

**AN INVESTIGATION INTO THE RISK AND PROTECTIVE FACTORS  
ASSOCIATED WITH YOUTH OFFENDING**

**by**

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## **ABSTRACT**

This thesis examines risk and protective factors associated with youth offending and how these have been applied to legislation, prevention and intervention.

The first chapter provides an introduction to the thesis and reviews current trends in youth offending and approaches to treatment and interventions with young offenders. The second chapter provides a thematic review of the current literature on risk and protective factors to youth offending and how this has radically changed the Youth Justice System. The risk and protective factors paradigm is then applied to an empirical research study in the third chapter. The aim of which is to establish whether risk and protective factors are associated with young offenders completion or non-completion of a community based sentence. Findings from the empirical research study suggest that completers and non-completers of a community based programme differ in terms of their anger levels and their current educational status.

The fourth chapter applies the risk and protective factors paradigm to a qualitative case study in order to demonstrate the intrinsic relationship between risk and protective factors and the applicability of the paradigm to interventions. Chapter five presents a critique of the Children's Nowicki-Strickland Internal External (CNSIE) locus of control scale, as internal locus of control has been identified as protective factor to youth offending. However, findings from the empirical study and case study suggests that locus of control is not a protective factor for the current sample. Chapter six provides an in depth discussion of all the work completed in the thesis.

The main conclusion derived from the thesis is identification of risk and protective factors associated with youth offending is relatively simple. However applying and implementing

protective factors in intervention is much more difficult in reality. This has implications for future initiatives aimed at preventing youth offending.

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## **Chapter 1:**

### **INTRODUCTION**

The Youth Justice Board (YJB) was set up as a result of the Crime and Disorder Act 1998 in order to monitor the performance of youth justice system. The reason for setting up the YJB was due to a rise in youth offending towards the end of the 1990's. The introduction of the YJB led to radical changes within the youth justice system with the introduction of Youth Offending Teams (YOTs) across England and Wales in 1998 (Home Office, 2009). The YOTs are a multi-agency team combining expertise and resources whose main objectives are to prevent and reduce youth offending, with rehabilitation and reintegration of young offenders as the main objectives.

In the financial year of 2007/08 a total of £265 million was invested in the YOTs, of which the YJB contributed £52 million (Youth Justice Board, YJB, 2009a). In addition, the YJB contributed £33 million to the Intensive Supervision and Surveillance Programme (ISSP) to address youth offending and reduce custody of young offenders, £31 million on targeted youth crime prevention, and £16 million for resettlement/aftercare programmes, substance misuse support and Connexions community education and infrastructure grants (YJB, 2009a). Moreover, the projected spending for 2008/09 to 2010/11 will be approximately £2 billion (Home Office, 2009). This level of investment is indicative of the YJB's intent not only at preventing youth offending but also rehabilitating those that have already committed offences.

Twenty five years ago, the association of the word "rehabilitation" to offenders would elicit ridicule and scorn. This reaction is no longer evident, as the resurgence and importance of interventions and treatment of offenders has been affirmed and is now seen as the most

promising form of reducing recidivism and re-offending (Andrews & Bonta, 2003; Muncie, 2009). Incarceration without appropriate interventions and treatment programmes in place can sometimes be more damaging than help for offenders. Particularly those deemed as low-risk offenders, who may be more vulnerable to “indoctrination” into criminal patterns of thinking and behaving if the time spent in prison is unproductive (Andrews & Bonta, 2003).

The following sections of this chapter will review how crime is measured in the UK and the extent of youth offending in England and Wales. The chapter will then go onto discuss agendas set by the YJB in order to tackle youth offending. This will then lead onto the aims and objectives of the thesis as a whole.

### **Measurement of crime**

In England and Wales crime is measured via the British Crime Survey and police recorded crime (Hough & Norris, 2009; Kershaw, Nicholas & Walker, 2008). The British Crime Survey is a large scale national cross sectional survey that asks questions related to people’s experiences and perceptions of crime, as well as their attitudes towards crime-related topics and use of illicit drugs (Kershaw et al., 2008). Statistics reported in the British Crime Survey are not affected by whether crime is reported or not nor is it affected by changes in the way the police record crime. Furthermore, it is seen as the most reliable measure of the extent of victimisation and of national trends over time (Kershaw et al., 2008).

Nonetheless, the British Crime Survey is not without its problems and the expectation that it can yield fine-tuned estimates of prevalence and incidence of crimes is over optimistic. The main problem with the British Crime Survey is sampling error, whereby serious and persistent

offenders are concentrated in a small sub-sample of the population (Hough & Norris, 2009). Therefore, even with very large population surveys, only a small proportion of these people will be reached, even when assuming a 100% response rate (Hough & Norris, 2009). The alternative measure of prevalence and incidence of offending is police recorded crime statistics.

Police recorded crime statistics are based upon figures reported to the Home Office by individual police forces. Reported figures are derived from crimes which are reported to and/or recorded by the police (Kershaw et al., 2008). Although police recorded crime statistics are a good measure of trends for well reported crimes as well as less common but more serious crimes, the British Crime Survey reported that only 42% of all criminal offences are reported to the police (Kershaw et al., 2008). Therefore, it is reported that approximately 58% of all criminal offences are not reported to the police (Jansson, Robb, Higgins & Babb, 2008). This suggests that reliance on police recorded crime statistics would lead to an underestimation of the prevalence and incidence of crime.

The British Crime Survey reports that crimes most likely to be reported are thefts of vehicles (93%), burglaries when property has been stolen (76%), vandalism (35%), assault without injury (34%) and theft from the person (32%) (Jansson et al., 2008). Although the British Crime Survey and police recorded crime statistics are in agreement in terms of prevalence for the majority of offences, there is discrepancy over prevalence of substance misuse and drug related offences (Babb & Ogunbor, 2008; Kershaw et al., 2008). Police recorded crime statistics reported an increase in drugs related offences, accounted for by the increase in possession of cannabis offences. Therefore, if there is an increase in possession and

trafficking type offences, how can there be a decrease in drug use, as reported by the British Crime Survey.

This can be seen as a significant underestimation of the true extent of drugs related offences (Babb & Ogunbor, 2008) and is also likely to be due to sampling error, as mentioned previously (Hough & Norris, 2009). Nevertheless, even though both the British Crime Survey and police recorded crime statistics are to an extent inaccurate when used as stand-alone measures of prevalence and incidence of crime, when used in conjunction with each other they do provide the best available national indicators of prevalence and incidence of crimes (Hough & Norris, 2009). Nevertheless, both sources are in agreement with each other in terms of a reduction in prevalence and incidence rates for youth offending (Hoare & Povey, 2008; Taylor & Patterson, 2008).

### **Current trends in youth offending**

Current trends in youth offending have reported a steady decline in prevalence of youth offending since the peak in 1995 (Jansson e al. 2008). There has been a reported 5.8% decrease in rates of youth offending; however, there has been a reported increase of 10% of female young offenders (YJB, 2009a). Overall, 79% of young offenders are male and 21% female, with 57% of the male young offenders aged between 15 to 17 years old (YJB, 2009a). The most common offences committed by young people are criminal damage theft and handling, violence against the person, and motoring offences, consecutively (YJB, 2009a).

A total of 277,986 offences were committed by children and young people aged 10 to 17 years old between 2007 and 2008 (YJB, 2009a). However, this figure should not be viewed

with caution as official crime statistics, as mentioned previously; is invariably an underestimation of the true extent of crimes due to under-reporting (Hough & Norris, 2009). Nevertheless, this is a decrease of 9,027 (3.1%) since 2004/05 and a decrease of 17,143 (5.8%) since 2006/07 (YJB, 2009a). However, although overall crime rates have decreased, there has been an increase in drug related offences and violent offences. Table 1.1 summarises current trends in youth offending in England and Wales.

**Table 1.1 Current trends in youth offending 2007/08 (YJB, 2009a)**

<b>Type of offence</b>	<b>Incidence rates (2004/05)</b>	<b>Incidence rates (2007/08)</b>	<b>Trend</b>
Overall crime	287,013	277,986	Decrease of 3.1%
Robbery	5185	6699	Increase of 29%
Violence against the person	44,988	53,930	Increase of 20%
Drugs related offences	11,879	13,268	Increase of 12%
Criminal damage	34,511	38,524	Increase of 12%
Motoring offences	55,296	26,225	Decrease of 53%

As can be seen in Table 1.1, the decrease in overall crime is likely to be due to the large decrease in motoring offences, as reported in the official statistics (YJB, 2009a). However, worryingly there is an increase in violent offences. Therefore, a reported decrease in overall crime does not provide details of the extent and seriousness of youth offending. For that reason, it is important that research on factors associated with youth offending is conducted in order to reduce the incidence of offending among young people.

Due to the increase in violent offences committed by young offenders, there is a slight increase of custodial sentences imposed on young offenders. It is reported that an average of 2932 young offenders were in custody during 2007/08, a slight increase from the previous year, which was 2914 (YJB, 2009a). There has also been a 49% increase in the use of electronic monitoring or “tagging” of young offenders. This is likely to be due to the introduction of numerous community based sentencing alternatives that have become available to the Courts (YJB, 2009b). Specifically, the Intensive Supervision and Surveillance Programme (ISSP), which is a structured community based sentence that is a direct alternative to custody (Audit Commission, 2004). During 2007 – 2008 a total of 5000 young offenders were made subject to conditions of ISSP across England and Wales (YJB, 2009a).

The ISSP is considered to be a more constructive and considerably cheaper option for persistent offenders than a custodial sentence (Audit Commission, 2004; Gray et al., 2005). A six month ISSP costs £8,500 per young person, whereas a six month custodial sentence would cost £25,400 per young person. Therefore, it would be more cost effective to impose the ISSP on young offenders than to put them into custody (Gray et al., 2005). Furthermore, young people are offered twice as much time in constructive activities on ISSP as they are in prison, which may be more beneficial in terms of desisting and deterring them from further offending.

### **Risk and protective factors associated with youth offending**

In recent years researchers and policy makers alike have adopted the medical model of pathways to youth offending. Farrington (2000a) refers to this movement as the “risk factor

paradigm” and suggests that prevention methods should be designed to counteract identified risk factors for youth offending. Risk factors to offending can be broadly defined as anything that increases the probability that a person will engage in offending behaviour (Shader, 2002), for example deviant and/or antisocial peers and lack of supervision from parents. Generally research discussing risk factors have demonstrated that the more risk factors a young person is exposed to, the more likely they are to engage in antisocial and/or offending behaviour (Spratt, Jenkins & Doob, 2000).

Research on risk factors ultimately prompted discussions and investigation into influences that may provide a buffer between the presence of risk factors and the onset of delinquent and/or offending behaviour. These buffers are referred to as protective factors, which allow some young people to become more resistant to developing offending behaviour despite exposure to numerous risk factors. Pollard, Hawkins & Arthur (1999) suggested that protective factors are those that mediate and/or moderate the effect of risk factor exposure that reduces the incidences of problem behaviours. Examples of protective factors include good parental supervision, high self esteem and constructive use of leisure time.

There is confusion over the difference between risk and protective factors which can be attributed to the conceptual understanding that protective factors are just the opposite of risk factors. For example, if the risk factor is seen as a dysfunctional family environment, then the protective factor will be to create a healthy family environment. However, this does not explain why siblings from the same dysfunctional family have different courses of development, one in the direction of offending and the other in a more pro-social direction.

Therefore, risk and protective factors should be viewed as a continuum rather than stand alone factors.

Within the risk and protective factors paradigm, there are five domains in which the factors can be categorised. The five domains of risk and protective factors are individual, familial, peer, school and community domains (Hawkins et al., 2000). It has also been suggested that risk factors experienced from a number of domains will increase the risk of the young person offending as compared to a young person who only experiences risk factors from one domain (Campbell & Harrington, 2000; Liddle & Solanki, 2000). Identified risk and protective factors associated with youth offending will be discussed in more depth in the following chapter.

Risk and protective factors associated with youth offending have been incorporated into diversionary programmes and community based sentences designed to desist and deter young people from offending (YJB, 2009b). This has further developed into the Positive Youth Development approach (Silbereisen & Lerner, 2007). This view suggests that by aligning the strengths present in their social and physical ecology there is the potential for change (Silbereisen & Lerner, 2007). In other words, the aim is to equip adolescents with basic personal and social assets within the physical, intellectual, psychological and social dimensions, needed for healthy development into a productive adult (Laub, Doherty & Sampson, 2007).

## **Approaches to youth offending – treatment and interventions**

Over the years Psychologists have learnt more effective and efficient ways of changing behaviour other than primarily using punishment (Andrews & Bonta, 2003). Due to the shift of focus from punishment of offenders to rehabilitation of offenders, recent literature has focused upon the “What Works” initiative to offender rehabilitation (Lösel, 2001; Mair, 2004; McGuire, 2001). Guidelines to the What Works initiative and strategy has been rolled out throughout the Prison Service and National Probation Service for adult offenders, this has slowly filtered through to youth justice agencies. Nevertheless, there is a general trend in policy and intervention of “one size fits all” notion, with little consideration given to individual characteristics of young people. However, with more available research this trend is changing and prevention and intervention programmes aimed at tackling youth offending have started to incorporate both the risk and protective factors paradigm more appropriately and on an individual basis.

Welsh and Farrington (2001) reported that community interventions can be economically efficient in reducing re-offending, even though the type of intervention that represents the best value for public money is unclear. In 2002 Petrosino, Turpin-Petrosino and Buehler (2002) conducted a meta-analytic review on effectiveness of programmes in the United States, such as “Scared Straight”, which involves organised visits to adult prisons by young offenders or children at risk of offending. The aim of such programmes is to deter children and young people from offending or re-offending by providing first hand observations and interactions with adult prisoners. Findings from this study indicated that not only do such programmes fail to deter children and young people from offending, they actually increased the level of youth offending (Petrosino et al., 2002).

The Petrosino et al. (2002) study not only highlights the importance of designing appropriate prevention and intervention programmes tackling youth offending but also rigorous evaluations to assess effectiveness. Furthermore, there is no evidence to suggest that planned interventions are direct responses to meeting identified needs of young people, as there is still a certain degree of misunderstanding of risk and protective factors (Dubberley, 2006). Moreover, if the predominant risk factors for individual young offenders is community based, prevention and intervention lies with policy makers, rather than individual therapists or clinicians.

As previously mentioned, the Positive Youth Development approach advocates protective factors and moves away from concentrating on reducing risk factors and aims to provide young people with appropriate coping skills when faced with adversity (Silbereisen & Lerner, 2007). The cognitive behavioural approach has been the preferred method of intervention for teaching appropriate coping skills (Feilzer, Appleton, Roberts & Hoyle, 2002). Moreover, it has been previously reported that cognitive behavioural approaches can reduce re-offending amongst young offenders (Feilzer et al., 2002; YJB, 2008). Furthermore, improving education and encouraging social interactions may also reduce re-offending amongst young offenders (Feilzer et al., 2002).

Apart from cognitive behavioural approaches, which concentrate on the individual's behaviour and how it is affected by their thinking, multi-systemic therapy has also proven to be an effective method of intervention for young offenders (YJB, 2008). Multi-systemic therapy views offending behaviour as a consequence of the relationship between individuals and their external environment. The primary aim is to promote a multi-faceted change in

individual, familial, peer, school and community factors that influence offending (YJB, 2008). Due to the multi-faceted approach of multi-systemic therapy, it can be concluded that this approach to intervention is most closely related to the risk and protective factors paradigm. This approach to intervention will be considered in a later chapter in the thesis.

As policies and interventions aimed at tackling youth offending have incorporated the risk and protective factors paradigm, applicability of such concepts needs to be examined in order to assess effectiveness of interventions derived from the risk and protective factors paradigm. Furthermore, without understanding the interlinking relationship between risk and protective factors, effective application to interventions would be hard to achieve. In other words, whether the relationship between risk and protective factors is seen as linear or multimodal will directly impact upon how protective factors are applied in interventions.

### **Aims and objectives**

Due to the projected amount of funding that will be invested in Youth Offending Teams across England and Wales over the coming years, identification of the predictive value of particular risk and protective factors to community sentence completion has implications for appropriate use of resources as well as funding for prevention and intervention initiatives. The aim of this thesis is to examine risk and protective factors to youth offending and how they have been applied to legislation, prevention and intervention. Clarification of the applicability of risk and protective factors to prevention and intervention will have implications for effective targeting of resources. The current system of overloading at risk young people with diversionary and intervention programmes have yielded mix results in

terms of effectively preventing and rehabilitating young offenders (Kershaw et al., 2008; YJB, 2009a).

The structure of the thesis is as follows; Chapter 2 reviews literature on associated risk and protective factors to youth offending in order to establish current trends and developments. This will help establish whether current YJB initiatives have incorporated all identified risk and protective factors in their agenda. Chapter 3 applies the risk and protective factors paradigm to an empirical study of high risk community based young offenders. This will help establish whether current community based initiatives are effective in tackling risks associated with youth offending based upon community sentence completion rates. Chapter 4 presents a qualitative case study, which allows for an in depth discussion and demonstration of the interlinking relationship between risk factors and protective factors.

In order to assess applicability of the data collected for the empirical research and case study, Chapter 5 critiques the Children's Nowicki-Strickland Internal External (CNSIE – Nowicki & Strickland, 1973) which was used for both the empirical research study and case study as a measure for locus of control. The reason for choosing to critique this particular measure was due to lack of reported significant differences in locus of control in either the empirical research study or case study, when internal locus of control has previously been identified as a protective factor associated with young people's resilience to adverse situations and/or events (Carr, 2001).

## **Chapter 2**

# **REVIEW OF RISK AND PROTECTIVE FACTORS ASSOCIATED WITH YOUTH OFFENDING**

## **Abstract**

This chapter reviews current literature reporting risk and protective factors that are associated with the increase and/or decrease in risk of offending among young people. Two previous meta-analytical studies conducted by Hawkins et al. (2000) and Shader (2002) reviewed literature on risk and protective factors associated with youth offending. From these two studies, particularly the Hawkins et al. (2000) study, risk and protective factors were categorised into five domains of individual, familial, academic, peer and community domains. This chapter is a thematic review of literature on risk and protective factors to youth offending published after 2002 in order to assess whether any further factors have been identified or whether there are any changes in focus in terms of risk and protective factors associated with youth offending.

The findings from this review suggest that there is no change in terms of identified risk and protective factors associated with youth offending since 2002. The main development in the literature is the application of the risk and protective factors paradigm, which was developed through research with western samples, to non-western samples. The main finding is that the five domains suggested by Hawkins et al. (2000) and Shader (2002) also map on to non-western samples, however, individual factors within the domains differ. Similar findings were also reported in studies which assessed risk and protective factors associated with female youth offending. This has implications for application of the risk and protective factors paradigm to interventions aimed at female young offenders and young offenders from different ethnic backgrounds.

## **Introduction**

In the United States although the overall rates of youth offending have declined in the past five years, there has been a noted increase in the number of violent offences committed by young offenders (Jenson, Potter & Howard, 2001). In the UK there was a dramatic increase in youth offending in the latter part of the 90's, however, overall rates of youth offending in have remained stable since 2002, nevertheless, there has been a reported increase in violent offences, such as Robbery up 29% and violence against the person up 20% (YJB, 2007; YJB 2009a). This increase in rates of violent offences committed by young people is worrying, especially with early childhood aggression and violence being highly publicised as predictors of life-course persistent offending in adulthood (Moffit, 1993).

Apart from the increase in violent offences in the UK, there have also been reported increases in the number of drugs related offences up by 12%, as well as an increase in the number of female young offenders up by 10% (Research in Practice, 2009; YJB, 2009a). Youth involvement in substance misuse as well as possible distribution is likely to be linked to changes in attitudes towards drugs, with a reported normalisation of drugs by young people in today's society (Hammersley, Marsland & Reid, 2003). Due to an increase in drugs related and violent offences committed by young offenders, the prevention of youth offending has again come to the fore front of many policy makers. Youth Justice Agencies both in the UK and the US have spent much time and energy attempting to understand the pathways to youth offending.

In recent years policy makers have adopted the medical model of pathways to youth offending (Blackburn, 2005; Farrington, 2000a). This model suggests that when particular factors are

present it will increase the likelihood of particular outcomes. For example, a person is more susceptible to developing heart disease if they have high blood pressure, high cholesterol, bad diet and smokes, when compared with someone with low blood pressure, low cholesterol, and a healthy diet who does not smoke (British Heart Foundation, 2009). In terms of youth offending, presence of certain factors may act to increase and/or decrease the likelihood of the young person developing offending behaviour (Farrington, 2000b; Hoge, Andrews & Leschied, 1996).

Farrington (2000a) referred to this movement as the “risk factor paradigm” and suggests that prevention methods should be designed to counteract identified risk factors to youth offending. Risk factors to offending can be broadly defined as anything that increases the probability that a person will engage in offending behaviour (Shader, 2002). Generally research discussing risk factors have demonstrated that the more risk factors a young person is exposed to, the more likely they are to engage in antisocial and/or offending behaviour (Sprott, Jenkins & Doob, 2000). However, there are a few specific risk factors, such as early childhood aggressiveness and association with antisocial peer groups that appear to be strongly and consistently related to antisocial behaviour and possible future offending in adulthood (Huesman, Eron & Dubow, 2002; Moffitt, 1993; Nagin & Tremblay, 1999; Rabiner, Coie, Miller-Johnson, Boykin & Lochman, 2005; Thornberry, 1996).

It has also been documented elsewhere that identified risk factors such as substance misuse, school exclusion, lack of parental supervision and offending peers are highly associated with young offenders developing into serious and/or persistent offenders (Flood-Page, Campbell, Harrington & Miller, 2000). Thus, multiple risk factors clustered together increase the risk of

young people developing offending behaviour (YJB, 2005). However, notably not all young people who experience risk factors will go on to offend or develop antisocial behaviours (Little, Axford & Morpeth, 2004). There are some children who may be more resistant to developing offending and/or antisocial behaviour when faced with a combination of risk factors (Carr, 2001; Little et al., 2004).

Research on risk factors ultimately prompted discussions and investigation into influences that may provide a buffer between the presence of risk factors and the onset of delinquent and/or offending behaviour. These buffers are referred to as protective factors, which allow some young people to become more resistant to developing offending behaviour despite exposure to numerous risk factors. Pollard, Hawkins and Arthur (1999) suggested that protective factors are those that mediate and/or moderate the effect of risk factor exposure that reduces the incidences of problem behaviours.

Research into protective factors has generally been derived from studies on resilience. Although studies based on resiliency in young people have existed for more than half a century, it has only recently been identified as a protective factor for offending behaviour in young people (Carr, 2001). Resilience can be defined as successful adaptive behaviour following exposure to stressors, in other words, protective factors, equivalent to stress shields or safe guards that protect high risk children from negative outcomes (Carr, 2001; Cowen & Work, 1998; Werner, 1989).

Although research into risk and protective factors have shed some light into the developmental processes contributing to youth offending, the interaction between risk and

protective factors has not been made clear (Blackburn, 2005). Especially as identified protective factors are simply the opposite of risk factors, such demonstration does little to advance our knowledge. In order for knowledge in this area to advance, risk and protective factors need to be regarded as interlinking entities on a continuum, rather than single separate entities that work in isolation.

### **Identified risk and protective factors**

In 2000 Hawkins et al. conducted a meta-analysis with 66 studies examining risk factors to youth violence. Meta-analysis is used to synthesise the quantitative results from a number of previously conducted studies into a database which then indexes the relative strengths of relationships between the predictor variable and the criterion variable based on effect size (Neill, 2006). The 66 studies examined by Hawkins et al. (2000) were primarily taken from the bibliography of a previous meta-analytical study conducted by Lipsey and Derzon (1998). Hawkins et al. (2000) also supplemented their analysis with research reports provided by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) as well as the Seattle Social Development Project. Hawkins et al. (2000) focused on longitudinal studies with young people living in the community, whereby previous convictions were not a prerequisite to inclusion. Through their analysis, Hawkins et al. (2000) identified a number of risk factors as predictors of subsequent violent behaviour. Identified predictors were then arranged into the five domains of individual, family, school, peer-related and community and neighbourhood factors. Table 2.1 lists the risk factors that were identified by Hawkins et al. (2000) in relation to the five domains.

**Table 2.1 Risk factor domains (Hawkins et al., 2000)**

<b>Domains:</b>	<b>Associated Risk Factors:</b>
Individual domain	<ul style="list-style-type: none"> <li>• Pregnancy complications</li> <li>• Low resting heart rate</li> <li>• Internalising disorders</li> <li>• Hyperactivity, restlessness and risk taking behaviour</li> <li>• Aggressiveness</li> <li>• Early onset of violent behaviour</li> <li>• Involvement in other forms of anti-social behaviour</li> <li>• Beliefs and attitudes favourable to deviant or anti-social behaviour</li> </ul>
Family domain	<ul style="list-style-type: none"> <li>• Parental criminality</li> <li>• Child maltreatment</li> <li>• Poor family management practices</li> <li>• Low levels of parental involvement</li> <li>• Poor family bonding</li> <li>• Family conflict</li> <li>• Parental attitudes favourable to substance misuse and violence</li> <li>• Parent-child separation</li> </ul>
School domain	<ul style="list-style-type: none"> <li>• Academic failure</li> <li>• Low bonding to school</li> <li>• Truancy and dropping out of school</li> <li>• Frequent school transitions</li> </ul>
Peer-related domain	<ul style="list-style-type: none"> <li>• Delinquent siblings</li> <li>• Delinquent peers</li> <li>• Gang membership</li> </ul>
Neighbourhood and community domain	<ul style="list-style-type: none"> <li>• Poverty</li> <li>• Community disorganisation</li> <li>• Availability of drugs and firearms</li> <li>• Neighbourhood adults involved in crime</li> <li>• Exposure to violence and racial prejudice</li> </ul>

Hawkins et al. (2000) concluded from their analysis that many predictors of youth violence are also predictors of other problems, such as substance misuse, offending behaviour, school dropout and teen pregnancy. They go on to state that the larger the number of risk factors to which an individual is exposed to, the higher the risk of engaging in violent behaviour. Thus, they propose that a better understanding of the protective factors which mitigate the effects of risk exposure is required.

Although the Hawkins et al. (2000) study specifically assessed risk factors as predictors to youth violence, the proposed domains of risk factors can be applied to youth offending in general. Nonetheless, even though the Hawkins et al. (2000) study identified numerous risk factors associated with youth offending, the study did not identify any protective factors. More recently, Shader (2002) incorporated age of onset and protective factors in his review of risk factors to youth offending. Table 2.2 illustrates risk and protective factors with age of onset as proposed by Shader (2002).

**Table 2.2 Risk and protective factors by domain and age of onset (Shader, 2002)**

Domain	Risk Factors		Protective factors (age of onset unknown)
	Early onset (ages 6-11years)	Late onset (ages 12-14 years)	
Individual domain	<ul style="list-style-type: none"> <li>• General offences</li> <li>• Substance misuse</li> <li>• Being male</li> <li>• Aggression</li> <li>• Hyperactivity</li> <li>• Problem (anti-social behaviour)</li> <li>• Exposure to television violence</li> <li>• Medical, physical problems</li> <li>• Low IQ</li> <li>• Anti-social attitudes, beliefs</li> <li>• Dishonesty</li> </ul>	<ul style="list-style-type: none"> <li>• General offences</li> <li>• Restlessness</li> <li>• Difficulty concentrating</li> <li>• Risk taking behaviour</li> <li>• Aggression</li> <li>• Being male</li> <li>• Physical violence</li> <li>• Anti-social attitudes and beliefs</li> <li>• Crimes against the persons</li> <li>• Problem (anti-social) behaviour</li> <li>• Low IQ</li> <li>• Substance misuse</li> </ul>	<ul style="list-style-type: none"> <li>• Intolerant attitude toward deviance</li> <li>• High IQ</li> <li>• Being female</li> <li>• Positive social orientation</li> <li>• Perceived sanctions for transgressions</li> </ul>
Family domain	<ul style="list-style-type: none"> <li>• Low socioeconomic status/poverty</li> <li>• Anti-social parents</li> <li>• Poor parent-child relationship</li> <li>• Harsh, lax or inconsistent discipline</li> <li>• Broken home</li> <li>• Separation from parents</li> <li>• Other conditions</li> <li>• Abusive parents</li> <li>• Neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Poor parent-child relationship</li> <li>• Harsh or lax discipline</li> <li>• Poor monitoring and supervision</li> <li>• Low parental involvement</li> <li>• Antisocial parents</li> <li>• Broken home</li> <li>• Low socioeconomic status/poverty</li> <li>• Abusive parents</li> <li>• Family conflict</li> </ul>	<ul style="list-style-type: none"> <li>• Warm supportive relationship with parents or other adults</li> <li>• Parents' positive evaluation of peers</li> <li>• Parental monitoring</li> </ul>
School domain	<ul style="list-style-type: none"> <li>• Poor attitude and/or performance</li> </ul>	<ul style="list-style-type: none"> <li>• Poor attitude and/or performance</li> <li>• Academic failure</li> </ul>	<ul style="list-style-type: none"> <li>• Commitment to school</li> <li>• Recognition for involvement in conventional activities</li> </ul>

Peer domain	<ul style="list-style-type: none"> <li>• Weak social ties</li> <li>• Antisocial peers</li> </ul>	<ul style="list-style-type: none"> <li>• Weak social ties</li> <li>• Antisocial or delinquent peers</li> <li>• Gang membership</li> </ul>	<ul style="list-style-type: none"> <li>• Friends who engage in conventional behaviour</li> </ul>
Community domain		<ul style="list-style-type: none"> <li>• Neighbourhood crime and drugs</li> <li>• Neighbourhood disorganisation</li> </ul>	

Risk factors to youth offending identified by Shader (2002) match those that were previously identified by Hawkins et al. (2000). Nevertheless, Shader (2002) went further by categorising the risk factors into age of onset, however, when examined closely the risk factors identified at each age interval does not differ from each other. Therefore, risk factors can be viewed as a continuum that spans over a young person's developmental timeline and occurrence/onset, whether early or late may serve to increase the risk of the young person developing anti-social and/or offending behaviour.

More importantly, the protective factors identified by Shader (2002) presents a number of challenges for practitioners and policy makers alike. For example; if a young person expresses antisocial attitudes and beliefs, the challenge for practitioners is to develop interventions that challenge these attitudes and beliefs but at the same time promote pro-social attitudes and beliefs. In terms of challenges for policy makers, risk factors related to neighbourhood issues of drugs and crime require consideration of policy changes that are targeting societal issues as a whole rather than individual level issues, which take time to implement. Nevertheless, there are initiatives being proposed in order to tackle the relevant issues related to youth offending (YJB, 2008; YJB 2009b).

The following section of this chapter will provide an overview of current literature identified in the literature search to assess whether there have been any further developments to the risk and protective factors paradigm since the Hawkins et al. (2000) and Shader (2002) review studies.

## **Method**

In order to look more closely at current trends in the literature specifically identifying and reporting risk and protective factors to youth offending, a thorough literature search was conducted. Due to two previous large scale studies that have reviewed the literature on risk and protective factors conducted by Hawkins et al. (2000) and Shader (2002), the search was restricted to studies that have been conducted after 2002 in order to assess and review whether there have been any further developments in the literature. The first literature search was conducted in July 2008 and the second was conducted in July 2009. Databases used for the literature search were the ISI Web of Knowledge, Social Sciences and Education and Health and Biomedical Sciences.

The following search terms were used for the first search; youth offending, risk and protective factors, and risk and protective factors to youth offending. As the terms used for the first search were too specific, the search did not obtain many articles. The first search identified 13 relevant articles. The second literature search conducted in July 2009 using the Web of Science database used more general terms for the search due to the limited number of hits from the first search. The first search topic for the second literature search was you\* off\*, which resulted in a total of 3,531 hits. This was then refined by subject area of Behavioural Sciences and Psychology, which also resulted in a total of 3,531 hits.

Due to the number of hits from the search term of you\* off\*, the search was refined to risk to you\* off\*, which resulted in a total of 1,174 hits. This was then refined again to risk to youth offending which resulted in a total of 38 hits. From the 38 hits, 3 articles were duplicated and

13 articles were assessed as relevant. A total of 26 articles were identified as relevant from the two searches conducted in July 2008 and July 2009.

Although there were a high number of hits for the search terms, the types of articles listed in the results included articles related to risk of suicide, gang involvement, binge drinking, victimisation, abuse, domestic violence, physical health issues, mental health and psychopathology and risks to sex offending. These articles were not included as this literature review is concerned with risks and protective factors to general offending rather than specific offences or other psychological concepts, such as risk assessment tools. Table 2.3 illustrates the number of hits per search term as well as number of relevant articles after refinement of search terms.

**Table 2.3 Literature search results**

<b>Search Terms</b>	<b>No. of hits</b>	<b>Duplicates</b>	<b>Relevant</b>
Youth Offending	217	27	9
Risk and protective factors	0	N/A	N/A
Risk factors to youth offending	1	0	1
Risk and protective factors to youth offending	105	4	3
You* off*	3531		
You * Off* (refined by subject area)	3531		
You* Off* refined to Risk to you* off*	1174		
Risk to You* Off* refined to Youth offending	38	3	13

Due to the restriction of the year of publication, only a small number of articles were deemed relevant. A thematic approach was deemed more appropriate for the review of the articles identified as relevant from the literature search. This was due to the differences in research methodology and samples from the research articles. A number of the identified studies

included in this review had samples that were over the age of 18 years, even though this review is specifically reviewing risk and protective factors to youth offending. These studies were still included as they were either longitudinal studies researching the same sample but over a number of years or retrospective studies that started with adult samples but used archival information for the sample in order to establish childhood risk factors that were present.

Inclusion of research papers was based upon whether they reported any risk and/or protective factors associated with youth offending from any of the domains categorised by Hawkins et al. (2000). The rationale for conducting a thematic review with no quality analysis rather than a stringent systematic review is twofold. Firstly, two recent meta-analytic reviews were identified in the literature search conducted by Hawkins et al. (2000) and Shader (2002); therefore, conducting another such review is just replication of previously conducted work.

Secondly, conducting a stringent quality analysis would further limit the number of available research articles that could be used in this review. Particularly the retrospective and longitudinal studies with adult samples, as it would be inappropriate to include this data in a meta-analysis of research on young offenders. Even though no quality analysis was conducted on the articles used in this review, strengths and weaknesses in the methodology will be considered.

## **Results and review**

Table 2.4 provides a summary of the studies found in the literature search.

**Table 2.4 Studies reporting risk and protective factors for youth offending**

Author, Country & Source	Date	Study Type	Age	Sample size	Gender	Objective of study and methodology	Findings	Domains of risk and protective factors discussed in article
Borowsky, Ireland & Resnick, US, Ambulatory Pediatrics	2002	Longitudinal study	11-17 yrs	13,781	Male and female	To identify risk and protective factors for violence among youth people with a history of poor school grades. Independent variables measured risk factors from community, family, school and individual domains	Poor school grades increases risk of violence in young people, which in turn increases risk of substance misuse. Schools can participate in violence prevention by providing youth with a positive community and academic experience	Individual School Community
Hammersley, Marsland & Reid, UK, Home Office Research Study 261	2003	Longitudinal study	12-18 yrs	293	Male (237) Female (56)	Administered questionnaires relating to 3 areas of risk and protective factors, offending and substance misuse. Closed questions used in questionnaire and basic demographic data also collected. Participation was voluntary but a £15 CD voucher was used as an incentive to participate in the study.	School exclusion and drop-out associated with higher levels of substance misuse and offending. Normalisation of drug use among young offenders with those aged between 11-14 years most likely to experiment with drugs.	Individual School

Herrenkohl et al., US, Social Work Research	2003	Prospective study	10-18 yrs	808	Male	Used data previously collected as part of the Seattle Social Development Project. Using risk and protective factors identified at age 10 to predict the probability of future violent and/or aggressive behaviour at age 18. Actual future violence not measured due to methodology being a prospective study rather than a longitudinal study.	Predicted lower probability of violent behaviour at age 18 associated with attendance at religious services, good parenting and good family management by parents and bonding to school at age 15. Multiple exposure to protective factors at age 15 decreased likelihood of violence at age 18. Risk factors include living in disorganised neighbourhoods, involvement with antisocial peers.	Family Peer Community
Mullis et al., US, Journal of Child and Family Studies	2004	Review article	No info	No info	Female	Reviewed current literature in order to identify associated risk and protective factors to female youth offending. Thematic review article with no quality assessment of articles or statistical analysis reported and details of sample not included in the text.	Associated risk and protective factors for female young offenders similar to male young offenders, however, influence of the factors may differ. For example, antisocial peers is identified as a risk factor for male youth offending but peer rejection or isolation from peers has been associated with female young offending. Female young offenders' offending behaviour is more stable and predictable over time and is more resistant to interventions.	Individual Family School Peer Community

Caldwell & Van Rybroek, US, International Journal of Law & Psychiatry	2005	Retrospective study	17.1 yrs mean	258	Male	Focused on risk factors from the individual domain. Assessed effectiveness of intensive problem solving, anger management, social skills and moral reasoning treatment programmes in reducing risk of recidivism in youth violent offending.	Significant reduction on prevalence of recidivism in treatment group compared to non-treatment group. Intensive treatment programmes does reduce risk and can be seen as increasing protective factors from the individual domain.	Individual
Fagan, US, Journal of Family Violence	2005	Retrospective study	11-17 yrs	1725	Male	Using National Youth Survey data and self reported incidents of adolescent maltreatment. Examined whether or not adolescent physical abuse is a risk factor for future offending and the associated protective factors for adolescent physical abuse.	Adolescent physical abuse associated with violent and non-violent offending, as well as substance misuse and intimate partner violence. Identified protective factors include level of family income, area of residence and family structure.	Family Community
Friday et al., China, Journal of Research in Crime & Delinquency	2005	Retrospective cohort study	No info	162	Male and female	Previous records analysed to assess risk and protective factors present in childhood associated with offending in adulthood from a Chinese cohort.	Risk factors indentified include negative peers, family poverty, poor parental relationships and lower levels of education. Cultural differences in risk and protective factors.	Family Academic Peers Community

Haines & Case, UK, British Journal of Social Work	2005	Self report study	11-18 yrs	580	Male and female	Assessed risk and protective factors associated with substance misuse, school exclusion and offending in young people. Opportunity sample recruited from 5 schools, so participants was not necessarily young offenders.	Multiple exposure to family based risk factors increases likelihood of substance misuse, school exclusion and youth offending. Multiple exposure to family based protective factors decreases likelihood of substance misuse, school exclusion and offending in young people.	Family Community
Shepherd, Green & Omobien, UK, Adolescence	2005	Prospective study	13-17 yrs	83	Male and female	Assessing the relationship between level of functioning and risk of recidivism in youth offending. The Youth Level of Service/Case Management Inventory was used as a measure of risks and needs and the Child and Adolescent Functional Assessment Scale was used to assess the young person's level of functioning.	Reported correlations between level of functioning and criminogenic risk factors associated with recidivism in youth offending. Level of functioning was also associated with contact with the law and post intervention recidivism. Identified that more intensive interventions needed for those classified as having low levels of functioning.	Individual Family School
Williamson, Ashby & Webber, UK, Journal of Community and Applied Social Psychology	2005	Retrospective study	Pre 18	12,310	Male and female	Used Police database of recorded offences to assess the level and pattern of offending in relation to different types of neighbour-hoods and schools attended by young offenders living in the Nottinghamshire area.	Reported link between poverty and crime. Identified that offenders are concentrated in certain areas and attend certain schools that are classified as high risk. Fractured family relationships also have high prevalence in these neighbourhoods.	School Community

Barry, UK, PhD Thesis	2006	Retrospective - Qualitative study	18- 33 yrs	40	Male (20) Female (20)	Interviewed adults who offended in childhood/ adolescent. Areas examined in the interviews include onset of offending, maintenance of offending behaviour and eventual cessation of offending. Protective factors that stop young people from offending in adulthood were also explored.	Young people are powerless and by offending they are attempting to gain power in a social, economical, cultural and symbolic way. Thus, offending starts due to lack of social recognition. Offending likely to stop once a young person has legitimate means of gaining social recognition and opportunities to expand their capital.	Community
Campbell, Hu & Oberle, US, Archives of Psychiatric Nursing	2006	Retrospective study	12- 18 yrs	66	Male and female	Assessed risk of re-offending in grand-parent headed homes compared to parent-headed homes. Data collected from the North Carolina Juvenile Risk of Future Offending and Need assessments. Interviews were also conducted in order to determine family type.	Young people in grand-parent headed homes are at higher risk of re-offending and risk factors that precipitate re-offending differ between to the types of households. Also more likely to have early onset of offending, difficulty developing and maintaining relationships, and lack of supervision.	Family
Chung & Steinberg, US, Developmental Psychology	2006	Longitudinal study	14- 18 yrs	488	Male	Used interview methods to examine perceptions of neighbourhood social processes, parenting behaviours, peer deviance, and their associations with offending. Participants were paid \$50 for their participation in the research study.	Community factors such as neighbourhood disorder only related to youth offending through its associations with poor parenting and peer deviance. Also concentrated poverty is associated with community disorder as well as residential instability.	Family Peer Community

Herrenkohl et al., US, Journal of Adolescence Health	2006	Longitudinal study	10-18 yrs	808	Male and female and care givers	Data from the Seattle Social Development Project analysed in order to identify different family management practices and their relationship to youth violence and youth offending. Seven waves of data collection at ages 11, 12, 13, 14, 15, 16 and 18 years.	There were 3 different family management practices identified. Management practices identified include stable low, stable high and increasing family management. Stable low associated with future offending and stable high identified as protective factor. Young people benefit from parental supervision, clear rules and boundaries, and reinforcement for good behaviour.	Family
Lardén, Melin, Holst & Långström, Sweden, Psychology, Crime & Law	2006	Self report study	13-18 yrs	116	Male (58) female (58)	Comparison of offenders and non-offenders moral reasoning, cognitive distortions and empathy. All young people in the offender sample had problems with antisocial behaviour reflected in offending and co-occurring substance misuse.	Young offenders exhibited less mature moral reasoning and more cognitive distortions. There was no difference in self reported empathy between the two groups. Moral judgement and empathy depended on the impact of cognitive distortions, which may be one of the 3 factors that maintain antisocial behaviour.	Individual
Fagan, Van Horn, Hawkins & Arthur, US, Society for Prevention Research	2007	Self report survey study	15.6 yrs mean	7829	Male (3843) Female (3986)	Data collected using the Communities that Care Youth Survey, which measures risk and protective factors. Gender differences in psychosocial risk and protective factors in youth offending were examined.	Risk factors have positive association with delinquency for males but not for females and protective factors had a stronger negative relationship with delinquency.	Individual Family School Peer

Hart, O'Toole, Price-Sharps & Shaffer, US, Youth Violence & Juvenile Justice	2007	Self report survey study	14-18 yrs	107	Male (53.2%) and female (46.8%)	Assessed risk and protective factors associated to violent offending in 3 groups of non-delinquent, non-violent delinquent and violent delinquent young people. Sample was selected from schools and youth justice institutions.	Risk factors identified include parental conflict, substance misuse, and school failure. Protective factors identified include good parenting skills, academic achievement, positive peer relationships and involvement in extracurricular activities. Female young offenders identified as experiencing significantly more risk factors than male young offenders.	Individual Family School Peer Community
McAra & McVie, UK, European Journal of Criminology	2007	Longitudinal study	11-17 yrs	4300	Male and female	Drawing on findings from the Edinburgh Study of Youth Transitions and Crime, risk factors associated with young people's development into serious offenders based upon the Scottish model of youth offending is assessed.	Reducing re-offending may lie in minimal intervention and maximum diversion. The deeper a child penetrates the formal justice system the less likely they are to desist from offending, may be due to labelling processes which in turn may create a self fulfilling prophecy for the young person.	Individual
Ang & Huan, Singapore, Criminal Justice and Behaviour	2008	Retrospective study	15.79 yrs mean	772	Male and female	Identifying significant risk factors as predictors of recidivism in a sample of adolescent offenders in Singapore. Reports coded for risk factors present and recidivism was defined as violation of the court order and/or re-offending.	Risk factors identified as being associated with recidivism were reported father criminality, history of running away from home, history of aggression and an early age of first conviction. Interestingly, gang membership was not a significantly associated risk factor for recidivism.	Individual Family Peer

Frize, Kenny & Lennings, Australia, Journal of Intellectual Disability Research	2008	Retrospective study	12-21 yrs	800	Male and female	Data was collected using the New South Wales Young People on Community Order Health Survey, in order to examine the relationship between age, intellectual disability and Indigenous status of young offenders subject to community sentences. Also examined the outcome of the samples' offending in terms of court appearances and sentencing, as well as criminogenic needs and risk of re-offending.	Indigenous status may play a role in the relationship between intellectual disability and offending. In Indigenous sample there was no difference between those with and without intellectual disability in terms of risk category allocation or number of court dates. For the non-indigenous sample, those with intellectual disability had higher risk scores and more court dates.	Individual Community
Gavazzi et al., US, International Journal of Offender Therapy and Comparative Criminology	2008	Longitudinal study	14.8 yrs mean	711	Male (433) and female (278)	Risk factors that predict re-offending for first time offenders was examined using the Global Risk Assessment Device (GRAD), which is part of a parent or carer interview for court purposes, therefore, data in study only reflected adult care taker perspectives. Recidivism was measured as any new charges within 12 months of first contact.	Dynamic risk factors, such as education, family dynamics, current behaviour, better predictors of recidivism in youth offending than static risk factors, such as age, gender and ethnicity. However, static factors, such as being male and African American presented the highest risk group for recidivism, especially when dynamic factors of accountability and educational issues are also present.	Individual Family School

Maniadaki & Kakourous, Greece, Criminal Behaviour & Mental Health	2008	Self report study	13-24 yrs	93	Male	A random selection of young incarcerated male offenders selected from the 3 main juvenile detention facilities in Greece. Sample completed the Greek version of the Youth Self Report survey. A comparison between risk factors for native Greeks and immigrants was also conducted.	Identified risk factors include large family size, low parental education, poverty, family offending history and mental health issues. High prevalence rates for conduct disorder, anxiety, depression and somatising problems in the sample. There was also a reported over representation of immigrants in the sample.	Individual Family Community
Smith, Ireland, Thornberry & Elwyn, US, American Journal of Orthopsychiatry	2008	Retrospective study – Longitudinal design for data collection – 3 phases to data collection	14-23 yrs	1000	Male and female and care givers	Comparison of maltreatment reports from official records with retrospective self report measures. Assessing the relationship between childhood maltreatment and social disadvantage in predicting four anti-social outcomes of arrest, self-reported violence, general offending and substance misuse.	Both sources suggested that childhood maltreatment is associated with a higher prevalence of antisocial behaviour in adolescence. Socio-demographic disadvantage associated with maltreatment.	Family
Bacon, Paternoster & Brame, US, Journal of Youth & Adolescence	2009	Retrospective cohort study	10-18 yrs	13,160	Male	Data was collected from schools, justice agencies, other official sources and surveys in order to identify the relationship between age of onset and subsequent offending in adolescence. The data set came from the 1958 Philadelphia Birth Cohort Study.	Early age of onset is associated with greater subsequent involvement in delinquent and/or antisocial behaviour. However, late rather than early onset of delinquency is more significantly related to future offending in adulthood.	Individual

Paton, Crouch & Camic, UK, Journal of Youth & Adolescence	2009	Qualitative study	15-17 yrs	8	Male	Semi-structured interviews were conducted with a group of young offenders attending an inner-city youth offending team in order to establish the influence of traumatic life events as a risk factor to youth offending. Interviews were analysed in order to establish whether there were any recurring themes in young offenders' accounts of traumatic life events.	Young offenders experienced violence in the home, in the community and in custody. Instability and transitions emerged as important themes in relation to school and home life. Deprivation was experienced both in terms of poverty and parental neglect. A variety of methods used by young offenders to respond to trauma, such as blocking out of painful events and/or experiences and aggression towards self and others.	Individual Family School Community
Zara & Farrington, UK, Journal of Youth & Adolescence	2009	Prospective longitudinal study – sample followed prospectively since 1961	8-50 yrs	400	Male and female	Used data from the Cambridge Study in Delinquent Development surveys to assess childhood factors that are associated with an emergent criminal career in adulthood. Comparison of factors related to early onset, late onset and non-offending sample.	Adult criminal behaviour can be predicted from childhood. Factors associated with early onset of offending includes nervousness, having few friends and low family income. Late onset of offending associated to teacher-rated nervousness, high neuroticism, low verbal IQ and low educational attainment. Furthermore, nervousness, social isolation, anxiety and neuroticism seem to protect against male youth offending pre age 21 but effects wore off after age 21.	Individual Family School Peer

Similarly, risk factors identified in this review can be placed within the five domains suggested by Hawkins et al. (2000). The identified protective factors can also be placed within the five domains. Table 2.5 provides an illustration of how the risk and protective factors reported by articles identified in the literature search map onto the five domains suggested by Hawkins et al. (2000).

**Table 2.5 Identified risk and protective factors organised into Hawkins et al. (2000) five domains**

	Individual Domain	Family Domain	School Domain	Peer-related Domain	Community Domain
Risk factors	History of aggression Early age of first conviction Late onset of offending Neuroticism Cognitive distortions Less mature moral reasoning Intellectual disability Mental health issues Substance misuse Experience of trauma Poor social skills	Reported father criminality History of running away from home Poor parenting Low parental supervision Parental neglect/childhood maltreatment Physical abuse Large family size Poverty Witness to domestic violence Grand-parent headed families	Poor school grades Instability of school transitions Teacher-rated anxiousness School exclusion	Peer deviance	Lack of social recognition Neighbourhood disorganisation Area of residence Immigration status
Protective factors	Positive response to authority Being withdrawn Nervousness Intensive treatment programmes	Good parenting skills High level of family income Good family structure	Positive school experience Educational attainment	Positive peers Social isolation	Attendance at religious services Area of residence Involvement in extracurricular activities

## **Risk and Protective factors**

### **Individual domain**

Individual domain risk factors reported in this review are consistent with those identified in the previous literature reviews by Hawkins et al. (2000) and Shader (2002). Commonly reported risk factors from the individual domain include early age of first conviction, late onset of delinquency, history of aggression, experience of trauma, neuroticism, cognitive distortions, less mature moral reasoning, poor social skills, intellectual disability, mental health issues and substance misuse (Ang & Huan, 2008; Bacon, Paternoster & Brame, 2009; Fagan, Van Horn, Hawkins & Arthur, 2007; Frize, Kenny & Lennings, 2008; Gavazzi, Yarcheck, Sullivan, Jones & Khurana, 2008; Hammersley et al., 2003; Hart, O'Toole, Price-Sharps & Shaffer, 2007; Lardén, Melin, Holst & Långström, 2006; Maniadaki & Kakouros, 2008; Paton, Crouch & Camic, 2009; Shepherd, Green & Omobien, 2005).

Although the reported risk factors in the individual domain are generally in agreement with each other, there is discrepancy as to whether early or late age of onset is associated with future offending. Bacon et al. (2009) suggest that early onset is linked to greater involvement in delinquent and/or antisocial behaviour. However, late rather than early onset of delinquency is related to future offending in adulthood. The Bacon et al. (2009) study has not provided any further information regarding age of onset, which is similar to the conclusions made by Shader (2002), whereby risk factors associated with early age of onset were the same as those associated with late age of onset. Nevertheless, late onset may increase likelihood of future offending in adulthood due to the young person being more entrenched in the legal system as sanctions become more severe as the young person gets older (McAra & McVie, 2007). Furthermore, age of onset may be dependent on age of which the young person is

exposed to certain experiences; therefore late age of onset may be due to late experiences of trauma and/or family conflict (Gavazzi et al., 2008; Zara & Farrington, 2009).

Substance misuse has also been identified as an associated risk factor to youth offending (Borowsky, Ireland & Resnick, 2002; Fagan, 2005; Haines & Case, 2005; Hammersley, et al., 2003; Hart et al., 2007; Herrenkohl et al., 2003). The association of substance misuse as a risk factor to youth offending is likely to be due to the normalisation of using substances by young people today, which is evident in the increase in drugs related offences and also the high rates of usage reported (Hammersley et al., 2003; Jansson et al., 2008; Kershaw et al., 2008; YJB, 2009a). If the current trend for substance misuse by young offenders is normalisation (Hammersley et al., 2003), re-evaluation of current preventive measures is needed as they would seem to be serving to normalise substance use rather than preventing it.

Furthermore, although there is agreement for identified risk factors from the individual domain, the review has highlighted discrepancy in identified protective factors in the individual domain. For example, McAra and McVie (2007) advocated minimum intervention and maximum diversion as a protective factor, however Caldwell and Van Rybroek (2005) suggests that intensive interventions and treatment programmes are needed in order to protect young offenders from re-offending and recidivism. The difference in findings from the two studies maybe due to differences in methodology and sampling issues. For instance the level of risk for the two samples may differ, for example the McAra and McVie (2007) sample may be seen as lower risk compared to the Caldwell and Van Rybroek (2005) sample as the former is community based and the latter incarcerated. Hence, this would explain why one study reports minimum intervention and maximum diversion as a protective factor and the other

reporting intensive interventions and treatment programmes. Nevertheless, interventions and treatment programmes based upon CBT principles have been assessed as effective in reducing recidivism rates in youth offending (YJB, 2008).

Interestingly, being withdrawn and nervousness were identified as protective factors in the individual domain (Paton et al., 2009), which conflicts with previous research. Protective factors from the individual domain are generally related to resiliency, which has been associated with higher self-esteem, a stronger sense of self worth and higher levels of self efficacy (Carr, 2001). Young people with lack of self-control, concentration problems, participating in risk taking behaviour, aggressiveness and substance misuse will be less resilient to risk factor exposure (Loeber & Farrington, 1998; Spratt et al., 2000). Therefore, being withdrawn and nervous would seem to be unlikely protective factors.

Nevertheless, one possible explanation for Paton et al. (2009) to attribute being withdrawn and nervousness as protective factors for youth offending is if a young person is withdrawn and nervous they are less likely to engage with deviant peers. This in turn reduces their likelihood of engaging in antisocial and/or offending behaviour. Moreover, the effects of being withdrawn and nervousness as protective factors wore off with age (Paton et al., 2009), thus, they are only associated protective factors for younger children rather than older children. Consequently, they should be viewed as predictors of late age of onset rather than protective factors to youth offending (Paton et al., 2009).

## **Family domain**

Identified family domain risk factors include poor parental supervision and relationship, parental neglect and/or childhood maltreatment, physical abuse, witnessing domestic violence, parental criminality, large family size, poverty, parental conflict, immigration status, history of running away from home and grand-parent headed homes (Ang & Huan, 2008; Campbell, Hu & Oberle, 2006; Chung & Steinberg, 2006; Fagan, 2005; Fagan et al., 2007; Friday, Ren, Weitekamp, Kerner, & Taylor, 2005; Haines & Case, 2005; Hart et al., 2007; Herrenkohl et al., 2006; Maniadaki & Kakouros, 2008; Shepherd et al., 2005; Smith, Ireland, Thornberry & Elwyn, 2008; Zara & Farrington, 2009).

Although poor parental supervision and relationship has been consistently reported as a family based risk factor, it is unclear as to whether the poor parental relationship precipitates offending or whether offending acts to reduce the capacity for parental supervision (Haines & Case, 2005). Therefore, poor parental supervision and poor parental relationship can be both a predictor of violence and offending but may also be the result of violence and/or offending behaviour from the young person. Nevertheless, family based risk factors are diverse in the sense that poor parental relationships can stem from a number of different reasons. For example, poor parental relationships may be a result of either harsh discipline, physical and/or sexual abuse, neglect, drug use (either the parent and/or the child) and criminal activity within the family (Ang & Huan, 2008; Chung & Steinberg, 2006; Fagan, 2005; Maniadaki & Kakouros, 2008; Smith et al., 2008; Zara & Farrington, 2009).

Haines and Case (2005) suggested that multiple exposure to family based risk factors increases the risk of offending in young people, whereas multiple exposure to protective

factors decrease the likelihood of offending. It was further documented that positive family relationships can discourage the initiation of drug taking and offending in young people (Haines & Case, 2005). Policy changes such as Parenting Orders, implemented since 1<sup>st</sup> June 2000, under the Crime and Disorder Act 1998 and also extended under the Anti-Social Behaviour Act 2003 and the Criminal Justice Act 2003 (YJB, 2007), emphasise the importance of parental involvement and interaction with children as a potential protective factors against development of offending in young people (Haines & Case, 2005; Hart et al., 2007; Herrenkohl et al., 2006). However, one must be mindful of the source of conflict; otherwise efforts to put protective factors from the family domain in place may be wasted and inappropriate.

Interestingly, it reported that grand-parent headed families pose a higher risk for re-offending than parent headed families (Campbell et al., 2006). This is likely to be due to inadequate supervision, whereby it is more difficult for grandparents to supervise and impose boundaries for young people compared to parents. Consideration should also be given to the background of why the child is being raised by grandparents instead of parents. Nevertheless, although types of households and family management practices can be risk factors to youth offending, they can also be protective factors (Fagan, 2005; Haines & Case, 2005; Hart et al., 2007; Herrenkohl et al., 2003; Herrenkohl et al., 2006).

As previously stated, family based protective factors have been associated with a decrease in substance misuse (Haines & Case, 2005), therefore, although individual factors are important to consider, they should not be considered as single entities. It is also important to take into account the influence of family factors, which will invariably impact upon the effectiveness of

the prescribed interventions. Therefore, when working with young offenders, careful consideration of family based risk factors must be incorporated into any intervention plan. Furthermore, in conjunction with family based risk factors is consideration for community based risk factors, which is inherently linked to family based risk factors. For example, high prevalence of fractured family structures was reported in areas/neighbourhoods with high crime rates and poverty (Chung & Steinberg, 2006; Williamson, Ashby & Webber, 2005). Therefore, when implementing protective factors based upon the family domain, community domain risk factors will also need to be considered as these may have a direct impact on effectiveness of protective factor implementation. Community based risk factors will be discussed further in a later section of this chapter.

### **School domain**

School based risk factors such as school exclusion, low academic achievement and poor school transitions (Haines & Case, 2005; Hammersley et al., 2003; Williamson et al., 2005) have been identified in this review as well as reviews conducted by Hawkins et al. (2000) and Shader (2002). Similarly, school based risk factors are also inherently linked to individual, family and community based risk factors (Borowsky et al., 2002; Friday et al., 2005; Gavazzi et al., 2008; Shepherd et al., 2005; Zara & Farrington, 2008). In other words, a young person's progress in school may be either hindered or encouraged depending on the type family based risk factors they are experiencing at any particular time. This has implication for putting in place school based protective factors. For example, an identified school based risk factor is school exclusion (Haines & Case, 2005) and good engagement in school has been identified as a protective factor (Borowsky et al., 2002). Therefore, prior to putting in place the school based protective factor, one must consider the reasons for school exclusion in

order to design methods that will increase effectiveness of the protective factor. Particularly if the reason for school exclusion is related to family and community risk factors rather than individual risk factors.

### **Peer domain**

Peer deviance has been identified as a peer based risk factor and positive peers have been identified as a protective factor (Chung & Steinberg, 2006; Fagan et al., 2007; Friday et al., 2005; Hart et al., 2007; Herrenkohl et al., 2003). Therefore, it would seem that the influence of peers on youth offending or non-offending is high. However, social isolation and peer rejection were reported as protective factors by Mullis, Cornille, Mullis and Huber (2004). This is likely to be due to the limited influence of deviant peers if the young person is rejected by peers and/or is socially isolated. Nevertheless, conclusions derived by Mullis et al. (2004) were based upon a review of literature conducted with female young offenders rather than empirical research. Therefore, there are limitations to applicability of conclusions to young offenders in general, especially as young offenders will generally be male (YJB, 2009a).

In terms of intervention peer deviance poses a number of difficulties for practitioners and policy makers. Firstly, choosing of peer groups is beyond the jurisdiction of any therapist or policies. Secondly, the majority of diversionary and intervention programmes offered to those at risk of offending and young offenders will generally group these young people together. In essence, are we encouraging at risk young people and young offenders to associate with deviant peers by grouping them together? It was reported by Ang and Huan (2008) that gang membership was not significantly associated with recidivism, therefore, influence of deviant peers maybe limited. Furthermore, drawing on effectiveness studies of

diversionary programmes (YJB, 2009a; YJB, 2009c) it may be assumed that grouping young offenders together does not increase their risk. Nevertheless, further research specifically assessing this need to be conducted and results will have implications for future practices.

### **Community domain**

Community domain risk factors have been reported to include neighbourhood disorganisation, area of residence and lack of social recognition (Barry, 2006; Chung & Steinberg, 2006; Herrenkohl et al., 2003; Williamson et al., 2005). Specifically, lack of social recognition can be linked to academic failure from the school domain (Hammersley et al., 2003; Williamson et al., 2005), in other words academic failure may be a source for lack of social recognition. Furthermore, lack of social recognition may also be linked to poverty and area of residence, as those from disadvantaged backgrounds will invariably have less opportunities to gain social recognition (Herrenkohl et al., 2003). Therefore, the associated protective factor would be to provide young people with opportunities to gain social recognition via legitimate means (Barry, 2006), such as diversionary programmes that promote constructive use of leisure time and educational attainment (Hoge, Andrews & Leschied, 1996; YJB, 2009c).

Although there is a question mark over appropriateness of placing at risk young people together in diversionary programmes, in terms of risk factors from the peer domain, there is a need for such programmes. This is due to the primary aim of diversionary programmes being constructive use of leisure time (YJB, 2009c), which has been previously identified as a protective factor in the community domain (Hart et al., 2007; Hoge et al., 1996). Moreover, attendance at religious services has also been identified as a possible protective factor (Borowsky et al., 2002), again like school based risk factors, a young person's attendance at

religious services will be dependent on family based factors. This point to the interlinking nature of the risk and protective factors from the different domains, thus, although risk and protective factors can be and are split into specific domains, they are better understood when linked together as they will invariably co-exist with one another.

### **Non-Western sample**

Four of the studies included within this review were conducted with samples outside of western cultures (Ang & Huan, 2008; Friday et al., 2005; Frize et al., 2008; Maniadaki & Kakouros, 2008). It was concluded from these studies that the risk and protective factors paradigm can be applied to societies outside of western cultures. However, although the domains remain the same, there are differences within the factors of each domain (Friday et al., 2005), specifically in contexts of cultural differences. For example, the educational systems, whereby educational systems within western cultures focuses on individual development and how an individual can strive in society, the educational system in China focuses upon societal development and how an individual can help society develop and strive (Friday et al., 2005).

An over representation of immigrants and Indigenous young offenders was also reported (Frize et al., 2008; Maniadaki & Kakouros, 2008). Furthermore, Frize et al. (2008) reported an association between intellectual disability and Indigenous status. This is likely to be due to a survey measure being used to collect data, hence, the association between intellectual disability and Indigenous status could have been a result of language barriers rather than an actual association. Thus, when conducting research with non-Western samples, one must be mindful of the applicability of the measure being used. The same applies in the UK, whereby

reported increases in young offenders from ethnic minority backgrounds (YJB, 2007) increases the need for research and further understanding of culture specific risk and protective factors. Hence, one must be mindful of the cultural background the young person is from, especially in terms of designing and implementing effective interventions based upon the risk and protective factors paradigm.

### **Female young offenders**

The current review identified three articles that specifically reviewed risk and protective factors associated with female young offenders and one empirical study that assessed gender difference between risk and protective factors for young offenders. Evidence suggests that the risk and protective factors paradigm is applicable to female young offenders as well as male young offenders (Fagan et al., 2007; Mullis et al., 2004). The same domains identified by Hawkins et al. (2000) can also be applied to female young offenders but the factors within the domains differ especially the protective factors within the individual domain (Mullis et al., 2004). For example, association with antisocial peers is identified as a risk factor for male youth offending but peer rejection or isolation from peers has been associated with female youth offending (Mullis et al., 2004).

Other reported gender differences were risk factors having a positive association with serious delinquency for males but not for females and protective factors had a stronger negative relationship with delinquency for females compared to males (Fagan et al., 2007). Furthermore, male youth offending is positively associated with poor attachment to father, pro-delinquency, pro substance misuse, moral beliefs, poor social skills, peer drug use, peer delinquency and rewards for delinquency. However, female youth offending was not found to

be positively associated with any of the previously mentioned risk factors (Fagan et al., 2007). Nevertheless, female young offenders experienced significantly more risk factors than male young offenders (Hart et al., 2007), hence it was concluded that female young offenders' offending behaviour is more stable and predictable over time and is more resistant to interventions (Fagan et al., 2007; Hart et al., 2007). This has implications for future development of intervention programmes for female young offenders.

### **Conclusions**

This review has presented evidence that supports the risk and protective factors paradigm and its association to youth offending. It has been highlighted that the higher the number of risk factors a young person is exposed to, the higher the likelihood of the young person engaging in antisocial and/or offending behaviour. Hence, risk factors should not be viewed as mutually exclusive entities as they will generally co-exist as a mirage. In addition to the number of risk factors the young person is exposed to, the risk of offending becomes even higher when the risk factors are from more than one domain. In other words, if a young person is exposed to a high number of risk factors from all five domains, their risk of offending will be higher than those exposed to fewer risk factors from fewer domains.

Although, policy makers have tried to incorporate the risk and protective factor paradigms into policies and interventions, this is easier said than done. For instance, one of the identified risk factors is peer deviance, yet there is a tendency to group offenders together, both in the community and in institutions, when delivering intervention programmes. Therefore, by group young offenders together, policy makers and practitioners may be unintentionally giving young offenders the opportunity to meet deviant peers. This is

particularly worrying with community based interventions when what young people do and where they go after groups cannot be monitored.

Furthermore, when grouping young offenders together, not only are we increasing the peer deviance risk factor, we are decreasing the likelihood of the young person meeting positive peers, which is one of the identified protective factors. Therefore, it would seem that identifying risk and protective factors for youth offending is a lot easier than actually implementing them into policies and interventions. However, there have been some positive changes such as the introduction of Parenting Orders, aimed at tackling risk factors within the family domain and changes to educational systems aimed at improving protective factors from the school domain.

Moreover, community projects aimed at tackling risk factors from the community domain, such as neighbourhood poverty, take time to address. Therefore, whilst identifying the associated factors may be achievable through research, actual implementation into policy and interventions may be a lot harder to achieve with positive results taking a longer period of time to materialise. Particularly for risk factors associated with the community domain, which are societal issues that cannot be changed overnight.

Previously, the Youth Justice Board (YJB) developed a set of Effective Practice guidelines (YJB, 2004) based upon the risk and protective factors paradigm. This has now been developed into the Scaled Approach to youth offending, which is due to be rolled out across YOT's in England and Wales by November 2009 (YJB, 2009b). This in turn has assisted with the development of a number of community based sentences as well as diversionary

programmes. Therefore, the following chapter assesses the implementation of the risk and protective factors paradigm to a sample of high risk young offenders subject to the community based Intensive Supervision and Surveillance Programme.

## **Chapter 3**

# **RISK AND PROTECTIVE FACTORS ASSOCIATED WITH YOUNG OFFENDERS' COMPLETION OR NON-COMPLETION OF THE COMMUNITY BASED INTENSIVE SUPERVISION AND SURVEILLANCE PROGRAMME**

## Abstract

This chapter examines risk and protective factors associated with young offenders' completion or non-completion of the Intensive Supervision and Surveillance Programme (ISSP). The risk and protective factors paradigm was applied to a sample of 55 young offenders subject to the ISSP as part of their Supervision Order between January and December 2008. From the sample of 55 young offenders, 33 completed the ISSP and 22 did not complete the programme. Analyses were conducted in order to establish which risk and protective factors were associated with the completion or non-completion of ISSP.

There were no significant differences in risk factors from the family, peer and community domains experienced by completers and non-completers. Individual domain risk factors associated with non-completion of ISSP were increased attentional focus to anger ( $t = 2.185$ ,  $p = 0.034$ ) and high likelihood of outward anger expression ( $t = -2.383$ ,  $p = 0.021$ ), as measured by Novaco Anger Scale (NAS) and the State Trait and Anger Inventory (STAXI). The only school domain risk factor associated with non-completion was previous exclusion from education ( $\chi^2 = 5.570$ ,  $p < 0.01$ ). Current engagement in education ( $\chi^2 = 8.036$ ,  $p < 0.05$ ) and high total self esteem ( $t = 1.941$ ,  $p = 0.058$ ) were associated with ISSP completion.

The pre and post scores for ISSP completers was also analysed in order assess whether there is a positive shift in scores upon completion of ISSP. Of the 33 completers, 10 completed post psychometrics. Results indicate significant differences in anger scores, as measured on the NAS and STAXI as well as assertiveness.

Findings from this research project support current initiatives from the Youth Justice Board, in terms of diversionary programmes and sentencing options. However, further research is needed in order to assess whether factors associated with non-completion is also associated with recidivism. This may help develop ISSP into an effective programme that not only reduces frequency of offending but also recidivism.

## **Introduction**

Through years of research in offending behaviour it has been established that persistent adult offenders will have a long history of antisocial and offending behaviour in childhood and/or adolescence (Moffit, 1993). As a result efforts have been made to research the risk factors that are associated with youth offending and antisocial behaviour (Hawkins et al., 2000; Youth Justice Board [YJB], 2005). It has been suggested that the more risk factors the young person is exposed to, the more likely it is that they are going to engage in antisocial and/or offending behaviour (Spratt et al., 2000). Applying such a model to youth offending, further research is needed to establish protective factors associated with reducing the influence of risk factors.

The following sections will outline and discuss risk and protective factors in relation to current initiatives the YJB have in place to divert young people from engaging in anti-social and/or offending behaviour and also the impact that this paradigm has had in terms of community sentences young offenders are subject to.

### **Risk and protective factors associated with youth offending**

In 2000 the Home Office published a number of reports discussing risk and protective factors to youth offending based upon findings from the Youth Lifestyles Survey (Campbell & Harrington, 2000; Flood-Page et al., 2000). The Youth Lifestyles Survey (YLS) is a self report survey designed to assess the extent of self reported offending. The survey was completed by a random sample of 4,848 people aged between 12 and 30 years old, living in private households between October 1998 and January 1999. The findings from the YLS

concluded that the greater the number of risk factors experienced by a young person, the greater the chance of the young person developing persistent offending behaviour.

Furthermore, it was reported that risk factors associated with serious or persistent offending included substance misuse, disaffected from school, hanging around public places, delinquent friends or acquaintances, poor parental supervision and persistently truanting at least once a month (Flood-Page et al., 2000). The most predictive risk factor for persistent or serious youth offending was substance misuse. Moreover, although only 6% of the sample (n = 4,848) experienced at least four or more risk factors, 85% of the 6% had committed at least one offence at some point in the lives. Furthermore, over half (57%) of the 6% sample were classified as persistent or serious young offenders, whereby they had committed 4 or more offences previously. Those that experienced less than 4 risk factors were less likely to be classified as serious or persistent young offenders, 41% (3 risk factors), 8% (2 risk factors) 3% (1 risk factor) respectively (Campbell & Harrington, 2000).

Although not a substantial piece of research, Liddle and Solanki's (2000) study of 41 persistent young offenders appear to confirm the cumulative effect of risk factors suggested from the YLS (Campbell & Harrington, 2000; Flood-Page et al., 2000). Liddle and Solanki (2000) concluded from their study that persistent young offenders on average will have at least six risk factors present in their lives. The following risk factors were identified in their sample:

- 49% of the sample had issues with substance misuse
- 49% had experienced breakdown of the care system
- 39% were experiencing or had experienced family breakdown/divorce

- 34% experienced loss of contact with a significant person
- 25% attended a special school or pupil referral unit
- 20% had special educational needs
- 10% attended specialist units
- 7% of the sample was on the child protection register

Since the publication of the Home Office YLS studies, there have been numerous other publications documenting risk and protective factors to youth offending (Bacon et al., 2009; Barry, 2006; Borowsky et al., 2002; Campbell et al., 2006; Carr, 2001; Chung & Steinberg, 2006; Fagan, 2005; Fagan et al., 2007; Frize et al., 2008; Gavazzi et al., 2008; Haines & Case, 2005; Hammersley et al., 2003; Hart et al., 2007; Herrenkohl et al., 2006; Lardén et al., 2006; McAra & McVie, 2007; Mullis et al., 2004; Shader, 2002; Smith et al., 2008; Paton et al., 2009; YJB, 2005; Zara & Farrington, 2009). The identified risk and protective factors have been categorised into the five domains of individual, family, peer, school and community suggested by Hawkins et al. (2000). Table 3.1 provides a summary of identified risk and protective factors associated with youth offending.

**Table 3.1 Risk and protective factors associated with youth offending identified in the literature**

	Individual Domain	Family Domain	School Domain	Peer-related Domain	Community Domain
Risk factors	History of aggression Early age of first conviction Late onset of offending Neuroticism Cognitive distortions Less mature moral reasoning Intellectual disability Mental health issues Substance misuse Experience of trauma Poor social skills	Reported father criminality History of running away from home Poor parenting Low parental supervision Parental neglect/childhood maltreatment Physical abuse Large family size Poverty Witness to domestic violence Grand-parent headed families	Poor school grades Instability of school transitions Teacher-rated anxiousness School exclusion	Peer deviance	Lack of social recognition Neighbourhood disorganisation Area of residence Immigration status
Protective factors	Positive response to authority Being withdrawn Nervousness Intensive treatment programmes	Good parenting skills High level of family income Good family structure	Positive school experience Educational attainment	Positive peers Social isolation	Attendance at religious services Area of residence Involvement in extracurricular activities

The YJB have now incorporated the identified risk and protective factors to youth offending into effective practice guidelines (YJB, 2008). The effective practice guidelines suggest that the following key elements should be addressed with young offenders:

- Assessment, planning interventions and supervision
- Accommodation
- Parenting
- Education, training and employment
- Restorative Justice
- Substance misuse
- Offending behaviour
- Mental health issues
- Engaging young people who offend

There have been numerous initiatives introduced by the Youth Justice Board aimed at tackling identified risk factors to youth offending (YJB, 2009c). Furthermore, there are concerns over young people becoming entrenched within the legal system, being more likely to remain within the legal system as adults (McAra & McVie, 2007). As a result, the YJB have also introduced a number of different initiatives and sentencing options based upon the philosophy of maximum diversion and minimum intervention.

Recent changes include the increased provision of constructive sports and leisure activities as diversionary methods to anti-social behaviour and youth offending (Audit Commission, 2009). There has also been an increase in investments in Cognitive Behavioural Programmes

and Offending Behaviour programmes that specifically address the young person's offending behaviour (Feilzer et al., 2002; YJB, 2008).

The main agenda change that has been influenced by the risk and protective factors paradigm is the forthcoming Scaled Approach to youth offending (YJB, 2009b). The Scaled Approach aims to ensure that proposed interventions for young people are based on individual assessment of risks and needs. In relation to the risk and protective factors paradigm, the Scaled Approach professes that if a young person is assessed as experiencing a high number of risk factors then the intensity of interventions and number of protective factors in place should also be high (YJB, 2009b). In order to place this research project into context, the following section will provide an overview of changes to the Youth Justice System in relation to the risk and protective factors paradigm.

### **The Youth Justice System**

When young people first get into trouble, either behaving antisocially or committing minor offences, they are usually dealt with by the police or local authority, outside of the court system (YJB, 2009b). Once these young people have come into contact with authorities a number of diversionary programmes, available nationwide and subsidised by the YJB, are offered to them in order to prevent further antisocial behaviour and/or offending. Table 3.2 provides an overview of the available programmes aiming to divert young people from antisocial and/or offending behaviour.

**Table 3.2 YJB subsidised diversion programmes**

<b>Programmes:</b>	<b>Aims of Programmes:</b>
Youth Inclusion Programmes (England & Wales)	Tailor made programmes for 8-17 year olds, who are identified as being high risk for involvement in offending or anti-social behaviour. Provides the young people with a safe environment to learn new skills and take part in activities. It also provides guidance on education and career options.
Youth Inclusion and Support Panels (England & Wales)	Panels are made up of a number of representatives from different agencies, such as the police, schools, healthcare professionals and social services. The main emphasis of the panel's work is to ensure that disadvantaged children aged between 8-13 years old and their families can access mainstream public services at the earliest opportunity.
Parenting Interventions (England & Wales)	Aims to provide parents with skills to deal with behaviours that put their child at risk of offending through one-to-one advice as well as practical support that allow parents to set appropriate boundaries for behaviour and improve communication with their children.
Safer School Partnerships (England & Wales)	Enables local agencies to address significant behavioural and crime related issues in schools. All schools involved will have a police officer based within the school in order to reduce victimisation and create a safe environment for children to learn in.
Splash Cymru (Wales)	A programme of positive and constructive activities for 13-17 year olds that runs in the school holidays in Wales.
Mentoring Scheme (England & Wales)	Pairing a volunteer with a young person at risk of offending, providing them with a positive role model. The role of the mentor is to motivate and support the young person on the scheme through a sustained relationship over an extended period of time.
Positive Activities for Young People (England & Wales)	Engages disadvantaged young people at risk of offending in positive activities, based upon the principles of the Social Inclusion Programme.
Positive Futures (England & Wales)	National Social Inclusion Programme using sports and leisure activities to engage with disadvantaged and socially marginalised young people.

Although there are a number of diversionary measures available, a proportion of young people will go on to offend and go through the court system, Table 3.3 provides a list of available sentences imposed on young offenders.

**Table 3.3 Sentences for young offenders**

Pre-court measures (usually given by Police officers or Local Authority)	Reprimand Final Warning
Anti-social behaviour measures	Acceptable Behaviour Contract (ABC) Anti-Social Behaviour Order (ASBO) Individual Support Order (ISO)
Other measures	Local Child Curfew
Measures for under 10 year olds	Child Safety Order
Sentences in the Community	Supervision Order Community Rehabilitation Order Community Punishment Order Action Plan Order Attendance Centre Order Referral Order Reparation Order Fine Conditional Discharge Absolute Discharge
Sentences to custody	Detention and Training Orders Section 90/91
All community orders are open to the following conditions	Curfew Order Parenting Order Drug Treatment and Testing Order

Community orders, as well as custodial sentences may also carry the additional condition of the Intensive Supervision and Surveillance Programme (ISSP).

### **The Intensive Supervision and Surveillance Programme (ISSP)**

The Intensive Supervision and Surveillance Programme (ISSP) introduced by the YJB in 2001 is the most rigorous non-custodial intervention available for persistent and serious young offenders aged between 10 to 17 years old. As its name suggests, it combines

unprecedented levels of community based surveillance with a comprehensive programme focused on tackling risk factors that contribute to the young person's offending behaviour (YJB, 2009c). The ISSP was designed as a direct alternative to custody targeting two main groups of young offenders:

- The small group of prolific young offenders, who commit approximately a quarter of all offences committed by young people (YJB, 2009c).
- Young people who are not prolific offenders, but who commit crimes of a very serious nature (YJB, 2009c).

Young offenders are eligible for ISSP if they are appearing in court charged with or convicted of an offence, and have previously been charged, warned or convicted of offences committed on four or more separate occasions within the last 12 months, and have received at least one community or custodial sentence for previous offences. This is generally classified as the "persistent" offender group. In addition, a young person also qualifies for ISSP if they are at risk of custody because the offence they are charged with or convicted of is sufficiently serious that an adult would be sentenced to 10 or more years in custody. Young offenders subject to ISSP on this remit are generally classified as the "so serious" group. Furthermore, young offenders who have a history of repeat offending whilst on bail and are at risk of a secure remand under Section 130 of the Criminal Justice and Police Act 2001 (YJB 2009c) are also eligible for ISSP.

In August 2005, the eligibility criteria was amended to include two key changes. The first change relates to young offenders who previously received a Detention and Training Order and who face custody again within one year of leaving custody. The second change relates to

young people initially charged with Section 18 (Grievous Bodily Harm/Wounding with intent), who subsequently have the charge reduced to Section 20 Assault; they too can now be considered for ISSP, as can any young person charged with aggravated taking and driving away (YJB, 2009c).

The ISSP is generally used as an additional condition of bail, a Supervision Order or Community Rehabilitation Order. It is also used as a condition of licence for early release from Detention and Training Order (DTO) or Section 90/91 custodial sentences. ISSP is not used as a stand-alone sentence. The YJB has recommended a minimum length of 6 months for ISSP conditions; however, this may vary according to the sentence that the young person has received and what the ISSP is a condition of.

For Supervision Orders and Community Rehabilitation Orders, the standard is 6 months ISSP, whereas ISSP as part of licence conditions depend upon the length of the young person's licence. Six month ISSP requires a minimum of 25 hours of contact or supervision per week for the first three months, with curfew and electronic monitoring attached, curfew times and length of curfew given is dependent upon the level of risk the individual poses to the community. During the latter three months a minimum of five hours contact or supervision is required; this is regarded as the less intensive phase of ISSP but will vary depending on level of risk and need of the individual. As part of the supervision, a number of core elements are covered by ISSP as part of the minimum contact requirement set out by National Standards (YJB, 2004). Core elements of ISSP include:

- Education and training (especially basic literacy and numeracy skills)
- Interventions tackling offending behaviour

- Reparation to victims and/or the community
- Restorative justice
- Assistance in developing interpersonal skills
- Family support
- Constructive use of leisure time
- Provide access to support for individual problems, such as homelessness, substance misuse or mental health problems (YJB, 2009b)

Due to the National Standards to youth justice guidelines (YJB, 2004), missed appointments and non-engagement in sessions is classified as non-compliance, and if the young person is either absent or sent home on 3 or more occasions they will be presented before Court for breach of ISSP conditions. What is more, given that this is a difficult and high risk group of young offenders, who have often lived most of their childhood and adolescence without structure and/or boundaries (Liddle & Solanki, 2000; Sprott et al., 2000; Sutherland et al., 2007); strenuous demands of such an intensive programme will be quite challenging for them and this is likely to lead to high non-compliance and high incidences of breach proceedings. However, non-compliance does not automatically result in custody for the young person; if the court feels that the structured approach of ISSP represents the most constructive option, the court may allow continuation of the programme but with additional penalties, such as Attendance Centre Orders or an increase in length and time of curfew restrictions (YJB, 2009c).

Between October 2004 and September 2005 a 12 month ISSP was piloted in a number of ISSP schemes across England (Sutherland, Taylor, Gray, Merrington & Roberts, 2007).

Completion rates for this pilot project were not encouraging, 32% for the 12 month programme and 42% for the 6 month programme. However, although the completion rates were low, young offenders who had completed the 12 month programme did demonstrate a reduction in identified risks associated with their offending. However, the study only explored short-term outcomes due to limited outcome data available for the evaluation, therefore the long-term impact of the 12 month ISSP on reconviction has not been assessed (Sutherland et al., 2007).

Nevertheless, it was concluded that the 12 month programme addressed risks more effectively with young offenders from the “persistent” category and the 6 month programme was more effective with young offenders from the “so serious” category. This is likely to be due to the number of risk factors experienced by those in the “so serious” category compared to those in the “persistent” category, whereby “so serious” offenders have been reported to have less risk factors present compared to “persistent” offenders (Sutherland et al., 2007). Therefore, this poses a dilemma for the courts in terms of balancing punishment and rehabilitation, whereby “so serious” offenders would warrant more intrusive interventions, yet the current study seems to suggest that 12 month ISSP is more suitable for “persistent” offenders and 6 month ISSP more suitable for “so serious” offenders (Sutherland et al., 2007). This is in contrast to sentencing considerations, whereby seriousness of offence is the primary consideration rather than the rehabilitation of the offender.

Furthermore, as young offenders’ subject to ISSP are categorised as either “persistent” and/or “so serious” offenders, they will generally have complicated lives and a range of problems that may either directly or indirectly affect their offending behaviour. A number of issues

present themselves as significant problems for this group of young offenders, particularly in the following areas:

- High risk lifestyles
- Lack of education, training and employment
- Distorted thinking and anti-social behaviour
- Emotional and mental health issues
- Substance misuse
- Problems with living arrangements (Sutherland et al., 2007)

These areas have all been identified as risk factors associated with youth offending and re-offending. This places those subject to ISSP conditions in the high risk category of young offenders, which justifies the categorisation of this group of offenders into “persistent” and “so serious” categories. Moreover, low completion rates may also indicate and/or reflect the high level of risk that this group of young offenders pose. Nonetheless, low completion rates may be due to the young person’s response to ISSP and their general view of the programme. For example, if a young person finds sessions addressing their offending behaviour boring their motivation to attend or engage in these sessions will be low. It has been reported that young people generally have mixed responses to the different elements of ISSP, often finding help accessing education and training useful, but offending behaviour sessions boring and repetitive, and disliking reparation but enjoying constructive leisure sessions (Sutherland et al., 2007).

Sutherland et al. (2007) reported differences in suitability for the 6 or 12 month ISSP intervention. They concluded that young offenders from the “so serious” category warranted

more intrusive but shorter term interventions and persistent offenders needed longer term interventions. This is due to additional risk factors associated with persistent offenders that are absent for the “so serious” category of young offenders. Although, Sutherland et al. (2007) reported differences in the level of risk factors between two groups of offenders, (i.e. “so serious” and “persistent” offenders, they did not assess the differences in level of risk factors experienced by completers and non-completers.

Previous research has suggested that completers of ISSP experience fewer individual and social problems when compared to non-completers (Gray et al., 2005). Nevertheless, the reported recidivism rate for the sample was 91%, hence completion of ISSP does not cease offending completely and the impact of ISSP is likely to fade over time (Gray et al., 2005; Merrington & Stanley, 2004). In addition, Gray et al. (2005) also reported on a number of risk factors present in their sample young offenders subject to ISSP (N = 3884). Over half the sample (n = 2003) experienced inconsistent parental supervision, with 3 in 10 experiencing some form of abuse. Over a quarter had no main source of educational provisions in place and just 19% (n = 1640) attended mainstream school. Of those no longer of statutory school attending age, 56% (n = 1150) were unemployed Gray et al., 2005).

Furthermore, 82% was associating with pro-criminal peers and 73% engaged in reckless activity and/or behaviour (n = 2105). In terms of substance misuse for the sample, 77% had used Cannabis, 14% had used heroin and 12% had used Cocaine (n = 1281) (Gray et al., 2005). Therefore, it can be concluded that young offenders subject to ISSP conditions will experience a disproportionate number of risk factors associated with youth offending. Nonetheless, completers of ISSP showed statistically significant gains in reducing the rate and

gravity of their offending when compared to non-completers, whereby frequency of re-offending decreased by 40% (n = 2843) over 1 year and 39% (n = 943) over 2 years after ISSP completers (Gray et al., 2005). Seriousness of offences also decreased by 13% both after 12 months (n = 2453) and 24 months (n = 769) (Gray et al., 2005).

Moreover, as the ISSP is aimed at targeting the most serious and persistent of young offenders, it can be argued that reduction in frequency and seriousness of offending of offending is more realistic than reduction in prevalence and recidivism of offending per se (Gray et al., 2005). Additionally, one possible explanation for high recidivism rates reported post-ISSP may be due to better detection of offending. This is likely to be due to greater levels of police surveillance and attention towards young people subject to ISSP, as they will inherently be classified as “persistent” and/or “serious” young offenders, which will warrant increased levels of surveillance. Therefore, high recidivism and reconviction rates post-ISSP may be in part a result of better crime detection due to increased levels of surveillance by the police (Waters, 2007).

### **Aims and objectives**

The aim of this research project is to identify risk and protective factors associated with ISSP completion or non-completion. Specifically, the following hypothesis will be tested:

1. Differences in static factors and demographic information between ISSP completers and non-completers.
2. Differences in psychometric scores between ISSP completers and non-completers at the start of their community orders.
3. Differences in pre and post psychometric scores for ISSP completers.

Identified risk and protective factors from the five domains suggested by Hawkins et al. (2000) will be compared between the two groups to see whether the existence of certain risk factors can predict non-completion of ISSP or whether the two groups differ in terms of the protective factors present. Specifically, the research aims to consider which factors from the domains of individual, familial, school, peer and community, are associated with completion or non-completion of ISSP. If the null hypothesis is adopted, there will be no significant differences between completers and non-completers of ISSP in terms of the risk and protective factors present, and hence completion or non-completion of ISSP is purely due to chance, which is what the current completion rate of 42% would suggest.

Furthermore, the effectiveness of ISSP in terms of putting in place protective factors across the domains will also be assessed for the completers. Due to high recidivism rates reported (Gray et al., 2005) for ISSP completers, it would be expected that ISSP is not effective in putting in place protective factors that are associated with reducing the influence of risk factors to youth offending.

## **Method**

### **Sample/Participants**

During the period between January 2008 and December 2008 a total of 172 young offenders aged between 13 and 18 were subject to ISSP conditions either as part of their Supervision Orders, DTO licences or bail conditions in the Birmingham area. The mean age for the sample is 16 years old. The gender ratio for those subject to ISSP was 91% (n = 157) male and 9% (n = 15) female. The gender ratio for females subject to ISSP is slightly lower than the national average of 21% for total female young offenders (YJB, 2009a), suggesting that sentencing from the Courts for female young offenders does not favour ISSP conditions.

Of these, 123 (71%) were subject to ISSP conditions as part of their Supervision Orders, 29 (17%) as part of their bail conditions and 20 (12%) as part of their DTO licence conditions. All female young offenders were subject to ISSP conditions as part of their Supervision Orders. Overall, 63 (51%) out of 123 of those subject to ISSP conditions as part of their Supervision Orders successfully completed ISSP and 55 (49%) did not complete ISSP. This is slightly higher than the national completion rate of 42%.

Only those subject to ISSP conditions as part of their Supervision Orders were eligible to take part in this study, as there is a set time of 6 months on the programme, whereas those on bail ISSP or DTO licence have varied amounts of time on the programme. Of the 123 young people, a sample of 55 male participants took part in this research project; females were not approached to take part in the research due to the low numbers on the programme. Of the 55 participants in the sample, 33 (60%) completed ISSP and 22 (40%) did not complete ISSP,

due to non-compliance and breaching ISSP conditions. This rate of completion is slightly higher for both the full sample (172) and the national average.

The ethnic mix of the sample was 20 (36%) white, 17 (31%) black and 18 (33%) Asian, therefore, each ethnic group was equally represented in the sample. However, the sample is not representative of the population in Birmingham, whereby ethnic breakdown is 70.4% white, 19.5% Asian, 6.1% black, 2.9% mixed and 1.1% Chinese (Office of National Statistics [ONS], 2003). Therefore there is an over representation of black and Asian young offenders in the sample compared to the breakdown of ethnicity in the Birmingham population.

### **Ethical considerations**

Due to the age of the sample careful consideration was given in terms of acquiring informed consent from participants as well as treatment of data upon withdrawal. Consent for this research project was given via the loco parentis status of the ISSP team manager. Participants consent to completing the psychometrics as part of their start of ISSP assessments, which is clearly stated in their ISSP contract signed by both the young person and their parents, if they are under the age of 16 years. Thus, it is compulsory for all young people subject to ISSP to complete these psychometric assessments.

The young people are also informed that the assessments will be used as data forming part of an internal audit assessing the effectiveness of the ISSP programme, as well as an academic research project looking at characteristics associated with completion or non-completion of ISSP. The participants are further made aware that their scores are placed into completion or non-completion groups either upon successful completion of ISSP or notification of breach

proceedings. They will not be placed into the separate groups nor will their scores be analysed whilst they are still on the programme. Furthermore, as one of the research aims is to assess differences between completers and non-completers of ISSP, breach of ISSP conditions did not result in withdrawal of participation.

As the data collected formed part of an internal audit, the information collected becomes the property of the Youth Offending Service, who will have jurisdiction of the information and its uses under the Data Protection Act (1998). Therefore, participants cannot withdraw from this project as the data is part of an internal audit so whether or not they have successfully completed ISSP the information will still remain on file. Consent to use file information and completed psychometric scores has been achieved via loco parentis consent, which was given from the manager of the ISSP team who is the holder of the information under the Data Protection Act (1998). The data will be stored for the duration of five years within the secure offices of the Youth Offending Service. Information regarding each of the participants and the data will remain confidential due to the Youth Offending Service being bound by the Data Protection Act (1998).

### **Procedure**

The principle researcher was involved in some of the data collection, which involved supervising completion of psychometrics at the start of the participant's ISSP conditions. However, a proportion of the psychometric assessments completed with the sample were supervised by case managers (ISSP Programme Managers), as part of an initiative by the Birmingham ISSP team to move towards evidence based practice. Hence, due to staff misunderstanding the use of psychometrics, as their background training is in Social work

rather than psychology, the assessments were not systematically or consistently completed with all the young people on the programme. Therefore, of the 123 young offenders subject to ISSP as part of their Supervision Orders, only 55 completed at least one set of psychometric assessments at the start of ISSP, hence the small sample size. Furthermore, there was a lot of missing data due to incomplete sets of psychometric assessments, whereby participants only completed a proportion of the psychometrics rather than all six of the assessments. In addition, of the 33 who completed ISSP, only 10 (30%) had completed the psychometrics pre and post completion of the programme.

File information for the 55 participants who had completed the psychometric assessments was analysed for demographic information as well as indentifying risk and protective factors from the family, school, peer and community domains. The following information was collated from client files:

- Age
- Ethnicity
- Index offence
- Number of co-defendants
- Relation to co-defendants
- Age of first conviction
- Number of previous convictions
- Current educational status
- Previous exclusion from education
- Residence (type of household the young person comes from, for example, two parent or single parent families)

- Number of siblings and birth order
- Substance misuse

## **Measures**

A number of psychometric assessments are completed by young people subject to ISSP in order to measure interpersonal traits. The following psychometric assessments are used:

1. Assertiveness Scale for Adolescents (ASA – Lee, Hallberg, Slemon & Haase, 1985).  
Please refer to Appendix 1.
2. The Children’s Nowicki-Strickland Internal-External Locus of Control scale (CNSIE – Nowicki & Strickland, 1973). Please refer to Appendix 2.
3. The Culture Free Self Esteem Inventory (CFSEI 2- Battle, 1992). Please refer to Appendix 3.
4. Novaco’s Anger Scale (NAS – Novaco, 1975). Please refer to Appendix 4.
5. The Psychological Inventory of Criminal Thinking Styles (PICTS – Walters, 1995).  
Please refer to Appendix 5.
6. The State Trait and Anger Expression Inventory (STAXI 2 – Spielberger, 1999).  
Please refer to Appendix 6.

Scores obtained from the psychometric assessments were used as measures of risk and protective factors from the individual domain. The ASA, CNSIE and CFSEI were used to measure protective factors as assertiveness, internal locus of control and high self esteem has been associated with resiliency, an identified protective factor from the individual domain (Carr, 2000). The NAS, PICTS and STAXI were used to measure risk factors from the

individual domain. Due to copyright legislation, only a few examples of items from each of the psychometrics have been included in the Appendices.

### **Treatment of data**

Different statistical methods were utilised to analyse the data, this was due to the different types of data collected, some being categorical and others interval (Coolican, 1999). Furthermore, due to the small sample size a number of variables taken from file information had to be re-coded in order for meaningful statistical analysis to be conducted. The first statistical analysis conducted was a chi square; this analysis was conducted on the categorical data collected from both file information and psychometrics. The second statistical analysis conducted was an Independent samples t-test on the interval data collected from the psychometrics. The first two stages of analysis used psychometric scores obtained at the start of ISSP (pre scores) as the data set. The final stage of analysis was to conduct a paired samples t-test in order to analyse whether completion of ISSP significantly changed any of the psychometric scores pre and post ISSP completion. Predictive analysis, such as logistic regression (Coolican, 1999) was planned but not conducted due to insufficient significant associations and a small sample size.

## **Results**

### **Frequency data**

Frequency data regarding the sample has been summarised in Table 3.4. In relation to index offence, of the 40 (76%) who had committed a property offence, 3 (7.5%) were burglary offences, 29 (72.5%) were robbery offences, 5 (12.5%) was shoplifting and 3 (7.5%) were motor vehicle related offences. In relation to the 15 violent offences committed, 10 (66.6%)

were assaults, 1 (6.8%) was affray, 2 (13.3%) were sexual assaults and 2 (13.3%) were drug related offences.

**Table 3.4 Frequency data (N=55)**

<b>Variable</b>	<b>Category</b>	<b>n</b>	<b>%</b>
Age	Under 16	17	31
	Over 16	38	69
Ethnicity	White	20	36%
	Black	17	31%
	Asian	18	33%
Index offence	Property offences	42	76
	Violence against the person offences	13	24
Co-defendants	Yes	26	47
	No	29	53
Age of first conviction	Below 14	22	40
	Above 14	33	60
Current education	Yes	34	62
	No	21	38
Previous exclusion from education	Yes	34	62
	No	21	38
Residence	Both parents	21	38
	Single parent	24	44
	No parents	10	18
Substance misuse	Yes	26	47
	No	29	53
ISSP Completion	Yes	33	60
	No	22	40

From the sample of 55 participants, 33 (60%) completed ISSP and 22 (40%) failed to complete ISSP. As the aim of the research project was to assess the differences in risk and protective factors between those that complete ISSP and those that fail to complete, the grouping variable for all statistical analysis is ISSP completion and non-completion. Due to the amount of data that has been collected, results from the analyses have been summarised into tables. The following sections will report results from the study.

**Comparison of demographic information and start of ISSP psychometric scores between completers and non-completers**

Table 3.5 summarises significant associations with completion and non-completion of ISSP.

**Table 3.5 Significant associations with completion and non-completion of ISSP (N=55)**

<b>Variable</b>	<b>df</b>	<b><math>\chi^2</math></b>	<b>p value (level of significance)</b>
Age	1	0.060	0.806
Ethnicity	2	1.683	0.431
Index offence	1	0.158	0.691
Co-defendants	1	2.055	0.178
Relationship to co-defendant	1	0.867	0.645 (Fisher's exact due to 2 cells with expected count less than 5)
Age of first conviction	1	1.377	0.241
Number of pre-convictions	1	0.856	0.355
<b>Current education</b>	<b>1</b>	<b>8.036</b>	<b>0.005</b>
<b>Previous exclusion from education</b>	<b>1</b>	<b>5.570</b>	<b>0.018</b>
Residence	2	0.823	0.663
Substance misuse	1	3.215	0.073
Locus of control	1	0.442	0.506
Assertiveness	2	0.513	0.774

As can be seen in Table 3.5, current educational status is significantly associated with ISSP completion ( $\chi^2= 8.036$ ,  $df = 1$ ,  $p<0.05$ ) and previous exclusion from education is significantly associated with ISSP non-completion ( $\chi^2 = 5.570$ ,  $df = 1$ ,  $p<0.01$ ). This suggests that previous

exclusion from education is associated with non-completion and current education associated with ISSP completion.

Table 3.6 presents results comparing scores from the Psychological Inventory for Criminal Thinking Styles (PICTS) for completers and non-completers. As can be seen from Table 3.6 there are no significant differences in PICTS scores at the start of ISSP between completers and non-completers. This suggests that thinking and behaviour as measured on the PICTS is the same between completers and non-completers when they start the ISSP programme.

**Table 3.6 Statistical analysis for Psychological Inventory for Criminal Thinking Styles (PICTS) scores (t-tests) (n = 49)**

PICTS Subscales	ISSP Completions (n = 27)		Non-completions (n = 22)		Sig. (2-tailed)
	Mean	SD	Mean	SD	
Mollification	53.70	10.54	55.41	10.79	NS (t = -0.556, p = 0.581)
Cut off	53.63	10.56	55.41	12.10	NS (t = -0.549, p = 0.591)
Entitlement	53.48	9.89	54.50	15.80	NS (t = -0.263, p = 0.794)
Power Orientation	56.30	10.19	57.50	14.04	NS (t = -0.347, p = 0.739)
Sentimentality	48.44	11.69	48.59	8.06	NS (t = -0.052, p = 0.959)
Super Optimism	55.48	13.52	55.73	12.76	NS (t = -0.065, p = 0.948)
Cognitive Indolence	53.74	10.83	57.73	11.36	NS (t = -1.247, p = 0.219)
Discontinuity	53.67	12.72	57.09	9.56	NS (t = -1.075, p = 0.288)
Personal Affect	55.19	12.38	56.32	8.23	NS (t = -0.383, p = 0.704)
Interpersonal	55.96	14.73	57.86	16.40	NS (t = -0.422, p = 0.675)
Self Assertiveness	51.15	12.10	55.77	12.68	NS (t = -1.296, p = 0.202)
Denial of harm	51.85	11.32	51.64	5.94	NS (t = 0.085, p = 0.932)
Current	56.11	11.44	57.45	10.30	NS (t = -0.432, p = 0.668)
Historical	50.07	11.46	54.82	13.54	NS (t = -1.305, p = 0.199)

In relation to the STAXI, ISSP completers and non-completers are significantly different at the start of ISSP in their outward expression of anger ( $t = -2.383$ ,  $p = 0.021$ ), suggesting that non-completers are more likely to express their anger outwardly. Table 3.7 presents results from the statistical analysis of STAXI scores.

**Table 3.7 Statistical analysis for the State Trait and Anger Expression Inventory**

**(STAXI) scores (t-tests) (n = 49)**

STAXI Subscales	ISSP Completions (n = 27)		Non-completions (n = 22)		Sig. (2-tailed)
	Mean	SD	Mean	SD	
State Anger	16.48	3.27	19.64	8.76	NS ( $t = -1.600$ , $p = 0.122$ )
Feeling angry	5.89	1.76	6.77	3.19	NS ( $t = -1.163$ , $p = 0.254$ )
Expressing verbal anger	5.26	0.81	6.45	3.32	NS ( $t = -1.646$ , $p = 0.113$ )
Expressing physical anger	5.33	1.07	6.45	3.17	NS ( $t = -1.585$ , $p = 0.126$ )
Trait Anger	20.07	7.04	23.14	7.88	NS ( $t = -1.417$ , $p = 0.164$ )
Angry temperament	8.11	3.00	9.14	4.00	NS ( $t = -0.994$ , $p = 0.326$ )
Angry reaction	8.26	3.00	9.14	3.38	NS ( $t = -0.960$ , $p = 0.348$ )
Anger expression (out)	16.11	5.15	19.50	4.77	<b><math>t = -2.383</math>, <math>p = 0.021</math></b>
Anger expression (in)	15.07	4.40	16.14	4.53	NS ( $t = -0.826$ , $p = 0.413$ )
Anger control (out)	16.85	5.72	16.32	5.34	NS ( $t = 0.337$ , $p = 0.738$ )
Anger control (in)	16.30	6.63	16.09	4.94	NS ( $t = 0.124$ , $p = 0.902$ )
Anger expression index	47.89	15.13	51.14	12.19	NS ( $t = -0.832$ , $p = 0.410$ )

Table 3.8 presents results comparing scores from Part A of the Novaco Anger Scale (NAS - PI). ISSP completers and non-completers differ significantly at the start of ISSP on their attentional focus towards anger ( $t = -2.185, p = 0.034$ ). This suggests that non-completers will attend to and focus on anger more so than those who complete ISSP.

**Table 3.8 Statistical analysis for the Novaco Anger Scale (NAS - PI) Part A anger scores**

**(t-tests) (n = 49)**

NAS Part A subscales	ISSP Completions (n = 27)		Non-completions (n = 22)		Sig. (2-tailed)
	Mean	SD	Mean	SD	
<b>Attentional focus</b>	<b>8.22</b>	<b>1.717</b>	<b>9.27</b>	<b>1.638</b>	<b>t = -2.185, p = 0.034</b>
Rumination	7.37	1.822	7.41	1.563	NS (t = -0.080, p = 0.937)
Hostile attitude	7.59	1.907	7.77	1.744	NS (t = -0.345, p = 0.732)
Suspicion	7.78	1.553	7.41	1.141	NS (t = -0.957, p = 0.343)
Cognitive domain	30.96	5.828	31.86	4.591	NS (t = -0.605, p = 0.548)
Intensity	7.41	2.135	7.91	1.823	NS (t = -0.887, p = 0.380)
Duration	7.22	2.006	7.73	2.164	NS (t = -0.336, p = 0.406)
Somatic affect	6.63	1.843	6.82	2.039	NS (t = -0.676, p = 0.738)
Irritability	7.41	1.824	7.73	1.486	NS (t = -0.812, p = 0.502)
Arousal domain	28.67	6.816	30.18	6.223	NS (t = -0.475, p = 0.421)
Impulsive reaction	7.44	2.455	7.77	2.369	NS (t = -0.733, p = 0.637)
Verbal aggression	8.30	1.750	8.64	1.497	NS (t = -0.733, p = 0.467)
Physical confrontation	8.52	2.026	8.91	1.743	NS (t = 0.725, p = 0.472)
Indirect expression	6.70	2.334	6.59	2.282	NS (t = -0.170, p = 0.865)
Behavioural domain	30.96	7.356	31.91	6.414	NS (t = -0.481, p = 0.633)
NAS Part A total score	90.59	19.033	93.95	15.57	NS (t = -0.680, p = 0.500)

As can be seen from Table 3.9, ISSP completers do not differ significantly from non-completers at the start of ISSP in their provocation scores as measured on Part B (Provocation Scale) of the NAS-PI scale. There is also no significant differences between completers and non-completers' total NAS score as measured on the NAS-PI at the start of ISSP. This suggests that both groups are likely to be provoked by similar situations and often reacting in similar ways to the provocation.

**Table 3.9 Statistical analysis for the Novaco Anger Scale (NAS - PI) Part B – Provocation scores and total score (t-tests) (n = 49)**

NAS Part B (Provocation) subscales	ISSP Completions (n = 27)		Non-completions (n = 22)		Sig. (2-tailed)
	Mean	SD	Mean	SD	
Disrespectful treatment	11.96	3.44	13.50	3.83	NS (t = -1.459, p = 0.152)
Unfairness	12.70	2.99	13.91	3.35	NS (t = -1.313, p = 0.196)
Frustration	12.41	3.56	13.55	3.66	NS (t = -1.095, p = 0.279)
Annoying traits	12.85	3.93	13.59	4.55	NS (t = -0.600, p = 0.552)
Irritations	11.81	3.85	12.91	4.36	NS (t = -0.920, p = 0.363)
Part B total	61.74	16.16	67.45	18.45	NS (t = -1.138, p = 0.262)
Total NAS score	154.78	32.17	161.4	32.77	NS (t = -0.710, p = 0.481)

Table 3.10 presents results comparing self esteem scores from the Culture Free Self Esteem Inventory (CFSEI). ISSP completers differ significantly to non-completers at the start of ISSP in their general self esteem ( $t = 2.039$ ,  $p = 0.047$ ). There is also a significant difference between completers and non-completers total self esteem score ( $t = 1.941$ ,  $p = 0.335$ ), as measure by the CNSIE, with completers reporting higher levels of self esteem compared to non-completers.

**Table 3.10 Statistical analysis for the Culture Free Self Esteem Inventory (CFSEI) scores (t-tests) (n = 52):**

CFSEI subscales	ISSP Completions (n = 27)		Non-completions (n = 25)		Sig. (2-tailed)
	Mean	SD	Mean	SD	
General self esteem	15.78	3.423	13.80	3.559	<b>t = 2.039, p = 0.047</b>
Social self esteem	8.41	1.338	7.88	1.166	NS ( t = 1.158, p = 0.135)
Academic self esteem	5.04	2.579	4.96	2.638	NS (t = 0.106, p = 0.916)
Parental self esteem	7.04	1.698	6.80	2.769	NS (t = 0.369, p = 0.714)
Lie Scale	7.15	1.610	6.64	2.099	NS (t = 0.974, p = 0.335)
Total self esteem score	43.41	6.393	40.00	6.292	<b>t = 1.941, p = 0.058</b>

### **Comparison of pre and post psychometric scores for ISSP completers**

Although the sample size available ( $n = 10$ ) for statistical analysis of ISSP completers pre and post psychometric scores was small. Pre and post psychometric scores were compared, demographic information is static factors that do not change, therefore, demographic information was not analysed in this analysis. Due to the large amount of data collected from each participant, Table 3.11 only provides a summary of statistically significant differences between pre and post subscale scores for completers of ISSP.

**Table 3.11 – Significant differences between pre and post scores for completers of ISSP**

**(n = 10)**

<b>Subscale</b>	<b>t</b>	<b>Sig. (2-tailed)</b>
Power orientation (PICTS)	2.400	0.040
Trait anger (STAXI)	2.616	0.028
Angry temperament (STAXI)	2.264	0.050
General self esteem (CFSEI)	-2.847	0.019
Total self esteem score (CFSEI)	-2.357	0.043
Attentional focus (NAS-PI)	2.409	0.039
Rumination (NAS-PI)	2.181	0.057
Hostile attitude (NAS-PI)	2.212	0.054
Cognitive domain (NAS-PI)	3.527	0.006
Intensity (NAS-PI)	2.250	0.051
Verbal aggression (NAS-PI)	2.613	0.028
Physical confrontation (NAS-PI)	2.882	0.018
Indirect expression (NAS-PI)	2.577	0.030
Behavioural domain (NAS-PI)	2.767	0.022
Part A total score (NAS-PI)	2.345	0.044

Assertiveness was also significantly improved post ISSP (correlation = 0.600, p = 0.039).

## Discussion

From the results, it can be concluded that completers and non-completers of ISSP differ on aspects of the individual and school domains from the risk factors paradigm proposed by Hawkins et al. (2000). There are no significant differences in risk factors from the familial, peer and community domains for completers and non-completers. In terms of protective factors, completers and non-completers again only differed in the individual and school domains. Again, like risk factors, there were no identified protective factors from the familial, peer and community domains that could be associated with completion or non-completion of ISSP.

In terms of the individual domain, non-completers were more likely to attend to and focus on anger, which leads to increase likelihood of outward expression of anger, when compared to ISSP completers. Therefore, if non-completers are more likely to express their anger outwardly, this may lead to what can be interpreted as aggressive behaviours and hence decrease the likelihood of engagement with ISSP. This has implications for intervention, whereby anger management interventions should be directed at those with high attentional focus towards anger and high outward expressions of anger in order to increase ISSP completion rates. Moreover, when assessing pre and post scores for completers, there are a number of significant differences in anger scores measured by both the STAXI and NAS-PI. This provides support advocating the importance of anger management interventions in terms of completion of ISSP.

Current educational status is significantly associated with ISSP completion or non-completion. Thus, identifying current educational status as an associated factor for whether a

young person will complete ISSP or not. Therefore, re-engaging young people with education would seem to increase ISSP completion, which is in line with the ISSP core element of education, training and employment. This also supports previous risk and protective factors research, whereby good engagement with education as a protective factor (Haines & Case, 2005; Herrenkohl et al., 2003; Hoge, Andrews & Leschied, 1996).

Even though the finding of this research project suggests that current engagement in education is associated with completion of ISSP, this finding is biased since previous exclusion from education was disproportionately high and significantly associated with non-completion, the likelihood of this group re-engaging in education is low and extra effort may be warranted in order to motivate this group to re-engage in education. Generally, anti-social and inappropriate behaviours are the main reasons for school exclusion, however, it may also be due to different learning styles and traditional classroom based teaching methods not suited to particular individuals. If this is the case, then re-engaging young people in education would need closer examination of the young person's learning style.

Currently, the ISSP have numerous contacts with different education and training providers that use both the traditional method of class room based teaching supplemented with hands on training of young people in particular professions. Further research is needed in order to establish which education and training methods keeps young people engaged in order to increase the numbers that are currently in education and possibly increase ISSP completion as well as increasing the likelihood of positive educational experience and/or attainment as a protective factor from the school domain. Moreover, there was no significant difference in thinking styles between the two groups at the start of ISSP, as measured on the PICTS.

Therefore, ISSP completion, according to the results of the current study is more likely to be due to the young person's engagement in education rather than inherent differences in the way they think and behave. In essence the only significant difference between the two groups in the individual risk factors domain was attention and focus towards anger and outward expression of anger.

Nevertheless, there was a significant difference between the two groups in terms of protective factors from the individual domain. ISSP completers had significantly higher levels of self esteem compared to non-completers. This would suggest that high levels of self esteem in ISSP completers may have increased their resiliency towards the same number of risk factors experienced; this is in line with previous research (Carr, 2001). However, locus of control and assertiveness did not differ significantly between the two groups as assessed at the start of ISSP. Therefore, locus of control and assertiveness are not associated protective factors for this sample, this is inconsistent with previous research, whereby resiliency is also associated with internal locus of control (Parker, Cowen, Work & Wyman, 1990).

In addition, educational attainment has been linked to an internal locus of control (Moore, 2006; Richardson, Bergen, Martin, Roeger & Allison, 2005; Twenge, Zhang & Im, 2004); therefore, one would expect that the completers would be more internally orientated than non-completers, especially as current educational status was associated with ISSP completion and previous school exclusion with non-completion. Moreover, no significant differences in locus of control may be due to the small sample size, which is a limitation of this study. Alternatively, the psychometric used to measure locus of control, in this case the CNSIE, may have validity or reliability issues, this is addressed in more depth in a later chapter. Even

though there were no significant differences in assertiveness scores between completers and non-completers at the start of ISSP (as assessed on the ASA) completers' assertiveness scores' were significantly different pre and post ISSP completion. This suggests that assertiveness was improved upon completion of ISSP.

In terms of risk and protective factors from the family, peer and community domains the two groups did not differ significantly. This would imply that the number of risk factors experienced by completers and non-completers in the family, peer and community domains is the same. This is inconsistent with previous research, which suggested that completers experience fewer risk factors when compared to non-completers (Gray et al., 2005). Nevertheless, it has been identified that the higher the number of risk factors experienced by young people, the higher the risk in developing persistent offending behaviour (Campbell & Harrington, 2000; Campbell et al., 2000). Hence, low completion rates may be attributed to the higher number of risk factors experienced by those subject to ISSP (Liddle & Solanki, 2000).

Furthermore, although the results of this study provide evidence that risk factors can be offset with protective factors, there are limitations of how results from this study can be applied. Firstly, this study did not examine whether protective factors reduced re-offending in young offenders because re-offending and recidivism data was not collected. The results only apply to whether young offenders subject to ISSP complete the programme or not. This does not mean that those who complete ISSP do not go on to re-offend, as previous research has reported 91% of ISSP completers will go on and re-offend (Gray et al., 2005). Therefore, current engagement in education and high self esteem are protective factors that increases the

young person's likelihood of completing ISSP but it does not necessarily mean that this decreases their risk of re-offending.

Another limitation to the study is the small sample size and incomplete collection of data, this meant that statistical analysis conducted on the data was limited and conclusion of effectiveness of ISSP is constrained. Nevertheless, it has been demonstrated that ISSP is effective in reducing levels of anger as measured on both the STAXI and NAS-PI. In addition, although completion rates of the current sample was reported, and is higher than the national average, this may be due to bias in data collection procedures.

### **Conclusion**

Current diversionary initiatives and sentencing options put forward by the YJB (2005 & 2009c) seem to have taken on board the risk and protective factors paradigm. This has been further supported and incorporated into the Effective Practice to Youth Offending guidelines introduced (YJB, 2008). With research in the field developing and recognition of higher number of risk factors linked to higher chance of persistent offending developing (Campbell & Harrington, 2000; Campbell et al., 2000), the YJB have developed the Scaled Approach to youth offending due to be rolled out across Youth Offending Teams in England and Wales this year (YJB, 2009a).

The Scaled Approach (YJB, 2009a) suggests that intensity of interventions should be based upon identified risks and needs of a young person. In other words, interventions for young offenders should be in proportion to the number of identified risks, the higher the number of risks, the more intensive the intervention. As this study has identified, attentional focus to

anger and outward expression of anger has been associated with non-completion and completion has been associated with improvements in anger scores and assertiveness. Therefore, there is a need to develop interventions that help young people move away from aggressive behaviour towards more confident and assertive behaviour. This can be achieved through constructive activities that provide the young person with more skills and means of expressing themselves other than aggression.

Although there are a number of diversionary initiatives based on constructive use of time, these initiatives are usually leisure based. In light of the findings of this research project constructive use of time may involve both leisure activities and education. Engagement in education seems to be highly related to ISSP completion; therefore, resources should be focusing on getting young people to re-engage with education. Although engagement in education differentiates between completers and non-completers of ISSP, whether or not it reduces risk of re-offending is unclear. Nevertheless, if engagement in education increases the likelihood of a group of high risk young offenders completing an intense and strenuous community sentence, then resources should be focused on how to engage young people in education as a preventative measure.

More research is needed in order to establish whether factors associated with completion or non-completion of ISSP is also associated with re-offending. This would allow us to measure the effectiveness of the programme. If factors associated with non-completion of ISSP are also associated with re-offending, this has implications for future policy and agenda setting as well as implications for programme development.

Due to the complexity and number of risk factors experienced by young people in this sample, quantitative analysis does not allow us to effectively assess the interlinking relationship between risk and protective factors. The following chapter applies the risk and protective factors paradigm to a qualitative case study. The aim of the case study is to demonstrate the interlinking relationship between risk and protective factors to youth offending, as well as demonstrating how the risk and protective factor paradigm can be applied to intervention.

## **Chapter 4**

### **APPLICATION OF RISK AND PROTECTIVE FACTORS PARADIGM IN A QUALITATIVE CASE STUDY**

This chapter is not available in the digital version of this thesis.

## **Chapter 5**

### **CRITIQUE OF PSYCHOMETRIC MEASURE – THE CHILDREN’S NOWICKI- STRICKLAND INTERNAL EXTRENAL LOCUS OF CONTROL SCALE**

## **Introduction**

Thus far, throughout previous chapters the main emphasis has been risk and protective factors to youth offending. Therefore, it may seem out of context to suddenly turn our attentions to the concept of locus of control, in particular the Children's Nowicki-Strickland Internal-External (CNSIE: Nowicki & Strickland, 1973) locus of control measure. This is due to internal locus of control being linked to resiliency, which is an identified protective factor to youth offending. However, findings from the research study and case study discussed in previous chapters, suggests that locus of control is not a protective factor.

As presented in the research chapter, current engagement in education was an associated protective factor for ISSP completers. Therefore, one would expect that ISSP completers would be more internally orientated as educational attainment has been linked to an internal locus of control (Moore, 2006; Nowicki, Duke, Sisney, Stricker & Tyler, 2004; Otwell & Mullis, 1997; Richardson et al., 2005; Twenge et al., 2004). However, there was no reported difference in locus of control orientation between completers and non-completers, nor were there any differences in locus of control orientation pre and post ISSP for the completers. Furthermore, the case study client was also assessed as internally orientated on the CNSIE; however he did not have any previous or current educational attainments. Moreover, there was discrepancy in whether he was internally or externally orientated as assessed on the CNSIE and PICTS respectively.

Furthermore, the case study did not report any changes to locus of control scores pre and post completion of the Intensive Supervision and Surveillance Programme. There may be two reasons for this, firstly, associated risk and protective factors for the case study client were not educationally based factors, whereas internal locus of control has been associated with

educational attainment (Moore, 2006; Nowicki et al., 2004; Richardson et al., 2005). Secondly, the case study client's locus of control was assessed as internal in the first place so a negative shift in score would have been undesirable; the same could be stated for the research sample. Moreover, the case study client's locus of control score was within the range of the normative data reported by Nowicki and Strickland (1975). Consequently, it would seem that locus of control has limited applicability in terms of being an associated protective factor to youth offending, particularly for the research sample and case study client from this thesis.

Nonetheless, it may not be that the concept of locus of control has limited applicability as an associated protective factor to youth offending but the reliability of the measure used to assess locus of control is questionable. In the case of the research project and case study the chosen measure of locus of control was the CNSIE (Nowicki & Strickland, 1975). Therefore, this chapter will focus on the reliability, validity and use of CNSIE, in order to assess whether the measure was misused in the research study and case study or whether the null hypothesis for the research is adopted and internal locus of control is not an associated protective factor for the sample.

This chapter will start with an overview of the concept of locus of control as a full discussion of the concept is beyond the realms of this chapter. The chapter will then go on to assess the validity and reliability of the CNSIE as a psychometric measure on a number of dimensions.

## **Locus of control**

Rotter (1966) previously described a dimension of locus of control in relation to reinforcement principles based upon the Social Learning Theory. Rotter (1966) suggests that if a person perceives that an event is contingent upon one's own behaviour this belief is termed internal control. However, if a person perceives the event not contingent upon one's behaviour but dependant on luck, chance, fate or others around him/her then the belief should be termed as external control.

Lefcourt (1982) goes on to suggest that locus of control should be regarded as self-appraisal of the degree of a casual role one has in determining specified events. Therefore, locus of control is viewed as a mediator of an individual's involvement and commitment in any particular situation. For instance, if one feels helpless in affecting important events in one's life, then resignation or at the very least benign indifference may become evident, with fewer concerns and involvement in the situation or event. For example, Parker et al. (1990) concluded from their study that stress resilient children will tend to be internally orientated and have a more realistic sense of control.

Research has generally focused more on adult locus of control, until Coleman et al. (1966) reported findings that demonstrated belief in destiny in adolescence were a major determinant in school achievement. Furthermore, the relationship between internal locus of control and school achievement has been extensively researched, with the majority of studies reporting the relationship between education attainment and an internal locus of control (Nowicki et al., 2004; Otwell & Mullis, 1997; Richardson et al., 2005; Twenge et al., 2004). Accordingly there is a need for a valid and reliable measure of locus of control designed for children and adolescents.

There have been many locus of control measures designed for administration with children (Battle & Rotter, 1963; Bialer, 1961; Crandell, Crandell & Katkovsky, 1965). However all have had reliability issues, which became the impetus for Nowicki and Strickland (1971) to develop a reliable locus of control measure designed to be administered with children. The Children's Nowicki-Strickland Internal External (CNSIE) locus of control scale, to date remains the most widely used locus of control measure for children (Bearinger & Blum, 1997; Carton & Carton, 1998; Main & Rowe, 1993; Moore, 2004; Nowicki et al., 2004; Otwell & Mullis, 1997; Richardson et al., 2005; Twenge et al., 2004).

The measure was originally written in English but this has not stopped the worldwide use of the measure. Most recently, the CNSIE has been translated into Chinese; results showed that there is high test re-test reliability, acceptable internal consistency, appropriate content validity, concurrent validity and construct validity (Li & Lopez, 2004). It was concluded that the psychometric properties of the Chinese version of the CNSIE is feasible as a research instrument to measure children's locus of control objectively and appropriately in the Chinese population (Li & Lopez, 2004).

The following sections of this discussion will look more closely at the reliability and validity of the CNSIE.

### **Overview of the Children's Nowicki-Strickland Internal External (CNSIE) Locus of Control Scale**

The CNSIE is a self administered 40-item paper and pencil measure designed for use with children and young people aged between 8 to 18 years old. It requires the respondents to either tick "yes" if the statement applies to them or "no" if the statement does not apply to

them. The items in the current version of the measure originally derived from 102 items that were constructed using Rotter's (1966) definition of internal and external control of reinforcement. The items on the measure describe reinforcement situations across interpersonal and motivational domains, such as affiliation, achievement and dependency.

After consultation with teachers regarding reading ability of children at age 8 years and Clinical Psychologists' interpretation of Rotter's definition of internal/external control, Nowicki and Strickland (1971) devised a preliminary form of the test with 59 items. The preliminary 59-item test was then administered to a sample of children aged between 8 years to 15 years so that item analysis could be conducted and a more homogenous scale could be developed. The results of the analysis led to the present 40-item measure (Nowicki & Strickland, 1973).

Items on the measure are scored according to the external direction of the statements. Therefore, if the item is externally directed and the response is "yes" then the respondent would be given a score of 1 for that item. If the item is internally directed and the response is "no" then the respondent would be given a score of 1 for that item. Please refer to Appendix 2 for example of items from the CNSIE.

The range of scores for the CNSIE is 0 – 40, with high scores denoting an external locus of control and low scores denoting an internal locus of control. Table 5.1 summaries the means and standard deviations for the CNSIE.

**Table 5.1 Mean scores and standard deviations for the CNSIE (Nowicki & Strickland, 1973)**

Age range	Males		Females	
	Mean	SD	Mean	SD
8 -9	17.97	4.67	17.38	3.06
10 -11	18.32	4.38	17.00	4.03
12 -13	13.15	4.87	13.94	4.23
14 - 15	13.81	4.06	12.25	3.75
16 - 17	12.48	4.81	12.01	5.15
17 - 18	11.38	4.74	12.37	5.05

As can be seen in Table 5.1, children will tend to have higher CNSIE scores and be externally orientated at younger ages and will become more internally orientated with a decrease in CNSIE score as they get older. The following sections of this chapter discuss the reliability and validity of the CNSIE as a measure of locus of control.

### **Reliability**

#### **Internal consistency**

Internal consistency of a measure relates to the degree in which the items are correlated to the concept being measured, as well as how individual items relates to each other (Janda, 1994). Nowicki and Strickland (1973) estimated the internal consistency of the CNSIE using the split half method corrected by the Spearman Brown formula. Table 5.2 provides internal consistency scores for each the age groups.

**Table 5.2 Internal Consistency Scores for CNSIE**

Age Group	r =
8 – 11 years	0.63
11 – 14 years	0.68
14 – 17 years	0.74
17 - 18 years	0.81

Field (2000) suggests that scores over 0.60 reflect a measure that is internally consistent. Therefore, if this criterion was to be used then the CNSIE is internally consistent for all age groups. However, Nunnally (1978) suggests that a score over 0.70 to be the acceptable level. If Nunnally's criterion is taken then the CNSIE is only internally consistent with children aged 14 years and above.

Nowicki and Strickland (1973) concluded that these internal reliability scores were satisfactory in their opinion due to the items not being arranged according to difficulty. Furthermore, since the test is not additive and the items are not comparable, the split half reliabilities tend to underestimate the true internal consistency of the measure. The low internal consistency scores maybe due to the unclear nature of the factor structure of the concept of locus of control as measured by the CNSIE rather than the measure lacking internal consistency.

Nowicki (1973) suggested that the construct of locus of control as measured on the CNSIE is a multidimensional three factor model. Factor 1 is a general factor evident across all ages, which focuses on how individual's deal with feelings of helplessness. Factors 2 and 3,

however, are age and gender dependant, therefore, Nowicki (1973) suggested that differential scoring or subtests should be developed in order to reflect these factors. With only one factor being consistently measured regardless of age and gender, evidence for locus of control as a multidimensional construct as measured on the CNSIE is inconclusive (Hau, 1995). However, it has been suggested that children will become more internally orientated as they get older (Lefcourt, 1982), which could be an explanation for factor 2 and 3 to be age dependant. This is supported by the mean scores and standard deviations reported for the different age groups (Nowicki & Strickland, 1973). Please refer to Table 5.1 for the mean scores and standard deviations.

Low internal consistency scores maybe due to the unclear nature of the factor structure of the concept of locus of control (Furnham, 1987; Watters, Thomas & Streiner, 1990), rather than the measure lacking internal consistency. More recently, Beretvas, Suizzo, Durham and Yarnell (2008) conducted a study to compare the internal consistency of two measures of locus of control. The CNSIE was compared with Rotter's Internal-External locus of control scale (Rotter, 1960) and no statistically significant difference between the measures was reported (Beretvas et al., 2008). Therefore, it can be concluded that the CNSIE maintains internal consistency as a measure of locus of control, even when compared to another normalised measure of locus of control.

### **Test re-test reliability**

Test re-test reliability refers to the same sample being tested on the measure on two separate occasions and scores being correlated in order to measure the standard error of the test (Kline, 1986). The recommended minimum level of the reported reliability for psychometric measures should be 0.70 (Kline, 1986). Test re-test reliabilities were not completed with the

full sample, Nowicki and Strickland (1973) re-tested a sample from three different age groups after a six week period. Table 5.3 provides the test re-test reliability scores.

**Table 5.3 Test re-test reliability scores for CNSIE**

Age Group:	Reliability Score:
8 years old	0.63
12 years old	0.66
15 years old	0.71

As can be seen in Table 5.3, the test re-test reliability is below the acceptable criteria for the younger age groups. However, the test re-test reliability is within the criteria for the older age group. This would suggest that the CNSIE is more appropriate for use with older children or adolescence rather than the younger age ranges, especially taking into account the internal consistency scores and factor structured discussed in the previous section.

### **Inter-rater reliability**

As the CNSIE is a self administered measure, there is no inter-rater reliability analysis needed. Conversely though the sample may respond to the items in a socially desirable way, however, locus of control is not significantly related to social desirability, therefore the likelihood that the sample responds in a desirable way is low (Nowicki & Strickland, 1973).

## **Validity**

### **Face validity**

Face validity refers to the extent in which the target concept is being measure. Due to the CNSIE being the preferred measure of locus of control to be administered with children, one would expect that the face validity of the measure to be high. However, as discussed previously, there is some disagreement regarding the factor structure of the concept of locus of control (Furnham, 1987; Hau, 1995; Nowicki, 1973; Watters et al., 1990), therefore, it is inconclusive as to whether the CNSIE does have face validity or not.

Nevertheless, the CNSIE was constructed based upon Rotter's (1966) definition of internal and external control of reinforcement. Therefore, the CNSIE does possess some degree of face validity, as there were no statistically significant differences reported between Rotter's Internal-External locus of control measure and the CNSIE (Beretvas et al., 2008).

### **Concurrent validity**

The CNSIE appears to offer an objective, relatively precise and quick method for assessing locus of control (Nowicki & Strickland, 1971). The concurrent validity of the measure has been firmly established over years of research and discussion regarding the over whelming volume of research using the measure is beyond the scope of this report. Therefore, a select sample of research will be presented here.

Nunn (1988) reported significant correlations between the CNSIE and the State Trait and Anger Expression Inventory for children. Moreover, external locus of control has been associated with anxiety disorders in adolescence and higher levels of eating disorder

symptomatology in girls (Fouts & Vaughan, 2002; Weems, Silverman, Rapee & Pina, 2004). Furthermore, internal locus of control has been related to a number of competence-type behaviours and adaptive social functioning (Parker et al., 1990; Sherman, Higgs & Williams, 1997), as well as academic achievement (Nowicki et al., 2004; Twenge et al., 2004).

Locus of control has also been an associated moderator of change (Hans, 2000) as well as an orientation moderator of negative life experiences and school satisfaction (Huebner, Ash & Laughlin, 2004). Although the research studies mentioned here is very limited compared to actual available research, it can be appreciated that the CNSIE does possess a certain degree of concurrent validity otherwise it would not be so widely used.

### **Construct validity**

The construct validity of the CNSIE is questionable, again due to the disagreement regarding the factor structure of the concept of locus of control (Furnham, 1987; Hau, 1995; Watters et al., 1990). However, to date, the CNSIE is the most widely used measure of locus of control in research studies (Carton & Carton, 1998; Hans, 2000; Huebner et al., 2004; Maqsdud & Rouhani, 1991; Moore, 2006; Nowicki et al., 2004; Parker et al., 1990; Richardson et al., 2005; Sherman et al., 1997; Twenge et al., 2004). Furthermore, studies using the measure have consistently associated internal locus of control with greater academic achievement, high self esteem and social maturity (Gordan, 1977; Moore, 2006; Nowicki et al., 2004; Otwell & Mullis, 1997; Richardson et al., 2005). Therefore, the construct validity and the value of the measure still have its place despite the shortcomings of the measure.

### **Normative data**

Normative data was collected from a sample 1,017 children aged between 8 – 16 years old. The sample was mostly Caucasian, which introduces an element of bias in the norms. This is evident from the study conducted by Maqsd and Rouhani (1991) with South African children, whereby the scores from the South African sample were more external than the normative data. Although the scores from the South African sample were more external, there was still a reported positive association between internality and academic achievement.

Similar associations were reported in the Chinese cohort study, whereby internality is linked to academic achievement and age of child (Li & Lopez, 2004). However, the age of the sample was younger in this study (7-12 years old) and the translated measure only had 19 items. Nevertheless, although there may be a cultural bias in the normative data in terms of internality and externality scores, there does seem to be agreement across cultures that internality is associated with academic achievement (Li & Lopez, 2004; Maqsd & Rouhani, 1991).

### **Conclusions**

The CNSIE is the most widely administered measure of locus of control in children despite the borderline levels of internal consistency and test re-test reliability, especially for the younger age groups. This is concerning as the measure has now been translated into other languages and used worldwide, however, the internal consistency and test re-test reliability is high for the older age groups. Therefore, it would be advised to use the measure with adolescents' rather younger children. One possible reason for higher internal consistency and

test re-test reliability with older children may be due to the language of the test and the relevance of some items to younger children.

The measure professes to be measuring both internal and external locus of control. However, the scoring procedure favours external locus of control, whereby scoring is loaded onto the externally directed items, in other words answering yes to the externally directed items or answering no to the internally directed items. If this is the case, then the lack of replication and discrepancies in factor analysis studies and the disagreement regarding a unidimensional or multidimensional construct of locus of control as measured by the CNSIE could be explained. Even though this could be a plausible explanation for the anomalies reported in the factor analysis studies, further analyses is needed to confirm this hypothesis.

Furthermore, as the evidence for the factor structure of locus of control is inconclusive, and replication of factor analysis studies giving different results each time further research is necessary. Moreover, gender differences should also be considered, whereby the measure is a good predictor for achievement in males but not in females (Nowicki & Strickland, 1973) but a better predictor of social adaption in females than males (Sherman et al., 1997). Therefore, although the CNSIE is a good and somewhat reliable measure to a certain extent, the usefulness and reliability of measure really depends on why the measure is being used, what is it being used in conjunction with and the sample in which it is administered to.

The internal consistency and test re-test reliability is higher for the older age groups, specifically those who are 15 years or above. Therefore, it can be concluded that the CNSIE

is internally consistent and reliable for the case study client, who was 17 years old and the research sample, for which the mean age was 16 years. Moreover, it has been documented that children become more internal as they get older (Nowicki & Strickland, 1973). Therefore, one would expect that the sample in the research study and the case study client to be more internally orientated. Furthermore, internal locus of control has also been associated with children that are more stress resilient (Parker et al., 1990), thus this seems to apply to the case study client. In other words, the case study client's internal locus of control (as measured on the CNSIE) could be associated with his resilience to stress, even though maladaptive coping strategies was adopted, in his opinion he was coping. Nevertheless, the case study client's maladaptive coping strategies could be attributed to his low self esteem. Therefore, the CNSIE has served its purpose and has been assessed as a reliable and valid measure of locus of control for the research sample and case study client.

## **Chapter 6**

### **DISCUSSION AND CONCLUSION**

## **Discussion**

Throughout this thesis the risk and protective factors paradigm has been examined. The main aim of the thesis was to establish current identified risk and protective factors for youth offending and apply the paradigm to a sample of young offenders. The risk and protective factors paradigm to youth offending was applied to a community based sample in the empirical research study. The study assessed whether there are differences in risk and protective factors for completers and non-completers of the Intensive Supervision and Surveillance Programme. A number of limitations to the risk and protective factors paradigm have been identified in this thesis, which will be outlined briefly below. This has implications for policy and interventions to youth offending as current policies and interventions are heavily based upon the risk and protective factors paradigm.

Identified risk and protective factors reported in the literature have largely remained the same since the large scale review study conducted by Hawkins et al. (2000). The five domains of individual, familial, school, peer and community risk factors have remained the same, moreover, identified protective factors can also be placed within the five domains. However, the literature review did not adopt a systematic method to analyse the articles identified in the literature search. A systematic method of review would have assured only high quality research articles would be included in the review chapter, the thematic method does not take into account the quality of the research conducted. Therefore, the conclusions made in the review chapter may be hindered by the quality of the articles included. However, due to the number and type of articles retained from the literature search, thematic methodology was deemed more appropriate.

At first glance, the protective factors for each domain have been postulated as direct responses to the corresponding risk factors from particular domains. However, upon application of protective factors, it would seem that such a linear model is insufficient in explaining what should be viewed as a multimodal concept. For example, if lack of academic achievement is an identified risk factor, to place the young person in school or an educational placement without an understanding of why the young person has under achieved, may not act as a protective factor but rather increase the likelihood of lack of educational achievement as a risk factor. This highlights the importance of viewing risk and protective factors as a multimodal concept rather than a linear one.

Nevertheless, the risk and protective factors paradigm does have its merits. Application of the risk and protective factors paradigm to non-western samples outside the UK and US has also yielded similar results (Ang & Huan, 2008; Friday et al., 2005; Frize et al., 2008; Maniadaki & Kakouros, 2008). Although specific risk and protective factors may differ between western and non-western samples, especially in the familial and community domains, identified risk and protective factors from non-western samples can be mapped onto the five domains previously identified in western samples. This provides a basis for understanding relevant risk and protective factors for people from different cultures and the influence of cultural backgrounds when putting in place protective factors for young offenders in this country.

In particular, as this country is becoming more ethnically diverse, better understanding of cultural influences of protective factors will allow for more effective interventions with young offenders from different cultural backgrounds. Furthermore, with an over representation of young offenders from ethnic minority backgrounds reported in the current research study as

well as in official statistics (YJB, 2009a) cultural influences on protective factors is paramount in order to increase effectiveness of protective factor implementation.

Incorporation of the risk and protective factors paradigm in legislation and intervention has also remained largely the same (YJB, 2009b). At present, current practices in the youth justice system view protective factors as being direct responses to risk factors. Research has suggested the higher the number of identified risk factors present for a young person, the higher the number of protective factors needed (Campbell & Harrington, 2000; Flood-Page et al., 2000), however, how these protective factors should be put in place has been a neglected entity. Current practices of using protective factors as a direct response to risk factors suggest that practitioners are overwhelming young people with protective factors in the hope that at least one protective factor will be effective in reducing re-offending. This is evident for young offenders subject to the Intensive Supervision and Surveillance Programme.

At present the Intensive Supervision and Surveillance Programme (ISSP) is the only community based initiative that incorporates identified risk and protective factors from all five domains. This is reflected in the core elements of the programme, which are education and training, restorative justice and reparation, addressing offending behaviour and substance misuse, as well as housing and accommodation needs. Identified risk factors in the literature was successfully applied to the sample, however, non-completion and previously reported recidivism rates associated with young offenders subject to ISSP is extremely high, therefore, the applicability of protective factors may be limited for this sample. Especially as the completion rate for the research sample was only 60%, which is higher than the national completion rate of 42%.

Furthermore, the only identified difference between risk and protective factors for those that complete ISSP and those that fail to complete is their current educational status. ISSP completers were engaging in some form of education or training, ISSP non-completers were not engaged in any form of education or training. Although current educational status may predict ISSP completion or non-completion it is not necessarily associated with reduction of re-offending. Re-offending and recidivism rates were not measured in the research study which is a limitation to the research study. Therefore, current educational status can only account for completion or non-completion of ISSP, rather than a reduction in recidivism and re-offending. However, if previously reported recidivism rates associated with young people subject to ISSP are taken into account, then high rates of recidivism and re-offending for this sample would be expected. Nevertheless, at the time of writing, those that took part in the study and completed ISSP have not come to the attention of the youth offending service, therefore, it can be assumed that completers of ISSP in this current sample have not been reconvicted of a further offence.

Although conclusions from the empirical study are limited, the results do provide some anecdotal evidence that the ISSP is effective in putting in place protective factors for those that complete the programme. This is supported by an increase in self esteem and assertiveness and a decrease in anger scores for those that complete the ISSP. Decrease in anger scores may be due to an increase in assertiveness scores, suggesting that young people upon completing ISSP become more assertive and are less likely to behave aggressively in situations that require them to be assertive.

In addition, high self esteem has been recognised as a protective factor, in terms of a young person's resilience, there was a significant difference in self esteem between completers and

non-completers of ISSP. There was also a significant difference in self esteem scores for completers' pre and post ISSP. Increase in self esteem post ISSP may be related to an increase in assertiveness as well as achievements in education, thus, demonstrating the applicability and effectiveness of protective factors. However, these conclusions are limited and speculative, since no recidivism or reconviction data was collected on the sample.

Nonetheless, if reconviction rates from previous studies of ISSP completion are taken into account, high recidivism and reconviction rates would be expected. Therefore, applicability and effectiveness of protective factor implementation by ISSP is questionable, even in light of the positive shifts in scores reported in the current research study. Future research assessing effectiveness should also collect recidivism and/or reconviction data for those that complete ISSP. The current research study falls short in terms of assessing effectiveness of protective factor implementation. The extent of which the reported positive shifts in scores for the completers being associated with reduction in recidivism and re-offending is unclear and conclusions from the research study are speculative rather than definitive.

Following from the research study, the risk and protective factors paradigm was applied to a qualitative case study, in order to provide details as to how the risk and protective factors paradigm can be applied in intervention. Although the risk factors paradigm was useful in providing explanations for the case study client's behaviour, the applicability of the protective factors paradigm in intervention is limited. Especially as the risk factors experienced by the case study client was disproportionately higher than the available protective factors. This is characteristic of many young people subject to ISSP; hence possible limitations in effectiveness of protective factors for this group of young offenders.

Furthermore, the case study client was 18 years old by the time he completed ISSP, therefore, if he had re-offended post ISSP he would not have come to the attention of youth justice services. Hence, there is no measure as to whether the case study client re-offended post ISSP. Moreover, there was a negative shift in the case study client's self esteem post ISSP, in other words his self esteem was lower post ISSP as compared to his start of ISSP self esteem score. This was likely to be due to adverse experiences at the time of completing ISSP and failure of the protective factors put in place, which may have resulted in decreasing his self esteem rather than increasing it. This highlights the danger of inappropriate use of protective factors and the adverse effects that this may have on the young person. Therefore, what has been highlighted is that application of protective factors in intervention is rather difficult, especially when risk factors are disproportionately higher than the available protective factors.

Official statistics suggest a decrease in general youth offending. The overall decrease in youth offending reported by official statistics is likely to be due to a huge decrease in motoring offences (down 53 %), which has led to a decrease of general youth offending being reported when incidence of offending is grouped together (YJB, 2009a). However when incidence of youth offending is split into different categories of offences, the current trend would suggest there is an increase, specifically, violent and drugs related offences as well female youth offending (YJB, 2009a).

The increase in drugs related offences is likely to be due to normalisation of drugs by young people today (Hammersley et al., 2003; Muncie, 2009), especially Cannabis. This is reflected in the increase of offences of possession of Cannabis (YJB, 2009a). Normalisation of drug use by young people was also evident in the research sample. Substance misuse for the research sample was not reported or assessed due to the full sample being users of either

alcohol and/or Cannabis. Therefore, any analysis would have been biased. Not only was the use of alcohol and/or Cannabis a regular occurrence for the research sample, experimentation and use of Class A drugs, such as Cocaine, was also evident, specifically for the case study client.

Normalisation of drug use directly impacts upon the likelihood of re-offending (Hammersley et al., 2003; Muncie, 2009), hence, this could be a possible explanation for the previously reported high recidivism and reconviction rates for young people subject to ISSP. This has implications for resettlement and aftercare initiatives for young offenders, especially if protective factors put in place are to succeed. Although there are a number of resettlement and aftercare packages available for young offenders, the level of investment in such schemes is nowhere near the level of investment in preventative schemes. This may need to be readdressed, especially if schemes such as the ISSP are to be successful in reducing re-offending. This is due to the level of support experienced by young people subject to ISSP and then the lack of support post ISSP.

Young people subject to ISSP have regular and intense contact with ISSP workers, to the extent of a minimum of 25 hours of in person contact per week as well as out of hours telephone numbers they can use. Once they have completed ISSP, contact hours are significantly reduced in the remainder of their 12 month Supervision Orders. Contact will start from 1 hour per week for the first 3 months, then 1 hour per fortnight for the following three months and then 1 hour per month for the final 6 months. This reduction in contact will inevitably lead to a reduction in support for the young person, which in essence may increase their risk of re-offending due to support not being available to them at times of need.

Especially if they have become accustomed to the intense support available whilst subject to ISSP. This was identified as a reason for a number of young people failing to complete ISSP.

Specifically, a female young offender subject to ISSP and who was progressing well until the end, disclosed that she was worried of having no support once she completed ISSP and re-offended in order to stay on the programme. Hence, lack of resettlement and aftercare may also be an explanation for the previously reported high recidivism rates for young offenders subject to ISSP. Therefore, resettlement and aftercare initiatives post ISSP would benefit from further development. Increasing the length of time of ISSP can be a possible option, however, previous research assessing effectiveness of the 12 month ISSP have yielded mixed results (Sutherland et al., 2007). Nevertheless, sustained support post ISSP is recommended as risk factors do not disappear when protective factors are put in place, the influence is only reduced. However, without adequate support the influence of protective factors may diminish and the influence of risk factors may again become more apparent, especially with those who generally experience more risk factors compared to protective factors.

Interestingly, education was identified as a protective factor associated with ISSP completion in both the empirical research study and the case study. The association of engagement in education to ISSP completion may be due to young people being engaged in constructive activity for long periods of time, thus resulting in less time for destructive behaviour and possible offending behaviour whilst being subject to ISSP. Current agendas of policy makers and the level of investment in educational schemes does seem emphasise the importance of providing good educational methods for young people in order to deter and desist them from offending. However, there is a danger of overwhelming investment in a number of different initiatives without really understanding what is effective and what it not effective. Moreover,

this may be more destructive rather than constructive, especially in terms of use of already limited resources.

Furthermore, although current educational status distinguished between completers and non-completers of ISSP in the research sample, without recidivism and reconviction data, the extent to which current education reduces re-offending is unknown. Even though the research study does provide some support for increased investment in educational schemes, there are far too many limitations to the research study for any concrete conclusions to be derived. Nevertheless, as the research sample and case study client experienced a disproportionately higher number of risk factors compared to the available protective factors, the application of protective factors was made more difficult. This is a characteristic of many subject to ISSP as well as young offenders in general, therefore, practitioners, clinicians and policy makers need to be specific as to what they are trying to achieve, whether it is reduction in re-offending, reduction in frequency and seriousness of offending or reduction in maladaptive behaviour.

Moreover, if the risk and protective factors paradigm is to be effectively implemented into prevention and intervention initiatives, careful consideration must be given to trends in attitudes of young people as well as trends in their offending behaviour. In particular, attention needs to be focused upon young people's attitudes towards alcohol and drugs as there is a reported increase in drug related offences as well as young people's normalisation of drug use. Drug related offences also call for more comprehensive resettlement and aftercare schemes to be put in place, as drug users are more likely to relapse into substance misuse in the absence of support, which may increase the risk of recidivism and re-offending.

## **Conclusions**

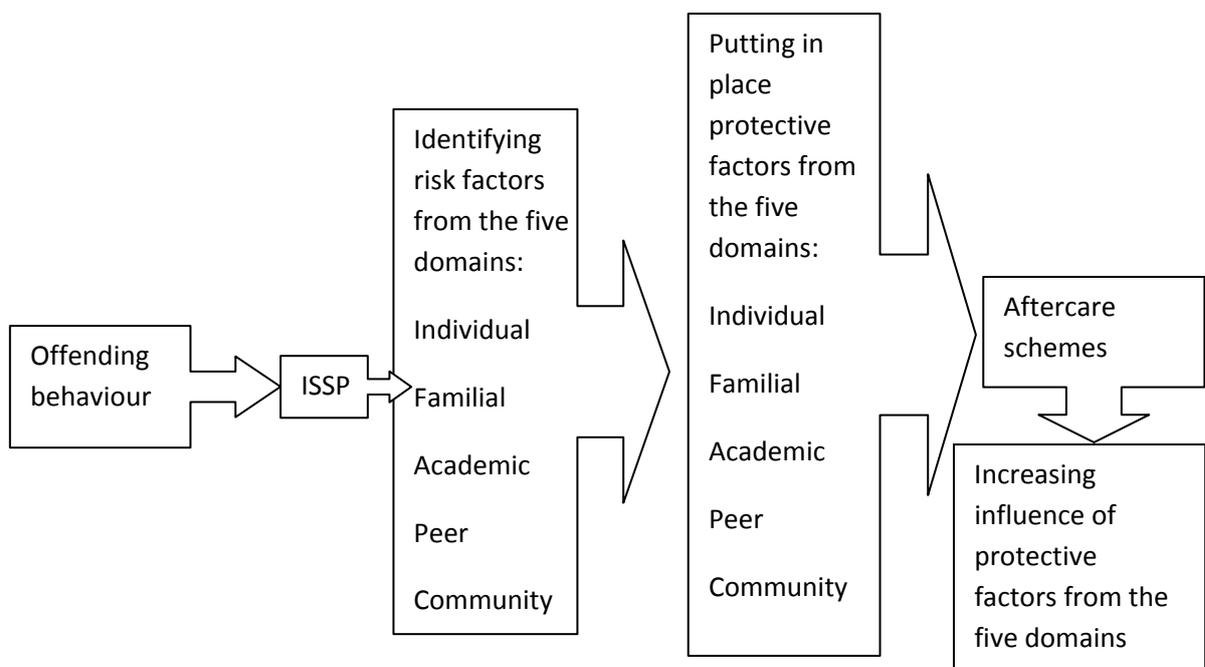
In essence, the risk factor paradigm is useful in identifying issues that increase the likelihood of a young person engaging in antisocial and/or offending behaviour. It is also a useful tool for formulation and functional analysis of offending behaviour. However, the simplistic view that risk factors are offset simply by identified protective factors is less useful. As has been demonstrated in the case study, effective application of the protective factors paradigm is not easily achieved. This is generally the case with many psychological concepts, whereby research increases our understanding of the underlying issues but does not necessarily increase our understanding of how to apply in everyday practice.

Therefore, it would be advisable that protective factors are viewed as a mediating factor for risk rather than a direct response to, which was the intended purpose when protective factors was first introduced. However, numerous changes in agenda and legislation seem to have misguided the intentions of protective factors and as a result effectiveness has been restricted. Nevertheless, with the forthcoming Scaled Approach to youth offending (YJB, 2009b) due to be introduced across youth justice services in England and Wales by the end of November 2009, there is hope that protective factors will revert back to what it was intended, to provide a buffer that decreases the influence of risk factors associated with antisocial and/or offending behaviour and not as a direct response to risk.

Specially, as young offenders may experience a disproportionately higher number of risk factors as opposed to available protective factors, viewing protective factors as a direct response to risk factors is immensely difficult. This has been highlighted throughout this thesis, whereby the application of protective factors is more difficult than first envisaged,

which hinders the effectiveness of interventions based upon this paradigm. Nevertheless, protective factors can be effectively put in place with the right aftercare schemes that support the influence of protective factors and decrease the influence of risk factors. One possible model of thinking can be that ISSP starts the motions of putting in place protective factors and aftercare schemes develop them further in order to make them more effective.

Figure 2 provides a graphical representation of how ISSP and aftercare schemes can play a role in putting in place and increasing effectiveness of protective factors.



**Figure 2 Application of risk and protective factors to youth offending.**

Although the model provides a very simplistic view of use of the risk and protective factors paradigm to youth offending, this would be the expected view of how the paradigm should be used.

In conclusion, although a number of theoretical and practical issues have been highlighted and addressed in this thesis, there are a number of limitations with the empirical chapters in this thesis. The concept of risk and protective factors for youth offending has been identified as being more useful to academics researching youth offending, as there are a number of limitations in terms of applicability of the concept by practitioners. Nonetheless, appropriate application of protective factors is effective in tackling risk factors from the individual domain as measured on psychometric assessments rather than by recidivism or reconviction rates. Inappropriate application of protective factors has been identified as more destructive than having no protective factors in place at all, particularly in cases where there is a lack of aftercare and support post intensive support.

Although there is limited applicability for the conclusions derived from this thesis, there are implications for policy makers. Importantly, policy makers need to reconsider overloading young people with differing initiatives in the hope that one will be effective, which is the current trend at the moment. The introduction of the Scaled Approach is aimed at tackling this trend of initiative over loading and misuse of resources, which should lead to more cost effective ways to working with young offenders.

This thesis has provided examples of how the risk and protective factors paradigm can be applied in practice as well as a platform for future research objectives and what the research should be focused upon. In particular, future research should focus upon effectiveness of

ISSP by assessing the recidivism rates for those that complete the programme. Moreover, focus should also be placed upon developing, implementing and assessing aftercare schemes and whether such schemes help increase the effectiveness of protective factors that have been put in place.

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## APPENDICES

## APPENDIX 1

### Items from the Assertiveness Scale for Adolescents

(ASA – Lee, Hallberg, Slemon & Haase, 1985)

1. You and your best friend have four tickets for the football game. Your other two friends do not show up, leaving you both with an extra ticket. Your best friend says “If you give me your extra ticket, I will try to sell them both.” Your best friend does sell both, but doesn’t give you your share of the money. Would you...
  - a. Accept your friend’s actions because you think that your friend earned the extra money by selling your ticket.
  - b. You say calmly, “Give me my money”
  - c. You say “You crook. I am telling you now that if you don’t give me the money it will be the end of our friendship.”
2. Your mother has sent you shopping for food. The supermarket is busy and you are waiting patiently at the check-out. Your mother has told you to hurry. Suddenly the woman behind you pushes you with her shopping cart and says “Hey, you don’t mind if I go first, do you? I’m in a hurry.” Would you...
  - a. You are not happy with the way she treats you, but you calm yourself down and say “Okay” and let the woman go first.
  - b. You push the woman’s cart and say, “You’ve got a nerve butting in like that,” and refuse to give her your place in the line.
  - c. You say, “Yes I can see that, but I am in a hurry too. Please wait your turn or go to another check-out.

## APPENDIX 2

### Items from the Children's Nowicki-Strickland Internal External Locus of Control scale (CNSIE – Nowicki & Strickland, 1973)

1. Do you believe that most problems will solve themselves if you just don't fool with them?
2. Do you believe that you can stop yourself from catching a cold?
3. Are some kids just born lucky?
4. Most of the time, do you feel that getting good grades means a great deal to you?
5. Are you often blamed for things that just aren't your fault?
6. Do you believe that if somebody studies hard enough he or she can pass any subject?
7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?
8. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do?
9. Do you feel that most of the time parents listen to what their children have to say?
10. Do you believe that wishing can make good things happen?
11. When you get punished, does it usually seem it's for no good reason at all?
12. Most of the time, do you find it hard to change a friend's (mind) opinion?
13. Do you think cheering more than luck helps a team win?
14. Do you feel that it's nearly impossible to change your parent's mind about anything?
15. Do you believe that your parents should allow you to make most of your own decisions?
16. Do you feel that when you do something wrong there's very little you can do to make it right?

### **APPENDIX 3**

#### **Items from the Culture Free Self Esteem Inventory**

**(CFSEI – Battle, 1992)**

1. I spend a lot of time day dreaming
2. Boys and girls like to play with me
3. I like to spend most of my time alone
4. I am satisfied with my school work
5. I have lots of fun with my mother
6. My parents never get angry with me
7. I wish I were younger
8. I have only a few friends
9. I usually quit when my school work gets too hard
10. I have lots of fun with my father
11. I am happy most of the time
12. I am never shy
13. I have very little trust in myself
14. Most boys and girls play games better than I do
15. I like being a boy / I like being a girl
16. I am doing as well in school as I would like to
17. I have lots of fun with both my parents
18. I usually fail when I try to do important things
19. I have never taken anything that did not belong to me
20. I often feel ashamed of myself

## **APPENDIX 4**

### **Items from Novaco's Anger Scale and Provocation Inventory**

**(NAS – PI – Novaco, 1994)**

#### **NAS items**

1. When something is done wrong to me, I am going to get angry
2. Once something makes me angry, I keep thinking about it
3. Every week I meet someone I dislike
4. I know that people are talking about me
5. Some people would say that I am a hothead
6. When I get angry, I stay angry for hours
7. My muscles feel tight and wound-up
8. I walk around in a bad mood
9. My temper is quick and hot
10. When someone yells at me, I yell back at them
11. I have had to be rough with people who bothered me
12. I feel like smashing things

#### **PI items**

1. Being criticized in front of other people
2. Seeing someone bully another person who is smaller or less powerful
3. You are trying to concentrate, but someone keeps making a noise
4. People who act like they know it all

## APPENDIX 5

### Items from the Psychological Inventory of Criminal Thinking Styles

#### (PICTS – Walters, 1995)

1. When I want something, I'll do anything to get it
2. I sometimes blame others for problems I've had
3. Change can be scary
4. I often start out on the right track, but I have trouble staying focused
5. I can do anything if I try hard enough
6. When life gets to be too much, I think "the hell with it" and I get drunk or high or get into trouble
7. It makes me nervous not knowing what the future holds
8. I sometimes blame the victims of my crimes by saying things like "they deserved what they got" or "they should have known better"
9. One of the first things I consider when sizing up another person is whether they look strong or weak
10. I sometimes think of things too horrible to talk about
11. I am afraid of losing my mind
12. The way I look at it I have paid my dues and I should be allowed to take what I want
13. The more I got away with crime the more I thought there was no way the police or authorities would ever catch up with me
14. I believe that breaking the law is no big deal as long as you don't physically hurt someone

## APPENDIX 6

### Items from the State Trait and Anger Inventory (STAXI – Spielberger, 1999)

#### How I feel right now

1. I am furious
2. I feel irritated
3. I feel angry
4. I feel like yelling at somebody
5. I feel like breaking things

#### How I generally feel

1. I am quick tempered
2. I have a fiery temper
3. I am a hot headed person
4. I get angry when I am slowed down by others' mistakes
5. I feel annoyed when I am not given recognition for doing good work

#### How I generally react or behave when angry or furious

1. I control my temper
2. I express my anger
3. I take a deep breath and relax
4. I keep things in
5. I am patient with others

**APPENDIX 7**

**Case study consent form**

Dear Client,

I am writing to you to ask permission to write up my involvement and work with you as a case study to be submitted to the University of Birmingham as part of my academic assessment.

Your personal details, such as your name, date of birth and place of resident will not be stated in any part of the write up in order to ensure confidentiality. All details that may make it possible to identify you in any way will be omitted.

These instructions will be read to you in the presence of an appropriate adult.

Please sign below if you consent to the write up of the case study.

Signed -----

(Client)

Signed-----

(Appropriate adult)

Print Name-----

(Appropriate adult)

## **APPENDIX 8**

### **Millon Adolescent Clinical Inventory (MACI - Millon, Millon, & Davis, 1991)**

#### **Profile scores**