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High-risk Young Offenders: Understanding the Problem and Evaluation of What Works

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High-risk Offenders under the Age of 18, European Conference of the
Correctional Service of Norway and the International Corrections and Prison
Association, 5-6 June 2008, Oslo, Norway

Multiple Pathways of Antisocial Development in Youth

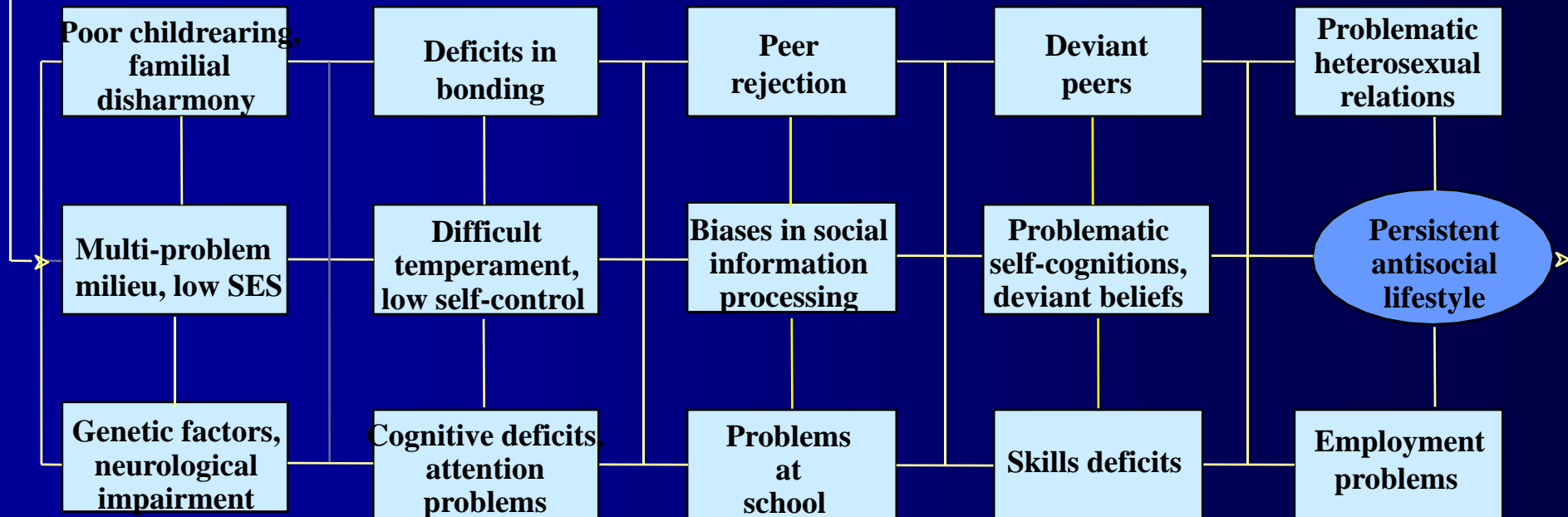
- „Life Course“ Persistent ca. 6 %
- Desisters/Recoveries 8 %
- Abstainers 5 %
- Adolescent Limited Antisociality 25 %
- Unclassified 55 %

Moffitt et al. (1996+2002)

Main Target Group

- „Early starters“
- Relatively persistent & serious offending
- Responsible for a large part of crime
- Often other problems in adulthood
- Risks vary over time (onset, persistence, or aggravation of problems)
- Many children are both victims and perpetrators
- Accumulation of risks most important

Intergenerational Transmission



Heterotypic manifestations of antisocial behaviour

Childhood

Overt conduct problems
 covert conduct problems
 authority avoidance
 (e.g., aggression, lying, stealing)

Adolescence

Serious and violent juvenile offending,
 early arrest, externalising syndrome
 (e.g., substance abuse,
 risk behaviour)

Adulthood

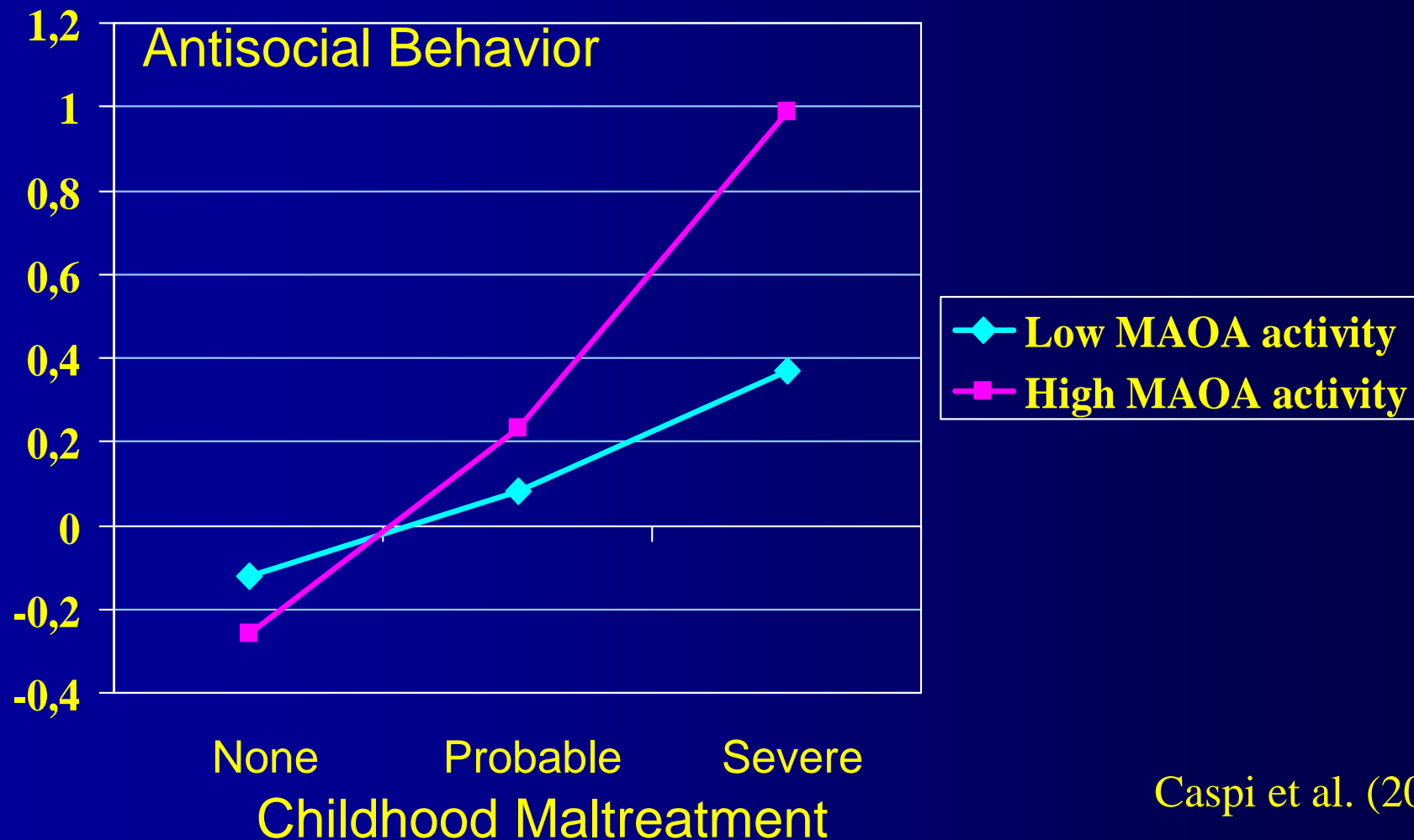
Serious and violent
 criminality, anti-
 social personality

Cumulating risks in the development of persistent antisocial behavior (Lösel 2000)

Biological Risks & Biosocial Interactions

- Genetic dispositions
- Pregnancy risks (e.g., fetal alcohol syndrome)
- Delivery complications
- Physiological under-arousal (e.g. low resting heart rate)
- Neurotransmitter dysfunctions
- Hormonal factors
- Inappropriate nutrition

Genetic Disposition (MAOA), Child Maltreatment & Antisocial Behavior



Caspi et al. (2003)

Family Risk Factors

- Poor family bonding & involvement
- Child maltreatment & abuse
- Child neglect
- Poor parenting (punishment, lax, inconsistent)
- Parental conflicts
- Broken home
- Poverty
- Parental criminality
- Parental attitudes favorable to antisocial behaviour

Early Personality and Behavior Risks

- Difficult temperament
- Hyperactivity, attention deficit, impulsivity
- Sensation & risk seeking
- Early lying, stealing etc.
- Early onset of aggressive behavior
- Aggression in different social contexts

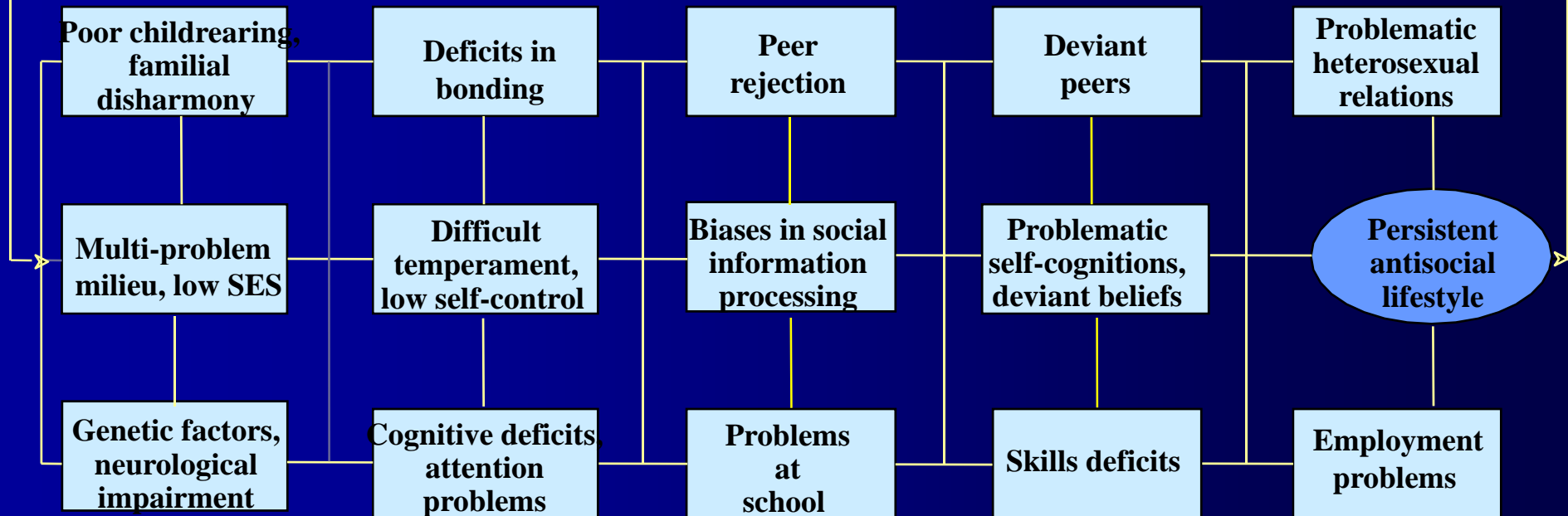
School Risk Factors

- Academic failure
- Low bonding to school
- Truancy
- Dropping out of school
- Frequent school transitions
- Low engagement of parents to school
- Problematic school climate
- Other aggressive youngsters in the class

Peer-Group Risk Factors

- Aggressive peers
- Gang membership
- Delinquent siblings
- No prosocial friends
- Concentration of deviant youngsters in neighbourhoods

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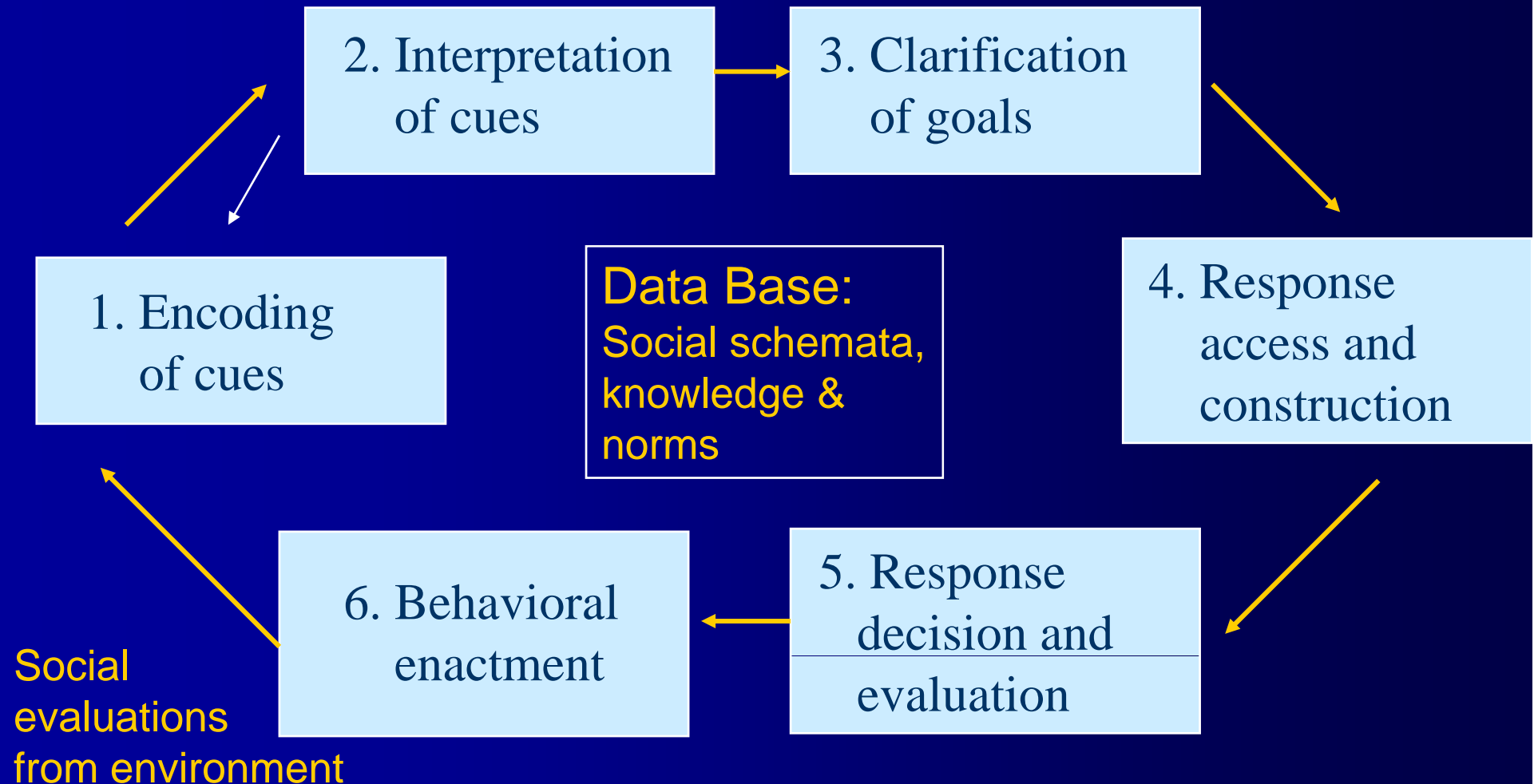
Cumulating risks in the development of persistent antisocial behavior (Lösel 2000)

Risks in Social and Self-Related Cognitions

- Aggression-prone social information processing
- Beliefs and attitudes favorable to deviant behavior
- Fragile, low and/or inflated self-concept
- Subcultural identification

Social Information Processing

(Crick & Dodge, modified)



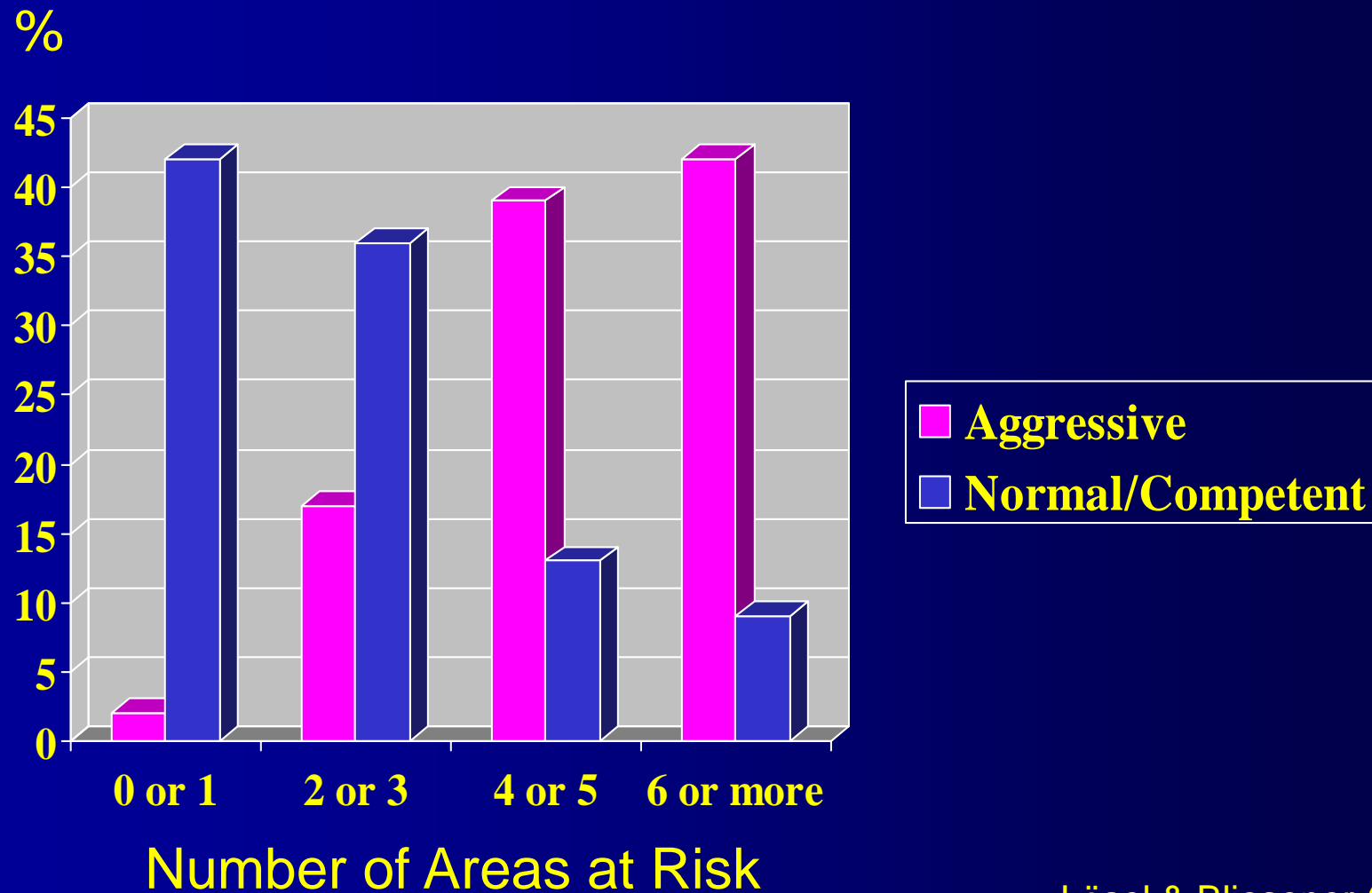
Lifestyle Risk Factors

- Intensive consumption of media violence
- Low-structured leisure behavior
- Alcohol abuse
- Drug use
- Other health-related risk behavior

Community & Neighbourhood Risks

- Poverty/high rate on social welfare
- Community disorganization
- Availability of drugs and firearms
- Many youngsters and adults involved in crime
- Exposure to violence and racial prejudice

Cumulation of Risk Factors and Juvenile Aggression



Correctional Treatment

1. Strong optimism in the 1960s and early 1970s
2. „Nothing works“ (Martinson, 1974)
3. Lack of methodologically sound research
4. Support for non-empirical arguments
5. Revitalisation in the 1990s
6. Better theoretical foundation

Offender Treatment (Cont.'d)

7. More longitudinal research on desistance
8. More controlled evaluations
9. Systematic research reviews (meta-analyses)
10. More international exchange
11. „What works“ instead of „nothing works“
12. Programme accreditation, quality management
& large-scale implementation

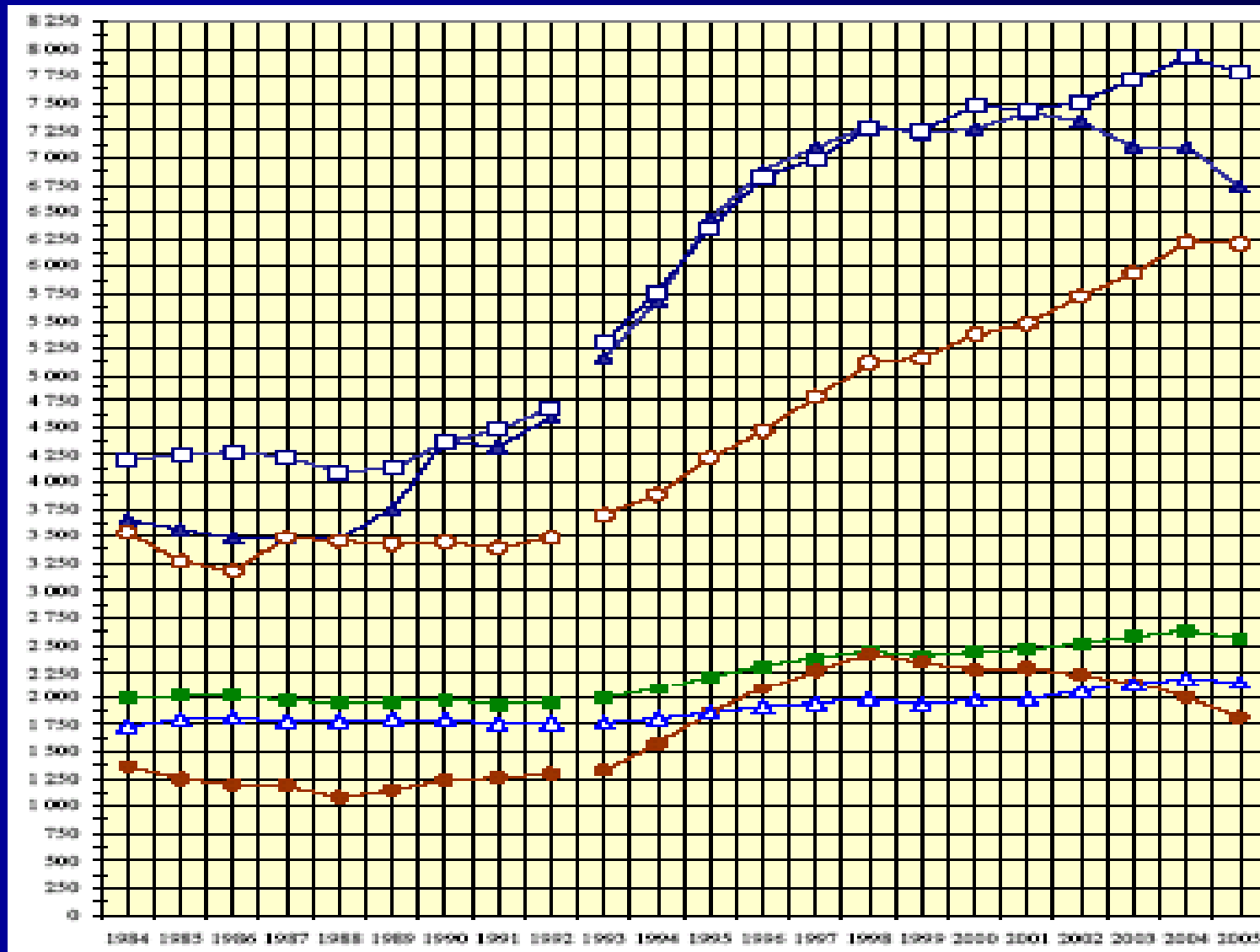
Young Offenders

- Different systems and measures in different countries
- Large variation in age of criminal responsibility, e.g.:
- 10 Years: England/Wales & Switzerland
- 11 Years: Turkey
- 12 Years: Netherlands
- 13 Years: France, Greece
- 14 Years: Germany, Italy
- 15 Jahre: Norway, Sweden
- 16 Years: Spain, Portugal
- 18 Years: Belgium

Young Offenders

- Different age thresholds between juvenile and adult offenders
- Sometimes special regulations for young adults (18-20 Years)
- Extension of the period of youth in modern societies (from early teenage to 25-30 years)
- Longer and later coping with developmental tasks (e.g., education, work life, independence from parents, foundation of own family)
- Partially earlier coping (e.g., puberty, physical development, sexuality)
- Much similarity between juvenile and young adult offenders

German Police Crime Statistics: Suspected Offenders per 100.000 of Age Group*



18-20 Y.

14-17 Y.

21-25 Y.

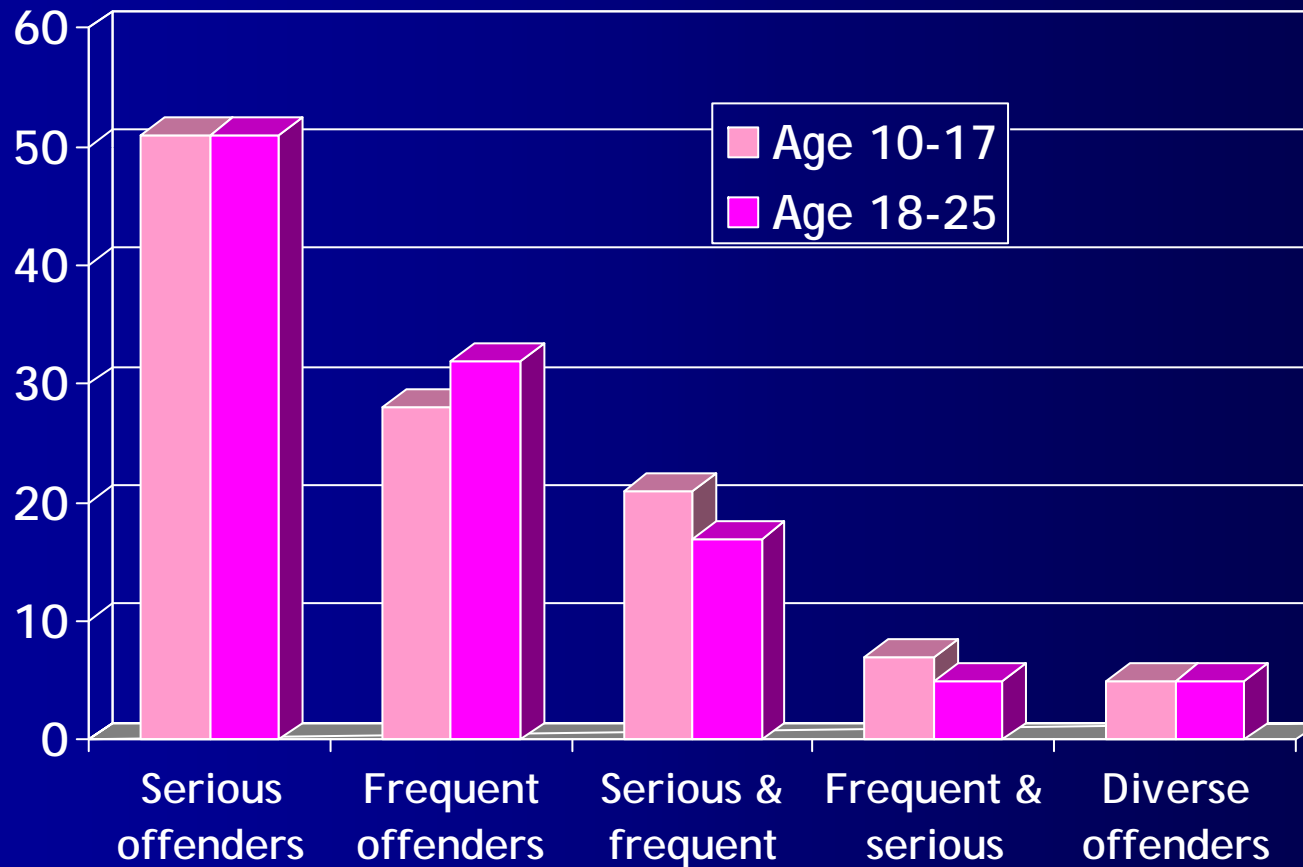
Total

Adults

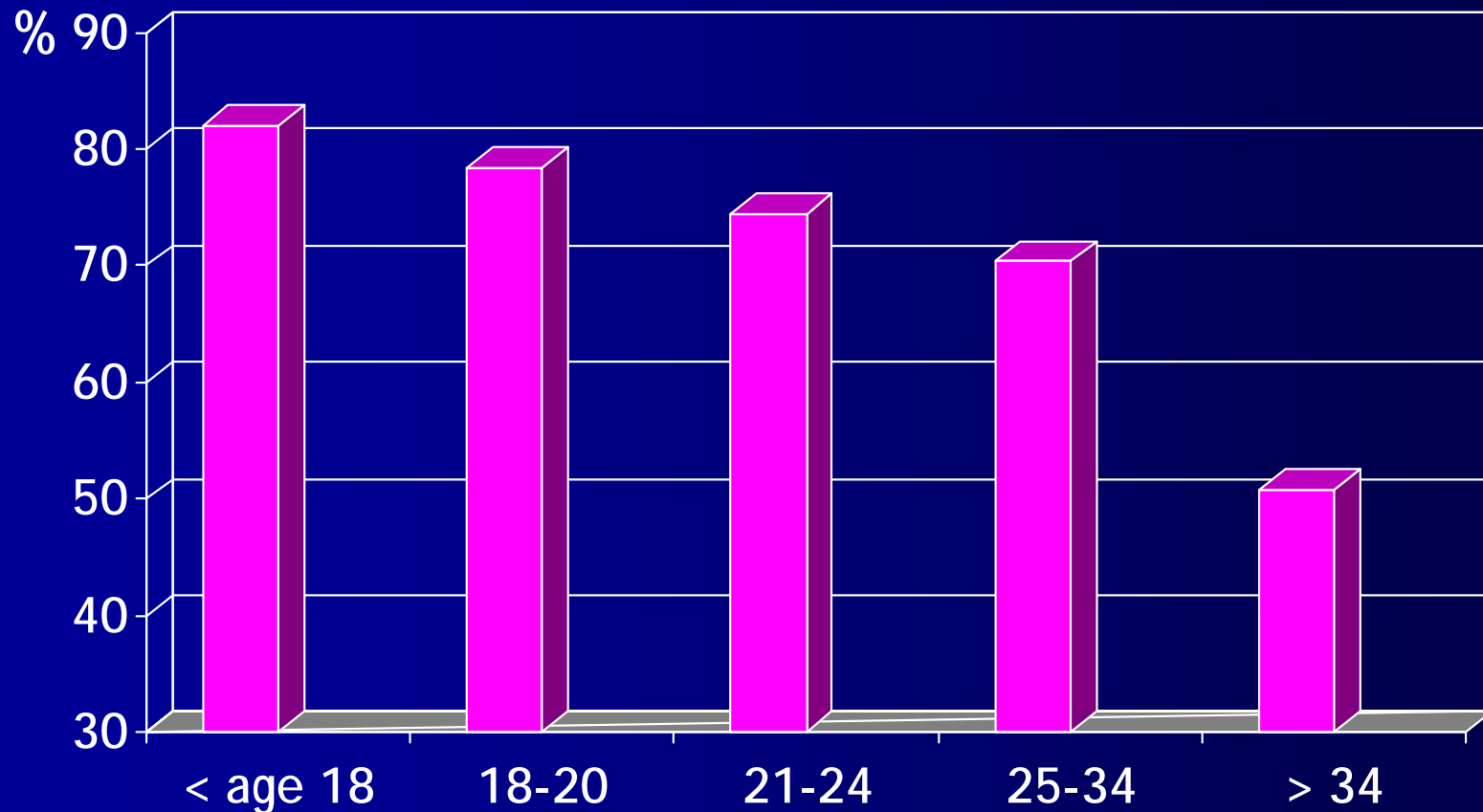
Children

*Germans only

Seriousness and Frequency of Last 12 Months Offenders (2005 Crime Survey)



Reconviction within 2 Years after Release from Prison in E & W



Sources: PRT Prison Factfile 2006
HO Statistical Bulletin 25/2005

Theoretical Bases of Intervention

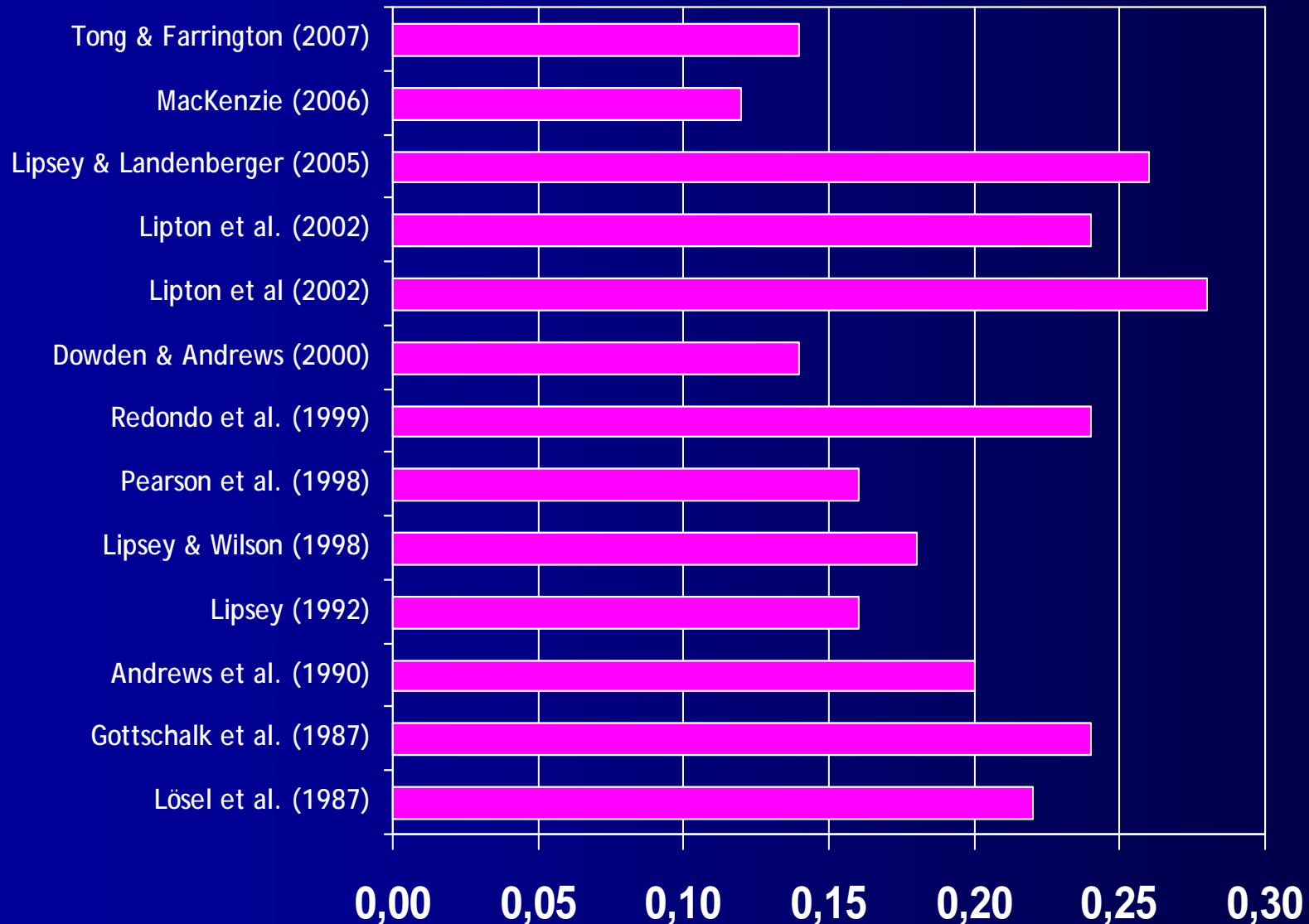
- Social-cognitive learning theories
- Reinforcement and model learning
- Social bonding and integration
- Social information processing
- Action theory and moral reasoning
- Neuropsychological theories

- Social context particularly important for young offenders

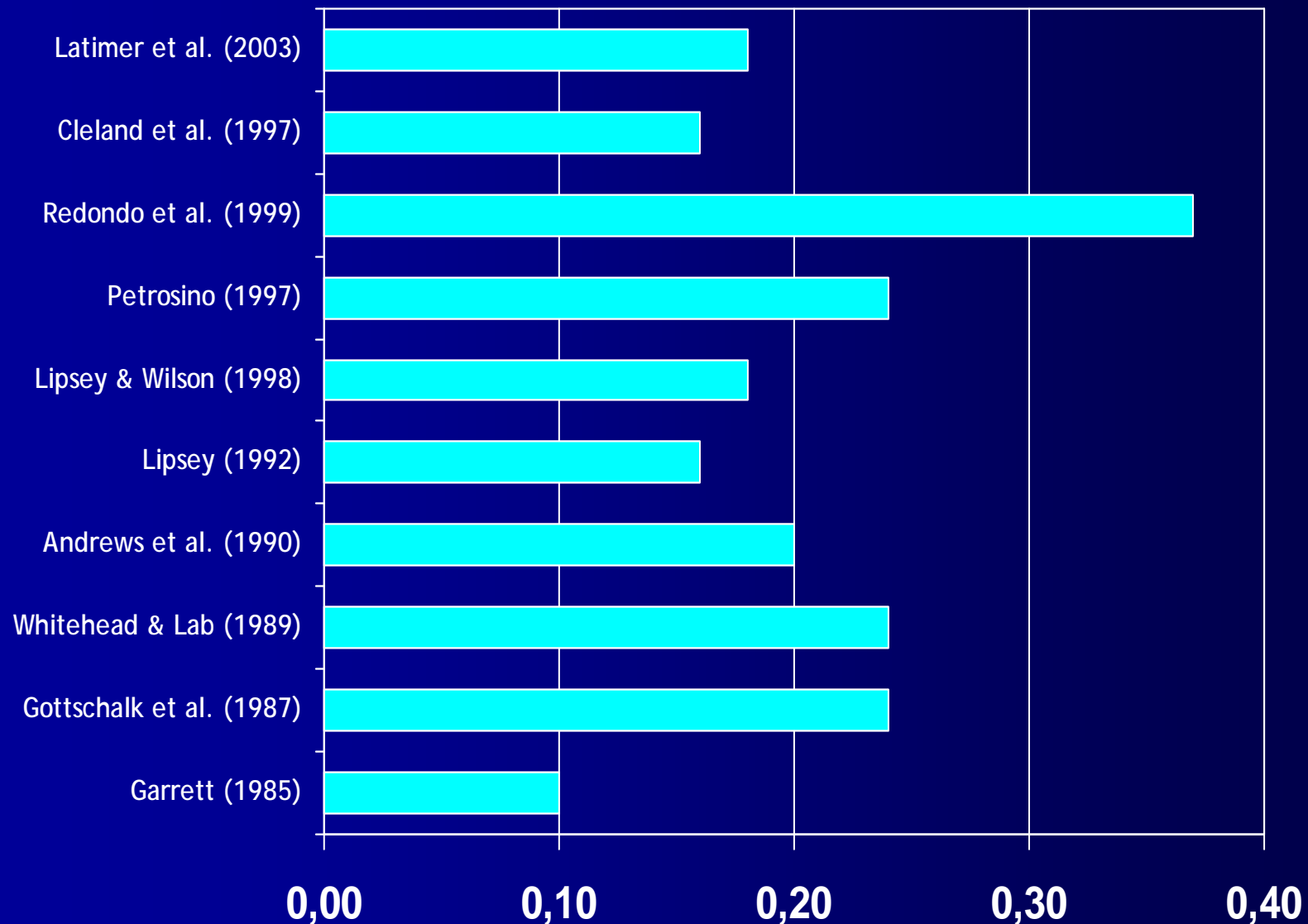
Limits of Evidence from Single Studies

- Evidence comes by replication
- For nearly all programmes no uniform results (positive, zero or slightly negative effects)
- Sampling factors in single studies
- Positive circumstances
- Cultural contexts
- Charismatic leaders & motivated staff
- Implementation differences
- Methodological differences

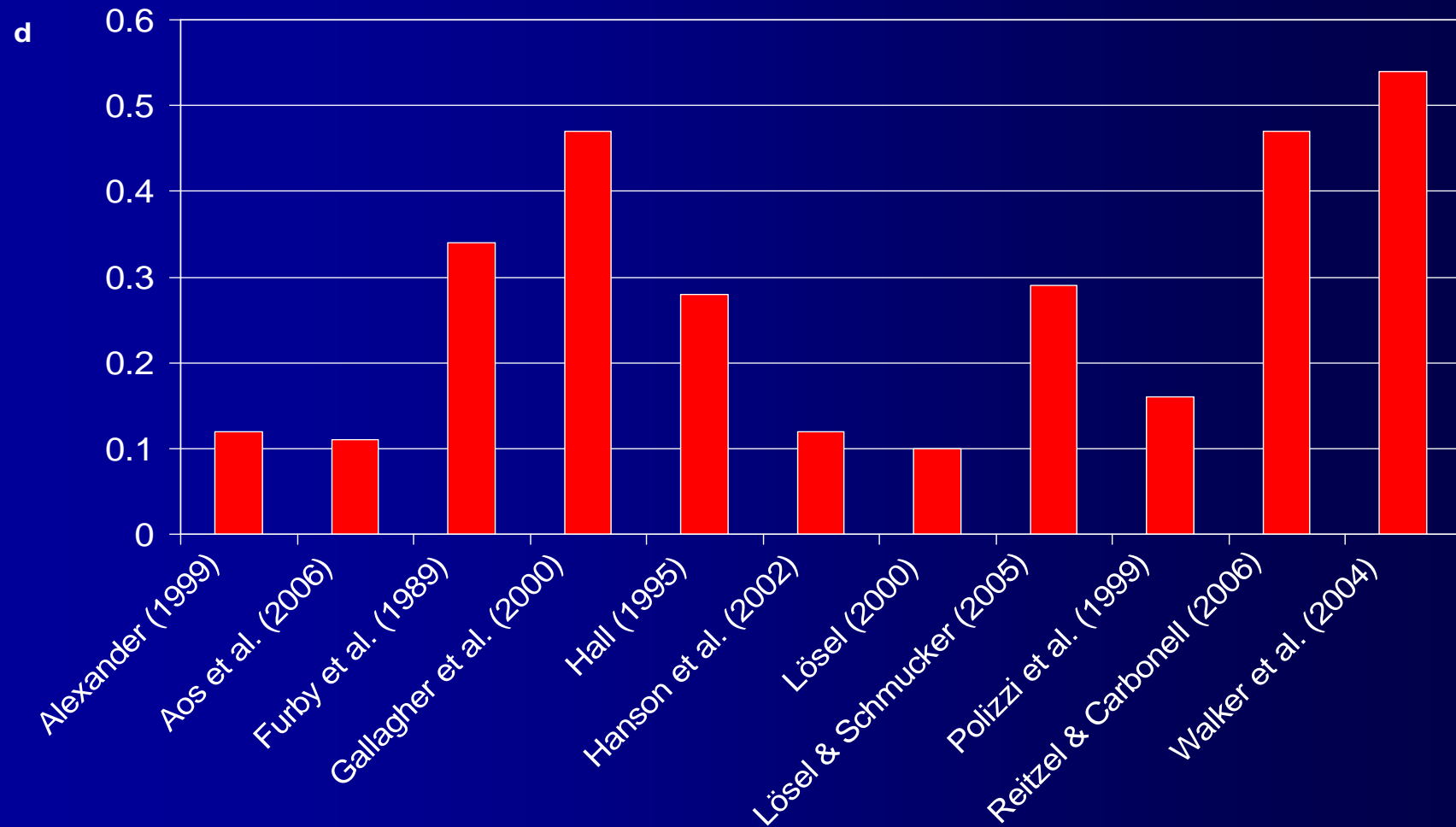
Mean Effects (d) in Meta-Analyses of Controlled Studies on General Offender Treatment



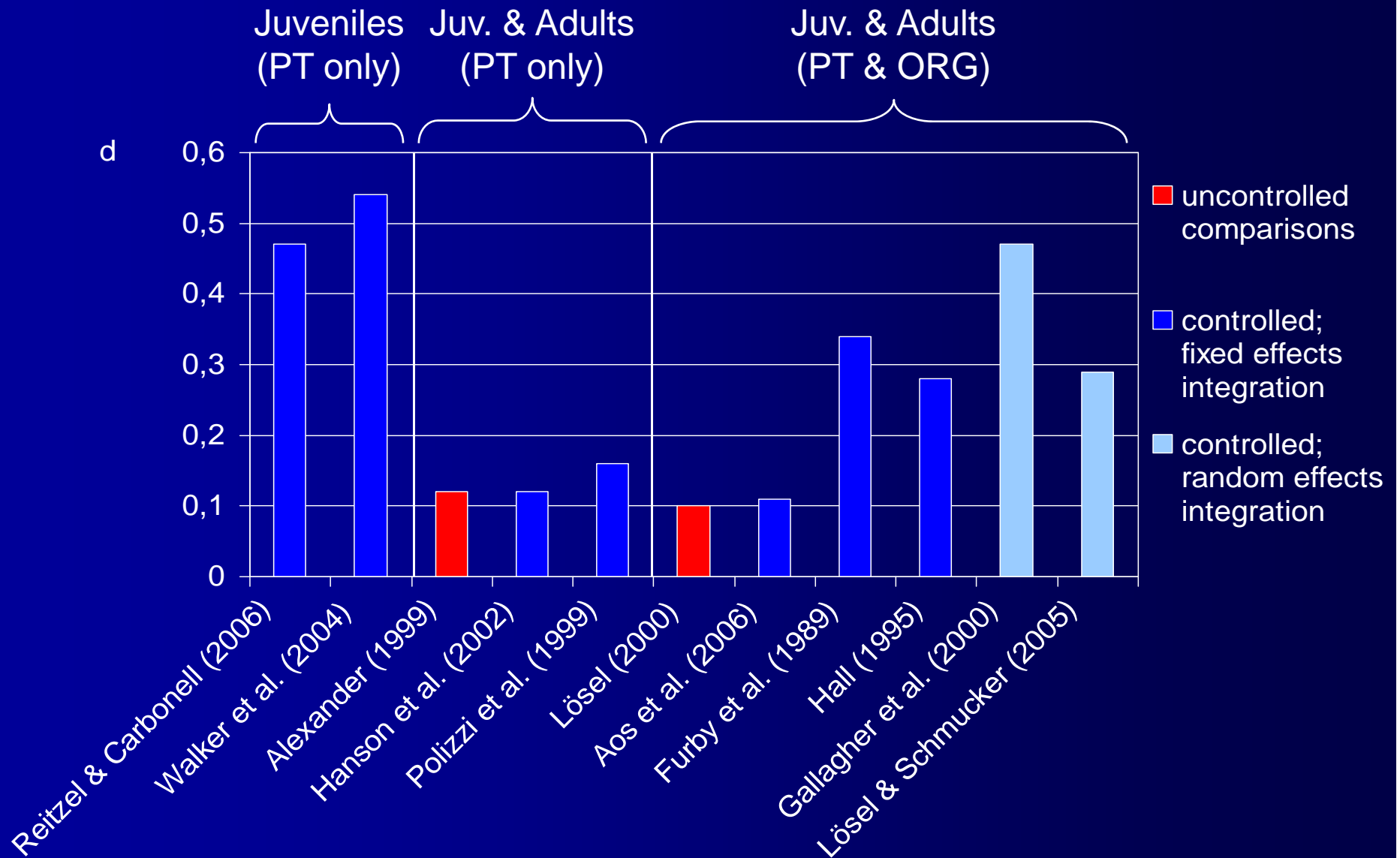
Mean Effect Sizes (d) in Meta-Analyses on General Offender Treatment in Youth



Mean Effect Sizes (d) in Meta-Analyses on Sexual Offender Treatment



Overall Effects Differentiated



Treatment of Juveniles vs. Adults: Overall Effects

- Basically similar effects
- Tendency to larger effects in youth
- Not in all systematic reviews
- Rarely comparisons between youth and adults that control for other factors
- Larger effects partially due to higher base rate of recidivism

Average Effect Sizes in Offender Treatment

- Typical mean effect sizes:
ca. $d = 0.20 \pm 0.10$ ($r = 0.10$)
- Small in statistical terms, but practically relevant & positive cost-benefit relations
- Example of reduction of recidivism:
50% in CG vs. 40% in TG
10 percentage points or 20% reduction
- Example of sex offenders:
17% in CG vs. 11% in TG
6 percentage points or 35% reduction

Variation in Outcome Between Different Programmes

- Clear differences in effectiveness between various programmes
- No single programme as „gold standard“
- Differences in quality of evaluation and other methodological factors
- Differences in offender type, intensity, setting etc.
- Overall, similar findings in institutional and community programmes (tendency: community+)

What Works

- Basic education programmes (e.g., literacy, maths)
- Life skills programmes
- Vocational education programmes (if useful in life)
- Cognitive-behavioural programmes (CBT; e.g., Reasoning & Rehabilitation, Cognitive Restructuring, Social Problem Solving, Moral Reconciliation Therapy, Anger Management)

What Works (2)

- Theory-based multimodal programmes (e.g., Multisystemic Therapy, MST)
- Well-structured therapeutic communities (TCs) & milieu therapy, social-therapeutic institutions (Germany)
- Programmes that include the family
- Restorative Justice (e.g., offender-victim mediation)

What Doesn't Work

- Purely punitive & deterrent approaches
- Boot camps
- Low-structured programmes
- Purely psychodynamic approaches
- Unspecific approaches without a sound theoretical base
- Intensive supervision in the community
- Electronic monitoring

Inappropriate programmes may even harm

Specification of What Works: Some Offender Groups

- Young offenders: CBT (e.g., Social Problem Solving Therapy, Aggression Replacement Training), MST, Programmes that include the family
- Sexual offenders: CBT/BT, hormonal treatment
- Drug-addicted offenders: Hierarchical TCs, CBT, contingency management (?)
- Violent offenders: CBT (e.g., Anger Management, Aggression Replacement training,
- Impulsive, personality-disordered offenders (not PP): CBT, Pharmacological treatment (SRI ?)
- Female offenders: Similar as in males, but less research

Elements of Cognitive-Behavioral Treatment (CBT)

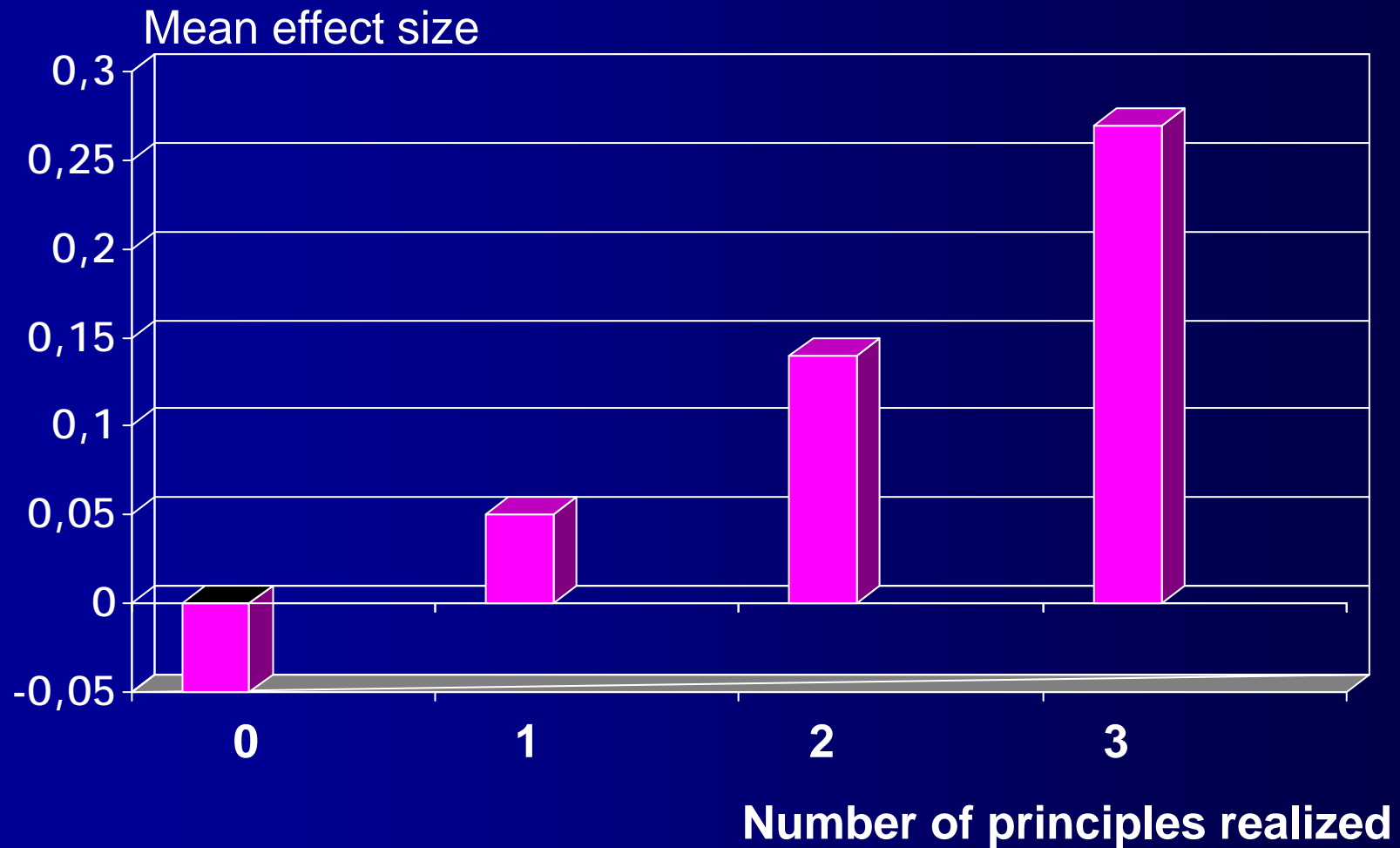
1. Self-reflection
2. Self-critical thinking
3. Anger management
4. Self-control
5. Social skills training
6. Interpersonal problem solving
7. Creative thinking (e.g., alternatives)
8. Value-orientation
9. Promotion of empathy (victim perspective)
10. Pro-social roles

Principles of Appropriate Offender Treatment

- ***Risk principle***
(Adequate intensity)
- ***Need principle***
(Address criminogenic needs)
- ***Responsivity principle***
(Adequate modes of learning and teaching)

Andrews et al. (1990)

Principles of Appropriate Treatment and Outcome Effects



Andrews et al. (1999)

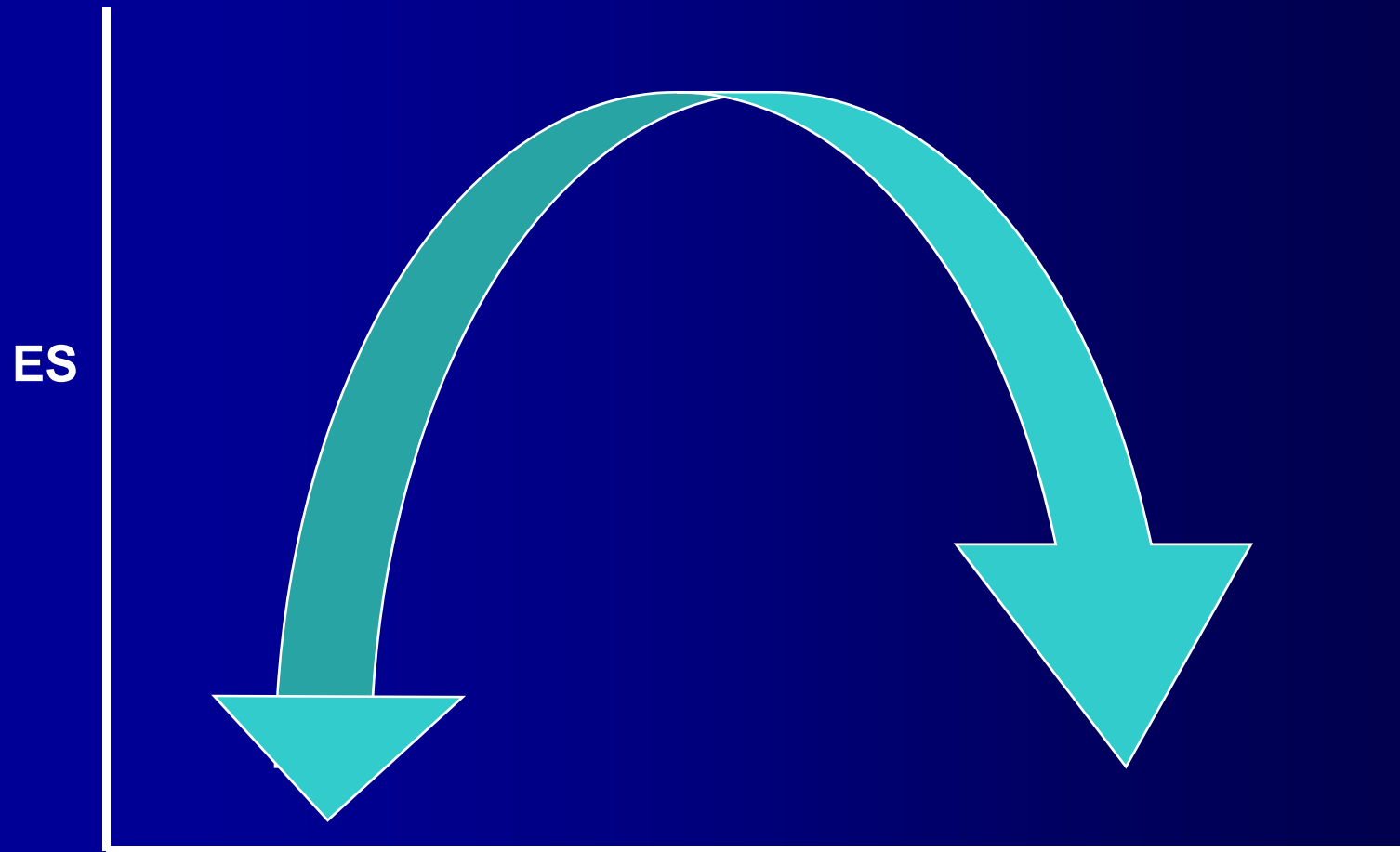
Other Correlates of Effect Size

- Methodological characteristics of the evaluation explain the largest amount of outcome variance
- Many studies without adequate control group
- No clear relation between design quality and effect size (tendency: better designs smaller ES)
- Influence of length of follow up, type of outcome measure and dropout rate
- Importance of what the control group receives (if bad: larger effects; smaller effects in the future?)
- Larger effects in smaller studies

Offender Characteristics and Effect Size

- Lack of detailed studies on offender variables and outcome
- No clear results on variables such as age, gender or offense type
- Tendency: Larger ES for younger people (base rate!) & small/no effect in offenders with psychopathy (often excluded)
- Larger effects in studies of high-risk groups
- A methodologically plausible finding
- Should guide service allocation
- Most plausible: Inverted U-relation between risk & effect size

Inverted U-Relation Between Risk & ES



Risk Level

Lösel (1994)

Dropout and Effect Size

- Often more recidivism among dropouts than among controls
- Largest effect for regular completers
- Positive bias in comparisons between completers and controls (no intent-to-treat analysis)
- Dropouts: Selection, motivation & stigmatisation
- Against trial and error strategies in offender treatment
- Thorough assessment and motivational programme modules

Other Important Factors

- Quality of programme delivery
- Combination with other programmes
- Staff-client factors
- Interpersonal style
- Motivation as an interactional process (not a static offender characteristic)
- Institutional climate and regime
- Wider social context (e.g., community)
- Natural protective factors (e.g., family, job)

Natural Protective Factors: Personal & Social Resources

- 1. Stable emotional relationship with at least one parent or other reference person**
- 2. Acceptance and supervision by significant adults**
- 3. Social support from outside the family**
- 4. Positive role models**
- 5. Good school bonding**

Protective Factors (cont.)

- 6. Experiences of self-efficacy, adequate self-concept**
- 7. Cognitive competencies (e.g. practical intelligence, realistic future planning)**
- 8. Easy temperament and ego resiliency**
- 9. Active & non-avoiding coping style**
- 10. Experience of sense, structure, and meaning in life (e.g., sense of coherence)**

Desistance from Offending

Desistance as process

- Motivation & decision to try to desist
- Starting different thinking about oneself
- Reinforcement (Positive social bonds, marital & labour force attachment)
- Obstacles/discouragement (neg. Peers, unemployment, alcohol/drug misuse)
- Belief that criminal career can be avoided

Principles of Effective Interventions: Accreditation Criteria in England & Wales

1. Clear model of change (evidence based)
2. Selection of offenders (e.g., adequate assessment, risk level)
3. Targeting a range of dynamic risk factors
4. Effective methods (i.e., cognitive-behavioural)
5. Skills orientation (concrete behaviour)

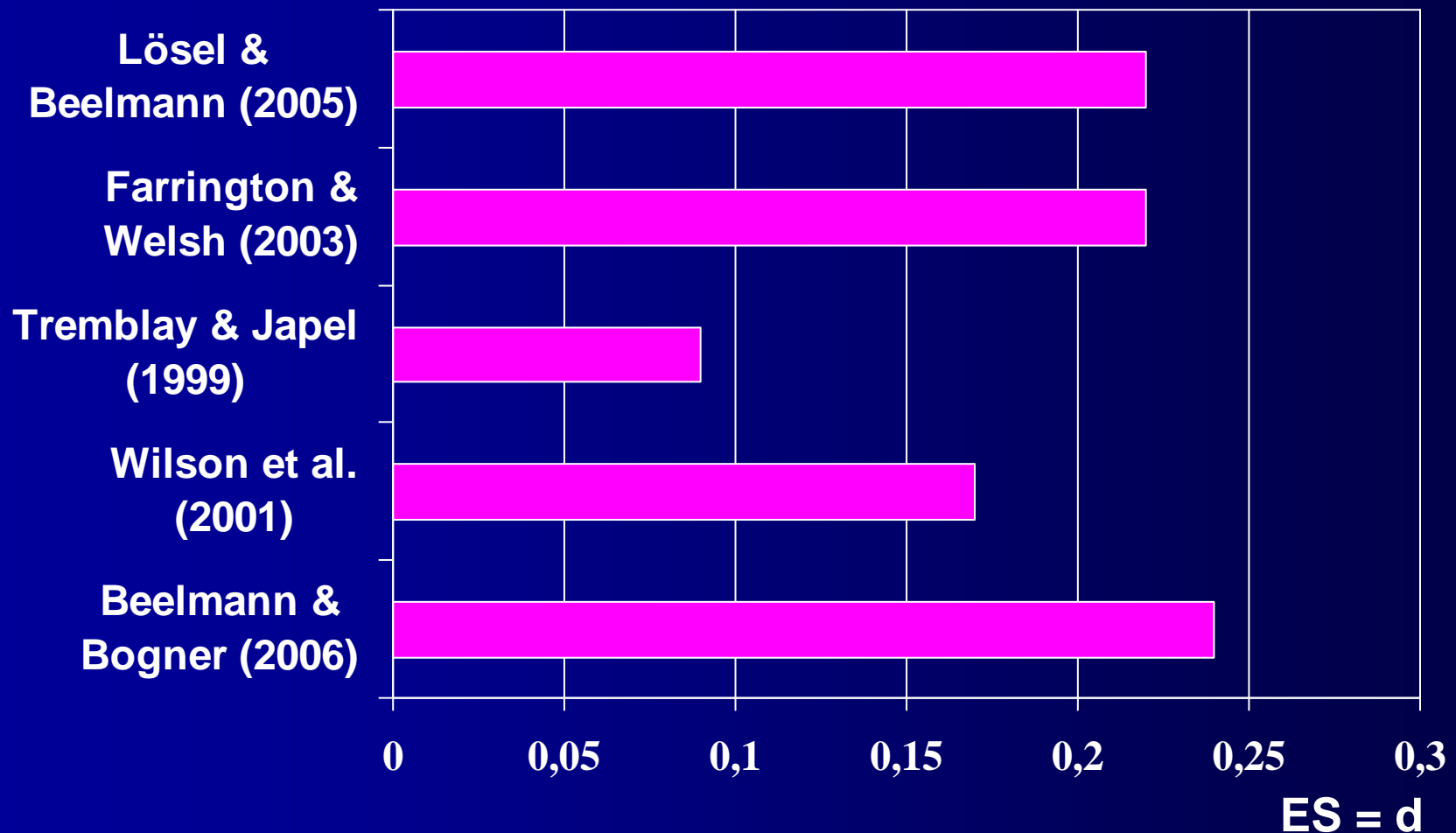
CSAP Accreditation Criteria (Continued)

6. Sequencing, intensity and duration
7. Engagement and motivation
8. Continuity of programme and services
(aftercare; community services)
9. Maintaining integrity (context; selection, training, and supervision of personnel)
10. Ongoing monitoring & evaluation

Earlier Interruption of Chain Reactions: Developmental Prevention

- Universal, selective and indicated prevention
- Family, child, school and community-oriented
- No clear border between indicated prevention and treatment of young offenders
- Similar basic principles and problems in both areas
- Similar effect sizes in controlled evaluations

Effects in international meta-analyses of prevention studies with longer follow up and antisocial behavior as outcome measure



Further Findings

Larger effects:

- Indicated (vs. universal) prevention
- Multimodal cognitive-behavioral child and parent programs
- Multisystemic Therapy, home visiting programs
- Short-term, non-behavioral outcome measures
- Smaller studies (samples)
- Demonstration/model projects (vs. Daily routine)
- Self-evaluation of program developers
- Non-equivalent control groups
- No intent-to-treat analysis

Lösel (2007)

Conclusion

- Various promising interventions for high-risk young offenders
- Not the one and only gold standard program
- Programs should not be applied in isolation (no silo approach)
- Many factors contribute to effectiveness
- Evidence-based guidelines instead of a “Nuremberg Funnel”

The End
Ende
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