation. Each session begins by a review of the previous session and 'between sessions tasks'. It ends with a review of the session content, providing clarification and instruction on the 'between sessions task'. There is some repetition of content, mostly around the motivational factors and use of particular models. This is deliberate to build links between sessions and explanatory models. The exercises and discussions are designed to reinforce concepts and encourage self-reflection.

Recognition of participant achievement is important and a certificate is offered at the completion of each module. Facilitators and staff are encouraged to acknowledge and reinforce positive changes made by participants. This will help to strengthen therapeutic alliance and enhance motivation.

This group program is designed to cater for a maximum of six people per module. Prior to participation in this program it is necessary that each participant has been thoroughly assessed for

the purpose of identifying criminogenic factors that inform treatment targets, motivation levels and other individual responsivity issues (including but not limited to the youth's level of cognitive functioning, mental illness, level of behavioural disturbance, presence of complex trauma and level of psychopathy). A formulation of the young person's violence and treatment needs should be developed to guide the treatment process. The allocation of dedicated time for the assessment to occur is essential.

This program is not designed to cater for young people high in psychopathy who have florid symptoms of mental illness, a high level of immediate behavioural disturbance, low cognitive functioning or complex trauma. When florid symptoms of mental illness subside, or high levels of behavioural disturbance reduce, then these young people should be reviewed for inclusion in the program. Regarding young people who have a low level of cognitive functioning, they should be assessed for participation in a specifically modified version of this program. For those presenting with complex trauma issues, the assessment process should determine whether they are better served through participation in trauma work before participation in this program. This program is not designed for those individuals who have an entrenched history of serious violent behaviour and who are at a high level of risk of future violence. These individuals will require more intensive intervention.

Although designed as a group program, with some modifications it may be delivered on an individual basis. It is recommended that sessions are run twice per week, and that modules are offered with minimal time delays between the completion of one module and the commencement of another. For each session activity a time guide is provided. This is intended as a guide only to support facilitators in their organisation of a session. Appropriate resources including dedicated space are critical.

While the program uses a cognitive-behaviour framework, delivery relies on the facilitator encouraging discussion, reflection and self-discovery. It is not meant to resemble a classroom, but rather a series of discussions that feel respectful, insightful, engaging, empowering and meaningful. It is important for facilitators to validate different perspectives without necessarily indicating agreement. Facilitators should also emphasise choice, consequences and individual responsibility.

Participants are likely to come from diverse cultural backgrounds, and this is an important consideration for facilitators in terms of their delivery style. Facilitators need to be aware of cultural sensitivities and respond to the participants in culturally aware and appropriate ways.

This program is multimodal and uses a computer and data projector. Images and digital clips illustrate points, and form the basis of activities and discussions. This aspect is also relevant, current and meaningful to the young people participating in the program. However, the program does allow for circumstances when access to a laptop and projector is not possible.

The outline for each session starts by identifying the materials required to run that session. Ideally, each participant receives a folder to which they can add handouts. The program also recommends providing a snack during the session break, both to help participants stay focused in the second half of a session, and to recognise their participation in the group.

A post evaluation session must occur when participants complete the program. Facilitators must also organise a session with each young person and their key support people, such as family members. This session explains the program to the youth's support people and explores ways that the young person can be supported in their environments to use the skills learnt in the program to remain violence free.

The AVIP program meets the best practice standards, but it has not yet been evaluated. This evaluation is important, to determine its efficacy in reducing offending and violence.

Family and systemic interventions

Perhaps the biggest criticism of standard CBT programs for adolescent offenders is the sole focus on individual risk factors as treatment targets, and the failure to consider the young person in his or her broader familial, social and cultural context. It has been suggested that without tending to these broader systemic issues, individual-level changes are less likely to be sustained once the young person returns to the community and is faced with the same peer, family, financial, lifestyle and cultural influences that contributed to the violent behaviour in the first place (Brown et al. 1997).

Typically, family interventions aim to improve family relationships, reduce conflict between family members and increase problem resolution skills for those involved. Parental communication, conflict resolution, education regarding child development and enhancing parenting strategies such as nurturing, supervision and modelling are often targeted, and have been shown to have positive effects on child behaviour in the long term (Thornton et al. 2000). While family therapy on its own has demonstrated effectiveness for younger children, interventions for older youth with more chronic offending histories tend to require a multimodal approach that includes, but is not limited to, family therapy. In these cases, targeting individual factors, peer influences and school or work ties are also important (Brown et al. 1997; Horizons 2008).

Overall, meta-analytic studies of correctional program effectiveness found family interventions tend to perform favourably in terms of reduced recidivism, at least among adolescent offenders in general (Dowden & Andrews 1999b; Garrett 1985; Lipsey & Wilson 1998). However, Latimer (2001) found that by selecting only the most methodologically stringent studies for meta-analysis, the significant positive effects for family interventions disappeared. Dowden & Andrews (2003) further explored this issue by incorporating an assessment of adherence to RNR principles into the analysis of overall mean effectiveness.

The overall mean effect size for the 38 studies included was positive (0.21), reflecting general recidivism rates of 39.5 per cent for the treatment groups and 60.5 per cent for the control groups. However, effectiveness varied considerably across studies, which is consistent with findings from other meta-analyses that examined the impact of RNR principles. Programs that adhered to the principles of need and general responsivity yielded significantly larger effect sizes than those that did not, while a non-significant positive trend was found for the risk principle. Programs defined as 'most promising' (adhering to all three principles) and 'promising' (adhering to two principles) yielded significantly larger mean effect sizes than programs defined as 'inappropriate' (not adhering to the RNR principles).

Latimer's (2001) findings were replicated when considering methodological rigour, but considering program appropriateness further clarified this pattern. When dichotomous variables of 'appropriate' (two or more principles) versus 'inappropriate' treatment (one or less principles) and methodologically 'weak' versus 'strong' were entered into the analysis together, the impact of methodological rigour on magnitude of effect size was no longer significant. Conversely, the impact of adherence to RNR principles continued to contribute significantly to effect size, even after controlling for methodological rigour. Indeed, when examining only those studies that employed the strongest methodological rigour, programs coded as 'appropriate' generated significantly greater effect sizes than those coded as 'inappropriate' (Dowden & Andrews 2003).

Some limitations to these findings must be considered. Dowden and Andrews (2003) did not describe the studies included in the meta-analysis in terms of the treatment aims, therapeutic styles, duration, intensity or other program characteristics. The programs were broadly identified as to whether they adhered to two criminogenic needs: increasing family affection/communication and enhancing family monitoring/supervision. Sample characteristics were also not described, and thus it is unclear how many programs targeted adolescents as the primary client versus adult offenders for whom family therapy may be relevant (e.g. certain sexual offenders, intimate-partner violent offenders). Even more problematic is that the included studies were not referenced in the paper, such that follow-up enquiries could not be made to adequately resolve these issues.

Family has become a significant focus of primary and secondary prevention programs for at-risk young people, and high levels of success have been reported (Horizons 2008; Surgeon General 2001). However, family interventions for severe and persistent adolescent offenders within the youth justice system, particularly for those in custodial settings, are fewer in number. This is likely due to the practical difficulties in bringing together the family, young person and therapist in a custodial setting, and the inability to provide intervention in the natural environment (i.e. home) of the young person and his or her family. There have been some family and broader-system interventions offered to violent offenders on youth justice orders in the community (such as probation or parole), and these are described in more detail below.

Programs addressing parental abuse

Adolescent violence towards parents is receiving increased recognition in discussion papers and academic commentary, yet it is frequently stated that insufficient research and clinical attention has

been paid to this significant issue (Bobic 2004; Regalado 2005). In Australia, some community services exist that may deal with adolescent aggression towards parents. Examples of these include MATTERS and Anglicare Meridian Services in Melbourne, and RAPS Adolescent Family Therapy and Mediation Services in Sydney (see Bobic 2004); however, these programs do not appear to have been formally evaluated.

Regalado (2005) describes one multisystem intervention offered in a residential facility setting specifically to address violence committed by young people towards their parents. The program involved a multi-family group therapy program and a residential 'respite care' component for young people aged 10–17, and was offered as a diversionary program from custodial disposition. The program addresses basic safety through development of a safety plan, education and training in relation to parenting style, aggression 'retraining' for the young person, analysis and intervention of the cycle of violence, basic intervention for substance abuse issues (with further referral as needed) and, finally, additional individual, family and group counselling as needed. Unfortunately, it is not clear from the documentation by Regalado whether this program has been evaluated, and, if so, whether the evidence was positive or negative in terms of reduced reoffending.

Parent training programs

Parent training programs typically seek to improve parental control and monitoring and to enhance the quality of relationships between parents and children. They typically offer psycho-education and skill practice tasks to teach parents four essential parenting skills:

- setting house rules
- enforcing behavioural contingencies
- monitoring and supervision
- problem-solving strategies (e.g. Kazdin 1996).

One of the difficulties in establishing the relative efficacy of parent training programs in reducing offending and delinquency among young people is the selection of outcome measures, typically some form of home or school behaviour rating or self-report. Moreover, the effectiveness of parent training alone for young offender populations is questionable, and the program is more typically offered as a primary or secondary intervention for *at-risk* families rather than as stand-alone tertiary interventions for serious or chronic adolescent offenders (Mulford & Redding 2008).

Mulford and Redding (2008) reviewed the evidence for the effectiveness of parent training programs at reducing offending among chronic adolescent offenders, with conflicting results. Only two studies evaluated the impact of parent training on repeated offenders, and neither was specific to violent offenders.

The first study (Bank et al. 1991) compared a parent-training program to a community-based family-based treatment program offered to 55 families of 'chronically offending juveniles' (defined by at least two recorded offences) under random assignment. The experimental group received an average of 45-hours of parent training and family therapy. Procedures were social-interactional in theoretical perspective, adapted to be appropriate for older, more 'delinquent' young people. Booster sessions were also offered throughout the follow-up period. The control group received an average of more than 50 hours of intensive systems-based family treatment and drug counselling (where indicated) provided through the court as an alternative to incarceration, but the details of therapeutic aims and techniques were not able to be obtained. Results indicated that offence rates declined for both groups but more significantly for the parent training group. After a two-year follow-up period, there were no differences in rate of arrests between groups; however, young people in the parent-training group spent 1,287 fewer days in an institutional placement.

The second study identified by Mulford and Redding (2008) was less successful at reducing recidivism among chronic offenders (Weathers & Liberman 1975). This study examined a typical parent-training program with 28 families of 14- to 17-year-old repeat offenders. The program was intended to be a brief behavioural treatment (three sessions) teaching communication skills, contingency contracting and videotaped feedback. Only six of the 28 families completed treatment, and 12 did not even complete the first home visit. Among the six young people whose families completed treatment, no differences were noted between pre- and post-test measures of verbal abusiveness, curfew compliance, performance of chores, school achievement or court referrals.

Furthermore, at three month follow-up, no significant differences were found in behaviour ratings or academic improvement between the six treated young people and 16 treatment dropouts.

The researchers concluded that the instability of the families in their study made it impossible for parents to provide rewards and punishments in a consistent manner. High rates of family and participant dropout have been identified as typical in community mental health services, and is often predicted by socioeconomic disadvantage, ethnic minority status and higher levels of family dysfunction (e.g. Kazdin 1996; Perkins-Dock 2001) – variables that are also known to be associated with higher rates of violence and delinquency among adolescents. Clearly, engagement of these higher risk clients and families is crucial, even prior to the first appointment.

Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) is a structured, problem-solving-focused multidimensional approach that combines parental skills training with out-of-home placement and individual treatment for serious problem behaviours among young people who can no longer be contained in their home environment. It is designed for young people with chronic emotional and behavioural problems and is typically provided as an alternative to custodial or residential care – that is, situations where the young person would be removed from the family home anyway (Chilenski et al. 2007).

MTFC involves placing young people with foster care parents who are highly nurturing and well trained in behavioural parenting techniques. The foster parents provide a highly supervised environment with consistent positive reinforcement, with clear and consistent community monitoring, boundaries and rules, and consequences. Foster parents are supported by weekly support groups, daily phone check-ins for 'technical assistance' and 24-hour on-call assistance from clinical specialists. Individual therapy targeting social skills is also provided to the young person. Simultaneously, biological parents and/or guardians are provided with training in parenting skills, problem solving and supervision and monitoring (Chilenski et al. 2007; Horizons 2008).

Evaluation studies of MTFC demonstrate significant reductions in dynamic risk factors for future offending. For example, Chilenski and colleagues (2007) describe an evaluation of the Butler County MTFC program after the first four years of operation. Eighty-nine children and adolescents had participated in the program. The treatment progress of the young people was evaluated based on weekly phone interviews with foster parents, who reported the occurrence or absence of emotional, behavioural or academic problems (arguably dynamic risk factors for future offending).

At the end of the treatment, 68% of the young people had reunited with family or been permanently adopted, 92% had improved behaviour at school, 80% of those with mental health difficulties had improved in symptomatology, 61% of those with drug or alcohol problems had improved in those problems, and 88% had reduced maladaptive behaviours. However, there was not a follow-up period to observe prolonged change. There was also no comparative sample employed to confirm the role of MTFC in these behavioural improvements. The majority of participants were very young children (aged six or below) and few had formal contact with the criminal justice system prior to referral to the program. As such, actual reduction in criminal or violent behaviour was not examined.

One study that did examine the ability of MTFC to prevent subsequent antisocial and violent behaviour specifically (Eddy, Whaley & Chamberlain 2004) compared 79 young people referred as a consequence of their involvement in the youth justice system, randomly assigned to either MTFC or a treatment-as-usual group home. Two years following placement, a significantly lower proportion of MTFC youth reoffended compared with those assigned to a traditional group home, after controlling for age at placement, age at first arrest, and prior offences. Only 5% of MTFC youth had multiple violent reoffences, compared with 24% of the TAU youth. Self-reported rates of violence were also significantly reduced for the MTFC group, including both serious and common (such as hitting) forms of violence.

These results appear promising with respect to the impact of MTFC on recidivism, particularly among those young people for whom out-of-home placement is inevitable, at least temporarily. However, the study by Eddy, Whaley and Chamberlain (2004) represents the first to examine recidivism in adolescents, and replication of the results is required. It is particularly important to ascertain the potential transportability of such successful results to other jurisdictions outside of the US, where TAU foster homes may not be comparable in structure, setting or intervention to the group home in this study.

Functional Family Therapy

Functional Family Therapy (FFT) is a family-systems approach designed to focus on the functions that problems serve within the family and for individual family members (Alexander & Parsons 1982; Alexander & Robbins 2010; Sexton 2011). It is described by its developers as a 'relational, family-based, ecosystemic, communication theory and CBT-based model', with consideration of 'intra-individual factors and biogenic influences' (Alexander & Robbins 2010). It aims to facilitate behaviour change through a five-phase treatment process: engagement, motivation, relational assessment, behavioural change and generalisation. For a full description of the program's historical development, theoretical underpinnings and core principles of practice, see Sexton (2011). For more detail on the therapeutic techniques, sessional content and stages of treatment, see Alexander and Robbins (2010).

FFT is based on a number of guiding principles that adhere to the concepts of risk, need and responsivity. Relevant risk and protective factors are identified through comprehensive formal clinical assessment including family, individual and contextual issues that then form targets for treatment. Assessment of family functioning more generally is also considered crucial for identifying appropriate treatment options (Sexton & Alexander 2000). The young people's problem behaviours are viewed as a means of meeting interpersonal needs and functions from family members (e.g. intimacy, attention, support).

Treatment intends to alter interaction and communication patterns between family members, and to facilitate more adaptive means for achieving such needs and functions (Mulford & Redding 2008). FFT is a short term (three-month) intervention, although the frequency and intensity of sessions within that period can vary according to level of need (Sexton & Alexander 2000). It incorporates elements from a variety of therapeutic approaches, including:

- cognitive interventions focused on altering attitudes, attributions and expectations within the family
- parent education and training in using behavioural reinforcement to encourage adaptive behaviours
- family work aimed to improve communication skills, increase reciprocity, clarify problems and desired behaviours between family members, and negotiate solutions to interpersonal problems.

Likely reflecting its family focus, FFT has been found to reduce delinquency among younger siblings in addition to the target client (Klein, Alexander & Parsons 1977).

Data from numerous FFT outcome evaluation studies suggest that when applied as intended, FFT reduces recidivism and/or the onset of offending between 25% and 60% of the time, and is associated with reduced costs compared with traditional services and other interventions (Hollin 1990; Sexton & Alexander 2000). However, although designed for families of young people aged between 11 and 18, FFT has demonstrated to be most effective with younger, more mildly aggressive/delinquent youth, and may be less effective at addressing severe and persistent offending behaviour in adolescents (Kashani et al. 1999). Indeed, despite being purported to reduce aggression in adolescents, it appears that FFT evaluation studies to date have not considered violent recidivism as an outcome measure, and it does not appear that FFT has been explicitly trialled for already-offending, adjudicated young people. The evaluations available in the literature tend to focus on delinquency in general, and children or younger adolescents.

One recent exception (Sexton & Turner 2010) considered violent recidivism as an outcome variable but did not focus on an already-violent sample. They randomly assigned 917 young people on probation and their families to either FFT or usual probation services (i.e. weekly supervision). At the 12-month follow-up, FFT was not more effective overall at reducing violent recidivism; however, significant moderating effects were found for pre-treatment risk level and therapeutic adherence to the FFT model. When FFT was strongly adhered to, a 30% reduction in violent recidivism was found (35% reduction for any felony recidivism). Moreover, FFT had a positive impact on young people with higher risk levels in both family and peer domains.

Despite these promising preliminary findings, the authors acknowledged some limitations to considering and measuring therapy adherence, the follow-up period was relatively short, and the efficacy of FFT in treating severe and persistent offenders in particular is still yet to be explicitly studied.

Multi-Systemic Therapy

Multi-Systemic Therapy (MST) is another licensed program developed in the US. MST is defined by its developers as a highly individualised family- and community-based therapy based on the premise that individuals are nested within a complex interplay of systems, encompassing both proximal (individual, family, peer and school) and distal (neighbourhood, community, service systems) social influences. Behaviour is viewed as the end product of interactions between the individual and these interconnected systems (Henggeler et al. 1996).

MST recognises the influences of childhood development factors on behaviour, such as cognitive development and moral reasoning. As unique combinations of individual and systemic factors are relevant for different young people, MST is highly flexible and tailored, and may include interventions at any combination of system levels, depending on individual needs (Borduin et al. 1995; Henggeler et al. 1996).

Like FFT, MST services are delivered to the whole family rather than focused on the identified client, and are delivered in the family home. It is time-limited (one to three months) yet intensive, involving up to 15 hours of contact per week, particularly in the initial phases. Clinicians are on-call 24 hours, seven days per week and have small caseloads of only four to six families at one time (Cunningham 2002). A comprehensive description of the therapeutic processes is described by Borduin and Henggeler (1990) and Cunningham (2002). Briefly, family cooperation, commitment and engagement are fostered through meeting in the family home, and by offering each family member an opportunity to contribute to defining the issues and developing goals to change. Efforts are made to align the therapist with the parents to alleviate feelings of failure and foster a cooperative relationship. Parent strengths are emphasised to assist in improving parent–adolescent interactions. Individual therapy sessions with the adolescent are generally targeted towards social skills, perspective-taking skills, beliefs and attitudinal biases, and motivational systems.

In some situations parental involvement can be counterproductive, such as when they are seriously disturbed, neglectful or absent. In these cases alternative adults in the young person's environment may serve as surrogate parents; alternatively the therapist attempts to form a trusting one-to-one relationship with the client, using this emotional attachment as a lever for behaviour change by providing guidance, emotional support and modelling to promote positive behaviour. Family therapy addresses consistent rule setting, marital conflict, inconsistent parenting and affective issues such as family cohesion, warmth and positive interactions.

Peer interventions depend on the nature of peer environment. Borduin & Henggeler (1990) emphasised the need to remove the adolescent from negative peer groups to establish new more socially appropriate networks, by:

- 'convincing' the adolescent of the negative consequences associated with the current peer group
- enlisting parental support in reinforcing involvement with non-deviant peers
- establishing a clear set of negative consequences for continued associations with deviant peers.

While negative peer influences need to be addressed as a criminogenic need for adolescents, these approaches may appear coercive to the adolescent. Borduin and Henggeler do suggest an alternative peer intervention, which involves negotiating behaviour change with the peer group as a whole by assisting them to obtain the desired positive goals (e.g. sports, music, club involvement, job skills). If the peer group's potential for positive change is minimal, efforts should focus on the individual to change behaviour and cope effectively with peer pressure.

Finally, interventions at the school level require assessment of intellectual strengths and weaknesses that may impact on vocational choices and academic interventions. MST workers have contact with teachers to assess academic and social functioning (and improvements over the course of treatment) that may not be provided by child and parent self-report. Therapists can also offer consultation with teachers regarding classroom behaviour management techniques. Increasing the positive interface between these various systems (e.g. communication between parents and school or peers) may also be required.

Because of its individually tailored approach, MST is not a manualised or modulated intervention. Instead, interventions are *guided* by nine essential principles (Borduin & Henggeler 1990). These are:

1. The primary purpose of assessment is to understand the 'fit' between the identified problems and their broader context.
2. Therapeutic contacts emphasise the positive and use systemic strengths as levers for change.
3. Interventions should be designed to promote responsible behaviour and decrease irresponsible behaviour among family members.
4. Interventions are present-focused and action-oriented, targeting specific well-defined problems.
5. Interventions should target sequences of behaviour within or between multiple systems that maintain the identified problems.
6. Interventions should be developmentally appropriate.
7. Interventions should be designed to require daily or weekly effort by family members.
8. Intervention efficacy is evaluated continuously from multiple perspectives with providers assuming accountability for overcoming barriers to successful outcomes.
9. Interventions should be designed to promote treatment generalisation and long-term maintenance of therapeutic change by empowering care givers to address family members' needs across multiple systemic contexts.

MST requires a considerable degree of training and supervision to ensure therapist skill and program integrity. MST Inc. offers an extensive training program for staff at licensed MST sites, including ongoing weekly supervision consultations on each case and quarterly booster training sessions.

According to Cunningham (2002), it takes about one year before even an experienced therapist becomes proficient in MST, and even then MST-specific supervision is required thereafter to maintain fidelity to the model. The requirements for implementation of MST in community settings are described fully by Schoenwald, Brown and Henggeler (2000).

MST has been described as the best documented and empirically validated approach to reducing general and violent offending in young people (Horizons 2008; Kashani et al. 1999; Surgeon General 2001). To its credit, it is one of the few interventions that have actually been evaluated in terms of effectiveness specifically for serious and/or violent young people (Borduin et al. 1995, Henggeler, Melton & Smith 1992; Henggeler et al. 1993). These evaluations have high levels of methodological rigour, employing random assignment, measures of program integrity, and recidivism as outcome measures. Of note, the majority of these studies were conducted by the developers of the program (e.g. Borduin et al. 1995; Henggeler, Melton & Smith 1992; Henggeler et al. 1993), although an increasing number of independent evaluations have been conducted in recent years (Leschied & Cunningham 2002; Timmons-Mitchell et al. 2006).

Henggeler and colleagues (1992, 1993) compared community-based MST with usual services for 84 serious young offenders in the US. At 59 weeks post-referral, the young people and families who were randomly assigned to MST had fewer arrests and self-reported offences, and spent fewer days incarcerated, than did the young people assigned to usual services (Henggeler, Melton & Smith 1992). In addition, families in the MST condition reported increased family cohesion and decreased youth aggression after controlling for demographic and psychosocial variables. At 2.4 years follow-up, the same young people continued to show reductions in recidivism for the MST group (Henggeler et al. 1993). MST youth had lower rearrest rates (61%) compared with the control group (80%) and reoffended later in the follow-up period (mean time to re-arrest 56 weeks, compared with 32 weeks for controls). Although these results demonstrate significant positive effects for MST with serious young offenders, it is noted that high recidivism rates were found even for the MST group.

Borduin and colleagues (1995) compared the long-term effects of MST with that of individual therapy (IT) on the prevention of criminal and violent behaviour among high-risk young offenders (young people with multiple arrests). Families with youths aged between 12 and 17 were referred by the courts and randomly assigned into MST (92) or IT (84). IT involved 'standard' treatment focused on personal, family and academic issues using a mix of clinician-determined therapeutic approaches (psychodynamic, client-centred and behavioural). Five comparison groups (MST completers, MST dropouts, IT completers, IT dropouts and treatment refusers) were similar in terms of criminal history, demographic variables and pre-treatment assessment measures.

Arrest data at four-year follow-up showed that MST was associated with reduced violent and general reoffending; 71% of the IT group were rearrested compared with 26% of the MST group overall. Furthermore, the group of MST completers were less likely to be arrested (22%) than members of all other groups (MST dropouts 47%, IT completers 71%, IT dropouts 71% and treatment refusers 88%). Even MST dropouts were significantly less likely to be arrested than the treatment refusers.

By contrast, IT completion was not associated with reduced offending compared with IT dropouts, MST dropouts or treatment refusers. For those who were re-arrested, MST was associated with fewer arrests per individual compared with the IT group and refusal group, regardless of whether dropouts were included in the analysis. They were also arrested for less serious crimes than the other groups. In regard to violence, even after controlling for previous violent (including sexual) offences, young people in the MST group were significantly less likely to be re-arrested for a new violent crime than were the young people in the IT group, whether treatment dropouts were included or excluded in the analysis. No differences in the effectiveness of MST (using number of arrests as the dependent variable) were observed for gender or ethnicity.

Extended follow-up studies using the same sample demonstrated that the success of MST, in terms of reduced recidivism, continued into adulthood. Schaeffer and Borduin (2005) obtained recidivism data 10–15 years post treatment (mean 13.7 years) when participants were on average 28 years of age. Fifty percent of MST participants had reoffended compared with 81% of the IT group. MST youth continued to demonstrate lower mean numbers of arrests and fewer days of incarceration on average compared with IT youth. Moreover, IT youth were 2.5 times more likely to be arrested for a violent offence than the MST youth. At 22 years' follow-up (Sawyer & Borduin 2011), 35% of MST participants had been arrested for a felony, whereas only 4.3% had been arrested for a violent offence. In contrast, 55% of the IT group had been arrested for felonies in adulthood, and 15.5% had been arrested for violent offending.

While these results seem highly favourable, the authors highlighted some methodological concerns that may caution interpretation of results. Specifically, differences in therapist training and skill may have impacted on therapeutic success. Although the IT therapists had more years of direct clinical experience with adolescents, they were not specifically trained in clinical psychology, while MST psychologists were masters-level clinical psychology students (Borduin et al. 1995). Further replication of these results is required, paying particular attention to issues of therapist skill, treatment fidelity and characteristics of the alternative 'control' treatment. For example, it has not yet been demonstrated that MST is superior to other forms of violence-specific interventions that may limit their scope to individual variables, yet for their part also adhere to RNR principles.

While favourable findings for MST in terms of reducing general recidivism have been found in a number of US sites, assessments of the transportability of MST to other countries have yielded mixed results. It has been argued that the relative success of MST may not be due to the rigorous application of MST principles per se, but rather due to the poor quality of alternative US justice and health services offered to 'delinquent youths' (Butler et al. 2011; Cunningham 2002). Indeed, considerable heated debate regarding the proven effectiveness of MST outside of efficacy trials conducted by the program developers themselves was sparked in recent years, fuelled by a large-scale independent, Canadian study that failed to demonstrate positive results in terms of general recidivism.

It is important to highlight key aspects of this debate in order to fully consider the potential success that MST can offer in terms of reducing recidivism among high-risk young offenders. First, however, an overview of the Canadian study is required to provide context for this debate.

In the late 1990s, MST was trialled in four communities in southern Ontario, Canada (Cunningham 2002; Leschied & Cunningham 1998; 1999; 2002). A total of 409 young people with evidence of criminal behaviour (most were charged or convicted of a criminal offence) were referred between 1997 and 2001, and randomly assigned to either MST or usual local youth justice and social services. No information was provided regarding type of offences or proportion of violent offenders in the study, though sexual offenders were excluded.

Cunningham (2002; Leschied & Cunningham 2002) described the considerable care and expense that was expended to ensure fidelity to the treatment model, including ongoing training and supervision by MST Inc. for the duration of the project. Other important methodological features were the random assignment, stringent intake screening against inclusionary and exclusionary criteria, a

large sample, valid outcome measure (formal rearrest), and reasonable follow-up period (up to four years).

Although a number of positive results were found in terms of improvements on self-reported psychological assessment tools, no statistically significant differences were found between the MST and control groups for either recidivism rates or time to recidivism. At six months, 27.7% of the MST group had been convicted of an offence, a figure that rises to 44.4% at one year, 64.7% at two years, and 85.4% after three years. In parallel, 30.8% of the usual services group had been convicted in the first six months of the follow-up, 43.2% after one year, 62.6% at two years and 73.3% at three years. Unfortunately, specific forms of recidivism (in particular, violence) were not examined, and it is not known whether MST would have had any impact on severity of offending. It is important to note that this program evaluation was commissioned by the National Crime Prevention Centre and Ontario Department of Justice. The results were disseminated on the Centre for Children and Families in the Justice System website; however, they have not been subject to peer review.

Two meta-analyses of MST have been conducted since the Canadian results were publicised. The first (Curtis, Ronan & Borduin 2004) was conducted by associates of MST Inc. and excluded the Canadian study on the basis of restricting its focus to studies that were peer reviewed. The second (Littell 2005; Littell, Popa & Forsyth 2005) was an independent Campbell Collaboration systematic review that followed an established set of stringent methodological guidelines, and included the Canadian study on the grounds that including both published and grey literature would reduce the so-called *publication bias* or *file-draw problem*, whereby authors are more likely to submit, and reviewers more likely to accept, studies for publication that yield significant positive results.

Both analyses limited their scope to studies employing random assignment. Most likely due to the larger sample size of the Canadian study relative to the US studies, the two meta-analyses produced different results based on the inclusion versus exclusion of Leschied and Cunningham's (2002) study. Curtis, Ronan and Borduin (2004) examined seven primary outcome studies involving 708 participants; of considerable concern, they also included in the same analyses an additional four 'secondary studies' based on the same samples as the primary studies. One sample was represented three times in the analysis. Results indicated that across different presenting problems and samples, the average effect of MST on rearrest for any crime was significant (.55). A number of secondary outcomes were also reported to be significant.

In contrast, Littell, Popa and Forsyth (2005) included eight primary studies (no overlapping samples and inclusive of the Canadian study). Their review highlighted a number of methodological inconsistencies in reporting between studies. While some reported intent-to-treat data (including treatment dropouts and refusers) others reported only on 'successful' treatment candidates, did not disclose attrition rates at follow-up, or failed to assess or control for potential moderating variables that may be plausible alternative causes of group differences.

Even with the inclusion of the Canadian study, mean effect sizes were high in terms of reduced recidivism rates for the MST groups (.46); however, this was not statistically significant, most likely due to the low number of studies analysed. Moreover, the considerable variability in effects between studies and the aforementioned methodological issues led Littell and colleagues to caution that 'the available evidence does *not* support the hypothesis that MST is consistently more effective than usual services or other interventions for youth... However, it is not appropriate to conclude that MST has no effects. In sum, evidence about the effectiveness of MST is inconclusive' (p. 22).

Littell, Popa and Forsyth's (2005) conclusions fuelled considerable emotive response from the MST developers and their supporters (Henggeler et al. 2006; Ogden & Hagen 2006; see also Littell 2006). The inclusion of the unpublished Canadian study was criticised, as was the procedure of meta-analysis at all on such a small number of studies (Ogden & Hagen 2006). While the latter argument may be a more significant limitation than the former, it is noteworthy that the meta-analysis by Curtis, Ronan and Borduin (2004) was not similarly criticised, even though it relied on a smaller number of independent samples and actually included overlapping samples. Indeed, Ogden and Hagen's (2006) main point of contention actually appeared to be that the conclusions drawn by Littell et al. (2005), that evidence of MST is inconclusive based on a scientific analysis of the mixed evidence thus far, were 'disapproving' and contrary to the perception that 'most people have gained the understanding that MST has produced good results in controlled evaluation studies' (p. 11).

Similarly, Henggeler et al. (2006) emphasised that 'outcomes and methodology of MST clinical trials have been reviewed favourably by the most prestigious and highly respected scholars, advocacy

organisations, and research organisations in the nation... (t)his conclusion contrasts starkly with Dr Littell's contention that MST does not work' (p. 448). Henggeler et al. (2006) attributed the low success of the Canadian MST trial to poor adherence to program implementation, particularly in the site with the least favourable outcomes. However, this explanation was considered and excluded by Leschied and Cunningham's (2002) own interpretations of their data.

Henggeler et al. (2006) also emphasised that the Canadian recidivism outcomes improved as MST programs and therapists became more experienced in program delivery. As Littell (2006) countered (and Leschied and Cunningham's data actually shows), however, while improvements were shown between the first 50 cases and the next 50 cases, these improvements were at least partially attributable to differences in prior criminality; the initial MST cases had a higher number of prior arrests than those assigned to the control group. Moreover, the third consecutive set of 50 cases had similar outcomes to the first, refuting the suggestion that MST effectiveness improved with program maturity.

Finally, Henggeler et al. (2006) also claimed that one of the Canadian MST sites actually yielded positive effects, including a 37 per cent reduction in recidivism at 2-year follow up. The respective recidivism rates for this site (Ottawa) were actually 30 per cent for MST and 48 per cent for usual services, however the difference was not statistically significant (Leschied & Cunningham 2002). In short, Henggeler et al. (2006), in defending the reputation of their MST program, made three arguments based on very selective use of the evidence from the Canadian study, while omitting information that did not accord with their view.

Therefore, while there is strong evidence that MST can be effective at reducing rates of general offending in juvenile delinquents and serious young offenders (Henggeler et al. 1992, 1993; Ogden, Hagen & Andersen 2007; Ogden & Halliday-Boykins 2004; Timmons-Mitchell et al. 2006), and one study demonstrated significant long term effects in terms of reduced violent recidivism among violent youth into adulthood (Borduin et al. 1995; Sawyer & Borduin 2011; Schaeffer & Borduin 2005), not all outcome studies of MST effectiveness have been positive. Given this, it is possible MST does not effectively transfer from the US youth justice and public health systems to those of other developed countries with higher standard 'treatment as usual'.

That is not to say that MST does not work, but that any program that is transferred to a new site, particularly an international site, must be closely monitored and evaluated on an ongoing basis to ensure treatment fidelity, integrity and effectiveness with that specific population. One unsuccessful study does not mean that such a promising program should be abandoned altogether; merely that caution must be applied in making assumptions about its efficacy for all populations. The debate outlined above highlights the dangers in accepting at face value the assertions of program developers, particularly for licensed programs in which there is a large financial stake, without an independent examination of the evidence. In a recent online publication of 'research highlights' that summarised the evidence base for the effectiveness of MST at reducing recidivism (available at the MST Inc. website: www.mstservices.com), MST Services (2012) boasted '26 published outcome, transportability and benchmarking studies', with only one non-significant result. The Canadian study (Leschied & Cunningham 2002) was not mentioned at all.

Summary of systemic programs

Despite the oft-cited need to address systemic factors in order to effectively reduce recidivism by young people, surprisingly few studies exist that actually demonstrate that family and systems-level treatment is associated with reduced rates of persistent offending among young people. While, several studies have shown meaningful effects, employing lengthy follow-up periods (Borduin et al. 1995; Sawyer & Borduin 2011; Schaeffer & Borduin 2005), there are non-trivial methodological criticisms about how MST trials in other jurisdictions may fair, highlighted by Littell (2005; Littell, Popa & Forsythe 2005). Examples include failure to consider treatment dropouts, quality of treatment as usual, and therapist skill level. Replication of the promising MST findings in other samples and, preferably, jurisdictions is necessary. Research shows that additional family-based programs may also show promise with serious offenders, but their ability to reduce violence per se among high-risk violent youth remains to be demonstrated.

It must be emphasised, as demonstrated in the meta-analysis by Dowden and Andrews (2003), that RNR principles apply equally to family programs as they do to individual programs. Thus while many authors have argued that a family focus is necessary to ensure sustained behaviour change for the

young person upon return to the community environment, family focus should not be viewed as sufficient to bring about that change. That is, mere involvement of family members does not ensure that relevant family-related criminogenic needs are being targeted. MST and FFT both show promise in terms of providing a thorough assessment of family systems in order to identify the relevant familial needs of the individual young people while still maintaining a strengths-based and family-oriented focus on those needs.

The responsivity principle may also be a particular issue for family and system-based interventions, particularly in terms of therapeutic engagement and readiness to accept change. The parent-training program study by Weathers and Liberman (1975; cited in Mulford & Redding 2008) highlights the need to form some degree of therapeutic alliance and engagement, even prior to the first appointment. Further, wider systems treatments such as MST must also consider the engagement of peers, schools and relevant community organisations. FFT and MST both have paid some consideration to these issues in their design.

Intensive supervision and mentoring

One might think that intensive supervision probation (ISP) regimes that use strategies of suppression and treatment involvement might serve to induce more positive outcomes for young people involved with youth justice; however, program reviews have consistently found them to be ineffective for young offenders (for comprehensive review see Aos, Miller & Drake 2006). However, Aos, Miller and Drake (2006) also note that ISP approaches can be effective if combined with effective role modelling, development activities and support. Indeed, a number of program and policy developers have explored the use of mentoring programs as an adjunct to ISP regimes.

Mentor programs involve the creation of relationships between 'at-risk' young people and prosocial peers. These programs aim to enhance the social-emotional development of young people by providing role models as well as improve the cognitive development of young people through dialogue, shared activities and role modelling. One of the most well known mentor programs is the Big Brother/Big Sister program (BB/BS), which serves six- to 18-year-old disadvantaged youth from single-parent households. BB/BS aims to develop a caring relationship between these young people and their matched adult mentors. Early research on BB/BS found reductions in delinquency, substance misuse and crime (Tierney, Grossman & Resch 1995). However, later research has found that BB/BS and other mentoring schemes could have a negative effect if poorly implemented (Gladstone, Kessler & Stevens 2006).

The broader evaluation literature provides similar mixed support for mentorship programs due, in part, to the varying quality of program implementation, the lack of rigorous evaluation and the fact that the range of services often differs substantially among programs (Tolan et al. 2014). The term 'mentor' has traditionally been used to describe a process by which an older person *volunteers* to engage in a relationship with a younger person that serves to assist in his or her personal development. The mentor can work as a role model, as a teacher of social skills and values, and as a counsellor. Often mentors also act as advocates for the young person's concerns. Mentorship provided directly by criminal justice professionals is still rare, with the majority of programs studied incorporating volunteers or entry-level work experience roles.

Jolliffe and Farrington (2007) found that, in 11 of 18 studies, mentorship did not result in a statistically significant reduction in recidivism. It is worth noting that in the seven studies Jolliffe and Farrington (2007) found effective, the reduction ranges are only from 4% to 11%. Unfortunately, these studies are of lower methodological quality as compared with the 11 studies that find mentoring ineffective. Moreover, two large-scale evaluations of mentorship programs targeting young people in the United Kingdom indicate that this intervention has nil or even negative effects on offending (St James-Roberts et al. 2005; Tarling, Davison & Clarke 2004).

Reviews that compare mentoring with other young offender interventions are more favourable. A recent meta-analysis by Lipsey (2009) averaged the effect of mentoring programs and shows a recidivism reduction of as much as 22%. Likewise, a large-scale program review by Greenwood and Turner (2009) found mentorship programs to be very successful at lowering involvement in delinquency. Finally, in a meta-analysis of 55 mentorship programs' effects on problem behaviour, DuBois et al. (2002) found small effects overall but observe that the use of 'best practices' such as training, structure and expectations clearly communicated to mentors improve program impact. They also found that strong relationships between mentors and mentees improve program efficacy.

As part of a Campbell Collaboration Review, Tolan et al. (2014) attempted to examine implementation features and unpack some of why mentorship may or may not be effective. The authors found only 46 studies out of 163 (fewer than DuBois et al. 2002) that were of sufficient methodological rigour for their grouping. In these studies, while reductions were modest, decreases were observed in drug use, aggression and delinquency, and academic achievement improved. People who became mentors because they wanted professional development (often students) tended to be more effective. Greater mentor use of advocacy and provision of emotional support also increased effect sizes.

Because of heterogeneity in reported effects, Tolan et al. (2014) recommended providing more detailed descriptions of mentoring programs in studies, to help identify optimal conditions for program efficacy. Tolan et al.'s (2014) findings on motivation questioned the common wisdom that mentorship is best carried out by volunteers (DuBois et al. 2002), not self-interested or paid individuals. Three program evaluations of professional mentors specifically have been conducted and lend support to this conclusion:

- The Reentry Services Project in Minnesota provided transitional mentorship services to youth leaving custody and achieved reductions in overall risk, drug use, offending and time to new charge (Bouffard & Bergseth 2008).
- In an Oregon study of youth with disabilities released from detention, Unruh, Gau & Waintrup (2009) found the 'transition coordinator' (performing a role analogous to a mentor) to be a key player in a re-entry program that produced reductions in recidivism.
- Finally, an evaluation of professional mentoring as an adjunct to the Spotlight Serious Offender Services Unit in Manitoba, Canada, found that professional mentors reduced recidivism, gang involvement and drug use, and improved school engagement, even after controlling for other program elements (Weinrot, Donatelli & Murchison 2016).

While mentor programs differ significantly, emerging evidence supports the effectiveness of professional mentor programs with a high degree of structure and supervision. When implemented this way, mentoring programs can result in improvements in young people's academic performance, risk behaviour and psychosocial development (Gladstone, Kessler & Stevens 2006; Tolan et al. 2014; Weinrath, Donatelli & Murchison 2016).

'Trauma-informed care' and milieu management

In recent years, there has been a growing emphasis on *trauma informed practice* (or *care*) in a range of community services that respond to the needs to individuals exposed to trauma, including child/family welfare services, educational settings, mental health services, prisons and youth detention centres. Unlike the specific treatment interventions reviewed above, trauma informed care refers to a *framework* (or organisational philosophy) for providing services to people affected by trauma in childhood and/or adulthood. There is currently no consensus about what constitutes trauma informed care, and delivery can vary according to the service setting.

Broadly speaking however, trauma informed practice involves an organisational structure and treatment framework that involves a service appreciating the high prevalence of traumatic experiences in the people receiving their treatment and care. Moreover, staff members of the service comprehensively understand the profound neurological, biological, psychological and social impact of trauma and violence on the effected individual (Jennings 2004), including trauma triggers. They also understand how traditional service delivery approaches can aggravate the impacts of trauma (Connors-Burrow et al. 2013), for example, using seclusion or restraint in juvenile justice settings among youth who have been victims of interpersonal violence or abuse (see Ford, Chapman, Connor & Cruise 2012).

Services that adopt trauma informed practice are characterised by staff that are aware of how their client's needs are shaped by their personal life experiences, and who regard trauma as a *defining* experience that contributes to the individual's identity and sense of self, rather than as a discrete event that *happened* to the client (Harris & Fallot 2001). Proponents of trauma informed practice argue that in the absence of such a cultural or systematic framework, even evidence-based treatment approaches such as psychological or pharmacotherapies may be compromised (Jennings 2004). However, given the current absence of any rigorous evaluation of this system of care, such statements are premature.

It has been argued that many *management* behaviours that young people in detention display – for example, refusing to follow orders, verbal and physical aggression, using substances, making and carrying weapons, tampering with property and ‘manipulation’ – may be conceptualised as a way of coping with trauma symptoms being triggered by the custodial environment, rather than deliberate misconduct (Benedict 2014; Ford et al. 2012).

There are many significant trauma triggers in the custodial context including:

- personal searches – pat downs, strip and cavity searches
- drug urine tests – supervised urines
- cell searches
- physical restraints – cuffs, spit masks, escorts, use of force and takedowns
- being locked down in a small space
- segregation or placed in management cells with confinement for 23 hours a day
- being transitioned or relocated from one place to another, with minimal notice
- loud or abrupt noises
- glaring lights or darkness
- night-time routines and checks
- an authoritarian approach – being ordered and controlled
- punishment – removal of or denial of privileges
- the gender of the officer
- personal care activities – showering, toileting and changing, particularly when sharing a cell or under observation
- possible further re-victimisation from fellow detainees who take advantage of vulnerable peers.

Young people often experience these procedures and events as reminders of aspects of their own traumatic experience(s) and can trigger a physiological stress response similar to that experienced during the original trauma. Given this neurophysiological response is automatic and often unconscious, a young person could live in a constant state of stress or fear without making the link between their present and past experiences. As such they are often fearful, on guard and hypervigilant for threats, and may act in a manner to protect themselves (e.g. carrying a weapon, assaulting others before they are hurt, overreacting to minor slights or withdrawing). Moreover, attempts to neutralise or avoid such unpleasant experiences can be expressed in many ways including drug use, self-harm, over or under eating, aligning with gangs and resisting prison rules (Benedict 2014). While these behaviours may offer a sense of control and provide temporary psychological and physiological relief, they are often regarded as violating institutional rules and are responded to with some form of punishment. Punishing the offender then perpetuates and strengthens the trauma-response cycle.

Milieu management and safety

To foster an environment that would adhere to the concept of trauma informed care, the milieu of a unit or facility must be considered. Generally, a unit/residential facility is considered to have a therapeutic milieu, in turn reducing unrest and violence and enhancing cooperative interactions between staff and residents, if three domains are addressed:

- First, meaningful activities that engage youth in prosocial learning and socialisation are provided (Berkshire & McMahon 1994; Delaney 2006; Schwartz 2003).
- Second, a behaviour management protocol involving unit/facility rules and sanctions is clearly outlined to residents, to limit problematic and risky or aggressive behaviour. Of note, recent studies identified greater efficacy in achieving adherence to unit rules if residents are involved in their formation and a reward approach is used to motivate prosocial behaviour (for review see Dean, Duke, George & Scott 2007).

- Third, staff are trained and implement crisis prevention and management programs designed to *enhance* safety, and reduce violence and suicidality (Morrissey, Fagan & Coccozza 2009; Roberts & Bender 2006). Importantly, crisis prevention and management programs that *do not* rely heavily on the use of force and ‘takedown’ procedures are the most effective at reducing subsequent violence (Ford et al. 2006). Rather effective crisis prevention and management involves sound understanding of each youth’s warning signs and triggers, being vigilant to signs of escalation, and intervening in a timely manner with therapeutic assistance to regulate and problem solve (Ford, Chapman, Connor & Cruise 2012; Ford, Chapman, Hawke & Albert 2007).

While these three domains are prerequisites for a healthy functioning unit, youth with maltreatment histories, or complex traumas, add additional complexity that must be considered, particularly in light of the prevalence of trauma histories in juvenile justice populations.

Youth with significant trauma histories are likely to have difficulties with self-regulatory functions, so the milieu of a unit needs to systematically *build*, rather than requiring or pre-supposing competence in, self-regulation. It is a process akin to effective parenting of a child. The unit milieu must provide intensive social learning experiences that reinforce, and lead to sustained use of, self-regulation skills taught and developed through therapeutic interventions. Staff and administrators are role models for self-regulation in their interactions with youth and with each other in the unit’s milieu. So, staff and administrators should not only encourage, reinforce, and coach youth in using self-regulation skills, but *demonstrate* through their own self-regulated actions how to deal with stressors in the milieu without lapsing into:

- dysregulated behaviour—impulsivity, aggression, avoidance
- emotional lability—rapid shifts into states of hyper- or hypoarousal, with difficulty regaining a balanced calm affective state
- impaired cognitive processing—proactive consequence-based decision making and problem solving rather than reactive emotion drive decision making, and/or
- dysfunctional interpersonal interaction—limited tolerance for frustration, uncertainty or difficulty in empathic perspective taking.

From a developmental perspective (DeSocio et al. 1997), the adolescent youth in juvenile justice residential programs are highly attuned to social interaction and learn as much from what others do as from what they are told.

Furthermore, young people with significant trauma histories often hold an ambivalent (at best) attitude towards trusting and learning from relationships with adults or unfamiliar peers (Richey et al. 2016; Rudolph et al. 2014). Having been terrified, intimidated, exploited, deceived, abandoned, rejected, betrayed or insufficiently protected in key relationships, often by primary caregivers or surrogates, it is understandable that these young people are distrustful of current relationships. This is particularly true in relationships in which the other person(s) has authority, because power can be used, and in these young people’s experiences often has been used, to take advantage of or harm others (Sullivan, Wilcox & Qusey 2010; Wallace & Menard 2016). Adults who use physical or legal means of intimidation to control the young person’s behaviour, will find that they likely react negatively, even with extreme hostility, in an attempt to not appear ‘weak’ or a ‘victim’. Seemingly paradoxically, young people with significant trauma histories may react negatively even to well-intentioned and supportive staff. This is not simply to be ‘resistant’ or ‘callous and indifferent’, but rather to maintain an avoidant and detached stance so as not to be either disappointed or victimised by staff, as they too often have been betrayed and exploited by apparently helpful people in the past (Katalinic & McCormack 2016).

Although boys are more likely to be incarcerated in youth justice facilities than girls, between 70% and 90% of girls who are placed in secure youth justice settings report trauma histories, usually with multiple ongoing incidents consistent with complex trauma (Abram et al. 2004; Cauffman et al. 1998; Steiner et al. 1997). These girls often are involved in the child welfare system and are at risk for severe problems with substance abuse, risky sexual behaviour, teen pregnancy, intergenerational family and domestic violence, community violence, physical illness, unemployment, school failure and adult incarceration (Kerr, Leve & Chamberlain 2009). Girls in detention are eight to 10 times more likely than boys to report sexual abuse (Abram et al. 2004; Ford et al. 2008), 33% more likely to have PTSD (Abram et al. 2004), report more severe problems (Hussey et al. 2008) and use more mental health services (Hussey et al. 2008). They are 11 times more likely to die while incarcerated (Teplin et

al. 2005). In summary, while traumatised boys in custody have challenging needs, girls in custody represent a particularly vulnerable and complex need group.

Studies with girls have found them to be less likely to be overtly aggressive than boys (Card et al. 2008) but equally or more likely to be persistently physical aggressive (Lynne-Landsman et al. 2010), especially if they have been victimised (Cullerton-Sen et al. 2008; O'Leary et al. 2008). Girls also have been found more frequently than boys to use covert forms of 'relational' aggression such as intentionally humiliating or rejecting other people (Bowie 2007; Ostrov & Godleski 2010; Skara et al. 2008), particularly if they have been sexually abused (Cullerton-Sen et al. 2008). Thus, reactive aggression in defence of the self or others, including relational as well as physical forms of aggression, is common for traumatised girls. Self-directed aggression (i.e. self-harm) also is more common among traumatised girls than boys (Bilen et al. 2010; Muehlenkamp et al. 2009; Olfson et al. 2005). Therefore, particular attention needs to be given to a therapeutic milieu in residential facilities for girls in the youth justice system.

Perhaps the most critical implication of trauma-informed approaches to establishing an effective and therapeutic unit or facility milieu is that *staff* are required to be well trained, supervised and supported in demonstrating a 'self-regulated approach to their interactions with their charges and their colleagues' (Ford et al. 2012). Young people in youth justice settings are very alert, and prone to react adversely, to people whose behaviour conveys a demand to 'do as I say, but not as I do'. Staff and administrators need education and support to successfully persist in role modelling self-regulation and implementing well-developed behavioural management protocols because youth with complex trauma histories are not quick to trust and often 'test' adults by acting out in ways that trigger intense stress reactions for those adults. Traumatized young people tend to respond more favourably towards adults who balance firmness and kindness, and are able to remain calm, think clearly and act consistent with the values she or he teaches, rather than taking only one or the other stance (Linehan 2015; Verheul et al. 2003).

Common characteristics of effective programs for violent youth

The preceding sections have examined the evidence for different types of therapeutic programs for young offenders. Based on these findings, it appears that the programs that yield the greatest effects in terms of reducing recidivism are those that are multimodal in nature, incorporate a thorough assessment of the individual and their environment, and adhere closely to the principles of risk, need and responsivity, regardless of whether the program is limited to individual-level interventions or seeks to influence change in broader system domains.

Nonetheless, evidence for many programs remains preliminary, and a number of methodological issues influence the degree of observed effects. Therefore, it is difficult to determine whether individual-level or system-level programs are more effective in reducing offending, or more cost-effective than the other. No single study has directly compared the two, with perhaps the exception of the MST trial by Borduin et al. (1995). However, the IT program in this study is not well described, appears eclectic in approach (perhaps depending on the individual therapist) and it is doubtful as to whether it targeted offence-specific needs or adhered closely to the RNR principles.

A combined approach may be most appropriate. That is, individual-level cognitive behavioural therapy combining various skills-based and emotional regulation techniques with offence-chain analysis and relapse prevention is complimented by family therapy and peer and school interventions as necessary. Such an approach has intuitive appeal for both community and custodial justice clients, and could incorporate a discharge preparation and community reintegration element for youth in custody, to ensure transition of therapeutic gains into the youth's natural environment.

Regardless of program model, success of any intervention depends on how well the approach is implemented (Andrews & Dowden 2005; Borum 2003; Cornell 1999; Fagan, Hanson, Hawkins & Arthur 2008; Landenberger & Lipsey 2005; Lipsey & Landenberger 2006). First, program integrity and fidelity have been key considerations of all licensed programs (Glick & Gibbs 2011; Henggeler et al. 1997) but apply equally to non-licensed programs developed by individual justice and mental health systems.

Second, programs that are fully integrated into the culture, environment, and day-to-day operations of the justice service in which they are implemented are likely to yield greater success (see also Guerra et al. 2008; Guerra & Leaf 2008). For example, the MJTC program highlighted the importance of every interaction with the youth and the focus on rewards for prosocial behaviours, rather than

punishments for antisocial ones. Such an approach could not have been implemented in an environment that heavily enforces rules and regulations. Similarly, programs that focus on cognitive restructuring in sessions will have limited utility if skills and techniques are not practised outside the treatment setting. Considering the youth's day-to-day interactions in the custodial or community environment that may reinforce or hinder skill development is necessary to successfully transfer those skills into real world situations. Adopting a trauma informed service model requires an organisational framework and commitment to developing and maintaining a therapeutic milieu that is sensitive to the range of behavioural, interpersonal and cognitive sequelae of trauma.

Third, successful violence intervention programs must be delivered by highly qualified and well trained clinical staff. This feature was evident in MDT, ART, both VOTPs and MST, all of which demonstrated some success in reducing severe and persistent offending among youth.

Each of these common features of the more effective programs reviewed here relate to the 18 principles of RNR as outlined by Andrews and Bonta (2006; Andrews 2011) for general offender rehabilitation, demonstrating their relevance to youth offender populations. They have also previously been identified as key characteristics of effective programming for young offenders by other authors (Boxer & Frick 2008; Guerra et al. 2008; Heide & Solomon 2003; Hollin 1999; Horizons 2008; McGuire & Priestly 1995).

In light of these common themes, the following section considers the practical application of these principles of *what works* for intervention programs for young offenders, paying particular attention to the four principles of risk, need, responsivity and program integrity.

Applying RNR principles

Polaschek (2011) argued that despite the evidence for the RNR principles of effective practice, there is still very limited knowledge in the field as to how these principles should best be applied to correctional programming. This is particularly the case for intervention programs for young offenders. The following sections consider some of the issues relating to risk, need and responsivity in regard to offender treatment programs for young people, and how these issues can be addressed within the design and implementation of criminogenic intervention programming.

The risk principle

How the risk principle is factored into youth and criminal justice programming at any level depends on how risk is defined and operationalised. Some authors have discussed violent offending itself as indicating higher risk, and thus deserving more attention and greater investment of resources (e.g. Howells, Watt, Hall & Baldwin 1997). Paradoxically, however, violent offenders in both adolescent and adult correctional populations receive less rehabilitative effort and attention than do other offender types who make up a relatively smaller proportion of the justice clientele, and are actually at lower risk of reoffending (e.g. sex offenders; Howells et al. 1997). Similarly, high tariff offences are particularly rare and should not be considered to equate with high risk of recidivism in the absence of a thorough assessment.

While the best single predictor of future behaviour is indeed past behaviour, the mere presence of a violent offending history does not necessarily suggest high risk, and individuals classified in any offence category are not homogeneous with respect to the degree of risk they pose for further offending. Thus, we need different levels of treatment intensity to address differing levels of risk and need among young offenders, so that resources are appropriately allocated to those youths who are most likely to require intervention to desist their behaviour.

Historical evidence dictates forensic and psychiatric clinicians' intuitive judgement is poorly reliable when it comes to predicting future violence (e.g. Monahan 1984). Over the past three to four decades, however, considerable advancement has occurred in the field of forensic risk assessment, and we now have several risk assessment tools that demonstrate sound validity in assessing risk for violence. Broadly, these can be categorised into two groups: actuarial tools, in which a score is statistically derived based purely on static risk factors, and structured professional judgements, in which clinical judgement is guided by *evidence-based* risk factors, which can allow for idiosyncratic dynamic risk factors.

For treatment purposes, actuarial tools have limited value. Although they may provide a risk category, they do not identify criminogenic needs (dynamic risk factors) that can form treatment targets, assist

little in formulating the individual and his or her violent behaviour (including the circumstances in which they may be more likely to display future violence) and cannot measure changes in risk factors that may occur through the treatment process. (See Cooke 2012 for a recent review of these and other issues with actuarial assessments.)

By contrast, the structured professional judgement approach, appropriately applied, can overcome each of these limitations of actuarial methods. As for adult offenders, developing structured clinical assessment protocols for assessing offending risk in adolescents is in its early stages. Many jurisdictions have developed their own instruments to assist in classifying offenders in juvenile justice, but typically they have not been empirically validated to reliably predict recidivism among the populations in which they are used. Further, they rarely focus on predicting recidivism in the community (Borum 2000).

The most empirically supported and widely used assessment instrument for youth offending is the Youth Level of Service/Case Management Inventory 2.0 (YLS/CMI; Hoge & Andrews 2011). The YLS/CMI is a general risk/needs inventory for juvenile offenders aged 12–18 years, comprising 42 dichotomously rated items across eight domains:

- offence history
- family circumstances
- education/employment
- peer relationships
- substance use/abuse
- leisure/recreation
- personality/behaviour
- attitude/orientation.

Scores from these domains are used to identify criminogenic need and inform case management initiatives. Additionally, scores are summed to give a total score and corresponding to overall risk rating.

Two instruments have been developed to assess risk and criminogenic need in children aged 6–11 years, based on attempts to develop and effectively target early interventions for *at risk* children. These instruments are the Early Assessment Risk List for Boys (EARL-20B; Augimeri, Webster, Koegl & Levene 2001) and the Early Assessment Risk List for Girls (EARL-21G; Levene et al. 2001). An instrument that assesses risk across developmental stages of childhood has recently been developed (Cracow Instrument; Corrado 2002) and is in the process of being validated (Corrado 2012).

The Structured Assessment of Violence Risk in Youth for adolescents (SAVRY; Bartel, Borum & Forth 2000; Borum, Bartel & Forth 2006) is another prominent empirically based risk assessment instrument developed specifically to predict *violence* among youth. It is the most widely available and empirically validated tool available to assess (non-sexual) violence in adolescents. It consists of 24 items in three categories: historical, individual, and social/ contextual, and also includes six protective items. Individuals are categorised into low, moderate and high risk, based on the presence and absence of these items, allowing for professional discretion in making final risk judgements.

The SAVRY has been shown to predict institutional violence and institutional infractions (verbal threats, property damage, rule violation; Lodewijks, Doreleijers & de Ruiter 2008) and violent recidivism in adolescents (Lodewijks, de Ruiter & Doreleijers 2008). Indeed, a recent meta-analysis (Fazel, Singh, Doll & Grann 2012) found the SAVRY to have the strongest predictive accuracy, outperforming all other common (adult) violence risk assessment schemes.

With respect to gender, Schmidt, Campbell & Houlding (2011) found moderate to large effect sizes for the SAVRY in predicting both general and violent recidivism for male and female youth over a 10-year follow up period. By contrast, over a 12-month follow up period, Dolan & Rennie (2008) found the SAVRY was less effective at predicting violence among female youth, and was a better predictor of general recidivism and technical violations for females.

Importantly, the SAVRY does not require specialist training to administer; rather familiarity with the manual is considered sufficient. However, see Andrews, Bonta and Hoge (1990) for criticisms

regarding the use of risk measures without a thorough understanding of the statistical assessment of validity.

Because focuses on both static and dynamic risk factors across individual and social system domains, and because it considers protective factors, the SAVRY is an appropriate risk tool to form part of the assessment process to determine the most appropriate level and type of intervention for violent youth. A recent Victorian study identified the YLS/CMI and SAVRY had high degree of dimensional construct overlap and both demonstrated acceptable and comparable predictive accuracy for general and violent recidivism (Shepherd, Luebbers & Ogloff 2014).

In addition to considering how risk is defined and assessed, implementing appropriate treatment must also consider how to tailor interventions according to level of risk. Some have argued this second phase of the risk principle has not historically been well implemented, or at least has been poorly documented (Day et al. 2003; Hagell & Moran 2006; Polaschek 2006). Hagell & Moran (2006), for example, noted reviews of 'what works' for young offenders discussed applying the risk principle only in terms of increasing the intensity and/or duration of the same type of treatment for higher risk youth. The review did not consider how the content should differ from interventions aimed toward lower and moderate risk offenders.

Yet the principles of risk, need and specific responsivity are closely related concepts, and a thorough assessment and formulation should inform how to adapt the *content* of treatment to suit higher risk clients. Specifically, the content should address a greater variety of criminogenic needs and be responsive to idiosyncratic characteristics that may impact the individual's ability to engage meaningfully in the therapeutic process and bring about behavioural and lifestyle change. That is, best practice principles dictate the importance of risk assessment processes being systematic and comprehensive. This includes using the most appropriate and well-validated assessment tools for the relevant population and behaviour that is being assessed, and forming the basis through which intervention is appropriately tailored and informed (Borum & Verhaagen 2006).

For example, in her work with adult violent offenders in New Zealand, Polaschek (2011) argued the highest risk cases are likely to have the greatest issues of responsivity, such as psychopathy, intellectual disability, and ethnic minority. She also argued that more than a simple increase in hours of program duration is required to deal with these high risk, complex needs cases. Day et al. (2009) highlighted inappropriate assessments of risk and decisions about program referral are likely to contribute to poor engagement and higher rates of treatment dropout. Thus, it can be the very highest risk, highest need individuals who miss out on treatment, and often those who drop out of offender treatment have the highest recidivism rates (Dowden & Serin 2001). However, considering the appropriateness of the referral does not mean that high risk offenders who are likely to drop out of standard programming should be offered no treatment at all; rather, they need additional interventions designed to prepare them to engage in treatment (Day et al. 2009).

In arguing the case that increased individual tailoring of modules (based on thorough formulation of dynamic risks, learning styles and environmental needs) must also increase with risk category, Polaschek (2011) outlined a three-tiered approach to programming:

- Basic-level programs are psychoeducation-based, low intensity and target low to moderate risk offenders.
- Mid-level programs are multifactorial, medium intensity and target moderate to high-risk cases.
- High-level, comprehensive forensic therapy programs target very high risk offenders at high risk of serious violence. Polaschek argued that while the dosage of treatment should be similar to moderate intensity programming, it is delivered and embedded in a fully therapeutic environment. This type of high level treatment is akin to the MJTC program described earlier.

While developed for adult violent offenders, Polaschek's (2011) approach is easily adaptable to adolescent populations.

Table 3 outlines this model and its implications to therapeutic integrity and delivery, as depicted by Polaschek (2011).

Table 3: Polaschek's (2011) three-tier model of violent offender programming

Program characteristic		Basic level rehabilitation programs	Mid-level multifactorial treatment programs	High level comprehensive forensic therapy programs
Program features	<i>Duration</i>	Brief, 40–70 hours	100–300 hours of session content	100–300 hours of session content, plus therapeutic community May involve multiple group programs simultaneously (for example violence, substance abuse)
	<i>Format</i>	Closed	Typically closed, potential use of residential community	Full therapeutic environment, open/rolling program
	<i>Intervention targets</i>	Narrow range of needs targeted and intervention components provided Psychoeducational focus	Multiple dynamic risk factors and components	High level of need and responsivity issues, for example, personality disorder, psychopathic traits
Assumptions about clients	<i>Risk/need level</i>	Low to moderate	High	Very high risk, high tariff
	<i>Readiness to engage in treatment</i>	Client relatively ready to engage with program, develop working alliance with therapist	Client more resistant to program engagement, but will respond with some additional assistance	Client reluctant to acknowledge treatment needs and seek assistance; may avoid engagement with therapist(s)
	<i>Level and range of treatment needs</i>	Relatively fewer problem areas, difficulties less entrenched	More targets, somewhat more entrenched, but some areas of relative strength, functionality	Wide range of treatment targets, chronically entrenched problems, complex interactions between them
	<i>Change process</i>	Conscious acquisition of skills and knowledge from didactic teaching Client determines what is	Client needs more assistance with learning; use of active methods Client needs more	Client finds new learning difficult; requires significant support to learn Client unlikely to change without substantial direction

		relevant, is responsible for applying what is learned outside program	direction, but open to applying learning, with limited additional support	and support for change
Program responses to client characteristics	<i>Focus of responsibility for fit between client and program</i>	Client-determined assessment, limited to referral criteria or list of needs Common content delivered in fixed order to all participants	Balance between program- and client- determined Program identifies client needs, but restricted in capacity to respond	Program-determined assessment Formulation-driven assessment 'individualised treatment in a group context'
	<i>Application of learning</i>	Higher proportion of total treatment hours spent in teaching knowledge and skills More limited range of delivery methods, opportunities for client learning	Some more time in program for application of learning More scope for feedback on homework to consolidate learning More sources of information to clarify learning and practice (group members, more than one facilitator, residential staff)	More time in program for application of learning More sources of feedback Progressive, graded practice More opportunities for generalisation
	<i>Sources of influence and support for change</i>	Mainly offender self-reinforcement Residential environment may be actively unsupportive, interfere with change	Encouragement, reinforcement for change from group members and facilitators Residential environment may be globally supportive of change	Clients may work with multiple facilitators, but relatively longer relationship, more stability; family may be involved Residential environment may be used to elicit specific changes from individual clients, support behavioural experiments, provide reinforcement for graded practice; generalisation of learning
	<i>Assessment and</i>	Assessment information	May collect more detailed	Detailed initial assessment and formulation

	<i>monitoring of client change</i>	may be limited; self-report scales may be used, or facilitator impressions of learning, based on demonstrations in group Looking for enhanced understanding, and limited demonstration of skill acquisition	assessment information Judgements of progress informed by opportunities for more extensive demonstrations of knowledge and skill acquisition in group May be more use of pre-program/post-program assessment information	Change information is derived from client-demonstrated learning within group and outside it, may be required to demonstrate generalisation to community, work, etc. Information on progress sought from outside immediate therapy team May use structured clinical judgment instruments to monitor change (e.g.e.g. the Violence Risk Scale) (Wong & Gordon 2000)
	<i>Approach to (un)readiness</i>	Program focus assumes client ready to learn, and use learning to change	Pre-program, or early in treatment, preparatory intervention to develop readiness followed by intervention that assumes client is ready	Intertwined with/overlaps treatment of risk, client unreadiness dealt with throughout the course of treatment
<i>Policy implications</i>	<i>Therapist skills</i>	Facilitators usually have limited training background, may have dual roles (probation officer, custodial staff) Trained specifically to run this program: knowledge of CBT limited Background not assumed in rehabilitation theory, or group process	Facilitators have psychology and social service professional training; may have generic CBT training Facilitators trained to administer program: training often longer to accommodate complexities of program, and group process issues	High staff to client ratio Facilitators highly trained in therapeutic skills, cognitive and behaviour change methods, working with personality disorder, etiological and rehabilitative theory, and group process
	<i>Manualisation</i>	Program content and delivery highly manualised: little/no	Manual may not be so prescriptive, detailed; manualisation balances	Program manual oriented to achievement of client goals and session competencies, with latitude for therapists to choose how to achieve goals with client,

		facilitator discretion	content with process; more attention to process within group sessions	adjust goals and methods as progress unfolds Manualisation guides choices but draws more on common and deep understanding of therapy approach between therapists and with supervisors
	<i>Treatment integrity Monitoring</i>	Treatment integrity = adhering to manual Staff delivery closely scrutinised (videotapes/sessions) for compliance with program manual	Treatment integrity = staff self-reflection, peer review, supervisor scrutiny of videotapes/sessions for compliance with manual	Monitoring of integrity requires skilled supervisor who knows program theory well Extensive supervision, peer, group, and one-to-one needed Integrity monitoring folded into professional supervision and development

Source: Polaschek 2011, p. 27

The need principle

A thorough appraisal of risk and formulation of offending behaviour will not only provide a risk category, but will also inform which criminogenic needs must be targeted to reduce risk of further violence (Kennedy 2003). As discussed above, because dynamic risk factors for antisocial behaviour in youth can be found across a variety of systemic domains (individual, family, peer, school and community)—perhaps more so than adult offenders—then treatments must be targeted to address criminogenic needs in each of these domains, as relevant to the individual offender. For example, Borduin et al. (1995) argued those programs shown not to work likely did not sufficiently consider the multidetermined nature of antisocial behaviour and address multiple criminogenic needs accordingly.

McGuire (1996) also emphasised the need for a multisystemic approach that included a cognitive behavioural therapy component, family therapy and addressing peer influences where relevant. He argued a one-size-fits-all approach cannot be sufficient for young offender populations, given the unique and complex needs with which they often present. Similarly, Howells et al. (1997) argued for individualised assessment, and tailoring of interventions according to a formulation of the idiosyncratic factors that contribute to developing and maintaining antisocial behaviour within that individual. They stressed that such formulations must be multimodal, in accordance with the relevance of environmental risk factors as well as intra-personal variables.

An additional consideration about the ability for offender programs to tailor to the specific criminogenic needs of individual offenders is the differing characteristics and motivations behind the violent behaviour itself, and the differing circumstances under which this may occur. Tolan & Guerra (1994), for example, separate violent behaviour into four types, each distinguishable by unique causal pathways, triggering contextual factors and dynamic risk factors:

- situational violence—affected by social contexts
- relationship violence—related to social and psychological risk factors
- predatory violence—more chronic and severe offenders employing violence as a means to an end
- psychopathological violence—caused by symptoms of major mental illness or other psychopathology.

Each of these typologies requires different treatment strategies. For example, while anger management and interpersonal skills development may be appropriate and sufficient for the first two types of violence, the third requires more intensive programming to address numerous lifestyle issues, attitudes and values. The fourth may require any combination of these, as well as pharmacological treatment to address symptoms that drive violent behaviours (e.g. paranoia, auditory hallucinations).

Thus, this issue of heterogeneity of offending typologies has implications for multiple RNR principles, in particular the principles of risk, need, responsivity and program integrity.

The principle of responsivity

Next, the assessment process considers potential personal characteristics and other issues that are likely to interfere with the individual's ability to benefit fully from treatment (Kennedy 2003). Research shows that for adolescents in custody, issues such as conduct disorder, substance abuse, attention deficit/hyperactivity disorder and low verbal intelligence are the norm, rather than the exception (Rayner, Kelly & Graham 2005). Given this, the degree to which these issues impact on treatability for each individual cannot be ignored, nor can it be assumed without thorough and ongoing assessment. Failing to consider responsivity will contribute to poorer outcomes for those individuals for whom standard treatment is inappropriate, insufficient or ill considered.

Thornberry et al. (1995) speak of the complex interplay between risk, need and responsivity for youth. For example, older youth who are more heavily involved in antisocial lifestyles, engage in a broad array of criminal behaviours, abuse substances and whose violence is more entrenched are likely to have the highest risk and greatest need, but these very factors are also likely to limit the success of intervention. Similarly, more unique factors such as psychopathic personality traits indicate high risk, complex needs, and are also a considerable issue of responsivity. Bailey (2003, p. 589) identified this issue succinctly:

The at risk population has to be identified and targeted, not just those who are motivated to turn up.

The rest of this section considers factors that may influence an individual's responsiveness to offender intervention—age, gender, readiness/motivation, intellectual and cognitive deficits, psychopathic personality traits, mental illness and trauma, and ethnicity. We pay particular attention to the issues of psychopathic traits and cultural/ethnic minority.

Age

Cognitive and emotional development may be a factor that moderates treatment outcomes, particularly if programs are not sufficiently tailored to different levels of psychosocial development in youth. Day et al. (2003) highlighted three cognitive skills that develop over adolescence (abstract thinking, consequential thinking, and hypothetical reasoning) are particularly important for cognitive behavioural approaches to be effective.

Similarly, the literature on dynamic risk factors (discussed above) suggested different risk and protective factors are relevant at different age periods. This finding suggests treatment targets should also differ between ages, as necessary program elements in young adolescence may become less relevant in older adolescence, and vice versa. For example, Farrell, Meyer, Kung & Sullivan (2001) suggested that younger children are more likely to benefit from programs that emphasise emotional regulation and parent-child interaction, while middle school children (8–11 years) are more likely to respond to programs addressing social competence. Adolescents are more likely to require programs that target peer associations, conflict resolution and substance abuse.

Treatment programs must therefore consider the relevant cognitive and emotional maturity of their clientele, and youth who fall outside of the standard age range may require special services to address their unique needs.

Engagement, readiness and motivation

Engagement is a most crucial aspects of effective treatment. Without initial engagement, we cannot adequately assess risk and need; nor can we explore factors that may be impeding treatment readiness. If the client is not meaningfully engaged in the treatment process and a therapeutic alliance is not adequately developed, then there is no forum for teaching teaching skills or changing behaviour.

High-risk youth and their broader systems (such as family, school and peers) may experience particular difficulties with respect to engagement, because of the extended nature of family problems, disempowerment and defensiveness that can often occur in this population (Horizons 2008). Some researchers have argued that these issues of readiness, engagement and motivation to change have often been overlooked in available treatment programs, which often focus primarily on skills development, without considering the individual's desire and capability to implement those skills into daily life to bring about sustained behaviour change (Guerra et al. 2008). Skills taught must therefore match the individual's sense of identity, culture, lifestyle, values and future goals if they are to be used in daily life.

A number of factors can influence engagement; for the client, motivation for treatment and readiness to change are two common elements. Motivation and readiness, while overlapping, are distinct therapeutic concepts. The overweight client can be highly motivated to improve his or her lifestyle and fitness, but the hardship of a strict diet and exercise regime may impede his or her readiness to engage in prolonged behaviour change to achieve this goal, leading to a 'crash diet attempt'. Similarly, a young offender can be highly motivated to abstain from further offending for a number of reasons (empathy for victims, avoidance of further punishment), but may find it considerably confronting, overwhelming and effortful to address the issues that contributed to their offending. Denying and minimising difficulties can play a role in both these cases.

Further, criminal behaviour is often entrenched in attitudes and behaviour not only among the young client, but also among his or her broader cultural environment of family, peers and community. Indeed, high risk youth who engage in repeated violence may do so because they do not view violence as problematic, but rather as a valuable strategy that retrieves power, status, self-efficacy and an effective means for conflict resolution. Reflecting these complexities, Glick and Gibbs (2011) distinguished between three types of offender motivation that may act simultaneously yet independently of each other:

- attendance motivation—the likelihood the client will show up for scheduled appointments
- participation motivation—motivation to engage meaningfully in the treatment process
- generalisation motivation—readiness and ability for the individual to apply concepts and strategies learned in treatment into his or her life on a continuing basis.

Motivational issues typically can be addressed through a series of interactions employing a motivational interviewing style (Miller & Rollnick 2002), promoting ambivalence toward continuing the problem behaviour. In combination, readiness can be addressed through breaking larger therapeutic goals into multiple small, short term goals that are easily achievable and measurable. However, addressing both motivation and readiness requires a minimal level of engagement, so that these interactions between client and clinician can occur.

Chambers, Eccleston, Day, Ward and Howells (2008) emphasised the need for treatment facilitators to take a reflective, listening, non-confrontational, non-judgemental and collaborative approach, rather than projecting themselves as 'experts', to reduce hostility and resistance. Addressing *denial* and overcoming *resistance* must be treatment targets in their own right, rather than be used as a rationale to withhold treatment. If these cannot be addressed within treatment programs, one-on-one pre-treatment therapy is warranted, particularly because group members may actually support and feed off each other's resistance (Chambers et al. 2008; see also Beyko & Wong 2005). However, both motivation and engagement must be viewed as a fluid process; clients can move backwards as easily (or easier) as forwards. Thus motivational and engagement-enhancing interactions must be an ongoing process, including constantly reassessing the client's needs and the therapeutic alliance.

Motivation and *resistance* are not the only factors that can influence readiness. Looking at adult offenders, Ward, Day, Howells & Birgden (2004) proposed a multifactor offender readiness model (MORM) that involves both internal and external factors that determine whether an individual offender engages in, and subsequently benefits from, correctional treatment (that is, beyond motivation to change). Internal factors include beliefs about treatment, past treatment experiences and offender goals. External factors include the extent to which treatment is coerced, delivery setting and availability of resources to support the offender to change (peers, family) and the program itself (support within the system). Based on the MORM, Ward et al. developed the Corrections Victoria Treatment Readiness Questionnaire (Casey et al. 2007; later referred to as the VTRQ, Day, et al. 2009) to assess internal factors of an adult offender's readiness to engage in offender rehabilitation programming. A similar tool for adolescent offenders may play a valuable role in assessing treatment readiness and identifying offenders who may require additional efforts at addressing motivation and responsivity.

Cognitive deficits and intellectual disability

Cognitive and intellectual deficits such as low intelligence, learning disorders, poor executive functioning, acquired brain injury, poor verbal abilities and so forth are crucial responsivity considerations that can impact the ability of the individual to grasp concepts, learn information, retain information between sessions and internalise abstract concepts to personal situations. Research and clinical lore has suggested that the proportion of adolescents in youth justice settings with an identified learning disorder or intellectual disability is significantly higher than the general community.

Eggleston (2008) explores the potential mechanisms through which this over-representation may develop, none of which are mutually exclusive. First, learning-disordered students may be more likely to act out behaviourally as a result of frustration with poor academic performance, leading to delinquent and criminal acts. Second, youth with learning disorders may be more susceptible to peer influence and more willing to engage in illegal activity in order to 'fit in' to a peer group. Third, these young people may be no more likely to engage in offending but may be more likely to get caught or less able to talk their way out of trouble.

Learning difficulties should not be grounds for program exclusion, but program content should be adapted to more simplistic and concrete forms to target those offenders for whom standard programming is too abstract or reliant on verbal abilities. Young people with low verbal abilities are unlikely to respond well to standard correctional programs that may rely too heavily on abstract concepts that then require generalisation across situations, move too quickly through concepts and provide insufficient repetition and patience to facilitate learning. Literacy is an obvious issue for programs that rely heavily on written handouts and homework. Cognitive assessment should therefore form part of the comprehensive assessment and formulation process so that this

responsivity issue can be adequately addressed. Some young people may require a more tailored program allowing for a greater behavioural (rather than cognitive) focus, more repetition and simplification of concepts, and more practice at generalising skills across situations. Program facilitators may require additional training and expertise in working with clients with intellectual disability or cognitive impairment.

Gender

We cannot assume that young female offenders are necessarily lower in risk, and require less emphasis in treatment. Research has consistently demonstrated that males are at higher risk for criminal, and particularly violent, behaviour in the community. However, male gender does not appear to have a similar impact on risk among individuals who are *already* in the criminal and youth justice systems. Data from the Department of Human Services (2001) showed that while the prevalence of males in the youth justice system is 6.5 times greater than the prevalence of females, males and females reoffend at similar rates (49 per cent and 44 per cent, respectively). Despite this, very little attention has been paid to the treatment of young female offenders, particularly violent offenders, so little is known about program criteria or elements that are effective in reducing recidivism. Bloom and Covington (1998) stressed this point, and called for greater documentation and publication of program characteristics that are associated with favourable outcomes (and, arguably, unfavourable outcomes) for this group, to implement and examine promising programs (see also Strand, Luebbers & Shepherd 2016).

The literature often comments that the evidence base for *what works* in correctional and youth justice programming, based heavily on research using male samples, is not necessarily transferrable to female youth. However, meta-analytic evidence (Dowden & Andrews 1999a) demonstrated this is not necessarily the case; that is, *what works* for male offenders can also be effective for female populations. Even so, female youth present with differing combinations of risk and needs, and female gender may still be considered a significant responsivity issue (Shepherd, Luebbers & Dolan 2013). Thus while the basic principles of best practice may be the same for males and females, they may take a different focus for females (Hoge & Robertson 2008).

For example, female young offenders are more likely to have significant histories of childhood abuse and/or neglect, and are more likely to experience depression (Blackburn, Mullings, Marquart & Trulson 2007; Shepherd, Luebbers & Dolan 2013; Strand, Luebbers & Shepherd 2016). Both these factors are likely to affect their ability to participate, engage and develop a trusting rapport with facilitators in treatment. Females also demonstrate greater susceptibility to relationship factors (Hart, O'Toole, Price-Sharps & Shaffer 2007), and are more likely to have problems with substance abuse (see Day et al. 2003; Strand, Luebbers & Shepherd 2016), suggesting that treatment targeting criminogenic needs may require modified emphasis. Further, female violent offenders are more likely to have committed their offending against intimate partners, who are often the perpetrators of their own physical or sexual abuse (see Bloom & Covington 1998). These issues have implications not only for criminogenic treatment needs and responsivity, but also for risk assessment in terms of potential future risk scenarios and victimology (that is, risk to general public versus risk within intimate relationships) (Shepherd, Luebbers & Dolan 2013).

Bloom and Covington (1998) examined these issues more comprehensively. They quoted the Oregon Intermediate Sanctions for Female Offenders Policy Group (1995) in emphasising that female-specific programming must account for genuine differences between males and females in their developmental and offending trajectories, learning styles, relationship and attachment styles and life circumstances. Programs should not simply segregate groups by gender and then apply the same techniques and approaches that are developed for male offenders.

Andrews and Bonta (2006) suggested addressing these female responsivity issues in violence treatment by emphasising safety and strengths-building, using female-only groups and individual therapy sessions, and employing female therapeutic staff who can model healthy relationships (see also Hoge & Robertson 2008; Ryder, Gordon & Bulger 2009). Techniques to address female gender as a responsivity issue may also include increasing efforts to developing rapport and therapeutic alliance, and dealing with trauma-related issues before, or encompassed within, offence-specific treatment.

Trauma and mental health issues are considered next.

Major mental disorder

Major mental illnesses such as depression, severe anxiety or trauma, and psychosis pose considerable issues for responsivity. The association between abuse and neglect and both delinquent behaviours and psychiatric disorders such as psychosis, post-traumatic stress, depression, anxiety and substance dependence is well established. It is therefore no surprise that individuals with these disorders are over-represented in offender populations, including youth justice populations. Given this, mental health assessment is arguably required for all offenders, including young offenders. Further, assessment and treatment of offending behaviours must be informed by, and alert to, the total clinical profile of the individual and not just the referral offending behaviour (Bailey 2006).

Potential responsivity issues associated with mental illness include incapacity to attend groups, delusional interpretation of group content or behaviour of other group members, distress regarding discussions of violence, and behavioural disruption, to name a few. Serious psychiatric conditions must be stabilised before commencing offending-specific treatment, but youth should not be excluded solely on the grounds of a psychiatric disorder diagnosis.

Similarly, physical and psychological addiction can inhibit attention, concentration, memory, and so forth. So, substance withdrawal must be stabilised before an individual can be expected to participate in any psychological treatment program. Substance abuse treatment and relapse prevention must also form part of a comprehensive treatment plan to reduce reoffending. Substance abuse and delinquency often co-occur, and substance intoxication can contribute to using violence during interpersonal altercation. Substance use disorders can therefore be considered as a criminogenic need, in addition to an issue of responsivity.

Veysey (2008) summarised the international research findings on the prevalence (over-representation) of mental health, trauma and substance abuse issues in youth involved in juvenile justice systems. He also outlined a set of principles of best practice for *trauma-informed* and *trauma-specific* treatment within the juvenile justice setting. These principles include assessing trauma-related *symptoms* rather than *events*, because different people can have different reactions to the same traumatic events. Assessment also contributes to identifying disruptions to development and the likely implications for treatment targets and responsivity.

Veysey also discussed the need to empower youth, through involving them in their treatment decisions. Ensuring emotional and physical safety is the primary consideration in providing intervention, as is continuity and integration of treatment and care provision. Involving security staff in behavioural and crisis management intervention may be required, but should be limited. Finally, treatment must be gender, culturally and developmentally appropriate, as well as trauma-informed. In addition, Bell & Jenkins (1995) suggested using non-confrontational approaches (such as that used in MDT), increasing the emphasis on emotional regulation skills, and addressing abuse and trauma histories early in treatment may also be effective strategies to address trauma and violent behaviour simultaneously.

Landsberg & Rees (2007) similarly discussed the need for intervention to be sensitive to issues of mental health, and particularly consider those youth who present with the added complexity of a dual diagnosis (that is, major mental disorder plus substance use disorder). They emphasised screening and assessment to consider the implications of a dual diagnosis, and argued early intervention must be provided to those youth through a collaborative, interagency approach.

Also considering the issue of dual diagnosis, Bender, Kim & Springer (2007) identified 10 treatment guidelines to intervene with these youth. These guidelines are relevant for all youth who present with complex needs and require treatment for offending behaviour:

1. Assessment is multipronged, ongoing and includes practitioner, parental and self-monitoring so that treatment is responsive to changing needs of the client.
2. Treatment strategically enhances engagement and retention.
3. Treatment plans are flexible and allow for client choice and voice.
4. An integrated treatment approach is used to address both mental health and substance-related disorders concurrently.
5. Treatment is developmentally and culturally sensitive.

6. Treatment is ecologically grounded and systems oriented, including important individuals to the client such as family members, friends, school personnel.
7. Treatment taps several domains of the client's functioning to enhance the client's problem solving and decision making skills, affect regulation, impulse control, communication skills, and peer and family relations.
8. Treatment is goal directed, here-and-now focused and strengths based.
9. Treatment requires active participation by all members, including homework assignments.
10. Interventions aim to produce sustainable changes over the course of treatment.

Callous-unemotional/psychopathic traits

Research into those serious, chronic and violent young offenders whose problematic behaviours commence prior to adolescence (early starters) has revealed a subgroup of such children who present with callous-unemotional traits in childhood, develop psychopathic personality characteristics in adolescence, and are more likely to develop a psychopathic personality disorder in adulthood (Boxer & Frick 2008; Frick 2007; Frick & Marsee 2006; Forth & Book 2007; Salekin 2006). These offenders tend to engage in more serious, pervasive and lengthy histories of violence (Kruh, Frick & Clements 2005; Salekin et al. 2004), and tend to display violence that is both instrumental (calculated) and reactive (in response to provocation; Kruh, Frick & Clements 2005). They may be more likely to have difficulty with emotional and behavioural regulation, which may lead to higher susceptibility to anger and acts of impulsive aggression (Boxer & Frick 2008). They therefore may present with subtle differences in risk factors and causal processes to their offending compared with other severe and persistent young offenders without these personality characteristics.

A number of potential problems have been outlined regarding the treatability of psychopathic personality. Common areas of concern include lack of motivation to change, manipulation/deceit, lack of emotion and in-treatment aggression (Salekin, Worley & Grimes 2010). Studies specific to adolescents in custody that have examined treatment engagement and response for those with psychopathic features have consistently revealed that such young people tend to be more disruptive in groups, more aggressive in institutional behaviours, more likely to drop out of programs, and less likely to progress in treatment (Caldwell et al. 2007; Falkenbach, Poythress & Heide 2003; O'Neill, Lidz & Heilbrun 2003; Spain et al. 2004).

However, the view that psychopaths are 'untreatable' stems largely from studies of adult offenders, while studies of young people with psychopathic traits appear to have been more successful when the treatment is extended in duration and intensity, and responsive to the specific needs and responsivity issues of these individuals (Caldwell et al. 2006; Caldwell et al. 2007; Thornton & Blud 2007). Several authors have suggested that young people with psychopathic traits may be more permeable to treatment because traits are still emerging and thus more malleable than for adults (e.g. Forth & Burke 1998; Frick 2001 2007; Frick & Marsee 2006; Thornton & Blud 2007). Even so, few programs have been specifically designed for young people with these features, and placing people with a high level of psychopathic traits into standard programs of moderate intensity and duration that were not specifically designed to improve treatment compliance, ameliorate psychopathic features, manage disruptive and aggressive, or reduce recidivism, are unlikely to be suitable for the treatment needs of these young people (Caldwell et al. 2007). The decompression treatment model at MJTC described by Caldwell and colleagues (Caldwell & van Rybroek 2001) is one exception (see below).

Boxer and Frick (2008) discuss the need to convince young people to 'buy in' to the idea of behaving in non-aggressive, prosocial ways in spite of both the primary and secondary gains they receive from behaving aggressively. Interventions must therefore include activities designed to directly modify attitudes and beliefs that support aggressive responding, by fostering consequential thinking skills and focusing on long-term rather than short-term outcomes of certain actions. These authors describe a 'STOP and GO' program in which participants are challenged to expand the 'timelines' of their behaviours in order to anticipate the longer term consequences of their actions, including how violent acts can interfere with the achievement of desired long-term goals even though it might yield short-term benefits. They also suggest that perspective-taking training may also play a role in treatment of youth with callous-unemotional traits, although this has been strongly cautioned against in the literature relating to adult psychopaths.

Caldwell and colleagues (2006) examined the efficacy of the MJTC model specifically for young people with a high level of psychopathic traits (PCL:YV score of 27 or higher). Fifty-six MJTC

participants were compared with 85 offenders who received TAU at another youth justice facility. After a two-year follow-up period, youth in the TAU group were more than twice as likely to violently reoffend than those who participated in MJTC treatment. MJTC treatment was associated with relatively lower, and slower, rates of 'very serious' violent recidivism, even after controlling for the effects of non-random assignment. Considering both institutional and community recidivism, 21% of MJTC-treated young people were involved in violence within two years after MJTC release compared with 49% of the comparison cases. For those with access to the community, 18% of MJTC youths were involved in community violence compared with 36% of the TAU group. However, the MJTC treatment program was not associated with reductions in general offending.

In a further study, Caldwell (2011) attempted to examine the personality characteristics (in terms of PCL-YV facets) that may be impacted by the MJTC treatment program and their relative contribution to recidivism. Consecutive referrals to the MJTC were divided into those young people who received the majority of their treatment at MJTC, and those who received the majority of treatment at other facilities. Participants were further divided into those who scored high versus low on each facet of the PCL:YV.

Results showed that high scores on the interpersonal facet were associated with the worst behavioural problems on admission. However, it was also the high scorers on the interpersonal facet that made the most gains in terms of improved behaviour during the treatment program. These results suggest that, of the four facets, the association between the interpersonal facet and institutional behaviour was both most significant at admission and most susceptible to treatment-related changes. Overall, the MJTC group committed fewer violent offences during the follow-up period than did the comparison sample (mean time at risk 54 months).

Considering the role of PCL-YV facets revealed an interaction effect for treatment type and interpersonal traits of psychopathy. For the comparison sample (TAU), those who scored high on the interpersonal facet committed nearly twice the mean number of violent offences per young person than those who scored low on the interpersonal facet. Within the MJTC group, however, the mean numbers of violent offence charges for both high and low interpersonal facet groups were approximately the same.

Therefore, Caldwell and colleagues' studies suggested the most high risk, high tariff violent youth with a high levels of psychopathic traits can benefit from intensive treatment—if offered in a clinical environment that avoids punishment and correction for aggressive behaviours. There have been very few studies outside of the MJTC to suggest additional, or alternative, treatment modalities that may be effective in reducing violence in youth with psychopathic traits. This is a significant shortcoming given the risk principle alone tells us that we should exert the majority of efforts toward these individuals with the highest level of risk (Ogloff & Wood 2010).

There has, nonetheless, been no shortage of commentary and suggested strategy, particularly in the adult arena (e.g. Harris & Rice 2006; Ogloff & Wood 2010; Seto & Quinsey 2006; Thornton & Blud 2007; Wong & Hare 2005; Wong & Burt 2007), but no published studies to illustrate that treatment programs have actually been developed, implemented or evaluated, at least not for adolescent populations (see Wong, Gordon & Gu 2007 for an exception in adult populations). Most of these authors recommended employing behavioural techniques and emphasising benefits of change *for the offender*, rather than attempting to enhance victim empathy or changing personality characteristics. By contrast, Caldwell and colleagues have demonstrated that for adolescent offenders, psychopathic personality traits are indeed malleable, and their reduction can in turn lead to reduced recidivism (Caldwell 2011; Caldwell, McCormick, Wolfe & Umstead 2012).

We need further research to address this issue of the most appropriate targets for treatment for both adults and youth with psychopathic features. At the same time, we also need more comprehensive treatment attempts, to ensure these youth receive the most appropriate intensity, dosage and focus on risk and needs to maximise behaviour change.

Cultural sensitivity: Aboriginal and Torres Strait Islander young people

There is a need to identify aspects of treatment programs that may need to be made more relevant or compatible with the norms, values and life experiences of members of other cultural groups. Some examples of cultural differences that may impact on treatment responsivity include the experience and expression of emotions, attitudes relating to violence in particular settings and issues of power, status, trust, authority and self-identity within a group (or one-to-one) treatment setting (Howells & Day 2006). Here, we focus mainly on issues of cultural relevance and sensitivity for Australian Indigenous

(Aboriginal and Torres Strait Islander) young people. However, these and other issues of cultural sensitivity are relevant to youth from many cultural backgrounds, particularly in Australia's culturally diverse environment.

A particular issue of sensitivity in the Australian context is the over-representation, and treatment, of Aboriginal and Torres Strait Islander Australians in custody. Bartels (2010) demonstrated that among adult community populations in Australia, Aboriginal and Torres Strait Islander males are eight to 10 times more likely to commit offences than non-Aboriginal and Torres Strait Islander males, and Aboriginal and Torres Strait Islander females are nine to 16 times more likely to commit crimes than non-Aboriginal and Torres Strait Islander females. In adolescent populations, Richards (2009) found that 47% of female youth and 38% of male youth under community supervision in Western Australia were of Aboriginal background. Finally, research also demonstrates that Aboriginal adolescents in the youth justice system reoffend at higher rates than adolescents with other ethnic backgrounds (DHS 2001). In spite of the over-representation of Australian Aboriginals in custody, however, it appears that they are under-represented in rehabilitation programs, and may be less responsive to interventions offered (Mals et al. 2000).

The figures on Aboriginal over-representation are now widely known to the general public, and there has been considerable political and community concern and inquiry into the higher rates of deaths in custody for Aboriginal offenders (see Beresford & Omaji 1996). Despite this attention, there is still very little material concerning how to work with Indigenous offenders in a culturally appropriate manner towards bringing about reductions in repeat offending. This is in stark contrast to publications and commentary regarding culturally sensitive custodial treatment in other countries, particularly for Canadian Aboriginal, African American, and Maori populations (Hall 2001; Hammond & Yung 1991; McFarlane-Nathan 1999; Singh & White 2000).

Hammond and Yung's school-based prevention program designed specifically for at-risk African American young people, for example, uses culturally relevant language, scenarios and videotaped African-American actors in its delivery. However, it cannot be assumed that the cultural issues and solutions to culturally informed interventions addressed internationally are transferable to the context of Australian history and Australian Aboriginal culture. Cameron and Telfer (2004) suggest two possibilities for this scarcity in the literature in the Australian context – either not much culturally appropriate work is happening in Australian justice services, or no one is reporting in the literature on what does occur.

Day, Howells and Rickwood (2003) highlight three main issues with the widespread application of mainstream programming for Australian Aboriginal offenders. First, the majority of risk assessment instruments have not been validated for use with Australian Aboriginal offenders; second, different cultural and criminogenic needs are unique to this population; and third, program delivery needs to be culturally informed and appropriate. These issues are not specific to Australian Aboriginal cultural issues, and are relevant for all culturally diverse populations.

Jones (2001) emphasises that failure to tailor programs to Indigenous Australians' unique needs may lead to a further sense of disenfranchisement and dislocation for these young people. Day, Howells and Rickwood (2003) discuss a number of factors that are relevant to such unique needs for Aboriginal young people within the Australian youth justice system, including issues of geographic isolation from family and supports, the relatively younger age of Aboriginal young people entering the youth justice system, low literacy levels, trauma caused by family separation and segregation, and alienation from a predominantly non-Aboriginal justice system. Beresford and Omaji (1996) explore the mechanisms through which many of these very political, social and cultural issues can contribute to Aboriginal young people's involvement with the criminal justice system to begin with.

Day (2003) has suggested that the *what works* approach may not be appropriate for Aboriginal offenders because of the excessive individualistic focus and the process by which facts are socially constructed and applied to the individual. He suggests that *what works* approaches can be adapted to enhance cultural relevance and applicability; alternatively, program delivery could become less individualistic and place more emphasis on social factors. In reality, however, there is no available data to inform as to whether existing programs, whether tailored or un-tailored to cultural considerations, are effective or ineffective for offenders with Indigenous or culturally diverse backgrounds. No published work exists to outline the specific problems of real-world programs, such as dropout rates or higher recidivism rates; similarly, there is no documentation of the relative success of specialist Aboriginal and Torres Strait Islander programs based on alternative, culturally relevant

methods (Day 2003). The same could be said for other culturally and linguistically diverse (CALD) minorities within the broader youth services and youth justice systems in Australia.

Use of standard assessment tools and processes typically identifies Aboriginal offenders as higher risk for reoffending, and a greater intensity and variety of needs. Jones (2001) emphasises that this should not indicate a need for merely increased dosage or intensity of standard programming, but that Indigenous-specific treatment targets, modalities and emphases are required. While some needs may be culturally universal (such as substance abuse treatment, family violence programs, trauma and loss, mental health, community reintegration), others that are specific to Aboriginal Australians include acculturation/deculturation, displacement and abandonment, coping with discrimination, cultural and bicultural identity issues, and reconnecting with spirituality (Jones 2001). In addressing these needs, Jones outlines nine key strategies for developing culturally sensitive programs and practices in Australian correctional services that can be seen as relevant to youth justice as well as adult corrections. These are:

1. Enhancement of Indigenous knowledge in all staff. Staff should be educated in Aboriginal history and culture, and consultation and partnership with Indigenous cultural services is crucial at all system levels. Programs in New Zealand have utilised Indigenous elders as program consultants and permanent staff.
2. Holistic and strengths-based models are emphasised. Indigenous approaches reflect a collectivist rather than individualistic world-view, which has implications for services that are compartmentalised rather than holistic. Jones emphasises that interventions need to emphasise connection between the individual and their families, communities, ancestry and land; and to emphasise strengths and wellness ('cultural healing') rather than problems and deficits ('treatment').
3. Program integrity. Issues of program integrity more generally are explored in the following section. Specific to Indigenous culture, however, is that the higher levels of risk and need of Aboriginal offenders indicates a need for more intensive, resourced and tailored programs in order to make a difference in the young offenders' lives. Removal of program funding may be especially harmful to Indigenous offenders who have prior experience with dispossession and loss.
4. Mixed versus Indigenous-only programming. There is a diversity of opinion on this issue. One of the difficulties in employing separate programs for Indigenous offenders is that offenders from other CALD backgrounds do not also have their own culturally unique programs. In addition to the problem of encouraging racial segregation, there are often insufficient numbers to justify multiple culturally specific programs simultaneously. Jones discusses one Canadian study that found advantages to a mixed-ethnicity group, such as increased cross-cultural understanding between members, reduced attitudes of racism in both offenders and staff, and non-Indigenous members were able to learn from Indigenous values and perspectives and apply them to their own lives. The partnership approach also became energised to find ways to make the program culturally relevant for all participants.
5. Client input into their treatment planning and design of intervention helps to ensure content is relevant to their needs, boosts motivation and investment in treatment progress, and provides an additional mechanism of empowerment for the client.
6. Setting must be culturally appropriate. Jones recommends the use of a dedicated space for culturally appropriate programs, even if it is not able to be exclusive. Indigenous customs and ceremonies can enhance the perception of a sacred ground for change.
7. Culturally relevant program activities. Aboriginal methods tend to be more experiential, behaviourally active and varied rather than talk-focused. Methods include art projects, music and poetry, storytelling and narrative, drama, dance, rituals and ceremonies, spiritual elements such as meditation and prayer, and use of native language and concepts.
8. Close links between correctional and community programs. While true for offenders of all ethnic backgrounds, the collectivist nature of Aboriginal culture means this is especially the case for Indigenous offenders. Sociocultural and systemic factors may have greater impact on Aboriginal young people compared with youth from non-Indigenous backgrounds.
9. Culturally relevant evaluation. Little is known about the effectiveness of culturally specific programs at meeting their cultural objectives or reducing recidivism. Similar to program

development, program evaluations should take a partnership approach that draws from both Indigenous and non-Indigenous expertise (Jones 2001).

A final issue with respect to cultural identity as a responsivity issue concerns English as a second language. Australia has one of the highest rates of cultural and linguistic diversity, and programs tailored only to those young people with fair to good levels of English expression and comprehension are likely to eliminate a number of otherwise eligible, and in-need, clients. While employment of translators for group sessions is likely to be unfeasible and unsustainable, efforts could be made to provide written translations of key concepts and handout sheets in a variety of common languages. In addition, family involvement in treatment is likely to be limited for those young people whose parents have limited English comprehension. Use of translators for one-off psycho-educational family sessions would be advantageous in the absence of a more comprehensive family-based therapeutic intervention.

Summary of responsivity issues

This section has considered a number of factors that are likely to impact on young offenders' responsivity to offending reduction treatment. However, with perhaps the exception of psychopathic traits, many of these issues have been considered in the literature through commentary only; very little empirical research has specifically examined the impact of these issues on treatment response, or the relative effectiveness of various methods to mitigate such impact. Much of what is known in this area is therefore preliminary at best, based on clinical experience and anecdotal observation. There is a need to increase the evidence base for *what works* with diverse populations or, in the words of one commentator, 'what works, delivered by whom, to who, and when. People place too much emphasis on the *what*' (Cunningham, personal communication, 29/05/2012).

The principle of program integrity

Program integrity refers to the extent to which treatment is delivered in practice as it is intended in theory and design (Andrews & Dowden 2005; Hollin 1995). Regardless of the program model, success of any intervention depends on how well the approach is implemented; performance must therefore be closely monitored and assessed on an ongoing basis to assure that it is adhering to its principles of design and theory (Borum & Verhaagen 2006). Waltz and colleagues (1993) suggest that integrity involves two components: therapist adherence to treatment protocol, and therapist competence in treatment delivery. Other authors emphasise that integrity goes beyond the therapist level (e.g. Leschied, Bernfeld & Farrington 2001) and has importance at all levels of the wider organisational, political and social policy systems.

The literature identified a number of factors as crucial to ensuring program integrity. Andrews and Dowden (2005) identify 10 indicators of program integrity, including factors relating to the program's theoretical considerations, staff selection, training and supervision, quality of program manuals, ongoing monitoring of process and intermediate progress, treatment dosage, newer programs, and a high level of involvement of the program evaluator. Other authors similarly stress that program integrity depends on its design and evaluation by well-qualified individuals, staff qualifications and traits, ongoing training and development for program staff, and intensity of service delivery (see Day et al. 2003).

The initial implementation phase of the program is of primary importance, although has been relatively ignored as a critical issue in program development until recently (Gendreau, Goggin & Smith 1999). Programs that are wholly incorporated and accepted as part-and-parcel of the organisational culture are more likely to establish and maintain integrity of referrals, processes and treatment interactions than are programs that stand alone or aside from the rest of the correctional or youth justice organisation (e.g. Guerra, Kim & Boxer 2008; Guerra & Leaf 2008). By contrast, competing agendas and variables at multiple system levels can often account for failure of programs to successfully disseminate (Leschied, Bernfeld & Farrington 2001). Thus, such incorporation and acceptance is necessary at all levels of staffing and policy to ensure a program is sufficiently promoted and respected by both staff and clients. Leschied, Bernfeld and Farrington (2001) argue for seven critical elements to effective service implementation encompassing:

1. A senior government-level decision that a sustained effort at service delivery is required.
2. A multi-level ownership of service innovation, including at the client, program, organisation and societal levels.

3. Services are seeded through pilot programs to foster interest and demonstrate efficacy.
4. Centres of excellence are ensured through long-term fiscal support and championing by competent innovative leaders.
5. Leadership from the 'top' level must be provided and maintained to neutralise forces of counter-control that are likely to develop.
6. Building community investment in the program so that its longevity is not impacted by attrition of initial supporters and developers.
7. Top-to-bottom training of staff to generate familiarity with and support of the program.

Gendreau, Goggin and Smith (1999) have also provided guiding principles for policymakers, program developers and clinical staff alike, which may assist to ensure a useful intervention is more likely to be accepted at these levels. These principles are outlined in Table 4.

Programs must also be adequately resourced to ensure integrity (e.g. McGuire & Priestly 1995; van der Merwe & Dawes 2007). Even the most widely validated, successful programs will be ineffective if they are not adequately funded, faithfully implemented and facilitated by well-trained and competent clinical staff (Cornell 1999). Staff recruitment, training and retention are fundamental components of program resourcing. Other aspects include provision of program materials, appropriate program location and environment, security and resources that may enhance client attendance and engagement. Finally, resourcing to enhance wider systemic involvement of the client (such as family meetings and peer involvement) must also be considered.

The literature often emphasised that the involvement of program developers in all operational phases of the program on an ongoing basis is crucial for maintaining program integrity (e.g. Hollin 1999). Andrews and Dowden's (2005) meta-analysis provides direct evidence that the involvement of program developers as program overseers ensures higher levels of program integrity. Moreover, higher levels of program integrity produced more positive treatment outcomes. Nonetheless, there remains considerable debate in the literature as to whether such oversight involvement should include program evaluation. Many authors have highlighted that the continued involvement of the same researchers in the design, development, implementation, ongoing monitoring of delivery, and ultimately evaluation of a program is associated with improved outcomes and higher levels of program integrity. Others, however, have highlighted the potential for bias in data selection, analysis and interpretation of results that can occur through such individualised involvement.

A middle ground may resolve this issue, whereby a program overseer may be responsible for the implementation and ongoing oversight of program delivery, with ongoing connection to the research field to ensure integrity of evidence-based practice, yet the formal evaluation stage remains under the purview of an external research committee.

Table 4: Characteristics supportive of program acceptance

Organisational level	Characteristic
Organisational factors	Has a history of adopting new initiatives Efficiently puts new initiatives into place Bureaucratic structure is moderately decentralised, allowing flexible response to programmatic issues
	Issues are resolved in a timely, non-confrontational manner
	Little conflict between task and emotional/personal issues within the organisation at staff or management levels
	Staff turnover at all levels is low
	Formal program of instruction regarding assessment and treatment occurs biannually (i.e. ongoing monitoring, review and staff development) Has formal links with educational institutions and/or consultants for the purpose

Organisational level	Characteristic
	of formal training and guidance regarding professional best practice
Program factors	The program is empirically documented and based on credible scientific evidence (i.e. can be promoted as an effective evidence-based program) Does not overstate its capacity for gains
	Internal and external stakeholders agree that the program is timely, important and congruent with existing values and practices Stakeholders agree that the program matches the needs of the clientele Funding originates from the host agency
	Fiscal aspects of the program are cost-effective, do not jeopardise funding of existing programs, and are sustainable for the near future
	The program is initiated during a period where the agency is free of other major problems and conflicts The program is designed to maintain staffing, support professional autonomy, enhance professional credentials and save staff time and effort The program initiation proceeds incrementally, has a pilot stage and focuses initially on achieving intermediate goals
Change agent <i>(Person primarily responsible for program initiation)</i>	Has an intimate knowledge of the agency and its staff Has support from senior officials and line staff Is compatible with agency's mandate and goals Is professionally credible Has a history of successful program implementation in the relevant field Employs effective skills of persuasion, motivational enhancement techniques, reciprocity, authority, reinforcement, modelling, problem-solving and advocacy Continues involvement until there are clear performance indications that staff are able to maintain delivery with competence
Staff factors	Have frequent and immediate access to the change agent Understand the theoretical basis of the program Have the required technical and professional skills, including applied courses in the assessment and treatment of offenders Have self-efficacy (believe they are capable of running the program) Are given the necessary time, resources and feedback to run the program effectively Participate directly in designing the new program

Source: Gendreau, Goggin & Smith 1999

Matching program delivery to risk and need for individual clients is another key aspect of integrity. For matching to occur, consideration of program suitability as part of the client referral and selection process is important (e.g. Cornell 1999). While high rates of selectivity or dropout may result in more successful program outcomes, these processes can result in poor fit between the reality of service provided and the intended aims and objectives, with many in-need clients failing to receive required intervention (thus, low integrity). Therefore, efforts to enhance readiness, motivation and responsiveness are also important aspects of the matching process.

Personalised assessment and formulation is crucial to ensure the treatment offered is appropriate to individual needs and responsivity issues (Daffern, Howells & Ogloff 2007) and to reduce rates of referral non-acceptance, treatment refusal and treatment attrition. Studies show that treatment dropouts tend to be of higher risk, and have higher rates of recidivism post release (e.g. Dowden & Serin 2001). Those considered most likely to refuse treatment or drop out early due to issues of readiness, motivation, specific responsivity issues or chaotic life circumstances should be offered additional tailored services and interventions accordingly (Day et al. 2009).

A final aspect of program integrity is the therapeutic skill of staff delivering treatment. An important distinction is made here between *delivery* of program *content* versus *facilitation* of *therapeutic process* (Pullen 1996). Marshall and Burton (2010) highlight that therapeutic skills and the ability to form and maintain a therapeutic alliance is crucial to effect change, and thus crucial for program integrity. In practical terms, staff delivering programs will require solid grounding in the underlying theory and therapeutic methods of the particular treatment method (e.g. CBT; Day et al. 2003).

Correspondingly, Henggeler and Schoenwald (2002) argue that while following the manual is certainly critical in maintaining fidelity to program content, it is not sufficient to ensure integrity to the program concept as a whole. Additional protocols that may enhance quality assurance include supervisory practices, ongoing training of practitioners and supervisors through boosters and consultation, organisational consultation and treatment adherence feedback loops. Breakdowns in any part of this quality assurance system can negatively affect treatment fidelity and resulting treatment response (Henggeler & Schoenwald 2002).

In terms of staff qualifications, authors typically advocate that more skilled clinicians are required for higher risk, higher need clientele (e.g. Polaschek 2011; Sexton & Turner 2010). For example, Sexton and Turner (2010) highlight that therapists with less training, limited therapeutic process skills or less adherence to program integrity may struggle more with young people who have higher risk and more complex needs than those with greater skills, experience and training who are better able to adhere to the program as intended. Conversely, they suggest that programmatic adherence may actually be less important for clients with lower risk and fewer needs, such as those with high levels of treatment readiness and fewer responsivity issues or barriers to change.

Pullen (1996) provides an example of how some of these issues can influence program integrity and efficacy is provided, by documenting the evaluation of a Reasoning and Rehabilitation program that was delivered compulsorily to all youth placed on Intensive Supervision Probation orders (ISP) in Colorado between 1994 and 1995. Group sessions were videotaped and data on recidivism and pre-post measures were compared with an ISP control group. A review of the videotapes revealed that the program, delivered by ISP workers, did not meet the standards of the R&R developers. While the *content* of the program was delivered, the *process* of actually imparting knowledge and skills to the offenders barely occurred. Shortcomings observed included not linking crucial information, lack of lesson preparation, inability to explain concepts or explaining concepts incorrectly, inappropriate combination of program sessions, and failure to make the program relevant to adolescents. Many officers reported that the demands of their regular duties did not permit time for lengthy lesson preparation. Additionally, it was observed that staff did not adequately 'sell' R&R and its benefits to program participants and, instead, most officers stressed the fact that participation in the program was mandatory.

Results from the outcome evaluation of this program provided limited evidence of improvement in terms of prosocial attitudes or increased cognitive skill levels of participants (Pullen 1996). In fact, responses suggested that cognitive skills and prosocial attitudes became *worse* for both R&R participants and controls. There was also no observed reduction in recidivism for those who received the R&R program compared with controls. The author argued that the fact that the program was not implemented as it was designed was of central importance to the lack of positive effect of the program, which has been found consistently to assist in reducing reoffending in other studies. Pullen argued that the lack of training, imposing the role of coach on the probation officer, and confusion about the workload standards required most likely influenced the success of the program (Pullen 1996). Similarly, Marshall and Burton (2010) emphasise that therapeutic process factors, such as therapist skill, therapeutic alliance and group climate, have a crucial impact on treatment success, particularly for violent offenders.

A number of commentators have thus argued that program integrity is essential not only for sound methodological research on program effectiveness but also for program success itself (Hollin 1996). Programs work best when they are well staffed, well established in the relevant setting, carefully

implemented and monitored, matched to client needs, of longer duration, and consistent with other programs offered. Supervision structures to ensure integrity must also be built in to the program, in addition to ongoing competency training to maintain specialist clinical skills, and ongoing professional development and re-evaluation to ensure assessment and treatment remains based on current best practice (Hollin 1995). These measures are crucial to ensure that treatment is both effective and efficacious.

Section 2 summary

This discussion has demonstrated that the principles of risk, need, responsivity and integrity are crucial to enhance program effectiveness and encapsulate those young people for whom offender rehabilitation is most necessary. The above discussion highlights that treatment programs must therefore be based on a thorough assessment and formulation of risk, need and responsivity for each offender. Based on this assessment, programs must offer a tiered approach to address varying levels of risk and need between individuals. Furthermore, within each tier programs must be adaptive to the specific needs of individual participants, and individual characteristics that are likely to impact on treatment engagement and response.

It cannot be overstated that poor 'suitability' for standard programs should not be used as a justification to withhold treatment altogether. Treatment programs must also take appropriate steps to ensure program fidelity, including adequate training and supervision of staff, manualisation and documentation of sessional content and therapeutic process. Even the most widely validated, highest success programs will be ineffective if they are not adequately funded, faithfully implemented and facilitated by appropriately trained and competent clinicians (Cornell 1999). Staff training and quality control have often been neglected in the implementation of new programs, or have been gradually lost with program drift over time.

Finally, this discussion has highlighted the need for treatments to be encapsulated within supportive and therapeutic cultural environments, whereby program participation is supported by the youth justice context as a whole. This includes support by staff at all levels, as well as incorporating a systemic approach to ensure the support and facilitation of key relationships in the young person's environment (family, peers, school). This approach is as important for young people in custody as in the community, if not more so; and the physical distance between program facilitators and the young person's natural community environment should not be a deterrent to offering systemic-based treatments to those with high levels of risk and need. Transitional/reintegration services may be necessary, as well as follow-up sessions in the community.

Section 3: Summary and framework

This literature review has attempted to synthesise the literature regarding what is known about why young people offend and how to effectively intervene with them to reduce the risk of reoffending. The findings are limited by the surprisingly limited number of ground-level research studies that actually evaluate the efficacy of *current* intervention programs for young offenders in Australia, particularly employing relevant and valid outcome measures. There is a need for further research to focus specifically on tertiary interventions to reduce persistent offending among already-offending young people. We are anecdotally aware of a considerable number of intervention programs for adjudicated young people offered in Australia but could retrieve only a small number of documented evaluations.

From the literature that is available, a number of conclusions can be drawn regarding the most appropriate treatment targets, methods and operations that may influence the relative success of given programs, and have been termed *best practice*. Essentially, these best practice principles highlight that issues of risk, need and responsivity are of primary importance; programs that adhere to the RNR principles are more likely to be successful than those that do not. For adherence to occur, programs must be targeted towards higher risk youth, address a wide variety of criminogenic needs that are known to be associated with increased risk of recidivism, and take an individualised tailored approach that considers the relevant responsivity issues of individual participants.

The literature has identified a number of key mechanisms through which these processes occur:

1. A thorough assessment and formulation of each young person is necessary to identify the relevant risk, need and responsivity issues that are to be targeted. This review has

highlighted the importance of standardised, validated risk assessment through use of structured professional judgment tools, such as the YLS/CMI (Hoge & Andrews 2011). Through these comprehensive, individualised assessment and formulation processes that are required to adequately determine level of risk, dynamic need factors are also identified as relevant treatment targets, and the level of programming and specific modules required to address these are selected accordingly. The Early Assessment Risk List for Boys (EARL-20B; Augimeri et al. 2001) and the Early Assessment Risk List for Girls (EARL-21G; Levene et al. 2001) also show promise to identify risks in younger children, aged six to 11 years.

2. The most effective programs are multimodal in nature, targeting a variety of relevant criminogenic needs. Programs that address only a single risk factor (such as anger management or substance use) are not likely to be successful in reducing recidivism in the long term for two reasons. First, the program will be irrelevant for those young people whose offending does not stem from that particular risk factor. Second, addressing a single risk factor will be insufficient for those young people with the highest risk of recidivism, as their other presenting criminogenic needs remain unaddressed.
3. It is now widely accepted that the most appropriate treatments utilise a CBT approach, and this is known as the general principle of responsivity. CBT treatments are oriented towards skills development, rehearsal and real-world implementation, to effect long-term behaviour change. This means developing the individual's understanding of their own risk factors and cycle of offending, developing social, emotional-regulation and problem-solving skills to reduce those risk factors, and relapse prevention. Also key to the responsivity principle is the appropriate identification and consideration of individual specific responsivity issues. These are identified through the assessment process and are either addressed prior to treatment or treatment is tailored accordingly to minimise their impact. Specific responsivity issues that have been included in this review include: (1) developmental and emotional maturity; (2) engagement, readiness and motivation; (3) cognitive deficits and intellectual disability; (4) gender; (5) psychopathology, including mental illness, personality disorder (including psychopathic traits) and trauma; and (6) adaptation of relevance to varying cultural and ethnic identities. It cannot be overstated that poor 'suitability' for standard programs should not be used as a justification to withhold treatment altogether. In particular, engagement, readiness and motivation are dynamic processes that must be continually monitored (i.e. reassessed) and addressed throughout a treatment program.
4. Treatment must consider risk and need across multiple domains. It is widely emphasised in the literature that dynamic risk factors for antisocial behaviour in young people can be found across a variety of systems, including individual, family, peer, school and community domains. Treatment must therefore target the relevant criminogenic needs in each of these domains in order to reduce an individual's risk of further offending. To this end, programs that have addressed family and peer domains in particular have demonstrated some success. It is important to note that the principles of risk, need and responsivity apply equally to family and systemic therapies as they do individual and group-based therapies. Thus, systemic programs are likely to demonstrate greater success by targeting higher risk youth, being multifaceted in its treatment targets, and considering relevant responsivity issues on behalf of the adolescent and members of his or her family. While family involvement in treatment is important, family involvement alone does not ensure that family-related criminogenic needs are being addressed as a target for intervention.

Another finding to be stressed from this review is the notion that risk, need and responsivity are closely related concepts, such that those with the highest level of risk are likely to present with a larger number of treatment needs, and potentially also greater significance of responsivity factors. In view of this, certain authors have emphasised a need for intervention programming to move towards a tiered structure, such that the degree to which the above policies and strategies are prioritised increases incrementally with level of risk of the individual offender.

Lower intensity programs targeting a small number of criminogenic needs are best suited to young people with a relatively lower risk of recidivism, who engage in lower tariff offending behaviour, and who do not present with a high degree of additional difficulties in areas of criminogenic need. These low-risk offenders are unlikely to require more intensive programs and may actually fare worse if such interventions are applied. By contrast, the intensive resources utilised by more comprehensive and therapeutic programs that aim to address a broad variety of criminogenic needs while accounting for

various responsivity issues are best reserved for those high-risk, high-need offenders who are most likely to reoffend.

Polaschek (2011) outlines a three-tiered approach to programming that, while developed with adult offenders in mind, is easily adaptable to adolescent populations. In this model, basic-level programs are psycho-education based, low intensity and target low- to moderate-risk offenders. Mid-level programs are multifactorial, medium intensity and target moderate- to high-risk cases. Finally, high-level, comprehensive forensic therapy programs target very high risk offenders at high risk of persistent offending or serious violence. Dosage of treatment is similar to moderate-intensity programming but is delivered and embedded in a fully therapeutic environment.

With respect to youth interventions, the programs described in this literature review vary considerably in terms of their intensity, duration, intervention style and number of criminogenic needs targeted, in addition to the extent to which treatment is aimed at the individual versus extended interpersonal systems (peers, family, school, etc.). Those that appear to fit comfortably within Polaschek's (2011) description of low-intensity programs are those CBT programs that are tailored towards *either* the young person *or* their parents, are short in duration, and provide a limited array of psycho-education and skills building with little opportunity for generalisation into real-world domains. These include anger management programs, parent-training programs and conflict resolution skill programs.

Programs that appear to show more promise for those young people with at least a moderate level of risk and need include an array of licensed programs (ART, FFT and MST) and adjunct professional mentoring that, while more intensive in nature, are still relatively short-term and may be more readily implemented in community, rather than custodial, settings. Offence-specific programs that provide some degree of responsiveness to individual needs are also appropriate for moderate to high-risk young people, similar (though perhaps less intensive) to that employed for high to very high risk young people.

Finally, those programs that have demonstrated success in terms of reduced recidivism and other problem behaviours in high to very high risk young people are highly individualised, incorporate thorough individual assessment, involve multiple sessions per week, and endure at least six months' duration. These programs are often 'rolling' such that duration is determined by treatment progress, not content. These programs also incorporate a balance between group and individual interventions as required. The programs identified in this review that most appropriately fit into this tier are mode-deactivation therapy and the two broad-based approaches (the MJTC and VOTP), with potentially the addition of professional mentoring during reintegration. What is most unique about these latter programs is their use of residential facilities to consolidate treatment gains, foster a supportive learning environment, and provide consistent therapeutic interactions and modelling of prosocial behaviours.

Regardless of program model, success of any intervention is dependent on how well the approach is implemented. The final key consideration identified by the present review is that of program integrity. Program integrity encapsulates two overlapping issues: program integration into the cultural environment of the wider justice system, and fidelity to the intended model, aims, therapeutic processes and content of the program.

Integrating programs into the culture, environment and day-to-day operations of the justice service in which they are implemented is a key consideration to ensure program integrity. Consideration of the young person's day-to-day interactions in the custodial or community environment that may reinforce or hinder skill development is necessary to ensure successful transference of learned skills into real-world situations. This includes support by correctional and community justice staff at all levels, as well as incorporating a systemic-based approach to ensure the support and facilitation of key relationships in the young person's environment (family, peers, school).

Treatment programs must also take appropriate steps to ensure program fidelity, including adequate training and supervision of staff, manualisation and thorough documentation of sessional content and therapeutic process. Even the most widely validated, highest success programs will be ineffective if they are not adequately funded, faithfully implemented and facilitated by appropriately trained and competent clinical staff (Cornell 1999). Staff training and quality control have often been neglected in the implementation of new programs, or have been gradually lost with program drift over time. In contrast, a key characteristic of some of the more successful programs identified in the current review is the employment of highly qualified and well-trained clinical staff for treatment delivery. This feature

was evident in MDT, ART, both VOTPs, and MST, all of which demonstrated some success in reducing severe and persistent offending among young people.

This review has also identified some gaps in current knowledge regarding effective youth justice programming to reduce antisocial behaviour. These include the relative impact of varying treatment modalities at different developmental ages, cultural backgrounds and between genders (e.g. Garrido & Morales 2007). In spite of the evidence for RNR principles, there is also very little understanding of precisely *how* treatment should vary according to risk level, and what types of programs are best suited to each level of risk. Polaschek (2011) has provided a guide through which further study and adaptation can occur. Finally, although there is evidence supporting the efficacy of various cognitive-behavioural and multisystemic interventions, each with varying levels of intensity, specificity and scope, no single study has directly compared any two programs for which some evidence of efficacy exists. Studies employing TAU comparisons have all either failed to describe the nature of TAU, or TAU was known (or at least strongly suspected) to be ineffective prior to the study – often this is the basis for piloting new programs in the first place. As such, the available literature cannot tell us which of these evidence-based treatments is the most effective, or under what conditions its effectiveness can be maximised relative to other types of programs. Future research needs to turn to a more comprehensive analysis of different programs offered within the same populations, and be tailored appropriately to differing levels of risk, need and responsiveness. It is only through thorough research, documentation and public dissemination of results, whether positive or negative, that these questions can contribute to effective solutions over time.

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Appendix 4: Youth consultation workshops

Diverse drivers of offending

Young people who participated in our consultations identified a range of drivers of offending, for example:

I reckon it's about having nice things [but also] some people do it for the sake of doing it. Everyone has their own reason.

They grew up as the poor people in the flats, they were always getting bullied. So that probably doesn't help ... [they] wanted to make a name for themselves.

But whatever the reason, another participant highlighted the rational decision-making process:

People won't do it for no reason, there has to be a better reason involved. [It] has to be worth the risk.

Participants identified the 'wrong crowd' as being a key motivator for offending. Participants identified a combination of the family environment normalising antisocial conduct and a sense of exclusion and labelling by mainstream society as the primary drivers for young people joining the 'wrong crowd'.

All groups talked about criminality as an issue of connection and identity. Young people saw criminal offending for the majority of young offenders as a mechanism to achieve the social connection they otherwise lack. Although most young people do not inherently wish to offend, delinquency emerges as a last resort for identity formation when a young person is either excluded from all other positive options or they grow up not knowing anything else. One older adolescent who advocates for at risk young people suggested:

[Today's young people] want to identify with something and that can get them into crowds and doing things they may not want to ... they want to identify and fit ... It doesn't help when they don't have a sense of family and can't build a sense of trust ... I imagine it's really hard for young people if they haven't had that sense of community growing up.

One young person candidly added the interrelationship between out-of-home care, normalised antisocial activity in the environment, connection and offending. When asked what drives youth offending this young person stated:

I think it's neglect, mental health and drugs ... like I was growing up in DHS, I went from foster care to foster care, then to youth refuges. All these people from different cultures and different backgrounds. You don't have anything to do, but you're also told what to do at each time. There's other young people [around who are] dealing drugs. I was a bright kid and like it's really hard when you're a bright kid. My sister went in to prison, she was a bright kid too and she got out at 17 and had a baby. It starts with parental abuse and neglect then you just go to other people, do drugs [and it snowballs].

All consultations reflected this theme. Common statements included:

It also comes to connection to family. If it's not good, they will find connection through crime and friends through crime. It gives them that connection they don't have.

It seems cool to these kids, like it's a family mentality with each other. You talk to them, it's the group that matters and that's their family.

What I've seen is kids [younger ones] do stuff for other people's attention. I used to see in Frankston kids going and stealing and getting caught [on purpose], just for attention they get caught and then go and brag to their friends about it an hour later.

Many young people identified the desire for material goods, often to bolster a sense of self-worth:

They also want to [be the one to] steal the most expensive stuff, go to Rebel Sport and steal the most expensive stuff. It's never the less expensive stuff.

In the absence of strong parenting, one participant felt 'the reason why they get involved in violence and crime is from age of 12, lots of the kids are left alone by the parents, [so the] kids just want to make money and buy the cars they want'.

Participants of each focus group identified boredom as a high-risk component, along with the absence of positive engagement and a material desire and antisocial interest:

Boredom would play a big part if people aren't in school, and no income so doing stuff to get money or what you want just because you're bored.

All groups agreed positive activity offers a protective layer from antisocial engagement.

One participant in particular highlighted that social isolation compounds boredom:

I guess the problem with [marginalised young people self-identifying as offenders] is it is 'us and them' ... They don't interact with people who aren't people like them ... They don't care about others who aren't in in their group. I guess some people are fine doing activities with people like us. I guess if people start showing signs of isolating themselves, then it's trying to put them into community things that let people engage ... Once they get to know others and become friends and it's cool to be with [it's positive] but it's hard to get them to realise [the benefits of non-delinquent peers] ... Like get them into sports. That's the other thing, they have a lot of time ... So trying to put them into hobbies that make them interact with others ... I know people in the scene, when they're with you on their own they're fine, but with others they are someone else, so getting them into [mainstream activities is the issue] ... If they have all that time why go to bed early? With all that time they just get into fights ... Lots of them might be passionate about things, but they don't know how to do it. They want to be a mechanic or they're into bikes, if they are passionate about things but don't have the money or family ... They just get into shit...

A young person who experienced a childhood in out-of-home care and foster placements discussed the lack of meaningful activity drove a desire for substance use and delinquency to assist in 'passing the time'.

Notoriety and criminal sophistication

According to participants, the majority of offenders do so as a result of peer pressure. Further, the competitive attitudes and virtue signalling that are normative characteristics of adolescents means their offending often escalates rapidly once they have peers that also engage in criminal acts:

They want to be able to help out their peers and out do their peers. They do it to have their name out there. [Jesuit]

Importantly, however, notoriety does not drive all offending. Young people with extensive experience in the criminal justice system represented a more goal-oriented, criminally sophisticated subset of offenders. These young people do not brag about their offending:

They keep the circle small, they don't want someone who will talk as it will jeopardise what they want to do.

I wouldn't want my face out there. You never know who will see you. You would think anonymous is the goal.

Labelling

All young people considered labelling contributed to youth offending. For example, young people in general were liable to be labelled and treated as a 'delinquent' or offender.

You're walking through a shop ... compared to an old lady it's like being young means you get checked by security.

Yeah like when wearing hoodie and cap and they just stop you.

Participants considered all young people would find such interactions disheartening, but for vulnerable young people – who lack prosocial supports to counter the negative messaging – the isolation and degrading treatment can be a catalyst in turning a 'vulnerable person' into 'an offender'. These vulnerable young people self-identify as offenders and seek other marginalised young people as a peer group.

If you are already being labelled as bad, [you] may as well do it.

Only life they know and lack of other options

Young people highlighted that drivers often commenced early and in the family home. Young people growing up with an unsettled home life that normalised antisocial behaviour may become socially isolated and labelled as a 'bad kid' when they demonstrate the modelled behaviour in school. As a result, young people may conclude that offending and incarceration were inevitable.

Youth participants from all cohorts identified that many young people involved in offending are not aware of other options. They highlighted delinquency as a leisure activity could become normative for some young people:

For people coming from disadvantaged background, they don't know what fun is. Might find graffiti fun and be using it as a way of expressing themselves but they think it's fun [and don't recognise it as not enjoyable].

Koori participants highlighted the pervasive sense of inevitability of incarceration that permeates the lives of many young people with intergenerational incarceration:

I was with a really young person the other day and said, 'Why don't you stop [getting in trouble]?' She laughed and said, 'Mum and Dad were both locked up at 15. I'm 16 so I'm doing alright ...' So they really don't care.

I was talking to a 15 year old boy – repeat offending since age 12, [he started getting] community-based orders and good behaviour. I said, 'Do you know you can turn it around?' He laughed and said 'I'm gonna end up locked up at some time, look at Mum and Dad'. In his mind, there was no hope; it was just something that was going to happen.

Throughout all consultations, participants identified that educating young offenders about the possibility of better lives and supporting them to achieve it were fundamental to fostering prevention and desistance.

I think kids that come from nothing need to be taught they can become something. I come from nothing ... and don't want to be [like my parents]. ... But it's hard to know you can be something.

Several participants identified positive examples of possible future paths. For example, one young person noted:

[M]y cousin ... works out and works as a lawyer and fire engineer. He went to uni and also had some challenges and knowing what he got from putting in the work set a seed and ... it grows like a passion.

Young people with experience in custody reflected positively on mentoring, both acting as a mentor and receiving mentoring:

I could talk to them and tell them how it is.

It was upsetting; it was inspirational and you take it in and you listen to it.

Drugs

Young people identified drugs as a significant negative influence that contributes to general delinquency. Older adolescents were concerned about the early exposure they are seeing to drugs:

When I was younger, there weren't as many drugs, but now it has taken me by surprise how many drugs there are on the street and how young people are using it.

Participants felt the type of substances, especially ice (methamphetamine), contributed substantially to increasing violence and social dysfunction compared with other drugs.

Ice is a bad problem. Since it has been introduced it has been one point [of violence] to another.

Ice has torn apart my family. It's tearing families apart. You go through the body motions when you come down.

The ice created anger [in my sibling], lots of anger and [they] started hitting me ... [As a child] Mum was heroin addicted. It's just like all the problems are drug problems.

One young person recognised how damaging substances such as ice are for adolescents, noting adolescents are 'already really hormonal and still developing', which affects emotional regulation. The combination of anger, adrenalin and methamphetamine creates a highly volatile mix and inability to control violent urges.

Some young people also felt substance use, particularly ice, tied in with the 'gangster' lifestyle many offenders sought:

It's advertised everywhere ... Like it's alcohol on billboards and TV. And on the TV shows, it's all [about the] drugs too.

I think it's [ice] got the notoriety now.

Young people identified a complex interrelationship between substance use, negative life experiences, boredom, general antisocial conduct and offending. The boredom resulting from social exclusion often drove substance use, as did substance use to self-manage negative childhood experiences and to follow the example set by role models.

It's what you see as normal as a kid. I see it every day – people doing drugs [because] they ... had parents doing it and were surrounded by it.

Well, I've been exposed to drugs my whole life and seen adults get the kids onto drugs because they can get more money out of them. [For the kids], it's more of a play thing.

Some young people saw offending as a way of getting money to purchase substances. As one young person explained, 'If you're broke, you've got to sell drugs to make money to get them for yourself'. Importantly, they also noted that ice contributed to increased violence and high-risk behaviour:

When I did crime, it was for money for drugs ... Three armed robs, under the influence, because I knew the next day I still needed money.

A lot of groups ... would be out for days [under the influence of ice], would do some petty crimes and haven't slept for days ... they don't know what's going on.

Recognising the complex relationship between substances and offending, several participants felt solution-focused sentencing was required:

Well I don't think the users should be slapped with criminal record; it's a misstep and it shouldn't affect your whole life ... I reckon mandatory rehab is the way to go and see how it goes from there ... I think dealing should still be a criminal offence

Anger and violence

Participants highlighted increasingly violent crime as an outcome of many of the factors that drove offending, including drugs, normalisation of antisocial behaviour in the home and peer influences. When directly asked whether any specific or distinct factors drove violence, young people's reflections followed the general strain model. That is, violent offenders are often the most frustrated young people:

[Young] people are probably sick of being powerless.

Now there's not the respect [between young people and adults], they're not shown it and don't get it and that leads to the violence and anger.

I have seen it [increasing levels of violence], have heard it and have experienced it. Maybe it's a way of releasing out what's happening, some personal stuff at home and at school. It's all distraction ... they are looking at ways to throw it [the anger] out.

If you have been exposed to violence, you're more likely to do it. It's perfectly normal if you grew up like it. If you get bashed, you think you can bash someone too.

Other young people identified peer influence and a 'gangster' image contributed significantly to the display of violence:

I was assaulted by a guy wanting to steal my phone [within the last week] at Centrelink ... I know him on his own there's no issue but when he had three people behind him ... This [person] doesn't do things on his own but when people get together and then with the groups pretending to be bloods and crips or whatever [they feel empowered and encouraged to commit offences/violence].

Social media and grooming

Participants discussed the role of social media extensively. For young offenders driven by reputational factors, social media offered a broad platform for attention, which often encouraged further displays of contempt for the system.

Social media I think is massive. Police put up photos of people on warrants, those people comment, 'Ha ha, can't catch me.' Young people get more popular for being on warrants and having that [publicity].

Participants considered social media influence helped drive the growing disregard for legal ramifications:

When a young person is locked up, mates post about, 'Free xxx' [in a flippant joking manner] so they don't take it seriously ... They post photos about being rude to cops.

Young people discussed the rise of 'social media role models' and penetration of smart devices to younger age groups. For example, children in primary school now have access to negative role models who they would not otherwise have access to through mainstream media.

... when I was 11–12, you didn't have smartphones, you had a flip phone. We had Yu-gi-oh or Pokemon cards; now all the kids have smartphones ... I go to heaps of suburbs, the guys who do the crime, they all wear the Nike Air maxes and look up to social media role models like Kersey ... I'm not saying hip hop music is the problem, but more that they're looking up to 'lad' culture.

This level of access to social media was heavily linked to concepts of notoriety-driven offending. A young person who no longer offends argued social media both increases peer pressure and speeds up the labelling process:

When I was offending, there wasn't as much Facebook and social media and stuff and there's also the stigma, which Facebook makes it worse.

One participant witnessed young people in his area become peripherally involved in offending through older offenders. When asked if online grooming was a factor, he identified the combination of ignorance and an inaccessible job market made young people vulnerable to offending, even though they don't intend to offend.

... getting a job is not easy and they use these young people because they [the young people] are desperate to get money. As a young person, you don't think about the consequences because all you think about is being able to get paid. I think if you have that connection [to someone in crime] you can get dragged in. There's always someone who knows someone and they can use their connections to expand ...

A Koori young person felt social media-based grooming was a significant issue for socially isolated young people:

In community absolutely, if you don't have much [other positive] connection and there's an older person in the community pushing you to do it, then you're going to go along with it if that's your only connection.

Some participants highlighted that once a connection to crime is made, personal safety becomes a significant issue and coercion through force remains a concern, even with sizable rewards on offer.

The older people get younger ones to do it because when you get caught you don't get in as much trouble. They say you do it because it's not as bad ... seeing that with the bikies... they

have weapons [and] the police can't protect you. Those people are dangerous and they say [there is] nothing police can do.

Police offer lots of money for the snitching but you never snitch.

Distinct CALD issues

Young people from culturally and linguistically diverse (CALD) backgrounds highlighted a range of issues that affect young people from culturally diverse backgrounds specifically, or with profoundly greater influence. For example, CALD young people identified labelling and isolation as universal experiences of all CALD young people, unlike their non-CALD peers who identified offending may occur *if* negative labelling and social isolation occurs.

CALD participants considered persistent labelling and negative stereotyping occurred at all levels – with law enforcement, schools and in-home experiences. Participants of African heritage, for example, reported being regularly engaged by police, particularly when congregating in groups or driving a vehicle, which they felt was a direct consequence of media reports about the Apex gang. Participants recognised congregating in groups is normative behaviour:

... as a 15–16 year old they are always going to be in groups, often they are [just] cousins ...

Another participant noted ‘it’s not the police so much, but myki inspectors. I have had inspectors sprint across the station just to check my ticket ... it’s hilarious as they’re [puffing and out of breath] while asking for my ticket but it’s also like “come on mate”.’

Pacific Islander participants identified the school system as a key area where they experience negative stereotypes that undermine young people’s hopes for the future:

There are lots of [Maori and Pacific Islander] kids who drop off because they hear that ‘Islanders are too dumb to go on’, and this is why so many drop out and go on to offend or just work in a warehouse ... I had a teacher ask if I wanted to do VCAL. I had never met her but she came up and said that she would sign me up. I was like, ‘I don’t want to do a trade and I hate Phys Ed’ ... I knew I wanted to do VCE and go on to uni but it was just assumed ...

When discussing the effects of such negative labels, CALD participants flagged many of the issues non-CALD participants identified, with some young people adopting the label with pride:

That initial contact, it always leads to something.

Another participant argued that labelling is ‘a double-edged sword. The problem is that some kids enjoy being labelled; they like to say they’re part of Apex even when they’re not.’ Similarly, another participant explained, ‘the whole issue of African young people on the news [has] been going on since I was in Year 7. I see it and think here we go again. For some young people they can see it and go with it, they take it on [as an identity].’

Pacific Islander participants reported similar experiences:

I think the process of labelling, for example, how others react to labelling, perhaps they want to take it on as an act of rebellion: you want to treat me like a thug, then I’ll be a thug.

Labelling and isolation in the family

CALD participants, primarily those from African backgrounds, flagged family and broader cultural communities as being a double-edged sword. While the family and community remained highly protective factors, high family expectations and norms of shunning could break down supports rapidly:

For a lot of connected cultures, the family is the main thing, so if that breaks down, the young person loses the community connection.

I won't speak for all [cultural groups], but for some, if the young person smokes a cigarette or drinks, then [they are] considered an alcoholic and then gets kicked out. So then the young person turns around says, 'Well, if you think I'm bad, then I may as well go really bad'.

It's a level of respect the young person holds in their family. If they are labelled as bad, [they] just spiral to be as bad as they think you are.

According to young people, high family expectations and the permissive norms of the community can create in-home friction for many young people:

There is a lot of intergenerational conflict playing out; they find a new culture and don't want to obey the rules the parents want them to follow.

Pacific Islander and persistent stereotyping across generations

One participant who is a Pacific Islander explained that Pacific Islanders in a long-term migrant community are exposed to persistent negative stereotyping across multiple generations:

I think it comes from underlying frustration. For us, the things I am dealing with are the same as what my parents and grandparents are dealing with. Things like when there's opportunities I want to take but I just can't because I just wouldn't be considered. There's always reasons, but deep down, I know they just don't want to deal with an Islander.

Settlement issues

According to CALD young people, the settlement process their parents experienced generated unique issues that contributed to CALD young people being increasingly driven to negative associations and sustaining antisocial conduct.

First-generation migrants, who are still learning Australia's legal and social systems, require additional supports during the transition period. One participant reported knowing of young people in the African community who can hide their criminal involvement from their parents, despite police involvement.

From my experience and young people I know, most of the time [a young person is in contact with law], the family doesn't know because of the young people keeping it a secret ... Lots of kids are having police contact now and getting locked up over the weekends, but the parents don't know. Lots of the parents I know are very supportive, but they just don't know what the kids are getting up to.

These families cannot guide their young people or protect them; they cannot prevent offending or access legal options such as diversion away from deeper justice system penetration. These families also need education:

The education should be for the child, but also an emphasis on educating the families. For many Pacific Islanders, they don't understand the system in Australia.

According to participants, families from cultures that emphasise physical discipline and hierarchical parental control can find it difficult control the behaviour of young people without these cultural factors are removed.

CALD young people reported relying on appropriate advice from formal channels more than their non-CALD peers. Without wider parental and social networks and an understanding of the economy,

disappointment and disenfranchisement were significantly more likely. When asked what initiatives may work, one participant suggested:

... fire every career counsellor out there ... There's a lot of young people who don't know [of other] pathways ... [Finding rewarding employment is] a result of constant pushing back [and saying], 'Whatever doesn't kill you makes you stronger'... [Thanks to that approach, I'm] now about to start master's of youth work [having done a bachelor's], but no one gave the right guidance.

Participants in the CALD-specific focus group largely rejected the notion that CALD young people were being considered 'adults' at an earlier stage than non-CALD peers:

... you're a child while you live at home. It's weird. When you hit 18, you think you're free but that doesn't apply with us.

However, participants admitted a small proportion of CALD young people may have elevated responsibilities if only one parent is in Australia.

For young people coming from refugee background, what if their father was never there and now they are left on their own without support? They have to take on higher responsibility themselves.

This situation creates additional strain, endangering mental health outcomes and contributing to jealousy of non-refugee peers who can enjoy their childhood without additional pressures.

CALD participants highlighted that it is important to work with young people in a cultural model while still flexibly responding to heterogeneous needs between CALD communities and between individual young people within each community.

I think it's important to look at the cultural side of things. For me, that was the main part of my identity – that I was Samoan. It's what people see first and it's not like I chose it, but it's a big part of me ... What might work for an African might not work for a Samoan and even in the Pacific Islander community, what works for a Samoan doesn't work for a Tongan.

These factors mean ways to address offending must consider cultural elements, but CALD participants also identified similar factors for success as their non-CALD peers. For example, CALD young people identified crime prevention as a factor of positive and meaningful inclusion:

I think when I was younger, I got involved with my local youth services. A lot of the young people I know today don't do much except on social media. There's some really awesome young people and activities for them, but it's about reaching out to them. I think activities and programs engage young people in a really positive way and get them to participate.

I think for a young person, you want to be able to relate to someone, being able to understand them. You need to meet them where they are, and someone who is willing to listen and really truly listen.

Demonstrating an alternative future was also important:

I spent all last year volunteering at Malmsbury. A big thing I noticed is that once they are there, mentoring would be an excellent [thing at that] time. Because we are from the outside [the system], they come to you and want to talk to you ... You're not a guard or a worker ... This is when we could emphasise mentoring. One thing I noticed is that they aren't aware of other options for them and that they have options to go down another road; the current path [they're on], it's the only path they see.

Koori consultation

The Koori discussion included the broader themes of 'seeing another path' and youth offending resulting from early normalisation of offending and antisocial behaviour. It also examined positive connection and a lack of visible alternatives.

Often, we are asked and it comes down to connection to country and community ... Young people more connected to country and community are much less likely to have [negative] mental health outcomes. When a young person is lost and not connected to culture and identity ... [that connection] it's the foundation of a young person ... Your identity is what you fall back on, like 'we're [Koori]' you can fall back on that.

Participants identified the nature of Koori offending as being distinct. When asked about the prevalence of vehicle offending, a participant from a regional community responded saying:

Depends on the community. If there's no public transport and you're bored, you might steal a car and drive unlicensed, but it really depends on the community.

Another advised that unlike other cohorts engaged in luxury vehicle theft, 'I don't think necessarily luxury cars for many. If you're going to steal, you steal what's there.'

Participants viewed violent offending as less common in communities:

I don't think it's heavily prevalent in the community ... I think there's crimes that are above average, people harming themselves more than harming others – victimless crimes.

When violence does occur, participants considered it had unique roots:

I think violence is one of the major issues and could be a whole other conversation around grief and loss.

I think that's another unique thing about our culture and how past actions have influenced our young people's actions and their resilience.

When asked what works to address the offending behaviours of Koori young people, participants advised that community reintegration for young people exiting custody 'will be complicated and elders will play a large part at the start and end of the sentence'. Participants identified best practice in the Ballarat region:

Have you seen Blues and Brothers, Murray River Marathon? It's really, really awesome. About 40–50 Aboriginal young people and 10–12 police officers and other community members who act as mentors. You see day to day in Ballarat the impact of when you have a positive relationship with the police officers. You've been camping together, we put them in the boat together for a few hours. I was on it and it was great to see the police as so casual, so human. If anything happens in Ballarat the young people will call the police officers they know from the marathon, to get advice or for help ... If that was run as a continuous thing, even if like a diversion thing, the kids who do it wouldn't think of committing a crime in their wildest dream because Tony who runs it would rip you a new one. You know you're not just bringing yourself down, but also as an Aboriginal person, all the other people you let down.

Participants considered community-led initiatives were most promising.

Often, if things come from government, things often don't get up, but if it comes from the community and has a Koori worker, it can.

Developmental focus

Each group and notably young people formerly engaged with youth justice highlighted that, for many young offenders, desistance will come with maturity.

I think it was just maturing that made me stop because I had no sense of the world [when aged 12–17].

Participants stressed that developmental stages, primarily transitioning to living independently or wanting to enter the workforce, was a time of substantial reflection on the type of life they wanted:

As a kid, I wasn't with Mum long, she would be stealing for drugs, taking drugs and [an] abusive parent was just normal and for living with DHS [the same environment of drugs and offending] was normal ... When I got my own place, I realised none of it was normal. When I saw other kids [like that], I didn't want to be like them.

One participant described the traditional adolescent-limited trajectory of a family friend:

I had a family friend who was a bit older when I was 12 and growing up. The whole family were good and he just kept getting in trouble and wouldn't listen and broke away ... I think it was mainly his friends; like he was hanging out with the wrong group and then he just didn't want to listen to his family ... When he was about 18 or 20 he just stopped and it's like he grew up and just stopped. He just kept hanging out with those friends and that was the problem.

Young people in their late teens and early 20s highlighted they became aware and appreciated the long-term consequences of criminal activity only once they decided to pursue a prosocial life. For example, a young person now wanting to assist young offenders as a peer mentor found it difficult, explaining, 'It's hard if you've been through [the system] because of the Working with Children Check – you can't get one'.

Other young people with youth offending histories reported receiving poor advice about their future records and were now finding it difficult to access employment:

They say your youth criminal record goes away, but it doesn't.

Probably should be educated about [youth records not being expunged], because if people think they have a get out of jail card they're going to do it.

Given this, young people supported early and accurate education:

I think at school we should be taught more about the law and what the consequences are. A lot of people don't realise that ... you can pee in public get done for that and get done as a sex offender.

The age of criminal responsibility in Victoria is 10 years old, so many participants felt legal education should start in primary school.

Recognising that offending can reflect immaturity, young people argued the ramifications should be limited to the period of offending, so young offenders have a clear path to redeem themselves:

Once someone has got in trouble, it should be you should stop giving them more criminal records, or once they stop for like five years, [clear] the criminal record so you can get a job.

The social contract

Participants all identified elements of service systems that can contribute to some young people disengaging from prosocial lifestyles but help others move away from negative lifestyles.

One young person who used multiple services did not think the current system is holistic. He/she argued, 'you get bounced around for everything with each organisation or service and it's hard to fill all your needs ... it should just be the one place and person and service instead of going from one to another.'

One participant found living in a small town made desisting from offending complex. Complying with order requirements included being close to negative peer influences, for example, yet attempting to move away from the location meant not complying with the requirements:

After my first charge never offended in a year, then [offended again] another year, then every three months ... I grew up in country town where cops know you and so you try to get away from your mates where you're just getting high and getting in trouble. But if you run away, you're breaking your bail and the cops know you straight away.

One young person with youth justice experience felt the system did not support their needs:

I feel if someone's going to do it [victimise another person] they are going to do it, the system of support is not responsive enough if like you need to get an IVO [etc.] it takes weeks so you give up. People need it now and it's not responsive enough.

By contrast, another participant felt unsupported before he started offending, but more supported after offending:

I got involved [with a support worker] when I was still in custody [for] housing money, work. The person I had for my worker was a prison worker. The school at Parkville are good. It's not just the justice system, it's everyone, it's doctors, educators ... justice only becomes involved when I do something wrong. Where were those services when I was experiencing violence?

A common theme was young people being recognised for antisocial behaviour, but not for prosocial behaviour. A participant of African heritage noted 'there's a lot of positive things out there but the public doesn't hear about it'. Young people argued that if they are expected to make an effort and meet standards, it should be recognised when they do.

Maybe police should also praise young people for doing good.

Several young people, both former offenders and those with no contact with youth justice, saw not meeting young people's needs early or giving them positive learning opportunities as a moral issue.

If people end up in correction, it's like 'click' do it [change]. If we had more programs ...

Many participants supported mentorship and longer running support, which they saw as gradually building skills to maintain desistence.

Thoughts on prison and the current system

A participant who had been exposed to older peers with custodial experience and who supported dual track sentencing reported:

I [know] people going in and out of the [adult] system and I say it doesn't work ... They go in for a minor offence, [then] speak to someone who did something bigger and get out and do that.

The same participant further stated the adult custody system did not address offending:

They got out of the system but it wasn't through being in it, it just perpetuated it for a while ... I think putting young people in with older people they will only be going to learn more [criminal skills] from older ones.

This participant offered their views on what could help high-risk young offenders reduce their offending:

I think it doesn't help to treat people like animals. It [youth custody] is like practice prison; it sets them up for being in [adult] prison ... Youth prison is a practice prison because it gets them adapted to being incarcerated ... Maybe make them do more psychiatric care if they're violent, or drug work, but don't lock them in a box and expect them to fix themselves ... [You can't] put them all in the naughty corner together and expect it to get better.

Participants identified that, sometimes, young people have a perverse incentive to stay engaged with the justice system because it is less volatile than their lives outside:

I work with a young person who works in juvenile justice in [location]. The majority of young people are Koori; the majority of them were like, 'This is ... [not so bad]' ... They have a set routine, all centres are different but [for some] they had a sense of belonging and consistency with an Aboriginal worker there. It's pretty sad when our young people are finding a sense of belonging there and, as an Aboriginal, it's sad that they get the sense of belonging there and not on their own country.

Participants highlighted the need for stable accommodation:

When they get out they have a stable place to go ... My [relative] is in and out and he sees it as a holiday, he sees it like go in and get a comfortable place to go, he has mates in there. For some of them it's in their blood because they find it easier ... it's sad.

[Jesuit Social Services] help me out a lot ... Helping at Dylan House, accommodation is important. I finally got a house.

One participant who had worked as a volunteer peer mentor to young people in custody reflected the need for post-custodial support:

I worked with one kid who said he would be released in a week but would be back in a few ... It's really sad the complacency about what they think of the way the system works ... For others, they hate it and are really angry [in prison], but once they're out, the supports aren't there and [they feel it's more supported in prison].

Young people with experience in youth justice supervision, both community and custody, reported the interventions were often of marginal use but consistently praised mentoring as both early intervention and for fostering desistance:

My first crime I went to youth justice straight away but it didn't stop me. I did conflict resolution classes and stuff, but it was about anger issues ... Yeah it was for violent stuff [in a group] ... counselling was on my own.

When asked about the perceived value of group-based intervention, this participant added group-based peer mentoring would be effective:

I think the groups are good but should be [with] people who are not offending anymore instead of doing it with other people who are offending, because then they will just make friends.

Another participant with an offending history recommended a peer mentor who has desisted:

Well you guys have boundaries you have to stick to, whereas someone who has been through the system might not have them and so can help more and do more stuff.

One former youth custodial client reported the violent crime and anger management courses run in custody were 'a little helpful', while another praised the alcohol and drug programs:

I did NEs and AA groups. Found it pretty interesting. It will help me, I am still doing it.

One young person considered 'If the person wants to change, Malmsbury will help if the person goes in there with the head they want to get clean'. This young person experienced multiple custody facilities and remains in contact with support agencies as he attempts to desist. By contrast, another participant who experienced Malmsbury in previous years reported a changed model in response to the behaviour of some young people:

Malmsbury used to take us fishing, bike riding etc. Other clients have stuffed it up.

Another participant identified some positive elements of incarceration:

I got out of Parkville [recently]. I did school here, they took me to a mentoring program through school. They were uni students. I liked it, but they go through screening and it's uncomfortable.

Young people experienced in youth justice gave their views on whether youth justice remained distinctly rehabilitative compared with adult custody.

The [youth justice] system has replicated it. The sentencing is different, everything else is the same.

Another young person who recently left youth custody reported 'workers have said, this is the worst they have seen it in 25 years'.

A participant who had experienced both systems reflected on the differing cultures between youth and adult custody, noting systemic differences:

It's different from adults. When I went to adult jail, I did two years – 23 hours in lock down, and one hour in day light. It's different. Boys [in adult systems] are doing 25 to life, you need to have the respect [to get through] ... Everyone does things on the down low at the adult prison. In adult jail, you are doing your time; in youth justice, you are out to make a name for yourself.

Participants who were endeavouring to maintain desistance following deeper justice system penetration generally advised that deciding to change involved making a decision and doggedly pursuing it.

I look at older people and think I don't want to be like that when I am older ... My [parent] was in jail and I didn't want to be like that. I am not just a chip off the old block; I am going down my own path. I don't need to follow in everyone's footsteps.

While conceptualising the goal as a personal battle, young people were quick to acknowledge the impact of the supports they received once they had made the decision to live differently, particularly accommodation:

What I get out of [support services] is the hope that I will move on, better possibilities for your pathways and alternatives. I got involved as soon as I got out; [it] was either boarding house or [supported accommodation].

Another stated:

I didn't want to breach my bail or orders, so I worked with [intensive support services]. I am on an intensive bail supervision. It's kept me out of trouble, made me look better in court.

What might work?

'Learning', the role of education and receiving adequate support were prominent themes in discussions about solutions.

Participants highlighted more could be done in early education:

I like the idea of doing something at an earlier age, at 11–12, educating them about issues [that come] at later life, and getting them involved in hobbies to help them be productive.

I feel like there should be some form of program or forum for schools, someone from the [youth justice] team going and speaking at Year 10–12 assembly.

I really like the idea of rehabilitation and showing them the negatives of a criminal life and the outcomes of positive life in school. Make sure they are already getting the psychiatric and psychological help, and peer mentoring are really important.

A young person who abstained from offending despite a high-risk upbringing reinforced this view:

Education is really important and learning about [alcohol and drugs]. For me having a mentor was really important and being connected to the community is really important.

Another prominent theme included addressing drivers of isolation by helping young people gain and show respect:

Probably helping them, like they said, supporting them. It comes down mainly to respect and them respecting other [young people] around them.

A Koori young person reflected on intergenerational custodial issues:

Maybe when a parent gets locked up, does that get looked at, about a program for the Aboriginal children?

When it comes to addressing the drivers of offending, participants emphasised the importance of giving a young person who has offended a prominent role in their intervention planning:

It's all well to get into court with a report of the young person and though it's a cliché, young people are the experts of what's going on for the young person. So, instead [of saying] 'professionally these are your problems', the young person needs to be involved in their experience.

Otherwise, participants noted young people feel 'the support is forced support ... it's like court ordered for what others think you need and even if it isn't right for you but if you don't, then you [get breached]'.

Restorative justice

The young people discussed restorative justice extensively and expressed their qualified support for establishing victim empathy and reintegrative shaming as viable responses. Most participants recognised the merit of offenders meeting with victims of their crime or their representatives and moving through a restorative process, provided there were certain caveats. Most importantly, participants stressed the process must support both the young person who offended and the victim.

Without a therapeutic focus, a restorative justice and victim-focused approach may reinforce a young person's perception of themselves as 'a bad kid' and traumatise them when they are already vulnerable. One young person explained, 'going through the process, going through their problems and having to face their victim... it's heavy'.

But importantly, participants were also concerned about the effects on victims:

You have to think what the victim's feeling too, maybe they don't want to meet. [Because] they can feel vulnerable and emotional.

Participants identified developmental differences between adults and adolescents as the most significant factor to consider when introducing victim-centred practices in the youth justice system. Participants with a lived experience of youth offending were particularly insightful:

... we say they may not understand the victim but they also don't understand the impact of it [their offence] on their own life, so it's hard to understand the impact on others ... it needs to be a full process and more than a talk with the victim, but a process before and after about it all.

Another participant who identified as former youth offender explained how jealousy towards the mainstream population affected her ability to establish victim empathy:

I was like why do you get to go to uni and stuff and I have a shit life so why should I care?

Given their concerns about developmental maturity, participants considered restorative justice may be most useful for older adolescents who can better understand and engage in the process. As a group, they were concerned that younger and less mature adolescents may be further traumatised through shame. A Koori participant noted:

I don't think it would necessarily be in the same format as the adult system, especially for the quite young, it could be more detrimental than positive. If hearing it from a victim instead of from an elder about how much you've ruined someone's life ... it can just make you feel worse and [resulting from the negative emotional reaction] you keep doing it. With an elder they say that you have disappointed us.

With adequate support and a therapeutic focus, and by carefully selecting when to use it, participants considered restorative justice may help foster desistance, via motivational and restorative mechanisms. That is, restorative and victim-focused justice could be valuable educational experiences for offenders that motivate them to address their behaviour. This approach may be particularly useful if a young person perceives their actions as having no impact. A participant with an extensive history of youth offending and who was working to maintain desistance explained that driving some offending was that 'some people show no remorse or have no empathy'. This young person added:

[I] believe in group conferencing and restorative justice as the young person needs to hear about the damage they have done as it can make them change. When you're sentenced you're sent to court because of breaching 'the law' but in conference it's about the 'wrong to the victim'.

Appendix 5: Youth survey analysis

In their own words:

A survey of young people's perceptions of youth crime

Contents

Survey background and overview	136
Demographics	137
Table 1 Demographic characteristics.....	137
Figure 1 Percentage of respondents, by age group	137
Figure 2 Percentage of respondents, by education level.....	138
General perceptions	139
Finances.....	139
Table 2 Access to finances and resources	139
Figure 3 Ability to find work or ways to earn money, by gender	140
Figure 4 Ability to get the things that I want in life, by gender	140
Figure 5 Ability to get what I need, by Indigenous status	141
Sense of community.....	141
Table 3 Sense of community and belonging.....	141
Availability of support	142
Table 4 Availability of support and advice.....	142
Where young people learn about the law	142
Table 5 Where young people learn about the law	143
Perceptions of Youth Crime	143
Crime committed by young people	143
Table 6 Crime committed by young people	143
Frequency of young offending	144
Table 7 Frequency of youth offending	144
Reasons for youth offending	144
Table 8 Importance of reasons for youth offending	144
Table 9 Qualitative responses about drivers, group versus individual offending.....	146
Solutions to youth crime.....	147
Table 10 Qualitative responses about the drivers for serious and violent offending	147
Table 11 Qualitative responses about solutions to reducing serious and violent offending	148
Purpose of youth justice.....	151
Table 12 Purpose of youth justice.....	151
Effectiveness of responses to youth offending	152
Table 13 Effectiveness of responses to youth offending	152
Responsibility and youth crime	153
Table 14 Young people's understanding of legal and illegal behaviour	153
Table 15 Crime committed by young people 18–20 years old.....	153
Table 16 Reactions to youth offending	153
Table 17 Reasons for not offending.....	154
Perceptions of those with experience in youth justice and diversion programs	155
General perceptions.....	155
Responsibility and youth crime	156
Open ended closing responses	156

Survey background and overview

To obtain information about the views of young people, the Department of Health and Human Services (DHHS) surveyed young people 13–25 years old on their attitudes towards crime and youth offending. The survey was prepared by the Youth Justice Review team and hosted on the DHHS website, running from late February until 3 March 2017. Respondents were the clients of non-government organisations funded by DHHS, and were recruited via email. The survey was also shared via social media, including through Victoria Police’s Twitter account. Given how the survey was distributed, we could not determine the response rate. However, we are pleased that we received more than 1,000 valid responses and that the range of views expressed are similar to those we heard through other channels of information in the Review (e.g. focus groups, discussions with young people in custody and discussions with other young people).

Respondents were invited to provide information about the issues that are important to them, what they think about youth crime and ways of addressing youth offending. They were advised the department would use the results to inform its response to youth offending, and that the results would be published in the final youth justice review. The department also advised that it would store the data electronically, and that it may be used by future review teams.

Responses are completely confidential, and the survey did not ask for any details of crimes of which they may be aware or that they might have committed. However, respondents were advised the Review team would pass on any details about a specific offence (such as names of people involved) to Crime Stoppers. In addition, respondents were advised to contact Crime Stoppers (contact details were provided) if they wanted to report a crime. Respondents did not disclose any details.

As thanks for completing the survey, participants could enter a draw to win one of 10 \$100 gift vouchers for a popular electronics store.

The survey consisted of four parts:

1. demographic information – age, gender, country of birth, Aboriginal or Torres Strait Islander status, main language spoken at home, level of education and employment status
2. general perceptions – access to finances and resources, sense of community and belongingness, availability of support and advice, and where young people learn about the law
3. perceptions of youth crime – general thoughts and concerns about youth offending, crime committed by young people, the frequency of youth offending, the reason that young people commit crime, the purpose of youth justice, and the effectiveness of responses to youth offending
4. responsibility and youth crime – whether participants thought an individual’s age affected their level of responsibility for offending, young people’s understanding of legal and illegal behaviour, crime committed by young people 18–20 years old, participants’ reactions to youth offending and the reasons they believe most young people do not engage in offending.

Demographics

Altogether, 1,019 young people aged 13–25 years completed the survey. Approximately half of the survey respondents were 21 years old or younger, two-thirds were female and the majority identified English as their native language. Table 1 summarises respondents' demographic characteristics.

Table 1: Demographic characteristics of survey respondents

Characteristic	Number (%)
Gender identity	
Male	321 (31.5)
Female	675 (66.2)
Other	20 (2.0)
Aboriginal status	
Yes	26 (2.6)
No	990 (97.2)
Age group	
13–17 years	317 (31.1)
18–21 years	222 (21.8)
22–25 years	480 (47.1)
Main language spoken at home	
English	932 (91.5)
Language other than English	24 (2.4)
Both English and another language	63 (6.2)
Highest level of education completed	
Primary school	3 (0.3)
Some secondary school	335 (32.9)
Secondary school (Year 12 or equivalent)	298 (29.2)
Tertiary study (TAFE or university)	333 (32.6)
Other	49 (4.8)
Highest level of education completed	
Primary school	3 (0.3)
Year 7 or 8	57 (5.6)
Year 9	60 (5.9)
Year 10	107 (10.5)
Year 11	111 (10.9)
Year 12 or equivalent	298 (29.2)
TAFE certificate	144 (14.1)
University degree	189 (18.5)
Other	49 (4.8)

Note: A small proportion of participants did not respond to all demographic questions, so some percentage totals do not add to 100 per cent.

Figure 1 depicts the percentage of respondents by age groups and Figure 2 shows the percentage of respondents by education level. Over half of respondents had completed secondary school or tertiary study (a university degree or a vocational qualification).

Figure 1: Percentage of respondents, by age group

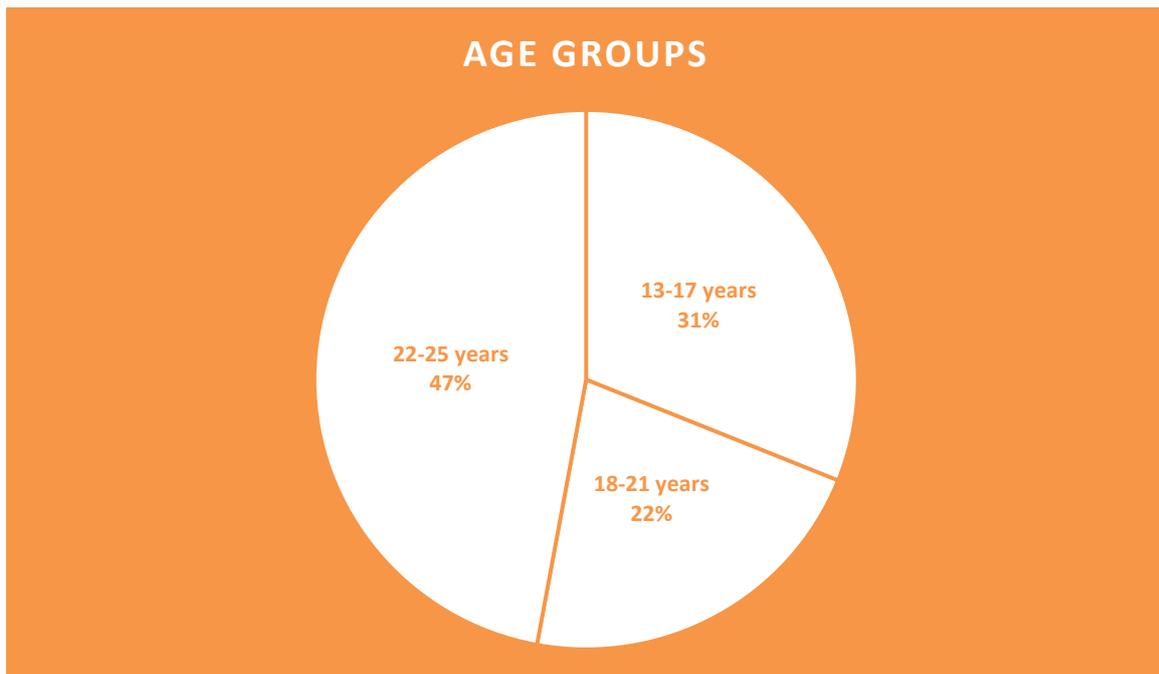
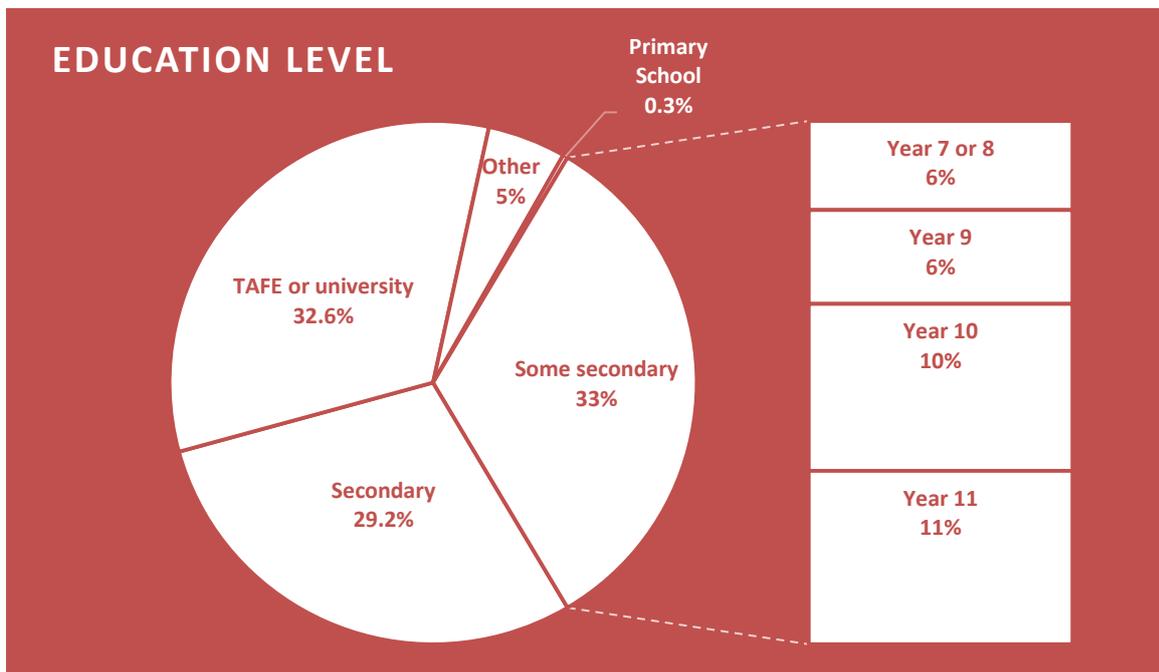


Figure 2: Percentage of respondents, by education level



General perceptions

Participants were asked about their general perceptions of being a young person in Victoria today, specifically their perceptions about access to finances and resources, their sense of community and belongingness, the availability of support and advice, and where young people learn about the law.

Finances

Participants were asked four questions about their ease of access to finances and resources (Table 2).

Table 2: Access to finances and resources

Item	Mean (SD)	Qualitative range
If I urgently needed money, I could get it legally (either through family, finding work or Centrelink)	1.89 (1.03)	Strongly agree–Agree
I can get the things I want in life	2.43 (0.93)	Agree–Neither agree or disagree
Young people can easily find work or ways to earn enough money	3.10 (1.22)	Neither agree or disagree
I worry about getting the essential things I need to survive such as food, clothing, getting to school or work	3.41 (1.31)	Neither agree or disagree–Disagree

Note: Respondents answered on a scale of 1 to 5: 1 = Strongly agree, 2 = Agree, 3 = Neither agree or disagree, 4 = Disagree and 5 = Strongly disagree. The items are ordered from the ones with which respondents most agreed to the ones with which they least agreed. SD = standard deviation.

The survey revealed the following results:

- Young people 13–17 years old reported the most positive general perceptions of their ability to access finances and resources compared with older participants.
- Male respondents (mean = 2.87) believed it was easier to find work than female respondents (mean = 3.20) (Figure 3).
- Male respondents (mean = 2.34) also believed it was more likely for young people to get what they want than female respondents (mean = 2.45) (Figure 4).
- Indigenous respondents (mean = 2.64) reported worrying significantly more than non-Indigenous respondents (mean = 2.76) about their ability to accumulate essential things such as clothing and food (Figure 5).

Figure 3: Ability to find work or ways to earn money, by gender

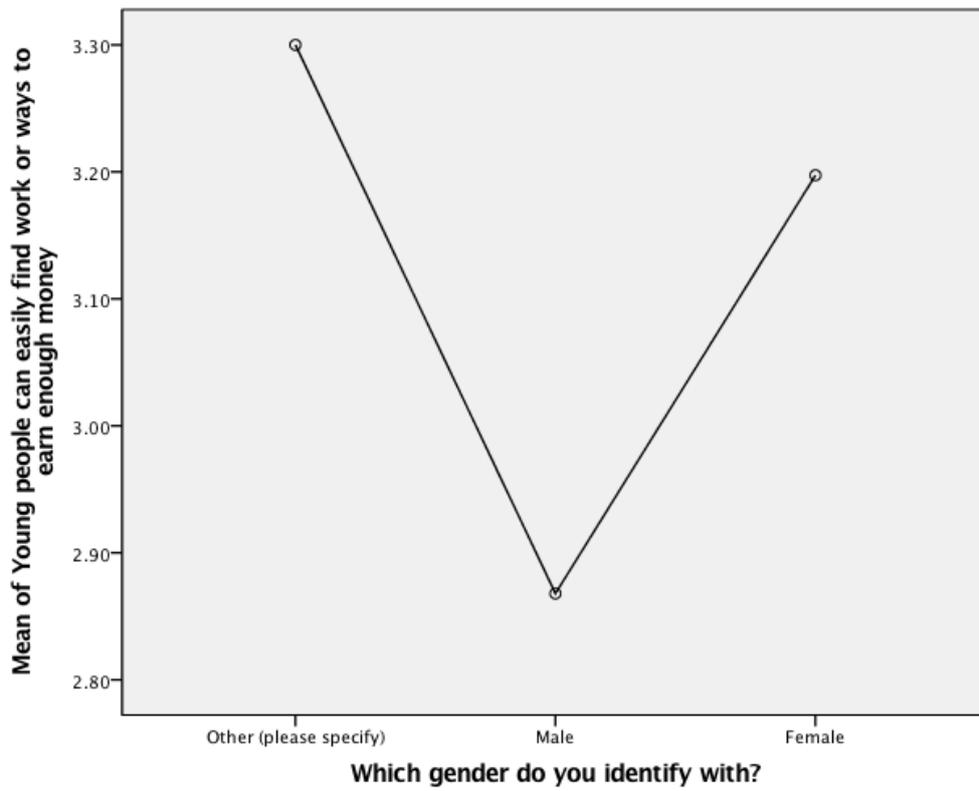


Figure 4: Ability to get the things that I want in life, by gender

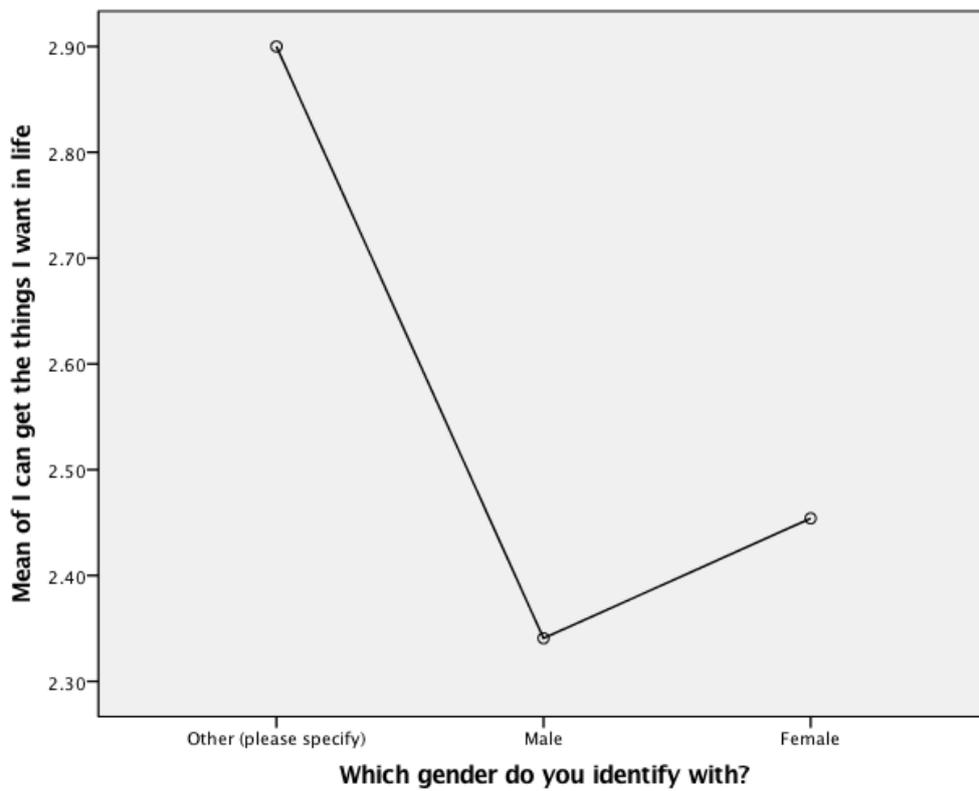
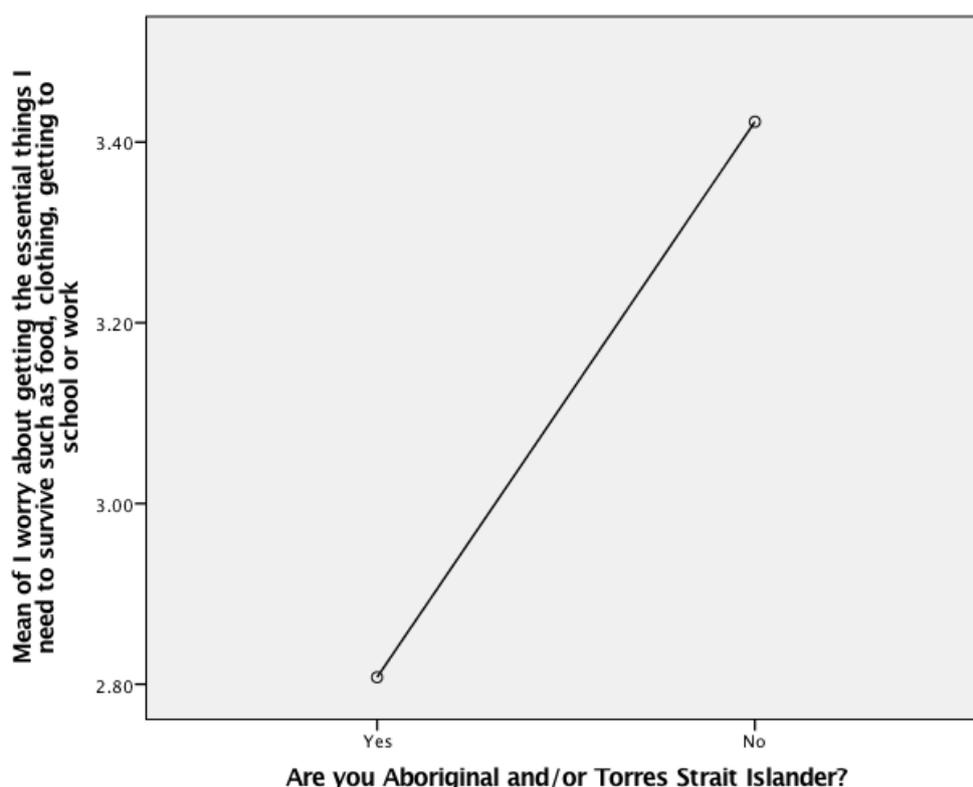


Figure 5: Ability to get what I need, by Indigenous status



Sense of community

Participants were asked seven questions about their sense of belonging to a community and finding their place in society. Table 3 presents the responses to these questions.

Table 3: Sense of community and belonging

Item	Mean (SD)	Qualitative range
Young people can be encouraged to commit crimes by friends and people they know	1.67 (0.71)	Strongly agree–Agree
Young people who don't have a good community or group to fit in with are more easily encouraged to commit crime	2.14 (0.99)	Agree–Neither agree or disagree
There are places online where I can be myself and not be judged	2.21 (1.00)	Agree–Neither agree or disagree
Young people can be encouraged to commit crime through social media	2.23 (1.00)	Agree–Neither agree or disagree
Young people find it difficult to find a group of people that they fit into	2.35 (0.98)	Agree–Neither agree or disagree
There are places I can go, near where I live, where I can be myself and not be judged	2.41 (1.08)	Agree–Neither agree or disagree
I feel like I am part of my local community	2.67 (1.04)	Agree–Neither agree or disagree

Note: Respondents answered on a scale of 1 to 5: 1 = Strongly agree, 2 = Agree, 3 = Neither agree or disagree, 4 = Disagree and 5 = Strongly disagree. The items are ordered from the ones with which respondents most agreed to the ones with which they least agreed. SD = standard deviation.

The survey revealed the following results:

- Young people 13–17 years old were more likely to report feeling part of their local community (mean = 2.46), than those aged 18–21 (mean = 2.70) or 22 and above (mean = 2.77).
- Young people aged 22 and older were more likely to report that young people were susceptible to peer influence to offend than young people in the other two age categories.
- Females were more likely to report feelings of not fitting in and being judged by others than males. Females were also more likely to report that young people in general had difficulty fitting in with others, and that young people who did not feel they fit in with others were more likely to offend.
- Respondents who reported a non-binary gender identity were more likely to report fitting into online communities than their local community.
- Respondents who reported speaking a language other than English at home were more likely to report that young people were susceptible to social media influence in relation to offending than whose main language was English.

Availability of support

Participants were asked three questions about the support and advice that was available to them in the community. Table 4 presents responses to these questions.

Table 4: Availability of support and advice

Item	Mean (SD)	Qualitative range
If I needed advice and support, I would feel comfortable talking to someone in my community (like a parent, carer or teacher)	2.21 (1.04)	Agree–Neither agree or disagree
If I needed advice and support, I would feel comfortable talking to a professional (like a counsellor, social worker or psychologist)	2.39 (1.07)	Agree– Neither Agree or Disagree
If I needed advice and support, I would feel comfortable finding support online (like support forums)	2.54 (1.11)	Agree – Neither Agree or Disagree

Note: Respondents answered on a scale of 1 to 5: 1 = Strongly agree, 2 = Agree, 3 = Neither agree or disagree, 4 = Disagree and 5 = Strongly disagree. The items are ordered from the ones with which respondents most agreed to the ones with which they least agreed. SD = standard deviation.

Young people aged 13–17 years were more likely to report feeling comfortable talking to someone in their community than those in the older two age categories.

Where young people learn about the law

Participants were asked four questions related to where young people learn about the law, including what is and is not legal. Table 5 presents the responses to these questions.

Table 5: Where young people learn about the law

Item	Mean (SD)	Qualitative range
Their parents	2.00 (0.95)	Agree
School and mainstream media	2.16 (0.94)	Agree–Neither agree or disagree
Articles, discussion and comments on social media	2.45 (1.03)	Agree– either agree or disagree
Their friends	2.64 (1.06)	Agree–Neither agree or disagree

Note: Respondents answered on a scale of 1 to 5: 1 = Strongly agree, 2 = Agree, 3 = Neither agree or disagree, 4 = Disagree and 5 = Strongly disagree. The items are ordered from the ones with which respondents most agreed to the ones with which they least agreed. SD = standard deviation.

The survey revealed the following results:

- Young people of Indigenous descent were more likely to report learning about the law from their friends, compared with non-Indigenous respondents.
- Young people 13–17 years old were more likely to report learning about the law from school and mainstream media than young people in the older age categories.

Perceptions of youth crime

Participants were asked about their general thoughts and concerns about youth offending.

Crime committed by young people

Participants were asked six questions related to their general thoughts about crime committed by young people. Table 6 presents the responses to these questions.

Table 6: Crime committed by young people

Item	Mean (SD)	Qualitative range
Young people who commit violent and serious crime need support to help them stop	1.63 (0.87)	Strongly agree–Agree
Violent crime committed by young people is a major problem for the community	1.87 (.96)	Strongly agree–Agree
Young people who commit violent and serious crimes need to be punished to make them stop offending	2.00 (1.15)	Agree
Most young people do not break the law	2.64 (1.10)	Agree–Neither agree or disagree
Adults think youth crime is worse than it really is	2.99 (1.23)	Neither agree or disagree
Young people who start committing serious and violent crime will naturally stop as they get older	4.05 (0.88)	Disagree

Note: Respondents answered on a scale of 1 to 5: 1 = Strongly agree, 2 = Agree, 3 = Neither agree or disagree, 4 = Disagree and 5 = Strongly disagree. The items are ordered from the ones with which respondents most agreed to the ones with which they least agreed. SD = standard deviation.

The survey revealed the following results:

- Males and young people aged 22 and above were more likely to agree with the statement that most young people do not break the law.
- Females and young people aged 22 and above were more likely to disagree with the statement that young people who commit serious offences are likely to stop naturally as they age, and were more likely to agree with the statement that young people who commit serious offences need support to stop offending.

- Males were more likely to report that young people who commit serious offences need to be punished to stop offending.

Frequency of young offending

Participants were asked six questions about the frequency of youth offending in their community. Table 7 presents the responses to these questions.

Table 7: Frequency of youth offending

Item	Mean (SD)	Qualitative range
Violent offences where strangers are injured	2.85 (0.91)	Rarely–Sometimes
Violent offences where people are injured	3.12 (0.87)	Sometimes
Driving and motor offences like joyriding, drink driving or dangerous driving	3.51 (0.95)	Sometimes–Most of the time
Property crimes like theft, shoplifting and breaking into houses or buildings	3.52 (0.94)	Sometimes–Most of the time
Drug-related offences like using and dealing drugs	3.64 (0.99)	Sometimes–Most of the time
Public order crimes like vandalism and graffiti	4.00 (0.91)	Most of the time

Note: Respondents answered on a scale of 1 to 5: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Most of the time, and 5 = Always. The items are ordered from the ones that respondents thought were rarest to those they thought were most common. SD = standard deviation.

Reasons for youth offending

Participants were asked 20 questions about the importance of various reasons to help explain why youth engage in offending. Table 8 presents the responses to these questions.

Table 8: Importance of reasons for youth offending

Item	Mean (SD)	Qualitative range
Drugs or alcohol	1.50 (0.72)	Very–Important
Family members who break the law themselves	1.67 (0.76)	Very–Important
Peer pressure from friends they hang out with	1.77 (0.69)	Very–Important
Not at school and/or are unemployed	1.85 (0.86)	Important
They do not understand or care about the impact of crime on victims	1.85 (0.89)	Important
Mental health problems	1.94 (0.89)	Important
They do not care about being caught	1.95 (0.88)	Important
They do it to impress their friends or other people	1.97 (0.74)	Important
They do not think they will be caught	1.99 (0.90)	Important
Personal issues like bad relationships	2.00 (0.82)	Important
For material gain like money or to have nice things	2.01 (0.87)	Important
They feel unfairly treated by society or authority figures	2.04 (0.90)	Important
Lack of positive things to do for fun (e.g. hobbies, sports)	2.06 (0.95)	Important
Personal issues with the victim	2.16 (0.84)	Important
Homelessness	2.20 (0.93)	Important
Because they feel like they don't fit in	2.21 (0.85)	Important
They don't live with family	2.33 (0.90)	Important
Peer pressure through social media	2.44 (0.85)	Important–Not very
Immaturity (and they will grow out of it)	2.54 (0.84)	Important–Not very
They have a disability	2.92 (0.89)	Not very

Note: Participants were given five response options ranging from 'Very important' through to 'Not at all important'. For this analysis, all responses indicating 'Don't know' were removed and the remaining responses were numerically recoded, so that 1 = Very important, 2 = Important, 3 = Not very important and 4 = Not at all important. The items are ordered from the ones that respondents believed were the most important to the ones that were least important. SD = standard deviation.

Participants considered drugs or alcohol, family members who break the law, and peer pressure were the most important reasons for youth offending. By contrast, immaturity and disability were the least important reasons for youth offending.

Respondents were also asked if they thought the same reasons for offending applied to young people who offended in groups and those who offend alone. Approximately half of respondents (48.5 per cent) reported that these two types of offenders had different reasons for offending, while 22.0 per cent reported that both types of offenders had the same reasons for offending.

Respondents were asked to provide a brief explanation if they indicated that both types of offender had the same reasons. Respondents provided more comments about group offending (243 commenters) than about individual offending (135 commenters).

The survey revealed the following results:

- Respondents most commonly (58.4 per cent, $n = 142$) identified the impact of peer pressure and social reward as the key drivers for group offending. Many comments simply stated 'peer pressure' or 'mob mentality' (Table 9).
- By contrast, the key drivers for individual offending were the desire for to acquire goods and to obtain drugs or as a result of substance use (28.1 per cent, $n = 38$), followed by personal needs such as mental health or the experience of trauma (15.6 per cent, $n = 21$).
- Younger participants were less likely to provide free-text answers or answers that could be categorised, so the strength and consistency of themes increased with participant age.
- Young participants were also less likely to comment on mental health as a potential driver than all other cohorts.
- Notably, the wider population and the smaller cohort of participants exposed to youth justice identified the same drivers for group and individual offending (i.e. both groups identified peer offending as the main driver of group offending, while material acquisition drove individual offending).

Table 9: Qualitative responses about drivers, group versus individual offending

Open-ended comments provided	All respondents	Age groups		
		13–17 years	18–24 years	25+ years
Left blank / no comment (<i>n</i>)	70	29	35	
Comments on group offending drivers (<i>n</i>)	243	79	137	27
Pack mentality / peer pressure and social reward (%)	58.4	50.6	59.9	74.1
Material acquisition and alcohol and drugs (%)	4.5	2.5	2.2	3.7
Common interest amongst young people with similar background/needs (%)	5.3	5.1	5.8	0.0
Easier to offend (%)	4.9	6.3	4.4	3.7
Mental health / personal needs / trauma (%)	0.8	0.0	2.9	0.0
Comments on individual offending drivers (<i>n</i>)	135	39	81	15
Material acquisition and alcohol and drugs (%)	28.1	20.5	30.9	40.0
Mental health / personal needs / trauma (%)	15.6	5.1	16.0	33.3

Below is a sample of comments:

Groups might be to impress, alone to get money/desperation. (Male 13–14 years old)

Groups might be due to peer pressure or perceived fun with friends whereas offending alone might be due to more innate problems. (Female 21–24 years old)

Groups create atmosphere to impress were individuals are for personal gain only. (Male 15–17 years old)

Those who offend in groups are likely to have a pack mentality, whereas those who offend alone are more likely doing it for a different reason, such as they are a victim of crime themselves and they see no other option but to support themselves through committing crime. (Female 18–21 years old)

I think people offending in groups are doing it to gain a reputation amongst their social group, whereas people offending alone are doing it for more personal gain such as money or other objects. (Male 21–24 years old with court exposure)

Other notable themes include:

- Fourteen participants reported group offending as stemming from having commonality with other young people. For example:

If you are angry you are going to find other people who are angry and commit crimes with them. (Male 13–14 years old)

- Group offending provided a greater opportunity of success; the group mentality increased the intensity of offending; social media blurred the lines between individual and group offending; and there is a two-way relationship between individual and group offending. For example:

It's all about peer pressure. When there's a group it's more likely things will turn violent. (Female 21–24 years old)

This day it's about Facebook and who knows. So in a group or not, everybody will find out either way. (Female 21–24 years old)

They learn the skills and confidence needed to commit crimes in groups and then go out doing the same things on their own once they are practised enough. (Female 18-21 years old)

Solutions to youth crime

Respondents could also provide open-ended comments about what they think can be done to stop young offenders from committing serious and violent crimes. Almost all respondents ($n = 1012$) responded, with 194 identifying perceived reasons for offending and 936 providing suggested responses.

Participants who commented on the underlying reasons for such offences primarily highlighted the multi-systemic roots of offending (Table 10):

- Approximately one in three respondents discussed the role of family, typically reporting offenders coming from dysfunctional families that need support, and parents who are unable to control their children.
- One in five respondents noted factors including boredom and unproductive time, negative environments (e.g. homelessness, poverty, negative peers).
- Exclusion and isolation was discussed to varying lengths:

Young people tend to act out when they feel like they're not included in the community, when they are ostracised and ignored. Violent and serious crime can be a way for them to assert themselves, to take control of the label that society often places on them, whether it is due to their financial status, race, religion or sexual orientation. (Female 21–24 years old)

Respondents frequently mentioned mental health and alcohol and other drugs, while few mentioned the goal to acquire goods as a driver for serious and violent crimes.

Table 10: Qualitative responses about the drivers for serious and violent offending

Number of participants	All participants	Age groups		
	$n = 194$	13–17 years $n = 44$	18–24 years $n = 124$	25+ years $n = 26$
Family (%)	33.0	31.8	33.1	38.5
Boredom/unoccupied (%)	22.2	29.5	21.8	11.5
Negative environment (poverty, homelessness, welfare entrenched) (%)	21.6	22.7	32.3	23.1
Peers and group pressure (%)	21.1	13.6	23.4	23.1
Exclusion and labelling (%)	19.1	11.4	21.0	19.2
Mental health problems (%)	18.6	13.6	17.7	23.1
Alcohol and drug problems (%)	14.9	9.1	14.5	26.9
Desire to acquire goods (%)	5.7	4.5	3.2	7.7

Many respondents articulated multiple and complex drivers behind violent and serious offending. Anger received few direct comments, but the impact of labelling and limited economic opportunities suggested a level of frustration among young people who commit violent and serious offences. Peer influence received wide comment, with some respondents mentioning the desire for reputation with those peers driving violent conduct:

If young people are resorting to committing these crimes, either for fun or for attention, there must be something wrong. They might not have support at home or just genuinely don't see a future for themselves. (Female 15–17 years old)

I think that mental health issues are a huge and growing problem. We need to have more support for young people out there. We need more jobs available to young people, so we need there to be more options at schools for young people to learn what they want, find hobbies and work on them in their spare time. (Female 18–21 years old)

Provide them opportunities to thrive that don't require crime. Provide better funded TAFE system, set up socialisation opportunities and where family is absent, work to create environments with positive role models, and support them at school, not just see them as problem students when they struggle. (Male 15–17 years old)

When kids get together, they just do stupid things. Us kids want to feel important and tough so we follow the rest of our friends. (Male 13–14 years old with youth justice exposure)

Create a more reliable system that we as young people can rely upon in hard times. When it takes about two months to receive any help, money wise, from the government, what do you expect a desperate person is to do? The lack of resources and education, with the addition of huge social expectations on young people, is a recipe for turmoil. An individual who shows no respect for their community most likely has been shown none by that same group of people themselves. Instead of treating children like criminals, you need to ask them how they got there in the first place. Most likely we are hurting, just like every other child, difference is those who act out have no guidance, no one to turn to, because this society does not value them and chooses to outcast rather than support. (Female 18–21 years old)

Respondents broadly categorised solutions as justice, welfare or hybrid responses. Justice responses were the most common, followed by hybrid and welfare responses (Table 11).

Table 11: Qualitative responses about solutions to reducing serious and violent offending

All participants		Age groups		
		13–17 years	18–24 years	25+ years
	n = 936	n = 271	n = 534	n = 131
Justice response (%)	36.4	41.7	32.2	42.7
Hybrid response (%)	24.7	20.7	27.0	23.7
Welfare response (%)	23.5	19.6	26.6	19.1
Traditional and legal education (%)	19.0	14.8	21.0	15.3
Community participation and positive leisure (%)	14.9	10.0	16.5	17.6
Employment (%)	7.7	4.8	10.5	1.5
Intervention before offending commences (%)	7.7	2.2	11.0	8.4
Positive or supported parental involvement, exposure to role models and mentors (%)	7.1	5.2	8.8	14.5
Restorative justice / understand impact (including working in trauma wards, meeting, hearing from and repaying victims) (%)	6.9	5.5	7.9	4.6

Justice responses stressed punitive responses and often suggested increasing current punishments to create a disincentive and punish offenders. Fifty-two respondents stated that young serious offenders should not receive bail and 38 respondents mentioned the phrase 'slap on the wrist'. However, few suggested suppression responses such as more police, security, CCTV and applying curfews.

A common theme was helping young people see themselves as 'having a future' to motivate desistance. Early intervention, preventative measures and desistance support such as school and work engagement regularly appeared in justice-oriented responses.

Typical justice responses included:

Make them have badder punishments. (Male 15–17 years old)

It is unfair what some people do, committing serious and violent crimes. They should be locked up/in prison. They need to realise the consequences for their actions. (Female 13–14 years old)

The courts need to be handing down harsher punishments because young people know they will be let off lightly and continue to break laws. The parents also need to be held accountable in some instances, as they are allowing their children to go out at all hours of the night with the wrong crowd and choosing to ignore the fact that their kids are breaking the law. Any young person caught carrying a weapon should be charged the same way as an adult, as they can easily do the same damage. People who have been caught committing crimes could have their Centrelink benefits taken away or reduced to help pay back the victims of their crimes. A campaign to do in youths you know to be committing crimes may help. (Male 21–24 years old)

Welfare responses did not mention punitive interventions. Typical welfare responses included:

Instead of punishing them, because that will only increase their likelihood of reoffending. Make them feel included like they are a part of community. (Female 18–21 years old)

Ask them questions. Why would they do it? What's their problem? What needs to be done so that they don't do it anymore? What is the things that they need/want? (Male 18–21 years old)

Half the time, it's their family's influence. Or older people around them. DHS needs to stop focusing on petty reasons for getting involved in people's lives, and look more into the families of teens who have committed crimes. Also mental illness is a big factor. If support was more accessible or less expensive, kids would be more likely to reach out. (Female 15–17 years old with youth justice and diversion exposure)

Hybrid responses combined assistance and punitive and rehabilitative intervention. Typical hybrid responses included:

Give them support as well as punishment. (Female 15–17 years old)

Give them the punishment they deserve and while in, get the support they need to help them. As of when they get out, still give them the support they need. (Female 15–17 years old)

Jail time or fines, depending on the seriousness of the crime. Also free counselling to get them the help they need to stop offending. (Female 15–17 years old)

They need to be punished as an adult would. But they also need support and mentoring. If a kid isn't taught from a young age that doing something is wrong, they'll keep doing it until they see the consequences and learn that they can't get away with a slap on the wrist. (Female 21–24 years old)

Regardless of philosophical orientation, respondents frequently identified coexisting interventions and offender needs that they believe must be addressed. Most welfare and hybrid responses identified 'counselling to get them the help they need to stop offending' as a minimum, with many going further and articulating one or more needs.

Restorative justice and cultivating victim empathy emerged as a minor theme across all cohorts:

Obviously they have to be punished, you can't just let them get away with their actions in an attempt to rehabilitate them. What's important is to show them how their actions affected their victims, how their actions affect their future and what will happen if they keep going down the same path. (Female 18–21 years old with youth justice exposure)

Get assaulted victims to do a personal story of what it's like having had it done to them ... so that these kids know what they do can hurt someone mentally for a very long time. (Male 15–17 years old with court exposure)

Respondents often identified solutions outside the traditional justice system, such as providing other activities and supporting young people to engage in meaningful pursuits, hobbies and groups with prosocial peers. Respondents also identified employment support as a significant mechanism to aid rehabilitation and prevent offending along with other activities that provide positive activity to alleviate boredom, a sense of pride and an alternative means of obtaining desired items.

Give youth something free and engaging to do, if youth from a poor socioeconomic status have no money to do anything they will act out more because they have nothing to do. (Male 18–21 years old with youth justice exposure)

Make sure these people are working so they feel no need to gain kicks from doing such acts. (Male 13–14 years old with youth justice exposure)

I believe they need more employment and easier access to education, they need things that are free and easily accessible to fulfil their time. (Male 15–17 years old)

One in five respondents considered education was important for responding to offending, including comments such as 'educate them' or 'force them to school'. Many more respondents identified greater legal education as a preventative measure. A number of respondents identified the positive work of the Police in Schools Program:

EDUCATION, particularly in primary school and early high school, is the key. More awareness of the consequences, the alternatives to doing this, and the impact it has on victims may reduce offending. Providing emotional and psychological support is also helpful. Good role models (teachers and students can also help). (Male 15–17 years old)

More programs in school from early ages. I graduated in 2013 and didn't have any programs in place that discuss assaults, in particular king hitting. The only program or speaking I can recall was about throwing parties, which is even though was somewhat directed at myself and friends who threw it, having a constable come in and talk about with us (not at us) was extremely powerful and made us re think our decisions – and therefore we listened. (Female 21–24 years old)

Police programs educating students about the consequences of their actions and areas of the law that affect young people. (Female 15–17 years old)

Several respondents mentioned mentoring, often in the context of supporting serious offenders to engage with other positive activities. Assisting young people see themselves as having a positive future was another notable theme:

Having positive, structured ways to fill their time and nonjudgmental mentors to support them. (Female 21–24 years old)

Someone could talk to them about it and show them alternatives. (Female 13–14 years old)

Making them feel like valued members of society who have a future. (Male 21–24 years old)

Better access to employment and finishing school. Also more influence from their families and, if they don't have one, to have a mentor support in place. (Male 21–24 years old)

They just need more positivity and people on the right path in life to pull them in line and help them see that it isn't a good life for yourself. (13–14 years old)

A small number of respondents discussed Centrelink and welfare payments, such as suggesting cutting Centrelink payments for unlawful conduct and providing a rapidly responsive welfare delivery as part of crime prevention:

Ensure that they have an education at least up to year 10, as schools provide the knowledge and resources on distinguishing what's deemed 'right' and 'wrong' in society ... If the young people are on Centrelink allowances, put in place a 'cut' where if a crime is performed they experience LOSS of Centrelink support; this will largely reduce their initial thoughts of a crime as that support is somewhat essential for them ... Be more TOUGH with laws and how we PUNISH them; that is, jail, community service (ensure however that it is disciplined and they are actually working)!!! (Male 18–21 years old)

Make something that would be fun in their eyes legal but only at that place and if it's safe, like a youths' boxing centre that holds comps and is free to go to, but when advertising it don't make it out to be a charity sort thing for the disadvantaged, that sort of concept even if there where prizes to be won at the end. In that situation, it's letting youths get out their frustrations, be somewhere that is 'cool', have the safety around them and also keep them off the streets. Mostly, you need to find a way to occupy their time so they're not out on the street trying to find something to do. Another thing, make Centrelink a little more easier to get as a younger youth; from personal experiences needing to get the payment into my own account and not in my mum's was a struggle, which doesn't make sense. For example, your parent takes your payments and you see none of it and have to resort back to stealing to get things you need or want. Another one is living away from your guardian, you can't receive your payments yourself unless you prove that you can't live with your guardian under any circumstances because they are 'abusive'. That as a youth trying to make it in the world yourself makes it quite hard. (Female 21–24 years old with police, court and diversion exposure)

Purpose of youth justice

Participants were asked three questions about their general thoughts on the purpose of youth justice. Table 12 presents the responses to these questions.

Table 12: Purpose of youth justice

Item	Mean (SD)	Qualitative range
To support the young person and solve the problems which cause them to offend	1.56 (0.83)	Strongly agree–Agree
To give victims the chance to tell offenders about the pain or damage they caused	1.84 (0.98)	Strongly agree–Agree
To punish a young person for their crimes	2.39 (1.25)	Agree–Neither agree or disagree

Note: Respondents answered on a scale of 1 to 5: 1 = Strongly agree, 2 = Agree, 3 = Neither agree or disagree, 4 = Disagree and 5 = Strongly disagree. The items are ordered from the ones with which respondents most agreed to the ones with which they least agreed. SD = standard deviation.

The survey revealed the following results:

- Females, respondents aged 18 or above, and those of non-Indigenous descent were more likely to strongly agree that the purpose of youth justice should be to support the young person to stop

offending. Males were more likely to strongly agree that the purpose of youth justice should be punishment.

- Females and young people aged 22 or above were more likely to strongly agree that the purpose of youth justice should be to give the victims the chance to tell offenders about the impact of their crimes.

Effectiveness of responses to youth offending

Participants were asked 12 questions about the effectiveness of various options in stopping young people from offending. Table 13 presents the responses to these questions.

Table 13: Effectiveness of responses to youth offending

Item	Mean (SD)	Qualitative range
Providing young offenders with counselling around the reasons they offend and providing other support if they need it	1.62 (0.74)	Very effective–Effective
Educating young offenders about the law	1.75 (0.82)	Very effective–Effective
Ordering them to attend school or training if they are not attending or employed	1.80 (0.87)	Very effective–Effective
Having to repay victims for their crime through raising money and making apologies	1.88 (0.85)	Very effective–Effective
Hearing from their victims about the impact it had on them such as causing pain, fear or loss of property	1.97 (0.83)	Very effective–Effective
Punishing the offender the moment they are caught	1.98 (0.90)	Very effective–Effective
Stopping young offenders from spending time with other people who offend	2.00 (0.92)	Effective
Catching the young person the first time they offend and giving them a warning	2.95 (0.89)	Effective–Not very effective
Using social media advertising to remind young people about the impact of crime on victims	2.03 (0.93)	Effective
Sending young people to youth custody as punishment	2.11 (0.92)	Effective–Not very effective
Using community service as a punishment	2.25 (0.93)	Effective–Not very effective
Enforcing curfews so young offenders are not out at night	2.45 (1.07)	Effective–Not very effective

Note: Participants were given four response options ranging from 'very effective' to 'not at all effective', so that 1 = Very effective, 2 = Effective, 3 = Not very effective and 4 = Not at all effective. The items are ordered from the ones respondents thought were most effective to the ones that they thought were least effective. SD = standard deviation.

The survey revealed the following results:

- Females and other-identifying young people were more likely than males to report that awareness of the impact on victim(s) and social media campaigns about victim impact would be very effective in stopping youth offending.
- Females were more likely than males and other-identifying young people to report that educating young offenders about the law and providing young offenders with counselling and support to stop offending would be very effective strategies to stop youth offending.
- Males were more likely than females and other-identifying young people to report that punishing the young person when they were caught and sending young offenders into youth custody as punishment would be very effective strategies of stopping youth offending.
- Males were also more likely than females and other-identifying young people to report that stopping young offenders from spending time with other offenders would be a very effective strategy.

- Young people aged 22 years or older were more likely than respondents in the younger age categories to report that having to repay victims and apologise and ordering young offenders to attend school or training would be very effective strategies to stop youth offending.
- Young people aged 13–17 years were more likely than older respondents to report that sending young people into custody as punishment would be a very effective method of stopping youth offending.
- Young people aged 18–21 years were more likely than respondents in the other age categories to report that enforcing curfews would not be a very effective strategy of stopping youth offending.
- Young people who spoke English at home were more likely to report that catching and warning a young person on their first offence would not be very effective in stopping youth offending. By contrast, those who spoke another language at home were more likely to report that this strategy would be effective in stopping youth offending. Young people who spoke another language at home were also more likely to report that educating young offenders about the law would be a very effective strategy to stop youth offending.
- Young people of Indigenous descent were more likely than non-Indigenous respondents to report that community service would not be a very effective strategy to stop youth offending.

Responsibility and youth crime

Participants were asked 12 questions about whether they thought an individual's age impacted on their level of responsibility for offending.

Participants were asked whether it would be reasonable to expect young people in different age groups to understand which activities are legal or illegal. Table 14 shows the percentage of respondents responding 'yes', 'no' or 'maybe' for each age group.

Table 14: Young people's understanding of legal and illegal behaviour

Age group	Yes (%)	No (%)	Maybe (%)
10–12 years	25.0	27.3	47.7
13–14 years	59.3	7.3	33.5
15–16 years	85.7	1.7	12.6
17–18 years	93.5	0.6	5.6
19–21 years	95.6	0.6	3.8

Participants were asked two questions about how young offenders 18–20 years old should be treated. Females and young people aged 18 years or older were more likely to strongly agree that young offenders 18–20 years old should receive the same support as under 18s to stop offending. Table 15 presents the responses to these questions.

Table 15: Crime committed by young people 18–20 years old

Item	Mean (SD)	Qualitative range
People aged 18–20 who offend should be given the same support as under 18s if it will help them stop offending	1.88 (1.14)	Strongly agree–Agree
People aged 18–20 should be more accountable for breaking the law than someone aged under 18	2.31 (1.19)	Agree–Neither agree or disagree

Note: Respondents answered on a scale of 1 to 5: 1 = Strongly agree, 2 = Agree, 3 = Neither agree or disagree, 4 = Disagree and 5 = Strongly disagree. The items are ordered from the ones with which respondents most agreed to the ones with which they least agreed. SD = standard deviation.

Participants were asked eight questions about how they would react if a friend or acquaintance was found guilty and punished for committing multiple offences. Table 16 presents the responses to these questions.

Table 16: Reactions to youth offending

Item	Mean (SD)	Qualitative range
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Item	Mean (SD)	Qualitative range
I would want to know more about what they did and why	1.75 (0.87)	Strongly agree–Agree
My parents would not want me spending time with them	1.93 (0.97)	Strongly agree–Agree
I would have less respect for them	2.18 (1.05)	Agree–Neither agree or disagree
I would try to support them	2.25 (1.04)	Agree–Neither agree or disagree
My other friends would not approve of me spending time with them	2.39 (1.00)	Agree–Neither agree or disagree
I would want to have less contact with them	2.81 (1.11)	Agree–Neither agree or disagree
My feelings towards them would not change	3.38 (1.14)	Neither agree or disagree–Disagree
I would approve of their actions	4.49 (0.84)	Disagree–Strongly disagree

Note: Respondents answered on a scale of 1 to 5: 1 = Strongly agree, 2 = Agree, 3 = Neither agree or disagree, 4 = Disagree and 5 = Strongly disagree. The items are ordered from the ones with which respondents most agreed to the ones with which they least agreed. SD = standard deviation.

For this item, participants were given the following example and asked to indicate the extent to which they agreed or disagreed with the eight questions that followed:

Imagine that you found out a friend or young person you know had been to court, found guilty and punished for a number of offences including property damage and theft. How strongly do you agree or disagree with the following statements regarding the way you would react?

The survey revealed the following results:

- Young people 18 years or older and non-Indigenous participants were more likely to strongly disagree with the statement that their feelings towards their friend would not change.
- Young people 18 years or older, females, young people whose main language was English and non-Indigenous participants were more likely to strongly disagree with the statement that they would approve of their friend's actions.
- Males were more likely than females and other-identifying young people to agree with the statement that they would have less respect for their friend. Females were more likely than males and other-identifying young people to agree with the statement that they would try to support their friend.
- Young people 21 years or younger were more likely than older participants to strongly agree with the statement that their parents would not want them spending time with that friend.

Participants were asked to indicate the most important reasons that young people do not offend from a range of options. Table 17 presents the responses.

[Table 17: Reasons for not offending](#)

Options	Per cent
They know it is wrong	85.9
It would affect later life like being kicked out of school, losing their job or not being able to find work	78.0
They would feel guilty about the impact on victims of crime	70.5
The way their parents would react if they found out	70.4
The legal consequences	70.2
The fear of being caught	65.8
They simply would not think of committing a crime	63.8
They have plenty of good things to do with their time	58.0
The way other adults would react such as the parents of their friends, teachers, sports coach, role models or employers	55.6
There is nothing to gain from it	50.4
There are police, security and other adults around and watching at the time	39.3
Their friends would not approve	37.1

Perceptions of those with experience in youth justice and diversion programs

Respondents were asked whether they, or anyone they know, has been in contact with the youth justice system or diversion programs. Just over one-quarter of respondents (27 per cent) indicated they had such experience. This section compares the responses of respondents who had experience with youth justice and diversion programs with those who had no contact with the criminal justice system, and did not know anyone else who had.

Overall, there were only two significant differences in the following categories:

- general perceptions about finances, sense of community and availability of support
- responsibility and youth crime.

General perceptions

Overall, relatively few differences emerged between the responses of those who experienced the youth justice system or diversion programs and those who had no contact with the criminal justice system. However, those with experience in the system were significantly more likely to agree with the following statements than those with no such experience:

- I worry about getting the essential things I need to survive such as food, clothing, getting to school or work.
- I feel like I am part of my local community.
- Young people find it difficult to find a group of people that they fit in to.
- Young people can be encouraged to commit crimes by friends and people they know.

Responsibility and youth crime

Again, there were few differences in this category. Regarding criminal responsibility, those young people who had experienced youth justice or diversion programs were significantly more likely than those with no experience to agree with the following statement:

People aged 18–20 years should be more accountable for breaking the law than someone aged under 18 years of age.

For the remaining questions in the section, participants answered questions about the following example:

Imagine that you found out a friend or young person you know had been to court, found guilty and punished for a number of offences including property damage and theft. How strongly do you agree or disagree with the following statements regarding the way you would react?

Those young people who had experienced youth justice or diversion programs were significantly *more likely* than those with no experience to agree that their feelings towards them would not change.

By contrast, young people who had experienced youth justice or diversion programs were significantly *less likely* than those with no such experiences to agree with the following statements:

- I would have less respect for them.
- I would want to have less contact with them.

Open-ended closing responses

Finally, respondents were asked whether they had anything else to add about the topics discussed. Below is a sample of their responses:

I truly believe in the rehabilitation of young people. It absolutely devastates me, as one of them, the treatment they receive when they offend. I understand the need for punishment, but you can't fight fire with fire, it only builds the flames up. By putting youth in institutions such as juvenile detention, we only enable and encourage criminal behaviour, setting them on a path of regret and hurt for everyone. We need to ask why youth commit crimes before we can decide how to handle it. (Female 18–21 years old)

Young adult punishment needs to be highly laborious. That is, the prison had a farm with animals they could milk or a vegetable patch where they will learn skills and practices that may push them to take them further once left prison. That is, they might start a trade through TAFE ... we have to encourage them to get off Centrelink and start financing their own lives!!!! (Male 18–21 years old)

I think the youth justice system has an all-or-nothing approach ... They either lock you up or give you a warning and let you go off to do as you please. Everyone should be held accountable for their actions and more needs to be done to support youths who are more at risk to offend and help offenders understand the consequences of their actions. (Female 18–21 with youth justice exposure)

A majority of youths do the right thing. Those that don't aren't educated enough as young people and need better support systems in place for rehabilitation to ensure they do not commit further crimes. (Female 21–24 years old)

The people that do these crimes need to go to a proper school with rules, and they need a job, like in retail or fast food. Employers shouldn't prejudge them for being reckless teenagers; if they got a job, that will fix them. (Female 15–17 years old)

Increase punishment for youth aged 14 up. The main reason why many people do not commit crimes is because they are aware of the legal consequences that WILL occur. If young people are 'getting away' with committing violent crimes, then there is no deterrence, which is why the number of youth offenders is going up. (Male 15–17 years old)

I believe the early education (pre-12-year-old) and finding a hobby is extremely important. Whether it's sport or work, I have friends who have been in trouble and find salvation in football, gym and/or work. (Male 18–21 years old with youth justice and diversion exposure)

Youth justice should be focused on early intervention and rehabilitation. By the time someone is an adult (and even a young adult), it can be too late. I don't know anyone my age involved in violent crime, but there are people who use illicit drugs. That is far more prevalent in youth than violent crime. (Male 15–17 years old)

Through my younger years, I had a few close friends who committed minor crimes (breaking and entering vandalism, drug use etc.) which they haven't been caught for. Most of them had home issues and also mental health issues, which should have been addressed with counselling, but rather they ended up taking a lot of drugs to cope. Many of them still battle with these issues today as no adults in their earlier years were able to properly address the underlying causes as kids. (Female 21–24 years old)

I believe there needs to be more community services available to youth. Especially in schools, having teachers and staff trained to deal with troubled youth and pick up the signs that there are issues at home/the crowds they hang around. I believe home life makes a big impact on how someone enters adulthood. And for those who reoffend, maybe mainstream correctional facilities don't work, maybe getting them into more hands on activities. Apprenticeships. Earn money, learn a skill for life. Unlike many job seekers courses or certificate Is and IIs run at TAFEs – where many kids just go to do nothing and get their Centrelink still ... They need support, guidance. Not only them, but their families/carers too. Maybe government facilitated courses to help parents deal with 'troubled' children ... allow a safe space for the carers to reach out. (Female 21–24 years old with court exposure)

I don't believe most young offenders would commit crime if there was a gainful alternative. Providing young people with work or training in a field that interests them is probably the best way to counter criminal behaviour. I think it's important for young offenders to understand the impact they have on others but having people tell them off for it is probably not going to be effective most of the time; they know what they did is wrong but providing them professional support would be best to enhance the person's understanding that goes beyond just the impact on the victim. Emotional and social ramifications being presented to the offender may yield better results. The work of the police may also contribute to their behaviour. A proportion of young people have a poor relationship with police, therefore the culture and the way in which police approach youth crime may need to change. The police are polar opposite to the offender, so the offender may be inclined to be defensive and unhelpful when caught. I believe that connecting that offender to a professionally trained person who can act as a peer may assist in police investigation, as well as starting them off on a path of rehabilitation. The stigma in the community should change. Many young people are treated as suspicious or dangerous just because of their age. Campaigns to change the public view may repair the disconnect between young people and older generations. (Male 21–24 years old)

I think all offenders should be offered support after committing a crime; they can choose to decline the offer but they need to be presented with that option. However, I think they all should be punished. It really depends on the person, but all offenders need to be punished and offered support. (Female 13–14 years old)

I believe providing support to young people is more important than punishing them. Young people who commit crimes are not inherently evil – they are a product of their situation. We only have our society (ourselves) to blame if young people commit crimes. (Female 21–24 years old with court exposure)

Not everyone can be saved from a life of crime jail and rehab, so we need to find better solutions for the people and community affected by them. (Male 15–17 years old)

The question about age, I do not believe is worded very well if this survey's aim is to find out more than just attitudes. I believe that all ages mentioned (a majority of the time) know the difference between right and wrong. What I think should be looked into more is, do they understand the implications of their actions. For example, a 12 year old boy who commits rape will know that it is wrong and that it will cause damage to the victim. But a 12 year old boy will also be ignorant to how intimate sex should be, and how damaging a rape can be for the rest of the victim's life. Maturity and insight should be a determining factor when working with young people and to a lesser extent their age. (Female 18–21 years old)

Rehabilitation is more important than punishment. Currently, the system is ineffective as it does no rehabilitation and almost encourages people to offend again. (Male 21–24 years old with youth justice exposure)

Schools need to be more aware about children. They should be strict about unexplained absences. And report anything unusual to parents and possibly police without being concerned about the school name being blemished. (Male 15–17 years old with police exposure)

Like most offences these days, most offending young people that I know developed a relationship with ice before committing crimes – they were harmless beforehand. (Male 15–17 years old)

Family is important for young people; good family and friends keeps them away from doing bad things. (Male 15–17 years old)

Appendix 6: Youth Parole Board analysis

Contents

Contents	159
Overview of the Youth Parole Board	160
Client group overview	160
Trends and structural changes	163
Continued recommendations	169

Overview of the Youth Parole Board

The parole board is typically scheduled to meet twice-monthly with ad hoc meetings called to discuss urgent matters as they arise, primarily parole cancellations and to issue warnings. Table 1 provides a summary of parole board activity throughout the reviewed period.

Table 1: Youth Parole Board activity, 2010–11 to 2014–15

	Meetings				Transfers		Parole activities		Parole cancellation		
	Matters considered	Scheduled	Ad hoc	Total	YJC to Prison	Prison to YJC	Released	Warnings	Compliance	Reconviction	Total
2010–11	2,488	24	24	48	9		240	40	44	36	80
2011–12	2,588	24	41	65	7	6	257	43	51	36	87
2012–13	2,672	24	39	63	10	16	231	31	48	25	73
2013–14	2,478	24	39	63	4	2	195	35	45	23	68
2014–15	2,386	24	67	91	2	2	196	14	49	22	71

Client group overview

Over-representation of Aboriginal children and young people

Aboriginal young people were identified as heavily over-represented in cases coming before the parole board, with some improvements noted by the end of the five-year period. In 2010–11, 45 Aboriginal young people came before the board, reducing to 30 in 2012–13 and 39 in 2014–15. The board acknowledged continuing over-representation despite a decline in detention of Aboriginal youth.

Responses to Aboriginal over-representation

The board identified improvements in Aboriginal services with the following:

- growth of early intervention diversion programs
- introduction of Koori cultural workers in youth justice centres
- pre- and post-release programs.

These improvements were supported by the Larry Osborne Scholarship being awarded in 2013–14 to facilitate research into the needs of young Aboriginal men, focusing on the links with culture and country and reductions in the risk of reoffending.

Over-representation of Maori and Pacific Islander children and young people

The over-representation of Maori and Pacific Islander young people was identified across review reports. A common trend indicated that Maori and Pacific Islander offenders are often in detention following more serious offences against the person and can present more challenging behaviours within the secure environment.

Responses to Maori and Pacific Islander over-representation

In 2011 the Larry Osborne scholarship was used to investigate improved support and supervision options for Maori and Pacific Islander offenders.

In 2012–13 the following was implemented:

- cultural awareness training for staff
- a pilot family meeting program
- employment of a Maori/Pacific Islander cultural support worker.

There continues to be 'what works' research, information sharing and collaborative working groups operating with representatives of Victoria Police and custodial and youth justice.

Over-representation of children and young people involved with Child Protection

All reviews acknowledged significant overlap of Child Protection and Youth Justice. It identified that young people currently or previously engaged with Child Protection were over-represented at both the Parkville and Malmsbury sites (see Table 2).

In 2010–11 the parole board called for greater Child Protection attendance at dual-client parole board hearings and further acknowledged the possible flow-on effect of therapeutic residential care in order to improve outcomes for young people engaged with the criminal justice system.

Improvements to Child Protection

In 2011–12 the Child Protection and Youth Justice protocol was revised to include:

- an updated user guide
- joint training calendar
- best-interest seminars being delivered to 200 frontline staff from across both streams.

By 2015 the proportion of Youth Justice clients with current or former Child Protection involvement had risen to 43 per cent from 35 per cent in 2011. Despite this, the parole board acknowledged improvements to collaborative work practices between Youth Justice and Child Protection.

Over-representation of disability

Each review identifies the high prevalence of disabilities, particularly those affecting intellectual and cognitive function, among sentenced young offenders. Consistently a minimum of nine per cent of young people on custodial orders are registered with Disability Services and a minimum of 22 per cent of reports concern intellectual functioning. The following was identified in relation to disability:

- Greater attention to the rehabilitation needs of this cohort and limited progress was made by the conclusion of the reviewed period.
- The 2013–14 report identified that despite the formal over-representation, there remained a high likelihood of greater numbers of young people in custody having undiagnosed intellectual disabilities and acquired brain injuries.
- Assessments for disability service registration occur infrequently within the custodial setting.
- Of concern, the role of Senior Disability Advisor was unfilled for the period 2011–12. Once filled, however, improvements were noted with good practice in disability service engagement during parole planning and individual case planning processes.
- In 2009 a protocol was signed between Youth Justice and Disability Services, providing guidelines for workers. Subsequently improved practice was identified in disability service engagement in parole planning.
- In 2010–11 concerns were raised regarding the timely availability and appropriateness of the Male Adolescent Program for Positive Sexuality (MAPPS) for sexual offenders and the Brave program for offenders within this cohort.

Disability – ongoing

The 2014–15 Larry Osborne Scholarship is funding research into custodial responses to young people with intellectual disabilities and related services. It aims to:

- develop an assessment tool to assist with the identification of young people with cognitive limitations
- develop a support plan that can be implemented in conjunction with other services
- develop a staff training program to assist staff in the use of these tools
- support young people with a disability more generally.

The board continues to call for greater focus on and structured approaches to meeting the needs of young people in this cohort.

Over-representation of trauma-affected young people

Concerns were raised yearly regarding the prevalence of trauma and community harm among young offenders, indicated by the high proportion of offenders with a history of child protection involvement. The impact of family violence exposure at a young age was highlighted in each report.

Trauma – ongoing

In 2012–13 the department was developing a practice approach for working with young people in a trauma and cumulative harm informed manner including a pilot program initiated at Parkville. Delivered by Berry Street's Take Two program, therapeutic clinicians provide individual assessments and develop therapeutic plans that guide the work of frontline staff. Clinicians work directly with young people and provide secondary consultation to youth justice staff.

By 2014–15 the board reported considerable effort being made to consider young people's trauma history in enacting individual interventions and consideration given to adapting the best interest case model to integrate a trauma-informed approach with the existing risk-needs-responsivity model.

Parent rates

As demonstrated by Table 2, 10–13 per cent of young offenders sentenced to a youth justice centre are also parents. The majority of the identified parents are male.

Parenting – proposed response

The board identified that general parenting programs at Malmsbury may not adequately meet the needs of young offenders and recommends such programs include greater emphasis on unpacking young parents' own family experiences.

Table 2: Characteristics of young offenders in correctional settings, 2010–11 to 2014–15

Characteristics of young offenders in correctional settings	2010–11	2011–12	2012–13	2013–14	2014–15
	CP order – previous	35%	38%	34%	41%
CP order – current	16%	18%	15%	18%	19%
Abuse/trauma/neglect	55%	65%	64%	60%	62%
Suspended/expelled from school	66%	68%	67%	56%	58%
Mental health	34%	40%	35%	27%	33%
Suicidal ideation/NSSI	28%	32%	27%	26%	23%
Concerns re: intellectual functioning	27%	39%	27%	22%	22%
Registered disability services	14%	22%	9%	11%	9%
Alcohol misuse	89%	92%	91%		* 8%
Drug misuse	86%	84%	88%		* 19%
Alcohol and drug			89%	89%	60%
Alcohol/drug-related offending	86%	84%	89%	78%	82%
Parent of child	12%	10%	13%	13%	10%

* 2014–15 split to include 'alcohol only', 'drug only' and 'both alcohol and drugs'

Trends and structural changes

Family violence

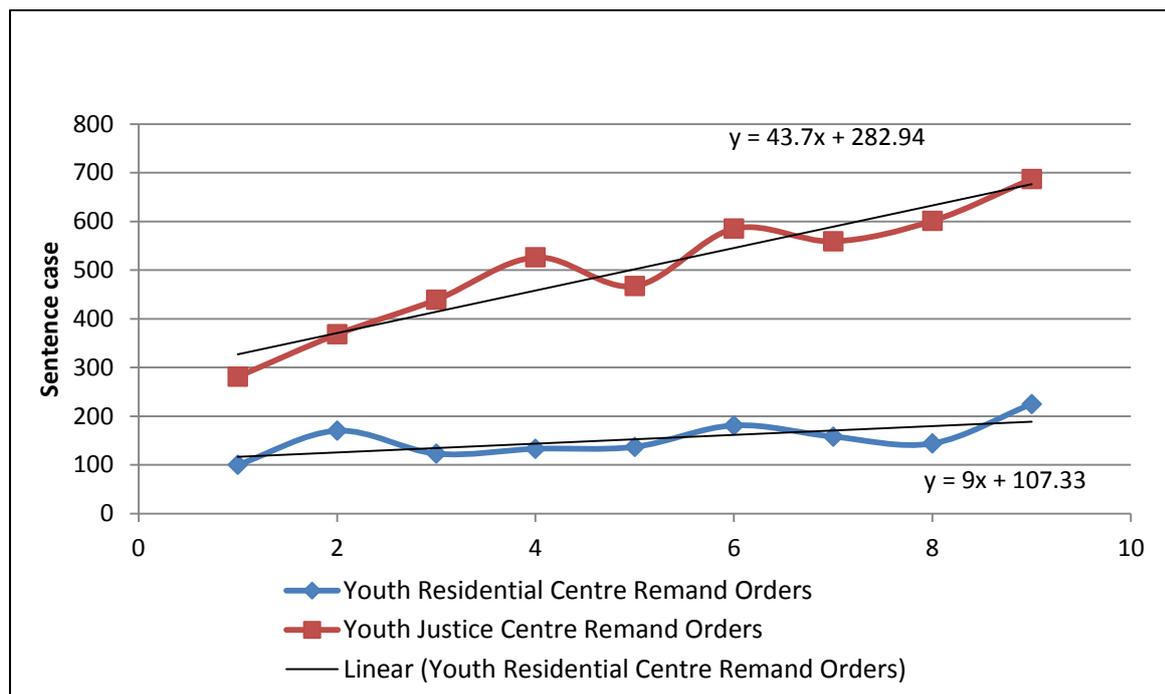
In 2012–13 the board reported a belief that an increasing number of young people were being sentenced to a youth justice centre for breaching intervention orders.

In 2011–12 a trend towards more violent offenders was identified by the board, creating issues regarding behaviour management and containment in the secure environment and challenging existing offender rehabilitation options.

Remand

High growth in remand orders remained a theme throughout the period. The growth in remand is identified in Table 3. The implications of remand regarding shortened access times to programs for sentenced offenders and increased disruptive behaviour of young people on remand were pertinent issues in 2014–15.

Table 3: Increasing number of remand orders, by type



An adequate response to the issue of remand is yet to be identified.

Procedural delays

Court and procedural delays are specifically referenced in most reports. The implication of these delays is that young people on parole who are awaiting court hearings for matters occurring prior to either detention or the offence(s) that resulted in detention are being sentenced within the adult system (aged 21 and over) for matters occurring when aged 18–20.

Procedural delays: proposed response

In 2014–15 the board identified the following changes in the broader criminal justice system that may alleviate the impact of procedural delays on young offenders:

- moderately increasing the age of eligibility for youth justice sentencing
- sentencing options that reference the age of the offender when committing an offence
- increasing the maximum time of youth justice sentences to four years, allowing for more serious offences committed by vulnerable young adults to be addressed within the youth justice framework
- providing for longer sentences such as three years to commence without including time served in remand.

Dual track integration

In late 2012 the Young Offenders Transfer Review Group was implemented. Monthly meetings facilitate liaison between youth and adult correctional systems regarding cases of young people being transferred from youth justice centres to adult prisons. The group provides opportunities to plan transfers and contemplate return transfers from prison to a youth justice centre.

Rehabilitation

The prevalence of substance misuse among offenders and the board's response, as well as ongoing opportunities for improvement, were reported yearly.

- In 2011–12 Odyssey House delivered training to youth justice staff. It was identified that referrals to appropriate alcohol and other drug programs were consistently being made pre-release.
- The YHaRS consortium, covering mental and physical health, substance use and offence-related programs, commenced in 2014 to bolster pre-release supports and extend family-inclusive interventions.
- All reports were positive regarding the MAPPS program for sexual offenders.
- There was a rise in Koori rehabilitation programs prior to the review, with expectations of medium-term recidivism reductions.
- In response to a rise in violent offenders identified in early reports, the Adolescent Violence Intervention program (AVIP) was piloted at the youth detention centre in Parkville. AVIP was a tiered program allowing for appropriate matching of intervention and offending level. Success of the pilot resulted in a rollout across Parkville and Malmsbury sites in 2013–14, gaining strong approval from the board.

Rehabilitation – proposed response

The board consistently suggested that group conferencing be available as a parole tool, identifying that restorative practice has a place within the sentenced and post-sentence rehabilitation process.

Mental health

All reports identify the need for mental health interventions due to the over-representation of youth justice centre clients with identified mental health concerns.

Rehabilitation – response

By 2014–15 the Youth Justice Mental Health Initiative (YJMHI), already in operation over preceding years, was transferred to YHaRS and proving successful. YJMHI incorporates the following:

- specialist mental health workers attached to custodial and community units
- increased training delivered to staff
- increased responsiveness to mental health needs and Indigenous-focused mental health complementing broader services.

Mental health services continued to form a component of parole plans as demonstrated by Table 8. No indication is given for the distinct drop in conditions relating to combined psychological/psychiatric counselling in 2011–12 from 60 combined conditions imposed to 5 combined conditions imposed.

Parole and post-release support

Each report identified a critical need for greater accommodation options post-release. Accommodation forms a key priority when considering parole eligibility. Housing affordability and the low income of young people being released represented a consistent challenge for the board. Reports consistently identified young people with intervention orders against them from family as adding significant complexity to the transition process.

Post-release response

By 2010–11, 55 transitional housing properties with capacity for 110 young people and adults were available for youth justice clients.

By 2014–15 the following developments had been made in broadening access to suitable accommodation:

- access to statewide FOYER models had been investigated
- joint initiatives between Youth Justice and Housing Services to minimise homelessness risk

- VincentCare’s Youth Justice Homeless Assist supporting client access housing pathways
- an innovation action project by Jesuit Social Services (‘Next Steps’) incorporating early intervention and family-inclusive work had been undertaken as part of the statewide homelessness action plan.

Despite some improvement the board continues to call for more suitable accommodation options as ongoing accommodation unavailability is resulting in parole deferral.

Parole success of older clients

A consistent trend across the reporting period was that young adults aged 18–20 were on average almost twice as likely as younger cohorts to successfully complete their parole period. This is indicated in Tables 4, 5 and 6.

Table 4: Parole cancellations, 2009–10 to 2014–15

Parole cancellations				
Children’s Court parole cancellations		Higher court parole cancellations		
Year	CC parole cancellation number	CC parole cancellations %	HC parole cancellation number	HC parole cancellation %
2009–10	55	44%	41	31%
2010–11	46	43%	34	25%
2011–12	51	69%	36	20%
2012–13	40	47%	33	23%
2013–14	34	47%	34	28%
2014–15	38	43%	33	31%
Average		49%	26%	

Table 5: Number of offenders on parole, 2004–2016

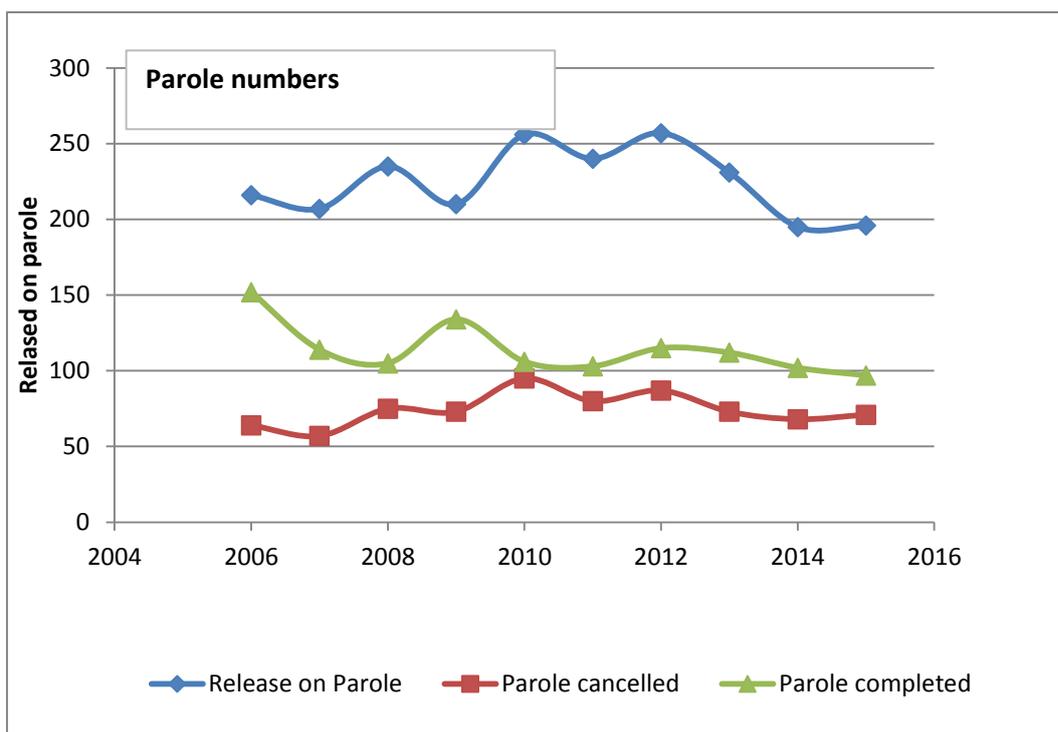
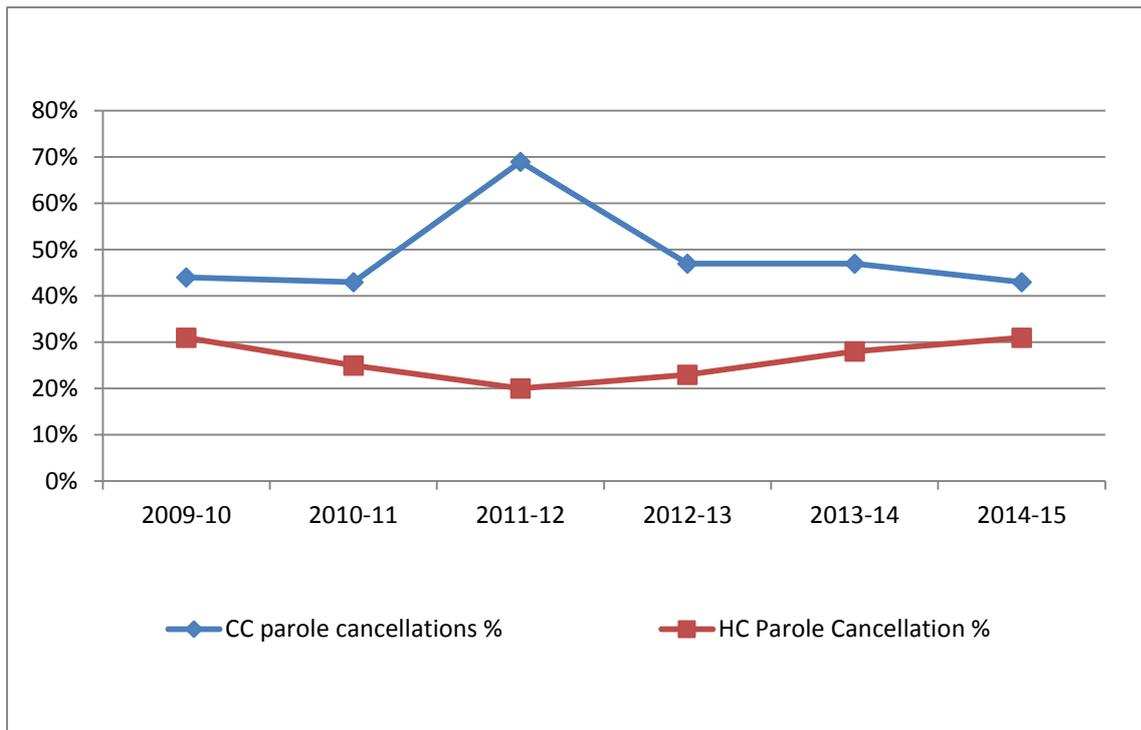
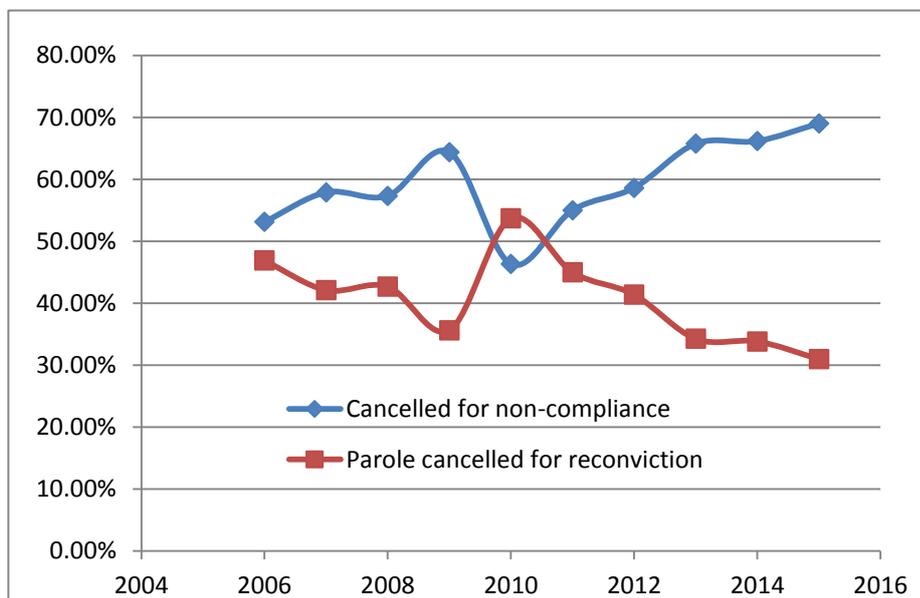


Table 6: Cancellation of parole – Children’s vs higher courts



Throughout the reviewed period the board identified a radical shift in the cause of parole cancellation from reconviction to noncompliance with parole conditions. This is indicated in Table 7.

Table 7: Change in causes of parole cancellation from reconviction to noncompliance with parole conditions



Post-release case planning

The board has made increasing use of special conditions attached to parole. The following trends were identified:

- Substance abuse counselling remained the most common condition, with significant growth on exclusions regarding contact with individuals and visiting geographic locations as indicated in Table 8.
- There was a marked increase in multi-agency, particularly Child Protection and Disability Services, collaboration during parole planning noted throughout the reviewed period.
- Major growth is also identified in treatment and support program referrals and services commencing while in detention and continuing within the community.

Table 8: Trends in special conditions attached to parole

Special conditions attached to parole	2010–11	2011–12	2012–13	2013–14	2014–15
Parole orders issued	240	257	231	195	196
Special conditions issued	285	266	309	398	352
Substance abuse counselling	146	121	120	126	118
Psychological counselling					64
Psychiatric counselling					3
Psychological and psychiatric combines	60	5	67	55	67
General counselling	25	37	17	36	31
Anger management / violence prevention	19	26	13	17	7
Attend MAPPS program	5	10	9	7	4
Reside as directed	4	4	5	4	5
No contact with individual/victim	3	4	27	56	62
Not to attend geographical location				56	27
Motor vehicle offending program	6	15	15	10	19
Other	17	44	36	31	12

Facility upgrades

Facility improvements were noted throughout the reviewed period, with rolling upgrades at both sites. In addition, bolstering security facility upgrades occurring at Malmesbury were driven by the need to provide greater segregation of high-risk and highly vulnerable cohorts of young people. Early reports identified infrastructure investment that was to increase bed availability and would reduce workforce and management strain in order to provide greater opportunities for moving young people into more appropriate units. Facility upgrades appear to have taken significant management effort throughout the reviewed period.

Education

Education has seen ongoing improvement and gained significant attention during the reviewed period. Parkville College commenced as an interim model at Parkville in early 2012, with the formal model introduced in 2013 at Parkville and Malmesbury. By 2013–14 Parkville College delivered VCE, VET and VCAL, with supports available for young adults studying university in both youth justice precincts. A flexible education program provides ongoing college service post-release.

Employment

Collaboration with Centrelink has seen increasing pre-assessment and referral to relevant Job Support or Disability Employment Services prior to release in addition to ensuring timely Centrelink income supports upon release. Temporary leave was also promoted by the board as integral to supporting employment engagement prior to release.

In 2013–14 Mission Australia's WorkOut program began, with capacity for 180 annual referrals. WorkOut employs training and transition workers at both sites to undertake assessment, referral and individualised support to engage young people with either employment or education on release. In 2014–15 WorkOut reported a 90% success rate for engagement with education or employment from 166 referrals.

Continued recommendations

By the end of the reviewed period, six areas of strong concern remained. These areas had experienced varying levels of response and intervention and will remain key areas of consideration over the coming years.

- The addition of group conferencing to available parole tools and options would bolster the rehabilitative capacity of the parole system.
- There remains a strong need for greater accommodation options for young offenders being released.
- There remains a strong need for greater and more structured focus on young offenders with disabilities. The board expects Larry Osborne scholarship research in 2015 will inform future approaches.
- There is an ongoing need to improve the response to young people with histories of trauma and cumulative harm.
- Despite current interventions there remains significant over-representation of Aboriginal, Maori and Pacific Islander young people.
- Ongoing concerns exist relating to the impact of procedural delays, particularly as a barrier to dual track access caused by delays.

Appendix 7: Time in motion observations

Two observers attended each of the Victorian youth justice centres to observe and document the movements of young people across the Structured Day, from morning unlock until evening lockdown. Each observer was assigned a different unit or wing within the facilities and shadowed a staff member throughout the day. The observers documented times, activities, movements, relationships, roles, programs, interactions and incidences in the custodial environment. They interacted with staff and, on occasion, with young people during the three-day period.

Observers

Observer 1 has a degree in criminology and is a qualified social worker. They have extensive experience working in child protection, including working with young people experiencing sexual abuse.

Observer 2 has studied criminology and community development. They have extensive experience in out-of-home care and case management, including roles working with at-risk young people in the residential care setting.

Units observed

The following units were observed:

- Parkville Youth Justice Centre, Remand North Unit, housing young men aged 15–17 years (mix of remand and sentenced)
- Parkville Youth Residential Centre, Barnett Unit, housing young men aged 10–14 years (mix of remand and sentenced)
- Malmsbury Youth Justice Centre, Latrobe Unit, housing young men aged 15–17 years (mix of remand and sentenced)
- Malmsbury Youth Justice Centre, Monash Unit, housing young men aged 15–17 years (mix of remand and sentenced)
- Grevillea Youth Justice Centre, both Wing A and Wing B, housing young men aged 15–17 years (on remand).

For units housing both sentenced and remanded young people, either young people had signed waivers allowing them to mix, or the demarcation between the two was managed via the hard wall split between the unit wings.

Summary

The Structured Day is inconsistent across sites, and even between units on the same site. The effectiveness of a unit seems to depend on the quality of the supervisor and the trust that the staff and young people have for that supervisor.

Timely and effective behaviour management is a consistent problem across all sites. In many instances, custodial workers did not challenge problem behaviours, yet many have experienced riots, have witnessed staff assaults, and are often left alone with up to five young people. Some staff reflected that they wanted or had intended to challenge behaviour but were unsure whether their colleagues and/or supervisors would support them. Often, workers reported feeling powerless to challenge young people and intervene as issues arise.

The young people often have control in the custodial setting, which can be subtle. This situation is attributed to the nature of the disrupted, disempowered and inadequately trained workforce.

The workforce is made up of a mix of permanent ongoing, casual and agency staff. Agency staff do not receive the level of training that permanent DHHS staff do. Many staff considered the agency staff induction to be very basic. The ratio of permanent to agency/casual staff across all units is a significant concern. The Barnett Unit at Parkville had the highest ratio of permanent staff (five permanent staff), and most units had, at most, two or three permanent staff members rostered to work. The total number of staff per unit can range from six to 10, depending on the unit. As a result, there is observable inconsistency in staff knowledge of young people, behaviour management and the consequences levied on young people. In addition, agency and casual staff are less confident to challenge the behaviour of young people.

Each unit has a set daily structure, including education at Parkville College. Students were regularly allowed to choose whether to participate in class, with minimal encouragement from staff to become involved. If young people chose not to participate in classes, they often played chess or video games, or watched TV. No consequences were observed for young people who chose not to participate in programs.

Young people were given large amounts of free time, with few productive activities available for them to occupy the time. Recreational activities, including team sports, are limited because policies prevent units from mixing and restrict movement. In addition, the Review team observed that offence-specific programs and recreational activities are not built into the Structured Day. The only regular program support available to young people are the classes provided by Parkville College, which have a notably low participation rate.

Clearly, youth justice custodial facilities have no Standard Day. Despite the best efforts of many staff to implement a structure, it is rarely adhered to. The custodial operating environment is at times chaotic, and lacks consistent routine, staff, behaviour management, responses and control of young people.

Here are detailed observations from each site.

Parkville Youth Justice Centre

Remand North Unit

Time summary	Observations
<p>8 am – Breakfast given in kitchen</p> <p>9 am – Unlock</p> <p>9.30 am – Class commenced (low level of participation)</p> <p>11.30 am – Return to unit for class and PE (2/3 participated)</p> <p>12.30 pm – Lunch in kitchen</p> <p>1 pm – Class (low level of participation)</p> <p>2 pm – Return to unit for personal training class (1/3 participated)</p> <p>3 pm – Class in unit (appeared as if it was free time not class)</p> <p>4 pm – Lockdown</p> <p>4.30 pm – Free time</p> <p>6.20 pm – Dinner</p> <p>8 pm – Lockdown</p>	<p>Day-to-day operations</p> <ul style="list-style-type: none"> • Limited access to Parkville facilities resulting in Physical Education being conducted in the small courtyards of the unit. • Young people were allowed onto the basketball courts for one hour a day; this was cut short due to poor behaviour. • Overcrowded unit with one young person sleeping in Cullity unit (female), one in Barnett and one young person in an isolation room despite not being in isolation. <p>Workforce</p> <ul style="list-style-type: none"> • Minimal encouragement by college staff or youth justice staff to participate. • Nil immediate consequences for no participation in education program. Young people were able to play cards, play video games and watch television. • Staff appeared reluctant to challenge poor behaviour. • Inconsistencies around challenging poor behaviour, with some staff confident while others were not able or willing. • Nil behaviour management by Parkville College staff. • Staff used the threat of calling a code to manage behaviour. • Staff reported that the young people use canteen money and food to gamble through playing cards. Staff were observed to play cards with the young people. • Staff were effective in getting young people into lockdown. <p>Access to education and programs</p> <ul style="list-style-type: none"> • Classes were delayed due to rules around only one group being moved at any time. • One young person on a behaviour management plan due to assaulting another young person. Was unable to eat any meals with the unit, and was confined to his bed. <p>Attitudes of young people</p> <ul style="list-style-type: none"> • Minimal participation by students in the education program. • Many young people chose to not engage in the education program. • Young people observed to graffiti walls, workers attempted to intervene on occasion. Inconsistent approaches to this. Many of the walls had considerable tagging on them. • Duress alarm was pressed in Remand South, the duress

Time summary	Observations
	alarm sounded in North unit, alerting young people to an incident.

Parkville Youth Residential Centre

Barnett Unit

Time summary	Observations
<p>8.30 am – Breakfast (in room)</p> <p>9 am – Unlock</p> <p>9.55 am – Transitioned to education area</p> <p>10.30 am – Returned to unit for cooking class in kitchen</p> <p>11.30 am – Some clients attend class, one client managed 1:1 at unit, another attending visits</p> <p>1 pm – Lunch</p> <p>2 pm – Clients attending class, some in unit for closer management</p> <p>4 pm – Lockdown</p> <p>Transition to wings requires securing alternating YRC and YJC clients in secure areas during movement</p> <p>4.30 pm – Unlock</p> <p>Transition to wings requires securing alternating YRC and YJC clients in secure areas during movement</p> <p>Free time</p> <p>5.30 pm – Dinner served from this time onwards</p> <p>Clients reject offer of moving to amphitheatre for outdoor play</p> <p>8 pm – Lockdown</p>	<p>Day-to-day operations</p> <ul style="list-style-type: none"> Barnett Unit housed clients on youth residential centre (YRC) orders and youth justice centre orders (YJC). Clients slept in opposite wings to allocated common areas resulting in internal movement being delayed by need to secure one group in kitchens/corridor while other group transitioned through. Movement between classes and rooms reliant on no other groups being uncontained. Staff reported no specific management plans or interventions for offending related behaviour outside immediate time-out response to disruption. <p>Workforce</p> <ul style="list-style-type: none"> Supervisor giving regular prompts to staff about challenging behaviour with a view to instil higher behavioural expectations. Non-regular staff backfilling positions and new staff received more regular prompting and experienced greater escalation in client behaviour. Staff escorting single clients to visits, YHaRS, etc. and back to unit from class resulted in remaining client group frequently supervised by two staff. Staff reported difficulties managing client needs: one YRC client identified by staff as having a significant intellectual disability and requiring support in managing and engaging him while protecting him from bullying by others. Young people engaged in learning while attending class and challenged by experienced staff member when escalating in behaviour. Reported limited cross-over with other shift. Mitigated in part by supervisor doing four hours per week with other supervisor and strong social bonds outside of work. Other shift reported as being rebuilt with mainly new staff. Some staff positive about CHART when it was previously used. <p>Access to education and programs</p> <ul style="list-style-type: none"> YJC clients reported delays in accessing YHaRS medical services when requested. When asked what would promote desistance older client reported more supervisors who are ‘all over us’ and a preference for Barnett where there is less overt stand-over behaviour. Client requiring urgent medical evacuation waiting in

Time summary	Observations
	<p data-bbox="643 259 1342 324">ambulance for 40–60 minutes while leave pass was issued due to administrative error not closing previous pass.</p> <p data-bbox="552 344 884 376">Attitudes of young people</p> <ul data-bbox="600 398 1358 855" style="list-style-type: none"> <li data-bbox="600 398 1318 533">• Young people’s escalating behaviour countered primarily with redirection and staff engagement when verbal instructions to desist were ignored. Staff reported limited tools and incentives for managing behaviour. <li data-bbox="600 555 1353 766">• Multiple clients with intellectual and learning disability diagnosis unable to explain incentive system. Other clients aware of structure and able to explain the positive conduct which resulted in gold/silver ratings. Group dynamics have resulted in incentive ratings being discussed 1:1 with clients instead of as a group. <li data-bbox="600 788 1358 855">• Incident in remand unit resulted in duress alarm activating in Barnett Unit; clients aware of a major incident in progress.

Malmsbury Youth Justice Centre

Latrobe Unit

Time summary	Observations
<p>8.40 am – Breakfast (in room)</p> <p>9.30 am – Unlock</p> <p>9.50 am – Transitioned to education area</p> <p>10.30 am – Returned to unit after young people were given the choice to stay in class or return</p> <p>11.30 am – PE class although was delayed due to unit movements</p> <p>12 pm – Lunch/free time</p> <p>1 pm – Class</p> <p>2.30 pm – PT class; however, no one participated</p> <p>4 pm – Lockdown</p> <p>4.30 pm – Free time including time spent in the gym</p> <p>5.30 pm – Dinner served from this time onwards</p> <p>8 pm – Lockdown</p>	<p>Day-to-day operations</p> <ul style="list-style-type: none"> • Time on outdoor basketball court shared between both wings who aren't able to mix. Therefore at times each wing is confined to their unit. • Minimal furniture or activities on A Wing. • One young person from A Wing was in isolation for stealing a number of swipe access cards from staff. He was allowed out of his room for two hours in the morning and in the afternoon. • Two young people involved in the morning's incident were also isolated to their bedrooms. They were each allowed out of their rooms for one hour in the evening. <p>Workforce</p> <ul style="list-style-type: none"> • Code called in education room, staff member was observed to swear and use offensive language at the young people involved in the incident. Staff member was assaulted. • Young people are aware of staffing issues as one young person asked in the morning, 'Are we staffed today?'. Staffing impacts on their day programs and the activities they can participate in. • Some staff engaged positively with young people, while others engaged minimally. • Behaviour management was attempted; however, it was observed and some staff reflected that they didn't feel comfortable to challenge some of the behaviour due to client volatility. • Staff members reflected that they often ask each other, 'How much youth work have we done today?' • One worker stated, 'We are security guards, hospitality workers and occasionally youth workers'. <p>Access to education and programs</p> <ul style="list-style-type: none"> • Minimal furniture or activity options for young people. Not enough seats/couches for the amount of young people on the unit. • Young people play cards and gamble with their canteen money. One young person stated, 'There is \$200 riding on this game'. Workers were observed to sit with the young people while playing cards and at times participate. • No programs or offence-specific interventions despite some young people being sentenced.

Time summary	Observations
	<ul style="list-style-type: none"> • 2 pm music class – only two young people attended. • No one attended afternoon physical education class. • Unit supervisor received a call for a staff member to take a young person up to the health wing to see their YHaRS psychologist. The request was denied due to 'short staff'. The young person later became aware of this and was annoyed and aggressive because he needed to see his psychologist prior to court. • A unit psychologist was onsite for most of the day. <p>Attitudes of young people</p> <ul style="list-style-type: none"> • Following an incident the remaining young people were given the option of moving to their next class or returning to the unit. They chose to return to the unit. Upon returning to the unit the young people played cards, video games and basketball.

Malmsbury Youth Justice Centre

Monash Unit

Time summary	Observations
<p>8.30 am – Breakfast (in room)</p> <p>Staff briefing</p> <p>9 am – Medication through traps and supervisor explaining delays</p> <p>9.30 am – Unlock</p> <p>9.55 am – Transitioned to education area then gym for classes</p> <p>12.20 pm – All clients refusing literacy class returned to unit</p> <p>Lunch</p> <p>1 pm – Free time extended due to teacher absence</p> <p>Music teacher visits unit</p> <p>2.30 pm – Movement to hospitality class</p> <p>4 pm – Return to unit and lockdown</p> <p>4.30 pm – Unlock and free time</p> <p>Clients allowed in courtyard playing basketball</p> <p>6 pm – Dinner served from this time onwards</p> <p>6.45 pm – Clients taken to gym for basketball game</p> <p>7.45 pm – Return to unit</p> <p>8 pm – Lockdown</p>	<p>Day-to-day operations</p> <ul style="list-style-type: none"> • Breakfast in rooms and medications delivered through door traps. Clients initially angry about extended lock-in until supervisor spoke with each explaining waiting on staff and investigating previous incident. Calmed and trusted they would be allowed out at 9.30 based on established trusting relationship. Clients out by 9.30 and mediation of assault participants prior to joining the group. • Movements experienced delays with clients talking through fences and windows, refusing staff directions to move on. Securing prior to movement time of tension with staff and clients. <p>Workforce</p> <ul style="list-style-type: none"> • Unit supervisor placed emphasis on setting expectations among staff throughout day including warning of consequences for noncompliance with procedure following previous night's incident where clients accessed medication safe and client-client assault occurred. • Focus on sharing intelligence relating to client friction and expectations of behaviour in staff briefings. • Single-client movements left one staff with four to five clients on multiple occasions. Clients escalating in these times and staff struggled to challenge. Staff advised only four SERT members on duty instead of 10 – reduced confidence in challenging behaviour and clients are aware of this. • Staff members responsible for managing in-class behaviour. Clients refusing class returned to unit for free-time activities. Workshop class cancelled due to teacher absence, clients positive about workshop class and skills development. Music teacher visited unit engaging three clients to fill in the time. • Staff engaging in basketball games with clients during evening free time. • Mostly new staff on shift. All discussed ongoing concerns about inconsistency and lack of cross-over with other shifts. Supervisor stressed desire to build and upskill regular team. Agency staff advised agencies assisted in placing them when moving from New Zealand. Agency staff paid lower than DHHS employees. <p>Access to education and programs</p> <ul style="list-style-type: none"> • One client reported there is a lack of programs and support for clients who make the decision to desist. Clients report frustration that behavioural sanctions appear

Time summary	Observations
	<p>disproportionate – four days for entering someone’s room, six to seven for partaking in riot and escaping.</p> <ul style="list-style-type: none"> • No clients observed playing video games, primary activities were cards and basketball. • Clients and staff advise of issues with phone being locked out during program times, which interferes with phone calls to workers. • Unit psychologist advised of plans to commence group programs. <p>Attitudes of young people</p> <ul style="list-style-type: none"> • Tagging and scratching largely unchallenged by staff. Occasional instructions to cease when it delayed movements often ignored by clients. Offending behaviour including ongoing belligerent attitudes, intentional and measured noncompliance and obvious hiding of stolen markers in clothing left unchallenged. • Some clients self-isolating in rooms due to fear of other clients for full day. • Two clients reported engaging Koori clients to undertake assaults due to lesser punishments. • Clients report refusing to apply for parole as parole conditions mean rapid return when they reoffend. Serving full sentence requires the full process of being charged and sentenced to be returned.

Grevillea Unit

Time summary	Observations
<p>8 am – Breakfast (in room)</p> <p>9.15 am – Unlock</p> <p>9.20 am – Morning meeting with young people</p> <p>9.40 am – Classes</p> <p>12 pm – Lunch</p> <p>12.30 pm – Classes including a mix of music, semi-structured sport and hospitality</p> <p>Participation was dependent on student</p> <p>4 pm – Free time</p> <p>5 pm – Lockdown</p> <p>5.30 pm – Free time including gold regime getting access to gaming room</p> <p>7.40 pm – Lockdown</p>	<p>A Wing</p> <p>Day-to-day operations</p> <ul style="list-style-type: none"> • Daily structure not well adhered to. • Young people provided a great deal of choice. <p>Workforce</p> <ul style="list-style-type: none"> • Inconsistent behaviour management by staff. • Poor behaviour was not immediately addressed by staff. • Staff reflected they don't feel empowered to challenge young people because not all staff members do. • Staff were effective and quick at getting young people into their room for afternoon and evening lockdowns. <p>Access to education and programs</p> <ul style="list-style-type: none"> • Despite being in class, there was numerous disruptions including haircuts, morning tea, visits from the cultural liaison officer and priest. All of these visits disrupted the class, with the young people walking in and out. • The majority of young people listened to music on headphones throughout music class and played chess or cards. • Incentive-based regime has worked well; however, some of the more disruptive young people were on gold regime and staff reported that they didn't feel confident that young people would actually be penalised for poor behaviour through the regime. <p>Attitudes of young people</p> <ul style="list-style-type: none"> • Young people joking about raping a women; no staff intervention. • One young person was particularly disruptive and rude in class. Nil behaviour intervention by college staff or youth justice staff. Behaviour continued resulting in the teacher being called names. <p>B Wing</p> <p>Day-to-day operations</p> <ul style="list-style-type: none"> • Transition between the two wings formed a choke point in which all clients are mixing. Staff advised that transitioning from the courtyard to A Wing requires crossing to Corrections. This entails handcuffing and leave passes being issued. <p>Workforce</p>

Time summary	Observations
	<ul style="list-style-type: none"> • Staff inertia in challenging and moving young people witnessed when young people's behaviour escalated. Staff each individually commented a preference to challenge the behaviour; however, noted that it is never done. • SERT and SESG members advised that despite their preference to intervene and challenge behaviours they were waiting for youth justice workers to take the lead in such decisions. • Staff seconded by Corrections reported a general preference for working with adult prisoners where there is greater guidance around boundaries and response to behaviour. • Staff reported limited input into the behavioural management and incentive program. Floor staff could not fully describe the feedback system for incentives. • Staff and supervisors advised of limited cross-over between shifts and the other shifts being more permissive of challenging behaviour, which made behavioural control difficult. 'Consistency' of what is challenged and accepted was a key theme raised by all staff members. <p>Attitudes of young people</p> <ul style="list-style-type: none"> • Custodial sentences as a negative outcome of offending and offending-related behaviours were not witnessed being discussed throughout the observed shift. • Young people maintained significantly greater self-control in interactions including semi-structured sport with SERT officers on secondment from Corrections and SESG team members, with less abusive language and physical contact.

Appendix 8: Youth justice in the media

Summary analysis

There has been a constant and high volume of media attention on youth justice since mid-late 2016.

This focus on youth justice commenced in late July 2016 with *Four Corners* broadcasting footage highlighting the treatment of young offenders in youth justice facilities in the Northern Territory. This resulted in large media scrutiny of state-based youth justice services including Victoria. There has been particular focus on the treatment of young offenders within the custodial setting as well as the behaviour of young people within custodial settings.

Following this, there has been a focus on serious criminal violence targeting family homes and private spaces as a means to steal cars. These incidences generated significant public interest and concern. In response to this concern, both ‘tough on crime’ responses and the need to look more broadly at early intervention and diversion programs for young people have been explored.

Since October 2016 there has been an increase in media focus on the Parkville and Malmsbury facilities, with highly publicised ‘riots’ occurring. This has resulted in an increased focus and attention on youth justice, with ongoing calls to change the system.

Key themes

The following themes have dominated the media throughout the project.

Nature of offending	<ul style="list-style-type: none"> • Changing nature of youth offending • Organised gangs • Increase in serious offences by young people with little history within welfare systems • Types of crime including carjackings, armed robbery and assault • Prevalence of methamphetamine
Custody	<ul style="list-style-type: none"> • The growing need for a ‘super max’ juvenile jail • The need to house some young offenders in adult prisons due to increased riots and disruption • Riots and poor behaviour by young people at both the Malmsbury and Parkville sites • Sentencing for young people being too lenient with respect to the seriousness of the crimes committed
Cohort	<ul style="list-style-type: none"> • Relationship between migrant communities and offending • Treatment of young people in youth detention • Treatment of staff in youth detention facilities • Revolving door of offenders – citing courts, police and detention as no longer acting as a general deterrent

Changing nature of crime committed by young people

Smaller numbers of young people are engaging in serious crimes that target families, their possessions and livelihood. There has been a perceived increase in 'gang'-related crime performed by those from African countries. An article printed on 3 August 2016 highlighted a push to deport offenders who are not on permanent visas due to the number of young offenders from migrant communities. Further articles published on 7 November 2016 highlighted that the government has moved to cancel visas of offenders who are known Apex members. The way in which services respond to migrant communities in regard to offending is a prevalent theme throughout the media, with elders from communities requesting more support. It does, however, require an understanding of the culture and role of young people within the specific communities throughout the process of settlement.

The need to improve the responses to young people

Prevalent throughout the print media is a persistent dialogue about the need to broaden the scope of early intervention, prevention, diversion and bail support programs. Tom Calma in September 2016 wrote that governments need to invest in justice in order to find alternative pathways for potential offenders while strengthening communities. Furthermore there are multiple articles that talk about the achievements of community programs that have successfully diverted young people away from engaging in crime. Initial media attention in July through August was about early intervention and prevention; however, the focus has shifted towards custody.

There is some discussion about the use of detention as a form of punishment and how detention increases a young person's social connectedness with other young people entrenched in crime. Articles printed in July and August 2016 were reflective of the political and community response to the *Four Corners* program regarding Don Dale Youth Justice Centre. There was wide coverage of youth detention facilities and the treatment of young offenders within the detention context.

Proposed prison for young people

This is in stark contrast to media reports in October and November 2016, whereby there is a push for 'super max' youth prisons, and for the government to respond to increase in youth crime, and 'out of control' thug offenders inside Parkville. There appears to be a lack of visible community empathy for young people at this time given the nature of offending that continues to persist.

Overall there is a broad focus on the need for a systematic review that focuses on early intervention and diversion away from the youth justice system. This is also contrasted with a view to 'crack down' on serious violent offenders through tougher sentencing and conditions. There is genuine community concern regarding the seriousness of these attacks and the need for the government to respond appropriately and effectively.

Summary of print media articles published during the review, July–November 2016

Focus on Don Dale Youth Centre

'Commissioner's best change to turns the tide'. *The Australian*, 2 August 2016

'PM rushes into fresh inquiry row'. *The Australian*, 2 August 2016

'Detention inquiry to focus on 10 year span'. *Australian Financial Review*, 29 July 2016

'First the Territory, then look at the rest: senator'. *The Australian*, 28 July 2016

'They thought they could carry on above the law'. *The Australian*, 28 July 2016

'Fears territory could sway cruelty probe'. *The Age*, 28 July 2016

'NT to help run inquiry'. *Warrnambool Standard*, 28 July 2016
'Juvenile inquiry needs to be wider'. *The Australian*, 28 July 2016
'PM backs NT as fury grows'. *The Age*, 28 July 2016
'Too many kids in custody to start with'. *The Australian*, 27 July 2016
'Shocking, appalling, evil'. *The Age*, 27 July 2016
'Prime fury at abuse'. *Herald Sun*, 27 July 2016
'Calls to close Don Dale ignored'. *Herald Sun*, 27 July 2016
'PM pressed to broaden juvenile abuse inquiry'. *The Australian*, 27 July 2016

Youth crime summit

'Cops delinquent, ex-officer says Victoria Police dropped the ball on youth crime'. *Herald Sun*, 25 July 2016
'Young lives can be saved'. *Herald Sun*, 22 July 2016
'It's time for action, youth crime issues aired, next move is up to the government'. *Herald Sun*, 22 July 2016
'The damaging effect of youth crime coverage'. *The Age*, 21 July 2016

Nature of offending

'No wonder we don't feel safe'. *Herald Sun*, 17 November 2016
'Youths running amok. Repeat teen offender rates to go through rook'. *Herald Sun*, 17 November 2016
'Teenagers charged over raids on Melbourne Officeworks stores'. *Herald Sun*, 16 November 2016
'Bridge teen Apex thug'. *Herald Sun*, 16 November 2016
'Teenager charged over West Gate Bridge police pursuit was on parole'. *Herald Sun*, 16 November 2016
'Youth crime farce'. *Herald Sun*, 12 November 2016
'Escapee search crosses border'. *Warrnambool Standard*, 11 November 2016
'Gang "tag" attack'. *Herald Sun*, 10 November 2016
'Teen crooks nabbed'. *Herald Sun*, 8 November 2016
'Kids on bail busted over crime spree'. *Geelong Advertiser*, 8 November 2016
'Teenage thieves running riot'. *Herald Sun*, 8 November 2016
'Shoplifting gang targets Officeworks in spree'. *The Age*, 8 November 2016
'Just get us out of here: family car mobbed by gang of youths'. *The Age*, 8 November 2016
'Teen tragedy in stolen car crash drama'. *Geelong Advertiser*, 7 November 2016
'Brother denies dead teen was linked to Apex gang. A fatal decision'. *Herald Sun*, 7 November 2016
'Young thugs use apps to chase notoriety'. *The Australian*, 17 October 2016
'Teen thug on child rape rap'. *Herald Sun*, 15 October 2016
'Bailed teens on crime spree'. *Herald Sun*, 12 October 2016
'Gang glamour entices thugs'. *Herald Sun*, 10 October 2016
'Armed kids arrested'. *Herald Sun*, 6 October 2016

'Behind bars at 12. Secret files reveal the extent of juvenile crime'. *Sunday Herald Sun*, 2 October 2016

'Victoria's youngest criminal is a 12 year old, the Children's Court document revealed'. *Sunday Herald Sun*, 1 October 2016

'Victoria's crime over the last 12 months has increase with crime offences up by 13.4 percent'. *Herald Sun*, 29 September 2016

'Lawlessness a youth culture'. *Herald Sun*, 27 September 2016

'Recidivists push crime up'. *Ballarat Courier*, 16 September 2016

'Young minority in majority of crimes'. *The Age*, 16 September 2016

'Girls join in crime'. *Herald Sun*, 13 September 2016

'New cult of lawlessness', *Herald Sun*, 10 September 2016

'Killer teen on ice gets just 34 months'. *Herald Sun*, 8 September 2016

'Ice user on parole during carjacking'. *Geelong Advertiser*, 27 August 2016

'Ice scourge hits schools'. *The Age*, 24 August 2016

'Cops brace for 30 Apex crims to be freed from jail crime wave'. *Sunday Herald Sun*, 21 August 2016

'New Apex crime wave on horizon with jail releases'. *Sunday Herald Sun*, 21 August 2016

'Time to fight hoon menace'. *Geelong Advertiser*, 19 August 2016

'Apex teen seeks juvenile justice route'. *Herald Sun*, 6 August 2016

'Arrest, release, repeat'. *Frankston Standard Leader*, 8 August 2016

'Arrests help put the squeeze on crime'. *Frankston Times*, 8 August 2016

'Rioter a "rising star, don't throw away sporting future" teen told'. *Herald Sun*, 4 August 2016

'Night terrors'. *Pakenham Gazette*, 3 August 2016

'Child sentences on decline'. *Shepparton News*, 25 July 2016

'Tackling crime big apple style'. *Herald Sun*, 22 July 2016

Diversion, bail support and early intervention

'To cut crime we must work to prevent it'. *Herald Sun*, 12 October 2016.

'Reinvesting in a smart approach to youth justice'. *The Australian*, 16 September 2016

'How to save the youths'. *Herald Sun*, 13 September 2016

'Illuminating a path from youth detention to happiness'. *The Sunday Age*, 4 September 2016

'Do more on jailed youths: minister'. *Weekend Australian*, 3 September 2016

'Hard-won youth'. *Cranbourne News*, 18 August 2016

'New youth service fills the void'. *Sunraysia Daily*, 17 August 2016

'Crime lifeline'. *Sunraysia Daily*, 16 August 2016

'Education to curb crime'. *Ballarat Courier*, 13 August 2016

'Young offenders need greater specialist care'. *Ballarat Courier*, 3 August 2016

'Youth programs statewide'. *Ballarat Courier*, 3 August 2016

'Youth diverted from crime'. *Wimmera Mail Times*, 1 August 2016

'Locking up kids will never solve our crime problems'. *Herald Sun*, 28 July 2016

'Radical justice solution'. *Moorabbin Leader*, 27 July 2016

'Police hit on youth project'. *Herald Sun*, 26 July 2016
'Don't fear juvenile criminal – they're just babes in the hood'. *Herald Sun*, 25 July 2016
'Drop-outs'. *Ballarat Courier*, 23 July 2016
'What's wrong with our kids'. *Herald Sun*, 23 July 2016
'Breaking bread to get into the dough'. *Herald Sun*, 22 July 2016
'Changing teens lives'. *Border Mail*, 15 July 2016
'Prison not the answer'. *Sunday Herald Sun*, 3 July 2016
'Outreach the answer, not kid chains'. *Herald Sun*, 26 September 2016

Custody

'Police back review of brutality claims'. *The Age*, 13 November 2016
'Caged ignorance'. *Herald Sun*, 10 November 2016
'Dangerous escapee walks out on crutches'. *Herald Sun*, 9 November 2016
'Ice teen criminal still in custody'. *Ballarat Courier*, 9 November 2016
'Riot after bashing. Six youths attack detention staffer'. *Herald Sun*, 28 October 2016
'Police youth abuse claims'. *The Sunday Age*, 23 October 2016.
'Torture checks for detention centres'. *The Australian*, 12 October 2016
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Appendix 9: Additional legislative information

International agreements

Australia is signatory to a number of international agreements that have influence on the underlying principles and decision-making processes of the Victorian youth justice system.

United Nations Convention on the Rights of the Child

Australia ratified the United Nations *Convention of the Rights of the Child* in 1990. The relevant articles of this convention include the following.

Art 3.1	In all actions concerning children the best interests of the child is the primary consideration.
Art 37(a)	No child (that is, a person under 18) is to be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Nor can life imprisonment without possibility of release be imposed for offences committed by a child.
Art 37(b)	Detention or imprisonment of a child is to be used only as a measure of last resort and for the shortest appropriate period of time.
Art 37(c)	A child deprived of liberty must be separated from adults unless it is considered in the child's best interest not to do so. Further, a child has the right to maintain contact with their family through correspondence and visits except in exceptional circumstances. <i>It is important to note that Australia has lodged a reservation to this provision to the effect that it is accepted only to the extent that separating children from adults is considered feasible and consistent with the obligation that children be able to maintain contact with their families, having regard to the geography and demography of Australia. The Committee on the Rights of the Child at its 60th session in 2012 was critical of this reservation.</i>
Art 40.3	State parties must seek to promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged to have broken the law including in particular, whenever appropriate and desirable, measures for dealing with them without resorting to judicial proceedings provided that human rights and legal safeguards are fully respected.
Art 40.4	A variety of dispositions, such as care, guidance and supervision orders, counselling, probation, foster care, education and vocational training programs and other alternatives to institutional care must be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.

United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the 'Beijing Rules')

The Beijing Rules were adopted in 1985 by the UN General Assembly. They emphasise the wellbeing of young people and ensure that reactions to young offenders are in proportion to the circumstances of the offender and the offence.

Critically, the rules state that detention pending trial must be used only as a measure of last resort, for the shortest possible period of time. Instead, alternative measures such as close supervision, intensive care or placement with a family or in an educational setting or home should be adopted. The

rules require that children in detention are provided with education and all necessary care to ensure they can return to socially constructive roles in society.

The rules require that young people are separated from adults, and that females are separated from male offenders.

Relevant rules include the following.

Rule 17.1	States a number of principles by which the disposition of the competent authority must be guided including that deprivation of personal liberty must be imposed only after careful consideration, limited to the minimum possible and only imposed if the juvenile is being dealt with for a serious act involving violence against another person or persistence in committing other serious offences and there is no other appropriate response.
Rule 18.1	Provides that a large variety of disposition measures must be made available to the competent authority allowing for flexibility so as to avoid institutionalisation to the greatest extent possible. It gives a non-exhaustive list that includes court ordered group counselling and similar activities.
Rule 19.1	States that the placement of a juvenile in an institution must always be a disposition of last resort and for the minimum necessary period.
Rule 26	Provides that: <ol style="list-style-type: none"> 1. The objective of training and treatment of juveniles placed in institutions is to provide protection, education and vocational skills with a view to assisting them to assume socially constructive and productive roles in society. 2. Juveniles in institutions must receive care, protection and all necessary assistance (social, educational, vocational, psychological, medical and physical) that they may require because of their age, sex and personality and in the interest of their wholesome development. 3. Juveniles in institutions must be kept separate from adults and be detained in a separate institution or in a separate part of an institution also holding adults. 4. Young female offenders placed in an institution deserve special attention as to their special needs and problems. 5. Persons or guardians should have a right of access to the institutions in the interest and well-being of the juveniles.
Rule 28.1	Conditional release from an institution must be used to the greatest possible extent and granted at the earliest possible time.
Rule 29.1	Efforts must be made to provide semi-institutional arrangements, such as half-way houses, educational homes, day-time training centres and other appropriate arrangements that may assist juveniles in their proper reintegration into society.

United Nations Standard Rules for the Protection of Juveniles Deprived of their Liberty (the 'Havana Rules')

These rules build on the Beijing Rules, requiring tailored care and programs for each individual dependent on their particular needs and requirements. The rules emphasise the human rights of the child to education, adequate exercise, religion and medical care. They discourage the use of force and prohibit the use of cruel or inhumane treatment.

Rule 28 is of particular relevance as it specifies that the criteria for separating categories of juveniles should be the provision of care best suited to their needs and the protection of their physical, mental and moral integrity and wellbeing.

Rule 2	Provides that juveniles should only be deprived of their liberty in accordance with the principles and procedures set out in those rules and in the Beijing Rules. Deprivation of liberty should be a disposition of last resort and for the minimum necessary period and be limited to exceptional cases.
Rule 12	States that the deprivation of liberty should be effected in conditions and circumstances which ensure respect for the human rights of juveniles. Detained juveniles should be guaranteed the benefit of meaningful activities and programmes which would serve to promote and sustain their health and self-respect, to foster their sense of responsibility and encourage those attitudes and skills that will assist them in developing their potential as members of society.
Rule 27	Provides that as soon as possible after admission each juvenile should be interviewed and a psychological and social report identifying any factors relevant to the specific type and level of care and programme required by the juvenile should be prepared. This report, together with a medical report, should be used for determining the most appropriate placement for the juvenile within the facility and the specific type and level of care and programme required and to be pursued.
Rule 28	States that the detention of juveniles should only take place under conditions that take full account of their particular needs, status and special requirements according to their age, personality, sex and type of offence, as well as mental and physical health, and which ensure their protection from harmful influences and risk situations. The principal criterion for separating different categories of juveniles should be the provision of the type of care best suited to their particular needs and the protection of their physical, mental and moral integrity and well-being.
Rule 29	Provides that juveniles should be separated from adults, unless they are members of the same family.
Rule 30	Provides that detention facilities with no or minimal security measures should be established. Other facilities should be as small as possible to enable individualised treatment. Detention facilities should be decentralised and of such size as to facilitate access and contact between juveniles and their families.
Rule 38	States that every juvenile of compulsory school age has the right to education suited to their needs and abilities and designed to prepare them for return to society. Education should be provided outside the facility wherever possible and, in any case, by qualified teachers through programs integrated with the State education system so that, after release, juveniles may continue their education without difficulty.
Rule 47	Provides that every juvenile has the right to a suitable amount of time for daily exercise, in the open air whenever weather permits.
Rule 48	Provides that a juvenile should be allowed to satisfy the needs of their religious and spiritual life.
Rule 49	Provides that they must receive adequate medical care.
Rule 63	Deals with physical restraints and the use of force. Recourse to them is prohibited except in exceptional cases where all other control methods have been tried and only as explicitly authorised by law. The use of physical restraints or force should not cause humiliation or degradation and should be used only for the shortest possible time. Instruments of restraint might be used to prevent the juvenile from inflicting self-injury or injuries to others or serious destruction of property.
Rule 65	Prohibits the carrying and use of weapons by personnel.
Rule 67	Provides that all disciplinary measures constituting cruel, inhumane or degrading treatment must be strictly prohibited including corporal punishment, placement in a dark cell, closed or solitary confinement or any other punishment that may compromise the physical or mental health of the juvenile. The reduction of diet and the restriction or denial of contact with family members should be prohibited for any purpose.

The Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment (2006) (OPCAT)

The OPCAT builds on the *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, and aims to prevent the mistreatment of people in detention by establishing an international inspections system for places of detention. Australia became a signatory to this convention in 2006, and pledged to ratify it on 9 February 2017.

Parties that ratify OPCAT must agree to inspections of places of detention by the UN Subcommittee on the Prevention of Torture. The protocol also requires the establishment of an independent national, preventative mechanism for the prevention of torture at a domestic level. This mechanism should have the power to examine the treatment of those in detention and make recommendations on this.

Domestic legislation

The Charter of Human Rights and Responsibilities (Vic)

The Charter sets out basic rights, freedoms and responsibilities for people in Victoria.

Broadly, it requires that all people detained are treated with humanity and respect. It also states the right of every child to protection as is in his or her best interests and is needed by him or her by reason of being a child.

It specifically requires that children are brought to trial as quickly as possible and are sentenced in an age-appropriate way. It also requires that an accused child must be separated from adults.

A statement of compatibility with the Charter must be made for all Bills introduced in Victoria.

The Children Youth and Families Act 2005 (Vic)

This is the major Act dealing with children and the criminal law in Victoria.

It establishes the jurisdiction of the Children's Court, available sentencing options, the Youth Parole Board and youth justice facilities.

The Sentencing Act

Victoria's unique **dual track system** under section 32 of the *Sentencing Act 1991* allows adult courts to sentence young offenders (aged under 21 years) to serve custodial sentences in youth detention instead of adult prison.

Dual track is intended to prevent vulnerable young people from entering the adult prison system at an early age. Malmsbury youth justice centre has an open site that was built to accommodate young adults serving a sentence under dual track and is intended to be a low security option for young adults above 18.

For a young offender to qualify for youth detention under the dual track system, the court must be convinced that:

- he or she has reasonable prospects of rehabilitation, or
- that he or she is particularly impressionable, immature, or likely to be subjected to undesirable influences in an adult prison.

The complete range of considerations under section 32 of the *Sentencing Act 1991* is provided below.

Sentencing Act 1991

Section 32 – Youth justice centre or youth residential centre order

(1) Subject to subsections (2A) and (2B), if a sentence involving confinement is justified in respect of a young offender a court may make a youth justice centre order or a youth residential centre order if it has received a pre-sentence report and—

- (a) it believes that there are reasonable prospects for the rehabilitation of the young offender; or
- (b) it believes that the young offender is particularly impressionable, immature or likely to be subjected to undesirable influences in an adult prison.

(2) In determining whether to make a youth justice centre order or a youth residential order, a court must have regard to—

- (a) the nature of the offence; and
- (b) the age, character and past history of the young offender.

(2A) A court must not make a youth justice centre order in respect of a young offender who at the time of being sentenced is under the age of 15 years.

(2B) A court must not make a youth residential centre order in respect of a young offender who at the time of being sentenced is aged 15 or more.

(3) The maximum period for which a court may direct that a young offender be detained in a youth justice centre or youth residential centre is—

- (a) if the court is the Magistrates' Court—2 years; and
- (b) if the court is the County Court or the Supreme Court—3 years.

(4) Subsection (3) applies irrespective of how many offences the young offender is convicted of in the same proceeding.

(5) If—

- (a) a sentence of detention is imposed on a young offender already under such a sentence; and
- (b) the subsequent sentence is cumulative on the prior sentence; and

(c) the aggregate of the periods of the unexpired portion of the prior sentence and the subsequent sentence exceeds the relevant maximum period set out in subsection (3)—

the subsequent sentence must be taken to be a sentence that the young offender be detained after the completion of the prior sentence for the period then remaining until that maximum period is reached.

Appendix 10: Table of all available orders in the youth justice system

Setting	Youth justice orders Prior to finding of guilt	Youth justice orders After finding of guilt	Youth Justice Parole
Community	<p>Deferral of sentence</p> <ul style="list-style-type: none"> Youth Justice Adult Court Advice and Support Service Pre-sentence report Youth Justice Court Advice Service – supervised deferral of sentence <p>Interstate community order</p> <p>Supervised bail and intensive supervised bail</p>	<p>Probation (12–18 months, reporting to youth justice office once a week)</p> <ul style="list-style-type: none"> Fine conversion With conviction Without conviction <p>Youth attendance order (report to youth justice office up to 10 hours per week)</p> <ul style="list-style-type: none"> Fine conversion <p>Youth supervision order</p> <ul style="list-style-type: none"> With conviction Without conviction 	<p>Youth residential parole order (10–14 year olds)</p> <p>Youth parole order (15–20 year olds)</p>
Custody	<p>CMIA (Crimes Mental Impairment and Fitness to be Tried Act) remand order</p> <p>Remand</p> <p>Remand – Youth Justice Group Conferencing</p> <p>Re-remand</p>	<p>Adjournment / Section 49 Magistrates Court Act</p> <p>Weekend detention</p> <p>CMIA (Crimes Mental Impairment and Fitness to be Tried Act) custodial supervision order</p> <p>Cancellation of parole</p> <p>Interstate custody order</p> <p>Youth residential order (10–14 year olds, upper sentence limit of two years from Children’s Court, three years from County or Supreme Courts)</p> <p>Youth justice centre order (15–20 year olds, upper sentence limit of three years)</p> <p>Imprisonment (18 year olds and older)</p>	<p>Not applicable</p>