



29 MAR 2017



On 10 February 2017 you emailed the Ministry requesting, under the Official Information Act 1982, copies of the following documents:

- *Hema L (1999a) Interventions That Work, Wellington, NZ: Children, Young Persons and their Families Agency. (Draft paper.)*
- *Hema L (1999c) Risk Factors for Offenders, Wellington, NZ: Children, Young Persons and their Families Agency. (Unpublished paper.)*

Please find enclosed a copy of the document titled, '*Risk and Strength Factors for Children and Young People Who Offend or Re-Offend: A Summary of the Literature*', by Lisa Hema, dated June 2000. The author reports with reasonable certainty that this is the final version of the '*Risk Factors for Offenders*' document you requested.

Your request for the document titled, '*Interventions that work*' is refused under section 18(e) of the Official Information Act as the document could not be found despite reasonable efforts having been made to locate it.

Please note that as a part of these efforts the Ministry consulted with other departments which may have held this document and can advise that the Ministry of Justice, the Department of Corrections and Statistics New Zealand also could not locate a copy of the document.

As you are likely aware, since 2000, there have been many changes in the area covered by this literature review, including:

- Changes in statistics, such as the decrease in recorded youth crime. Further information about this is available on the Ministry of Justice website at: [www.justice.govt.nz/justice-sector-policy/research-data/child-youth-prosecution-statistics/](http://www.justice.govt.nz/justice-sector-policy/research-data/child-youth-prosecution-statistics/) and the Statistics New Zealand website at: [www.stats.govt.nz/browse\\_for\\_stats/people\\_and\\_communities/crime\\_and\\_justice.aspx](http://www.stats.govt.nz/browse_for_stats/people_and_communities/crime_and_justice.aspx).
- Changes to the Children, Young Persons and Their Families Act. Further information about these changes is available on the Ministry website at: [www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-children/](http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-children/).

- Development of the Youth Crime Action Plan (YCAP). Further information is available on the Ministry of Justice website at: [www.justice.govt.nz/justice-sector-policy/key-initiatives/cross-government/youth-crime-action-plan/](http://www.justice.govt.nz/justice-sector-policy/key-initiatives/cross-government/youth-crime-action-plan/).
- Development of the new Ministry for Vulnerable Children, Oranga Tamariki, and the work streams leading up to this development. Further information is available at: [www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-children/new-childrens-agency-established.html](http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-children/new-childrens-agency-established.html).

The principles and purposes of the Official Information Act 1982 under which you made your request are:

- to create greater openness and transparency about the plans, work and activities of the Government,
- to increase the ability of the public to participate in the making and administration of our laws and policies and
- to lead to greater accountability in the conduct of public affairs.

This Ministry fully supports those principles and purposes. The Ministry therefore intends to make the information contained in this letter and any attached documents available to the wider public shortly. The Ministry will do this by publishing this letter and attachments on the Ministry of Social Development's website. Your personal details will be deleted and the Ministry will not publish any information that would identify you as the person who requested the information.

If you wish to discuss this response with us, please feel free to contact [OIA\\_Requests@msd.govt.nz](mailto:OIA_Requests@msd.govt.nz).

If you are not satisfied with this response, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or 0800 802 602.

Yours sincerely



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child, youth  
and family

**POLICY AND DEVELOPMENT GROUP**

**RISK AND STRENGTH FACTORS FOR CHILDREN AND YOUNG PEOPLE WHO  
OFFEND OR RE-OFFEND:**

**A SUMMARY OF THE LITERATURE**

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Department of Child, Youth and Family Services  
June 2000.

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## 1. INTRODUCTION

This paper has been prepared to support the work of the inter-departmental working party looking at youth justice. It provides a:

- Brief introduction to the risk factors that may contribute to children and young people re-offending;
- Discussion regarding the identified strength factors that may ameliorate the impacts of risk;
- Brief discussion regarding the impact of disadvantage for Maori and Pacific children and young people;
- Brief introduction to the risk and strength factors for young women;
- Brief introduction to the risk factors for sexual offenders; and
- Recommendations for further work.

A large body of research completed (see bibliography attached) has identified factors that may contribute to children and young people beginning to offend and continuing to offend. Much of this research has been completed on groups of boys and it is only more recently researchers have begun to focus on risk factors for girls.

This paper summarises a number of national and international research projects, and it should be noted that many of the risk and strength factors were identified as a result of studies completed with young men and women whose offending did not include sexual offending.

The literature indicates that while some of the risk factors presented in this paper are applicable to sexual offenders, there are also some different ones. A section has been included in this paper that briefly introduces the identified risk factors for sexual offenders.

There are a number of more detailed reports and would refer, at this time, to the Ministry of Youth Affairs paper "Tough is Not Enough" (Kaye McLaren, 2000).

It should be noted that many of the risk factors presented in this paper have been found as a result of studies completed with American or English populations.

## 2. BACKGROUND ON RISK

Many children and young people participate in risk taking behaviours to some degree. Dryfoos (1990) summarised the findings from a broad array of research studies about the incidence of high-risk behaviour in three categories: substance abuse; delinquency; and school failure. She has defined low, medium and high risk in the following way:

- 1) High Risk- "about 15% of all 14-17 year olds are very high risk youngsters. Of these young people more than 60% have been arrested at least once during the year, at least 80% drink, 40% are users of illegal drugs and 90% are sexually active, engaging mostly in unprotected sexual intercourse. About 40% are depressed and many have attempted suicide. About one third have already dropped out of school and another third are two or more years behind. The remainder are one year behind.

Another 15% of all adolescents are at high risk but have not yet been adjudicated [prosecuted in the court system]. They are heavily involved with drinking,

smoking and marijuana, behind modal grade in school and are often truant; and frequently have unprotected intercourse. Others might be identified as "high mental health risk" adolescents because they display some of the same behaviours as the group above but also are extremely depressed.

- 2) Medium Risk- young people make up the largest category. About 35% of all 14-17 year olds are involved in one or two high-risk behaviours but not as intensely as their high risk peers. These adolescents may be behind in school (31%) and occasionally truant (18%), drink once in a while (60%), experiment with marijuana (16%), have sex without contraception sometimes (60%), or have suicidal thoughts from time to time (35%). They are clearly vulnerable because of their behaviours and need considerable support not to deepen their involvement to the degree that their futures are placed in jeopardy.
- 3) Low Risk- about 20% of all 14-17 year olds are at low risk. They might take a drink once in a while (24%) or cut a class, but they are not in any jeopardy because of their behaviours. About a third are sexually active but they always use contraception."

Dryfoos did not identify whether the outstanding 15% of children and young people were considered to be not at risk at all.

#### **Adolescent Limited and Life Course Persistent Offenders**

In the late eighties and early nineties child and youth offenders were considered to fall into one of two groups, adolescent limited or life course persistent. Young people who are adolescent limited offenders are the majority of young people committing offences and they are responsible for approximately 50% of all crime committed by this age group. Their offending usually begins when they are in their teenage years; it is often less serious and less frequent and by the time they reach their mid-twenties they have usually stopped offending. It is also thought that these young people usually grow out of committing offences in their early to mid twenties. The risk factors for this group are less numerous and serious than for the life course persistent group (Moffitt, T. & Harrington, H.). Instituting a timely sanction that is consistent with the offending committed is generally considered to be the most successful way of addressing this groups' offending, particularly in order to ensure that victims of offending have the opportunity to have any loss that they have experienced considered.

Life course persistent offenders begin offending prior to their teenage years. The offending escalates in seriousness and/or frequency and whilst they are the minority in numbers, they are responsible for an estimated 50% of the crime committed for this population group (Moffitt, T. & Harrington, H; Smith & Aloisi, 1999). There are multiple impacting issues surrounding these children and young people that contribute to their continued offending, including problems within their family and wider community (Moffitt, T. & Harrington, H.).

Loeber and Farrington (1998, cited in McLaren, 2000) found that there may be a third group of offenders who do not fit into the adolescent limited or life course persistent group. These young people commit serious violent offences without a history of many other crimes at all. This group of young people, whilst their offending is serious are not usually resistant to interventions as are many of the life course persistent offender group.

There are some young people who, when their offending initially begins, may appear to fall into the life course persistent group, but then cease offending. Research

conducted with these young people has identified strength or resilience factors that, if present in sufficient force in the young person's immediate and wider environment, assist with offending decreasing or ceasing and a decrease in other anti-social behaviours.

It is difficult to predict which children and young people will begin offending. Strength factors do not invalidate risk factors but they do serve to minimise or reduce the impacts of the risk factors. It has proved difficult to quantitatively identify the impacts of strength factors on risk factors.

It is also then equally difficult to identify the impact of strategies designed to prevent offending where comprehensive risk assessments of the research group and the use of a control group do not form part of the strategy design and subsequent evaluation of the prevention strategy.

This paper and the supporting research indicates that:

- The issues that distinguish adolescent limited and life course persistent offenders from each other are more likely to be the risk and strengths factors existing in the child or young persons life rather than the type or level of offending behaviour;
- Interventions should not be targeted based solely on levels of or offending type;
- Children and young people should not be targeted for intervention solely on the basis of ethnicity but rather should receive interventions commensurate with their level of disadvantage that enhance and reflect existing strengths;
- Interventions and services need to be designed to work with the risk and strengths factors that are malleable or can be changed;
- Further work is required in a number of areas.

### 3. RISK FACTORS

A number of factors have been identified that are indicative of poor life outcomes. The risk factors are:

- Education - poor level of educational achievement, poor school attendance;
- Substance/alcohol use or abuse;
- Issues of grief, suicidal/self harm ideation, depression;
- Psychological or psychiatric illness i.e. conduct disorder, schizophrenia;
- Anti-social peer groups;
- Lack of social skills;
- Isolation within family or community;
- Low self-esteem, self worth;
- Frequent or prolonged periods of separation from parents;
- Frequent changes of caregiver.
- Criminal history; and
- Unaddressed issues of abuse/neglect, either historic or current. (Hawkins, Catalano & Miller 1992b, Loeber, Stouthamer-Loeber, Von Kammen & Farrington 1991, Simcha-Fagan et al. 1986 cited in Delinquency and Crime: Current Theories, 1994 pp 152-153, Items included on the Manitoba Risk Estimation System, Sigurdson & Reid).

Other factors arising from the children and young peoples' family circumstances and environment that are likely to lead to poor life outcomes are:

- Lack of parental attachment to the child or young person, including a lack of "interest" taken in the child or young person;
- Parental overuse or abuse of substances/alcohol;
- Poor parental attitudes towards authorities/ involvement in criminal activities;
- Poor parental attitudes towards discipline (e.g. inconsistent boundary setting, overuse or harsh disciplinary methods);
- Poor parenting skills;
- Parental isolation within family/community;
- Poor mental/physical health of parents;
- History of violence, either domestic or violent criminal activities (may include verbal/emotional violence);
- High stress levels of parents; and
- Poor relationship between the parents. (Hawkins, Catalano & Miller 1992b; Loeber, Stouthamer-Loeber, Von Kammen & Farrington 1991; Simcha-Fagan et al. 1986 cited in *Delinquency and Crime: Current Theories*, 1994 pp 152-153; Items included on the Manitoba Risk Estimation System, Sigurdson & Reid).

A number of factors have been identified that, if present, mean that it is more likely that once a child or young person has begun to offend that offending may continue. These are:

**Static Risk Factors** (cannot be changed):

- Age that criminal behaviour began, and
- Number of prior referrals/arrests (Ashford & LeCroy 1990, Klein & Caggiano 1986).

**Dynamic Risk Factors** (can be changed with interventions):

- Substance abuse;
- Poor self-management skills, including impulsive behaviour and poor thinking skills;
- Aggressiveness, both verbal and physical;
- Anti-social attitudes;
- School behaviour and attendance and academic achievement;
- Anti-social parents (e.g. Poor parental attitudes towards authorities/ involvement in criminal activities);
- Low socio-economic status of family;
- Low socio-economic status of the wider community, including high crime rates and overcrowding; and
- Anti-social peers (Lipsey, M. & Derzon, H. 1998).

Different risk factors may be more important depending on the age of the child or young person. A research study (meta-analysis) found that when the following risk factors existed for children aged between 6-11 then they were highly likely to commit serious or violent offences between the age of 15-25. The numbers provided in brackets refer to the estimated correlation between the variables (e.g. the relationships between all the variables and offending behaviour).

- A history of offending (.38);
- Substance abuse (.30);
- Low socio-economic status of the family (.24); and
- Antisocial parents (.23).

Whereas the most predictive risk factors for the group aged 12-14 were:

- Social ties (.39) (attachment to or affection for others, involvement in conventional activities, commitment to conventional lines of action);
- Antisocial peers (.37); and
- A history of offending (.26) (Lipsey, M., & Derzon, H. 1998).

The authors of this study note that due to the limited quantity of relevant research the findings of this meta-analysis were not sufficient to produce definitive results. They note though that the statistical significance of the findings is high enough for planners and policy makers to consider including these factors when developing new strategies and programmes. It appears that responses to child and youth offending need to target different areas.

It is generally accepted that the two most important factors contributing to the likelihood of re-offending are the two factors that cannot be changed. Those children who begin offending at an early age and who continue to commit offences are more likely than other children and young people to become serious offenders, particularly if they are subject to other multiple disadvantages (Ashford & LeCroy 1990, Klein & Caggiano 1986).

#### 4. STRENGTHS/RESILIENCE FACTORS

Whilst the research community is not able to definitively identify causal factors that accurately predict which children and young people will be serious offenders, categories of protective factors have been identified as being likely to contribute to the lessening of risk for children and young people. These are:

1. Individual characteristics, including resilient temperament, positive social orientation and intelligence (Radke-Yarrow & Sherman 1990);
2. Family cohesion and warmth or bonding during childhood; and
3. External social supports that reinforce the individual's competencies and commitments and provide a belief system by which to live (Garmezy, 1985; Werner 1989).

(Cited in Delinquency and Crime 1994, pp 153.)

Smith and Carlson (1997) reviewed the literature on stress, coping, risk and resilience in children. In their article they refer to Michael Rutter's (1985) "well-accepted definition of protective factors". Rutter has defined these as "influences that modify, ameliorate or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome". They also found "a consistent relation...between exposure to a wide variety of stressors or risk factors and child and adolescent well being." They stated that some youths are more resilient and are able to overcome the negative influences of exposure to stressors and risk factors. Smith and Carlson found that "resiliency is tied to protective factors such as parental management and social support."

Smith and Carlson's identified protective factors are:

- Individual factors- Temperament; Intelligence; and Gender (being female).
- Family factors- Attachment (emotional bonding to a significant person(s)), parents who provide support and guidance; and
- External support systems-The environment beyond the family (school, neighbourhood, sports clubs, cultural groups, nature of the peer group, etc.)

J. David Hawkins, who has completed studies in the USA in the area of risk and protective factors, identified protective factors for children and young people as:

- Individual Characteristics Intelligence; Temperament; and Gender.
- Bonding (Emotional attachment to pro-social peers and adults);
- Healthy Beliefs and Clear Standards;
- Pro-social Opportunities;
- Reinforcement for Pro-social Involvement; and
- Competencies/Skills.

These serve to reinforce the studies completed by Radke-Yarrow & Sherman 1990, Garnezy 1985, Werner 1990, Smith and Carlson 1997 and a further study completed by Gaoni, Couper-Black and Baldwin (1998).

Thornberry, Huizinga & Loeber (1995) reviewed results from three longitudinal studies and also identified a number of protective factors. These included:

- Commitment to school, good school performance;
- Higher levels of anticipated educational attainment;
- High levels of parental supervision;
- Strong attachments to parents; and
- Associations with conventional peers who met with parental approval.

For youths classified as "high risk," the presence of multiple protective factors was associated with a much lower involvement in delinquency and violent offending." (Cited in Barton, Watkins, Jarjoura 1997).

Rutter (1985) reinforces the need to reduce risk factors and to enhance protective factors in the same action. That is, to assess the risks apparent in a young person's life, to assess the protective factors in a young person's life and to implement a plan that builds on and enhances the protective factors whilst incorporating monitoring of the reduction in risk factors. There are potential negative consequences for the young person, their family and the wider society if this does not happen. They include the:

- a. "Increased risk to public safety, as a result of high-risk and/or violent youth being placed in settings that are not sufficiently restrictive to control their behaviour;
- b. Inefficient use of systems resources resulting from the placement of non-violent or non-high-risk youth in overly restrictive settings;
- c. Inequities resulting from the placement of youth with similar offence/risk/need characteristics at different levels of intervention; and

- d. Negative or inconclusive evaluation of the system and its individual interventions because of net widening or other evidence of failing to serve target populations." (Sourcebook on Juvenile Offending, 1995 pp 172.)

Some studies have been done in order to determine the influence of strength factors on risk and vice versa. However this has proven difficult and, at this time, it is not clear what influence strength factors have on ameliorating risk factors or what combinations of strength factors provide the best "protection" against risk.

## 5. RISK FACTORS FOR YOUNG WOMEN

In New Zealand young women appear to be under-represented in the overall offending statistics. There may be a number of reasons for this. Firstly, young women tend to internalise the effects of existing risk factors and are at greater risk of developing eating disorders, self harming and attempted suicide or becoming addicted to drugs and alcohol (Guiding Principles for Promising Female Programming, 1998). Secondly, they may be treated differently by the justice system, for example less likely to be prosecuted for less serious offending.

The Ministry of Youth Affairs paper (McLaren, 2000) identified a number of studies that had been completed regarding risk factors for young women. One study (Funk, 1999) concluded that there were some differences in risk factors between boys and girls. However, McLaren also noted that a further study (Simourd & Andrews, 1994; cited in McLaren 2000) found that risk factors were not significantly different between the genders.

Although there have not been as many studies completed that identify risk factors for young women as there have been for boys and young men, some early conclusions have been drawn regarding female risk factors. Some indicative factors that may contribute to young women beginning or continuing to offend are:

- Age at first offence (Funk, 1999; Jung and Rawana, 1999); and
- History of offending (Funk, 1999; Jung and Rawana, 1999).

Other work completed indicates that the following factors may also contribute to young women offending:

- Sexual and/or physical abuse;
- Substance abuse;
- Poor academic performance;
- Mental health needs;
- Gang membership;
- Low self-esteem; and
- Poor inter-personal relationships. (Guiding Principles for Promising Female Programming, 1998).

Some strength factors that have been identified for young women are:

- Delay of sexual experimentation;
- Academic success/progress;
- Positive sexual development;
- Positive self-esteem;
- Positive family environment;
- Positive gender identity; and

- Pro-social skills and competence. (Guiding Principles for Promising Female Programming, 1998).

Although there does not appear to be a great deal of difference between risk and strength factors for young men and young women, assessment frameworks for young women do need to include a focus on those factors that are different.

Static factors that, whilst not open to change, still need to be addressed within a programme framework (e.g gender, IQ, historic sexual and/or physical abuse). Whilst you cannot change gender, I.Q and the fact that the young woman may have been sexually or physically abused, it is important that service delivery is gender appropriate and provided at a level by which the client is able to actively participate. For young women who have been sexually or physically abused the programme should address these issues.

The dynamic factors to be addressed begin to fill in the framework, e.g. provision of education, family counselling etc. Programme development and specification should recognise that not all the factors listed above are relevant to all young women. Programmes that are flexible enough to reflect this are more likely to be effective than those provided within a generic and rigid framework.

## 6. RISK FACTORS FOR MAORI CHILDREN AND YOUNG PEOPLE

Maori make up approximately 15% (Statistics New Zealand, 2000) of the total population, Maori young people (aged 10-19) account for approximately 21% of the total Maori population (Statistics New Zealand).

Maori young people account for approximately 50% of the referrals into the Child, Youth and Family youth justice system. The following sections discuss the risk factors for Maori children and young people. It should be noted that an empirically supported list of factors does not currently exist.

Work completed by Te Puni Kokiri indicates that Maori are more likely to:

- Experience poorer levels of physical health;
- Have a higher infant mortality rate;
- Have a decreased level of school achievement;
- Experience a lower economic status; and
- Be more likely to live in rented accommodation (Te Puni Kokiri, 1998).

Little research has been completed that has adequately identified whether risk factors for Maori children and young people who are committing offences are actually different to young Pakeha offenders. The Department for Corrections (1999) have identified four factors that they consider may increase the risk of offending by Maori. These are:

- Cultural identity- Lack of pride or comfort in being Maori or anti-social perception of being Maori;
- Cultural Tension- Negative thoughts and feelings about situations where there is a perceived conflict of cultural values, beliefs and practices;
- Whanau- Lack or limited contact with whanau causing personal distress, whanau socially endorsing or practically supporting offending behaviour

and situations affecting whanau members which have negatively impacted on the individual; and

- Whakawhanaunga- Association with whanau-like anti-social or pro-criminal peers.

In addition, this research and work recently completed by Te Puni Kokiri (2000) also indicates that there are generic risk factors similar to other ethnic groups that have been found to exist in the backgrounds of offenders. Although the work undertaken by the Department of Corrections is within the context of offenders who are 17 years and over, it indicates that there may be additional risk factors specific to Maori offenders. As such, these factors may require greater consideration during the assessment process of Maori children and young people who are committing offences. In addition, the measures used to determine levels of risk might also need to reflect cultural differences.

## **7. RISK FACTORS FOR PACIFIC CHILDREN AND YOUNG PEOPLE**

Pacific people make up approximately 5% (Department of Statistics, 1996) of the population in New Zealand. Pacific children and young people are not over-represented in the general offending statistics but tend to be over-represented in the statistics for violent offending.

Work completed by the Ministry of Pacific Island Affairs indicates Pacific people are more likely to:

- Experience poorer levels of physical health;
- Have a higher infant mortality rate;
- Have a decreased level of school achievement;
- Experience a lower economic status; and
- Be more likely to live in rented accommodation (Ministry of Pacific Island Affairs, 1999).

There appears to be a greater lack of information generally about other more specific levels of disadvantage experienced by Pacific people. For example, at a purely anecdotal level, family violence is said to be a factor in offending committed by Pacific children and young people. There appear to be no reliable studies that have examined this issue. Consequently, it is not clear whether there are in fact higher levels of family violence within Pacific families that correlate with offending by Pacific children and young people than families from other ethnicities. Or whether Pacific families are more likely to be referred to agencies for issues of family violence than other ethnicities.

As a result, the identification of specific risk or strength factors for Pacific children and young people that correlate with levels or types of offending do not appear to currently exist at a reliable level.

## **8. RISK FACTORS FOR SEXUAL OFFENDERS**

It is likely that much sexual offending that occurs is either not reported or is not addressed as sexual offending. Ross, (1993) indicated that in America only 1 in ten sexual offences was reported. Ryan, 1986 (cited in Lab, Shields & Schondel, 1993) noted that "a boys will be boys" attitude tends to permeate the juvenile justice system and often results in a failure to intervene appropriately. Further, the National Task

Force on Juvenile Sexual Offending (1998) noted that many young people who commit sexual offences are not often held accountable for their offending. Often their sexual offending is dismissed as sexual curiosity or experimentation.

Lab et. al. (1993) noted that research showed "that many adult sexual offenders have histories of juvenile sexual offending." They also noted that "there is evidence that juvenile perpetrators are often repeat offenders. Rather than "maturing out" of such behaviour, many juvenile offenders have multiple victims and often continue offending into adulthood." This is as opposed to "adolescent-limited" offending that is generally accepted to cease in early adulthood, if not sooner.

The knowledge, amongst many professionals involved in the youth justice system in New Zealand, appears to be limited regarding sexual offending. Non-intervention, particularly in "lower level" sexual offending ignores a problem that, if left un-addressed, may become serious.

Shaw (1999) indicates that young people who exhibit sexually abusive behaviour are "a heterogeneous population," are represented "in every socio-economic, racial, ethnic, religious and cultural group" and that it has been difficult to develop a reliable predictive risk assessment tool. He also advised, however, that "there are a number of factors that have been commonly found in the history of adolescent sex offenders." These include:

- Impaired social and interpersonal skills (socially isolated; unable to relate to own peer group, turn to younger children for gratification);
- Prior delinquent behaviour (non-sexual and sexual offending histories);
- Impulsivity;
- Academic and school problems;
- Negative family environment (family conflict, family instability, family violence, harsh/inconsistent parenting and physical and sexual maltreatment); and
- Psychopathology (behavioural, emotional and developmental problems).

Ross & Loss (1988) have a broader range of factors used to determine levels of risk. These are:

- Co-operation with the assessment and interviewing process;
- Honesty and self-initiated disclosure (ranges from admitting offending occurred and has age appropriate social skills to denies offending and is socially isolated from peer group);
- Degree of aggression/overt violence in offences;
- Frequency and duration of offences;
- Length, nature and progression of history of sexual aggression;
- Offence characteristics other than sexual aggression;
- Number of victims in relation to amount of access to victims;
- Victim selection characteristics (age and vulnerability of victims);
- Personal responsibility for offending behaviour;
- Precipitating factors to offences;
- Other abusive or addictive behaviours;
- Family system functioning;
- School/employment stability;
- Social relationships;

- Non-offending sexual history and past victimisation (ranges from has some age appropriate sexual experiences (e.g. age appropriate curiosity) to has had predominantly inappropriate sexual experiences in addition to their offending);
- External motivation for treatment;
- Internal motivation for treatment;
- Response to confrontation;
- Treatment history;
- Criminal arrests, convictions and incarceration history; and
- Current degree of access to current, past or potential victims.

Research studies have found psychiatric co-morbidity in approximately 60% to 90% of young sex offenders. These disorders include conduct disorder, (45-80%) mood disorders (35-50%), anxiety disorders (30-50%), substance abuse (20-30%) and ADHD (10-20%). Also noted was the "younger the child when his or her first sexual offence was committed, the higher the number of co-existing psychiatric disorders" (Shaw, Applegate & Rothe, 1996, cited in Shaw, 1999). Ross, 1993, noted that sexual offending is not the result of substance abuse, rather abusing substances assists with rationalising the offending behaviour.

Less is known about the risk factors for female sex offenders. Ross (1993) indicates that female sex offenders have similar profiles to that of male sex offenders. Mathews, Hunter & Vuz, 1997 (cited in Shaw, 1999) found that young female sex offenders were more likely to have been sexually abused at a younger age, to have had multiple abusers and were three times more likely to have been abused by a female.

As mentioned previously, it appears that a reliable, predictive assessment tools is as difficult to develop for sexual offenders as it is for young people who commit other types of offending. It does appear that the earlier the sexual offending has begun and the frequency of that sexual offending occurring (history) has a similar level of correlation to offending continuing as these factors do with other types of offending. What is noted, that there are some factors that, if present, appear to be more relevant when assessing young people who have committed sexual offending than for other young offenders. For example, whilst non-sexual violent offending is not necessarily predictive of violent offending continuing it may be that the use of violence (or coercion) during the commission of sexual offences may be correlated, at a higher level, with sexual offending continuing.

A comprehensive pre-treatment assessment is generally accepted to include the following components:

- Cognitive distortions;
- Attitudes, values and beliefs;
- Violence/anger;
- Intimacy/relationships;
- Empathy and perspective taking skills – including current empathy and remorse for their offending;
- Interpersonal/social skills;
- Psychosexual functioning;
- The young person's own trauma history, e.g. sexual, physical and emotional abuse;
- Deviant sexual fantasies;
- Physical and neurological deficits/disabilities, e.g. head injury;

- Psychiatric disorders (e.g. depression, pervasive developmental disorders and treatment history);
- Other incidents of sexually abusive behaviour;
- Non-sexual offending history;
- Current safety concerns, e.g. appropriateness of current living situation and day activities;
- Coping skills, and
- Motivation to change.

(Correctional Service of Canada, 1995; Lambie, I., 2000)

Child, Youth and Family have recently been involved in the development of a risk assessment framework for young sexual offenders. This will be used by the Community-Based Sex Abuser Treatments (e.g. SAFE in Auckland, STOP in Wellington & STOP in Christchurch) in the very near future.

## 9. ETHNICITY AND THE YOUTH JUSTICE SYSTEM

The work completed by Te Puni Kokiri (2000) found that some young people felt discriminated against, both before coming to the notice of the justice system and once involved with it. The question that is often asked is:

*Do Maori children and young people commit more offences than Pakeha children or are they more likely to be treated more formally than Pakeha children?*

A range of studies and reports have been completed in response to this question. One by Fergusson, Horwood & Lynskey (1993) found that Maori children and young people (once levels of disadvantage were accounted for) were not more likely to offend than Pakeha children and young people. However it did find that perhaps Maori children and young people were more likely to be reported for offending and that the Police may be more likely to officially record their offending.

Although Fergusson et. al. were careful to advise that they could not definitely confirm their tentative findings, this would seem to provide one indication as to why Maori children and young people are over-represented in the youth justice system. That is firstly because they appear to be more likely to be reported to the Police and secondly because they then appear to be more likely to be dealt with in a more formal manner. This leads to the perception that Maori children and young people commit more offences than children and young people from other ethnicities.

Ethnicity, on its own, has not been identified in any study as being a risk factor that is predictive or indicative of offending or re-offending. The major issue that has been identified is that Maori and Pacific children and young people are more likely to experience multiple disadvantages and at higher levels than other children and young people. Research indicates that continual exposure to multiple disadvantages increases the risk of offending beginning and continuing to occur.

It appears that there may be at least two reasons why Maori children and young people are over-represented in the youth justice system. Firstly, many Maori children and young people are subject to multiple disadvantages, and this tends to increase the risk that offending may begin (and continue). Secondly, it appears that Maori children and young people may be more likely to be reported to the Police, and then

they may be more likely to be dealt with more formally by the justice system. The same may apply to Pacific children and young people.

## 10. RISK ASSESSMENT

The Department for Child, Youth and Family Services has, as part of the Youth Services Strategy, introduced three screening assessment tools. These screen for drug and alcohol use/abuse, psychological distress (grief, anxiety etc.) and suicide or self-harm ideation. Also introduced was a more in-depth assessment and planning framework for addressing issues of suicide or self harm ideation for those children and young people exhibiting these concerns. In addition, a generic assessment framework for assessing need and strengths of the child or young person and in their wider environment is being implemented.

The purpose of this assessment framework is to identify those children and young people who are likely to be at risk of poor life outcomes. These frameworks are designed to assist with decision-making regarding levels of required intervention and the identification of programmes required to address need, but also to build on identified strengths.

Although the tools that form the Youth Services assessment framework have been validated, they have not been validated on a Maori or Pacific population. Child, Youth and Family are aware of this and it should be noted that these assessment frameworks are not being used to predict the likelihood of re-offending but are being used to:

- Identify specific issues that children and young people may require assistance with; and
- Gather information to inform planning and decision-making processes.

When assessing risk it is important to consider the "culture" of the young person and their family. This is in terms of the components of culture (such as language, values, parenting methods etc.), the way culture influences family functioning, and the ways that functioning differs across families.

There is a sizeable research literature internationally on risk and culture. However there is only limited information available regarding validated risk assessment tools that measure risk for families from cultures outside the "euro-centric" concept of family. As an example, many of the studies completed in America measured risk of African-American children and young people against a pre-determined set of risk factors. The measures used to determine risk levels did not necessarily take into account alternate child rearing and disciplinary practices (English, 1995).

When utilising a risk assessment tool, it is essential for the user to be sure that they acknowledge and are able to understand the impacts that cultural practices may have on any "outcomes" of the assessment. For example, Diana English completed a review of 57 descriptive studies (four main cultures involved) for risk factors associated with child abuse and neglect. English found that "some risk factors are present in all families regardless of culture. But how these factors are interpreted, what their relationship to risk is, how each factor should be weighted and appropriate interventions may be culturally relevant" (English. Pg. IV.9). "In Native American families being responsible for one's siblings is an indication of maturity and ability. In Hispanic families, especially migrant families, caring for younger siblings may be role[s] associated with younger children's contribution to family survival" (Hegar and Rodriguez 1982).

When assessing for risk it is important to note that the type of offending being committed by children and young people is not necessarily predictive of re-offending. For example, research in the USA has found that the level of violence involved in the offending is not generally predictive of recidivism. It is also a lot more difficult to predict recidivism for a certain type of offence than for offending in general.

The research also shows that many young people are "versatile" in their offending (Klein, 1984; Farrington, Snyder & Finnegan 1988c). Young people who commit violent crimes are also likely to be committing less serious crimes. For example Farrington found in his study that 86% of convicted violent offenders also had convictions for non-violent offences. (Farrington 1991b, cited in *Delinquency & Crime: Current Theories* 1996.)

The difficulty with predicting recidivism based on specific offending (for example violent offending) is due to the low base rates of young people who have previously committed offences who do not subsequently commit a violent offence. In other words the "low base rate [10%] means that it is difficult to identify with statistical certainty those characteristics that serve to discriminate between those who do and do not go on to commit violent offences." (Clear, 1988, cited in *Sourcebook on Juvenile Offending* 1995, pp 179.) As a result although a young person may be assessed as being at "high risk" this does not mean they are more likely than any other young person to go on to commit a violent offence.

A reliable risk and strengths assessment framework, that uses an ecological or holistic approach, is required to accurately classify child and youth offenders to ensure that the level of intervention and service delivered is consistent with their level of need. Service delivery interventions must match the levels of identified risk factors and build on and enhance identified strength factors. Interventions that do not correspond with levels of risk and strengths may have the inverse effect of increasing the likelihood that re-offending may occur, for example, placing low-medium risk offenders in highly intensive and supervised programmes or settings (Washington State Institute for Public Policy, 1998).

## 11. SUMMARY

Future work in the youth justice area should note that:

- The issues that distinguish adolescent limited and life course persistent offenders from each other are more likely to be the risk and strengths factors existing in the child or young persons life rather than the type or level of offending behaviour;
- Interventions should not be targeted solely based on levels of offending or offence types (e.g. violent offending);
- Children and young people should not be targeted for intervention solely on the basis of ethnicity but rather should receive interventions commensurate with their level of disadvantage;
- That incorporation of cultural values and practices are necessary in the design and implementation of service interventions and programmes;
- Interventions and services need to be designed to work with the risk and strengths factors that are malleable or can be changed;
- That the level or intensity of the intervention should relate to the level of risk and build on the identified strengths;
- Further work is required in a number of areas, including:

- The development of assessment frameworks and gender specific programmes for young women; and
- Investigation and research into the identification of risk and strength factors for Maori and Pacific children and young people.

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