

The Victorian Juvenile Justice Rehabilitation Review

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The Victorian Juvenile Justice Rehabilitation Review

Discussion and Outcomes

Based on a literature review of effective rehabilitation programs for young offenders, current Victorian Juvenile Justice programs and case practice, the applicability of recidivism risk/criminogenic needs assessment instruments, and the development of a Victorian Juvenile Justice Best Practice Model

Literature Review

Of rehabilitation programs and responses effective in reducing juvenile recidivism and improving life outcomes based on international, national and Victorian practices

Review of Young Offender Rehabilitation in Victoria: Discussion and Outcomes

Background

Recent years have seen a re-awakening of interest in rehabilitating prisoners in correctional systems around the world. There is currently more optimism about the usefulness of working with offenders to reduce the likelihood of them reoffending than perhaps at any time in the last thirty years. In this review, the ‘*What Works*’ research literature on the rehabilitation of young offenders is reviewed and this evidence-based practice compared with current service delivery in Juvenile Justice in Victoria. Finally, an evidence-based, best practice framework for the delivery of rehabilitation services to young offenders is described.

Definitions

In recent years the term ‘rehabilitation’ has become the preferred term when talking about initiatives to help offenders to lead law abiding lives. The term rehabilitation has now replaced the term ‘treatment’ used commonly in the 1970’s and 1980’s, with its close associations with the medical treatment paradigm. McGuire (2002) suggests the term ‘rehabilitation’ is commonly used to refer to psychologically-based interventions, or specific forms of treatment or training.

Rehabilitation is used in this review to refer to those types of practice in Juvenile Justice that are most *directly* aimed at reducing reoffending in young people and is used to refer to specific forms of intervention, rather than the social or administrative context in which interventions take place. That is not to say that such contexts are not relevant or important. It is widely recognised, for example, that an effective case management system is critical to the effective delivery of rehabilitation interventions.

Casework often involves the application of some of the techniques understood to be effective in offender rehabilitation, and case management provides the structure in which rehabilitation interventions are offered. Both can have an impact on the success or otherwise of the intervention. Case management provides the assessment and case planning components; it sets the objectives, tasks, activities, and forms the basis for planning, sequencing or scheduling of any required tasks or interventions. Although a review of case management systems is beyond the scope of this review, it is of critical importance in terms of integrating effective rehabilitation programs within the entire client management system.

Review of the Published Literature

The most common starting point for modern reviews of offender rehabilitation is the publication in 1974 of what proved to be a most influential paper by Robert Martinson. In this paper, Martinson (1974) attempted to draw together the results of evaluations of a wide range of offender rehabilitation programs conducted between 1945 and 1967. From his review of a total of 231 controlled outcome studies, Martinson's conclusions were pessimistic. To quote him: "with few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism" (p. 25). While this conclusion was challenged on methodological grounds by some, and later rejected by Martinson himself, the work was taken by many as proof that 'nothing works' in offender rehabilitation.

It is only over the last 15 years or so that evidence has accumulated to challenge the 'nothing works' position. To begin with, Martinson's original study was itself criticised. A re-analysis by Thornton (1987) of the data used in the original review reached a different conclusion: that treatment either had a positive effect on recidivism, or that no conclusions could be drawn from the data. Thornton maintained that it was not possible to conclude on the basis of Martinson's data that 'nothing worked'.

Since 1967 there has been an accumulation of new outcome studies providing evidence that some rehabilitation programs do indeed work. There are currently more than 1500 published studies in the area of offender rehabilitation (Lipton et al., 1997), giving a substantial new database for further evaluations. The development of the statistical procedure of meta-analysis has enabled researchers to draw together findings from large numbers of evaluation studies in a way that is intelligible and easily interpreted.

A number of meta-analytic reviews from around the world have been published in the last ten years, consistently reaching the same two broad conclusions. First, that there is substantial evidence suggesting that interventions to reduce reoffending lead to an overall positive net gain when treated groups are compared to non-treated groups. Lipsey and Wilson (1998), for example, analysed over 200 research studies involving serious and violent juvenile offenders, 83 of which involved young people in detention. They reported that the best intervention programs were capable of reducing recidivism rates by as much as 40 percent. They regarded this figure as an "accomplishment of considerable practical value in terms of the expense and social damage associated with the delinquent behavior of these juveniles" (p.338).

The second conclusion is that some interventions have significantly higher impacts than others. Recent studies have focused on identifying the characteristics of those programs that produce the best outcomes. Lipsey and Wilson (1998) found that interventions focusing on family functioning, behavioural treatment programs, interpersonal skills, and community integration were the most effective in reducing recidivism. There is also evidence that intervention programs delivered in the community are more effective, and that focusing on systemic risk and protective factors (within families, peers and schools) increases the chances of positive outcomes. Rehabilitation programs are also *cost effective*. In many cases, they are likely to save more than they cost, although the crime-reduction benefits of some prevention programs may take many years to be realised.

This work has, for the first time, allowed us to begin to articulate what we know about best practice in this area and is commonly referred to as the '*What Works*' approach to offender rehabilitation. This approach is characterised by the application of the following five basic principles of good practice:

1. The Risk Principle

The published research identifies a number of variables that are associated with the likelihood of an individual reoffending. These are known as risk factors, and include those that are not amenable to intervention (or *static* risk factors), and those that might change over time (*dynamic* risk factors). Static risk factors include age of onset of crime, offence history and family structure. Research suggests that higher risk offenders benefit the most from rehabilitation interventions, and that the intensiveness of services delivered should be proportional to the level of risk of the offender. Risk assessment is therefore a central mechanism in matching clients to the most appropriate types of program.

2. The Needs Principle

The term 'criminogenic needs' is used to refer to those risk factors that are dynamic or amenable to change through intervention. The *Needs Principle* suggests that interventions should target these types of needs, as they are most directly related to recidivism. Examples of criminogenic needs that form important targets for intervention with young offenders are drug and alcohol use, anger and violence problems, and beliefs or attitudes that support offending. Young people in Juvenile Justice have a diverse range of needs, both social and emotional, to be addressed. Assessment of needs to identify the extent to which they are criminogenic, is an important task in determining the type of intervention that is most likely to reduce the risk of reoffending.

3. The Responsivity Principle

The third main principle identified in the '*what works*' approach has become known as the *Responsivity Principle*. This principle focuses attention on client and program characteristics that influence the offender's ability to learn within a therapeutic situation. Treatment is a learning experience and individual factors that interfere with, or facilitate, learning can be termed responsivity factors.

Responsivity factors can be understood as contextual variables that may have an influence on treatment outcome. These contexts make a difference to the skills, strategies or identities that individuals develop, and to the support that is available when transitions are made. Factors such as age, ethnicity, gender, disability, and socio-economic status, can be considered key responsivity factors. Examination of these factors makes it clear why some treatment approaches appear to produce better outcomes than others. In Juvenile Justice, the age and developmental stage of a young person is critical to how interventions are delivered. Casework has an important role to play in both engaging and motivating young people to address the causes of their offending, and thus plays a major part in enhancing responsivity.

4. The Integrity Principle

In contrast to the demands made by the responsivity principle to individualise interventions, an important component of quality assurance has been to emphasise program integrity issues. *Program Integrity* refers to the extent to which an intervention program is delivered in practice as intended in theory and design (Hollin, 1995). Best practice intervention programs build in integrity monitoring as a routine part of service delivery. Despite the need for intervention programs to be delivered both consistently and with integrity, it is also clear that intervention programs with young people should have sufficient flexibility to deal with crises as they arise.

5. The Professional Discretion Principle

The principle of *Professional Discretion* allows for professionals to make decisions on the basis of other characteristics and situations not covered by the preceding principles. It makes sense to build scope for professional judgement into any rehabilitation system, rather than rely upon the rigid administration of static principles.

Specific Groups

Underpinning any co-ordinated system of intervention program delivery is the accurate identification of offender needs at the point of entry to the system, a needs-focussed case management system, and a mechanism for determining whether targeted needs are showing evidence of change in the desired direction. A vital task in establishing an effective rehabilitation framework is to ensure that the distinctive needs of particular client groups are determined and addressed.

Age

The age and developmental band within which juvenile offenders fall is likely to be important in planning interventions. Age will be related to the stage of cognitive and social development and to the transitions encountered by young people. Younger adolescents facing the transition to high school and the onset of puberty, for example, will have different developmental needs to older adolescents who face the transition from school to work, training, or parenting.

Young Women

Alder (1997) argues that despite their significance as a group, “girls are still barely visible in our theories, research and policy documents in Juvenile Justice” (p.2). It is difficult to find data and research that identify gender-specific risk markers, or make any clear statements about criminogenic need. The particular vulnerabilities of young women in Juvenile Justice lead many to look towards integrated models of intervention that address multiple problems.

Ethnicity

There may also be significant barriers preventing Indigenous or Aboriginal young people from receiving or benefiting from intervention programs offered within criminal justice settings. There are major concerns about the applicability of the '*what works*' model to Indigenous young people, though expressions of this are found predominantly in the New Zealand literature relating to Maori offenders. The concerns raised in the literature fall into three main areas: first, that risk assessment methods are not valid for use with Indigenous people; second, that Indigenous people have distinctive needs; and third, that intervention programs should be delivered in culturally appropriate ways.

Indigenous young people are at high risk of reoffending - thereby requiring more intensive services - and have high levels of need. The extent to which some of these needs might be considered as non-criminogenic is currently unclear, but there may be a number of culturally specific needs that require specialist service provision, such as cultural identification, mental and physical health problems, geographical needs, and trauma caused by family disruption. Whatever the focus of interventions, there is also a clear need for intervention programs and services to be delivered in culturally appropriate and culturally safe ways.

Young People with Disabilities

Young people with disabilities are another group requiring specific consideration in planning effective intervention programs. The international literature draws attention to the fact that the mental health needs of young offenders are many and are often not met in practice. The literature emphasises the need for service provision in areas such as: substance abuse, structured residential programs for delinquency, educational programs to counteract disrupted education, anger management programs, and a range of other interventions. There is scant research literature on the criminogenic needs of young people with learning disabilities.

Characteristics of Effective Programs

There is strong research evidence from the international literature to suggest that certain types of programs are more effective than others. Cognitive and behavioural methods are more successful than other types of treatment approach. Cognitive-behavioural programs are structured, goal-oriented, and focus on the links between beliefs, attitudes and behaviour. Programs based on confrontation or direct deterrence have been consistently found to be less successful, with evaluations of other approaches, such as social casework, physical challenge, restitution group counselling, family intervention and vocational training, producing mixed findings (McGuire, 1995).

McGuire (1998) suggests that not only is there little evidence to suggest that intervention programs based on punishment bring about long-term behaviour change, but also that, theoretically, punishment would not be expected to be effective as a method of behaviour change in the criminal justice system. For example, for punishment to be effective, it has to be applied immediately after the undesirable behaviour occurs, it works best when applied at maximum severity and should be inescapable following the infraction of a rule: circumstances that are unlikely to be met in many settings.

While programs delivered in community settings are generally thought to be more effective, good practice suggests that interventions are offered on the basis of an individual's level of risk and need, rather than whether an offender is on a community or custodial order. The issue of throughcare for those young offenders moving between custodial and community services is, however, a particularly important one. Continuity in programming needs to be actively maintained between custodial and community settings. Provision should also be made to allow, where indicated, for those on short custodial orders to receive a relatively intensive community-based program.

From the review of the published literature, it is clear that many of the intervention programs that are commonly delivered to young people in Victorian juvenile justice settings do not adhere to one or more the principles of the '*what works*' approach. That is not to imply that they do not work; merely that there is not a sufficient evidence base to support a belief in their efficacy. It should be noted that the principles of the '*what works*' approach are broad, and do not provide a single solution to the problem of implementing effective interventions.

In many instances, it may be a relatively straightforward task to adapt or modify existing intervention programs in ways that make them consistent with the '*what works*' approach. The task of improving responsiveness, that is matching interventions to the characteristics and circumstances of the individual client, is a major task for the future. This task will be particularly challenging with young people because of the changing and developmental nature of their needs and circumstances.

The Status of Rehabilitation Programs and Case Practice in Juvenile Justice Units and Centres

Information about current service provision in Juvenile Justice was gathered from a series of focus groups and interviews conducted in October 2002. An initial difficulty in mapping current practice against the '*what works*' literature was obtaining information about which programs and initiatives were currently being delivered. It was particularly difficult to assess how consistently some programs were being delivered across community settings. Only a small number of programs in Juvenile Justice were able to provide detailed descriptions of program content, or describe a theoretical rationale for their delivery.

However, there was widespread organisational support for the development of a rehabilitation framework, or a 'whole of service' model, with a consistent program for transitions between the community and custody. Most of the managers and staff who attended the focus groups expressed positive views about the possibility of locating their current practices within a broader framework. In addition, findings from a staff survey suggested that staff attitudes towards rehabilitation are positive. An organisational climate that would support the implementation of a framework therefore appears to be present.

It was clear from the consultations that many of the interventions commonly delivered to young people in juvenile justice settings are not "targeted", in the sense of being delivered to those considered appropriate on the basis of an assessment of risk and

criminogenic need. This is not surprising given that a risk-needs assessment system has not been implemented in Victoria. It is this type of assessment that underpins the '*what works*' model of service delivery.

With some exceptions, risk assessments are currently not used to inform decisions about rehabilitation. Judgments about risk appear to be currently based more on clinical than actuarial grounds. Although the current client assessment planning process involves a great deal of relevant information about a young person's offending, criminogenic needs are not systematically identified as targets for intervention. Consequently, there is some blurring of the boundaries between criminogenic and non-criminogenic need. The incorporation of a risk/needs assessment tool within the assessment process would significantly assist with this area of assessment.

The consultations did reveal, however, that rehabilitation programs are currently offered in many of the areas that would commonly be considered to be criminogenic in young offenders. In particular, there is provision for two significant groups of male offenders: violent offenders and sexual offenders. In many ways, the programs for these two groups are the most developed and most consistent with the '*what works*' model. There are also significant initiatives in the area of drug and alcohol problems, and rehabilitation programs were available targeting most of the other common areas of criminogenic need. A major issue relates to the consistency with which programs are being delivered across different areas of the service.

Many of the current programs could be modified in relatively straightforward ways to integrate them with the '*what works*' approach. This may involve, for example, articulation of inclusion and exclusion criteria for program participation, the routine assessment of changes in criminogenic need, and regular program evaluation. This task would be significantly facilitated by the adoption of a standardised risk/needs assessment process. A number of programs targeting non-criminogenic and social integration needs are also offered, which are valued by many staff and seen as providing a foundation for rehabilitation.

Responsivity issues are likely to be particularly critical in the rehabilitation of young people in Juvenile Justice, and the importance of the meaningful engagement of young people in services and flexibility in service delivery should not be underestimated. The research literature suggests that these responsivity issues are necessary, but not usually sufficient, for changes in risk to occur. In other words, the quality of relationship between the staff member and the young person provides the basis upon which rehabilitation can occur. Rehabilitation interventions with young people who are not meaningfully engaged are less likely to prove effective.

Engaging young people appears to be one of the strengths of Juvenile Justice in Victoria. It was apparent that many of the regional Juvenile Justice Units adopt a form of intensive case management designed to actively engage young people and facilitate pathways into community rehabilitation resources. The case management and client service planning process was seen by most staff, both community and custodial, as relevant and useful, and as such provides a solid foundation for the delivery of rehabilitation programs.

There were few examples of programs that would be considered to be of sufficient intensity to bring about change in the highest risk group of offenders. With some

exceptions, many of the programs offered by forensic health services are of low intensity. For this reason, most are suited as introductory or educational programs, rather than as treatment interventions adequate for high-risk clients. The same is true for many of the community programs. There is a clear need to develop further high intensity programs (100 hours plus) to deal with important areas of criminogenic need and, perhaps, community integration. Less intensive programs could continue to be offered, either as an introduction to more intensive programs, or as general educational input for the broader juvenile justice population.

The rehabilitation of specific groups within Juvenile Justice presents particular challenges. There is only a limited evidence base upon which to base rehabilitative work with young women, younger children, disabled and Indigenous young people. These groups are likely to have multiple or complex needs, and require services to be delivered in different ways. As in many jurisdictions, these groups require further service development.

It is worth noting that in Juvenile Justice, Victoria, the quality of work and the commitment of staff towards assisting clients not to offend are impressive. However, there was little empirical information available on the outcomes of this work. Local research and evaluation are increasingly seen as an integral part of the '*what works*' approach rather than as an optional extra. While there are some examples of program evaluation available, this is not currently standard practice, and further development of methods of routine evaluation are required.

A Best Practice Model for Rehabilitation of Young Offenders in Victoria

A best practice model of evidence-based practice for offender rehabilitation should adhere to each of the core principles outlined above. Following the *Risk Principle*, the intensity of service should be determined firstly by the level of risk of reoffending that the young person presents with. There is limited value in intervening with young people who are unlikely to reoffend, and some evidence exists that intervention with this group can be counter-productive. Thus, the first level of service delivery should focus solely on sentence or order administration to low-risk offenders.

As shown in Figure 1, these clients will include those who only require supervision and monitoring, or for whom family supports have now engaged and are sufficient to meet the client's needs (Level 1). They may also have a number of needs related to integration with the community. These needs will generally not be considered criminogenic, but form an important part of the work of Juvenile Justice. Interventions at this level are termed Level 2 interventions and might typically address issues that might obstruct community integration, such as employment, accommodation, education and leisure.

Levels of service should be regarded as cumulative rather than independent of each other. In other words, *all* juvenile justice clients should receive Level 1 and 2 services, with medium and higher risk clients receiving additional programs focusing on areas of identified criminogenic need and/or intensive forms of specialist programming. Interventions for the higher risk groups are unlikely to be effective unless basic health

and social needs are met. These support a basic level of functioning necessary for offence-focused rehabilitation work to take place. For higher risk offenders, these broader needs would be prioritised, prior to criminogenic-focused interventions being delivered.

For the group of young offenders that are at medium to high risk of offending, Level 3 or 4 interventions are indicated. At these levels, the aim of the intervention should be to reduce the risk of offending and programs should explicitly target criminogenic needs. A range of different program types for different areas of criminogenic need should be available, although common areas of criminogenic need would include substance use, pro-offending attitudes, peers/criminal associates, and family influence. As a minimum, these needs should be targeted through systematic intervention.

Level 4 interventions are the most intensive and should be offered to the highest risk or most persistent offenders. In addition to formal measures of risk and need, allocation to Level 4 interventions would need to involve professional judgement, as currently available risk measures do not allow for consideration of the degree of harm involved in potential reoffending. Thus, a more clinical judgement is required as to the seriousness of reoffending in the individual case. It is likely that the number of young people requiring Level 4 programs will be small, and as such, resources might be targeted towards particular offending groups, e.g., serious and/or persistent violent and sexual offenders.

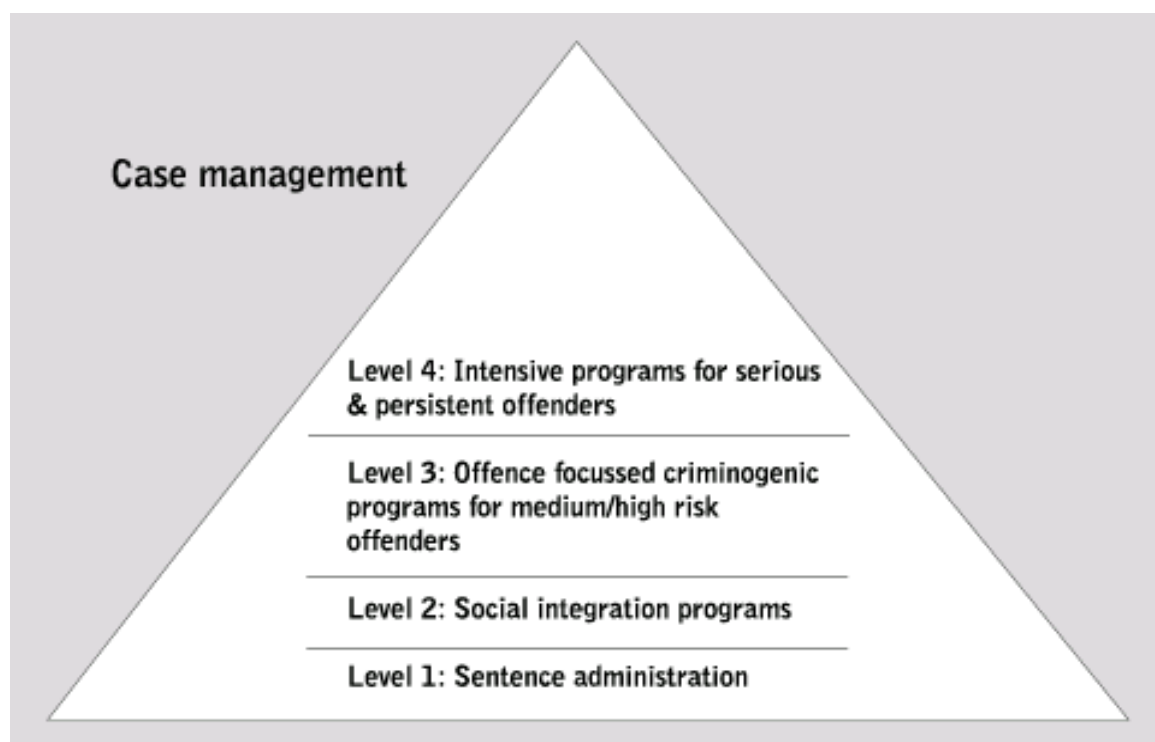


Figure 1: Framework for Rehabilitation

Case Management

Underpinning any co-ordinated system of intervention program delivery is the accurate identification of offender needs at the point of entry to the system, a needs-focussed case management system, and a mechanism for determining whether targeted needs are showing evidence of change in the desired direction. An effective case management and administrative system would, as a minimum, also ensure that some record is maintained of attendance and completion of programs, and that risk is re-assessed in the light of any changes. Ideally, needs assessments and intervention records would be kept as part of an information system that also allows for longer-term follow-up of clients, including rates of recidivism. This would also assist in the task of routine program evaluation.

There are a number of different client groups in Juvenile Justice, most notably those defined by their age, gender, ethnicity and disability. Careful consideration should be given in future planning and service development to ensuring that programs are delivered in ways that are responsive to their particular needs (the *Responsivity Principle*). Such groups may also have distinctive areas of criminogenic need and require separate service provision. Relatively small numbers in these groups also suggests that more consideration will need to be given to the provision of individual, rather than group-based, programs. However, the principles of effective rehabilitation still apply in planning appropriate rehabilitation services for these groups.

Key Practice Issues in Taking the Framework Forward

The key practice issues in implementing a rehabilitation framework based on ‘*what works*’ principles centre around the areas of assessment and program development, as well as evaluation, training and organisational context.

Assessment

The adoption of an assessment system that accurately identifies risk of reoffending and associated criminogenic needs is critical to the ‘*what works*’ approach. Using a risk/needs assessment tool would assist greatly in this process. The existing Juvenile Justice Risk/Needs Summary Assessment Tool is likely to be suitable for this purpose. Further developmental work will be necessary to establish the appropriate cut-off points for this tool for use with allocation to different levels of rehabilitation and for different groups in Juvenile Justice, e.g., young women. The introduction of a risk/needs tool should not have a negative or disruptive impact on the current assessment process, given that nearly all of the information required is already collected. Some work will be required to ensure that the current health services assessment method integrates effectively with the client service planning system.

Information from the risk/needs assessments should be used not only to plan individual service plans, but also to identify levels of need in specific groups in the juvenile justice client population. This would offer important information about areas of unmet need, which could then be mapped against existing service provision. Mapping unmet need will be of particular value in developing services for young women, younger boys, Indigenous and disabled juvenile justice clients. The development of an information

management system that includes details of the assessment would assist this task of population monitoring.

Program Development

As a minimum, specialist rehabilitation services should be available in the areas of sexual, violent and drug-related offending. The delivery of intensive (Level 4) cognitive-behavioural programs that are based on theory and research will require specialist expertise, as will the necessary consultation and training for juvenile justice staff working in custodial and community settings. At present, specialist provision and specialist expertise exist in the area of sexual offending, but more development is required in the areas of violence and drug-related offending. Such specialist services should operate in both custodial and community settings and could appropriately aspire to become “centres of excellence” in the juvenile justice system. Further development of criminogenic programs (Levels 3 & 4) delivered in the community should also be a priority.

Evaluation

Underpinning the ‘*what works*’ approach is a commitment to what has become known as evidence-based practice. Evidence-based practice has two components. The first is that the service delivered is consistent with previous research and evaluation studies, particularly those related to ‘*what works*’ in rehabilitation. The present review clearly offers an opportunity to develop an evidence-based service in this sense.

The second component is based on the necessity to actively monitor and evaluate new and existing programs in the service. The features of such monitoring and evaluation can be derived from the literature reviewed. Evaluation of this latter sort needs to be “built in” as a routine part of service provision and quality assurance. As a minimum, such evaluation would routinely monitor integrity of programs and the effectiveness of the programs in reducing dynamic risk factors. A key issue for the future will be how to reinforce or establish an evaluative culture in Juvenile Justice. Familiarizing staff with ideas about evaluation and developing in-house expertise will need to be addressed in training sessions.

Training

In the literature, it is strongly recommended that the staff responsible for program delivery receive adequate training and supervision. Therapist skills should be matched with the type of intervention program. It has been argued that therapists who have a concrete problem-solving style, for example, function best in highly structured intervention programs. Gendreau and others suggest that therapists should have at least an undergraduate degree or equivalent, and receive 3 to 6 months, formal on-the-job training in the application of interventions. Given that the ‘*what works*’ treatments discussed in the review have been primarily of a cognitive-behavioural nature, a key issue will be ensuring that all relevant staff have a grounding in such therapeutic methods.

Organisational Context

One of the major challenges in reviewing current practice in Victoria was the difficulty in accessing information about programs that are currently delivered. At present, there is no system for recording either program delivery or program outcomes. The rehabilitation literature suggests that a central mechanism for program quality control is essential for best practice, including formal accreditation of new and established programs. It is suggested that all existing and proposed programs be required to submit basic descriptive information to a centrally-held resource. This might include comment upon the level of rehabilitation they are addressing, as well as the nature, scope and intended target group. In other words, each program would be required to make comment upon how well it adheres to each of the *'what works'* principles.

A requirement to articulate a rationale for the type of program offered, and/or undertake some form of ongoing evaluation and integrity check, might also be required for the Level 3 or more intensive Level 2 programs. This would be important in identifying gaps in services, in providing a quality assurance or integrity check, and a source of information in developing new initiatives.

Critical to implementation of the framework is a consideration of systemic factors that might be pre-requisites for effective change. One such pre-requisite would be multi-level ownership of any innovations. It is important for staff involved in all areas of service delivery to share common understandings of the *'what works'* approach and its implications for practice. The implementation of the client service planning model and the piloting of the Risk/Needs Summary Assessment Tool could provide important foundations for developing multi-level ownership of the rehabilitation framework, but further training will also be necessary. One potential approach to promoting ownership would be seeding the service system with high quality pilot programs, which might foster interest and demonstrate the effectiveness of these forms of rehabilitation. This has already occurred for MAPPS, but there is the potential to develop *Eastern Hill* and other initiatives in a similar way.

In the longer term, the success of implementation is likely to depend not just on support by internal staff groups, but also by the general community. This is a particular issue in regional settings. Malmsbury Juvenile Justice Centre demonstrates very well the importance of links with, and support from, the local community in providing effective services. A new, coherent and widely supported strategy for rehabilitation in Juvenile Justice may play a part in engendering community support and commitment to rehabilitation, and thus contribute in important ways to effective community integration of young people in the system.

Rehabilitation Programs for Juvenile Justice: A Literature Review

Foreword

In preparing this review, we have tried to be as comprehensive as possible in our searches of the published literature. We are aware, however, that any review of this nature is unlikely to be exhaustive. We have augmented the published research with other source materials, such as government reports, where these were available.

Although there is a relatively large body of empirical research looking at intervention program outcomes with juveniles, the published research contains relatively few empirical studies that have been conducted in Australia. For this reason, we encourage readers of this report to be cautious about the uncritical application of international research to Australian contexts. At the same time, we also see great value in considering international practices in the development of the most effective rehabilitation services.

It is important to acknowledge a number of contributions to this report. Some sections of the report, particularly those relating to the principles of good practice in rehabilitation have been adapted from a previous review of adult rehabilitation programs prepared for the ACT Department of Corrective Services by the Forensic and Applied Psychology Research Group at the University of South Australia. Other sections, particularly the section on Indigenous young people, have been adapted from work conducted over the past year by Dr Andrew Day and supported by the Department of Family and Youth Services in South Australia. Karen Heseltine and Sharon Casey from the University of South Australia assisted in preparing the sections on psychological theories of crime and the legislative background to juvenile justice services, respectively. Pam Garfoot of the Australian Institute of Criminology conducted the database searches for evaluated intervention programs, identified and gathered relevant material, and prepared the bibliography of the evaluated intervention programs. Samantha Jeffries developed and coordinated the Australian Institute of Criminology database of evaluated intervention programs and undertook preliminary analyses.

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Introduction

The purpose of this literature review is to provide a context from which to consider issues in the rehabilitation of juvenile offenders in Victoria. The aim is to describe the characteristics of young people receiving juvenile justice services in Victoria, indicate their likely needs, and review the research evidence relating to the impact of interventions upon rates of reoffending. The review discusses issues related to rehabilitation for juvenile offenders focussing on integration of knowledge about ‘what works’ at an individual, organisational, and societal level. It will provide a framework against which to assess current rehabilitation services in Juvenile Justice in Victoria.

It should be noted that the ‘what works’ approach is increasingly influential in service planning across both adult and juvenile services, both in Australia and internationally. In England and Wales, HM Inspectorate of Probation has recently set targets of a five percent reduction in recidivism by April 2003 involving 60,000 offenders attending rehabilitation programs, following the introduction of effective practice informed by the ‘what works’ principles.

In any review of this type there are inevitably a number of limitations and challenges. These include the lack of consistency in the methods used by different researchers, the fact that researchers are interested in different aspects of juvenile justice, and that according to the jurisdiction in which the research was conducted, samples differ considerably on important characteristics, such as, age, gender, ethnicity and level of risk. An immediate problem comes with the use of terminology to describe the client group of juvenile justice services. Fundamentally, there are problems in defining ‘young offenders’ (Rutter, Giller & Hagell, 1998). Typically, juvenile justice services aim to work with a population who are between the ages of criminal responsibility (usually age 10 years) and the age of majority (18 years). This group may be considered as developmentally within the stages of pre-adolescence and adolescence.

In Victoria, juvenile justice services are also offered to an older age group (aged 17-20 years) who received custodial sentences through the adult court system. This age range is probably too narrow to correspond to any clearly definable developmental stage, and in fact, is seen in other jurisdictions as a product of an historical ‘accident’ when the age of majority was reduced from 21 to 18 years (NACRO, 2001a, p.26). The importance of this older age group in terms of crime outcomes is widely recognised and there has been some discussion in the UK about the possibility of targeting services towards the ‘young adult’ age group, aged 18-24 years (NACRO, 2001a).

Young offenders aged 10-21 years are the focus of this review. Those aged 17-21 years are given particular attention because of the dual-track system for these young offenders in the Victorian adult criminal justice system. This review reports on those who have offended and are on supervised orders in the justice system, excluding those who are at risk of offending and self-reported, but undetected, offending behaviour.

This report is in four parts. Part 1 includes contextual information about juvenile justice services, a brief description of influential theories that have been used to understand and explain criminal behaviour, and the legal context in which services are provided.

Understanding of the causes of crime is critically important to both the development and delivery of high quality intervention programs. Izzo & Ross (1990) found that those rehabilitation programs that were based on an identified theory - any theory - were six times more effective than those without any theoretical basis.

In addition, our understanding of how these theories translate or apply to children and young people will determine the appropriateness of broad policy responses to this group. It will also influence the extent to which services focus on the developmental needs of young people or needs directly related to their offending. An understanding of these contexts is central to the development and successful implementation of a rehabilitation framework.

Part 2 of the report outlines the '*what works*' approach to offender rehabilitation in which each of the main principles, and their relevance to Juvenile Justice, are described. Part 3 provides a brief description of the main areas of criminogenic need likely to be found in juvenile justice populations, followed by a review of the efficacy of intervention programs and interventions located by our literature searches. The aim is to provide an overview of both the potential areas of intervention that may be relevant to rehabilitation and of research relating to intervention program effectiveness. Finally, in Part 4, specific needs related to age, gender, Indigenous status, and disabilities are considered.

Methodology

The literature reviewed for this document comes from a wide variety of sources. The major reviews and meta-analyses within the offender rehabilitation literature, along with the ‘what works’ literature, have been considered. The focus has been on the literature related to juvenile offenders where possible. However, the adult literature has also been reviewed as it provides a more extensive resource and is generally applicable.

The narrative review of the literature was supplemented by a specific database search to yield program evaluations of juvenile offender rehabilitation programs. Three major bibliographic databases that include citations for criminal justice literature were searched: *CINCH* (the Australian Criminology Database), *Criminal Justice Abstracts* (CJA), and the *National Criminal Justice Reference Service* (NCJRS) database. These databases were selected because they are the key citation sources in the criminal justice field. They cover both Australian and international literature and include quality abstracts.

To ensure results were as comprehensive as possible, searches were also made in *PsychINFO* (a database with 1.6 million citations pertaining to materials in psychology and psychological aspects of related disciplines), *Sociological Abstracts* (the premier database in sociology and related disciplines, containing more than half a million citations), and the *FAMILY* database (containing nearly 50,000 abstracted citations about or of relevance to Australian families).

Key search terms, truncated as appropriate and in logically constructed search statements appropriate to each database, were used to search the databases. Only those items with a publication date from 1992 on were included, that is, items published in the last ten years. The search terms were:

*rehabilitation, treatment, diversion, corrections, programs, probation, recidivism
prediction, juveniles, adolescents, young offenders*

A list of the citations identified by the database search and entered into the offender rehabilitation program evaluation database appears as Appendix A. These evaluations have been considered in the literature review and more detailed information related to these programs is held at the Australian Institute of Criminology.

Part 1: The Context for Rehabilitation in Juvenile Justice

The Theoretical Context

Why do some young people engage in criminal behaviour while others do not? How can rates of juvenile crime be reduced? The type of society we live in will influence how these questions are answered. Definitions, understandings, views and ideas about crime and crime causation are affected by societal forces and will vary according to the historical period in which we live. Throughout the history of human society, the dominance of one criminological theory (or attempt to explain and understand crime) over another has always reflected the values and the prevailing political, social, and economic conditions of the time (Cunneen & White, 1995). Theoretical perspectives will vary according to the political stance taken and the level at which the analysis is pitched (Cunneen & White, 1995; Coventry & Polk, 1985).

Crime theories can be viewed as taking particular levels of explanation as their focus. For example, McGuire (2000) suggests five possible levels of explanation, ranging from explanations of criminal acts, through explanations in terms of individual characteristics, to community and then structural-societal explanations. This review distinguishes three levels of explanation: individual, group/situational, and social-structural. In Australia, the “full range of theoretical perspectives can be found, and there have been important attempts to implement programmes at each of the three levels of analysis” (Coventry & Polk, 1985, p.50).

Individual Level Theories

Individual level theories emphasise the personal/individual characteristics or behaviours of offenders, including the biological or psychological forces behind their criminality. In this case, explanations for crime are seen to rest within an individual’s psychology or biology. The key concern is with explaining crime in terms of the choices or characteristics of the individual person (see Coventry & Polk, 1985; Cunneen & White, 1995; McGuire, 2000).

Biological Theories

Traditionally, the individual as the central unit of concern in criminology appeared in the classic, biologically-based work of Lombroso and Sheldon. Lombroso argued that criminals were throwbacks from earlier stages of human evolution. Sheldon argued that body type correlated with personality. Three body types were identified: endomorphic (soft and round); mesomorphic (hard and round); and ectomorphic (fragile and thin). The mesomorph, he argued, tended to be aggressive and more likely to be criminal.

While the ideas of Lombroso and Sheldon may seem far-fetched to the majority of criminologists today, biological theories of criminality are still being put forward as plausible explanations for crime. Hormonal factors are sometimes claimed to affect individual personalities in ways that might lead them into crime (Blackburn, 1997). For example, pre-menstrual syndrome is seen as making women more aggressive, irritable and thus prone to criminal behaviour (Ginsberg & Carter, 1987).

Other biological theories have focused on the role of genetics in explaining criminal behaviour. Such theories posit that genetic factors influence future criminal behaviour(s) under certain environment conditions. Genetic studies suggest that antisocial individuals are likely to have antisocial parents and that this phenomenon cannot be entirely explained in terms of environmental effects (Blackburn, 1997).

Genetic abnormalities resulting in aggressive behaviour have been reported in the literature, namely the XYY chromosomal abnormality. However, such chromosomal abnormalities have not been linked to an increased propensity for violence in a prison population. In essence, although we may have a genetic predisposition towards certain behaviours, it is the interaction between this predisposition and our environment that is largely responsible for behaviour.

Arguably, the strongest biological link with antisocial behaviour is through neurological impairment. Such impairment may affect an individual's memory, speech, emotions, coordination, personality, motor movement, and cognitive processes. The extent of the impairment is governed by the location and degree of damage to the brain. Neurological impairment may result in impaired moral reasoning, increased emotionality and aggression, difficulties with interpersonal communication, perceptual distortions, impulsiveness, lack of forward planning, and lack of insight. In turn, these deficits may have antisocial sequelae.

Although the aetiology of psychopathy is not as yet fully understood, it is increasingly proposed that psychopathy may arise from frontal lobe impairment (Glickson, 2002). It remains unclear whether mainstream rehabilitation programs for offenders are suitable for offenders with known, biologically-based impairments.

Psychological Theories

Psychological theories are concerned with differences between individuals and with identifying personality or behavioural traits that might influence whether they engage in criminal behaviour. Perhaps the most well-known personality theory of criminal behaviour is that of Eysenck (1998). Eysenck's theory attempts to draw together the biological, social, and individual factors that may be related to criminal behaviour. He hypothesised that genetic factors - differential functioning of the cortical (CNS) and autonomic (ANS) nervous systems - result in variations in the ability to learn from the environment, which in turn have behavioural consequences.

Three personality dimensions underpin Eysenck's theory, all of which are genetically influenced: extraversion-introversion, neuroticism-stability and psychoticism-stability. Eysenck believed that CNS functioning plays an important role in determining levels of extraversion, neuroticism and psychoticism. Individuals who are cortically under-aroused will seek stimulation e.g., risk-taking, impulsive acts, thrill-seeking behaviours,

to increase levels of arousal, whereas individuals who are cortically over-aroused will avoid stimulation e.g., quiet, reserved. It is argued by Eysenck that these latter individuals are able to learn more efficiently from their environment. The ANS plays an important role in the level of neuroticism, in that high ANS reactivity leads to exaggerated responses to unpleasant stimuli, resulting in irritability and anxiety. The importance of work such as that by Eysenck, lies in reminding us that those broad temperamental factors, some with a biological basis, may have some influence on children's vulnerability to future delinquency.

Cognitive Theories

Over the last two decades, social cognition (e.g. Ross & Fabiano, 1985; Andrews & Bonta, 1998) has been emphasised as an important influence on future offending. Social cognitions can be categorized into self-control, locus of control, empathy (perspective-taking), moral reasoning, and social problem-solving. Each will be considered in turn.

The concept of self-control relates to an individual's ability to control their behaviour or delay gratification. If a person is unable to control behaviour, for example, is impulsive, antisocial behaviours may ensue. Specific treatments are available to assist the juvenile develop control over impulsivity. The aim is to promote recognition of situations in which an antisocial outcome may ensue, to stop and think about the consequences of the intended action - that is, on self and others - and to choose an alternative course of action.

Locus of control refers to the degree to which an individual believes they are in control of their behaviour. In offending populations there is a trend for offenders to have an external locus of control, that is, to believe that some external force is responsible for their behaviour, such as, others, the environment, fate. Such thinking reduces the level of individual responsibility for antisocial acts and thus acts as a reinforcer. Cognitive treatment approaches involve attempts to foster the individual's sense of control over, and responsibility for, their own behaviour.

Perspective-taking is the ability to appreciate the views, thoughts, and feelings of others. Variations in perspective-taking ability will be evident among offenders but it is likely that persistent offenders have deficits in this area (Hudson & Ward, 2000). As a consequence, they are "self-centred" and have difficulty understanding the effect of their actions on others. This, in turn, promotes subsequent antisocial behaviours. Treatment programs for offenders often include victim awareness or empathy training, in which the aim is for the offender to learn and adjust their behaviour based on an understanding of their harmful effect on others.

Developmental psychologists, such as Piaget and Kohlberg, developed theories about the development of moral reasoning. Some offenders tend to be developmentally immature in relation to their level of moral reasoning (Putnins, 1997). Consequently, some interventions attempt to enhance moral reasoning, as a method of making it more likely that offending behaviour will be seen as inappropriate (Putnins, 1997).

Pro-social behaviour also requires the capacity to engage in social problem-solving. Important skills are the capacity to consider the outcomes of one's actions, to establish a repertoire of alternative reactions and to effectively choose between options. Offenders often have low social problem-solving skills (Putnins, 1997). For this reason, social,

cognitive, and problem-solving skills form an important part of many contemporary rehabilitation programs for offenders.

Social-cognitive models underpinning rehabilitation programs for juvenile offenders have become increasingly sophisticated in recent years. Crick and Dodge's (1996, cited by Hollin, in press) social information-processing model, for example, highlights the importance of perception and cognition in social interaction. With respect to treatment programs, such a model clarifies how therapeutic strategies might be developed to enhance the social competence of young people at risk of offending. Their six-stage model of human functioning is:

- Stages one and two involve perception and attention to others, encoding and interpretation of social cues in an effort to understand the social situation.
- In stage three, the individual decides what they would like to achieve from the interaction, that is, their goal.
- The individual then proceeds to judge how best to respond to the situation, and this response is governed largely by prior learning (stage four).
- The individual then generates alternative courses of action and thinks about the consequences of each alternative (stage five).
- Finally, the individual requires the necessary social skills to elicit their response (stage six).

The role of emotion, especially negative emotions like anger, has been linked to antisocial behaviours. Novaco described a reciprocal relationship between environmental events, cognitive processes, and anger. In essence, he postulates that situational events give rise to angry cognitions, which in turn cause physiological reactions, such as heightened arousal. A positive feedback loop between these thoughts and physiological reactions serves to increase the level of anger, thus increasing the likelihood of aggression - and in some cases violence.

There is some evidence (Howells, 1998; Novaco, 1997) that aggressive offenders more readily interpret social cues as hostile, are able to generate fewer non-aggressive/non-violent solutions, and lack the ability to control anger, that is, they believe they must respond to the situation. In addition, angry people are more likely to view their aggressive or violent responses as acceptable, thus promoting further aggression and violence. Treatment approaches based on this model include anger and violence management programs (Howells et al., 2002).

Group and Situational Theories

Group/situational level theories move beyond the individual and the unit of analysis becomes the situation or circumstances in which the criminal behaviour takes place. A key concern is social interactions between and within groups of people and how these interactions shape criminal or delinquent behaviour. Traditionally, analysis of youth crime from an interactionist perspective has occurred at two levels: peer group interaction, and interplays between youth and the criminal justice system (Coventry & Polk, 1985).

An important theoretical underpinning of group and situational theories is the notion that behaviour is learned, or is a function of the inability to learn inhibitory behaviour through socialisation with important others, such as peers and/or family. These concepts form the basis of ***social learning theory***, which argues that behaviours are learned through operant or classical conditioning, and/or vicarious learning, and these learned behaviours are maintained by their consequences and rewards.

This perspective stresses that antisocial behaviours may arise from modelling the antisocial behaviours of others, or through an absence of punishers or the presence of positive reinforcers. The treatment approach is to understand the rewards and punishers for criminal behaviour, and to modify social and environmental conditions so that offending behaviours are extinguished and prosocial alternatives acquired.

Differential association theorists similarly argue that crime is cultural in nature and that deviant behaviour is learned via interactions between people. Thus, young people who associate with a deviant peer group will have an increased chance of learning criminal behaviour and identifying with criminal norms, beliefs and values. These theories would suggest that rehabilitative efforts might be directed towards provision of group treatment services, such as peer-based initiatives, mentoring, and family-based programs (Coventry & Polk, 1985).

Criminologists have also considered interactions between ‘offenders’ and the criminal justice system. Coined ***labelling theory***, this approach argues that people learn to define their conduct as deviant or not via their interactions with the criminal justice system. ‘Deviance’ arises as a consequence of the application of social rules and sanctions, which determine if the behaviour is considered deviant (Coventry & Polk, 1985; Blackburn, 1997). Youth are considered particularly susceptible to the labelling process. “It is argued that if a young person comes to court and is labelled as an offender, this process of public labelling and stigmatisation creates a new identity for the young person and as a consequence they will become committed to the roles and behaviour of the ‘delinquent’” (Cunneen & White, 1995, p.59).

Furthermore, associating with other offending youth reinforces deviant behaviour as normative, a process often referred to as ‘contamination’. A key policy concern for any government is to prevent a young person from becoming a career criminal, reflected in worldwide moves toward practices such as youth diversion programs. Such initiatives have been implemented to reduce youth contact with the formal criminal justice system, circumvent the negative effects of these interactions on youth, and thus reduce the likelihood of reoffending.

Social Structure Theories

The social-structural theoretical perspective considers the impact of the wider social structure on the person. Explanations for crime are linked to social divisions e.g., class, and institutional constructions and responses to crime e.g., education system, legal system. The following are examples of social structural theories of crime.

Strain (anomie) theorists argue that crime is the result of class inequality and socioeconomic disadvantage. For working class youth, problems arise when aspirations for wealth, status, and power cannot be fulfilled normatively because their class status

prevents this. For example, under-resourced schools in working/lower class areas may not be able to provide the same standard of education offered at middle/upper class schools. The result for lower/working class youth will be a second rate education and few job prospects. Crime occurs when disadvantaged youth realise that their opportunity for success is being limited by their class status, and the response is criminal activity. In other words, strain (and subsequent crime) results when “general success goals are held out for young persons across class lines, but legitimate means for achieving these goals are not available in terms of the opportunity structures accessible to working or lower class adolescents” (Coventry & Polk, 1985, p.47).

Control theory is another social-structural perspective that focuses on conformity rather than non-conformity. To understand why some youth are criminal, control theorists ask why the majority of youth are not. Attention is given to the strength of social bonds and commitments - that is, to family, to the community - that tie youth to the normative social order. Criminality can thus be viewed as resulting from a limited social control and is a consequence of poor social bonds (Coventry & Polk, 1985).

Finally, **conflict theory** is based on Marxist conceptions of society and, as such, the key issue is that of institutionalised power (political, economic, and social) and how it is organised and exercised (Cunneen & White, 1995). For Marx, capitalist societies are founded on class conflict over resources and thus power. For conflict theorists, crime is subsequently understood by examining how the powerful define and enforce their social order, and how the less powerful respond to this, that is, via criminal activity.

Social structural theories of crime are important because valuable links are made between macro social forces and criminal behaviour. Consequently, however, these theories are difficult to utilise from a program/policy perspective. Broad and often complete social change is the ultimate goal of the social structural theorist. While broad social change may be practically difficult to achieve through everyday micro-level policy and program development, facets of strain, control and inequality can often be found under-riding crime policy and offender-based programs. For example, education/training based programs are arguably an attempt to ‘deal with’ the problems of strain and inequality. Such programs try and provide offending youth with opportunities to succeed in legitimate ways. Whether strain and inequality can be reduced through the use of micro-level initiatives targeted at individuals is debatable from a social-structural perspective. Some intervention programs are also designed to re-establish and/or strengthen youths’ bonds - and thus mechanisms of social control - with families and the wider community.

The Service Delivery Context: Treatment and Rehabilitation

Traditionally there have been three diverse approaches to the treatment of offenders (Hollin, 2001). Retributionists maintain that the purpose of the criminal justice system is to deliver punishment. The utilitarian approach argues that the function of the criminal justice system is to reduce offending, rather than just deliver retribution. The third approach has been termed humanitarian, and maintains that the focus should be the unconditional delivery of rehabilitation. This approach recognises that many offenders come from disadvantaged backgrounds of deprivation and victimisation, and that these must be recognised as explanations for criminal behaviour.

The utilitarian and humanitarian approaches are reconcilable, and both viewpoints need to be applied to young offenders. Clearly, young people who are clients of Juvenile Justice have multiple needs, making them a particularly vulnerable group. They are also defined by the nature of their offending and, as such, it also seems apparent that services should be directed towards intervening with those factors that both cause crime and are correlated with crime.

Defining Rehabilitation

An important first task in reviewing literature relating to the rehabilitation of young offenders is to make some comments regarding the meaning of the word *rehabilitation*. Literally, rehabilitation refers to the restoration of something to its proper condition. As such, the term may not be particularly appropriate for use in a criminal justice context, where as Wilson (2002) points out, the aim is not necessarily to return the client to the place he or she was before entry into the criminal justice system, but rather to make a more positive impact on their lives.

In recent years, however, the ‘rehabilitation of offenders’ has become the preferred term when talking about initiatives to help offenders to lead law-abiding lives, and has now replaced the term ‘treatment’ used commonly in the 1970’s and 1980’s, with its close associations with the medical treatment paradigm. Crow (2001) suggests that the term ‘treatment’ can be defined as “any form of intervention that is designed to alter the way that offenders think feel or behave” and is “reserved for specific forms of intervention, usually with a clear diagnostic or clinical purpose” (p.5). Using this definition, the term treatment can be used to refer to a wide range of interventions, from medical treatment to case work and counselling, including those interventions directed towards the social integration of offenders, such as those which “aim to provide offenders with accommodation, education, training and employment” (Crow, 2001, p.5).

McGuire (2002) suggests the the term ‘rehabilitation’ is commonly used to refer to psychologically-based interventions, or specific forms of treatment or training. Other recent reviews, do not use the term ‘rehabilitation’ at all, but describe the focus of their work as relating to ‘psychological programmes’ (e.g. Illescas, Sanchez-Meca & Genoves, 2002) or ‘social programs’ (e.g., McCord, 2002).

It seems apparent that any definition of ‘rehabilitation’ is likely to be inadequate in identifying criteria for inclusion or exclusion in this review. This task has been approached pragmatically, by including those types of practice within Juvenile Justice that are most *directly* aimed towards reducing reoffending in young people. This is limited to those interventions which are targeting change on an individual rather than social level, and that follow conviction and sentencing. The term rehabilitation is used in this context to refer to specific forms of intervention, rather than the social or administrative context in which interventions takes place. That is not to say that such contexts are not relevant or important. It is widely recognised, for example, that an effective case management system is critical to the successful delivery of rehabilitation interventions.

The rehabilitation programs covered in this review are considered primarily in terms of their impact on recidivism. Recidivism is defined as reoffending behaviour: that is,

offending two or more times, of either the same type or a different type of offence. Repeat offending may or may not be detected, however, and reconviction in the criminal justice system is generally used as an objective measure of recidivism.

There are two categories of risk factors that have been identified as predicting recidivism: static and dynamic factors. Many of the most robust predictors of recidivism can be considered as static risk factors. **Static factors** are those factors that are relatively stable and resistant to change. Accordingly, they might include things like family structure, physical factors, or social and community factors. Given that static predictors tend not to be amenable to change, they are usually not the focus of rehabilitative interventions.

In contrast, **dynamic factors** are those risk factors that are amenable to change. Andrews, Bonta, and Hoge (1990) have argued that the focus of rehabilitation efforts should be, therefore, on dynamic risk factors, the most important of which have been termed **criminogenic needs**. Dynamic factors are those that can be changed at the individual level and can be best understood as individual needs that require intervention. Rehabilitation programs are generally based on an understanding of these criminogenic needs. The rehabilitation interventions that are considered in this review are, therefore, those programs that are clearly defined intervention programs that address dynamic risk factors for offending.

Evidence-based Practice

Underpinning the ‘*what works*’ approach is a commitment to what has become known as evidence-based practice. Evidence-based practice is, at its most basic, concerned with the application of research and evaluation data to the provision of services. Layton-MacKenzie (2000) describes two forms of research: ‘basic research’ which examines “what works best when implemented properly under controlled conditions” and ‘outcome research’ which examines “the results of each individual program, agency or facility” (p.263).

In this report, the concern has been with identifying the body of basic research relating to the rehabilitation of juvenile offenders and then mapping this against existing services. The aim has not been to evaluate particular interventions or programs, or to assess the quality of current service delivery in Juvenile Justice.

It is important, however, to note here that any commitment to evidence-based practice in Juvenile Justice also implies a commitment to the routine development of programs in the light of outcome research or evaluation results. Layton-McKenzie (2000) suggests that this rarely occurs in juvenile justice facilities in the USA, where little outcome data is routinely collected. Layton-McKenzie notes that “fewer than ten percent of 47 juvenile correctional facilities knew the answers to simple questions such as what happened to youth when they left their institutions” (p.263), such as, how many returned to their neighbourhood school, found employment or were arrested.

The respected American researcher, Joan McCord, argues in a recent paper titled ‘Counterproductive Juvenile Justice’ that many juvenile justice interventions are unevaluated, and that even programs that have been widely implemented, e.g. Scared Straight programs, have been shown to have harmful effects. These include major programs such as the Cambridge-Somerville Youth Study, which offered intensive

casework, counselling, tutoring and access to community sports and leisure facilities to young children (McCord, 2002). McCord suggests that “although knowledge of risk and protective factors may help to develop reasonable hypotheses about what can prevent crime, they should not substitute for tests of effects that interventions programs have” (p.236).

Casework and Case Management

The broader notion of casework has not been assessed as part of the review. Casework, or case management, is the ongoing, day-to-day management of offenders and its importance cannot be understated. All rehabilitation interventions need to be delivered within a system of effective case management. Casework, itself, may apply some of the techniques understood to be effective for offender rehabilitation, such as, cognitive skills-building and family intervention.

Case management provides the structure in which rehabilitation interventions are given, and this can have an impact on the success or otherwise of the intervention. This includes engaging the client, and family, and establishing the roles, rules and responsibilities during the order. Case management provides the assessment and case planning activities; it sets the objectives, tasks, activities, and plans the sequencing or scheduling of any required tasks or interventions for implementing the plan and managing the sentence. It provides for ongoing work with the client through pre and post-intervention support, which can be essential for building and maintaining motivation. Such support also assists the client to put into practice skills they have learned in the intervention and maintaining behaviour changes post-program, that is, relapse prevention type support.

In addition, case management plans and sets up systems, amenities, and networks during the sentence for ongoing, post-sentence integrative support. Consequently, although a review of case management systems is beyond the scope of this review, its importance is highlighted and needs to be considered in terms of integrating effective rehabilitation programs within the entire client management system.

The Legal Context in Victoria

Separate and distinct legislation exists in each Australian state and territory for the administration of Juvenile Justice (Juvenile Justice Program, 1998). In Victoria, juvenile offenders are prosecuted under the *Children and Young Persons Act 1989*, which specifies the developmental needs of young people as distinct from those of adults, and defines the sentencing hierarchy and judicial processes which result in entry to the Juvenile Justice program. Under section 3(1) of the Act, the term “child” refers to a person alleged to have committed an offence who, at the time of so doing, was aged 10 to 16 years, inclusive.

The Juvenile Justice program forms one part of the juvenile justice system that includes the police, legal representatives and the courts. Although the *Children and Young Persons Act 1989* is the principle legislative framework for the Juvenile Justice program, other legislation also plays a part. Such legislation includes:

- Sentencing Act 1991
- Magistrates Court Act 1989

- Supreme Court Act 1986
- Mental Health Act 1986
- Intellectually Disabled Persons Service Act 1986
- Bail Act 1977
- County Courts Act 1958
- Crimes Act 1958.

The President of the Children's Court is a County Court Judge, while Magistrates preside over Children's Court hearings. The Children's Court has the same power and authority as the Magistrates Court. The Court can hear and determine summarily all charges laid against children for both summary and indictable offences, with the exception of murder, manslaughter, arson causing death, and culpable driving causing death¹. Matters are initiated on summons rather than warrant, unless the prosecution can provide evidence, under oath or affidavit, that the circumstances are exceptional. The Court has a duty to ensure that the proceedings are comprehensible to the child, his or her parents, and any other parties involved in the prosecution. In addition, the Court must satisfy itself that the child understands both the proceedings and any order made by the Court. The child must be allowed to participate.

Under the *Children and Young Persons Act 1989*:

- there is no provision regarding the admissibility of any previous criminal record
- no specific provision regarding repeat offenders
- a child cannot be remanded in custody for a period exceeding 21 days
- the Court has the discretion to discharge the accused without the recording of a penalty
- sentencing cannot be deferred for a period exceeding four months
- there is no provision regarding informal cautions, formal cautions or formal reprimands, or conferencing, and
- the Court can order restitution or compensation to the victim and award costs against the defendant.

Diversion

Diversion is also an important part of the juvenile justice system. Victoria has had a strong focus on appropriately maximising the diversion of young people from the justice system since the introduction of the *Children and Young Persons Act 1989*. Diversion from the juvenile justice system is achieved primarily through the Victoria Police cautioning program. The majority of young people aged 10 to 16 years who come into contact with the police are cautioned, with about 25 percent of all police contacts proceeding to court.

Diversion from the juvenile justice system can be strengthened through advice provided by staff from Juvenile Justice Units to all sittings of the Children's Court in Victoria and

¹ Where a child is charged with murder, the matter can only be determined in the Supreme Court of Victoria.

to key Magistrates' Courts in metropolitan Melbourne and rural centres. Specialised advice may concern bail applications, verbal reports at Court, or when the Court requests a written Pre-Sentence Report. Court advice may be provided for first-time offenders who have not entered the Juvenile Justice program, and for young offenders reappearing in court who are already statutory clients. In both instances, court advice seeks to ensure that the young person is not inappropriately drawn further into the criminal justice system. Juvenile justice court advice officers also actively advocate for, and try to link young people to, services that they may require.

Of those who appear in the Children's Court (approximately 6,000 per annum), about one in five are placed on higher tariff orders in the sentencing hierarchy that require statutory supervision. The remainder may be placed on lower tariff orders, such as bonds or undertakings, or the charges dismissed. Consequently, young offenders who enter the Juvenile Justice program represent approximately five percent of police contacts with young people and 20 percent of Children's Court appearances annually.

Court Orders

In terms of non-custodial orders, the following options are available to the sentencing Magistrate:

- *Probation Order*: Young people on a Probation Order can be supervised by a juvenile justice worker or a volunteer (called an Honorary Probation Officer). Most young people on Probation would be seen on a weekly basis.
- *Youth Supervision Order*: A Youth Supervision Order involves more intensive supervision than a Probation Order. Young people on Youth Supervision Orders can be directed to participate in activities and supervision for up to six hours per week. There is also the option for a Magistrate to impose a community work condition as part of the Order. The Order can go for one year or 18 months for an offence punishable by a 10-year term of imprisonment. The Order cannot extend beyond the offender's 19th birthday.
- *Youth Attendance Order*: This order is a direct alternative to a young person being sent to a Youth Training Centre and is the most intensive community-based order available to the Children's Court. It entails a young person being involved in supervision, activities and mandatory community work for up to 10 hours per week for a maximum of 52 weeks. The Youth Attendance Order enables the young person to continue to reside in his/her local community, but still responds to the gravity of their behaviour by penalising the young person through restrictions on their liberty; requiring the young person to make amends for the offence committed through the performance of community service; and by providing young people with opportunities to receive such instruction, guidance, assistance and experiences that will assist them to abide by the law and complete their order. The order can go for one year, not extending beyond the offender's 19th birthday. This applies to a child 15 years but under 18 years.

With respect to terms of detention, the following apply:

- In terms of a *Residential Order*, there is a maximum of one year for a child aged 10 but less than 15 years, and for multiple offences, the maximum is 2 years.

- The offender can be sentenced to a *Youth Training Centre Order*. The maximum for a child aged 15 years but less than 18 years is 2 years. The maximum is 3 years where the offender has been charged with multiple offences.
- There is provision for a young person to be transferred from juvenile detention to prison.
- The court has the power to sentence a child to imprisonment where that child has been charged with a serious indictable offence.

In terms of recording a conviction:

- the recording of a conviction is at the Court's discretion when imposing a fine, probation order, or youth supervision order
- none can be recorded when the child has been ordered to undertake a good behaviour bond, and
- the Court must record a conviction when make a youth attendance order or an order of detention in a youth residential or training centre.

Dual-Track System

Through the *Sentencing Act 1991*, adult courts can order 17-20 year olds to serve their custodial sentence in a Juvenile Justice Centre, at a Youth Training Centre. This can apply where the court feels that there are reasonable prospects for the rehabilitation of the young offender or that the young offender is particularly impressionable, immature or likely to be subject to undesirable influences in an adult prison (vulnerability). The Judiciary is clear that the juvenile justice system operates in a different way to an adult prison. Currently, approximately 64 percent of 17-20 year olds sentenced to custody come to a juvenile justice facility.

Youth Parole Board

Victoria operates a Youth Parole Board/Youth Residential Board. This Board makes decisions about the release of all young people from Youth Training Centres and Youth Residential Centres. The *Children and Young Persons Act 1989* does not stipulate any point at which a young person can be considered for release but the Board has established a policy that guides their decision-making. This includes a standard scale for considering clients for release. The Youth Parole Board decides transfers from a juvenile facility to prison and the Adult Parole Board is the authority that considers requests for transfer of offenders from prison to a juvenile facility.

Custodial Sentences

Victoria has a dual-track system of adult prison and juvenile justice detention available to people aged 17 to 20 years at the time of sentencing. As at 30 June 2001, there were 113 people aged 18 years or over in Juvenile Justice Centres, whereas there were two people aged less than 18 years in prison (Cahill & Marshall, 2002).

The Victorian Juvenile Justice program has not only a low number on statutory orders, but also the lowest per capita custodial rate in Australia of young people aged 10-17

years. There is a hierarchy of sentencing that operates with the juvenile justice system (s.137 to 139 *CYP Act*) of which custody is the sentence of last resort. Table 1 shows that since 1981, Victoria has progressively reduced juvenile custodial numbers. By 2001, the Victorian rate of 12.7 per 100,000 relevant population was less than half the national average rate of 28.2.

Table 1: People aged 10 to 17 in juvenile detention at 30 June, 1981-2001

	Year					
	1981	1990	1995	1999	2000	2001
NSW	87.6	51.8	58.3	39.5	38.8	32.7
VIC	59.6	29.3	14.9	11.8	10.1	12.7
QLD	32.9	29.7	35.0	33.6	25.2	20.4
WA	84.3	63.0	50.1	57.0	51.9	43.5
SA	41.3	22.9	24.5	21.0	36.4	34.6
TAS	54.3	17.5	17.6	55.1	66.5	67.0
NT	5.5	138.0	75.1	57.4	60.7	23.9
ACT	77.3	23.6	37.7	44.6	42.2	70.5
AUST	64.9	40.4	38.7	32.8	31.5	28.2

Source: Cahill & Marshall, 2002

The Juvenile Justice Quarterly Report, April-June 2002, shows that on average in the previous year, approximately 80 percent of all juvenile justice clients were on community-based orders. Although Aboriginal young people are more likely to receive a sentence (either custodial or community-based) than non-aboriginal, the percentage of Aboriginal clients receiving custodial sentences as opposed to community-based has been falling over the last ten years. In 2002, community-based sentences for Aboriginal clients again represented approximately 80 percent of sentences imposed.

It is important to note that temporary leave is available to young people serving custodial sentences. Temporary leave is where a custodial client is allowed a range of escorted and unescorted outings, and day and overnight leave. One aspect of temporary leave is to assist the client to re-establish or maintain family and community links. This takes place through a range of escorted and unescorted outings and over-night leaves during the period in custody. Another use of temporary leave is the community residential program. This provides the young person with an opportunity to participate in a semi-independent living program through placing them in a house, outside the facility, but that has 24-hour monitoring by custodial staff.

The Policy Context in Victoria

The mission of the Victorian Juvenile Justice program is:

To ensure care, custody and supervision for young offenders through the provision of programs that will assist them to develop the knowledge, skills and attitudes to manage their lives effectively without further offending and to provide mechanisms, resources and direction to achieve this, and in the context of the legislation and through the provision of quality community-based supervision and support programs, to promote the personal development of young offenders and contribute to the reduction of crime in the community.

Principles underpinning the Juvenile Justice program include that:

- young offenders should be treated separately from adults in accordance with their developmental needs
- program effectiveness is achieved through assessment of offenders and the provision of targeted interventions to meet varying levels of identified need
- on completion of the young person's order, continued care and connectedness to the community is supported through the strengthening of linkages with services, family and community networks.

Noting the risk reduction and rehabilitative focus, program objectives are to:

- maximise the appropriate diversion of young people cautioned or charged with an offence away from the criminal justice system
- minimise the progression of young people into the juvenile justice system and adult corrections system
- minimise the likelihood of re-offending by young people who enter the juvenile justice system and maximise their chances of rehabilitation, and
- engender public support and confidence in the juvenile justice system.

Part 2: The ‘What Works’ Approach to Offender Rehabilitation

What Works?

This review focuses on interventions that take place once a young person has become a juvenile justice client on a court order requiring statutory supervision. As such, the interest is firmly on remediation or rehabilitation efforts to reduce reoffending and harm to others and the community. Deciding on appropriate interventions for young offenders is a complex task, but should be based on what is known about the causes and correlates of antisocial behaviour. Henggeler et al. (1992) argue that: “the complexity of antisocial behaviour however has led to both over-intervention (e.g. out of home placements) and under-intervention (e.g. failure to provide services)” (p.954).

It is only in the last ten or so years that people have begun to speak seriously about evidence-based practice in the field of offender rehabilitation (Day & Howells, 2002). Since Martinson’s (1974) conclusion that ‘nothing works’, there has been a steady accumulation of research evidence suggesting that offender rehabilitation programs, when appropriately designed and delivered, can indeed have a significant impact upon recidivism. Major reviews have now consistently drawn similar conclusions (Hollin, 1999) and have been used to identify a number of principles of program delivery that are related to program effectiveness. These principles have become enshrined as the ‘*what works*’ approach to offender rehabilitation.

Principles of Effective Rehabilitation

Andrews and Bonta (1998) have put forward five principles for offender rehabilitation: risk, need, responsivity, professional discretion and program integrity. These principles can be developed into basic guidelines for matching offenders to programs (Bonta, 1997), with the most effective programs matching the intervention to the needs, circumstances, and learning styles of individuals (Hoge & Andrews, 1995; Andrews 1996). The principles have been reviewed elsewhere (e.g., Cullen & Gendreau, 2000; Dunne, 2000; Day & Howells, 2002) and are summarised here:

- The ***Risk Principle*** maintains that higher-risk offenders stand to benefit more from rehabilitation programs than low-risk offenders
- The ***Needs Principle*** claims that programs should meet individual offender needs
- The ***Responsivity Principle*** states that programs should be as responsive as possible to the characteristics of individual offenders
- Across this, ***professional discretion*** must be allowed to be exercised
- ***Program integrity*** must be maintained.

The Risk Principle

When assessing individuals to identify appropriate targets for intervention, a starting point might be to look at those factors that appear to be associated with offending and identify which are possible to change through intervention. These are commonly referred to as risk factors. The ***Risk Principle*** states that offenders identified as medium to high-risk should be selected for intensive treatment programs.

To some extent, the level of disposition acts as a proxy for reoffending risk, with lower tariff orders for lower risk offenders. Although reconviction rates for young people sentenced to custody are notoriously high, the principle still holds. Hagell (2002) reports 1994 Home Office figures suggesting that 88 percent of males aged 14-16 years discharged from custody reoffended within two years of release. Reoffending following community orders appears to be much lower, but the majority still reoffend (56 percent in one study cited by Hagell).

A recent DHS report into recidivism among Victorian juvenile justice clients (DHS, 2001), reported that nearly half (48.6 percent) of the total sample of over 1500 young people who were clients of Juvenile Justice from 1997-1998, reoffended. Recidivism rates for first-time clients were reported to be 41.4 percent, compared with a rate of 60.7 percent for those who had been previous clients on supervised orders. The highest risk period for reoffending was reported to be the first year following completion of orders.

Effective risk assessment thus allows for the accurate matching of the client group with the consequent level of delivery of the program (Brown, 1996). Ward and Brown (2002) make the important point that identifying the presence of a number of risk factors does little to help plan interventions. In their words, “the detection of risk factors merely signals that there is a problem but does not tell you what to do other than to attempt to remove it or weaken its effects” (p.16).

The identification of those factors statistically associated with reoffending by known offenders is an excellent starting point for mapping potential areas of intervention. However, there is also literature in the area of primary prevention that seeks to identify those risk factors that might be associated with the onset of delinquency. This literature tends to take a developmental approach, and is typified in Australia in the publication of the *Pathways to Prevention* report in 1999 (Hamel et al., 1999). This report aimed to develop a policy framework whereby early intervention through targeting risk factors in key developmental stages, might have an impact upon delinquency and other social problems.

The focus of this body of work is on the prevention of delinquency or offending and identifies a series of risk factors that are relevant to the development of delinquency. These include factors located within the young person, family and community, and also related to life events. A summary of these factors can be found in Table 2. Hamel et al. (1999) also identify a number of protective factors that act as a buffer and increase a child’s resilience to risks and traumas that cannot be avoided. They suggest that no one risk factor is likely to ‘cause’ delinquency, but rather a sequence of cumulative risk factors, occurring at key developmental or transitional stages, lead to the behaviour.

Table 2: Risk factors for delinquency and other antisocial behaviour

Level	Risk Factors
Child	Poor problem solving; Beliefs about aggression; Attributions; Poor social skills; Low self-esteem; Lack of empathy; Alienation; Hyperactivity/disruptive behaviour; Impulsivity; Prematurity; Low birth weight; Disability; Prenatal brain damage; Birth injury; Low intelligence; Difficult temperament; Chronic illness; Insecure attachment.
Familial	Psychiatric disorder, especially depression; Substance abuse; Criminality; Antisocial models; Family violence and disharmony; Marital discord; Disorganised negative interaction/social isolation; Parenting style; Poor supervision and monitoring of the child; Discipline style (harsh or inconsistent); Rejection of the child; Abuse; Lack of warmth and affection; Low involvement in child's activities; Neglect; Teenage mothers; Single parents; Large family size; Father absence; Long-term parental unemployment.
School	School failure; Normative beliefs about aggression; Deviant peer group; Bullying; Peer rejection; Poor attachment to school; Inadequate behaviour management.
Life events	Divorce and family break-up; War or natural disasters; Death of a family member.
Community and social factors	Socio-economic disadvantage; Population density and housing conditions; Urban area; Neighbourhood violence and crime; Cultural norms concerning violence as acceptable response to frustration; Media portrayal of violence; Lack of support services.

Source: adapted from Homel et al. (1999)

A particular strength of conceptualising risk factors in terms of developmental pathways is that it highlights the contingent, and sometimes cumulative, nature of risk (DETYA, 2001). The continuum moves through remote risk, high risk, and imminent risk, ending with the group of young people who are 'at risk' and actively engaging in dangerous behaviours and experiencing extreme vulnerability. Withers and Russell (1998) suggest that those at the more extreme points on the at-risk continuum are more likely to experience *multiple* future events which decrease their chances of developing and sustaining satisfying, fulfilling, and responsible lives. Howard and Johnson (2000) suggest that young adolescents identified as being 'at risk' are many times more likely than those not so identified to develop antisocial behaviours, to abuse alcohol and drugs, to experience unwanted teen pregnancy, to drop out of school, and to be both the perpetrators and the victims of personal violence (Dryfoos 1990).

The risk factors outlined in Table 2 refer to the onset of delinquency. It is, however, significant that many of these risk factors are also associated with reoffending in young people. Cottle, Lee, and Heilbrun (2001) conducted a meta-analytical² review of 23 published research studies reporting risk factors for juvenile offending, involving over 15,000 juveniles. They found that offence history is the strongest predictor of juvenile recidivism, as it is with adult offenders. Other important risk factors that appear more specific to juvenile populations included: family problems, ineffective use of leisure time, delinquent peers, conduct problems, and non-severe pathology e.g., stress, anxiety.

Jung and Rawana (1999) reported on the use of a probation risk and need assessment instrument (the Ministry Risk Need Assessment Form) with 263 Canadian young

² Meta-analysis is a statistical method of summarizing the results of a large number of empirical research studies. The findings of such reviews can be considered to be scientifically quite robust.

offenders. The major differences between those that reoffended and those that did not were education and employment, negative peer relationships and antisocial attitudes. Benda, Flynn, Corwyn, and Toombs (2001) concluded that four of the strongest predictors of entry into the adult correctional system among ‘serious’ adolescent offenders were prior incarceration, gender, age of onset of crime, and age of onset of drug use, followed by race and family structure (see also Seifert, Philips & Parker, 2002).

Table 3: Risk factors for juvenile offending

Level	Factors Associated with Recidivism:
Demographic	Male; Minority race (but this effect not significant when SES controlled for); Low socio-economic background.
Offence history	Early age of contact with the law; Earlier age at prior commitment; More prior arrests; More previous commitments; Longer incarcerations; More serious crimes.
Family and social factors	Physical or sexual abuse; single parent home; Greater number of out of home placements; Significant family problems; Ineffective use of leisure time; Delinquent peers.
Educational factors	History of special education; Lower S.A.T. scores; Lower full scale IQ; Lower verbal IQ; Non-severe pathology.
Substance use history	Substance abuse (but not substance use).
Clinical factors	History of conduct problems; Non-severe pathology.

Source: adapted from Cottle et al. (2001)

The Needs Principle

Many of the most robust predictors of recidivism can be considered as static risk factors. **Static factors** are those factors that are relatively stable and resistant to change. Accordingly, they might include things like family structure, physical factors, or social and community factors. Given that static predictors are, by definition, stable over time, they have little utility in assessing changes in risk as a consequence of intervention.

Andrews, Bonta, and Hoge (1990) have argued that the focus of rehabilitation efforts should be, therefore, on dynamic risk factors, the most important of which have been termed **criminogenic needs**. This has become known as the **Needs Principle**. **Dynamic factors** are those that can be changed at the individual level and can be best understood as individual needs that require intervention.

A meta-analysis by Gendreau, Goggin, and Little (1996) investigating the relationship between criminogenic needs and recidivism in adult offenders reported that criminogenic needs predicted recidivism ($r=.17$), equally as well as static predictors. A list of typical offender criminogenic needs that are related to recidivism is shown in Table 4.

Table 4: Needs of offenders

Criminogenic	Non-Criminogenic
Pro criminal Attitudes	Self-Esteem
Criminal Associates	Anxiety
Substance Abuse	Feelings of Alienation
Antisocial Personality	Psychological Discomfort
Problem-Solving Skills	Group Cohesion
Hostility-Anger	Neighbourhood Improvement

Source: from Bonta (1997)

The Correctional Service of Canada has published major reviews of the literature describing three domains of criminogenic need: substance abuse (Boland, Henderson & Baker, 1998); personal emotional factors (Robinson, Porporino & Beal, 1998); and criminal associates/social interaction (Goggin, Gendreau & Gray, 1998). In a narrative review and meta-analysis of studies examining the relationship between criminal associates and recidivism, Goggin et al. (1998) confirmed previous findings that the criminal associates domain is a powerful predictor of recidivism. They further identified three separate components - criminal companions, crime neighbourhood, and criminal family, of which companions was the strongest predictor of recidivism. The personal/emotional domain represents a broad group of factors that are believed to be criminogenic. Robinson, Porporino and Beal (1998) group these factors into four principal components: self-concept (e.g., self-esteem); cognition (e.g., impulsivity, problem solving, interpersonal skills, empathy); behavioural (e.g., assertion, neuroticism/anxiety, aggression/anger/hostility, risk taking and coping); and sexual behaviour, mental ability and mental health.

While some of the static factors identified above might form appropriate targets for primary prevention initiatives, it is the dynamic factors that are of particular interest in the development of rehabilitation programs. Targeting these criminogenic needs can be regarded as an important element of good practice in offender rehabilitation and provides a basis against which to map existing rehabilitation programs offered in Victoria.

Based on the review of risk factors by Cottle et al. (2001), a list of criminogenic needs for young people who have already committed crime includes: current physical or sexual abuse; significant family problems; frequent changes in out-of-home placements; ineffective use of leisure time and delinquent peers; poor educational performance; substance abuse (not use), conduct problems; and non-severe pathology.

In addition, a number of individual factors might also be considered as criminogenic, given their role in the onset of delinquency and their identification as needs in the broader offending literature. These include: poor problem solving; beliefs about aggression; poor social skills; low self-esteem; lack of empathy; alienation; and impulsivity. School factors, such as poor attachment to school, school failure, bullying, and deviant peer group, may also be considered criminogenic. These needs are summarised in Table 5.

Table 5: Criminogenic needs of young offenders

Potential Criminogenic Needs of Young Offenders				
Individual	Poor problem-solving	Beliefs about aggression	Poor social skills	Low self-esteem
	Lack of empathy	Alienation	Impulsivity	Ineffective use of leisure time
	Substance abuse	Conduct problems	Non-severe pathology	
Familial	Current physical or sexual abuse	Significant family problems	Frequent changes in out-of-home placements	
Educational	Poor attachment to school	School failure	Bullying	Deviant peer group

In line with the *Needs Principle*, each of these areas would thus form a target for intervention in any program consistent with the ‘*what works*’ model. Some background literature of the main areas of criminogenic need that might form targets for intervention is described in more detail later in this report. These include family problems, educational needs, mental health needs, substance abuse, anger and aggression, and peer-group needs.

Research conducted in secure residential settings from around the world, has consistently shown that young people have multiple problems and experience high levels of need - physically, socially and psychologically. Nicol et al. (2000) conducted mental health assessments on 116 young people in penal, social services, special education and health agencies in the UK. They reported that huge needs were found in all area - in basic social adjustment, in mental health, and in education. They suggested that for the vast majority of their sample these needs were not being met.

The Responsivity Principle

The third main principle identified in the ‘*what works*’ approach is what has become known as the ***Responsivity Principle***. This principle focuses attention on client and program characteristics that influence the offender’s ability to learn within a therapeutic situation. Treatment is a learning experience and individual factors that interfere with, or facilitate, learning can be termed responsivity factors.

Responsivity factors can be understood as contextual variables that may have an influence on treatment outcome. These contexts make a difference to the skills, strategies or identities that individuals develop, and to the support that is available when transitions are made. Factors such as age, ethnicity, gender, disability, and socio-economic status, can be considered key responsivity factors. For the most part, these factors might be considered as non-criminogenic factors, in that they are not directly related to recidivism. Whereas some responsivity factors (e.g., gender, ethnicity) can be found in the general population, some responsivity factors are more common in offender populations (e.g., concrete thinking styles, poor verbal skills) (Bonta, 1995). Examination of these factors

makes it clear why some treatment modalities appear to produce better outcomes than others.

An important area of responsivity that has until recently received little attention in the literature is that of the cultural appropriateness of programs. Cultural inappropriateness may lie either in the total conceptualisation of an intervention program or in the everyday routines that accompany its implementation. In Australia, a large proportion of imprisoned offenders are from Indigenous communities, and programs are frequently conducted with populations in which minority cultural groups are over-represented. It is well established in the USA, however, that intervention programs related to activities such as substance abuse need to be altered for various cultural groups (Wallace, 1999).

The area of responsivity that has received most attention in the academic literature has been that of offender motivation to change their behaviour. Drawing on models developed primarily in the drug and alcohol field, it has been suggested that, in the course of resolving a problem, people pass through identifiable stages of change (Prochaska & DiClemente, 1996). For example, a person may start off being unmotivated and unaware of a problem, before beginning to contemplate making changes and actually doing something to bring about change.

Although the model has been criticised by some (e.g., Whitelaw et al., 2000), the approach has been used for assessing motivation in offenders with drug and alcohol problems (e.g. Bubner, 1999), with anger problems (Williamson, Day, Howells, Bubner & Jauncey, 2002), and in offenders generally (McMurran et al., 1998). It has also been influential in the development of the intervention technique of motivational interviewing (Miller & Rollnick, 1991), which is a method of working collaboratively with offenders to identify problems and increase motivation.

Whilst the Prochaska and DiClemente model seems useful in assessing a major component of readiness to change in offenders, it does not take into account the secondary gains of engaging in treatment (Jones, 1997). For many offenders, the decision to enter treatment is influenced by the degree of coercion they feel to attend, the possibility that treatment will influence parole, home detention or release decisions, and their confidence in a particular program being offered (see Howells & Day, 2002).

The question of whether offenders should be coerced into attending rehabilitation is a particularly important one, which has received some attention in the research literature over recent years, although all of this work has been with adult offenders. Although many practitioners are uncomfortable about the idea of coercing people into treatment (Goldsmith & Latessa, 2002), an offender's involvement with the justice system may offer an opportunity for treatment, either as part of, or as an alternative to punishment (Rigg, 2002). There may also be significant numbers of offenders who, despite high levels of need, would not volunteer themselves for rehabilitation programs, and hence not address their criminogenic needs. Grubin and Thornton (1994), for example, found that 41 percent of sexual offenders in the UK said they would only participate in treatment in order to gain parole (cited in Birgden & Vincent, 2000).

Research on coercion has focussed primarily on two groups of offenders: offenders with substance use problems and sexual offenders. There is also a small body of research on mandated treatment with drinking and driving offenders, and perpetrators of domestic

violence (e.g., Wells-Parker, 1995; Feazell, Mayers & Deschner, 1984). A meta-analysis on sexual offender treatment by Alexander (1993) (cited by Birgden, 2000) found that there was little difference in sexual offender recidivism rates between voluntary treatment and mandated treatment. McGuire has also reported that Lipsey's (uncited, 1999) research found that higher effect sizes were found for programs when the Court mandated attendance.

Three related constructs seem particularly important when thinking about the issue of coercion into treatment: legal status, legal pressure to attend a particular program, and the offender's perceptions of coercion (Farabee, Shen & Sanchez, 2002). All three have been shown to be powerful predictors of treatment retention in offender drug treatment (Maxwell, 2000; Young, 2002). Entry into a criminal justice system clearly offers an opportunity to engage an offender in some form of rehabilitation. The emerging literature in this area suggests that it is likely that some degree of coercion into treatment will not necessarily have an adverse impact on program effectiveness, but that retaining offenders in programs is likely to present significant challenges for program providers. Little is currently known about the effects of different forms of legal pressure, or on whether coercion works in the same ways for different groups of offenders, such as, sexual offenders and violent offenders. Although published literature on the impact of coercion on young offenders has not been located, developmental issues may also be important. For example, the need for independence and autonomy that characterise adolescence may affect how coercion is both perceived and reacted to.

There may be other groups for whom coercion into treatment may potentially be counter-productive, for example, offenders for whom issues of control are particularly important. For these offenders, interventions to improve motivation might be warranted (e.g., McMurrin, 2002). Rittner and Dozier (2001) also recommend the use of a program to enhance treatment readiness for a court-mandated substance abuse treatment program. Other factors that might be relevant to any decision to mandate treatment might be the content and goals of the program (more therapeutic programs might require greater intrinsic motivation from the offender), and the intensity of the program. Length of time in a program may be a critical factor in overcoming initial levels of low motivation (see Jones, 1997).

A related body of research relevant to the application of the responsivity principle to young offenders has investigated those factors that influence a young person to seek help. Finding ways of encouraging young people to talk to staff about problems or identifying barriers to help-seeking from services is an important task (Kalafat, 1997). There are unique issues related to help-seeking for young people, particularly when they are separated from their families and their usual methods of coping with problems are not available.

Generally, and despite high levels of need, research on help-seeking has shown that young people are unlikely to contact professional services. Lader et al. (2000) reported that one in ten young men and one in six young women in prison had been offered help in the last year, but refused it. Dolan et al. (1999), in their research on 10-17 year-olds appearing before courts in the UK, suggested that juvenile offenders were particularly unlikely to use health services:

It would seem that juvenile offenders are not availing of primary care services and their health needs are addressed only on a crises basis. Although efforts should be made to redirect these children towards the more usual pathways of health care, their problems are complex and this may prove difficult as they are often poorly compliant, distrusting of authority and have disorganized/absent family support (p.143).

Cauce and colleagues (Cauce et al., 2002) have recently described a model of help-seeking pathways of adolescents, which has relevance here. The model involves three distinct stages. The first stage, *problem recognition*, refers to a belief held by the individual or family that problems exist; that is, there is some recognition of a need, whether it is perceived or epidemiologically defined. The second stage is termed the *decision to seek help* and may be affected by factors such as which services are available, attitudes or beliefs about those services, beliefs about the importance of privacy and autonomy, or that problems are likely to diminish over time anyway. The third stage relates to *service selection*, which may come from three main sources: informal supports (such as family, friends and clergy), ‘collateral’ services (including school counselors, Juvenile Justice), and formal mental health services (such as psychiatrists, psychologists and social workers).

With regard to the first stage, the extent to which a behaviour or feeling is defined as a problem will, in part, be determined by cultural rules and norms relating to what is normal or appropriate (Cheung & Snowden, 1990). Other contextual factors, such as poverty, may also influence the decision to recognise something as a problem. For example, Cauce and colleagues point to research suggesting that high levels of stress and poverty are associated with less warm and harsher parental responses (McLoyd, 1995). They suggest that this may also lead to less sensitivity to their children’s needs and a correspondingly decreased chance of problems being recognised at an early stage.

In deciding to seek help, the second stage of the model, there is reason to believe that adolescents are generally unlikely to seek help from professional services, despite their high levels of need. Raviv et al. (2000) found that adolescents were more willing to refer other people than themselves to services and preferred to seek support from informal sources, such as family and friends. This may be a consequence of developmental beliefs (teenagers have been shown to emphasise the importance of self-reliance) or beliefs about services being unresponsive to youth.

Generally, the research suggests that girls have more positive attitudes towards help-seeking than boys (Boldero & Fallon, 1995), and that some problems may be particularly associated with low levels of help-seeking, such as suicidal ideation (Saunders, Resnick, Hoberman & Blum, 1994), family conflict (Boldero & Fallon, 1995), and mental health problems (Wilson et al., 2000). Socially marginalized groups (including rural, unemployed, Indigenous, incarcerated, substance using, and gay/bisexual young people) are also more likely to drop out of helping services prematurely, particularly when they experience suicidal feelings (Deane, 1991; Bui & Takeuchi, 1992).

The decision to seek a service is not always made voluntarily, and there is some evidence that referral to some mental health services is less likely to occur on a voluntary basis for young people in minority groups. A consequence of this is that they are more likely to enter mental health care through mandated service referral (Takeuchi, Bui & Kim, 1993).

Both Beiser and Manson (1987) and Berlin (1983) argue that native American youth with behavioural problems are likely to experience difficulties in accessing appropriate services, leading them to go without any treatment or to be removed from their homes by a government agency.

There may also be a small group of young people who receive multiple services in multiple settings (Cauce et al., 2002). Researchers conducting a study of young people appearing before court in the UK, commented that they were struck by the number of agencies involved with each offender (Dolan et al., 1999). Trupin, Forsyth-Stevens and Low (1991) found, from a sample receiving substance abuse services, that 21 percent were also receiving mental health services, 45 percent child welfare services, and 10 percent juvenile justice services.

Hobbs and Dear (2000) have discussed the importance of prison staff in providing support to adult male prisoners and access to other forms of support. They suggest that the extent to which people decide to seek help will depend, in part, upon their willingness to approach staff for support. However, their research showed that adult prisoners are much more likely to approach officers for practical help than for emotional support. Dear et al. (2002) further noted that officers rated prisoners as being more likely to approach them for support than prisoners reported themselves. Support from family members was rated as significantly higher in quality than other sources of support and support from staff rating as significantly lower. They concluded, “if the only access to support was through officers, then prisoners in need would be reluctant to seek help”. The association between visitation and psychological well-being (Wooldredge, 1999) suggests that many prisoners rely on external sources of support during imprisonment.

This research on help-seeking suggests that young people are unlikely to access governmental or professional services, particularly those young people from minority cultural backgrounds. For these people, contact with services may be more likely to occur within a legal context, such as following admission to a secure care facility.

The third stage of Cauce et al.’s (2002) help-seeking model relates to who people turn to for help, once they have identified the problem and decided to seek help. An important determinant of this decision will be the attitudes that young people hold towards programs and services, given that more positive attitudes to help-seeking have been consistently associated with help-seeking behaviour (Deane & Todd, 1996). There have been relatively few studies of young people’s attitudes towards services. Lyon, Dennison and Wilson (2000) conducted focus groups in the UK with young offenders in secure settings. They reported that, although most participants had considerable contact with professional and organizations in the criminal justice system, these contacts had generally proved unsatisfactory (particularly with the police). It seemed unlikely that this group of young people would approach criminal justice services for help with personal problems, although they attached great importance to being treated with a degree of respect appropriate to their age and development. Lyon, Dennison and Wilson (2000) reported that, “the pressing need for support and someone to talk to was stated or implied by most of the young people” (p. 1). The lack of confidentiality offered to young people has been put forward as one factor in not revealing problems to staff (Maden et al., 1994).

There is little published Australian research on this topic. Putnins (1999) surveyed 45 recent admissions to secure care in South Australia. Of this group, 64 percent rated staff

as friendly during the admission process and 36 percent said that staff helped to fix or change something important in their life. In contrast, nine percent said they had been physically threatened by staff (of these, none sought help from other staff). Thus, while the individual's willingness to seek help from staff may be an important factor in the decision to seek help, the staff member's willingness to offer help may be equally as relevant. In this context, the attitudes that a staff member holds towards a young person is likely to be critical in determining the type of response that is given to a request for help. Published research in this area tends to come from adult correctional settings, rather than Juvenile Justice. As Johnston (1987) states:

In the human services models, correctional officers assist inmates with institutional problems and act as referral agents or advocates in a variety of situations....(They) recognize that their overall effectiveness is based more on their interpersonal skills than on their use of rewards and punishment, (and that) each officer would not only be a rule enforcer but also a lay counselor, a dispute mediator, an administrative ombudsperson, and a treatment aide (p.315).

A recent study in New Zealand by Skogstad, Deane and Spicer (2002) found that negative reactions from prison staff were a significant barrier to the expression of suicidal concerns. Research with prison officers has shown that a substantial proportion hold unfavourable attitudes towards inmates. Other studies have reported more positive attitudes. In a Canadian sample, Weeks, Pelletier and Beaudette (1995) found that 52 percent of officers thought that offenders 'could be rehabilitated', and Toch and Klofas (1982) reported that 75 percent agreed with the statement 'it is important for an officer to have compassion' and 61 percent with 'the way you get respect from inmates is to take an interest in them'.

Lariviere and Robinson (1996) report three dimensions of Canadian correctional officer attitudes towards offenders: empathy, punitiveness, and support for rehabilitation. Empathy, in this context, refers to willingness to understand affective states of inmates (trust, compassion, and advocacy). Punitiveness is concerned with the endorsement of goals such as the retribution and punishment of offenders as important. Support for rehabilitation refers to belief in the efficacy of rehabilitation and programming. In this study, older officers reported more positive attitudes towards inmates, although new recruits (working less than one year) were the most positive. Staff who were more empathic, less punitive, and more supportive of rehabilitation were also more committed to the organization, happier in their jobs, and reported less job stress. There were few gender differences in the attitudes of staff, although Lariviere and Robinson reported that female officers were generally more supportive of rehabilitation. This finding supports previous research by Jurik and Halemba (1984) who reported that the primary reason for assuming their job was an interest in human service work or in inmate rehabilitation for 55 percent of female officers, compared with only 20 percent of males.

Relatively little is known about the attitudes of staff working in juvenile justice settings. One recent study by Peterson-Badali and Koegl (2002) reported, from a sample of Canadian juveniles, that around half reported that correctional staff turned a blind eye to peer violence, and that a third had directly experienced or witnessed staff offering incentives to residents to assault or intimidate others. However, youth workers staff juvenile justice services in Victoria, who, as a group, may have different values and attitudes to the correctional officers who participated in the research described above.

The Program Integrity Principle

In contrast to the demands made by the responsivity principle to individualise interventions, an important component of quality assurance has been to emphasise program integrity issues. **Program Integrity** refers to the extent to which an intervention program is delivered in practice as intended in theory and design (Hollin, 1995). Waltz et al. (1993) suggest that assessing integrity involves two components:

- therapist adherence to the treatment protocol, and
- therapist competence in delivering the treatment.

Attempting to increase the integrity of intervention programs has, in part, been behind the move towards standardised treatment manuals and protocols. These can be easily translated into checklists of treatment adherence for completion by a program facilitator and/or client in each program. Assessing competence is more problematic. While facilitators are likely to have some biases in their perceptions of sessions, and clients may not have the level of knowledge required to accurately assess integrity, these sources of data are commonly utilised in checking for integrity (Moncher & Prinz, 1991).

Program integrity is of paramount importance in program evaluations, which aggregate data collected from programs delivered across different sites by different therapists. For such evaluations to be meaningful, it is important that the programs being evaluated are broadly consistent. A lack of detailed description of program delivery in many studies has meant that the independent variable in meta-analytic reviews may contain a considerable degree of error and insensitivity (Lipton et al., 1997). Additionally, missing or unreported information is a substantial problem. Many key variables that would inform policy makers' decisions, such as program cost, are consistently unreported.

Gendreau and Goggin (1997) suggest that therapeutic integrity is essential for prison programs to produce reasonably large effects on recidivism (20-35 percent reductions). They argue that intervention programs with therapeutic integrity are designed and evaluated by well-qualified individuals, hire staff with four-year degrees in a helping profession, provide ongoing training and development to program staff, and offer a very intensive service (p.272). Despite the need for intervention programs to be delivered both consistently and with therapeutic integrity, it is also clear that intervention programs with young people should also have sufficient flexibility to deal with crises as they arise. For some, this is a prerequisite of successful work with troubled young people (Hagell, 2002).

The Professional Discretion Principle

The principle of **Professional Discretion** allows for professionals to make decisions on the basis of other characteristics and situations not covered by the other principles. It makes sense to build scope for some professional judgement into any rehabilitation system, rather than to rely upon the administration of relatively static principles. For example, in working with a child sex offender - who in other respects may not be identified as high priority for treatment (low risk, low need, low responsivity) - a professional may have access to knowledge (e.g., the offender is entering high-risk situations such as babysitting) that would be of concern and indicate further intervention.

It should be noted that a number of other principles have also been described by Andrews and Bonta (1998), including:

- the principle of targeting weak motivation for service
- the principle of social support for the delivery of quality treatment services, and
- the principle of structured follow-up.

These principles reveal the imperative for effective case management to ensure a holistic approach to program delivery. Particularly important is encouraging motivation to engage with programs. Training in motivational interviewing and in an understanding of progress through stages of change would be helpful for case managers in this regard. This principle recognises the essential role of follow-up and aftercare following participation in a rehabilitation program.

Effective Interventions

The literature reviewed above describes some principles of effective offender rehabilitation that have been developed from work mostly with adult offenders. To summarise these principles, effective intervention programs target those at the highest risk of offending and seek to change those individual needs that are directly related to the criminal behaviour. These needs are known as criminogenic needs. An important point is that these principles have been derived empirically, from what is now an extensive literature on the impact of intervention programs upon recidivism.

The most common starting point for modern reviews of rehabilitation is the publication in 1974 of what proved to be a most influential paper by Robert Martinson. In this paper, Martinson attempted to draw together the results of evaluations of a wide range of offender rehabilitation programs conducted between 1945 and 1967. From his review of a total of 231 controlled outcome studies, Martinson's conclusions were pessimistic. To quote him: "with few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism" (p. 25). While this conclusion was challenged on methodological grounds by some and later rejected by Martinson himself, the work was taken by many as proof that 'nothing works' in offender rehabilitation. Attempts at rehabilitation were regarded as too individualistic and reductionist to be useful, reflecting a change in correctional policy and service planning around the world.

It is only over approximately the last 15 years that evidence has accumulated to challenge the 'nothing works' position. Firstly, Martinson's original study was itself criticised. A re-analysis by Thornton (1987) of the data used in the original review reached a different conclusion: that psychological treatment either had a positive effect on recidivism, or that no conclusions could be drawn from the data. Thornton maintained that it was not possible to conclude on the basis of Martinson's data that 'nothing works'.

Secondly, since 1967, there has been an accumulation of new outcome studies providing evidence that some rehabilitation programs do indeed work. There are currently more than 1500 published studies in the area of offender rehabilitation (Lipton et al., 1997) giving a substantial new database for further evaluations. The development of the statistical procedure of meta-analysis has enabled researchers to draw together findings

from large numbers of evaluation studies in a way that is intelligible and easily interpreted. Meta-analytic reviews from around the world published in the last ten years have consistently reached the same two conclusions: that there is substantial evidence suggesting that interventions to reduce reoffending lead to an overall positive net gain when treated groups are compared to non-treated groups; and that some interventions have significantly higher effects than others. Recent evidence also indicates that some types of intervention program are much more effective than others, leading to a focus on identifying the characteristics of intervention programs which produce the best outcomes. This work has for the first time allowed us to begin to articulate what is known about best practice.

The move back to rehabilitation has been supported not only by growing evidence of program effectiveness, but also by an increasing pessimism about the differential effects of other sentencing options. In the last few years, the way in which the effectiveness of sentencing options is determined has changed from using large-scale criminological data (e.g., showing rates of reoffending following different types of court disposal) to more refined methods where researchers control offenders for risk of reoffending. This is important, as those offenders sentenced to imprisonment, for example, are likely to be at higher risk of reoffending than those who receive community orders. Assessing the impact of different sentences in terms of changes that can be observed between predicted and actual rates of offending for large samples of reconvicted offenders takes account of differences between the groups in terms of risk and is, therefore, likely to lead to more meaningful comparisons (see McGuire, 1998).

Using this method, a Home Office study in the UK (Lloyd, Mair & Hough, 1994), compared the four main types of sentence used by criminal courts for more serious offences over a two-year follow up period: imprisonment, community service orders, probation orders and probation with additional requirements. Lloyd and colleagues concluded that when aspects of criminal history were taken into account, most of the apparent differences between types of sentence disappeared. McGuire (1998), following a re-analysis of more recent Home Office data, replicated this finding. McGuire concludes from this work that: "Overall the rates at which individuals reoffend is very close to the rate at which they were probably going to reoffend, regardless of the type of sentence imposed upon them. The sentence of the court has no obvious bearing on the outcome" (McGuire 1998, p.5).

In the last ten years, a number of major reviews have been conducted in the UK, North America, Canada, and Europe summarising the outcomes of rehabilitation programs involving thousands of offenders (see Hollin, 1999). Published meta-analytic studies include those of Garrett, (1985); Gottschalk, Davidson, Gensheimer, and Mayer, (1987); Gottschalk, Davidson, Mayer, and Gensheimer, (1987b); Losel and Koferl, (1989); Whitehead and Lab, (1989); Andrews, Zinger, et al. (1990); Izzo and Ross (1990); Antonowicz and Ross (1994); Lipsey (1992); Redondo, Garrido, Anguera, and Luque, (1996); Cleland, Pearson, Lipton, and Yee (1997); and Pearson, Lipton, and Cleland (1997). There have also been a number of overall reviews and syntheses: Gendreau & Andrews (1990); Hollin (1993; 1994); Lipsey (1995); Losel (1995a; 1995b; 1996); McGuire & Priestley (1995); Gendreau (1996); MacKenzie (1997); McGuire (1998), Hollin (1999); Howells & Day (1999).

Each of these reviews has reached broadly similar conclusions with Hollin (1999) estimating the average effectiveness of the intervention programs to vary between five percent and 18 percent. This means that if the recidivism rate for a group of offenders is 50 percent, this rate will be reduced to between 32-45 percent for those who receive a rehabilitation program. For example, a European meta-analysis of both juvenile and adult programs which integrated the results of 57 programs, obtained a global effect size of $r = -.150$ for all treatment and all outcome measures, including psychological and school adjustment, and recidivism (Redondo, Sanchez-Meca & Garrido, 1998).

In the United Kingdom, James McGuire recently presented evidence to the Home Affairs Committee of the House of Commons on the effectiveness of rehabilitation programs. McGuire (1998) reviewed ten meta-analytic studies conducted between 1985 and 1996, based on a cumulative sample of over 50,000 offenders. McGuire reported that all studies reported positive effect sizes ($+0.10$ to $+0.36$) in recidivism, that is, those who have attended intervention programs reoffend between 10-36 percent less than those who do not attend intervention programs. McGuire argues that these effect sizes, although modest, compare favourably with the effect sizes for various pharmacological treatments (for example, AZT or use of aspirin to prevent myocardial infarction), and would prove a cost-effective option for the criminal justice system.

Rehabilitation Programs for Juveniles

An early meta-analytic review on program effectiveness with juvenile offenders by Whitehead and Lab (1989) produced rather negative results, suggesting that programs and interventions had little impact on recidivism, and that treatment may even increase the risk of recidivism in juveniles. In contrast, Redondo et al. (1996), from a review of meta-analytic studies of offender rehabilitation conducted in the 1980s and 1990s, argued that collectively these studies showed that the average effectiveness of treatment programs for all offenders to be between 5 and 18 percent. In terms of the type of treatment offered, they reported that behavioural and cognitive-behavioural treatment (CBT) were most successful at reducing recidivism ($r = .23$), with educational programs less effective than average ($r = .08$), and programs based on deterrence (only one study) producing more recidivism ($r = -.01$).

Of particular relevance in this context was their finding that much better results were found with adolescents ($r = .21$) and juveniles ($r = .18$) than adults ($r = .10$), and that double effectiveness was found in youth centres and juvenile prisons ($r = .20$ and $r = .17$) compared with that found in adult prisons ($r = .08$). Redondo et al. suggested that juvenile offenders are more successfully rehabilitated because they are treated with the most successful techniques (CBT).

It was only with the publication of a major meta-analytic review by Lipsey and Wilson (1998) that optimism about the effectiveness of young offender treatment increased. Lipsey and Wilson (1998) analysed over 200 research studies involving serious and violent juvenile offenders, 83 of which involved young people in detention. They reported that the best intervention programs were capable of reducing recidivism rates by as much as 40 percent. They regarded this figure as an “accomplishment of considerable practical value in terms of the expense and social damage associated with the delinquent behavior of these juveniles” (p.338).

Interventions that focused on family functioning, behavioural treatment, interpersonal skills, and community integration were found to be the most effective in reducing recidivism. More effective programs were delivered in the community, and there is also a view, derived largely from the literature on risk and protective factors, that particular attention should be given the social systems that are predictors of risk - families, peers and schools (Henggeler, 1989).

A recent meta-analytic review by Dowden and Andrews (1999) of intervention programs with young offenders aged less than 18 years, confirmed findings from research with adult offenders that certain participant characteristics are associated with the best outcomes. These include selecting the higher risk offenders for intervention, targeting those factors that are associated with offending (also known as criminogenic needs), and delivering intervention programs in ways that are responsive to the individual needs of the person. Dowden and Andrews (1999) concluded that the principles of human service, risk, need, and general responsiveness were important factors in effective young offender treatment.

In summary, it would appear that many of the broad findings from the adult literature have support from studies conducted solely with juveniles. In particular, it appears that the five principles of rehabilitation previously described provide a defensible basis from which to plan service delivery, and that certain forms of program delivery are likely to be much more effective than others.

Care Setting

Successful rehabilitation depends not only on the type of treatment offered, but also upon the conditions under which treatment is delivered. For adults, appropriate treatments delivered in community settings produce two to three times greater reductions in recidivism than prison-based programs (Andrews et al., 1990). It has been suggested both that the social climate of prisons works against the effective delivery of intervention programs, and that recidivism is related more to what happens in the community than to what happens in institutions (Clarke, 1985).

Lipsey and Wilson (1998) analysed over 200 research studies involving serious and violent juvenile offenders, 83 of which involved young people in detention. Although larger effect sizes for programs delivered in community settings were found in this review, it is also clear that custodial programs can be very influential in reducing reoffending (Youth Justice Board, 2001).

Offender rehabilitation programs frequently involve discrete therapeutic sessions, whether individual or group-based, with the participant returning to their natural environment on completion of sessions. There is, therefore, a need to integrate the goals of specific interventions with the formal case plan for the individual offender, but also with the broader philosophies and expectations of the institutional environment. McMurren and Hollin (1997) have further suggested that a limited number of one-hour intervention sessions are likely to be inadequate in addressing some of the more complex criminogenic needs, such as, changing antisocial attitudes. They suggest that for some offenders, more intensive residential programs might more be appropriate.

Finally, it is important that institutional programs are integrated with community services, particularly in the period shortly following release. In a study following offenders after release from prison, Zamble and Quinsey (2001) found that recidivists reported more problems in the period after release, and had fewer or less effective skills for coping with them. Recidivists more often experienced difficulties and had poorer strategies for managing negative emotional states, such as anger, anxiety and depression. They also thought more frequently about substance abuse and possible crimes, and less often about employment and the future in an optimistic light. They experienced greater fluctuation in emotional states in the 48 hours preceding a reoffence.

Features of Effective Interventions

There is strong empirical support that cognitive and behavioural methods are more successful than other types of treatment approach. Cognitive-behavioural programs are structured, goal-oriented, and focus on the links between beliefs, attitudes and behaviour. Programs based on confrontation or direct deterrence have been consistently found to be less successful. Evaluations of other approaches, such as, social casework, physical challenge, restitution group counselling, family intervention and vocational training, produced mixed findings (McGuire, 1995).

McGuire (1998) suggests that, not only is there little evidence to suggest that intervention programs based on punishment bring about long-term behaviour change, but also that, theoretically, punishment would not be expected to be effective in the criminal justice system. For example, for punishment to be effective, it has to be applied immediately after the undesirable behaviour occurs, it works best when applied at maximum severity and should be inescapable following the infraction of a rule: circumstances that are unlikely to be met in many settings.

Programs should also be of sufficient intensity to be expected to impact upon offending rates. For example, a six-week course on anger management is unlikely to have a significant impact on offenders with long histories of anger-related problems. Canadian researchers recommend that intervention programs for adult offenders should be at least 100 hours and take place over a minimum of 3-4 months.

Finally, researchers have strongly recommended that the staff responsible for program delivery receive adequate training and supervision. Therapist skills should be matched with the type of intervention program. It has been argued that therapists who have a concrete problem-solving style function best in highly structured intervention programs. Gendreau and others suggest that therapists should have at least an undergraduate degree or equivalent, and receive 3-6 months of formal, on-the-job training in the application of interventions.

Hollin (1999) summarises the above literature with six statements describing what is known to be the characteristics of effective offender rehabilitation programs, which can be used as a basis for identifying examples of good correctional practice (see Table 6). It should be emphasised that these statements represent those features of what is known *empirically* to be effective in reducing reoffending. They are the product of a series of research studies involving thousands of offenders, both adult and juvenile, and as such can be considered as offering a basis for defining best practice.

Table 6: Components of effective treatment programs

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1. Indiscriminate targeting of treatment programs is counterproductive in reducing recidivism: medium- to high-risk offenders should be selected and programs should focus on criminogenic targets.
 2. The type of treatment program is important, with stronger evidence for structured behavioural and multi-modal approaches than for less-focussed approaches.
 3. The most successful programs, while behavioural in nature, include a cognitive component to focus on attitudes and beliefs.
 4. Treatment programs should be designed to engage high levels of offender responsiveness.
 5. Treatment programs conducted in the community have a stronger effect than residential programs. While residential programs can be effective, they should be linked structurally with community-based interventions.
 6. The most effective programs have high treatment integrity in that they are carried out by trained staff and the treatment initiators are involved in all the operational phase of the treatment programs.
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Source: from Hollin (1999)

Cost-Effectiveness

A related body of research relevant for policy-makers has discussed the importance of weighing the costs of intervening with the costs of further crime. For example, Robertson, Grimes and Rogers (2001) recently published a cost-benefit analysis of community-based interventions for juvenile offenders. In their estimates, participation in a cognitive-behavioural program lead to a reduction in the costs spent in the criminal justice system. They put this saving as \$14,350 (US\$) per youth offender served, and argue that this is likely to be a conservative estimate given that they only considered short-term costs and benefits, and did not take into consideration any possible longer-term savings or calculations of the indirect costs of crime. Such statistics are likely to be of relevance to policy decisions about service provision.

Aos et al. (1999) have also reported on the cost-effectiveness of intervention programs offered to young people that aim to reduce criminal behaviour. Although the primary purpose of their report was to provide an economic estimate of the costs of various intervention programs, this calculation was conducted on the basis of published evaluation literature. They conclude that some prevention or intervention programs work with certain groups of people in certain settings, and that programs that deliver even modest reductions in future criminality can have an attractive bottom line. However, the largest and most consistent economic returns are for intervention programs designed for juvenile offenders, which save more money than they cost, although the crime-reduction benefits of some prevention program may take many years to be realised.

Best Practice in Rehabilitation Programs

Underpinning any co-ordinated system of intervention program delivery is the accurate identification of offender needs at the point of entry to the system (Bonta, 1996). In Canada, all new reception prisoners go through a standardised method for assessing criminogenic needs. An initial assessment screens the offender for immediate physical health, security, mental health, and suicide concerns. This is followed by a criminal risk assessment and a case needs identification and analysis, or CNIA (Motiuk, 1998).

The CNIA provides indicators on each of the seven dynamic risk or criminogenic need factors: employment, marital/family, associates, substance abuse, community functioning, personal/emotional, and attitude. This assessment then forms the basis for sentence planning, with the highest risk offenders receiving the most intensive services. After completing a program or intervention, the level of need is then re-assessed and used to inform the subsequent management of the offender.

In Victoria, the adult correctional system is currently moving towards a similar model of differentiated case management (Dunne, 2000), where sentenced offenders are assigned to different intensities of intervention according to an assessment of their level of risk and identified criminogenic need. While a number of risk and needs assessment measures are currently used within adult correctional systems in Australia, and internationally, few have been developed or validated for use with young people. Existing measures include the Wisconsin Juvenile Probation and Aftercare Assessment Form, the Youth Level of Service Inventory (Andrews, 1992) and the Psychopathy Checklist: Youth Version (PCL:YV) (Kosson et al., 2002). Hoge and Andrews have reviewed these measures in their book, *Assessing the Youthful Offender*.

In the UK, reviews have suggested that many intervention programs do not assess participants adequately or evaluate the impact of interventions (Vennard, Sugg, & Hedderman, 1997). The Correctional Program Assessment Inventory (CPAI) (Andrews, 1998; Gendreau & Andrews, 1996) has been developed in an attempt to measure the extent to which intervention programs typically delivered to offenders correspond to the research-derived suggestions for good practice. This evaluation tool assesses programs on six dimensions: program implementation, client pre-service assessment, program characteristics, staff characteristics and practices, evaluation, and an 'other' category. Of 101 programs assessed using the CPAI, only 10 percent received a satisfactory score (Gendreau & Goggin, 1996). While these programs are North American and Canadian, in many respects these jurisdictions lead the field in rehabilitation and could be expected to have the highest quality intervention programs in the world.

There is little reason to expect that Australian intervention programs currently delivered would fare any better in an independent audit. The assessment also revealed that community-based (rather than prison) and contracted out (rather than delivered by institutions) intervention programs tended to score higher. The best intervention programs had a specialised focus, for example, sexual offending and substance abuse.

Part 3: Interventions Targeting Offending

Rehabilitation Programs Targeting Specific Types of Offending

Sexual Offending

While many different treatment approaches have been used with this population, cognitive-behavioural programs have become the treatment of choice. Cognitive-behavioural therapies and relapse prevention strategies are used in approximately 94 percent of all sexual offending treatment programs (Pithers et al., 1995). Cognitive-behavioural programs aim to remedy skill deficits and alter cognitions believed to be related to sexual offending, to alter deviant patterns of sexual arousal or preference (Quinsey, 1995). Many intervention programs also follow up treatment with a relapse prevention program, in which the focus is to help the individual avoid triggers or situations that are likely to lead to reoffending and improve self-management skills when such situations arise that are unavoidable (Pithers, et al., 1995). Donato, Shanahan and Higgins (1998, 1999) suggest that cognitive-behavioural treatment for sexual offenders typically involve several weekly sessions over a period of up to 12 months.

Programs offered to child sexual offenders in Australia are described in the Wood Royal Commission report (1997). To illustrate, a New Zealand program for child sexual offenders has been described by Bakker, Hudson, Wales and Riley (1998). The program begins with a two-week assessment leading to a clinical formulation of the offending behaviour. The assessment includes: interviews, written reports from the offenders, and a series of self-report scales including assessment of sexual attitudes, beliefs and behaviours, emotional functioning, interpersonal competence, and personality. Treatment is entirely group-based, with groups of eight offenders attending three, two and a half hour sessions per week over 31 weeks. Treatment modules are listed in the following order: norm building, understanding offending, arousal conditioning, victim impact and empathy, mood management, relationship skills, relapse prevention, relapse planning, and aftercare (Bakker et al., 1997, p.8).

Evaluations of sex offender treatments with adult clients have reported that intervention programs are generally effective in reducing recidivism. In a review by Hall (1995) of outcome research involving various treatment modalities (behavioural, cognitive-behavioural, family therapy, group and individual psychotherapy, hormonal therapy), the recidivism rate for treated sexual offenders (both child and adult) was 19 percent compared to 27 percent for untreated sexual offenders. The results of Hall's (1995) meta-analysis suggest that treatment is most effective with outpatient offenders and when it consists of hormonal or cognitive-behavioural components. While there is some evidence for the effectiveness of cognitive-behavioural group work with men who sexually abuse children, the evidence on outcomes for programs with rapists is less encouraging (e.g., Marshall & Pithers, 1994).

It seems there is only one published Australian outcome study for a sexual offender treatment program, which was conducted in Victoria (Lee et al., 1996). However, this study did not look at recidivism as an outcome variable. A recent study in New Zealand by Bakker, Hudson, Wales and Riley (1998) reported a recidivism rate of 8 percent for the treated group compared with 21 percent for the untreated group.

It has been suggested that the models for assessing general criminal behaviour, using the risk, needs and responsivity framework, have been under-utilised in the area of sexual reoffending (Gendreau, Goggin & Paparozzi, 1996). This may be particularly true in regard to non-sexual recidivism (i.e., where a sex offender reoffends, but the reoffence is not a further sexual offence), and in the assessment of rapists who have many similarities to other high-risk offenders (Quinsey, Lalumiere, Rice & Harris, 1995).

Research on the criminogenic needs related to sexual offending is not well developed, but plausible dynamic risk factors include deviant sexual preferences, sexual fantasies or arousal (which can vary markedly between offenders), relationship and social skills problems, intimacy deficits (e.g., Seidman, Marshall, Hudson & Robertson, 1994; Garlick, Marshall & Thornton, 1996), and emotional identification with children (Wilson, 1999). It is widely believed that offenders need to take responsibility for abusive behaviours, and pro-offending attitudes and beliefs are frequently identified as important criminogenic needs (e.g., Hanson & Harris, 2000; Ward, Hudson & Marshall, 1995).

It is unlikely that a general statement about the criminogenic needs of sexual offenders can be made, given the marked heterogeneity of offenders. In general, child sexual offenders have been viewed as having different needs from rapists (Grubin & Kennedy, 1991), and others have distinguished between familial and non-familial child sexual offenders (Miner & Dwyer, 1997). However, there have been attempts to classify offenders within these groups through the use of typologies rather than risk/needs assessments. In theory, typologies can be used to classify offenders in order to determine the most appropriate treatment, in much the same way as a needs assessment.

The danger of this approach with sex offenders is that individuals can become stereotyped and that important individual factors are overlooked. Knight et al. (1985) review different typologies and suggest that they involve four major components: the amount of aggression involved, sexual motivation, antisocial personality, and whether or not sadism was a feature. Examples of other classification systems that have been influential include that of Groth and colleagues (e.g., Groth & Birnbaum, 1979) and Prentky, Knight and Lee (1997). However, some have viewed classification systems as limiting, rather than extending, assessments. For example, Cossins (1999) argues that the use of a classification system in the recent Royal Commission into New South Wales led the commission to focus on homosexually-fixated offenders, and to significantly under-emphasise familial sexual abuse and offending against female children.

A recent review of classification systems by the Home Office in the UK concluded that none of the classification systems they looked at were “reliable, efficient, pertinent to a large number of offenders and simple to administer” (Fisher & Mair, 1998, p.1). The important issue is that of the use of any system of classification or diagnosis. If a key objective for classification systems is to assess risk of further offending, a more productive way forward appears to be through the use of empirically based risk assessments rather than theoretically driven classification systems.

One way of making intervention programs more responsive to the needs of individual offenders is to match type of offence with the intervention offered. There is some evidence that offering the same program to both child sexual offenders and rapists is ineffective. Marshall and Barbaree (1990b) report that programs that reduce risk in child molesters have little impact on rapists and exhibitionists. Other treatment approaches have been reported to be more successful with rapists than child molesters (Marques, Day, Nelson & West, 1994).

Many existing intervention programs are delivered in a group rather than on an individual basis. Groups are thought to facilitate the breakdown of denial and increase the motivation to change (Barker, 1996; Clark & Erooga, 1994). However, it is possible that some offenders (e.g., the socially anxious) may find group treatment unproductive and require individual treatment. Programs have also been modified or developed to be more responsive to the needs of Aboriginal sex offenders (Ellerby, 1995) and intellectually disabled offenders (Boer et al., 1995).

An important responsivity factor in sexual offender treatment is the level of denial and motivation for treatment (Terry & Mitchell, 1999). Whilst it has been argued that some acceptance of responsibility for offending is required for treatment to be effective (Prendergast, 1991), others have suggested that length of time in treatment is a more important predictor of outcome, particularly for more serious offenders (Beech, Fisher & Beckett, 1998).

The Collaborative Research Unit (CRU) recently prepared a report for the NSW Department of Juvenile Justice on the characteristics and treatment needs of Australian juvenile sex offenders (Kenny et al., 1999). Using pre-sentence reports as a source of data, they reported that juvenile sex offenders have problems across multiple domains of functioning. The majority of this sample was living with parents at the time of the offence, although sexual and/or physical abuse, was a clinical feature. They argued that family experiences were powerful factors in the onset and maintenance of sexual offending.

The literature on intervention programs for male adolescent perpetrators of sexual offences is reviewed in a recent DHS (1998b) report. Becker and Johnson (2001) provide an overview of assessment and treatment of juvenile sexual offenders, including some descriptions of particular intervention programs. They note that most published reports are descriptive in nature and involve small sample sizes. Published studies include: Johnson and Berry (1989) of a program for the under 13's; Pithers et al. (1995) program for 6-12 year olds; and Bonner, Walker and Berliner (1997) program for children younger than 12 years. Methods employed included cognitive- behavioural therapy, dynamic play therapy, parent and child group work, and skills training. These studies suggest that intervention for the younger age group is likely to be effective, although not all of them involve assessment of recidivism.

For the older age group, more follow-up data are available. Kahn and Lafond (1988) reported preliminary data suggesting that 9 percent of offenders released from a secure care treatment centre reoffended, although these findings are probably unreliable due to methodological problems with how they measured recidivism. Becker, Kaplan and Kavoussi (1988) reported reductions in arousal to deviant stimuli amongst those with male victims, following a multimodal intervention program.

One of the largest studies of 300 adolescents in a community-based program, described by Becker and Kaplan (1993), also reported a 9 percent recidivism rate at two-year follow-up, although attendance was an issue for many of their sample, with only just over one quarter attending over 70 percent of sessions. Hagan and Cho (1996) reported that both adolescent child molesters and rapists had similar reconviction rates for sexual offences, again between 8-10 percent. The longest follow-up study described by Beck and Johnson was that by Schram, Milloy and Rowe (1991), who followed offenders for over five years. It was reported that offenders presented most danger to the community in the first year following release from an institution or completion of treatment program.

The Victorian Juvenile Justice *Evaluation of the Male Adolescent Program for Positive Sexuality* (DHS, 1998b) reported a 5 percent sexual reoffending rate in a group of 138 clients. However, this figure is the percentage of the group that reoffended over the five years of the program's operation, rather than relating to a fixed time period following up individuals (i.e., length of time since program completion). This report noted that length of time in treatment appeared to be related to the risk of reoffending, and identifies a number of features of best practice interventions in this area.

Violent Offending

Violent behaviour is common, but probably only occasional, amongst non-offending youth. There exists, however, considerable variation in the extent of involvement in violence. Within juvenile offender groups variation also occurs, with some having committed one or two, often trivial, offences while some have a history of serious and repeated violent offending (Thornberry, Huizinga & Loeber, 1995).

According to American studies, a small number of individuals typically account for a large proportion of violent offences (Snyder et al., 1996). Furthermore, this chronically violent group differ significantly from intermittently violent and non-violent juvenile offenders in many respects: they have an earlier onset of offending; they engage in a greater diversity of offence types (apart from violence); and have a wider range of, and more serious, social, and psychological problems (Thornberry et al., 1995).

Risk factors statistically associated with chronic violent offending include family factors (low attachment to parents and poor parental monitoring), school factors (low commitment to school and attachment to teachers), high delinquency in peers, and residence in high crime areas. These risk factors interact, in that, for example, young people with both family and peer problems are highly likely to be in the chronic violence group. There is some evidence that family and peer effects are particularly important as antecedents for violent offending in juveniles (Henry, Tolan & Gorman-Smith, 2001).

The research literature points to a number of areas of potential criminogenic need in violent offenders. Serin and Preston (2001b) suggest the following are important: hostility; impulsivity; substance abuse; major mental disorders with acute symptoms; antisocial or psychopathic personality; and social information-processing deficits. Persistently violent offenders have been shown to have greater needs than non-persistent violent offenders and than non-violent offenders, particularly in the areas of employment, marital/family relationships, associations, substance abuse, community functioning, personal/emotional stability, and criminal attitudes (Serin & Preston, 2001b). In addition

to assessing these individual factors, it is also important to acknowledge and assess the social context in which violence occurs, including the peer group and the broader community (Henry, Tolan & Gorman-Smith, 2001; Beck, 2000).

An important point is that considerable heterogeneity exists in violent offender populations, with the implication that individual functional analysis or formulation is required to ascertain which are the most relevant areas of need for the individual. Putnins and Harvey (2001) reported that 60 percent of young people admitted to secure care in South Australia described themselves as having bad tempers, with 15 percent fighting once a month and a majority (55 percent) reporting fighting a couple of times a year. These figures are much higher than those reported by high school students (Putnins, 1999).

Cornell, Peterson and Richards (1999) investigated anger in incarcerated juvenile offenders and found that high levels of trait anger were predictive of aggressive behaviour within the institution (see also Swaffer & Hollin, 1997). Similarly, Eaken (2001) compared violent and non-violent juvenile offenders on anger measures and found that violent offenders had higher levels of anger, though not all studies concur (Katz & Marquette, 1996). The links between violence and hostile attributions of the behaviour of others in the Eaken study confirms that high levels of anger may have a cognitive cause (biased appraisals and attributions) and that a cognitive approach to treatment might be useful. The link between high anger and biased social cognition has also been demonstrated in a normal student population in Australia (Hazebroek, Howells & Day, 2001). Such research is also consistent with cognitive-behavioural therapy being the treatment of choice for many violent offenders (Howells, 1998; Howells & Day, 2002). Self-instructional cognitive techniques may have some utility as part of anger management programs for juvenile offenders (Escamilla, 2001).

For rehabilitation for chronically violent juvenile offenders, Thornberry et al. (1995) recommend that treatment should be *comprehensive*, reflecting the wide range of risk factors (criminogenic needs) and the phenomenon of co-occurring problem behaviors, and that treatment should be long-term. They suggest that intervention programs of less than one year in length “are inadequate to reverse the devastating consequences of multiple risk factors, co-occurring problem behaviours, and stable behavioral repertoires that serious violent delinquents present” (p.235).

A number of experts in the field of treatment concur with these recommendations. Serin and Preston (2001a), for example, suggest: “The delivery of treatment services to these violent individuals must be multifaceted, multi-modal and intensive to address the multiple risk factors. These risk factors also imply multiple pathways to an individual’s use of violence....that yield different entry points for intervention and diverse prognoses” (p.6).

Internationally, a number of therapeutic programs for violence have been developed (Howells & Day, in press), many of which would be relevant for older juvenile offenders. Relatively few programs, however, have been comprehensively evaluated. Ideally, a study would involve pre- and post-treatment assessments, an adequate control group, and a range of multi-modal outcome measures, which would include clinical variables as well as recidivism data. Few published studies include all of these features.

In a recent Australian study of adult violent offenders (Howells et al., 2002a), most of these features were present with the exception of recidivism data. In this study, over 200 male offenders receiving anger management programs in correctional systems in South Australia and Western Australia were compared with waiting-list controls on a range of measures relating to anger and aggression. Sub-groups of the treated group were followed up and re-assessed at two months and 8 months after the end of treatment. The vast majority had formal convictions for violent offences.

One of the main findings from this study was that the treated participants consistently showed improvements on a range of anger measures, but these effects were very small in absolute terms and, generally, were hardly greater than the changes observed in the control group. Where positive changes did occur, they tended to maintain over the two-month and six-month follow-ups. Additionally, the degree of improvement obtained through program participation proved to be predictable from some pre-treatment psychometric measures. Participants who were “treatment ready” tended to have better outcomes than those who were not, as did those who had higher levels of anger problems prior to treatment. The present review did not find a comparable controlled study with juvenile offenders, though the needs of the older juvenile offender group are likely to overlap significantly with adult offenders.

There is a need for outcome studies of anger management with juvenile offenders, using untreated control groups. Some studies have reported reductions in anger in juvenile offenders following anger management interventions (e.g., McCarthy-Tucker, Gold & Garcia, 1999). However, untreated comparison participants are essential given recent evidence with adult offenders that apparent improvements may not be greater than spontaneous improvement without treatment (Howells et al., 2002). Guerra and Slaby (1990) demonstrated that a skills-based treatment program that targeted aggressive beliefs was effective in producing change, but these changes did not extend to recidivism rates.

One of the best-evaluated aggression control interventions is that reported by Goldstein and Glick (1996) with juvenile delinquents. Their Aggression Replacement Training (ART) has been developed and evaluated over a 10-year period with encouraging results. This is a multi-modal intervention including “skillstreaming”, moral education, and anger control training components. A series of controlled evaluations, using a range of treatment outcome measures, have provided evidence that ART is more effective than no treatment and other control conditions. Goldstein and Glick’s own conclusion is that ART:

... appears to promote skills acquisition and performance, improve anger control, decrease the frequency of acting-out behaviors and increase the frequency of constructive, prosocial behaviors. Beyond institutional walls, its effects persist, less fully perhaps than when the youth is in the controlled institutional environment, but persist none the less, especially when significant others in the youth’s real world environment are simultaneously also recipients of ART. In general, its potency appears to be sufficiently adequate that its continued implementation and evaluation with chronically aggressive youngsters is clearly warranted (Goldstein & Glick, 1996, p.164).

More recent work has also lent support to the effectiveness of ART (Goldstein and Glick, 2001). Aol et al. (1999) reviewed the effectiveness of ART, identifying four studies relating to its impact upon criminal behaviour, and calculated the average effect size of to be at .26 for basic recidivism, with a net gain of \$7,896 for each program participant.

An important issue in designing violence programs for the juvenile offender is that findings from the developmental literature be taken into account. Many violent juvenile offenders will have concurrent or previous diagnoses of conduct disorder. Conduct disorder has received considerable research attention. Many of the recommendations as to best practice in the treatment of conduct disorder will also be relevant to the violent juvenile offender (Serin & Preston, 2001b). The developmental literature for conduct disorder tends to recommend a multifaceted, skills acquisition approach, that has an emphasis on maintenance of treatment to prevent relapse, and sees addressing parental and family system aspects as important (Serin & Preston, 2001b).

Farrell et al. (2001) have recently discussed the development and evaluation of school-based violence prevention programs, such as the “Responding in Peaceful and Positive Ways” (RIPP) program in Richmond, Virginia, which is based on problem-solving methods. Such programs are typically targeted at school students, though they are potentially able to be adapted for an offender population and for an institutional setting. The focus of these programs is “situational” and “relationship” violence, rather than “predatory” or “psychopathological” violence (Farrell et al., 2001).

Three populations are targeted for these school-based interventions: *universal* programs are offered to all students, *selective* programs are offered to subgroups with an above average risk of violence, and *indicated* programs are offered to young people at high risk of long-term problems. The programs are also modified for different age groupings: young children (under 8 years) complete programs with an emphasis on emotional regulation and parent-child interaction; middle childhood (8-11 years) programs focus on social competence; early (12-14 years) and middle (15-18 years) adolescence programs address the development of pro-social peer groups, conflict resolution and work/job skills (Farrell et al., 2001). The needs addressed by such programs are entirely consistent with the needs shown to be important as risk factors for offending and include changing beliefs about violence, improving social cognitive problem-solving skills, emotional regulation, attribution biases, and environmental factors.

Rehabilitation Programs Targeting Criminogenic Needs

Substance Abuse

Whilst a range of drug and alcohol treatment options are offered to young people, there are few published reports of interventions that target substance use as a criminogenic need. Some interventions have been described in the literature, such as the Peer Education Program in Victoria (DHS, 1996), but the impact of health promotion and education programs on offending has not been systematically evaluated. Putnins (2001) argues that there have been few empirical studies which show a reduction in substance abuse in young offenders, describing research which suggests that neither detention nor drug and alcohol education programs have proven particularly effective with young people. Putnins (2001) concludes from his reading of the literature that, “It is possible

that for most delinquent youths their substance use is a manifestation of a general problem behaviour syndrome. If so, perhaps the forces shaping general deviancy need to be treated rather than substance use directly” (p.14).

While it is known that illicit substance use among young people in Australia is relatively common, if not normal, the prevalence of illegal drug use amongst vulnerable young people is thought to be even higher. Hulse, Robertson and Tait (2001) reported that 40 percent of a national sample of 12-17 year-old school students reporting using illicit drugs (most commonly cannabis) on at least one occasion. Other studies have shown that similar proportions of students currently use alcohol (e.g., Odgers, Houghton & Douglas, 1997). These figures are likely to be higher for those who are not attending school who, as such, form part of a higher risk group (Hulse et al., 2001).

Dolan, Holloway, Bailey & Smith (1999) reported that 42 percent of juvenile offenders (age 10-17 years) appearing before court in the UK reported using either alcohol or illicit drugs. The 1998/99 Youth Lifestyles Survey of nearly 5,000 12 to 30 year-olds living in England and Wales found that levels of drug use by vulnerable young people (defined as serious and persistent offenders, those sleeping rough, serial runaways, school truants and excludees) were very high. For example, three quarters of those committing three or more minor offences and/or at least one serious offence in the previous year reported using an illicit drug, over three times the level of non-offenders (Goulden & Sondhi, 2001).

In secure care, surveys have also revealed high level of substance use. Putnins (2001) reported that around 80 percent of people in secure care in South Australia report high levels of marijuana use in the month before placement in secure care. A survey of 300 young people in custody in New south Wales (Zibert, Hando & Howard, 1994) suggested that 94 percent had experimented with alcohol, over 90 percent had tried cannabis, analgesics, nicotine and cough medicine, 33 percent had tried psycho-stimulants such as amphetamines, 20 percent had tried narcotics such as heroin, 20 percent had used inhalants, and 14 percent had tried cocaine. The average age at which drug use began was reported to be 11 years, with the average age for illicit drug use at 13 years.

There have been suggestions that young people in institutions become involved in drug use at an earlier age and use a wide range of drugs more frequently (NYARS, 1997). The NYARS report (1997) quotes Alder and Read (1992) stating, “whether or not there is a direct causal relationship between drug use and offending, it can be expected that young people who are drug using offenders will have difficulties in reintegration after their release from a youth training institution” (p.3, in NYARS, 1997 p58).

The diversity of alcohol and drug programs that have been offered to offenders makes it difficult to describe typical intervention programs. In this respect, alcohol and drug programs differ from some of the other interventions described in this review. In many ways this reflects an attempt by service providers to recognise the different causes and patterns of use by offenders. A review of substance abuse programs in adult populations (Howells et al., 2000) found that prison drug use is generally regarded as a continuation of similar pre-prison behaviour and not an adaptation response to the problems and pressures of imprisonment. Multimodality programs offer a combination of services including inpatient treatment, medical care, vocational and educational training, family therapy, therapeutic communities, methadone maintenance, group psychotherapy,

individual psychotherapy, drug education and stress-coping techniques (see Inciardi, 1993; Inciardi, Lockwood & Quinlan, 1993; Incorvaia & Baldwin 1997 for reviews of adult programs).

In the USA, also with adult offenders, the Bureau of Prisons has developed a four-tier system to describe different interventions of increasing intensity, from education services, nonresidential drug abuse treatment, unit-based residential treatment, and transitional services (Weinman & Lockwood, 1993). Education programs have been the most common form of intervention (Incorvaia & Baldwin, 1997), which typically focus on the physiological effects of drug use, high-risk behaviours for HIV, hepatitis, tuberculosis and other diseases, and discuss the benefits of drug treatment and behaviour change. Through a group process, education programs aim to increase motivation to continue treatment. For example, an alcohol education program offered by the Ministry of Justice in Western Australia (see Papandreou, 1999), comprises three sections: knowledge of alcohol and its contribution to offending, including information on alcohol, the law and problem drinking; identifying problem drinking; and education about the physical and psycho-social effects of alcohol.

Counselling services vary considerably and include individual, group or family counselling, peer group support, vocational therapy and cognitive therapy. Medical and pharmacological treatments have been used in prisons for prisoners experiencing withdrawal. One of the most common treatments, methadone substitution, has been effective in prisons (Hser, Yamaguchi, Chen & Anglin, 1995).

A common form of residential treatment in prisons is the therapeutic community (Walker, Falkin & Lipton, 1990). Therapeutic communities are intensive, long-term, self-help, highly structured, residential treatment modalities for chronic drug users. Programs have been adapted for prison settings and vary according to the extent to which they adhere to therapeutic community treatment philosophies. Wexler (1995) reports that they also tend to be shorter (6-12 months) and to emphasise self-help and relapse prevention methods.

An alternative type of residential program, drug-free units, tends to operate on behavioural principles, using a system of punishment and reward (Incorvaia & Baldwin, 1997). Transitional programs, or half-way houses, are designed to help reintegrate the offender back into the community after a period in custody.

In Australia, the National Drug Strategy developed by the National Campaign Against Drug Abuse (NCADA) has adopted the concept of harm minimisation as an underlying basis of the strategy. While definitions and meanings vary, harm minimisation has been defined broadly by Single and Rohl (1997) as: “(A)ny policy or program aimed at reducing drug-related harm” (p. 45), together with a number of strategic principles. These principles include: first, do no harm; focus on the harms caused by drug use rather than the use per se, maximise the intervention options, choose appropriate outcome goals; and respect the rights of persons with drug-related problems.

Family Functioning

Two main elements of the child-adult relationship have repeatedly been linked to problems in adolescence: caring or warmth, and supervision or punishment (Chambers et al., 2001). These parenting factors appear to have more of an effect on delinquent

behaviour than disruption of the family unit (McCord, 1979). Physical abuse is associated with adolescent delinquency and violent offending (Fergusson & Lynskey, 1997), and there is now a compelling body of evidence that childhood sexual abuse leads to a wide range of psychological and medical difficulties in later life. For example, a meta-analysis aggregating the results of 38 separate studies linking childhood sexual abuse and adult psychological problems, reported an association between anxiety, anger, depression, re-victimisation, self-mutilation/self-harm, sexual problems, substance abuse, suicidality, impairment of self-concept, interpersonal problems, obsessions and compulsions, dissociation, post-traumatic stress responses, and somatisation (Neumann et al., 1996). Latimer (2001) summarises this research in the following way, “negative parent-child relationships in general and poor parenting skills, in particular, have been identified as significant risk factors for criminal behaviour in youth” (p.238).

The Youth Justice Board (2001) report identified the following as family risk factors for offending:

- Poor parental supervision and discipline – children whose parents are harsh, cruel, highly inconsistent, passive or neglecting are at increased risk of criminality
- Family conflict – including the conflict that results from familial relationship breakdowns, the quality of parent/child relationships and the stress/strains created by familial poverty
- A family history of criminal activity – youth are far more likely to behave in a criminal way if their parents or siblings have offending histories themselves
- Parental attitudes that condone anti-social and criminal behaviour – parents who are violent within the home and/or have favourable attitudes towards alcohol, tobacco and drugs will enhance the probability of their children becoming deviant, and
- Low income – youth from low-income families are more likely to engage in criminal activity than those from more affluent backgrounds.

Nicol et al. (2000), in their study of young people involved with the criminal justice system in the UK, reported what they called a “disturbing picture of discord and unsettled behaviour” (p. 250). Less than one third of the early teenagers in their sample had parents who still lived together, and half had a history of running away from home without their parent’s knowledge or consent. Many also experienced a constant change of placement, after the initial separation from home.

In research conducted with an older group of Scottish young offenders (mean age 18.6 years), high levels of distress were linked with low parental care (from both parents). In addition, almost half reported having a close family member sentenced for a criminal offence, and around one third reported a family history of drug abuse and/or alcohol abuse. There were 16 percent who reported a history of physical abuse within the family, and 2.5 percent a history of sexual abuse (Chambers et al., 2001).

Given the association between family function and youth crime, it appears plausible that interventions aimed at improving family functioning could help to reduce recidivism and/or improve youth offenders’ life chances. Latimer (2001) conducted a meta-analysis of 35 studies that looked at the effect of involving families in treatment programs for delinquents and found that family involvement tended to reduce the recidivism of young offenders. However, Latimer (2001) noted that, in general, effect sizes appeared to be

related to the quality of the research design, with studies employing poorer experimental designs producing better results than those with stronger designs, pointing to the need for higher quality evaluation designs.

Aol et al. (1999) reviewed Functional Family Therapy (FFT), an intervention offered in the home that specifically targets family communication. From the seven outcome studies identified, they calculated an average effect size of $r = -.34$ on basic recidivism, with a financial saving of \$14,167 for each program participant. A recent special issue of the *Journal of Offender Rehabilitation* was dedicated to research on family empowerment, showing it be effective in improving family functioning and in reducing recidivism (Dembo et al., 2001).

Fostering Programs

Fostering schemes for young offenders have been developed to combat ‘poor’ parenting in offenders families of origin. Typically, the rationale behind the youth placement in foster care is that they will benefit from being exposed to adults who will use positive reinforcement and consistent sanctions with them. Some research evidence does suggest youth who are cared for by “specially trained and supported foster parents” may have reduced rates of recidivism (see Youth Justice Board, 2001, p.107-108).

A variant of foster care reviewed by Aol et al. (1999) is Multi-dimensional Treatment Foster Care (MTFC). In this program, high risk and persistent juvenile offenders are placed in foster care for 6 to 12 months. Foster carers are trained and supervised to delivery family therapy. Aol et al. (1999) reported an effect size of $r = -.63$ for this intervention, with an average saving of \$ 16,459 for each program participant.

Multi-Systemic Therapy

Multisystemic therapy (MST) is a “highly individualised family and home-based treatment that is grounded in part on Bronfenbrenner’s (1979) social-ecological model of development”. In particular, MST aims to intervene directly in systems and processes known to be related to antisocial behaviour in adolescents, for example, parental discipline, family affective relations, peer associations, school performance). It is a highly individualised and intensive therapeutic intervention that seeks to address the causes of problem behaviours in young people and their families (Singh & White, 2000).

MST has been described as “one of the most effective interventions to emerge in recent years”, with some researchers claiming that it can reduce reoffending rates “by up to 50 percent” (McLaren, 2000, p.27). In particular, MST effectiveness has been highlighted in the 12-17 year-old age group (Henggeler & Borduin, 1990). Research has supported the use of MST (average age 15.2 years), relative to usual services in reducing the institutionalisation of serious juvenile offenders and in attenuating their criminal activity (Henggeler, Melton, & Smith, 1992). In their review of MST, Aol et al. (1999) identified five outcome studies (each of high design quality) of the effects of MST upon criminal behaviour, reporting an average effect size of $r = -.68$ for basic recidivism.

Peer Groups

Associating with delinquent peers is also regarded as a criminogenic need for many young people. Carroll et al. (1999) argue that young people who are 'at-risk' will actively seek out events and situations that may be regarded as delinquent in order to gain peer approval and enhance status. They suggest, "for incarcerated adolescents, participation in car theft, police encounters, using drugs, and fighting helps establish their status in peer groups" (p. 604). There is some evidence to suggest that peer activity may be important in offending in South Australia, with Putnins (2002) reporting that 70 percent of a secure care sample report that the majority of their friends had been in trouble, compared with only 21 percent of a student sample.

Social interactions between and within groups of people can affect behaviour. Thus, criminologists have observed that antisocial small group interaction can cause youth to behave in criminal ways (Coventry & Polk, 1985). In other words, youth who associate with a deviant peer group will have an increased chance of learning criminal behaviour and identifying with criminal norms, beliefs and values.

Peer-based programs are designed to circumvent the impact of the antisocial peer group by providing youth with pro-social interaction and thus reduce the likelihood of future offending. Peer-based programs usually take two forms. First, the program may involve connecting criminal youth with a pro-social peer network. Second, the program may create social networks among offenders who encourage each other to maintain acceptable behaviour (Singh & White, 2000). Research indicates that peer-based programs can be effective. Positive effects noted in the literature include reductions in tobacco, drug and alcohol use, more favourable family perceptions, and higher self-esteem (Youth Justice Board, 2001; Singh & White, 2000).

Social Skills

Social skills training has received some empirical support as an intervention for offenders (Antonowicz & Ross, 1994), and may be particularly useful for young offenders (Long & Scherer, 1984), although its impact on aggression remains unclear (Schippers et al., 2001). In the Lipsey and Wilson (1998) meta-analysis, interventions aimed at improving interpersonal skills came out as the most effective in reducing recidivism in both institutionalised and non-institutionalised young offender groups. The term 'interpersonal skills' itself covers a number of different constructs, including social skills, perspective-taking, and group development exercises.

Of these, perspective-taking skills may play a particularly important role in offending. Indeed, there is some evidence to show that deficiencies in perspective-taking characterise juvenile offenders. Theoretically, it has been suggested that delinquency is committed by young people with inadequate capacity to reflect on self and others (Fonagy, 1993). Perspective-taking is hypothesised to be one part of behaving empathically towards another (Hudson & Ward, 2000).

Lack of empathy is thought by many working within the field of sexual offences to be developmentally linked to offending (Marshall, Laws & Barbaree, 1990), and may be related to cognitive processing styles that facilitate offending. For example, Murphy (1990) describes the way that (sex) offenders minimise the harm caused and devalue the

victims as part of a cognitive process of moving responsibility away from themselves. Another study by Eisenberg, Zhou and Koller (2001) found that adolescents who were high in perspective-taking scored high in pro-social moral reasoning.

The targeting of perspective-taking as a criminogenic need has more recently gained some currency with the interest in concepts of psychopathy (Chandler & Moran, 1991), and the advent of victim awareness programs and victim-offender reconciliation programs, which are delivered as core rehabilitation program in some jurisdictions (e.g., Mulloy, Smiley & Mawson, 1999; Thompson, 1999). One program that has been used with juveniles in Australia focuses on introducing young offenders to representatives from different agencies that deal with the victims of offences, and discussing the consequences of crime (Putnins, 1995). This program has been found to demonstrate significant levels of change in knowledge and attitudes towards offending behaviour amongst juvenile offenders (Putnins, 1995; Putnins, 1997).

Cognitive Skills

The term ‘cognitive’, as used in Cognitive Skills (CS) or similar programs, has a wide range of meanings in the field of correctional rehabilitation (Porporino, 1999). The rationale for stressing cognitive processes as rehabilitation targets is that biases and deficiencies in cognition appear to contribute to the development and maintenance of criminal behaviour (Zamble & Porporino, 1988). Zamble and Porporino (1988) have analysed the cognitive deficits found in offender groups, including impulsivity/lack of reflection on consequences, poor planning, concrete thinking, rigid and absolutist thinking, poor problem-solving, deficient reasoning skills, and an inability to take the perspective of others.

The outcome literature relating to CS programs with adult offenders has been summarized and reviewed by Robinson and Porporino (1998). Some of these studies have measured reconviction rates as an outcome indicator (Fabiano, Robinson & Porporino, 1991), whereas others have reported ‘clinical’ outcomes honed on pre-test/post-test comparisons or specific program targets (Fabiano, Robinson & Porporino, 1991).

Outcome studies have also been conducted in other countries (e.g., Raynor & Vanstone, 1994; Garrido & Sanchez, 1991). Some of these studies have been conducted with generalist offenders, while others have focussed on particular groups, such as substance-abusing offenders. In general, such studies have reliably reported greater improvements in CS for participants than for controls, although in the longer-term, for example over two years, effectiveness remains uncertain.

The single biggest evaluation of the effectiveness of CS programs has been reported by Porporino and Robinson (1995). In this important study, the authors describe the results of a project investigating the effects of CS on post-release outcomes, including re-admission and reconviction rates, for federal offenders in the Canadian Correctional System. The CS participants were compared with a control group who did not receive the program (waiting list). One of the strengths of this study is the large number of participants (over 4000) in the CS program. Overall, reductions in recidivism of between 11 percent and 20 percent were found, depending on what measure of recidivism was

used. Outcome was found to be dependent on initial risk-status. High-risk offenders showed little benefit from the program, while low-risk offenders showed a 20 percent improvement.

At face value, this finding contradicts the general proposition in the risk literature that greater rehabilitation gains are found in high-risk groups. Robinson points to an important caveat, that the low-risk group in his study was still relatively high in risk compared to offenders in general. This may mean that the low-risk group can be more appropriately labelled a medium-risk group. Effects for criminogenic needs were also found in this study. Medium and high criminogenic needs offenders showed greater gains than the low-need group. The reduction in recidivism was particularly large (52.5 percent) for the medium-criminogenic needs group.

This study produced a number of other results with relevance for the planning of programs in correctional services. Greater improvements were demonstrated in community as opposed to institutional groups. Because of the strikingly good effects for community programs, Robinson recommends that high-risk offenders who have already received the program in institutions should then receive booster sessions in the community to further reduce their risk.

In this study, large differences also emerged between offender types. Sex offenders showed particularly large reductions in recidivism. This is a surprising finding, given the absence of significant content relating to sexual deviance in the program. Violent offenders and drug-related offenders also showed good outcomes, with both groups doing better than acquisitive offenders. An important finding, from an Australian perspective, was that Canadian Aboriginal offenders showed no benefits from participating in the CS program.

Another program that aims to improve CS is James McGuire's "Think First" program (McGuire & Hatcher, 2001). This program is described in a recent report by Howells and Heseltine (2001). Essentially, it is designed to "teach offenders a range of problem-solving skills including problem awareness, problem definition, information gathering, distinguishing fact and opinion, alternative-solution thinking, devising means-ends steps, consequential thinking, decision making, and perspective taking. These foundation skills are then developed further to address criminogenic needs through self-management, social interaction training, and attitude and values change". McGuire and Hatcher (2001), in an evaluation of the program, concluded that the results "although by no means dramatic, are promising and may be taken as an indication of the potentially positive effects of the program in the short-term" (p.583). Similar conclusions were also drawn by Bartholomew and Aurora (2001) in their pilot study in Victoria.

Educational Needs

There have been few published studies examining the impact of educational remediation programs on subsequent delinquency. Although the relationship between educational achievement and offending is unclear, there is a relationship between juvenile crime and non-attendance at school (National Crime Prevention Project, 2002). Putnins (1999) discusses the ways in which education and delinquency might be linked. These include the possibility that frustration and lack of rewards in education leads to antisocial

behaviour, that non-compliance, hostility and disruptiveness lead to educational underachievement, or that both of these processes apply. Alternatively, Putnins (1999) suggests that there may be no causal relationship between the two, but both are related to a third variable, which has some link with offending risk, such as employment status.

What is clear, however, is that many young people in secure settings have low levels of basic numeracy and literacy skills, and clearly have educational needs. Nicol et al. (2000) reported from their UK sample that 66 percent had been permanently excluded from school, and that high proportions had reading ages below 11 years (89 percent of 13-year-olds, 64 percent of 15-year-olds). Putnins (1999), in a study of South Australian secure care residents, found that many had significant deficits in this area, with male Indigenous participants having the highest incidence of deficits. Young offenders are usually more likely than their non-deviant peers to have a history of poor school performance, that is, to have truanted school, to lack qualifications, and to have low levels of motivation or aspiration when it comes to educational success.

Criminality is further correlated with unemployment (Youth Justice Board, 2001). A catalyst for crime can be a limited number of legitimate opportunities for success. The aim of education/training/employment type programs is to equip youth with the necessary skills for achieving success in the community – to help them become more employable and to find work. Vocational training is also a means of re-connecting or re-establishing bonds between offenders and their communities (Singh & White, 2000).

Reviews of the literature offer mixed messages regarding the worth of vocational type programs. The general consensus seems to be that by themselves these types of programs are not beneficial unless combined with other types of initiatives, such as cognitive/behavioural skills training (see Youth Justice Board, 2001; Singh & White, 2000).

Other Areas of Need

In addition to the previously considered areas of criminogenic needs, it is clear that young people who receive juvenile justice services have high levels of need in other areas that might not be as directly associated with their offending. As well as high levels of mental health need, young people in secure care are likely to have levels of physical health need. While these are unlikely to be related to offending directly, it is clearly important for services to address the health needs of young people in care. One study by Dolan, Holloway, Bailey, and Smith (1999) reported on the health status of juvenile offenders (aged 10-17 years) appearing before court in the UK. They found that a high proportion of their sample (19 percent) had significant health problems, including histories of previous hospitalisation. There were also nine percent who reported a history of deliberate self-harm.

In Australia, the rate of youth suicide (15-24 years) was shown to be increasing until recently, and now ranks as the second cause of death in young Australians, after motor vehicle accidents (Cantor & Neulinger, 2001). Power and Spencer (1987) found that 49 percent of young offenders in the UK verbally ‘threatened suicide’, 31 percent had lacerated their wrists or forearms, and 8 percent set fire to cell items. They reported that medical lethality was minimal in the overwhelming majority of cases (92 percent). Also

in the UK, Liebling (1993) reported that almost half of a sample of 248 self-harming prisoners were under the age of 21 years. Ireland (2000) examined 89 incidents of self-harm committed by young offenders in the UK and found that self-injury appears to occur early in periods of custody. Those who injure themselves more than once, with an increasing level of suicidal intent, may be younger (Pierce, 1984).

One other area of need that remains controversial is related to the self-concept. Levy (1997) has reported that the more negative the self-concept, the more serious self-reported delinquent behaviour. Levy discusses two developmental states that may relate to delinquency: a pro-social state termed the 'adult state' (consisting of attitudes that reinforce the characteristics of being intelligent, being a good student, behaving well, being a good son or daughter, being likely to succeed, and not engaging in delinquent behaviour); and a 'peer state' that "reinforces the importance of membership in an adolescent subculture that values good looks, aggressiveness, nonchalance, good sense of humour and masculinity or femininity" (p.281). Levy (1997) suggested that when the peer state is valued more highly than the adult state, the individual is more likely to behave antisocially.

Methods of Program Delivery

In addition to programs that are designed to meet the particular needs of young people or particular types of offending, there are also a number of descriptions in the literature about ways in which programs and interventions might be delivered. In this section of the review, some of the most common forms of program delivery are discussed - group cognitive-behavioural therapy, mentoring, task groups, leisure/sports based activities and intensive regimes. The distinction between the content of an intervention and the method is slightly artificial, given that these methods in practice are often mixed, and may also be applied to a number of different areas of need. However, it is important to distinguish some of the many different ways in which programs are delivered.

Cognitive/Behavioural-based Programs

Cognitive behavioural therapy is an intervention that recognises cognitive (thinking) deficits and inappropriate ways of behaving are grounded in the social conditions affecting individual development. The main components of such programs generally incorporate some type of social skills training, plus behaviour and thought/reasoning modification (Youth Justice Board, 2001; Singh & White, 2000). A practical description of how a cognitive-behavioural approach might be applied in work with children and young people who offend has been published by NACRO (2001c).

Meta-analytic reviews consistently identify cognitive-behavioural approaches as the most consistently effective way to reduce recidivism amongst young offenders. Typically, a "10 to 16 percent reduction in recidivism compared with matched control groups" has been noted (Youth Justice Board, 2001, p.108).

In the current literature, 62 (29 percent) of the 213 program evaluations reviewed had a cognitive/behavioural component to them. In 22 cases, the cognitive/behavioural therapy was offered as the sole program component. In the remaining 40 programs, this therapy option was combined with one or more of the following initiatives: family-based,

education/training/employment, court-based, leisure/sport, peer-based, fostering scheme. The most popular combinations were to team cognitive/ behavioural therapy with either a family or education/training/employment initiative.

Mentoring Programs

Mentoring programs pair up deviant youth with favourable adult role models who offer them companionship, support and positive reinforcement as they seek to make changes in their lives. For example, mentors will typically support the young person by encouraging them to attend school regularly, to take part in further education/training, and to avoid criminal activity. Programs of this kind may involve trained volunteers from the community or paid professionals. Mentors are usually adults who meet regularly with the young people they are mentoring to help them develop social skills and positive attitudes (Youth Justice Board, 2001).

Some positive short-term change has been observed amongst mentored youth. Many youth who are involved in mentoring schemes have reported “high degrees of satisfaction with the programs”. Furthermore, while involved in these programs, youth indicated that having a mentor has helped them to stay away from alcohol and drugs, avoid fights, and reduce gang involvement (Singh & White, 2000).

Task Groups

An alternative model of program delivery uses activity-based projects to effect change in young people. These projects are examples of what have been termed ‘task groups’. The purpose of a task group is to “accomplish a task, produce a product or carry out a mandate” (Toseland & Rivas, 1984, p.15). McLaughlin, Irby and Langman (1994) describe a number of features of effective task groups as groups that encourage active participation, that are sensitive to the youths’ everyday concerns, and that perceive youth as a resource to be developed. Task groups are thought to be especially useful with groups that are regarded as difficult to engage in mainstream services and there have been a number of published research articles supporting the use of task groups with Indigenous youth in North America (e.g., Marsiglia, Cross & Mitchell-Enos, 1998). Within Australia, they may be a particularly appropriate method of service delivery for young Indigenous people.

What is less clear is the mechanism by which task groups bring about change. Indeed, despite their obvious appeal and high face validity, there have been few systematic attempts to evaluate this type of program. Those evaluations that have been conducted tend to report high levels of participant satisfaction (e.g., Kinnevy, Healey, Pollio & North, 1999), but other changes in program participants are often stated rather than demonstrated. One suggestion has been that task groups can provide the stability and structure lacking in their home and community environments (Kinnevy et al., 1999), but this has not been directly researched. There is however, some evidence suggesting that young offenders who are involved in structured recreational activities are less likely to offend (see Watt, Howells & Delfabbro, 2001). More frequently it is suggested that the task encourages a group process that in some way is therapeutic or beneficial for participants (Skafte, 1988).

One previous study has demonstrated improvements in perspective-taking through the use of a task group, in this case a film-making project (Chandler, 1973). This project, highlighted in the Lipsey and Wilson (1998) review, can be considered to be an example of good practice in the area. In this study, young offenders were paid to attend a series of ten workshops to develop and record films about young people in real-life situations. Each participant was required to play every role in the plot and review each film at the end of each workshop. By the end of the project, participants showed a significant improvement in their perspective-taking abilities. Reduced rates of delinquency were found at 18-month follow-up when compared to a 'placebo' comparison group of young offenders that made films unrelated to perspective-taking, and a no-intervention control group.

Leisure/Sports Programs

Leisure/sports programs are aimed at fostering socially-valued skills, increasing self-esteem, self-discipline, responsibility and respect for rules. Another rationale is that these types of activities can provide youth with an acceptable outlet for releasing energy and pent-up frustration, thus reducing their need to offend. However, meta-analyses suggest that these types of programs are not very effective in reducing recidivism amongst participants (see Youth Justice Board, 2001).

Intensive Regimes

The term 'intensive regimes' is used to refer to programs that are delivered in residential settings to a high degree of intensity. Generally, such programs involve participation in a number of physically challenging and disciplined activities over a period ranging from a week to several months. The best-known examples of such programs are what are known in the USA as 'boot camps'. These camps aim to promote discipline through physical challenge and teamwork.

Despite the belief of many community corrections officers and program managers in the UK that physical activity programs are an effective medium through which to develop personal and social skills (Taylor et al., 1999), research has shown an average increase in the level of recidivism following participation in these programs (Aos et al., 1999). It is now generally accepted that this type of program is not an effective intervention for juvenile offenders (Brown, Borduin & Henggeler, 2001).

Programs that combine an intensive regime with education/training programs and programs to address offending behaviour may offer more promise. Farrington et al. (2000) found that highly structured regimes of this type delivered to young offenders in the UK were effective in producing decreases in recidivism when compared with control comparison groups. A recent evaluation of another program (Operation Flinders) in South Australia targeting low-risk young people also produced positive outcomes, although recidivism was not measured in this study (Mohr et al., 2001).

Part 4: Issues Related to Specific Groups Within Juvenile Justice

This review has identified what might be considered to be the features of good practice in rehabilitation with young people. In brief, program outcomes are likely to be maximised if interventions are targeted towards those with the highest risk of re-offending and those who have high levels of criminogenic need. However, it is important that appropriate program content is matched to responsive program delivery styles. As such, the needs of particular groups of young people who receive Juvenile Justice services are likely to be key responsivity targets. In this section, specific needs of four groups of young offenders are examined and responses to their needs discussed.

Target Group 1: Age

Any differences between best practice rehabilitative work with young offenders and adult offenders are likely to relate to the differing developmental needs of the two groups. There is a growing recognition of the relevance of developmental factors on issues relating to the risk of offending, the needs of juvenile offenders, and the need to deliver interventions in developmentally appropriate ways. To date, however, there has been relatively little published evidence to suggest that developmental approaches have been applied systematically to the understanding or delivery of rehabilitation programs for juvenile offenders.

Typically, the offender rehabilitation research literature does not clearly differentiate between outcomes for different age groups, and on occasion aggregates the results from both young offender and adult populations. Reviews of the applications of the ‘*what works*’ framework to juvenile offending have produced broadly similar findings to that obtained from the adult literature, although it appears that interventions which adhere to the ‘what works’ principles are likely to be more effective when delivered to young offenders than adults (Cleland et al., 1997).

Lipsey and Wilson (1998) analysed over 200 research studies involving serious and violent juvenile offenders, 83 of which involved young people in detention. They reported that the best programs were capable of reducing recidivism rates by as much as 40 percent. They regarded this figure as an “accomplishment of considerable practical value in terms of the expense and social damage associated with the delinquent behaviour of these juveniles” (p.338). Interventions that focused on family functioning, behavioural treatment programs, interpersonal skills, and community integration were the most effective in reducing recidivism.

This meta-analysis directly examined the impact of interventions on outcomes with juveniles in custody and juveniles in the community. Lipsey and Wilson concluded that program characteristics (type, length, intensity) were more influential in determining the

outcomes of custodial programs than community-based programs, which appeared to be more influenced by the characteristics of the young person (Youth Justice Board, 2001).

Thus, although there is much less research on the outcomes of programs with young people in custody, it appears that custodial programs can be very influential in reducing reoffending (Youth Justice Board, 2001, p.16). Underpinning any co-ordinated system of program delivery is the accurate identification of offender needs at the point of entry to the system, a needs-focussed case management system and a mechanism for determining whether targeted needs are showing evidence of change in the direction desired.

Adolescent Development

Research findings with juvenile offenders are rarely placed within a developmental context. In this respect, the offender rehabilitation research differs little from other areas of study. Research on the outcomes of psycho-social interventions for adolescents with mental health problems, for example, has also been criticised for being 'adevelopmental' (e.g., Holmbeck et al., 2000), and in mental health there is a dearth of available treatment programs designed to specifically meet the developmental needs of adolescents.

In their recent review, Weiss and Hawley (2002) found that of the 25 treatments for children and adolescents that met the American Psychological Association's criteria for being 'empirically supported', only 14 had been evaluated for use with adolescents. Of these, seven were adaptations of treatments developed for adults, six were interventions developed primarily for younger children, and only one had been developed specifically for use with adolescents (multi-systemic therapy).

The extent to which developmental issues are related to any understanding of juvenile offending is important, in so far as it is likely to determine views about the appropriateness of different types of intervention, the intensity of interventions, and the extent to which any interventions might be mandated. Thus, for example, if juvenile offending is regarded as developmentally normal and 'adolescence limited', the most appropriate focus of a rehabilitation intervention might be to contain behaviour, until maturation brings about a natural decrease in the intensity or frequency of antisocial behaviour. Alternatively, if offending is viewed as largely independent of developmental issues, then a more active interventionist approach might be warranted. In other words, the perceived impact of developmental processes influences judgments of risk (target groups), needs (intervention focus), and responsivity (the way in which interventions are delivered).

Adolescence is generally defined as the teenage years, from the onset of puberty to the time when young people are deemed to have reached adulthood. It therefore spans a considerable age range and a wide array of developmental changes. The stages of adolescence are not clearly defined but are generally referred to as follows: children aged 10-12 years are generally defined as being in 'late childhood' or 'pre-adolescence'; those aged 12-14 are considered to be in 'early adolescence'; 15-17 year-olds are in 'mid adolescence'; 17-19 year-olds are in 'late adolescence', moving into 'early adulthood' which applies to those aged 18-24 years.

It has been suggested that adolescent development can be characterised in terms of three broad dimensions – biological, psychological, and social development - each of which

has implications for the way services are delivered (Weiss & Hawley, 2002). Biological development refers to the profound physical changes that are caused by the onset of puberty. While there is some evidence to suggest that these physical changes, such as changes in hormonal levels and the functioning of the endocrine system, are associated with behavioural problems such as violence and aggression, the amount of variance explained by these changes is thought to be small when compared to the impact of social influences (see Weiss & Hawley, 2002).

Furthermore, it makes little sense to treat biological development separately from the other dimensions of adolescence, such as, psychological and social development. For example, early maturation is considered a risk factor for offending in young women (Stattin & Magnusson, 1990), but this is only apparent when it leads to the young woman associating with older peers.

Weiss and Hawley (2002) have highlighted two aspects of psychological development, motivation and cognition, as particularly relevant to the delivery of psycho-social interventions to adolescents. Young people are generally reluctant to engage with services, and issues of low motivation are likely to be more pronounced where services are not received voluntarily but under some legal mandate. The issue of help-seeking in adolescence is covered elsewhere in this review but it is important to note here that some acknowledgment of offending as a problem, and some degree of motivation for treatment, are generally regarded as critical to the success of an intervention. Problem recognition and motivation for change are developmental in nature. Low motivation for treatment is thought to be more of a problem for boys, but may be an issue for both genders when a young person is more peer than adult-oriented (Weiss & Hawley, 2002).

Cognitive development is also likely to be a factor that moderates treatment outcomes. Holmbeck et al. (2000) identify three cognitive skills that develop over adolescence, each of which is potentially important to effective interventions: abstraction, consequential thinking and hypothetical reasoning. These skills are especially relevant to cognitive behavioural treatment approaches, and according to cognitive developmental theories (such as Piaget's), are likely to be linked to stages of maturation. Wasserman and Miller (1998, cited by Youth Justice Board, 2001) suggest that as pre-adolescents are unlikely to be able to consider the effects of their behaviour on others, they are more likely to benefit from social and conflict resolution skills training than from victim awareness. They suggest that adolescents are able to understand moral arguments and therefore potentially benefit from interventions that involve perspective-taking.

Although there is a body of research looking at specific cognitive characteristics of juvenile offenders, there are few accounts of programs in the literature where selection for intervention is made on the basis of cognitive ability, or where knowledge about cognitive development has been influential in the design of specific treatment approaches. In their review of psycho-social interventions for mental health, Weiss and Hawley (2002) suggest that despite developmental changes over the course of adolescence, the application of "cognitive-behavioural approaches with adolescents is not clearly distinguishable from that used with adults" (p.30).

Social development is the third broad dimension of adolescent development that appears relevant to the delivery of rehabilitation programs. It has been suggested that the social context in which adolescence occurs (peer group, family, school) will moderate treatment

outcome, with each area acting potentially as either a risk or a protective factor. For example, whereas a developmentally appropriate intervention might seek to improve peer relationships, group-based interventions that increase contact among ‘deviant’ adolescents may have harmful effects (Dishion, Andrews, & Crosby, 1995). In short, rehabilitative interventions that under-emphasize the social context in which offending takes place, may also overlook important developmental events.

Interventions for Adolescents

Although it is clear that programs and interventions for juvenile offenders should be designed and delivered in developmentally-appropriate ways, there are few examples in the literature where developmental issues have been explicitly addressed in program evaluations. One reason for this, as Weiss and Hawley (2002) point out, is that developmental research tends to be largely descriptive, and offers the practitioner little by way of concrete guidance from which to plan a developmentally-appropriate intervention.

A second reason may be a general lack of knowledge about the aetiology of (juvenile) offending amongst program deliverers. In a recent review of juvenile offender treatment, Tarolla et al. (2002) highlight a number of gaps in current knowledge, three of which refer to a lack of knowledge about the impact of developmental factors on offending. These include a lack of data on offenders less than 12 years of age, a lack of understanding of offending escalation and desistance, and a lack of understanding of developmental pathways. An appreciation of each of these related issues is critical to the delivery of developmentally-appropriate interventions to reduce offending.

Perhaps the single most difficult question facing those who provide rehabilitative services for young offenders is the extent to which offending should be regarded as developmentally normal. It is clear that some types of risk-taking are both statistically normative and psychologically adaptive (Moore & Parsons, 2000). Adolescence has been conceptualized as a period of experimentation when some moderate amount of risky behaviour may be developmentally necessary (Erikson, cited in Moore & Parsons, 2000), although “most adolescents fail to escalate from experimental to chronic (or addictive) risk-taking” (p.372). Gullone and Moore (2000) describe four types of risk-taking: socially sanctioned thrill-seeking, developmentally salient rebellious risk, reckless and antisocial risk.

The notion that delinquency, and subsequent offending, might be considered normative for some age groups is important for those involved in planning rehabilitation services. For the younger age groups, while it is clear that the onset of serious and violent offending often occurs in early adolescence or childhood, the majority of young people who appear before court do not go on to reoffend (NYARS, 1997). The issue of identifying the extent to which offending in the younger age group (10-14 years) might be regarded as ‘adolescent-limited’ or ‘life course persistent’ (Moffitt, 1993) is a particularly important one that warrants further research. Moffitt (1994) described life course persistent offenders as those who: “exhibit changing manifestations of antisocial behaviour: biting and hitting at four, shoplifting and truancy at ten, selling drugs and stealing cars at 16, robbery and rape at 22, and fraud and child abuse at 30 - the underlying disposition remains the same, but its expression changes form as new social opportunities arise at different points in development (p.12, cited by Zhang et al., 2002,

p.163). Unfortunately, the current knowledge base does not appear to allow for accurate predictions of the membership of each group (Weiss & Hawley, 2002, p.25), although work is in progress in this area (e.g., Zhang et al., 2002).

There is another body of research which suggests that juvenile offending in the absence of intervention is relatively resistant to change, and is characterised by high rates of recidivism and continues into adulthood (Farrington, 1995). In some studies of custodial juvenile centres, recidivism is reported to be as high as 96 percent (Lewis et al., 1994). The suggestion is that for a significant group of young people, offending will escalate into adulthood, or at least until they reach their early 20s when rates of offending tend to diminish. The Youth Lifestyles Survey in the UK (see NACRO, 2001a) found that the peak age of self-reported offending is 18 years for men and 14 years for women. The highest levels were amongst the 18-21 year-old age group. It is, however, unclear whether such statistics imply that this age group is high risk on the basis of probability of reoffending.

Developmental issues are also likely to influence the types of need that juvenile offenders present with. Younger adolescents facing the transition to high school and the onset of puberty will have different developmental needs to older adolescents, who face the transition from school to work, training or parenting. Their relationships with, and dependency on, family and caregivers is also likely to change with age. Disentangling the effects of maturation in terms of identifying criminogenic needs is not a straightforward task. Table 7 provides some broad areas of need that might apply more to different age groups, in line with Farrell et al.'s (2001) work on violence prevention. These authors suggest that young children (less than 8 years) might benefit most from complete programs with an emphasis on emotional regulation and parent-child interaction; children in middle childhood (8-11 years) should attend programs focusing on social competence; and early (12-14 years) and middle (15-18 years) adolescents should attend programs that address the development of pro-social peer groups, conflict resolution and work/job skills (Farrell et al., 2001). In addition, drug and alcohol use are also likely to be developmentally linked.

Table 7: Age-related treatment targets

Possible treatment targets for younger adolescent offenders (10-17 years)	Possible treatment targets for older adolescent offenders (17-21 years)
Family functioning: family violence and disharmony; marital discord; poor supervision and monitoring of the child; discipline style (harsh or inconsistent); lack of warmth and affection; low involvement in child's activities; rejection of the child; abuse; neglect; parental role modelling of criminal behaviour or substance use	Peer group functioning: pro-offending or antisocial attitudes and peer group
High school functioning: school attachment; peer functioning; truancy, educational under-achievement	Employment, education & training: school non-completion; lack of engagement in vocational pathway
Individual functioning: emotional regulation; loneliness	Interpersonal functioning: sexuality; conflict resolution; substance use; cognitive skills; mental health; independent living

Clearly, needs related to family-of-origin functioning will have more significance to the younger age group, whereas the transition to employment and independent living will be more important for late adolescents. However, even with the younger age group, the involvement of families in interventions is by no means straightforward. Weiss and Hawley (2002) argue that: “deciding on how, or even whether to involve parents can be a complex task, requiring attention to parent characteristics, the nature of the youth’s problem and the goals of the treatment. Moreover, as adolescents gain increased autonomy, self-control strategies and family communication and conflict negotiation skills may take on increased importance, whereas targeting parents as behavioral control agents may be less feasible and less effective” (pp. 30-31).

The third area in which developmental issues are likely to be important is in the manner and style in which interventions are delivered, that is, the responsiveness principle. In terms of providing responsive services to different age groups, it is likely that the manner of program delivery may need to be modified to meet the differing needs and learning styles of older and younger children.

Many of the most effective offender rehabilitation programs reviewed in this report, employ cognitive-behavioural methods, which tend to rely upon adult learning principles. Although these methods have been successfully employed with young people and children, consideration needs to be given to the extent to which the youngest age group (10-14 years) might be reasonably expected to engage with these methods (see NACRO, 2001c). There is clearly a need to ensure that program content and style of delivery of programs originally designed for adults are changed in order to ensure the engagement of younger people.

An issue of special significance for this developmental period is the emergence of mental health problems and mental disorders. Adolescence and early adulthood are the periods of peak incidence of most mental disorders (Health, 2000). The developmental trajectory of mental disorders is becoming better understood: anxiety and behavioural disorders are likely to become evident in late childhood; whereas depressive disorders, substance abuse disorders, conduct disorders, and eating disorders emerge during adolescence; and the period of peak incidence for psychotic disorders is early adulthood.

The relationship between mental health and criminal behavior is complex (see Mullen, 2002), but mental health issues are likely to be important criminogenic needs for some young people. The related issue of suicide risk is also especially relevant to juvenile and young adult offenders, as both younger age and mental disorders are risk factors for suicide (see Ogloff, 2002).

Young Adults

Typically, juvenile justice services aim to work with a population of young people who are between the ages of criminal responsibility (usually 10 years) and the age of majority (18 years). This group may be considered as developmentally within the stage of adolescence, for which the lower age limit is typically selected on the basis of the onset of puberty, and the upper age limit set at the time when “pubertal changes are plateauing, school and work patterns shifting markedly, and living with parents ending” (Weiss & Hawley, 2002 p.23). Clearly, any boundaries placed on service provision on the basis of

age are likely to be arbitrary, given the marked variations of individuals in their level of functioning according to their level of maturity. Age is, therefore, likely to be an imprecise marker of developmental stage.

In Victoria, juvenile justice services are also offered to an older age group (17-20 years) who receive custodial sentences through the adult court system. This age range is probably too narrow to correspond to any clearly definable developmental stage, and in fact, is seen in other jurisdictions as a product of an historical 'accident', stemming from the time when the age of majority was reduced from 21 to 18 years (NACRO, 2001a, p.26).

There has been some discussion in the UK about the possibility of targeting services towards a 'young adult' group, aged 18-24 years (NACRO, 2001a), prompted largely by concerns about the immaturity or vulnerability of young adult offenders in mainstream adult prisons. Although this concern is probably warranted, there appears to be little empirical evidence to support this opinion. Indeed, one recent study found that juvenile offenders in the UK aged 10-17 years were more likely to report physical, psychological or verbal forms of bullying than a sample of young adult offenders aged 18-21 years (Ireland, 2002).

A second argument for the separation of a young adult group of offenders is that the 'contamination' of younger offenders through exposure to more criminally entrenched and sophisticated peers may occur. The only paper that directly addresses this issue is a review paper by Bishop (2002) talking about the transfer of juvenile offenders into adult systems. Bishop concludes that:

Expansive transfer policies send many minor and non-threatening offenders to the adult system, exacerbate racial disparities, and move adolescents with special needs into correctional systems ill prepared to handle them. Transfer results in more severe penalties for some offenders, but there is no evidence that it achieves either general or specific deterrent effects. There is credible evidence that prosecution and punishment in the adult system increase the likelihood of recidivism, offsetting incapacitative gains. Transfer also exposes young people to heightened vulnerability to a host of unfortunate experiences and outcomes (p. 81).

Whether or not young people in adult services are more vulnerable, it is likely that the older adolescent/young adult group will have different needs, and therefore require different services, from both their older and younger counterparts. First, as discussed above, given the developmental course of offending careers, many are likely to be regarded as at the peak of their offending and therefore may require more intensive interventions. Second, they may have different needs. Silverman and Creechan (1995) suggest that two major life transitions, forming a long-term relationship and finding employment, are the major factors that influence whether an older adolescent is likely to progress to adult criminality. Clearly these are developmentally-specific tasks that are likely to require specialist interventions. It has also been suggested that these transitions are best facilitated in community, rather than custodial, settings (Krisberg & Jones, 1994 cited by Silverman & Creechan, 1995).

Summary

There is good reason to believe that interventions for juvenile offenders, when appropriately designed and delivered, are effective in reducing subsequent offending. Research has shown that rehabilitation outcomes are consistently better for young offenders than for adults, with one major review suggesting that effect sizes were even larger for the younger (less than 15 years) age group (Cleland et al., 1997). It has also been argued that the “major biopsychosocial changes of adolescence make this a developmental period in which intervention can have especially lasting impact” (Weiss & Hawley, 2002, p.26).

Generally, however, in this overview of literature relating to the impact of development upon rehabilitation programming, there is little evidence to suggest that developmental issues are having a great influence on program design or delivery within juvenile justice settings. Such a conclusion is offered cautiously, as it is entirely possible, if not probable, that juvenile justice staff are highly skilled in adapting and delivering programs and interventions that are developmentally-appropriate.

There are relatively few documented interventions that explicitly address developmental issues, and progress in this area is hampered by a limited knowledge base. In the database of recent evaluation research developed for this project, it was difficult to systematically categorise studies on the basis of age, let alone developmental level. No recent evaluation studies specifically conducted on the specific 17-21 age range were located, and consequently, it is difficult to make any definitive statements about how developmental issues of this age group might impact on service delivery. This is clearly an area that warrants much more investigation.

Developmental research into adolescence potentially has much to offer in terms of risk assessment, identification of criminogenic needs, and guidance as to developmentally-appropriate program delivery. Weiss and Hawley (2002) suggest that the main uses of developmental research for those involved in psycho-social program delivery are to:

- a) alert practitioners to issues for which they should be vigilant
- b) help practitioners to prioritise adolescent problems appropriately, and
- c) assist in the selection of appropriate candidates for intervention.

It is likely that there will be systematic differences in each of these areas between juvenile justice clients in early adolescence (11-14 years), mid-adolescence (15-17 years), and early adulthood (18-21 years). One of the main questions raised by the developmental perspective is the extent to which serious and persistent offenders can be differentiated from ‘adolescent-limited’ offenders at a young age. At present, there does not appear to be any reliable way of doing this, although research in this area is ongoing.

In light of the literature reviewed, the following observations might have relevance regarding the appropriateness of the dual-track system currently operating in Victoria:

1. Many 18-21 year-old offenders are likely to be at the peak of their offending, although it is unclear whether they would be assessed as a high-risk group in terms of the probability of further offending. However, they may require more intensive rehabilitation programming than other age groups.

2. There is some reason to believe that this age group will have distinctive criminogenic needs from both their older and younger counterparts.
3. Rehabilitation interventions may also need to be delivered in ways that are developmentally-appropriate in order to be responsive, for example, to take account of life stage issues such as forming intimate relationships, autonomy from family, work transitions.
4. The extent to which young adult offenders should be considered as ‘vulnerable’ when placed in adult prisons is unclear from this review and requires further investigation.
5. The extent to which ‘contamination’ effects increase the risk of offending in young adults located with adult prisoners is also unclear, although the literature relating to the importance of peers as a critical reference group does suggest that this may be an issue.
6. What are known as ‘appropriate’ interventions within the ‘*what works*’ approach are likely to be effective with the 18-21 year age group. It is not currently possible to assess the impact of different custodial environments on the effectiveness of these interventions, but they are likely to moderate outcomes. Juvenile justice custodial facilities are arguably more likely to offer a more developmentally-appropriate and responsive service in a climate that is supportive of rehabilitation.
7. It is likely that there are systematic differences between the groups of young adults sentenced to juvenile custody and adult custody centres. These differences may relate to perceived vulnerability, learning disability, mental health problems or other factors such as level of perceived risk, and previous responses to intervention. Research to assess the extent to which the two groups are comparable is important before any direct comparison of outcomes can be undertaken.

Target Group 2: Young Women

Although a relatively small proportion of the juvenile justice population is female, it has been suggested that young women³ in juvenile justice settings are an important group who have special needs. In custodial settings, approximately ten percent of persons aged 10 to 17 years are young women (Cahill & Marshall, 2002). Recent statistics from Victoria suggest that approximately 13 percent of all juvenile justice clients are young women (DHS, 2001).

There is a view that young women and girls may be disadvantaged in the criminal justice system due to paternalistic concerns about their moral welfare (NACRO, 2001b). A DHS Victoria (1995) report (cited by Alder, 1997) suggested that 50-90 percent of female residents at Parkville Youth Residential Centre were subject to dual protective and corrective orders. It appears that when girls are detained in custody, the prognosis for treatment is not good, and concerns have been expressed about their care. A Department of Human Service report in Victoria (DHS, 1995 cited in NYARS, 1997) argued that:

Young women in the juvenile justice system are characterised by a structural position of diminished strength and status. This can result in resource and program disadvantage, gender stereotyping which does not properly acknowledge gender specific requirements, and, for younger women, a lack of recognition of the

³ The term young women is used to refer to young women and girls.

developmental needs of a vulnerable life stage (DHS p.2; quoted by NYARS 1997, p.50).

The only data located which directly compares the risk of reoffending by gender is contained in the recent DHS report on recidivism (DHS, 2001). This data suggests that, in Victoria, males and females reoffend at similar rates. However, in a review of gender-related differences in juvenile delinquency, Lenssen et al. (2000) found that the offences committed by girls are generally less serious and less frequent than those committed by boys, although there is some reason to suspect that gender-related discrepancy may be less marked for younger children (Smith, 1995). A confounding factor in this may be that girls receive more lenient sentences in the court, rather than commit less serious offences. Alternatively, it has also been suggested that offending in young women may sometimes also be interpreted differently to that of boys, leading to increased use of residential and custodial care (NACRO, 2001b).

Self-report studies have shown that a similar proportion of girls and boys report committing offences between the ages of 12-14 years, but that after these years there are proportionally much fewer offences committed by girls (NACRO, 2001b). Cain (1994) reported that the majority of young women (84 percent) in Juvenile Justice in New South Wales had committed either violent offences or indictable drug offences.

Theoretically, such differences in offending patterns have been related to gender differences in the expression of aggression (Maccoby & Jacklin 1980). Some have suggested that girls are less physically aggressive than boys (Crick & Grotpeter, 1995), and others that problems may be more likely to lead to affective disturbances (internalising) with girls and aggression (externalising) in boys (Smith & Rutter, 1995).

A second suggestion is that the developmental process differs between adolescent boys and girls (Loeber & Hay, 1997). There have been suggestions that the early onset of puberty might be gender-specific and could constitute a risk factor for offending. Stattin and Magnusson (1990) reported that early maturers were more sexually active, prone to cheating at school, use more alcohol, and are more accepting of antisocial behaviour. Leffert and Peterson (1995) have argued that girls who reach puberty early have more emotional and psycho-somatic problems, and show more behaviour falling outside of acceptable norms, although they noted that this may be related to associating with older girls. Others, such as Marcus (1996), have commented upon gender differences in the meaning and experience of friendships in adolescent delinquents.

The Needs of Young Women in Juvenile Justice

Most researchers in this area comment upon the lack of systematic research identifying the needs of young women in Juvenile Justice, although a recent review paper by Byrne and Howells (2002) has discussed the needs of adult women offenders. Comprehensive research studies that examine the characteristics of adolescent female offenders are needed as relatively little is known about the needs of this client group. As Lenssen et al. (2001) put it, “the development of female juvenile delinquents, which risk and protective factors can be pointed out and what is gender specific, is still unclear however. The role which personality characteristics, (sexual) abuse, substance use, intelligence, education, running away, truancy, place in the peer group and the girl’s position in her biological

family play in this development, and to what extent gender-specific factors exist, is also insufficiently clear” (p.291).

There is, however, some evidence supporting the idea that adolescent female offenders have unique needs (Darcy-Miller, Fejes-Memdoza, Eggleston & Dwiggin, 1995). Firstly, several studies highlighted the higher prevalence and frequency of abuse in young women in Juvenile Justice (e.g., Chesney-Lind, 1987; Spatz-Widom, 2000). These rates are thought to be much higher for young women than young men, with one study finding that 64 percent of adolescent females reported sexual abuse experiences as opposed to 13 percent of males (Miller, 1992 cited by Darcy-Miller et al, 1995). Young women are also likely to have specific health needs related to pregnancy, parenting, and sexually transmitted diseases, in addition to major mental health issues as a consequence of abuse. Montgomery (2000), in a US study, reported that 60 percent of girls in juvenile correctional facilities had mental or emotional disorders connected to earlier physical or emotional abuse. Other reports have highlighted the high percentage of learning disabled girls (Lenssen et al, 2001) and substance abuse (Corrado, Odgers & Cohen 2001) in juvenile justice settings.

Alder (1997) notes, however, the dangers of sexualising female delinquency, and it is important to consider issues of dependency as a major area of gender-specific need. Both economic and social dependency experienced by young women, are thought to make the “developmental process of identification and building autonomy even more difficult” (Darcy-Miller et al., 1995, p. 429). When young women in the juvenile justice system are asked about their most pressing needs, they will talk about their desperate need to find economic means of independent survival, including jobs, housing, and medical service (Alder, 1997). Dependency issues and the fact that a substantial number of young women in custody have been state wards (Cunneen & White, 1995) may make the influence of peers a particularly important factor in female offending. Pleydon and Schner (2001) suggest that the deviant peer group is the strongest predictor of female adolescent delinquency, even when parents, school and other interpersonal factors are controlled for (Aseltine, 1995; Brownfield & Thompson, 1991).

In short, it seems that young women in Juvenile Justice are likely to have a wide range of needs that might be considered criminogenic. Lenssen et al. (2001) describe evidence of multiple sex contacts from an early age, substance abuse, running away from home and truancy, suggesting that “these are all forms of risk behaviour which possibly play a role in the development of female juvenile delinquency” (p.299). Some have suggested that young women may be more difficult to manage than boys, less enthusiastic about certain group activities (Baines & Alder, 1996) and face particular stigmatisation upon release. The post-release period is thought to be a difficult time for many young women.

Responsive Services for Young Women

The NYARs report (1997) outlines some of the difficulties faced in providing a responsive service for young women in custody. They note that special programs may not be practical or cost-effective in small detention centres, that there are few positive role models for young women in custody, and limited staff training on the special needs of young women. However, they do refer to two programs (one in NSW and one in Victoria) that have attempted to overcome these problems.

The particular vulnerabilities of young women in Juvenile Justice leads many to look towards integrated models of intervention that address multiple problems. In some ways this reflects a welfare model of service provision. Alder (1997) reports that for many there is some blurring of welfare and justice models in working with young women, areas with a “consequent confusion over responsibilities”(p.4). There was concern that “this could act in two ways.... young women could either slip through the net with no-one taking sufficient responsibility for working with them, or the net could be widened and young women would be unnecessarily drawn into the juvenile justice system” (Howard, 1996, p106 quoted in Alder, 1997, p.4). Alder (1997) argues that despite their significance as a group, “girls are still barely visible in our theories, research and policy documents in Juvenile Justice” (p.2).

It is difficult to access data and research that identifies gender-specific risk markers, or makes any clear statements about criminogenic need. It is clear that young women in Juvenile Justice are likely to have high levels of need, often in multiple areas. Applying the ‘*what works*’ model to this group would suggest that particular consideration be given to the following areas of need: mental health, and support for survivors of abuse, substance use programs, and programs relating to peers.

Target Group 3: Ethnicity

Government agencies increasingly recognise the need for services to respond appropriately to all sections of the community. It is now widely accepted that services not only need to be ‘culturally sensitive’, but also ‘culturally competent’ in the way in which services are delivered. These terms refer to services that are perceived as being in harmony with the cultural and religious beliefs of the populations they serve, and are seen as ‘safe’ for all those seeking care, whatever their ethnic grouping, values or beliefs (Kearns, 1996).

Indigenous⁴ Young People in Juvenile Justice

Despite intentions to make services culturally safe, there has been relatively little published research investigating the impact of rehabilitation programs with Indigenous offenders, and almost no reported research with juveniles. In one of the few published papers regarding adult offenders, service providers in Western Australia have claimed that Indigenous offenders are both under-represented in rehabilitation programs and possibly respond less well to the interventions offered (Mals et al., 1999). Similar arguments have been used to support the development of specialist Indigenous programs in New Zealand. The extent to which such suggestions might apply to juvenile justice settings in Victoria is unclear, but it seems possible that on the basis of ethnicity alone, there may be significant barriers preventing Indigenous Australians from receiving or benefiting from programs offered within criminal justice settings.

In this section of the review, some of the issues that are relevant to the development of good practice in Indigenous offender rehabilitation are discussed. Given the large

⁴ In this report, the terms Indigenous and Aboriginal have been used to include both the Aboriginal peoples of Australia and Torres Strait Islander peoples. In recent years the term Indigenous has become more widely used, but there is no universally accepted term for referring to those Australians who are the descendants of peoples who lived on this continent prior to European colonisation.

numbers of Indigenous young people involved in Juvenile Justice around Australia, they form a significant proportion of the national client group. From reading relevant research in this area, more consideration needs to be given to the application of the '*what works*' approach to young Indigenous Australians.

The massive problems experienced by Indigenous Australians in their encounters with the criminal justice system have been well documented and widely discussed (Blagg & Ferranti, 1995; Harding, Broadhurst, Ferrante & Loh, 1995). Of the many issues raised, two have been the focus of increased attention over the past twenty years: the over-representation of Indigenous people in all areas of the criminal justice system (and prisons in particular), and the issue of Aboriginal deaths in custody.

As a result, various recommendations have been made regarding best practice models for dealing with Indigenous offenders and have been accepted as the basis for policy change and new initiatives (Royal Commission into Aboriginal Deaths in Custody, RCIADC, 1991; Ministerial Summit on Indigenous Deaths in Custody, MSIDCS, 1995). The purpose here, however, is not to evaluate how best to prevent the entry of Indigenous people into the justice system or to prevent Indigenous suicide and self-harm in custodial settings; the focus is instead on the much narrower issue of the management and rehabilitation of Indigenous young people in the secure environment.

There is gross disparity between the imprisonment rates for Indigenous and non-Indigenous offenders. While Indigenous people constitute less than 2 percent of the total Australian population, they make up 20 percent of the prison population (Australian Bureau of Statistics, 2001), and are likely to serve longer sentences. Furthermore, this disparity is on the increase with the Indigenous prison population growing at rate faster than that of the non-Indigenous population (Carcach, Grant & Conroy, 1999).

Inequity within the criminal justice system is not, however, limited to a disparity in terms of the rate of imprisonment. A major contributor to the over-representation of Indigenous people in the prison population is an increased risk for reoffending, a risk that presently shows few signs of abating (see Beresford & Omaji, 1996; Broadhurst, Maller, Maller & Duffecy, 1988; Davis, 1999; Ferrante, Loh & Maller, 1999). Sarre (1999) reported that between 1988 and 1995, the imprisonment rate of Indigenous Australians increased by 61 percent; for the same period, the imprisonment rate of non-Indigenous offenders rose by 38 percent.

The problems facing young Indigenous people are even more pronounced. They are massively over-represented in all levels of the criminal justice system. In Australia, an Aboriginal juvenile is 18.6 times more likely to be imprisoned than a non-Aboriginal juvenile (Harding et al, 1995). The most recent figures on juvenile crime published in South Australia suggest that in 1999, the police apprehended just over 5000 young people aged 10 to 17 years (Office of Crime Statistics, 2000). Of these juvenile apprehensions, 17 percent involved young people identified by the police as Aboriginal, although Indigenous young women formed 28 percent of female apprehensions. However, these figures should be treated with caution, as the police records classify Indigenous on the basis of physical appearance and this is likely to be an unreliable method of classifying ethnicity. In South Australia, while Aboriginal children make up 1.2 percent of the youth population, they form 7.8 percent of total formal interventions and 28.1 percent of detention orders (Gale et al., 1990).

Recent statistics have shown that Aboriginal youth still make up 29 percent of admissions to secure care in South Australia (Office of Crime Statistics, SA, 1999). A final statistic is that Aboriginal children are likely to come into contact with the criminal justice system at an earlier age. For example, Aboriginal young people are placed on supervision orders at a younger age than other young offenders in Victoria (DHS, 2001). These statistics reflect issues that need to be addressed.

There are major concerns about the applicability of the '*what works*' model to Indigenous young people, although expressions of this can be found predominantly in the New Zealand literature relating to Maori offenders (Singh & White, 2000). The concerns raised fall into three main areas: first, that risk assessment methods are not valid for use with Indigenous people; second, that Indigenous people have distinctive needs; and third, that programs should be delivered in culturally appropriate ways.

Most existing measures of risk have been validated on North American offender populations and the issue of whether the same risk markers exist for Indigenous offenders as for non-Indigenous offenders in Australia has not been addressed in any substantial way (Dawson, 1999). Several authors have cautioned against the direct application of measures developed for use with other populations, arguing for the development of ethnicity, gender and geography-specific measures for use with offending populations (Dawson, 1999; Hann & Harman, 1993).

What does seem clear from using risk assessment measures is that, as a group, Indigenous offenders are of higher risk of reoffending than non-Indigenous offenders. In Canada⁵, Bonta, Laprairie and Wallace-Capretta (1997) and Hann and Harman (1993) reported data showing that (Canadian) Indigenous offenders show a recidivism rate approximately 19 points higher than that of non-Indigenous offenders, with those not living on a reserve having the highest risk scores.

Another Canadian study by Johnston (1997) found that over 40 percent of the sample of Indigenous Canadian prisoners fell into the high risk/high needs category. Case file data also revealed that extremely high proportions of Indigenous offenders had identified needs in the areas of substance abuse (88.2 percent) and personal/emotional functioning (82.4 percent), both of which constitute criminogenic needs. In Australia, it has also been suggested that Indigenous people have far higher rates of recidivism than non-Indigenous people (Broadhurst, Maller, Maller & Duffecy, 1988).

Research by Bonta, LaPrairie and Wallace-Capretta (1997) with Canadian adult offenders comparing the use of an actuarial risk-needs instrument with both Indigenous and non-Indigenous offenders in community corrections, concluded that the same risk/need assessment measures developed for use on non-Indigenous offenders, could reasonably be used with Indigenous offenders. In other words, that the same factors that predict risk in non-Indigenous offenders - mainly criminal history and offence factors - also predict risk in Indigenous offenders.

⁵ The lack of Australian research in this area leads us to draw on research conducted with what might be considered similar Indigenous populations in Canada and New Zealand. However, we recognise that there are likely to be enormous cultural differences between these groups, and as such that this research should be interpreted critically and applied to Indigenous Australian populations with caution. Similarly, we note difficulties in talking generally about Indigenous people within Australia, given the diversity of groups that are referred to in this way.

There is only one published study that investigates risk assessment in Indigenous young offenders, which is also Canadian (Jung & Rawana, 1999). In this study of juvenile offenders attending probation offices, Jung and Rawana (1999) reported that the strongest factors discriminating recidivists from non-recidivists were:

- education and employment
- negative peer relationships, and
- antisocial attitudes.

They found that native youths tended to have more negative peer influences, greater alcohol or drug usage, and little involvement or interest in organised activities, and were assessed as much higher in risk. Their conclusion was that the risk-needs measure they adopted could reasonably be used with both Indigenous and non-Indigenous (Canadian) young offenders.

In contrast to this, others have suggested that risk markers might be different for Indigenous young people in Australia, although there is currently little empirical evidence to support such claims. Current risk assessment measures may simply not be asking the right questions, and their ability to predict recidivism might be enhanced if more culturally targeted questions were asked. For example, Beresford and Omaji (1996) have suggested that child removal and institutionalisation creates inter-generational trauma leading to subsequent problems coping as parents. The National Aboriginal and Torres Strait Islander Survey (1997) showed that 21.8 percent of those taken away from natural family as a child were arrested in the last five years, compared with 10.6 percent of those not taken away. Ninety-eight percent of Aboriginal youth in detention have a close family member in jail (Cahill & Marshall, 2002). Therefore, factors relating to family separation or parental mental health may be particular risk markers for Indigenous young people. At present, there is no research data to support this proposition.

Another risk factor might be ‘cultural identification’, although again the research evidence for this is insubstantial. One recent New Zealand study has provided preliminary evidence to support an association between a lack of cultural pride and greater chance of reconviction in adults Maoris (Maxwell & Morris, 1999, cited in McFarlane-Nathan, 1999). In addition, it has also been suggested that positive pro-social cultural identity is likely to be associated with educational participation and positive employment profiles (Durie, 1996), both of which can be considered as protective factors against offending.

A related construct to cultural identification may be that of alienation. Sankey and Huon (1999) reviewed research supporting the notion that higher levels of alienation exist amongst delinquent groups (Calbrese, 1987), and that alienated adolescents are more likely to associate with a deviant peer group (Patterson & Dishion, 1985), with the consequence of delinquency. In their research, Sankey and Huon (1999) found that one form of alienation, termed ‘societal alienation’, was a powerful factor mediating between school-related experiences and delinquent behaviour. They described societal alienation as a refusal of society’s rules and regarded it as closest to the concept of ‘normlessness’, making the point that it is a psychological state rather than a behaviour.

Informants also viewed alcohol as an important contributing factor to Indigenous violence (Mals et al., 1999). Those who had worked in remote areas believed that virtually all violent crimes by Indigenous men were alcohol-related. Few informants offered any comment as to the mechanism by which alcohol and violence might be linked, other than to suggest that everyday conflicts were more likely to escalate into violent confrontations under the influence of alcohol.

There is some research evidence to support these views, although data relating to alcohol-violence links in different cultural and ethnic groups is limited in scope (Ward & Baldwin, 1997), and may be better understood in relation to socio-economic factors. Hazlehurst (1987) also suggests that drinking could be a factor in up to 90 percent of all Indigenous contacts with the justice system and is common in serious offences such as homicides (Strang, 1993; Easta, 1993). One study has suggested that while overall Indigenous drinking levels are lower than for the general population, there seems to be a “high incidence of dangerous consumption levels”, particularly among young men (Lincoln & Wilson, 1994, p.62).

Putnins (1999; 2001) reported data concerning substance use and compared Aboriginal young offenders (n=162) with non-Aboriginal (n=509). ‘Overwhelming similarities’ were found rather than differences between the Aboriginal and non-Aboriginal offenders, with no major differences found between self-harming behaviours, depressed mood or feelings of hopelessness. Both groups reported high levels of marijuana use in the month before placement in secure care (80 percent Aboriginal compared to 84 percent non-Aboriginals), although alcohol was more commonly reported by non-Aboriginal informants (59 percent Aboriginal compared to 80 percent non-Aboriginal).

Two differences evident in this report were related to family, with fewer Aboriginal respondents reporting that both natural parents were alive and living together (14 percent compared with 21 percent of non-Aboriginal), and more reporting that they had parents or siblings in trouble with the law (71 percent compared with 56 percent non-Aboriginal). The other noticeable difference related to literacy, with 32 percent of Aboriginal young people having a reading age of less than 8 years, compared with 15 percent of non-Aboriginal people. It is not possible to say how robust these findings are, but they do offer some insight into the characteristics of people who are admitted to secure care.

A third area identified in the Mals et al. (1999) study that might act as a significant risk marker for Indigenous young people may be family problems. Feuding between family groups was regarded as common across the full spectrum of Indigenous communities. Feuds could originate from apparently trivial incidents and once begun, family obligations may progressively draw more individuals into the hostilities. These conflicts can endure for many years and may span several generations of the families involved. A major perpetuating factor was seen to be the absence of any socially accepted way for the opposing camps to withdraw from the conflict; to give up the fight inevitably involves a loss of face. There was said to be a belief among males that one’s sense of manhood hinges on achieving victory.

It is clear from the above that while it is possible to speculate on how cultural factors might influence offending in young people, there is little empirical evidence to support such claims. There is a lack of research that describes in any systematic way the specific needs of Indigenous offenders (Howells et al., 2002), including both criminogenic and

non-criminogenic areas of need. The only published research located in this review related to Indigenous adult male prisoners in Canada and it is not known how applicable such research is to an Australian context, particularly to juveniles. However, Australian research on the needs of Indigenous people shows that levels of health and mental health need are high in Indigenous communities. Most researchers relate this directly to experiences of family separation and trauma.

Coping with racism and discrimination may provide an additional area of need that is particularly pertinent for Indigenous offenders. Research supports the claim that disrespectful treatment is commonly implicated in angry and aggressive behaviour (Bettencourt & Miller, 1996). A related construct is that of injustice. As Miller (2001) puts it: “In short, a personal insult becomes a defense of honour and integrity of the entire moral community” (p.534). As such, anger can result from a sense of injustice both against oneself and against one’s community. In this context, it is possible to speculate that disrespectful or discriminatory treatment would be likely to evoke anger and increase the risk of violent offences or other offences such as resisting arrest. This being the case, managing anger in ways that do not lead to criminalisation might be seen as a need of particular relevance to Indigenous offenders, or indeed any other groups that are targets of racism or discrimination.

Thus, it seems plausible that young Indigenous people in juvenile justice services are likely to have particularly high levels of need, both criminogenic and non-criminogenic. Rates of mental health problems may be particularly high (Sansbury, 1999). An additional area of need may relate to the geographical location of secure care centres of prisons. Hazlehurst (1991) suggested that for many Indigenous prisoners, custodial facilities might be located some distance away from the family, leading to additional problems in maintaining communication with families and communities.

Good practice in this area suggests that rehabilitation programs should be based on, and target, the established *needs* of the offender group. An implication of the failure to identify and address what are likely to be the distinctive needs of Indigenous offenders is that Indigenous offenders are offered standard “non-Indigenous” programs which run the risk of being culturally inappropriate (Mals et al, 1999). Despite this being a high priority area because of over-representation, progress in the development of intervention programs for Indigenous Australian offenders has been slow. In addition, few of the programs developed have been subject to empirical evaluation to determine their effectiveness.

Program Delivery and Responsivity

Before looking at particular programs and methods of delivery, however, it is important to look at the broader question of what might be seen as an appropriate response to a delinquent or criminal act. The literature on offender rehabilitation suggests that programs should usually delivered in response to an offence, and focus upon interventions that can change an individual’s functioning, so that further transgressions are less likely. Such an approach is consistent with the western model of criminal justice that ascribes a high level of personal responsibility for behaviour, and is embedded within the context of cultural values for individualism and autonomy.

It is apparent that many Indigenous cultures simply do not share this approach to justice, and as such do not subscribe heavily to the assumptions underpinning the model. Writing from a Canadian perspective, Bennet (2000) summarises this view in the following way:

Aboriginal peoples have long asserted that there is more than one effective system of justice for a community. Traditional aboriginal justice practices are based on the philosophy that the entire community should address problems through the resolution of disputes, the healing of wounds and the restoration of social harmony (p.5).

Most western model rehabilitation programs draw on cognitive-behavioural (CBT) methods and theories. CBT was originally developed in the mental health field and then applied to criminological problems. The mental health field is characterised by adherence to a medical model which makes universalistic (and largely biological) assumptions about the nature of mental disorder and seeks to locate the problem within the individual, rather than within broader social processes (see Thakker & Ward, 1998). In CBT, the emphasis is similarly on individual maladaptive responses or on adaptation to the environment, with a consequent de-emphasis on contextual or cultural factors (Beck, Rush, Shaw & Emery, 1979).

A review of juvenile justice services in Australia was published in 1997 based on a survey of juvenile justice authorities, interviews with key informants and young people (NYARS, 1997). It was suggested that those offering programs in detention and upon release should consider the following factors as relevant to the needs of young Indigenous people:

- potential alienation from a predominantly non-Aboriginal juvenile justice system
- relatively young age of Aboriginal youth in detention
- the potential isolation of many young people, given the geographical separation from family, and language/communication difficulties
- the fractured or transitory nature of family life and supports available
- lower levels of functional literacy
- specific health needs
- high profile of young Aboriginal people upon release
- social status of offending amongst peers, and
- difficult circumstances encountered upon release.

These authors note that the development of programs for Indigenous youth has been impeded by a lack of co-operation between juvenile justice authorities and Aboriginal organisations in some states. They suggest that more programs have been developed in institutions than following release back into the community. They describe good practice strategies including:

- liaison and communication between authorities and Indigenous organizations
- provision of training in Aboriginal history and culture for justice staff
- development of programs for young people in detention
- provision of culturally-specific advocacy and support services in detention

- development of Aboriginal mentor schemes
- family interventions with young people in custody, and
- finding post-release support services.

In addition, there have been several major publication focussing on the development of programs for adult Indigenous offenders. These have included national reviews on mental health (the *Ways Forward* report), which calls for the development of trauma programs, self-harm programs, family programs, and mental health care programs for Indigenous people (Raphael & Swan, 1998).

Memmott, Stacy, Chambers and Keys (2001) have recently published an extensive review of violence in Indigenous communities as part of a National Crime Prevention Program initiative. They argue that “violence is not only a pathological response to certain factors, factors which highlight the dispossession of Indigenous people, but it is also an indication of cultural values and the contexts in which they exist and prevail” (p.32). While noting the lack of empirical research to support this view, Memmott and colleagues suggested three broad categories of causal factors for violence as follows:

1. Underlying cultural influences - the historical circumstances of Indigenous people “which make them vulnerable, leading to their enacting, or becoming the victim of violent behaviour” (p.11). Interventions at this level would enhance the provision, for example, of land, health services and education
2. Situational influences - including factors such as alcohol use and social reinforcement of violence. Interventions at this level would provide services such as shelters, “sobering-up” facilities and alcohol programs, and
3. Precipitating factors - particular events that trigger a violent act by the perpetrator. Appropriate interventions would be at the individual level and would include, for example, anger management.

Jones (2001) identifies specific needs and targets that may be relevant for Aboriginal offenders (see Table 8).

Table 8: Cultural needs of offenders

Culturally universal needs and treatment targets	Culture-specific offender needs and treatment targets
<ul style="list-style-type: none"> • substance abuse treatment • domestic and family violence programs • sexual offender treatment • personal and emotional problems (trauma and loss) • physical health services • mental health services • parenting programs • employment and job readiness programs • community reintegration, follow-up and support 	<ul style="list-style-type: none"> • acculturation/deculturation (loss of connection to one’s culture) • separation, displacement and abandonment • coping with discrimination • identity issues and being bicultural • reconnecting with spirituality and Aboriginal

Source: from Jones, (2001)

The extent to which the findings of such reviews may be appropriately applied to Indigenous groups in Australia and New Zealand is less clear, with many commentators suggesting mainstream programs for adult offenders are likely to be culturally inappropriate for Indigenous Australians. In contrast, a recent meta-analytic review by Wilson, Lipsey and Soydan (2002) suggested that program outcomes were generally similar for ethnic minority groups in largely North American samples.

Unfortunately there is a dearth of empirical evidence from which to evaluate claims that programs are more, equally, or less effective for Indigenous youth. However, it does seem reasonable to suggest that the needs of young Indigenous Australians, may differ from other ethnic minority groups, by virtue of the impact that colonization and the subsequent disintegration of Indigenous cultures within Australia. Applying these models to Indigenous offenders would suggest that special efforts should be made to support Indigenous offenders whilst in custody. The provision of peer-support and liaison officers from the Indigenous community represents a reasonable response to the particular needs of Indigenous people in custody (see McArthur, Camilleri & Webb, 1999).

One way of approaching this issue is by viewing ethnicity status as essentially a responsivity issue, whereby interventions are tailored both in terms of their content and method of delivery to meet the needs of different cultural groups. Losel (1995b) has called for further attention to be given to the differential effects of offender characteristics on outcomes, while Gendreau and Andrews (1996) have suggested that ethnicity should be a high priority research area in the domain of responsivity. Recent years have seen the publication of a number of papers in the academic literature calling for the development of more responsive models of psychological intervention (Hall, 2001). These have included calls for a focus on racial identity features for African Americans (Carter 1995), sociopolitical context, empowerment and Indigenous problem solving with American Indians (LaFromboise, Trimble & Mohatt, 1998), stigma and shame with Asian Americans (Root, 1998), and family structure with Latino Americans (Szapocznik, Kurtines, Santisteban & Pantin, 1997).

Jones (2001) argues that many existing programs for adult Aboriginal offenders are culturally inappropriate: “Aboriginal offenders tend to avoid the mainstream programs unless they are mandated into them; they tend to drop-out or get removed more frequently than non-indigenous participants and tend to respond less well. They show their cynicism and distrust by voting with their feet” (p. 6).

Assuming that programs are matched to the identified needs of young Indigenous people in custody, it is possible that difficulties might lie in the way in which programs are delivered. In a survey of those involved in the delivery of anger management programs to Indigenous adults in Western Australia, Mals et al (1999) found that some of the concepts used in mainstream programs seemed alien and incomprehensible to Aboriginal participants. In addition, they noted that given the high levels of literacy problems, that program material be presented in a way that did not depend heavily on written information, with videos, non-verbal symbols and role-plays seen as possible alternatives. Generally, respondents suggested that programs should be delivered in a more conversational manner, with the bulk of session time should be given over to discussion by the group as to how the issue raised by the facilitator applied in their own lives. Jones

(2001) recommended a wide range of alternative program activities and methods, including the use of arts projects, music, storytelling and narrative, talking circles, drama projects, traditional rituals and ceremonies and the use of native language in program delivery. While such suggestions are concerned with programs designed for adults, it is possible that similar issues may occur in programs delivered in custody.

The second area of program delivery that has been discussed was the composition of participants and facilitators involved in programs. In a large-scale Canadian survey of adult prisoners, Johnston (1997) reported that nearly two-thirds of Indigenous Canadians (64 percent) perceived 'anti-native attitudes' in their institution, reporting significant apprehension in dealing directly with correctional staff, preferring to put trust in other Indigenous people, especially spiritual leaders and elders. Many (69 percent) felt that native-specific programming was useful and most requested greater provision of cultural and spiritual activities.

Respondents in the survey by Mals et al. (1999) felt that Aboriginal facilitators would have a strong advantage over non-Aboriginals in their ability to establish rapport with Aboriginal participants. It was suggested that participants would be reluctant to talk to a non-Aboriginal about their circumstances and way of life, largely out of a concern that they will be "looked down on". The Western Australian service providers surveyed by Mals et al. (1999) felt that segregated groups might help to facilitate self-disclosure on the part of Aboriginal men, and that they would allow for better targeting of treatment on issues of particular relevance to Aboriginal men. Yet concerns were also expressed about singling out Indigenous people as being particularly difficult, and on the impact of any pre-existing relationships between individuals within the group. Jones (2001) points to the positive spin-off effects of mixed groups in terms of reduced racism and increased cross-cultural understanding in staff and offenders. However, there is a view that even if the treatment groups were to be culturally integrated, it would be beneficial to have the Aboriginal members attend a collateral program focussing on issues of Aboriginal identity. One suggestion was for non-Aboriginal facilitators to preface the main body of their program with a "de-colonisation" initiative in an effort to address any negative feelings that clients might bring to treatment with them.

This literature search revealed that where the ethnicity of program participants was recorded in the literature ($n = 101$), the vast majority ($n = 92$, 91 percent) of programs were not targeted at specific ethnic groups. In fact, only nine programs (9 percent) specifically targeted certain ethnic groups other than Europeans. These ethnically-specific programs were targeted either at indigenous (e.g., New Zealand Maori) or other ethnic minority groups (e.g., African Americans). The relatively small number of programs targeted at certain ethnic groups makes further analysis based on this factor impossible.

Target Group 4: Young People with Disabilities

Mental Health Needs

There is a growing body of research focussing on the mental health needs of juvenile offenders, conducted largely in the USA (e.g., Cocozza & Skowrya, 2000; Grisso, 1999; Elliott, Huizinga & Menard, 1989). Estimates of prevalence of mental health problems

for young people in custody range from 46 to 81 percent; rates for those in the criminal justice system, but outside of custody, range from 25 to 77 percent (Hagell, 2002). A recent study by Mears (2001) reported that the prevalence of serious disorders (schizophrenia, major depression, and bipolar disorder) is thought to be at least 20 percent compared with 9 to 13 percent of the general population. Prevalence estimates for other disorders are lacking (e.g., post-traumatic stress disorder). In a retrospective study of 104 young offenders in Germany, Niebergall (1989, cited by Hinrichs, 2001) reported that 89 percent had diagnosed conduct and personality disorders, with 90 percent having what they called abnormal psychosocial situations, including intrafamilial discord among adults, parental mental disorder, and inadequate parental supervision or control. Hinrichs (2001) similarly reported that overall psychiatric morbidity of a sample of young male prisoners was high. In short, research has shown that young people in custody are likely to have particularly high levels of mental health need.

The extent to which mental health problems might be considered as criminogenic is controversial. The relationship between mental health and offending is neither direct nor universal (see Howells, Day & Thomas-Peter, 2002 for a discussion). At least three different associations are possible:

- Firstly, offending itself might play a role in causing mental health problems in young people, such as through the death of friends caused by accidents during offending in cars.
- Secondly, contact with criminal justice system may cause or exacerbate mental health problems. Nieland, McCluskie and Tait (2001), in their work in young offender institutions in the UK (ages 17-21 years) suggest that young people may be more vulnerable emotionally to the stresses of incarceration, particularly given that victimisation and bullying may be more commonplace in these settings. Peterson-Badali and Koegl (2002) have also reported that many young people's response to general questions about what it is like to be in secure care focused on "safety concerns, problems with staff, or problems with other inmates" (p. 47).
- Thirdly, there may be some direct causal pathway between the experience of some types of symptoms (e.g., command hallucinations) and offending, although little of this research has been conducted with those less than 18 years-old (see Howells et al, 2002).

Given these (and other) pathways, Howells et al. (2002) argue strongly for an individualised assessment to determine the extent to which mental health functioning should be regarded as criminogenic. At the very least, however, it would seem reasonable to suggest that a diagnosis of conduct disorder or related diagnoses, such as ADHD, should be regarded as a criminogenic need.

However, it is clear that services have a responsibility to respond to mental health problems, independently of their criminogenic status. The experience of stressful life events is linked to the development of mental health problems and young people in Juvenile Justice are likely to have experienced high numbers of stressful life events. Lader et al (2000) reported that 96 percent of young people in prison had experienced at least one stressful life event in the past. A quarter had experienced a stressful life event in the last six months. Montgomery (2000) reported that in the USA, 60 percent of girls in juvenile correctional facilities had mental or emotional disorders connected to earlier

physical or emotional abuse. Similarly, MacManus et al. (1984) reported that 62 percent of female serious offenders and 35 percent of male serious offenders had a history of physical abuse, neglect or abandonment.

A recent major report into service provision in this area in the UK concluded that the mental health needs of young offenders were not being met, with a lack of service provision across all agencies involved in the care of young people (Hagell, 2002). There is widespread agreement about the lack of research in this area, particularly concerning effective interventions and programs. There are few reports of systems of assessing mental health need within juvenile justice services, and few standardised assessment procedures available (although in the UK, the ASSET tool does include some mental health items).

Comorbid substance use problems provide a particular difficulty in providing programs for this group. Milin et al. (1991), from a sample of 111 young offenders referred from court for possible drug and alcohol problems, found that 91 percent also had a conduct disorder, 58 percent an oppositional disorder, 35 percent an aggressive conduct disorder, 32 percent had depression, and 23 percent had attention deficit disorder. Riggs et al. (1995) in their research with a sample of 90, 13-19 year-old offenders with conduct disorder and substance use problems, found that 20 percent had major depression or dysthymia.

In their study of needs and services, Nicol et al. (2000) reported that the need for services was most obvious in the following areas: counselling/therapy for substance abuse; structured residential programs for delinquency; educational programs to counteract disrupted education; anger management program for anger control; and the diagnosis and treatment of medical problems. They also noted problems with the lack of routine screening, limited treatment services and referral to treatments outside of justice system. In short, however, there is a lack of knowledge about the effectiveness of interventions for young people with mental health problems.

Offenders with mental health needs present considerable difficulties to services. These have been described by Hafemeister, Hall & Dvoskin (2001) and include administrative challenges related to ensuring the safety of both the individual offender and those around her/him, the demands made upon staff and the impact on staff morale, and the difficulties in providing offence-focused interventions with this group (see Howells, Day & Thomas-Peter, 2002 for further discussion). In addition, there are management issues related to housing, disciplinary segregation, and residential treatment, and there are often disagreements about whose responsibility it is to provide services to this group.

Learning and Other Disabilities

Most of the published research on learning (or intellectual) disabilities has been conducted with adult male offenders. The largest international study located by Hodgins (1992, see Hodgins & Muller-Isberner, 2000) consisted of a Swedish birth cohort study involving 15,000 people. Hodgins found that of the 192 people with intellectual disability (and no comorbid major mental disorder), rates of criminal conviction were approximately three times higher for all offences, approximately five times higher for violent offences in men, and 25 times higher for violent offences in women.

The Law Reform Commission Report, NSW (1996) reported that the prevalence of intellectual disability in the community is 2-3 percent, but rates among prisoners are at least 12-13 percent. Rates among those arrested, charged and appearing before courts are even higher. Hayes (1997) found that nearly one quarter of persons appearing in local courts in New South Wales could be diagnosed as having an intellectual disability, with up to half in rural jurisdictions with high Indigenous populations. Thus, it appears that people with learning disabilities are over-represented in all areas of the criminal justice system (e.g., Hayes & Craddock, 1992). This includes suspects undergoing police questioning (Gudjonsson, Clare, Rutter & Pearse, 1993), those detained in prison (Jones & Coombes, 1990), and those appearing in local courts (Hayes, 1997).

There has been almost no published research on the criminogenic needs of learning disabled young people. In this review, the only study located (Richardson & Kelly, 1995) found that adolescent suspects who had lower intellectual abilities were likely to be inherently more suggestible and consequently, more vulnerable to giving false testimony under cross-examination.

As a group, disabled people may present a higher degree of risk. Hayes and Craddock (1992) suggest, "Intellectual disability (or at the very least, educational backwardness) is strongly related to juvenile delinquency particularly among mildly intellectually disabled juveniles" (pp. 39-40, cited by NYARs 1997, p.55). Within juvenile justice services, however, there have been suggestions that intellectually disabled offenders tend to be minor but repeat offenders, or commit a major violent crime, and that over-representation in custody may relate to impulsiveness, susceptibility to peer group pressure, and a lack of success in concealing their crime (NYARS, 1997). These areas might relate to areas of need for intervention in intellectually disabled young offenders.

Managing this client group presents considerable challenges. Concerns have been raised about assessments of disability, staff training to deal with disabled young people, use of normalisation principles, and difficulties in providing inter-agency programs. The NYARS report (1997) found "little evidence of a clearly articulated or coordinated approach to addressing the specific needs of young people with a disability in juvenile detention" (p.56), although the report did describe a strategic plan for disabilities launched in 1995 in New South Wales, and a similar protocol between Juvenile Justice and Disability Services in Victoria. They reported that few examples existed of programs or supports specifically designed to assist the needs of young people with an intellectual disability. The NYARS report did describe one program, Perry House in Victoria, which provides a 12-month, residential and outreach program to registered clients of disability services aged between 17 and 21 years.

Other forms of disability have received even less attention in the literature. There are a few studies relating to the effects of brain damage, which show increased levels of violent behaviours amongst brain-damaged adults, particularly those with frontal lobe damage (Nedopil, 2000; Brennan et al., 2000, both cited by Hodgins & Muller-Isberner 2000). The role of substance abuse in offending in this group is unclear. The present review did not locate any other research on other forms of physical disability, although clearly this group will have special needs within juvenile justice settings.

Summary

This literature review has summarised the body of research that relates to the delivery of programs to young people involved with juvenile justice services. Principles underpinning the '*what works*' approach to offender rehabilitation appear to be particularly relevant to program delivery in juvenile justice settings, given that the target of intervention is a reduction in risk of reoffending. Appropriate programs that are designed and delivered in ways that are consistent with these principles are likely to have a powerful impact upon recidivism, with a consequent improvement in community safety. Many programs that do not adhere to the '*what works*' principles have minimal impact upon offending, and in some cases may even increase future risk.

Of course, juvenile justice services are charged with a much broader responsibility than just reducing risk of reoffending. It is clear from this review that young people in Juvenile Justice are likely to have a diverse range of needs, both social and emotional, which services need to address. An initial challenge for programs may be articulating which needs they are seeking to address, and the extent to which such needs might be considered as criminogenic.

For those programs that seek to influence offending behaviour, the principles of risk, needs and responsivity provide a rational and evidence-based framework from which to plan service delivery. This framework becomes particularly relevant in work with serious and violent juvenile offenders, where the risk of reoffending is matched by a high level of harm that might be associated with any future offence. NACRO (1999) cite the work of Chapman and Hough who propose three levels of intervention:

1. Cognitive behaviour skills course linked to programmes for the most persistent offenders divided by age, race and gender
2. Middle range of shorter programs addressing specific criminogenic factors such as victim awareness or alcohol or substance misuse, and
3. Basic level of intervention addressing issues which might obstruct community reintegration such as employment, accommodation, education and leisure.

It is also clear from this review that many of the programs that are commonly delivered to young people in juvenile justice settings will not adhere to one or more the principles of the '*what works*' approach. That is, not to say that they do not work, merely that there is not a sufficient evidence base to support their efficacy. The principles are broad and do not provide a single solution to effective intervention. In many instances, it may be a relatively straightforward task to adapt or modify programs in ways that integrates them with the '*what works*' approach.

Further, the '*what works*' approach is empirically based, and not defined by theory. It offers little by way of explaining *why* particular programs work or the mechanisms of change that bring about positive outcomes. There is much more work to be done looking at the matching of interventions to individual needs (that is, the principle of responsivity),

both in terms of assessment and selection for programs and in terms of how change occurs during a program.

Such an approach implies a strong emphasis on the individual assessment of the young person, whereby targets for change are articulated and judgments can be made regarding when needs have been met. Unfortunately, individual differences are rarely addressed in intervention programs. The consequence of the standard treatment package approach is, inevitably, that participants in such programs are diverse in terms of their psychological and criminological characteristics and needs.

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Appendix A:

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