



OFFICE OF THE PRIME MINISTER'S CHIEF SCIENCE ADVISOR

Professor Sir Peter Gluckman, KNZM FRSNZ FMedSci FRS

Chief Science Advisor

It's never too early, never too late: A discussion paper on preventing youth offending in New Zealand

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Office of the Prime Minister's Chief Science Advisor
PO Box 108-117, Symonds Street, Auckland 1150, New Zealand
Telephone: +64 9 923 6318
Website: www.pmcsa.org.nz
Email: csa@pmcsa.org.nz

Foreword

This report is the second in a series of discussion papers exploring factors that have led New Zealand to have a high incarceration rate. The first report, *Using evidence to build a better justice system: The challenge of rising prison costs*, covered factors related to incarceration rates and the costs of incarceration. This second report explores factors that are particularly relevant to youth offenders (up to age 25 years).

Data for the report were sourced from the Ministry of Justice and the Integrated Data Initiative. The first drafts were prepared by the Science Advisor to the Justice Sector, Associate Professor Ian Lambie, who has been working with youth offenders and their families for 30 years, assisted by the Chief Science Advisor, Sir Peter Gluckman. Subsequent drafts have incorporated comments and inputs from other departmental science advisors.

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Preamble: Just another report

- This report opens with two voices: a report written almost 20 years ago (*About Time: Turning people away from a life of crime and reducing re-offending*, a wide-ranging governmental report from 2001)¹ and comments from young offenders (in italics) cited in two of the many reports written since.^{2 3} Our report could end here, after these excerpts, as they say it all: We need early intervention to prevent crime.
- Although there is a need to continue to investigate the evidence around criminal justice, there is also a need for those working in the field—and across the government, iwi and community sectors (in justice, education, health and social services) — to be able to build their action on that evidence. For this to be not just another ‘report’.
- A whole generation of young offenders has grown up since the *About Time* report; could there have been fewer? Will the next generation of possible young offenders, those being born today, be effectively guided onto a different pathway?
- This is neither an audit nor an account of the last 20 years of hard work by those involved in the justice and other systems. The operational details of all the excellent work that goes on in the justice and social sectors cannot possibly be captured in a single document. A key science-advisor role is to “promote the public understanding of, and engagement with robust evidence”. We hope that the public conversations and sector collaborations that need to occur, informed by robust evidence, can be assisted by our efforts.

A life-course approach

“This report puts forward the view that potentially the most effective way to reduce serious crime rates in the longer term – and hence to reduce the use of imprisonment – is to take a life-course approach to crime prevention. This involves putting in place a planned and co-ordinated series of progressively more powerful barriers to progress along the trajectory to serious adult offending. An effective prevention programme would have to link up policy and practice in [child development, child health], social services, education, youth justice and adult justice.” (*About Time*, 2001, p. 26)¹

It's just natural

Probably the reasons why I keep re-offending was because of my parents, I never actually had them there with me. I hung out with the wrong people, I guess and ended up drinking and drugs ... and then doing crime. My family also ... watching older ones doing it ... I thought it was life – I thought it was natural. (Young offender, cited in 2001, p. 175)²

Young offender imprisonment

“Since imprisonment by itself does not reduce re-offending, it may well be possible to reduce future victimisation by investing the cost of these early imprisonments in intensive community-based rehabilitation. This is particularly so for teenagers, who are easier to rehabilitate, and who may be at the threshold of a lifetime of criminal offending.” (*About Time*, 2001, p. 24)¹

We go back to doing what we did before

Sticking us in jail ain't gonna do nothing ... you take us away from the community and then when we get out we don't know what else to do ... and we go back to doing what we did before ... and when we come back [to prison], that's okay, we know how it goes, we've been here before. They're doing it all wrong – thinking why their jails are filling up. They send us to jail ... jail just makes us worse. Why stick us in jail if there's nothing to help us [in jail]? (Young female offender, cited in 2012, p. 44)³

Executive Summary

- 1. The number of offenders in the youth-justice system is decreasing.** Much of what the youth-justice system is doing is seen as effective and innovative, but we need to prevent young people engaging with the youth-justice system in the first place. This is a discussion paper with the purpose of using findings from current science to prompt informed reflection on issues related to youth justice in New Zealand. This Executive Summary raises issues that are further discussed and referenced in the main body of the report.
- 2. Victims of crime need support and trauma-recovery services.** Before they start offending, most such children and young people have experienced high rates of criminal abuse, neglect and violence, often from infancy, and have also been witnesses to crime and violence – they need support and trauma-recovery services before offending begins.
- 3. Understanding youth offending.** Those aged 15 to 24 years (14% of the population) account for as much as 40% of criminal-justice apprehensions. Those aged 17 to 24 years offend more than all other age groups. Scientific evidence is showing that adolescent development extends into the mid-20s. As a result, factors such as peer influence (heightened by the use of social media), impulsive risk-taking, lack of self-regulation, lack of awareness of the consequences of one's actions and psychosocial immaturity all contribute to this bulge. And for young offenders, these issues are compounded by their experiences of abuse, trauma, victimisation and disadvantage. Responses different from those required for pre-pubertal children or mature adults are needed, as this age-group can be particularly hard for many state agencies to work with.
- 4. Use developmental crime prevention.** The developmental, social, community and family environments, and intra-family and social relationships of children and young people, have a major impact on their potential for offending and need to be addressed early, by families, friends, neighbours, communities, and across education, health, cultural and social services. This is the essence of “developmental crime prevention”. The younger the child at intervention, the more effective it is likely to be.
- 5. Get children off the prison pipeline.** There are evidence-based steps to get young people off the “prison pipeline”, the seemingly inevitable journey from early offending to eventual adult prison. Developmental crime prevention views the prison pipeline – and the chance to change the trajectory – as beginning with the previous generation (e.g., parents who have experienced violence and trauma and are in the justice system) and extending from birth through countless opportunities to support non-criminal environments and lives.
- 6. Work on the risks shown in NZ's own longitudinal studies.** Robust evidence of risk-creating and protective factors for the development of severely challenging behaviour (an early step on the pathway to offending) is well-established, including from NZ's world-leading longitudinal studies, from birth to middle age, in Christchurch and Dunedin. This includes the effects of poverty, disadvantage and trauma (such as violence, abuse and neglect) on children's offending. Family and extended family/whānau are at the heart of a child's world and need to be supported to foster each child's development and wellbeing.
- 7. Scale-up evidence-based programmes and also evaluate local cultural solutions.** Wellbeing and resilience can be broadly fostered for all, from infancy throughout early childhood education and school, with more targeted support then applied as soon as issues are detected. There are individual, family, school and community programmes with a strong evidence base for effectiveness; many have been adapted for New Zealanders but have been only partially adopted and therefore need to be scaled up. Culturally appropriate research also needs to be supported so as to evaluate introduced programmes and locally targeted solutions.

8. **Early intervention is key, and is cost-effective.** Early, positive engagement can stop intergenerational cycles of trauma, offending and prison involvement. The effects of abuse, neglect and maltreatment on children’s development and behaviour can be successfully addressed at home, at school, in the community and in targeted mental health and other services, for a fraction of the cost of imprisonment. Pre-school programmes, and providing age-appropriate interventions based on cognitive-behavioural therapy (CBT), are the most cost-effective developmental crime prevention approaches.
9. **Partner effectively with cultural approaches.** Young Māori are significantly and persistently over-represented in the criminal-justice system, both as victims and offenders. A robust partnership is required, that combines the complementary strengths of iwi/Māori and government, after years of “well-intentioned but poorly coordinated” initiatives. Rates of violent offending by Pacific young people are also disproportionately high. Collaboration with Pacific communities, using Pasifika models and worldviews, and building the workforce and evidence base of effective prevention and intervention strategies, is needed.
10. **Intervene on the entry pathways into the prison pipeline.** There is considerable evidence of ways to address and treat the effects of children’s trauma (abuse, violence, loss and neglect), issues with mental health and substance use, learning and literacy difficulties, and lack of social, cultural and community engagement and wellbeing (See Table 1).
11. **Across the life-course, address high rates of mental health and developmental disorders** (see Table 2). Young offenders have high rates of these challenging issues.
12. **Use youth justice principles, where appropriate, for offenders aged 17 to 24 years.** Although some offenders need prison, young offenders (up to age 20) in prison are more likely than the general prison population to be re-imprisoned (42.5%) or reconvicted (62.6%) within 12 months of release. Principles of youth justice (as applied to those aged under 17 years), such as diversion, Rangatahi Courts and restorative justice, may be appropriate for some up to age 25 because of the evidence that brain pathways, especially around risk-taking and criminal responsibility, do not develop until well into the 20s. Pre-trial and remand services are also being reviewed to respond to the rising demand on prison capacity (including a remand assessment tool to assess safe bail options for young people).
13. **Harsh punishments have little deterrent effect on young people.** Boot camps do not work and “scared straight” programmes have been shown to *increase* crime. Young offenders can find the “thrill”, or emotional “high” of violent offending, and the social rewards (such as admiration from their peers), more important to them than concerns about being caught or facing social disapproval. Youth need alternative, prosocial ways to achieve engagement and social approval.

Table 1. Ten ways to intervene on the entry pathways into the prison pipeline

<p>1. Break the intergenerational cycle</p>	<p>Maltreatment in one generation is positively related to maltreatment in the next (about 80% of child and youth offenders grew up with family violence at home). Children with a parent in prison are 10 times more likely to be imprisoned in future than are non-prisoners' kids. Parenting programmes in prison help break the cycle. Maternal mental health before, during and after pregnancy needs support.</p>
<p>2. Support families of infants 0 to 2 years</p>	<p>Support 0- to 2-year-olds and their parents, such as with home visitation programmes that support high-risk families. Provide help with caregiver mental health and substance-use disorders, build neighbourhood and community resources (such as quality childcare).</p>
<p>3. Address severely challenging behaviour</p>	<p>Shown by around 10% of pre-schoolers and young children, severely challenging behaviour predicts negative outcomes later in life, including offending. Addressing environmental factors of childhood adversity (poverty, parental problems, child abuse), child adjustment problems, and child mental health will improve behaviour and ultimately adult outcomes.</p>
<p>4. Caregivers often experience substantial difficulties</p>	<p>Managing severely challenging behaviour is difficult for caregivers, with pre-schoolers and young children increasingly needing mental health treatment (e.g., for ADHD and/or behavioural problems), services that are under-resourced in NZ.</p>
<p>5. Effective parent management training</p>	<p>Evidence-based parent management training programmes build positive parent-child interactions, parental consistency and effective responses to difficult behaviours up to about age 10.</p>
<p>6. Early childhood centres</p>	<p>Early childhood centres can target self-regulation, social and verbal skills, caregiver warmth and behaviour management strategies.</p>
<p>7. Schools make a vital contribution</p>	<p>Schools provide social and emotional learning (SEL) for all students and targeted assistance for those with problem behaviours – primary-school entry is often the first time such behaviours are evident. Keeping children in school reduces risks of future crime and incarceration, but schools lack resources to manage children who are most in need, including with fetal alcohol spectrum disorders, developmental disorders, ADHD, mental health issues, and speech and language difficulties (and the resulting educational underachievement and missed opportunities).</p>
<p>8. Life-course-persistent offenders start young</p>	<p>A small group of offenders engage in crime from childhood onwards ("life-course-persistent" offenders), while the majority of antisocial behaviour is "adolescent-limited" offending. The evidence¹ suggests intervention is needed for all aggressive children, child offenders (10-13 years) and delinquent youth to prevent potentially lifelong negative outcomes.</p>
<p>9. Find "family" alternatives to gangs</p>	<p>Some young people in youth-justice residences find a "family" in gang affiliation as they move as a group onto more offending and adult prison, where they then need the gang to look out for them; almost half of prisoners aged 20 and under are gang members. Early intervention would prevent the pathway "from care to custody" – most gang members have had a "care and protection" history; information-sharing between Oranga Tamariki and Corrections could help identify risks earlier and promote prosocial relationships, cultural and community engagement and belonging as a counter-force to gangs.</p>
<p>10. Older children and adolescents benefit most from multi-level, therapeutic interventions</p>	<p>Youth interventions work best where all aspects of functioning are addressed, aiming for change in the whole "system" (physical, mental, cultural, school, peer and family relationships, etc), rather than targeting just the individual. Well-structured, well-planned, well-implemented and carefully evaluated, intensive, home-based programmes provide care to youth and their families and target individual, family, peer, school and community elements that underlie or contribute to problematic behaviour.</p>

Table 2. Mental health and developmental disorders of young offenders

Diagnosed mental illness	Between 50% and 75% of youth involved in the justice system meet diagnostic criteria for at least one mental or substance use disorder (vs. 13% of youth generally); many have two or more disorders.
Drinking and drug use	Heavy drinking by 79% of young NZ offenders (vs. 27% of non-offenders) and drug use precipitate and maintain offending. Two-thirds (65.5%) of offenders aged 17 to 24 had used methamphetamine in the past year.
Brain injury & learning problems	One in five youth offenders has a learning disability; youth offenders are three times more likely than non-offenders to have experienced a traumatic brain injury.
Higher rates in more serious offenders	Those in youth-justice residences (i.e., more serious offenders) are about 10 times more likely to have a psychiatric disorder than youth in general; and 92% show significant learning difficulties, with reading skills particularly low (mean ability at the 4th percentile).
Trauma, abuse and family violence	Most (87%) young offenders aged 14 to 16 years old in 2016/17 had had prior reports of care-and-protection concerns made to Oranga Tamariki; as many as 80% of child and young offenders experience family violence; and 75% of women in prison have experienced sexual and family violence. A history of sexual abuse is the strongest predictor of reoffending by young females at 12-months follow-up. Most of those in youth-justice facilities have experienced at least two “traumatic events” such as being sexually abused or in danger of being so abused, being badly hurt or in danger of being badly injured or killed, witnessing someone being severely injured or killed, or experiencing a subjectively “terrifying” event.
Post-traumatic stress disorder	Around 15% of children and adolescents with experience of abuse and trauma are diagnosed with post-traumatic stress disorder (PTSD). Trauma-focused cognitive behavioural therapy (TF-CBT) is needed to treat these children. “Trauma-informed practice” is needed across all justice and social services (where the relationships between childhood family violence and trauma, and subsequent behaviour and offending, are understood).

14. **Reduce reoffending by improving what happens during and after prison.** All young people need housing, job training and employment, social relationships, valued identity, a sense of belonging; plus young offenders need help related to the disadvantage and harm they have experienced. Mental-health and substance-use treatment that continues in the community, effective literacy programmes and getting a driver’s licence, managing rehabilitation where the young person may have “changed” but returns to an unchanged community of disadvantage; and family, social and community networks that assist (rather than hamper) integration, are needed. Young female offenders, with high

rates of sexual abuse and PTSD, need post-release social and sexual health and safety. At a system level, government bureaucracy and policies affect probation-officer availability, health and social service caseloads, and resources for employment, housing or other social-service support. Time in prison is criminogenic for adults and under 25-year-olds alike; yet public safety must be maintained, especially in relation to the small group of most severely entrenched life-course-persistent offenders who need custodial care.

15. **Smooth transitions between youth and adult services are needed.** The peak of offending occurs across the divide of age bands between “youth” and “adult” services (e.g.,

child and adolescent mental-health services end at age 18, as do care-and-protection services, schools, youth justice etc). The rigid application of chronological age criteria rather than addressing developmental needs, creates challenges for effective intervention. Assessments of trauma and victimisation history, and of cognitive, emotional, mental-health and addiction issues should help target appropriate interventions, regardless of chronological age.

16. **Listen to young people within youth justice** to improve outcomes and services, and to meet NZ's obligations under the UN Convention on the Rights of the Child (Article 12), "Children have the right to an opinion, and for that opinion to be heard, in matters that affect them".
17. **A well-trained workforce is needed, well-supervised to undertake evidence-based interventions** in homes, schools, NGOs, statutory agencies, justice services and the community. A holistic understanding of the young person's history and circumstances helps workers (from police and probation officers to social workers and kindergarten teachers) to enact "trauma-informed care", including the young person's voice, family and community engagement, respect, sense of safety, and the resources and structures needed to make change and counter poverty and disadvantage. There is a dearth of programmes that teach people, in both the community and statutory sectors, *effective* and *practical* skills to work with diverse young people and their families.
18. **Use population data to ensure workforce planning and resources are adequate.** The Integrated Data Infrastructure (IDI) programme within Statistics New Zealand draws together anonymised data on interactions with government services, including justice, health, education, social development and so on; this data can be used at a population level as a research tool to target resources and guide better workforce planning, for risk identification without collaborative, skilled and wide-ranging community and government response is likely to be inadequate.
19. **The number of young people coming in to the youth-justice system is declining but is still far too high.** The scientific evidence is incontrovertible: it is preferable, more effective (and cost-effective) to focus on improving community, social and family environments; it will ensure many more New Zealand children flourish and stay far from the prison pipeline.

Introduction:

Addressing the “prison pipeline”

1. As reviewed in the first report in this series, New Zealand has a record high prison population although crime rates have been falling and conviction and sentencing numbers are historically low.^{4 5} New Zealand’s prison population is proportionally one of the highest in the OECD.⁶
2. In contrast, there is an encouraging multi-year trend of substantial reductions in the number of children and young people (aged up to 24 years) serving prison and community-based sentences.^{7 8} First-time offending, Youth Court appearances and reoffending have all decreased.⁹
3. Crime, however, remains a young person’s calling. Although those aged 15 to 24 years are only around 14% of the population, they account for as much as 40% of criminal-justice apprehensions.⁹
4. Young Māori are significantly and persistently over-represented in the criminal-justice system, both as victims and offenders.¹⁰ Rates of violent offending by Pacific young people are also disproportionately high.¹¹
5. The problems faced by those aged up to 25 years in the justice system are complex and multifaceted and require both short- and long-term solutions, that reach far beyond just the justice sector. Solutions to these problems need to be preventive in order to reduce the number entering the next cohort of potential young offenders. This requires a collective view of the issues facing potential youth offenders, a willingness to look afresh at longstanding issues and a holistic and life-course approach by society, its representatives and agencies.
6. As discussed in the first report, government resources are overwhelmingly directed to those already in the criminal-justice system, albeit with less than adequate consideration of what happens to individuals when they leave prison; far less is directed to preventing entrance into that system. Nonetheless, there is strong evidence that interventions are effective for pre-schoolers and young children who are experiencing trauma and maltreatment and who are showing the challenging behaviours that underpin a pathway to offending. The younger the child at intervention, the more effective it is likely to be.^{12 13}
7. The “prison pipeline” is a conceptual description of the pathway from the first contact with the criminal-justice system, often in the context of child or adolescent offending, which is followed by a series of escalating contacts to apparently inevitable adult prison. A “school-to-prison” pipeline can also be defined, for example, for primary-school children as young as 7 or 8 years, who show challenging behaviour and early offending, who disengage or are excluded from school, spend time on the street and in youth-justice residences, and who are already seen as “troublemakers” heading to prison; for these children, a “criminal” education may replace school education.¹⁴
8. Starting even earlier (and this is a key point), a life-course approach views the prison pipeline – and the chance to change course – as beginning with the effects of disadvantage on the previous generation (e.g., criminal-justice system involvement) and extending from birth through countless opportunities to support non-criminal environments and prosocial lives, rather than letting risk factors compound and a prison-based future be inevitable. This is the concept of *developmental crime prevention*.¹⁵
9. This paper first briefly overviews the pattern of crime involving under-25-year-olds; reflects on issues for victims; and explores the concept of developmental crime prevention. The entry pathways into the prison pipeline (from intergenerational issues to risk factors associated with early offending) are described. Early intervention approaches are highlighted; that is, ways to make changes across the life-course and across systems (using many already available programmes in New Zealand but often not adequately or appropriately applied). The “exit” pathway, of getting those who have begun some engagement with the criminal-justice system, away from further engagement, is touched on

briefly, if only to highlight that it is never too late to make a difference. Primarily, this is a discussion paper (not a service audit nor an exhaustive literature review), aimed at raising findings from current science to prompt informed reflection and discussion on the justice issues we face as a country.

Crime and under-25-year-olds

10. The New Zealand youth-justice system has been commended internationally for its restorative approach to addressing young people’s offending for those 17 years old and under.¹⁶
11. However, as noted, 40% of criminal-justice apprehensions are of young people aged 15 to 24 years, despite the fact that this age-group represents only 14% of the population.⁹
12. Age-based data are complex, with diverse age-groups considered. Currently, youth justice in New Zealand applies to those only up to age 17. The United Nations Convention on the Rights of the Child defines a “child” as

anyone under the age of 18 years (Article 1). As a signatory to this convention since 1993, New Zealand will move in 2019 into line with other nations by changing the upper age from 17 to 18 years for youth in the criminal-justice system.¹⁷

13. On the other hand, “young offenders” are also defined as aged up to 20 years.⁷ For example, those aged 17 to 20 years were described in 1998 as having the “highest officially recorded rate of offending of all age groups in New Zealand”,¹⁸ where they remained until about the last 5 years (Figure 1).
14. Furthermore, Figure 1 shows that those aged 17 to 24 years have remained ahead of other age groups in rates of offending, as they bridge youth and adult criminal-justice systems from adolescence to young adulthood. Principles of youth justice may be most usefully applied to young adults as well (such as in Germany, where sanctions such as diversion rather than incarceration may apply into the mid-20s).¹⁹

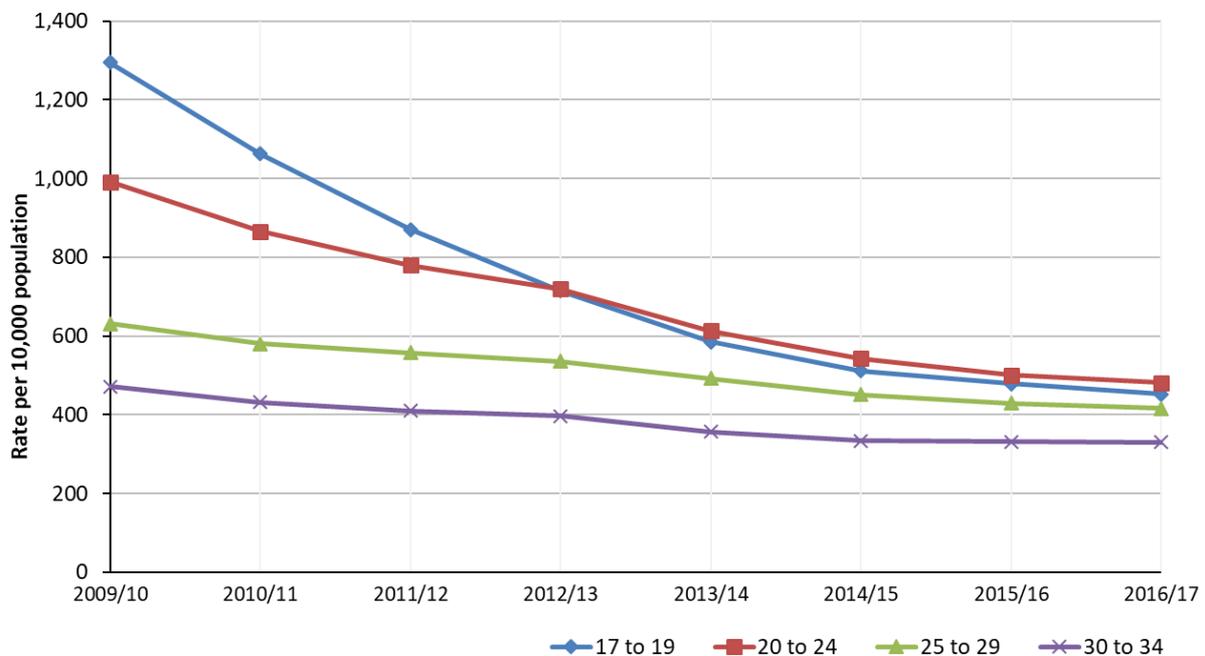


Figure 1. Number of individuals charged per 10,000 population by age group⁸

15. Chronological and maturational ages do not match. Depending on the domain (driver's licence, voting rights etc), a person is treated as an adult somewhere between age 16 and 21, yet studies of anatomical and functional brain development have shown that executive function (properties often called, in lay terms, wisdom and judgement) does not fully mature for many people until well into the third decade. Adolescence is a vague term used more often to refer to the teenage years but, in technical terms, extends until the individual is treated within society as an adult. In western societies, there is much ambiguity about this age.
16. Adolescents are characterised as impulsive, temperamental and immature, finding it difficult to consider the feelings of others or the consequences of their actions. There are of course multiple influences on their behaviour, but brain development research shows that the stage of brain development definitely has an impact, with neuroscience research showing that, for many, this "stage" of anatomical and functional changes in the brain likely lasts well into their 20s.²⁰ It is now apparent that brain pathways develop in such a way that adolescents undertake more risk-taking behaviour than younger or fully mature individuals. This has been recognised as relevant to debates of criminal responsibility and culpability,²¹ both internationally²² and to some extent in New Zealand.²³
17. Young people are more influenced by peers and social approval than are adults²⁴ and are particularly susceptible to peer influence and impulsivity in the face of provocation or stressful situations.²⁵ Their involvement in sensation-seeking and risk-taking behaviours, particularly in response to social rewards, peaks during this period, as risk-taking neural pathways are exposed transiently and brain development associated with self-regulation, reward-processing, processing of social information and the development of psychosocial maturity (involving risk perception and anticipation of future consequences), gradually takes place.^{26, 27, 28}
18. Young people are particularly susceptible to the peer approval available via social media posts and "likes",²⁹ including for antisocial behaviour, as they experiment with identities and self-presentation.³⁰ The impact of social media is apparent to police because young people achieve notoriety, fame and prestige for their crimes by posting photos and videos of criminal activity and the proceeds of crime, and to brag about violence.^{31 32} Adolescents take more risks in the presence of peers and when peers show off risk-taking, including online.³³ Social media platforms are also used to facilitate crime, for example in gathering young people together to target places or people; to buy and sell illegal goods; and to cyberbully, harass and threaten.³³ Although social media can be used to positive effect, these channels are at least as likely to magnify social problems in both "the digital hood" and disadvantaged neighbourhoods.³⁴ The impact of social media on crime will inevitably only get worse.
19. At the heart of the problem is the reality that the peak of offending occurs across the very divide of the age bands between "youth" and "adult" services; these services are quite distinct, whereas developmental and brain science indicates that many of the drivers of offending that have a developmental basis operate across this divide. Thus, the life-course risk factors that combine to put young people on the prison pipeline also cut across institutional and service boundaries: child-and-adolescent mental health services end at around age 18; school ends similarly (if children have not already long disengaged from education); and eligibility for care-and-protection services and youth justice shifts. Services can find those aged 17 to 24 particularly hard to engage with or retain, especially where there are long-standing difficulties with trauma, relationships, social and community engagement.³⁵

20. There is a need, therefore, to consider how better and more connected working across sector “siloes”, sharing practice expertise, and bridging service age bands with those involved in the criminal-justice system (or heading that way) might reduce harm, including extending successful youth-justice principles to those in their early- to mid-20s, and ensuring that mental-health services, in particular, are sufficiently resourced to properly address their needs. A recent UK Justice Committee report noted that the distinct developmental needs of those aged 17 to 25 need to be better served in the criminal-justice system, specifically with: age and developmental maturity taken into account; histories of trauma and victimisation assessed; cognitive, emotional and mental-health issues better addressed; and more appropriate interventions targeted.³⁶ As early as 2002, the International Congress on Criminal Law resolved at the 17th World Congress that there should be options to extend the “special provisions” that apply to minors who have committed crime to those aged 18 to 25 years.³⁷ The Congress considered that (p. 10):

...the state of adolescence can be prolonged into young adulthood (25 years) and that, as a consequence, legislation needs to be adapted for young adults in a similar manner as it is done for minors.

Victimisation

21. Young offenders cause harm to others and that needs to stop. Effective support and trauma-recovery resources are required for victims of crime.
22. Following traumatic victimisation, people experience levels of distress, emotional and physical harm, anxiety, depression, post-traumatic stress disorder (PTSD), feelings of helplessness and rage. Victimisation impacts on the person’s sense of self-esteem and confidence; their family, social and community relationships; their work or study performance. Use of substances, risky behaviour or other ways to cope can become problems in themselves.
23. Most young offenders are victims themselves, having experienced high rates of criminal abuse, neglect, and violence, often from infancy. Inter-generationally, they may have parents and grandparents who have also experienced chronic victimisation.
24. Effects are cumulative and, at different developmental ages, become more pronounced, especially during adolescence; for example, in school failure and increasingly antisocial behaviour.
25. Criminal trauma affects not only victims but also witnesses. When children witness family violence, they are affected; when state agencies intervene ineffectively, risk factors compound, including poor justice outcomes that can result in becoming a “ward of the state”.⁹
26. As discussed in the first report in this series, painful examples of criminal victimisation feature in media coverage and public discourse, and have driven much of the public discourse. Prevention rarely features.

Developmental prevention

27. There is a great deal of international and local scientific evidence that early intervention and a life-course approach reduces harm in many life domains, including physical and mental health, economic wellbeing, social connectedness, and reduces all types of child and adolescent offending.
28. Almost 20 years ago, *About Time* noted that longitudinal research in New Zealand (the world-leading studies located in both Dunedin and Christchurch) was showing the influences associated with becoming a young offender. The report described this evidence as underpinning the crime-prevention strategy most likely to be successful; namely, that of intervening as soon as possible along the pipeline to offending (p. 4):¹

The essence of a prevention strategy is an organised and co-ordinated series of barriers to progress along the trajectory leading to repeat adult offending ... Successful implementation of a policy of prevention has the potential to bring about larger reductions in victimisation and imprisonment than any other available strategy – conservatively estimated here at 10 percent reduction per year, compounding.

29. Now termed “developmental prevention”,³⁸ the assumption is that crime prevention starts early and has a role alongside other methods of crime prevention (p. 295):

Developmental prevention refers to interventions designed to prevent the development of criminal potential in individuals, especially those targeting risk and protective factors discovered in longitudinal studies of human development.

30. Longitudinal evidence helps us understand how brains and behaviour develop, including the impact on offending. It has helped us distinguish better between “ordinary” adolescent misbehaviour associated with transient risk-taking behaviour characteristic of adolescence (so-called “adolescent-limited offending”) and lifelong trouble (the much harder to change “life-course-persistent offending”, which often starts or is suggested by behaviours evident before adolescence).³⁹ A recent report on young offenders, *Rangatahi Māori and Youth Justice Oranga Rangatahi*, refers to a speech by Chief Justice, Dame Sian Elias: “Young people always have got into trouble, and will always do so. But now more than ever, we know about the connections between offending and neuro-disability, alienation from whānau, school and community, substance abuse, and young people who have been victims themselves of abuse and neglect. This knowledge must be seized upon” (p. 3).⁴⁰ Furthermore, she states (p. 3):

It is through socialisation, inclusion and connection, not punishment, that young people learn to obtain respect for others by respecting themselves. As a community, we are all invested in growing healthy, respectful and supported young people.

31. As the evidence continues to build, there is a question facing our communities and policy makers (p. 296):³⁸

Is it better to invest in developmental prevention, situational prevention, more police, or more prisons?

32. This is not a question to be simply answered, and it is not an “either/or” debate. But it is a topic for wide-ranging discussion and action, as the use of evidence-based approaches should improve New Zealanders’ wellbeing and reduce both the victimisation and incarceration rates of our children and grandchildren. The matter is of sufficient importance to justify more than instant, reactive responses.

1.1 Making a difference: Entry pathways to the development justice pipeline

The impressive evidence of the impact of life-course factors on youth offending highlights the importance of paying attention to early life stages and intergenerational engagement in managing the prison pipeline. Family and extended family are at the heart of a child's world and need to be supported to foster each child's development and wellbeing. The opportunity for effective intervention lies with social, educational and environmental factors that have a proven impact on the pathway to offending. Risk factors for the severely challenging behaviour that can develop into lifelong offending are established earlier in life. This section covers developmental and intergenerational patterns of offending and key risk factors, including exposure to trauma and mental-health issues. A range of evidence-based interventions to address these follows in the subsequent section.

Intergenerational links – breaking the cycle

33. Child maltreatment in one generation is positively related to maltreatment in the next generation.^{41 42} There are both increasingly well-understood biological and environmental pathways involved. Safe, stable, nurturing relationships outside the caregiver-child dyad (e.g., partner, co-parent, or adult social support resource) may also have a positive impact on decreasing intergenerational maltreatment.⁴²
34. There is growing evidence that maternal mental health, both during and after pregnancy, is an important, under-recognised, and under-appreciated factor in driving intergenerational influences on the development of prosocial behaviour and psychopathology in children.⁴³ Again, this appears to involve both biological and behavioural components.
35. New Zealand⁴⁴ and international⁴⁵ research on the effects on children of having a parent in prison shows that these children are amongst the most disadvantaged in society. It is particularly relevant that they are almost 10

times more likely to be imprisoned themselves in future than are the children of non-prisoners.^{46, 47}

36. Adolescents with incarcerated parents are at greater risk of mental-health problems (e.g., internalising problems, self-harm, suicide attempts) but a strong parent-child relationship has been found to partially buffer children from risk.⁴⁸ Having a conviction has been shown to increase the likelihood of subsequent offending, particularly for those young people whose parents have a criminal conviction.⁴⁹
37. *Prevention of child abuse.* Home visitation has been found to reduce child abuse in high-risk families. Greater programme efficacy has been found with: visits starting in pregnancy and continuing for up to 2 years; weekly visits in the immediate post-partum period; longer follow-up post-intervention; and focused intervention. Home visitation has been found to impact on mother-infant interaction, maternal depression, repeat pregnancy, maternal employment, as well as cognitive development and externalising behaviours of children.⁵⁰
38. Incarcerated fathers who have experienced more childhood risk factors have been found to have less contact with their children.⁴⁹ This indicates a potential opportunity to provide parenting programmes to address the father's childhood risk history and provide him with parenting skills to develop healthy relationships with his children.

Risk factors for the onset of severe behaviour problems

39. Evidence derived from research on the severe behaviour problems of pre-schoolers and young children can guide early intervention, as these predict negative outcomes later in life, including criminal-justice involvement.^{51 52 53} Between 4% and 16% of pre-schoolers and young children present with severe "conduct problems" including antisocial, aggressive, defiant and oppositional behaviours, such as non-compliance, fighting, arguing, throwing tantrums, rule breaking, and destruction of property. About a third of

these children continue to display these behaviours throughout adolescence.⁵⁴

40. Although no one risk factor can reliably predict antisocial behaviour of an individual in isolation, an increased number of risk factors is likely to increase the probability of antisocial behaviour.⁵⁵ Although the origins of severely challenging behaviour problems are complex, we need to focus on – and modify – the environmental factors that exacerbate them.^{56 57 58}
41. Currently, the Christchurch Health and Development Study is working on research that examines the links between childhood adversity (poverty, parental problems, child abuse), child adjustment problems, child mental health, and adult outcomes up to the age of 35. This research identifies a population of 5% to 10% of children who are at high risk of adverse outcomes as adults, including arrest, conviction and imprisonment.⁵⁹ These and many other findings highlight the need for interventions targeted at high-risk, vulnerable children.⁶⁰
42. Early-life poverty-related factors affect wellbeing in many domains, including criminal-justice involvement: there is a higher prevalence of challenging behaviour in childhood among more economically deprived populations.^{55, 61} Again, this is not a new idea in New Zealand. Yet another report, tracking socioeconomic status and juvenile offending of Māori and non-Māori (aged 10 to 16 years) during the mid-1960s to mid-1970s, showed that the socioeconomic disadvantage of Māori compared to non-Māori was associated with the higher rates of offending.⁶²
43. There are risks arising from multiple forms of family dysfunction, with evidence of poor parental supervision, child physical abuse, punitive or extremely inconsistent parental response, lack of parental warmth, parental conflict and/or disrupted families, antisocial parents and/or peers, severe parental mental-health concerns, and low parental education all associated with children's conduct problems.⁶³
44. School entry is often the first time problematic behaviours become evident; by

age 10, children may be truanting, suspended, and engaged in “nuisance” offending, with low school achievement typical.⁵⁵ Fetal alcohol spectrum disorders,⁶⁴ ADHD, developmental disorders, and speech and language difficulties (and resulting educational underachievement and missed opportunities) are widely undiagnosed.⁶⁵ Peer rejection in middle childhood can in turn predict association with antisocial peers and antisocial behaviour in adolescence.⁶⁶

Exposure to trauma has a substantial impact

45. In addition, exposure to trauma (e.g., physical abuse, sexual abuse, maltreatment, neglect, violence, emotional and/or psychological abuse) is a key factor in producing higher rates of offending behaviour. Persistent maltreatment is linked to later violent offending⁶⁷ and those who have experienced recurrent, or more than one form of, maltreatment are more likely to engage in offending behaviour.⁶⁸ In New Zealand, most (87%) young offenders aged 14 to 16 years old in 2016/17 had had prior reports of care-and-protection concerns made to Oranga Tamariki (86% males, 92% females).⁶⁹ Self-reports from youth offenders in secure youth-justice facilities indicate that, on average, both males and females had experienced at least two “traumatic events”, including (but not limited to) being sexually abused or in danger of being sexually abused, being badly hurt or in danger of being badly injured or killed, witnessing someone being severely injured or killed, or experiencing another event that was subjectively “terrifying”.⁷⁰
46. Offending patterns among youth with a history of out-of-home-care are more likely to be chronic and persistent into adulthood.^{71 72}

47. Children exposed to family violence are likely to experience increased levels of externalising, internalising, and adjustment problems. (Externalising behaviours are characterised by aggression, violence, conduct problems and ADHD, whereas internalising problems are characterised by anxiety, depression, self-harm etc.) Moreover, the negative effects of exposure to family violence are cumulative. Similarly, those who are exposed to a greater range of physical, emotional, and/or sexual violence experience worse outcomes.⁷³ A review of more than 16,000 NZ child and youth offender records since 2013 showed that 80% of child and youth offenders under the age of 17 had evidence of family violence in their homes.⁷⁴
48. There are high rates of post-traumatic stress disorder (PTSD) in response to child maltreatment in young offender populations, with girls in juvenile detention centres significantly more likely to have PTSD than boys⁷⁵ (e.g., 40% and 17% respectively⁷⁶).

Life-course-persistent vs. adolescent-limited offending

49. A small group of offenders engage in crime at every stage in their lives (so-called “life-course-persistent” offenders); their antisocial behaviour begins in childhood and deteriorates thereafter. In contrast, the antisocial behaviour of a larger group of young people is mostly limited to adolescence (thus, “adolescent-limited” offending).^{77 78}
50. For adolescent-limited offending young people, antisocial behaviour is influenced by peers and social contexts, and likely to be encouraged by the so-called “maturity gap” between biological and social adulthood (e.g., able to reproduce and largely function independently, but face social constraints on doing so).⁷⁷ Research on this group over the past 25 years has highlighted the need for mental-health services and youth-justice reform to effectively support “adolescent-limited” young people in remaining off the prison pipeline.^{78 79}

51. Relative to adolescent-limited offenders, life-course-persistent offending youth are characterised by experiencing higher rates of difficult parenting, neurocognitive problems, under-controlled temperament, severe hyperactivity, psychopathic personality traits, and violent behaviour.⁸⁰ At age 26, they have higher levels of psychopathic personality traits, mental-health problems, employment problems and drug-related and violent crime apprehensions.⁸⁰
52. The evidence suggests early and intense intervention is needed for all aggressive children and delinquent youth to prevent potentially lifelong negative outcomes.⁸⁰ A recent Ministry of Social Development report notes that although the number of “child” offenders (aged 10 to 13) is decreasing, a core of persistent child offenders remains (likely to be on a life-course-persistent pathway), with whom effective interventions need to be put in place and evaluated. The report notes that early identification of such high-risk children and what works to get them onto a more positive path needs further research and development.⁸¹

Mental health and developmental disorders

53. Rates of mental illness among youth offenders far exceed those of children and adolescents in the general population.⁸² Compared to 13% of children and adolescents in community samples, as many as 50% to 75% of youth involved in the justice system meet diagnostic criteria for at least one disorder,⁸³ and young people in youth detention centres are about 10 times more likely than those in the general population to have a psychiatric disorder.⁶⁸
54. Youth in the justice system experience high levels of co-morbidity, with around 50% of confined youth meeting diagnostic criteria for at least two disorders.⁸⁴ Externalising disorders and having multiple disorders are associated with repeat offending.⁸⁵
55. Twenty percent of youth offenders were identified as having a learning disability⁸⁶ and, in NZ, 92% of young people in youth-justice residences showed significant

difficulties in at least one area of achievement (IQ, attention, literacy, numeracy, verbal abilities). Reading skills were particularly low (mean ability at 4th percentile). Reading comprehension has been found to predict future offending.⁸⁷

56. Youth offenders are more than three times more likely to have experienced a traumatic brain injury (prevalence rates around 30%).⁸⁸ Māori youth and prisoners were found to have higher rates of mental health problems than non-Māori in Te Rau Hinengaro, the New Zealand Mental Health Survey.⁸⁹

Neurophysiological differences

57. Individuals who have experienced abuse and trauma earlier in their lives have neurophysiological differences and are less able to regulate their emotions, as well as tending to act more aggressively;⁹⁰ anger and aggression are highly correlated with violent crime.⁶⁸
58. Relative to other adolescents, life-course-persistent offending youth are distinguished by neurological abnormalities, volatile temperament, low intellectual ability, reading difficulties and poor performance on neuropsychological testing.⁸⁰

Thus, compared to their typically developing peers, children and young people with behavioural problems are often characterised by distinct differences regarding the social and family environment, parental mental health issues, parenting style, caregiver-child interactions, neuropsychological functioning and social information-processing.⁹¹ Parents and caregivers often experience substantial difficulties in managing these behaviours, and pre-schoolers and young children are increasingly being referred to mental health treatment (e.g., for ADHD and/or behavioural problems),⁹¹ services that are under-resourced in New Zealand.

1.2 Early intervention is needed

If unaddressed, problems in early childhood may become life-course-persistent issues.^{91 92} There is, however, strong evidence that interventions for this age group are effective. Crucially, evidence shows that the younger the child is at intervention, the more effective it is likely to be – it's never too early to make a difference.^{93 94}

Early intervention: Parenting, school support and education programmes

59. The impact on child development of maternal mental health issues (such as depression and anxiety), both during and after pregnancy, highlights the need for support at individual,⁹⁵ family/whānau, and community levels.⁹⁶ Neighbourhood and community resources, such as provision of quality childcare,⁹⁷ as well as clinical services for those diagnosed (including paternal mental and substance-use disorders),⁹⁸ all have potential benefits for children's wellbeing long-term.
60. A body of work on "conduct problems"⁵² identifies how New Zealand families and health, education and social services could better work together to improve early childhood outcomes and target those with problems (from ages 3 to 7 years⁹⁹ and ages 8 to 12 years¹⁰⁰).
61. Effective home- and school-based interventions shown to reduce problems in young children (predominantly 3-10 years old) include the following (all of which are available in New Zealand to a greater or lesser extent):
 - *Parent management training programmes*¹⁰¹, which provide training to parents in managing their child's behaviour, such as:
 - Triple P (Positive Parenting Programme)¹⁰²
 - Parent Management Training Oregon^{103 104}
 - Incredible Years Basic Parent Programme^{105 106 107}
 - Parent Child Interaction Therapy^{108 109}

- Early Start (home visitations in Christchurch, which improved physical health outcomes, increased exposure to early childhood education, positive parenting practices, reduced rates of internalising/externalising problems and lowered rates of severe assault by parents).¹¹⁰
- Te Whānau Pou Toru is a culturally adapted version of Triple P; 2018 findings of a randomised controlled trial showed significant improvements in child behaviour problems and reduced interparental conflict about childrearing (average age of the children was 4.5 years). Improvements were maintained at follow-up and parents reported greater confidence in managing a range of difficult child behaviours.¹¹¹
- **The overarching and most efficacious components of the parent-management training interventions include:** increasing positive parent-child interactions and emotional communication skills, parental consistency, effective use of ways to manage behaviour and practising of new skills during training sessions.¹¹² In general, parenting programmes for younger children (up to the age of 10) appear to be efficacious in reducing behavioural problems.¹¹³
- *Teacher management training programmes*, which provide training to teachers in managing problematic child behaviours, such as:
 - School-wide positive behaviour support (SWPBS)^{114 115}
 - Incredible Years Teacher classroom management,^{116 117} with a New Zealand evidence base¹¹⁸
 - First Step to Success (more intensive school/home intervention).^{119 120}
- *Early childhood education programmes* (birth to age 5) are beneficial when they target: self-regulation, early cognitive abilities (particularly verbal), social skills, and caregivers' warmth, responsiveness, and behavioural management strategies.¹²¹
 - Programmes that emphasise emotional and social development are associated with significantly reduced rates of externalising problems.⁵³
 - Early prevention programmes have a small but significant association with reduced crime in adulthood.^{122, 123} They are also associated with increased academic attainment and high-school completion. Children from lower SES and those "at risk" are likely to benefit to a greater extent. Those programmes which focus on social and behavioural skills, rather than only academic or family support, had the greatest effect. As such, these programmes are likely to put children on a more positive developmental trajectory, increasing the likelihood of better outcomes.¹²²
- *Schools* are a cornerstone of a child's healthy development. Schools are key in the prevention of, and intervention to modify, conduct problems. Keeping children in school reduces the likelihood of future crime and incarceration.¹²⁴
 - Effective strategies are implemented at targeted scale and intensity, e.g., SWPBS is universal (for all students), whereas First Step to Success is targeted at those whose continued problem behaviours indicate need for more intensive intervention.¹²⁵ Similarly, Triple P and Incredible Years can be implemented at various levels and intensities of intervention.
 - Programmes that teach self-control and social competence using cognitive-behavioural strategies can reduce antisocial behaviours at school (e.g., theft, bullying, vandalism, violence).¹²⁴
 - School management and discipline procedures are also important. Schools in which rules are clearly communicated and are fairly and

consistently enforced experience more positive outcomes.¹²⁴

- Across a meta-analysis of 213 interventions involving 270,000 children from kindergarten through to high school, school-based, universal, social and emotional learning (SEL) programmes were found to have a strong positive effect on school-wide behaviour, academic achievement, social and emotional skills, and attitudes.¹²⁶
- In New Zealand, Positive Behaviour for Learning (PB4L) is a tiered programme – of universal through to specific interventions – in around a quarter of all schools. It has features of effective social and emotional learning (SEL) programmes but there has been variable implementation and, as yet, little systematic evidence of specific effects.¹²⁷

As we described in our previous reports on mental health¹²⁸ and youth suicide,¹²⁹ programmes that are designed to improve self-control in children will have enormous potential to make young people more resilient to the inevitable stresses all young people face as they transition from childhood to adulthood. A far more systematic approach is needed within the NZ education system to do so. There would be value in considering a formal and systematic ongoing cataloguing of “what works” in this area of child disadvantage and similar to those of the UK’s “what works units”.

Therapeutic approaches

Therapeutic, “systemic” approaches address the integrated “system” of the child, family/ caregivers, and wider community for those identified as being of concern.

62. Evidence-based therapeutic interventions for children and young people whose behavioural patterns indicate need for more intensive treatment, as well as those who have been placed in out-of-home care, include the following:

- Pre-schoolers and young children:
 - Multidimensional Treatment Foster Care-Pre-schoolers (MTFC-P)^{130 131}
 - Keeping Foster Parents Trained and Supported (KEEP, i.e., based on MTFC but less intensive)¹³²

Relative to parent/teacher interventions, evidence for these among this age group is limited.

63. Older children and adolescents benefit most from multi-level, therapeutic interventions, given that they often have more entrenched and recognised antisocial behaviour patterns. The following interventions have been shown internationally to be efficacious:¹³³

- **Multisystemic therapy (MST)** is an evidence-based and widely implemented intervention for serious youth offenders. MST provides intensive home-based care to youth and their families and targets individual, family, peer, school and community elements that underlie or contribute to problematic behaviour.¹³³ Standards of training and delivery must be monitored to ensure model fidelity.
- **Functional family therapy (FFT)** is another evidence-based and widely implemented intervention for young people with antisocial behaviour and offending histories. FFT primarily focuses on interaction patterns within the family and emphasises the training of parenting strategies.¹³⁴ It has been researched to some extent in New Zealand.¹³⁵
- **Multidimensional treatment foster care (MTFC)** is an evidence-based foster-parenting model that caters to serious

youth offenders who may otherwise be placed in residential facilities. Also known as Oregon Treatment Foster Care, foster parents within MTFC are trained and provide intensive care to at-risk youth.¹³⁶
137 138

- **Keeping Foster and Kin Parents Supported and Trained (KEEP)** originated from MTFC and provides parenting training to foster and kin parents.¹³⁹

64. For those up to age 25 years, there is also **MST for Emerging Adults**¹⁴⁰ which has had promising results internationally and its feasibility is being explored in New Zealand by the Department of Corrections.

65. Overall, there is ample evidence regarding the efficacy of the above interventions, although extensive research in New Zealand has not been undertaken.

66. Overarching characteristics of evidence-based, effective, youth-offending therapeutic interventions include the following:

- Therapeutic intervention philosophy, targeting high-risk offenders and programme integrity (quality)¹⁴¹
- Comprehensive, systemic, social-ecological approach (involve the youth, their family/whānau/caregivers, and/or other social system, e.g., church, school etc)¹⁴²
- Well-structured (e.g., one or more weekly sessions), well-planned, well-implemented and evaluated¹⁴²
- All aspects of a youth's functioning are addressed (physical, mental, school, peer relationships, etc.) and the interventions strive to enact change among key members of a youth's ecology, rather than purely change in the youth themselves.¹⁴²

67. Again, schools are key, as a crucial element of the youth's ecology; for example, 14-year-olds were 2.7 times more likely than other ages to be suspended from NZ schools in 2016, with 12- to 15-year-olds not far behind.¹⁴³ Those aged 12 to 15 years who are not attending school are at particularly high risk of increasing their antisocial behaviour, in the absence of any prosocial supervision or

activities, as shown in evidence that efforts to maintain higher engagement in school and retention at school can be related to lower rates of youth offending.¹²⁴ Many of those subsequently involved in youth justice were virtually out of school by ages 8 to 10. Students in areas of high socioeconomic deprivation (deciles 1 & 2) are 6.7 times more likely to be suspended from school than those in low-deprivation areas (deciles 9 & 10).¹⁴³

68. In addition, there is a requirement under the UN Convention on the Rights of the Child (Article 12) to ensure that young people's perspectives on the interventions and approaches that work for them are taken into account: "Children have the right to an opinion, and for that opinion to be heard, in matters that affect them."¹⁴⁴ The voices of children and youth are increasingly seen as a necessary part of effective healthcare provision globally,¹⁴⁵ and to a lesser extent in approaches to youth offending, with consultation seen as both a right to be involved and a way to effectively improve services, as well as participation being beneficial to both the young people and to wider civil society.¹⁴⁶

69. For example, the Intensive Wraparound Service model, used with young offenders internationally (and to some extent within New Zealand education¹⁴⁷ and youth mental-health¹⁴⁸ services), emphasises a principle of listening to the "voice and choice" of the young person and their family for better outcomes.¹⁴⁹ In accordance with UNCRC requirements, the New Zealand Children's Commissioner Judge Andrew Becroft has called for the voices of children and youth to be included in a meaningful way following Ministry of Children and Oranga Tamariki policy and legislative changes¹⁵⁰ and the establishment of the youth-led initiative of VOYCE Whakaronga Mai.¹⁴⁴ Similarly, a Bradley Commission report on youth transitions in criminal justice and mental health in the UK stated that young people must have a say in the justice decisions that affect them.¹⁵¹ Within youth justice, there is evidence of barriers to hearing the voices of children and young people within Family Group Conferences, which potentially

hamper the effectiveness of FGC plans to reduce offending.¹⁵²

Interventions for those who have experienced trauma

70. Around 15% of children and adolescents who have experienced abuse and trauma are diagnosed with post-traumatic stress disorder (PTSD).¹⁵³ Trauma-focused CBT (TF-CBT) has been found to be the most effective intervention in reducing PTSD symptoms in a recent meta-analysis (medium to large effect size).¹⁵⁴
71. Trauma-focused CBT has flexible, structured components to work with children of different ages and together with parents/caregivers, so both build necessary skills.¹⁵⁵
72. Psychological trauma-focused treatments can produce large therapeutic effects.¹⁵⁴

Interventions for mental health and substance-use issues

73. Best practice is to have early intervention through improved access to mental health and addiction services well before offending can begin, or at least when young people first come to the attention of the criminal-justice system (following a needs assessment), e.g., through pre-trial services.¹⁵⁶
74. Untreated substance-use disorders and dependence keep people in the prison pipeline. Heavy drinking by 79% of young NZ offenders (vs. 27% of non-offenders) and drug use precipitate and maintain offending.¹⁵⁷ Alcohol consumption is associated with an increased risk of aggressive behaviour, interpersonal violence and offending, especially with males under 25 years including vandalism, property crimes, sexual crimes and violence.^{158 159} New Zealand's binge drinking culture is problematic¹⁶⁰ and new approaches to reducing young Māori substance use, in particular, are required.^{161 162}
75. Recent NZ research showed almost two-thirds (65.5%) of offenders aged 17 to 24 had used methamphetamine in the past year (more than any other offender age-group).

Lifetime methamphetamine dependence was associated with starting imprisonment early and often – dependence was most prevalent amongst offenders whose “first imprisonment occurred at a younger age, who had spent more time in prison and had more custodial sentences” (p. 19).¹⁶³ Anxiety and mood disorders frequently preceded the onset of methamphetamine dependence, suggesting that offenders with these mental health disorders may be “self-medicating” with substances.¹⁶³ International evidence shows that treating substance-use disorders lowers recidivism, for example through drug treatment courts (9% reduction in recidivism).¹⁶⁴

76. Childhood trauma is associated with poor mental health: NZ data show almost half (48%) of those in prison experienced family violence as a child,¹⁶⁵ with estimates from child and youth offender records showing family violence as high as 80%.⁷⁴ Sexual and family violence has been experienced by 75% of women in prison and 56% of men (likely to be an underestimation due to the stigma associated with victimisation).¹⁶⁵ Trauma-informed practice is needed across all services involved in the justice system, and ongoing exploration of the relationships between family-violence victimisation and subsequent crime.¹⁶⁵
77. There are barriers to the early diagnosis and treatment of mental disorders in high-deprivation communities and for those in poverty,¹⁶⁶ as well as cultural,¹⁶⁷ social and other barriers, especially for young people. Where there is engagement with child and adolescent services, transitions at age 18 to adult mental-health and addictions services need careful planning, especially as these transitions coincide with moves from youth justice to the adult criminal-justice system.¹⁵¹
78. There is limited evidence for internet-based mental health interventions (e.g., e-therapy, e-health) for high-need populations with severe symptoms,¹⁶⁸ such as many youth offenders.^{169 170} Online programmes, such as computerised cognitive behavioural therapy (cCBT)¹⁷¹ and game-based interventions,¹⁷² require high levels of self-motivation and focus, which the young-offender population

typically lack. Internet-based therapy in prison requires close monitoring of mood and behaviour, to access more intensive support as needed, given that the young person might be doing the “therapy” by themselves in their cells. Internet access in custody is limited, but there has been some use of portable devices for education with pre-loaded modules in New Zealand, an approach that reduces risks around misuse of internet connections. However, this can heighten boredom and reduce engagement for young people who are typically “sensation-seeking” in their use of technology.¹⁷⁰

Female youth offenders

79. Young female offenders experience greater rates of family violence, childhood and adolescent maltreatment, and mental disorders than their male counterparts; substance abuse and gang involvement also affect a considerable number. Therefore, working to their particular needs and strengths is warranted.¹⁷³
80. For example, there is evidence that female offenders have higher rates of post-traumatic stress disorder (PTSD) than do males, having experienced more sexual trauma throughout childhood and young adulthood.¹⁷⁴ PTSD, especially in under-25-year-olds (given the effects of trauma on development) is associated with higher rates of recidivism;¹⁷⁵ a history of sexual abuse is the strongest predictor of reoffending by young females at 12-months follow-up.¹⁷⁶
81. The damage from repetitive and ongoing abuse and trauma can also affect the ability to benefit from rehabilitation¹⁷⁷ and researchers argue that careful assessment of trauma-related needs helps services address mental health issues and reduce reoffending.¹⁷⁷ New Zealand young female offenders are creating their own youth gang culture and “competing” to be increasingly violent.¹⁷⁸
82. Research underway with Māori girls (aged 16 to 18) and young Māori women (aged 18 to 25) in prison highlights their multiple marginalisation, in terms of age, gender, culture and incarceration, and the intergenerational transfer of inequalities that “normalises” the prison pipeline for them.¹⁷⁹ The research calls for critical assessment of how to reduce engagement with a system that reproduces disadvantage to such an extent. Given the particular characteristics of the NZ prison pipeline, indigenous interventions must be explored.¹⁷⁹
83. Researchers note that comprehensive, wraparound supports are needed as young women move out of youth-justice services, to enhance financial, educational, employment and housing prospects, treat mental and substance-use disorders, address sexual and reproductive health issues and provide prosocial options to reduce the risks of young women returning to manage in unsafe home and community environments.¹⁸⁰

Māori young people

84. For decades, Māori have been substantially over-represented at all stages of the criminal-justice system.^{9, 40} There are multiple and complex reasons for this, not least because Māori tend to experience disproportionately many of the interacting risk factors previously discussed.

85. In the first report, *Using evidence to build a better justice system: The challenge of rising prison costs*, some of the complex contributions to Māori rates of imprisonment were touched on and these also apply to Māori youth.
86. With the change in age eligibility for youth justice from age 17 to 18 in 2019,¹⁷ it is likely that there will be some reduction in the number of Māori youth going into the adult prison system, and thus some mitigation of the risks of harm and reoffending that apply when young people are dealt with in the adult justice system.¹⁸¹
87. There are evidence-based programmes that are being adapted for Māori children and young people; for example, Youth Horizons Trust has adapted the evidence-based Functional Family Therapy (FFT) programme for severe behaviour problems to work with Māori.¹⁸² Parenting programmes such as Incredible Years,¹⁰⁵ Triple P¹⁸³ and Te Whānau Pou Toru¹⁸⁴ version of Triple P have evidence of effective application among Māori. In education, deliberate recognition and use of cultural resources (such as language and shared practices) can affect student engagement and achievement.¹⁸⁵
88. A recent Henwood Trust research review of Māori aged 14 to 16 years, involved in criminal justice, highlighted concerns about young people on long remand stays in secure youth-justice residences while waiting for Youth Court, placement or resolution (with increases in the number on such remand, and their length of stay between 2011 and 2016).⁴⁰ There was concern at a lack of quality community placement options for youth with complex needs. The report suggested that the Iwi Chairs Forum consider options for iwi involvement in managing such issues, including in the context of the growing Rangatahi Court innovations,⁴⁰ and the “Remand Options Investigation Tool” (ROIT) pilot is also trying to address this.¹⁸⁶
89. There are iwi-based, local, community and/or NGO solutions that need resources to evaluate and scale up as appropriate.⁹ ¹⁸⁷ The following assessment, in 2016, from the multi-agency justice-sector report, *What we*

know: Māori justice outcomes,⁹ calls for a robust partnership approach (p. 6):

There are initiatives across the breadth of the criminal justice pipeline that aim to reduce Māori over-representation.

This activity is well-intentioned but poorly coordinated: initiatives are limited in scale and don't reflect a sense of common venture across the sector. However, they provide a foundation for an enduring relationship: we have some experience working with iwi/Māori to design and deliver specific services, and can build on this to achieve shared visions and goals.

We need a strategic approach that combines the complementary strengths of iwi/Māori and government. Core to this is a meaningful partnership.

90. Such a partnership, that is an interdependent, kaupapa Māori approach, needs to be leading this work.

Pacific young people

91. There is also a need to address the over-representation of Pacific young people in the criminal-justice system.¹⁸⁸
92. Pasifika youth-offending has decreased over the past 10 years, but violent offences that include robbery have not. A key concern with Pasifika youth offending is their over-representation in violent offences.¹⁸⁹ In 2016/2017 Statistics NZ data, 44% of offences by Pasifika children and young people charged in Court were of a violent nature, an increase of almost 10% in the last decade (Māori increase 7%; Pākehā 4%).
93. At present, there is a paucity of information as to what works with Pasifika youth offending.¹⁹⁰ Interventions continue to be sourced from Western worldview models of theory and practice, despite there being as many as 19 different ethnic groups under the “Pacific Islands” label defined by Statistics NZ, all with their own worldviews.¹⁸⁸ There is growing information in areas such as education and health that a more culturally

targeted approach and intervention is needed when working with Pasifika; this applies to those in the youth-justice system. Investment into funded research of the Pasifika community in youth justice and Youth Court cultural assessments (alongside psychological/psychiatric assessments) are needed. However, research needs to be undertaken that includes Pasifika research frameworks and approaches such as Talanoa¹⁹¹ and Kakala.¹⁹² This is more likely to provide results that can better inform the development of culturally appropriate interventions for this group.¹⁹³

94. Given the collective worldviews typical of the Pasifika community, working to minimise Pasifika youth offending must include their families, including extended families and not necessarily limited to nuclear families. Genuine engagement with Pasifika communities is key¹⁹⁴ to establish what they see the issues are and what needs to happen in relation to the youth-justice population. For example, the Samoan proverb “E fofo e le alamea le alamea” highlights the need for Pasifika responses to Pasifika issues:¹⁹⁵

E fofo e le alamea le alamea. A Samoan proverb that refers to the alamea (crown of thorns starfish). If you are stung by the spines of the alamea, it is poisonous. You must quickly turn the alamea over and step on it. The alamea will, in turn, absorb the poison from your foot.

The issues within the community will be resolved by the community.

95. Collaboration and sharing of information needs to be with churches (both traditional and non-denominational), sports groups, village networks, Pasifika NGOs at the community level;¹⁹⁵ at a policy level, with the Ministry of Pacific Peoples; and at the strategic, national leadership level, with the development of a Pasifika national strategic role in justice-sector decision-making.
96. To build the workforce capacity and capability across sectors, Pasifika content needs to be

included in curricula for social work, psychology, police, corrections, law and other services.¹⁸⁹ Training could include engagement with Pasifika community, understanding the worldviews of Pasifika, Pasifika epistemology, Pasifika models and frameworks of practice (e.g., va’aifetu model,¹⁹⁵ fonofale model¹⁹⁶). Providing clear pathways of progression for Pasifika in tertiary education, clinical roles, and postgraduate research, will help build the evidence base of effective prevention and intervention strategies.

Working with gangs

97. Almost half of all young prisoners (20 and under) are gang members¹⁹⁷ and many who are becoming or are involved in the criminal-justice system are heading that way. We come back to the heart of this report, which is that we need to work smarter to ensure that children and young people are taken off the pathway that leads into a gang lifestyle by addressing individual, family/whānau, and community wellbeing issues.
98. In the first report in this series, we touched on some issues with gangs which we will not repeat here. Instead, we focus on some points for discussion raised in conversations with people working in the field, as follows.
99. **Early intervention would prevent the pathway “from care to custody”¹⁹⁸** – most gang members have had a “care-and-protection” history. Speaking with a number of our youth where this is a key issue, much of their view is that it has to do with where they are placed, who they are placed with, what personal strengths are emphasised and drawn on, and how society allows them or asks them to occupy their time. The system could get much better at all of this and could learn to prevent the strong gang influence in prison.
100. **Keep improving how Oranga Tamariki and Youth Justice work together.** We could improve information-sharing between Oranga Tamariki and Corrections, and ensure approaches like risk-need-responsivity (RNR), strengths-based and cultural models are consistently applied. (An RNR approach

responsively matches targeted rehabilitation interventions to the risk level of reoffending; it is effective, for example, at targeting high-risk, violent young offenders to have more intensive treatment against recidivism than lower-risk offenders would need).^{199 200}

101. **Meaningful cultural connection.** What we have seen at times is the power of te ao Māori and tikanga as a counter-force to gangs - as well as being protective in many ways. If we could enhance opportunities to more fully immerse our youth in this environment in the most culturally appropriate, meaningful way possible (including involving community supports to reinforce and strengthen knowledge and connections), we would see greater success.
102. **Gang “families”.** Some of the children and young people coming in to youth-justice residences then move as a group onto more offending; it’s like they find a “family”, a “brotherhood” (or sisterhood) of gang affiliation as they move on to youth and subsequently adult prison, where they then need the gang to look out for them. Those who are children of gang members generally also want to join a gang. Ongoing, constructive dialogue with gangs is needed.
103. **Don’t give up.** Don't believe that they are at the bottom of the cliff at 18 years old - we just need to get better at understanding youth, seeing the opportunity and working more effectively with this age group - we need to understand and appreciate the unique needs of this population.

Build capacity and capability of the workforce

104. A crucial element of early intervention is a well-trained workforce, well-supervised to conduct evidence-based interventions in homes, schools, NGOs, statutory agencies and the community. A holistic understanding of the young person’s history and circumstances helps professionals to enact ‘trauma-informed care’ including the young person’s voice, family engagement, respect, sense of safety, and the resources and structures needed to make change. There are workforce-planning implications and ‘good

practice’ guides and resources that need to be implemented or extended (e.g., for conduct problems, trauma-informed CBT, motivational interviewing,²⁰¹ children of people in prison,²⁰² CSC-cognitive self-change²⁰³ and others), and their efficacy measured.

105. There is a dearth of programmes (both community and tertiary programmes) that teach people, in both the NGO and statutory sectors, *effective* and *practical* skills to work with young people and their families. There is a need for resources aimed at teaching practical family-therapy skills to be widely available, especially focusing on engaging well with so-called “hard-to-reach” young people and families.¹⁸⁷ Understanding how to address criminogenic factors includes needing to know models like RNR²⁰⁰ and strengths-based cultural frameworks, Good Lives Model²⁰⁴ etc. The Māori workforce needs to be built, and non-Māori workers will require specific training in te ao Māori content and cultural competency. The Pacific workforce and non-Pacific cultural competency also needs to be built. The workforce also needs to be responsive to the increasingly diverse make-up of New Zealand young people, their ethnicities and their social, sexual, and gender identities.
106. The Integrated Data Infrastructure (IDI) programme within Statistics New Zealand draws together anonymised data on interactions with government services, including justice, health, education, social development and so on.²⁰⁵ Ideally, this should be used as a research tool at a population level to target resources and programmes to those groups identified as most at risk. The data must also, however, guide better workforce planning of skilled staff and organisational responses so that prevention and intervention are effective, for risk identification without collaborative, skilled and wide-ranging community and government response is likely to be inadequate.

Early intervention is cost-effective

107. Overall, the research shows that early-prevention programmes are effective in

substantially reducing long-term criminal-justice costs:

- Early-intervention programmes need to be only modestly effective to be cost-effective, due to the high cost of crime. Investing in early prevention is more cost-effective than imprisonment²⁰⁶
- Pre-school and CBT-based interventions have been found to be the most cost-effective developmental crime prevention programmes²⁰⁶
- Parent training programmes, MST, FFT, MTFC have also been shown to be cost-effective²⁰⁷
- Programmes targeted at the highest risk populations also tend to be the most cost-effective.²⁰⁶

108. As noted in the first report in this series, in light of such research, Washington State (west coast of the US) abandoned plans to build one of two proposed prisons, approving funding for evidence-based crime prevention and intervention programmes instead.¹⁶⁴ Early analyses indicate that such programmes have been effective, with reduced crime and recidivism rates and lower criminal-justice costs.²⁰⁸

109. Other countries and US states continue to grapple with balancing budgets and trying to find a mix of effective prevention and intervention approaches, within recurring rhetoric of a need to “get tough on crime”,²⁰⁹ and/or developing creative, “neighbourhood” and community solutions to youth crime prevention and the “root causes of delinquency” (p. 644):²⁰⁹

Will prevention be used proactively to reduce the use of incarceration and punishment-based approaches, as it was in Washington State? Or, despite the rhetoric surrounding change in the juvenile justice system, will we continue to react to youth crime after the fact, and primarily with traditional therapeutic strategies (e.g., probation and out-of-home placement), while

investing very little in addressing the root causes of delinquency?

Reducing the rates of entry into the prison pipeline is possible, using a wide range of evidence-based and cost-effective interventions, many of which are already available in New Zealand but which require scaling up and a focus on quality to reach all who would benefit. Early intervention is key. If, however, a child or young person has already become involved with the criminal-justice system, what can be done? The next section focuses on this.

1.3 Exit pathways

Once those under 25 years are engaged with the criminal-justice system, what are the ways of more quickly and effectively exiting them from the system, and preventing reoffending? International evidence supports better pre-trial services, with more effective assessment and targeting of sentencing and rehabilitation programmes, and more community-based remand options. Time in prison is criminogenic for adults and under 25-year-olds alike; yet public safety must be maintained, especially in relation to the small group of most severely entrenched life-course-persistent offenders.

There was discussion in the first report, *Using evidence to build a better justice system: The challenge of rising prison costs*, about the need for improved pre-trial services, which will not be repeated here. The Department of Corrections has a high impact innovation team (HIIT) and a broader policy work programme underway to respond to the rising demand on prison capacity, including managing pre-trial services differently. There is more work that can be done across the entire justice system in this area. For example, a “Remand Options Investigation Tool” (ROIT) is being trialled, where a recommendation to the Youth Court is made following a careful, multi-level assessment across government ministries and key NGOs regarding remand in custody or bail alternatives for a young person.¹⁸⁶

The “desistance” process

110. One way for an individual to “exit” the prison pipeline is to stop all forms of offending. Young people need to “desist” from

committing crime, with or without what is now called “desistance support”, from services or traditional rehabilitation programmes. A complex mix of individual, social and community factors drive offending, and likewise affect desisting from it, which is often an uneven process.²¹⁰

111. Young offenders (up to age 20) who have been imprisoned are more likely than the general prison population to be re-imprisoned (42.5%) or reconvicted (62.6%) within 12 months of release from prison.²¹¹
112. Young people may transition out of offending as they “grow up” (get relationships, children, somewhere to live and something to do) and wish to avoid the “hassle” of further involvement with the criminal-justice system.²¹² Others require intensive family interventions such as MST²¹³ and FFT²¹⁴ and CBT²¹⁵ programmes around youth offending, all of which are effective, but currently their provision is very limited. Young people starting to offend (and all those on the prison pathway) need strong and positive social ties to desist.²¹⁶
113. Ongoing research into the lives of “adolescent-limited” offenders show the risks of so-called “snares” that keep them on the prison pipeline into adulthood, rather than having them “age out” of criminal-justice involvement.⁷⁸ These include combinations of factors such as substance-use disorders, early school-leaving, having a criminal record, imprisonment and being on the receiving end of further violence and victimisation,²¹⁷ highlighting again the crucial need to address such “snares” as early as possible.
114. Boot camps have been shown not to work,²¹⁸ and “scared straight” programmes (where visits by young people to adult prisons are supposed to have a deterrent effect) have been shown to *increase* crime.²²⁰ This is in line with evidence that threats of harsh punishments and long prison sentences have little “deterrent” effect on young people.²²¹
115. For example, research into young offenders’ assessment of the benefits and costs of severely violent behaviour found the “thrill”, or emotional “high”, and the social rewards (such as admiration from their peers) were more important to them than concerns about being caught or facing social disapproval.²²² The researchers noted that, “Communities may find more success by instead providing youth with activities and programs that provide alternative, prosocial means of attaining the thrilling experiences and social approval they desire” (p. 24).
116. Some specialist courts are being trialled in NZ (e.g., drug treatment, homeless, and Rangatahi Courts), based on overseas effectiveness.²²³ Recent work highlights the rigour of Māori and non-Māori systems operating together in the Rangatahi Court processes on marae,⁴⁰ including the necessity to appropriately research and evaluate such initiatives in accordance with the standards of both systems.²²⁴
117. Evidence-based rehabilitation programmes for young offenders follow RNR principles (the risk, needs, responsivity model matching the intensity of rehabilitation programmes appropriately to level of risk), so that interventions ranging from relatively short, structured, psychoeducation programmes (for those at low risk of reoffending), through to intensive, therapeutic programmes in structured environments for those at the highest risk are available.²²⁵
118. A full discussion of reintegration issues is beyond the scope of this review; however, given the massive school failure and disengagement experienced early in the life-course that we have discussed, it is worth mentioning the necessity of good literacy programmes to be offered at any point along the prison pipeline, as touched on in the first report in this series. Highly qualified teachers are needed to work in prisons. Young offenders need what all young people need: housing, job training and employment, social relationships, valued identity, a sense of belonging; plus help with specific issues related to the disadvantage and harm they have experienced.
119. There are increasing calls for integrated, multi-level responses to the risk of reoffending. For example, interventions at the individual level of reoffending focus on changing antisocial attitudes and behaviours,

through psychological and behavioural change techniques. At the community level, the offender may have “changed” but the community to which he or she returns may not have, with evidence that ex-offenders who return to live in a disadvantaged neighbourhood can be at higher risk of reoffending, compared with those who live in a more affluent (and often more well-resourced) neighbourhood. Family, social and community networks all assist (or hamper) reintegration. At a system level, the bureaucracy of government and institutions affects how many probation officers are

available, how many employment, housing or other social-service options are running, or how changes in rules or policies affect staff caseloads and support resources.²²⁶ We need to keep working on how these levels interact, and what roles families, neighbours, communities, and systems play in encouraging exit from the prison pipeline.

120. Eight principles to underpin desistance, based on Scottish justice system research (p.6),²¹⁶ are presented in Table 3 for discussion.

Table 3: Principles underpinning desistance²¹⁶

Eight principles to underpin desistance	
1. Be realistic	It takes time to change entrenched behaviours and the problems that underlie them, so lapses and relapses should be expected and effectively managed.
2. Favour informal approaches	Labelling and stigmatising children and young people as “offenders” runs the serious risk of establishing criminal identities rather than diminishing them, so it should be avoided as much as possible by favouring informal measures.
3. Use prisons sparingly	Stopping offending is aided by strong and positive social ties, by seeing beyond the label “offender” and by reducing or avoiding contacts with other ‘offenders’. Prison makes all of these things much more difficult.
4. Build positive relationships	Like everyone else, offenders are most influenced to change (and not to change) by those whose advice they respect and whose support they value. Personal and professional relationships are key to change.
5. Respect individuality	Since the process of giving up crime is different for each person, criminal justice responses need to be properly individualised. One-size-fits-all approaches run the risk of fitting no-one.
6. Recognise the significance of social contexts	Trying only to “fix” offenders can’t and won’t fix reoffending. Giving up crime requires new networks of support and opportunity in local communities and a new attitude towards the reintegration of ex-offenders.
7. Mind our language	If the language that we use in policy and practice causes both individuals and communities to give up on offenders, if it confirms and cements the negative perceptions of people who have offended as risky, dangerous, feckless, hopeless or helpless, then it will be harder for those people to give up crime.
8. Promote “redemption”	Criminal justice policy and practice has to recognise and reward efforts to give up crime, so as to encourage and confirm positive change. For ex-offenders, there has to be an ending to their punishment and some means of signalling their redemption and re-inclusion within their communities.

Concluding comments

121. There are no quick-fix solutions to the problems facing the New Zealand justice system; we need medium- to long-term changes to reshape the pathways that can lead from childhood behaviour to adult prison and so on to the next generation.
122. There are, however, evidence-based steps that can be taken in the short-term for long-term benefit, particularly about the “prison pipeline”, the seemingly inevitable journey from early offending (age 8 to 10 years – and the childhood characteristics that precipitate that) to eventual adult prison. There is good international and local evidence that action with children and young people (up to age 25 years) can make a real difference—that “developmental crime prevention” works.

123. These can be highly political issues that create sensitivities in different sectors of the community as a result of various strongly held views about the use of punishment; beliefs about community protection and prevention; individual vs. shared responsibility for social ills; and the roles of poverty, inequality, and childhood vulnerability. Nonetheless, we need to think about what sort of New Zealand we want to create for future generations. Is it one with a rising prison population, at ever higher costs, without corresponding community or offender benefits? Is it one with chronic Māori over-representation in the criminal-justice system? Is it one where children are increasingly both victims and offenders? The evidence says it does not have to be so, and it will require strong and courageous leadership to commit to and implement a change programme that produces sustained positive change across the justice system.

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