The Pathways to Resilience Research Project (New Zealand):
Whāia to huanui kia toa

Review and Analysis
of Case File Summaries:

Report on Young People's Behaviours

Technical Report 16

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ACKNOWLEDGEMENTS

INTRODUCTION

This report discusses findings from the analysis of the case file summary information contained within the young people's behaviour node[1]. This node captured information on young people's behaviour as described in file summaries. This report discusses the key themes that emerged from analysis of this node:

- Coping and survival strategies
- Absconding
- Anger and violence
- Offending behaviours
- Drug and alcohol use
- Mental health
- Sexualised behaviour
- Behaviour changes when approaching discharge
- Behaviour improvement

Young people in this study experienced complex and challenging circumstances (Sanders et al., 2013). The behaviours described in this report are considered in relation to young people's environments, social ecologies and the broad range of factors which influenced their lives. These include individual, relational and contextual factors (e.g. material, cultural, political and social influences) which shaped young people's experiences (Munford et al., 2013).

COPING AND SURVIVAL STRATEGIES

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[1] Data collection and analysis methods are outlined in The pathways to resilience research: Review and analysis of case file summaries: Introduction to file reviews. Technical Report 15 (Stevens et al., 2014e), which also provides details on the qualitative schema used in this report.
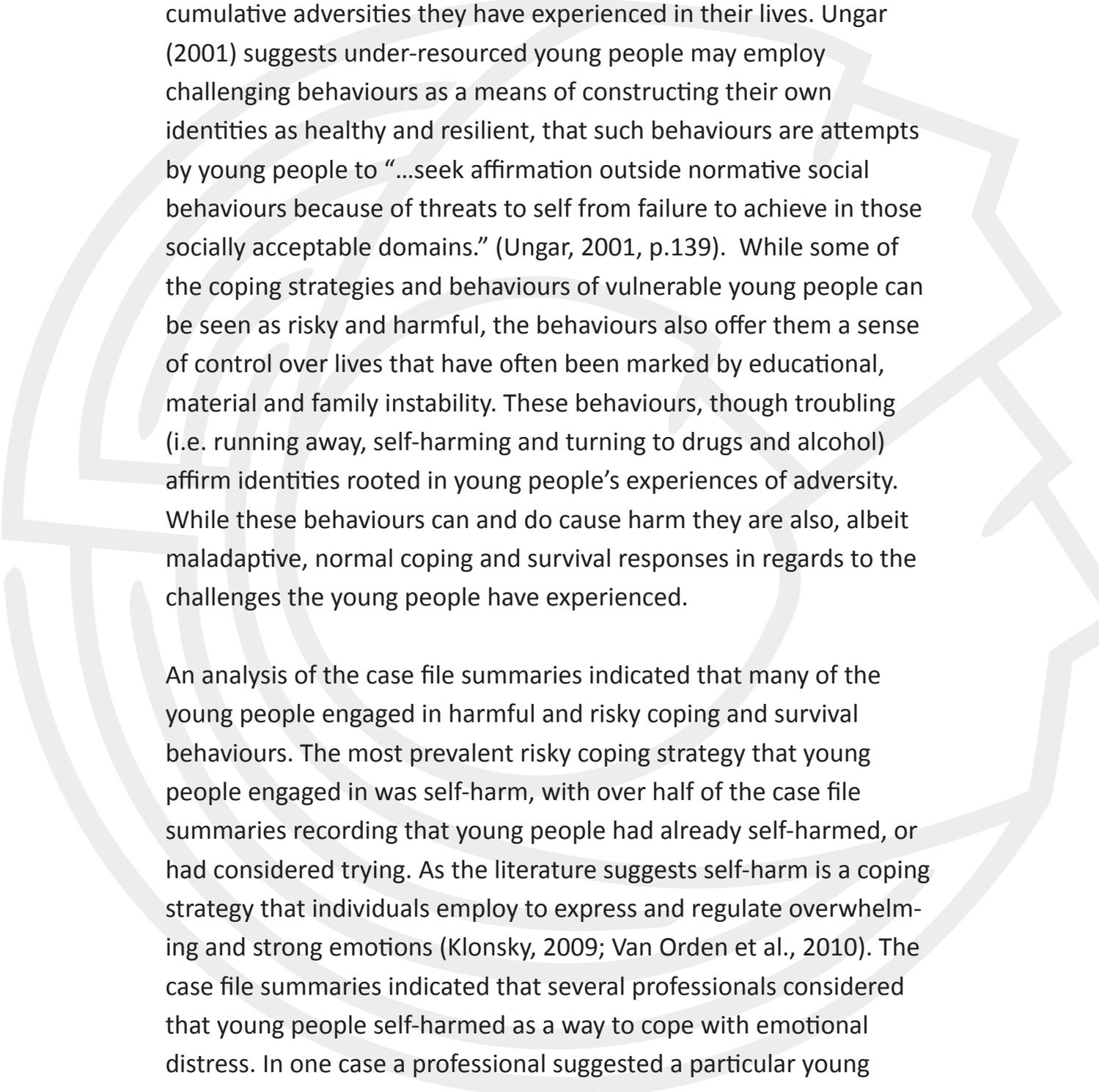
Challenging behaviours demonstrated by young people in the study could be perceived as 'normal' albeit risky responses to the cumulative adversities they have experienced in their lives. Ungar (2001) suggests under-resourced young people may employ challenging behaviours as a means of constructing their own identities as healthy and resilient, that such behaviours are attempts by young people to "…seek affirmation outside normative social behaviours because of threats to self from failure to achieve in those socially acceptable domains." (Ungar, 2001, p.139). While some of the coping strategies and behaviours of vulnerable young people can be seen as risky and harmful, the behaviours also offer them a sense of control over lives that have often been marked by educational, material and family instability. These behaviours, though troubling (i.e. running away, self-harming and turning to drugs and alcohol) affirm identities rooted in young people's experiences of adversity. While these behaviours can and do cause harm they are also, albeit maladaptive, normal coping and survival responses in regards to the challenges the young people have experienced.

An analysis of the case file summaries indicated that many of the young people engaged in harmful and risky coping and survival behaviours. The most prevalent risky coping strategy that young people engaged in was self-harm, with over half of the case file summaries recording that young people had already self-harmed, or had considered trying. As the literature suggests self-harm is a coping strategy that individuals employ to express and regulate overwhelming and strong emotions (Klonsky, 2009; Van Orden et al., 2010). The case file summaries indicated that several professionals considered that young people self-harmed as a way to cope with emotional distress. In one case a professional suggested a particular young person threatened or implemented self-harm as a way to articulate feelings of emotional vulnerability, and to communicate that they would feel safer in the secure unit, away from stressful interactions

with other young people in a youth justice residence. Other young people demonstrated aggressive outbursts and behaviours to cope with stress and frustration. Several times this behaviour was noted as becoming more severe after changes in circumstances, such as changes to custodial orders (Stevens et al., 2014d), exposure to family violence, and although less frequent, on entering youth justice and care and protection facilities (note: more often than not, young people's behaviour was noted as improving in these facilities; only a few case file summaries indicate continued aggression while in a residential setting). A small number of young people were involved in lighting fires, and one young person reported that they liked to "see stuff burn" as a form of catharsis or release. Several of the young people who demonstrated these behaviours, had multiple incidences of suspected physical and sexual abuse noted in their case file summaries.

Absconding was another survival strategy described in the case file summaries. As will be discussed in a subsequent section, young people absconded in response to situations that rendered them vulnerable or powerless. Some young people ran away from abusive living arrangements while others absconded when faced with youth court proceedings and entrance to residential facilities.

The case file summaries indicated that around one quarter of the young people became involved in crime as a means to survive. A small number were noted as stealing food and some young people stole items to sell. A few of the young people who stole food and items to sell were recorded as doing so under instruction from their parents. A few young people were noted as selling illegal drugs at school; it transpired that they had accessed the drugs through family and caregivers connections.

A few young people demonstrated survival skills by directly

engaging with services and seeking help. A small number of young people, all over the age of thirteen, requested moves away from their family/whānau or peers. These young people shared the insight that for their behaviour to improve, they needed to get distance from those people who were influencing them. Some of the young people who were subsequently moved were noted as showing behavioural improvements. However, for a few of these young people, once they returned to their caregivers, and/or were re connected with their peer group, the file summaries indicated that their harmful behaviours returned.

Absconding

For the majority of young people in this sample absconding was an important way for them to exercise control over their living situations (Solomon, 2010; Ungar, 2001; Ungar, 2005). Young people who rely on absconding as a coping and survival mechanism, have been found to have experienced multiple challenges in their caregiver relationships, for example, some have experienced physical abuse, sexual abuse and neglect (Kidd, 2003; Williams et al., 2001). Most young people absconded occasionally, while for others it became a regular occurrence and extended across all living situations, both familial/whanau homes and residences. For the latter, this appeared to be a learned response to stressors than to actual threats to their wellbeing.

Young people absconded for a variety of reasons such as: stress, to get away from abusive situations, to associate with peers, or to return to family/whānau when placed outside of a family/whānau-care setting. Young people employed absconding as a way to influence decisions made around their living arrangements, with several repeatedly running away from specific placements, and one young person being quoted as saying that she would "vote with her feet"

regarding placement plans. A few young people absconded and were later found living in family/whānau homes from where they had been removed.

At times young people absconded alone, but there were also some cases of absconding with siblings, friends, or co-residents. Some kept in touch with caregivers or social workers by phone when absconding. While several would not disclose their location, others requested to be picked up and returned to their caregiving arrangements. There were only a few instances of young people absconding for long periods without being located. The frequency with which some young people absconded signified a lack of investment by them in their living arrangements. A few young people were recorded as saying that they preferred living rough; that is, on the streets and/or couch surfing at varying addresses rather than in their living situations. The reasons recorded in case summaries for running away and living rough included that they felt safer on the streets, usually due to experiences of ongoing physical, sexual and emotional abuse and neglect in their home.

While absconding may have been employed as a coping strategy, it also presented a new set of risks for young people, some of whom spent time sleeping on the streets or moving from house to house, or hitchhiking around the country. Missing person's reports were filed with police as a standard practice when young people ran away. Trackers were utilised to try to keep young people safe while a more permanent care situation was found. However, despite the close monitoring sometimes young people evaded their trackers.

One young person started absconding and living rough from the age of seven. Potentially this was in response to their ongoing experiences of instability and abuse in multiple family/whanau placements. Although this young person was linked up with services,

absconding had become their primary coping mechanism regarding stressors. By the time they were 14 and going through youth justice processes, they identified running away and living on the streets as how they took control of their life; the 'street' being the place where they 'belonged'. This 'street identity' reflects the importance of belonging to a community, and is recognised in research with runaway youth, as important for survival on the streets (Kidd, 2003). Often, the activities that maintain survival and provide community cohesion include involvement with gangs and offending. Some found that these activities provided them with identity and selfhood; therefore in such situations they may find it affirming and empowering to resist 'others' attempts to address their risk behaviours (Ungar, 2004).

Anger and violence

The majority of young people whose file summaries recorded that they had demonstrated anger and violence had experienced some form of adversity in their living situations (i.e. parental alcoholism/ drug addiction; family violence) and a lack of structure or routine in their daily lives (i.e. irregular school attendance) and reported inci- dents of suspected abuse (for more detailed analysis of wellbeing concerns see Stevens et al., 2014c). Most of these young people came from families/whānau with histories of mental health issues, addiction and substance abuse, and physical, mental and sexual violence. A few young people's aggressive behaviour seemed to be influenced by their experiences with caregivers, either as a reaction to or reflection of the behaviours being modelled around them. For example, one young person was instructed by adult family/ whānau members to discipline his younger siblings by hitting them, while at the same time being punished for his own aggressive behaviour. At times young people's aggressive actions were in response to being bullied by siblings and/or peers or as a reaction to

physical abuse from parents or other adults.

At other times young people reported that their aggressive behaviours were in response to perceived injustices they had experienced, such as, feelings of abandonment or neglect by their family/whanau. A few young people acted out aggressively when restrictions or boundaries were placed on them, either by new caregivers, or current caregivers who had not placed boundaries and restrictions on their lives before. A few young people in residences reacted aggressively when contraband cigarettes were removed from their possession, while others reacted aggressively when they were stopped from tagging property within the residence. These young people were noted in the case file summaries as saying that they engaged in cigarette smoking and tagging to relieve stress.

Analysis of the case file summaries revealed that around half of the young men considered to have anger issues were sent to anger management programmes, counselling specifically concerning their anger, or were referred to a youth service. A few young people were connected to courses that were considered appropriate for channelling their anger, for example one young man attended boxing classes and a young woman attended martial arts classes.

Young women were noted as acting aggressively or demonstrating violence usually in the context of peer, family/whānau and police conflicts. One young woman with drug and alcohol issues, who had experienced abuse and neglect and had multiple changes in family/whanau and non-kin care, kicked holes in the walls of her caregivers' home when she was told no one in her family/whānau wanted to care for her anymore. Another with a family/whānau history of family violence became engaged in physical conflict with her sibling and was subsequently restrained by police after they were called to diffuse the situation.
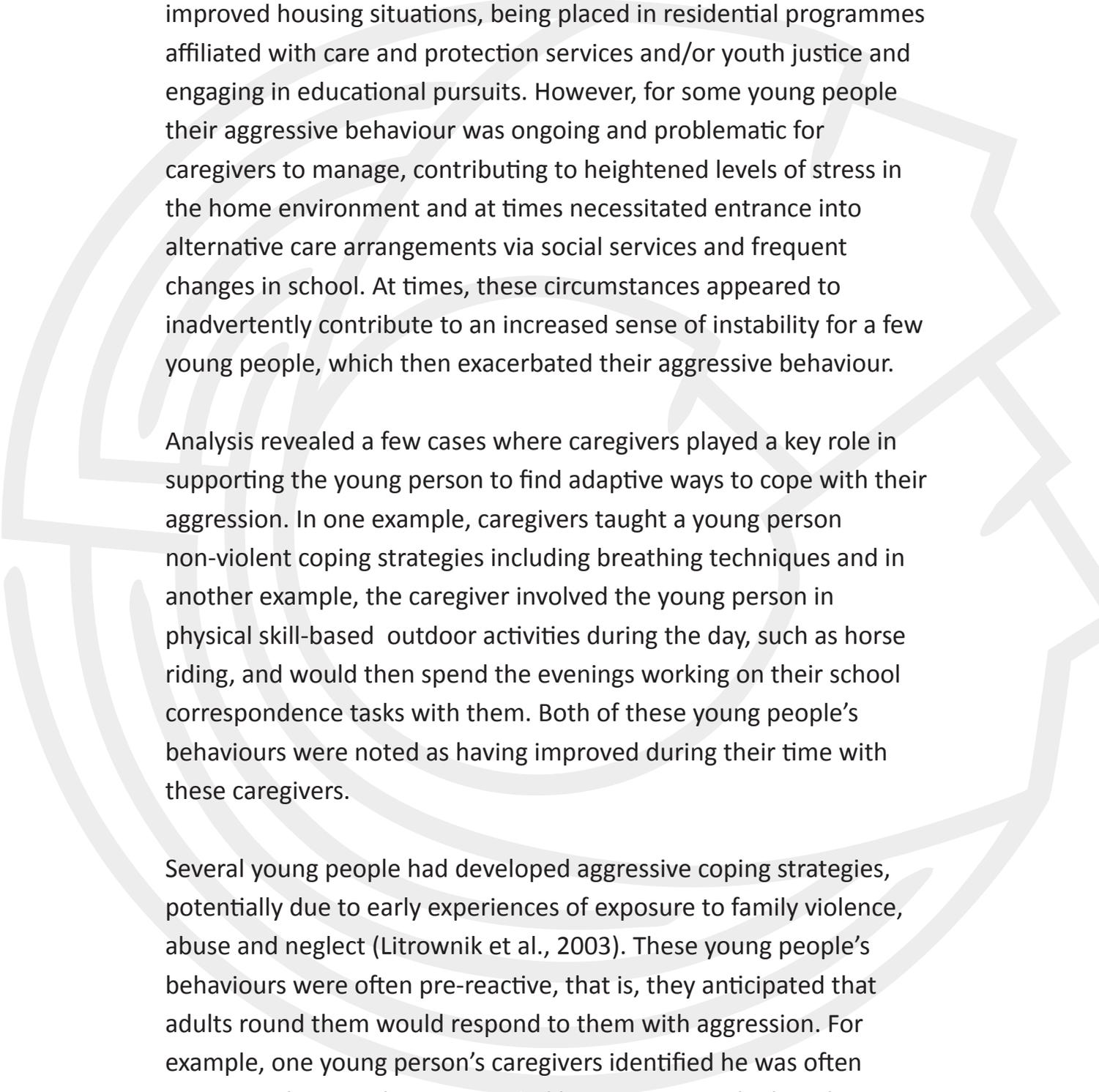
For some young people, angry or violent behaviour decreased when they achieved a sense of stability in their lives, at times through improved housing situations, being placed in residential programmes affiliated with care and protection services and/or youth justice and engaging in educational pursuits. However, for some young people their aggressive behaviour was ongoing and problematic for caregivers to manage, contributing to heightened levels of stress in the home environment and at times necessitated entrance into alternative care arrangements via social services and frequent changes in school. At times, these circumstances appeared to inadvertently contribute to an increased sense of instability for a few young people, which then exacerbated their aggressive behaviour.

Analysis revealed a few cases where caregivers played a key role in supporting the young person to find adaptive ways to cope with their aggression. In one example, caregivers taught a young person non-violent coping strategies including breathing techniques and in another example, the caregiver involved the young person in physical skill-based outdoor activities during the day, such as horse riding, and would then spend the evenings working on their school correspondence tasks with them. Both of these young people's behaviours were noted as having improved during their time with these caregivers.

Several young people had developed aggressive coping strategies, potentially due to early experiences of exposure to family violence, abuse and neglect (Litrownik et al., 2003). These young people's behaviours were often pre-reactive, that is, they anticipated that adults round them would respond to them with aggression. For example, one young person's caregivers identified he was often aggressive because he was worried he was going to be hit. The caregivers worked with him around the fact that their household did not hit, and supported the young person through discussion and

modelling positive behaviour.

The case file summary analysis indicated that for some young people a lack of daily routine or structure had negative consequences on their behaviour. Young people who have navigated chaotic caregiver environments and who have also developed difficult behaviours have been found to find the transition into high school particularly challenging. For more information concerning the educational challenges these young people faced see (Dewhurst et al., 2014b; Stevens et al., 2014d).

In some of the case file summaries, young people who displayed aggressive behaviours, in particular towards teaching staff and/or towards other peers, often experienced periods of suspension or exclusion from education. A few young people were able to identify challenges in the school environment that influenced their acting out behaviours, in particular, when they experienced learning difficulties or had problems with classmates. In the majority of cases schools or other education providers worked hard to support young people who displayed challenging behaviour, and for several young people, the entrance into alternative education was noted as positive (Dewhurst et al., 2014a; Stevens et al., 2014a). However, some young people who experienced multiple changes in school in response to escalating incidences of violence or aggression, found it increasingly challenging to engage with education (other challenging factors, such as truancy and involvement with drugs and alcohol were also noted, see Stevens et al., 2014a). In these situations young people found themselves in a cycle of educational instability, where frequent moves eroded any plans for behavioural improvement that might have been put in place (Stevens et al., 2014d).

While young people's anger and violence was primarily directed towards others, there were several case files where they expressed feelings of low self-esteem, manifested at times in suicidal ideations
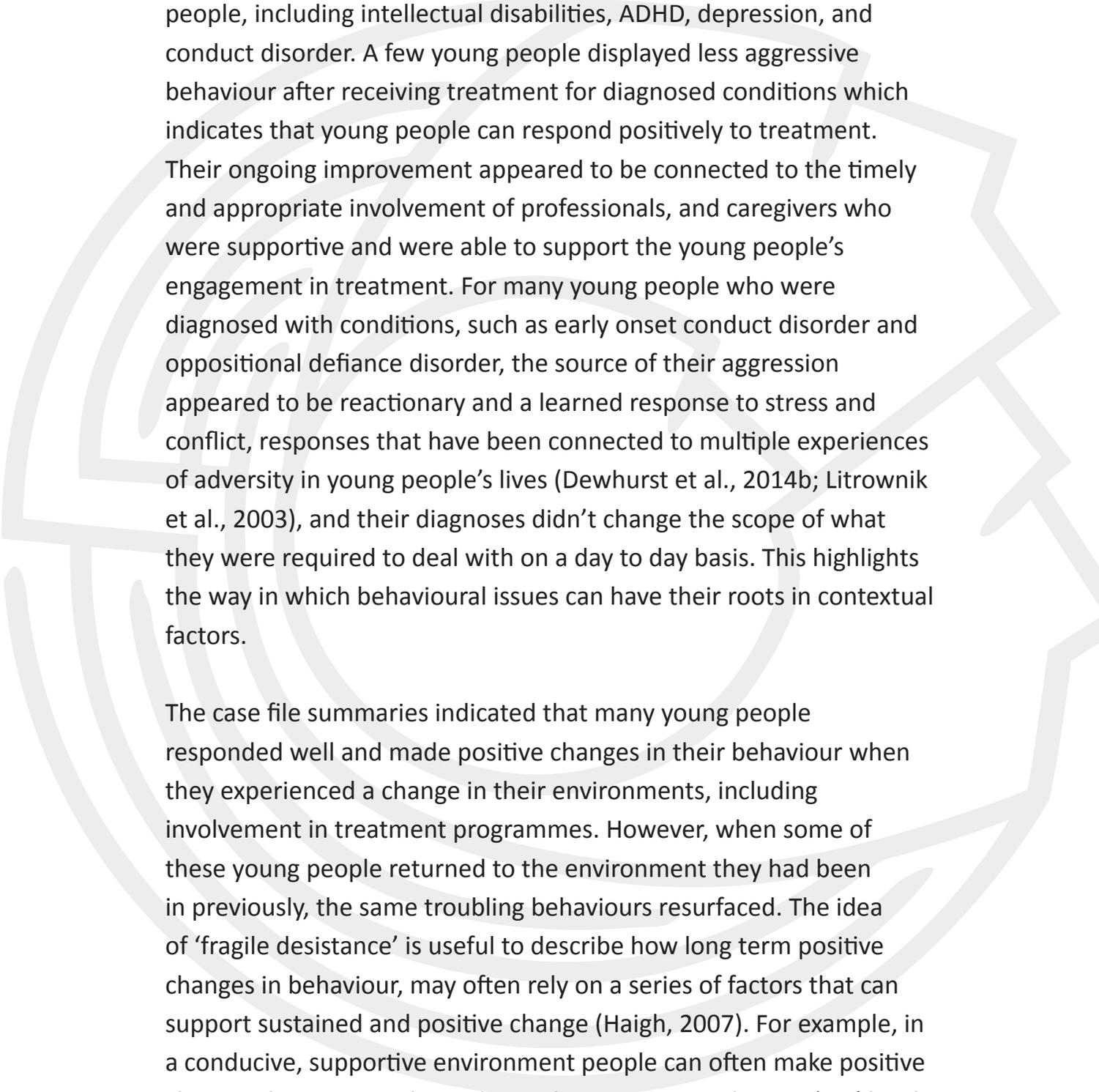
or self-harm. Aggression and violent behaviour was also identified as a symptom of intellectual or psychological disorders in some young people, including intellectual disabilities, ADHD, depression, and conduct disorder. A few young people displayed less aggressive behaviour after receiving treatment for diagnosed conditions which indicates that young people can respond positively to treatment. Their ongoing improvement appeared to be connected to the timely and appropriate involvement of professionals, and caregivers who were supportive and were able to support the young people's engagement in treatment. For many young people who were diagnosed with conditions, such as early onset conduct disorder and oppositional defiance disorder, the source of their aggression appeared to be reactionary and a learned response to stress and conflict, responses that have been connected to multiple experiences of adversity in young people's lives (Dewhurst et al., 2014b; Litrownik et al., 2003), and their diagnoses didn't change the scope of what they were required to deal with on a day to day basis. This highlights the way in which behavioural issues can have their roots in contextual factors.

The case file summaries indicated that many young people responded well and made positive changes in their behaviour when they experienced a change in their environments, including involvement in treatment programmes. However, when some of these young people returned to the environment they had been in previously, the same troubling behaviours resurfaced. The idea of 'fragile desistance' is useful to describe how long term positive changes in behaviour, may often rely on a series of factors that can support sustained and positive change (Haigh, 2007). For example, in a conducive, supportive environment people can often make positive changes, however, without change happening at a deeper, 'me' level (buy-in) and without appropriate support if the environment changes, the desistance from the harmful behaviour can be

temporary.

There were several examples of 'fragile desistance' in the case file summaries wherein the young people had identified that their aggressive behaviour was damaging, and willingly engaged with services such as counselling or anger management courses. For these young people an improvement in behaviour was contingent on increased stability in their living situations and the implementation of more meaningful structure and routine in their daily lives. For example, a young person about to exit a youth justice facility, who had identified the triggers for their aggressive offending behaviours in group work/counselling, told social service professionals that their prior home was not suitable to return to, due to the close proximity and potential influence of their offending peers. This young person, with the support of their social service professional, moved into more appropriate living circumstances with family/whanau in another town, where they were also promised engagement in full time work. Despite this positive change, the young person offended again around six months later, citing that it was going well until their older sibling moved to the town they were in. They appeared to engage again in services, responding positively to their involvement with a day programme for young offenders.

This highlights how, social services can respond appropriately to young people's needs at any one point in time, but this cannot control for the influence of other factors operating in a young person's life. While this young person showed insight and a desire for positive change, it may be that, like many people, the road to making substantial positive change is complex. What may be important here is that the young person, despite the challenges they faced, felt that the service provider responded appropriately to their needs, empowering them to make positive changes. This can be protective, providing the impetus for young people to reconnect with services when new challenges arise (Ungar, 2004).

Offending Behaviours

Young people's offending behaviours and subsequent involvement with youth justice were amongst the most commonly recorded behaviours in young people's case file summaries; over three quarters of the 79 young people in the file reviews sample had some form of police and youth justice involvement recorded on their files as summarised below.

Types of offending

The majority of the reported criminal offending involved theft, burglary and shoplifting. Most file summaries in this node recorded that young people were involved in stealing money and small goods (e.g. iPhone, credit cards and alcohol) from family/whānau, caregivers and on occasion, from parked cars, strangers residences and other associates. Chain stores and grocery outlets were regular targets of shoplifting; young people shoplifted food, clothing, small electrical goods and personal items such as makeup.

Some incidents of aggravated robbery with a weapon (e.g. hammer or knife) were also reported, in most cases to extort money, credit cards and small electronic goods such as iPhones. A few case file summaries noted that young people were found to have weapons (frequently knives) in their possession when being questioned by police for other matters, such as being drunk and disorderly, and they were subsequently charged for the possession of a weapon. The case file summaries indicated that over a third of the young people were involved in burglaries, the majority of targets being houses and small businesses. A few suggested offending occurred when they were members of, or were being 'prospected' by gangs.

A few young people were arrested for wilful damage (commonly

tagging and breaking windows) or arson, which targeted public buildings such as schools. Some were arrested for assault. Most of these young people had come to the attention of services previously for displaying aggressive behaviour towards caregivers, other children or teaching professionals; many had themselves been abused or bullied. There were a small number of reports of young people being accused of sexual assault although very few were charged.

Age and gender

The average age that young people in the case file summaries presented with offending behaviours was thirteen. Young men were more likely than young women to come to the attention of the police and youth justice services for criminal offences. The connection between gender and violent offending has been noted elsewhere (Fergusson and Horwood, 2002; Worrall, 2001). The majority of young people that had committed violent crimes were young men, and file summaries commonly suggested connections between young people's aggression and suspected gang affiliations, transience (including living on the streets) drug and alcohol consumption, and family/whānau conflict (Becroft, 2009; Fergusson et al., 1997; Kidd, 2003; Stevens, et al., 2013). For example, a young man who regularly intimidated his mother's partner and damaged property in the house attributed his behaviour to not liking his mother's partner whom he considered to be abusive.

Analysis also revealed that young men in the sample were more likely to be involved with services because they had committed a violent crime while young women more commonly became involved because of theft related offences and behaviour that put them at risk (e.g. absconding from caregivers and associating with peers considered to be involved in risky behaviours).

A few offences were committed by young men in the sample when they were aged between eight and eleven; the types of offending included possession of weapons, assault and aggravated robbery, wilful damage and arson. The youngest females involved in offending were all aged 12, and the reported

offences included shoplifting, tagging, being a passenger in a stolen car with older peers, and one account of attempted arson.

Histories of young people who offended

Many of the young people who came to the attention of youth justice professionals had histories that involved repeated experiences of neglect, exposure to violence, and physical, sexual, and emotional abuse (Stevens et al., 2014c; Stevens et al., 2014f). Approximately half of the young people who came to the attention of the police for offending were identified as needing care and protection; approximately one quarter were suspected to have been sexually abused. Many were living in out-of-home care (including whanau/kin-care) when they became involved in offending, or had previously spent time in out-of-home care because of concerns about their safety or wellbeing, and several of these young people came from families/whānau where abuse or neglect was chronic, and intergenerational. These young people had frequent involvement with youth justice services (Stevens et al., 2013; Stevens et al., 2014c).

Family counselling or multi-systemic family therapy was sometimes recommended in youth justice Family Group Conferences (FGCs). However the file summaries rarely reported on the impact that the counselling and therapy may have had on the young person and their family. Further analysis of these specific case file summaries showed that some of the young people continued to offend during as well as post these interventions, and their families/whānau appeared unable to curb their behaviour.

Young people's mental health, drug and alcohol use, and a lack of housing stability also appeared to have a bearing on their offending behaviour. A few police reports noted young people were under the influence of drugs and/or alcohol when they offended, and in a few cases, young people were found to be experiencing psychotic

episodes when apprehended by police. In several cases young people stole to support their drug or alcohol use, and further instances were recorded of young people living on the streets and shoplifting items that they needed (e.g. clothes and food).

Youth justice interventions

Offending was addressed via youth justice FGCs, or through diversion (Stevens et al., 2013). Diversion was a common response to lower tariff offending such as shoplifting, and many of these young people were directed to complete a period of community service. A few case file summaries indicated young people's employment interests were taken into account when exploring community service options and they were linked with agencies and workplaces that could lead to future employment.

Youth Justice FGC plans often involved community service, monetary reparation, letters of apology to the victims, curfews and non-association orders with other peers who had offended (refer also to Stevens et al., 2014f). These plans also frequently stipulated that young people should attend counselling, anger management (for violent offending or identified issues with anger), and/or specific education programmes; should cease drug and alcohol use; and should connect with a youth mentor or community service.

Over half of the young people who had FGCs did not complete their first FGC plans, or breached their curfew and bail conditions by leaving their bail address or failing to return by the designated curfew hours. Many young people continued to offend while they undertook FGC plans. In these cases youth justice services remained involved and commonly a second FGC was held. Some of these young people had cumulative abuse and neglect concerns regarding their home environments, and at times, professionals expressed concerns that the caregivers were not able to manage the young person's offending

behaviours.

Services also sought placements for young people in specialist treatment residences when their behaviour continued to deteriorate, or was considered high risk. For example, one young person displaying troubling sexualised behaviours was referred to a specialist residential programme to address this. At least a third of youth who entered youth justice residences or drug and alcohol treatment programmes did not appear to continue offending once they exited these facilities. This is indicated by an absence of data concerning their involvement with youth justice once they exited residence and were discharged from the Youth Court. The literature specific to New Zealand, suggests that only a small percentage (around 6%) of youth offenders are likely to become chronic life course persistent offenders and enter the adult justice system (Fergusson et al., 2000). However, it is difficult to infer if the young people from the case file summaries ceased offending altogether, as most had turned seventeen and at this age their case files summaries ended and any further offending would be addressed by the adult justice system.

Drug and alcohol use

The case file summaries indicated that the majority of young people used alcohol and drugs (including cannabis and a small proportion reported using solvents and methamphetamine) Analysis indicated that many young people had longstanding issues with drug and alcohol use. Of the young people whose case file summaries suggested they used alcohol or drugs, most had experienced some form of abuse and many also reported suicidal ideations and self-harming tendencies. On several occasions young people reported that they self-medicated by getting 'wasted', and that drug or alcohol use became a way to alleviate heightened emotional states, such as anxiety, depression, flashbacks of past abuse and to help them sleep. A few of these young people had previously been on or were still be-

ing prescribed medication, the most common being anti-depressants and Ritalin.

Often young people with drug and alcohol issues were referred to counselling and specialist programmes, however not all young people attended or completed these courses of treatment the first time they were referred. Some young people cited that they did not attend these programmes due to transport and monetary difficulties, a lack of support from their caregivers to attend, or they had other commitments, such as community service, tertiary study or work hours that coincided with the programme schedule.

For some young people entry into the youth justice system triggered the first formal recognition of their substance abuse issues, and the first discussion of referral to treatment programmes. Some young people were sentenced to drug and alcohol counselling as part of a youth justice FGC plan. A few young people were directed to attend drug and alcohol residential treatment programmes through the Youth Court because of the severity/chronicity of their drug and alcohol use, but were not able to access the service. This could be in part due to the difficulty in accessing placements in residential drug and alcohol treatment facilities.

Young people's responses to drug and alcohol interventions varied. Several of the young people appeared to engage with these programmes, and these individuals were noted as having ambitions including goals to complete education or find work. Several others appeared to struggle, and these young people expressed issues with specific requirements of drug and alcohol programmes, such as living full time in a residential setting. A few did not think that they had a substance problem and struggled to 'buy-in' to the objectives of the treatment programmes. For example, one young person was report-ed as saying that because they did not use needles like the 'junkies' in

the programme, they did not think they needed to be there. Interventions to deal with young people's use of drugs and alcohol are further discussed in the report in this series on social service practice (Stevens et. al, 2014f).

Mental health

At times young people demonstrated behaviour that was symptomatic of mental health issues and this led to involvement with mental health services. Challenging behaviour, in particular self-harming, suicidal ideation, and early onset drug and alcohol abuse, were often indicators of mental health concerns. The majority of young people in the sample presented with suicide attempts, suicidal ideation and self-harm. A smaller number were reported to be displaying aggravated behaviour considered outside the normal range such as hearing voices or threatening to kill. Some young people were diagnosed with ADHD, major depression, bipolar disorder, psychosis and early onset conduct disorder.

During TWB (Towards Wellbeing) assessments some young people reported self-harm incidents, a desire to self-harm, persistent low mood and recent, historical and/or multiple suicide attempts. Occasionally, self-harm was disclosed to social service professionals during investigations into reports of concern about the young person. The average age of presenting to services with suicidal and self-harm concerns was 13. The youngest attempted suicide was nine, and youngest person with evidence of self-harm was six. Suicidal ideations and attempts were most often attributed by both young people and professionals to feelings of depression, anxiety or neglect, bullying (peer and familial) and historical or contemporary experiences of physical, sexual and emotional abuse. Other explanations for ideations or attempts included a reaction to the death of a caregiver, family/whānau member or peer; a response to

a change in circumstances (such as a new placement); or a crisis such as a sexual assault.

Most suicide and self-harm concerns were responded to by police or mental health crisis teams when the young person was considered to be at immediate risk. Precautions were taken with young people in residences such as removing sharp items, and conducting an assessment of young people's wellbeing using formalised assessment tools. In general, the social service response to self-harm and suicidal ideation involved assessment and putting appropriate supports in place, such as referrals to counsellors, community and mental health services.

Even though many of the case file summaries contained incidents of young people expressing and attempting suicide and self-harm, few received support from formal mental health services until they presented with other issues (e.g. acute psychosis, presenting danger to others). The analysis of the case file summaries suggested that at times mental health service entry thresholds were not met. Less than one quarter of the young people who were assessed by mental health professionals met the service threshold criteria for entry into mental health services. For young people who were referred to mental health services, but did not meet the criterion, their level of need was assessed as not high enough. In a few of these cases, the young person was noted as already being involved with another service (at times, multiple services) which was considered appropriate or they were referred to an appropriate community service provider. As well as criteria based around diagnoses, young people were ineligible for services if they were too young/old, had needs that were assessed as coming under the auspices of another service (such as an intellectual disability), or had been sexually abused and ACC counselling was considered more appropriate.
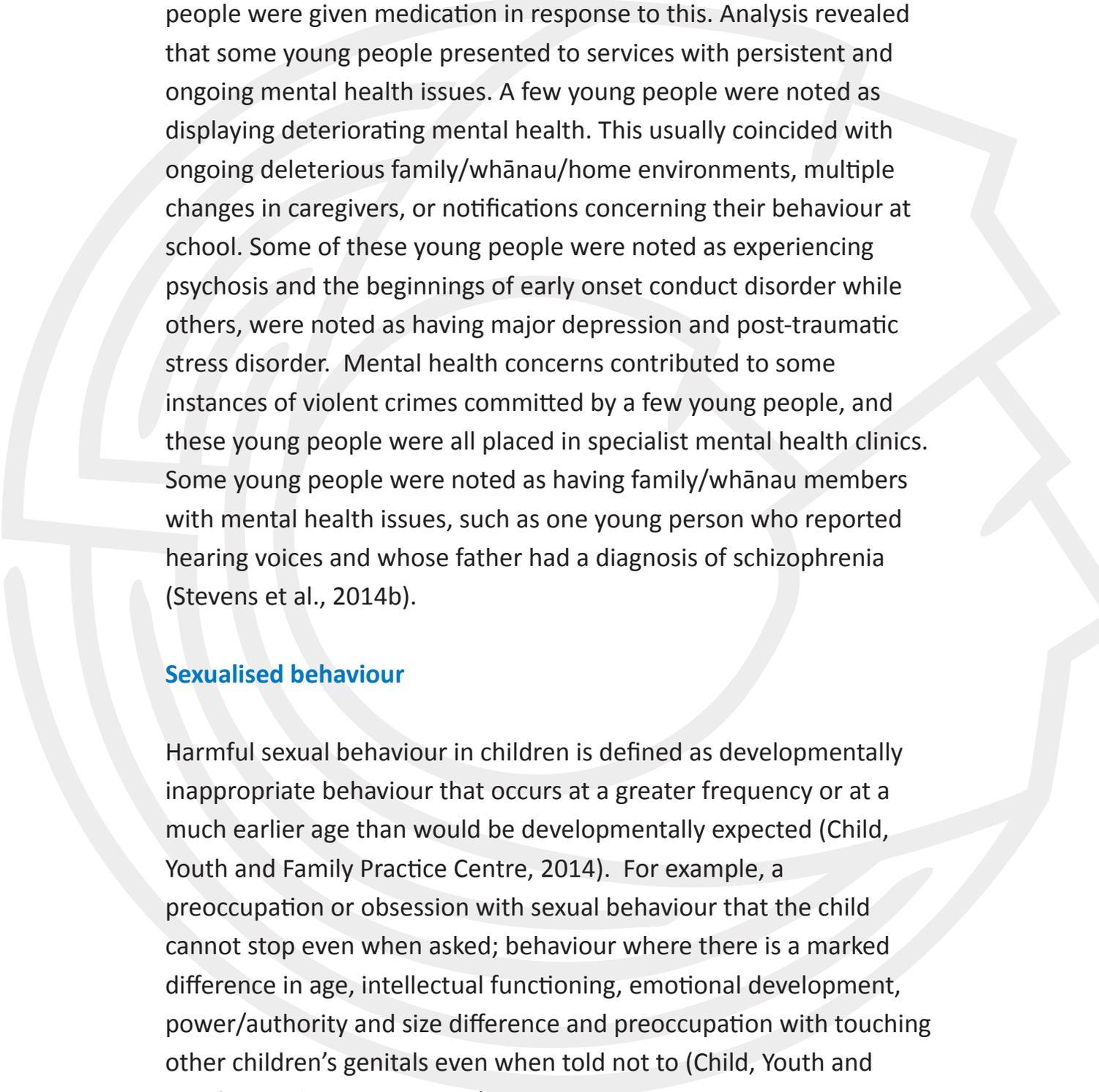
Where young people did receive mental health services, the most common diagnosis was depression, and the majority of the young people were given medication in response to this. Analysis revealed that some young people presented to services with persistent and ongoing mental health issues. A few young people were noted as displaying deteriorating mental health. This usually coincided with ongoing deleterious family/whānau/home environments, multiple changes in caregivers, or notifications concerning their behaviour at school. Some of these young people were noted as experiencing psychosis and the beginnings of early onset conduct disorder while others, were noted as having major depression and post-traumatic stress disorder. Mental health concerns contributed to some instances of violent crimes committed by a few young people, and these young people were all placed in specialist mental health clinics. Some young people were noted as having family/whānau members with mental health issues, such as one young person who reported hearing voices and whose father had a diagnosis of schizophrenia (Stevens et al., 2014b).

Sexualised behaviour

Harmful sexual behaviour in children is defined as developmentally inappropriate behaviour that occurs at a greater frequency or at a much earlier age than would be developmentally expected (Child, Youth and Family Practice Centre, 2014). For example, a preoccupation or obsession with sexual behaviour that the child cannot stop even when asked; behaviour where there is a marked difference in age, intellectual functioning, emotional development, power/authority and size difference and preoccupation with touching other children's genitals even when told not to (Child, Youth and Family Practice Centre, 2014).

The analysis of the case file summaries revealed that a small number

of young people, more commonly males, were reported as demonstrating harmful sexual behaviour. Over a third of these young people had been sexually abused, and in many cases their harmful sexual behaviour was reported to services at the same time as the sexual abuse was reported. The average age at which concerns around young people's inappropriate sexualised behaviour was reported to services was 11, although concerns arose for young people as early as age six. Younger male and female children were commonly the targets of young people's harmful sexual behaviour.

A few young people repeatedly came to the attention of professionals regarding their harmful sexual behaviour; most were referred to specialist treatment programmes aimed at intervening and preventing the continuation of the behaviour. A few young people reported to be showing harmful sexual behaviour also had a recognised intellectual disability, low intellectual functioning or suspected foetal alcohol syndrome. There was a tendency for their sexually harmful behaviours to repeatedly come to the attention of professionals, with at times what appeared to be a lack of under-standing on the young people's behalf concerning the seriousness of their behaviour. There were also historical notifications in their case file summaries, indicating that they may have also been sexually abused when they were children.

Several file summaries, most notably those of young women, reported young people being sexually active between the ages of 13-15, under the legal age of consent (16 years). While some of the young people in the sample reported their sexual activity as consen-sual, many of these young people were highly vulnerable with histories of a range of abuse types (Stevens et al., 2014c). It is interesting to note that professionals appeared to note these behaviours as more concerning for young women than for young men. This inconsistency is seen in several of the case file summaries

where young men engaged in sexual activity with peers of a similar age or a few years older.

Behaviour changes when approaching discharge

An analysis of the case file summaries revealed that several young people started 'acting out' approaching discharge from residences or from services in general. The types of behaviour noted when young people were approaching discharge from residence included: absconding from residence; 'acting-out' and self-harming (noted in the case file summaries as a manifestation of anxiety around being transferred to the adult justice system and in response to caregivers or family/whānau not being involved in their discharge plans). Some professionals attributed 'acting out' behaviours to young people's anxiety around being discharged, and the uncertainty they faced in not knowing where they were going or who was going to be involved in their lives once services withdrew. One young woman, whose recently born child had gone into family/whānau care, had no family/whānau willing to be involved in her life. In the weeks leading up to her discharge, she repeatedly absconded and was quoted as saying that she was "sick of not knowing what [was] going on".

Behaviour improvement

The majority of young people whose behaviour was noted as improving were in youth justice residences, specialist treatment programmes (for example drug and alcohol treatment residences) or residential family homes specifically set up to look after young people with care and protection concerns such as:transience, absconding from home, disengagement with education and an inability for their caregivers to manage these behaviours. For many of the young people placed in residential settings, placement in these facilities was often due to a combination of these factors. A few young people
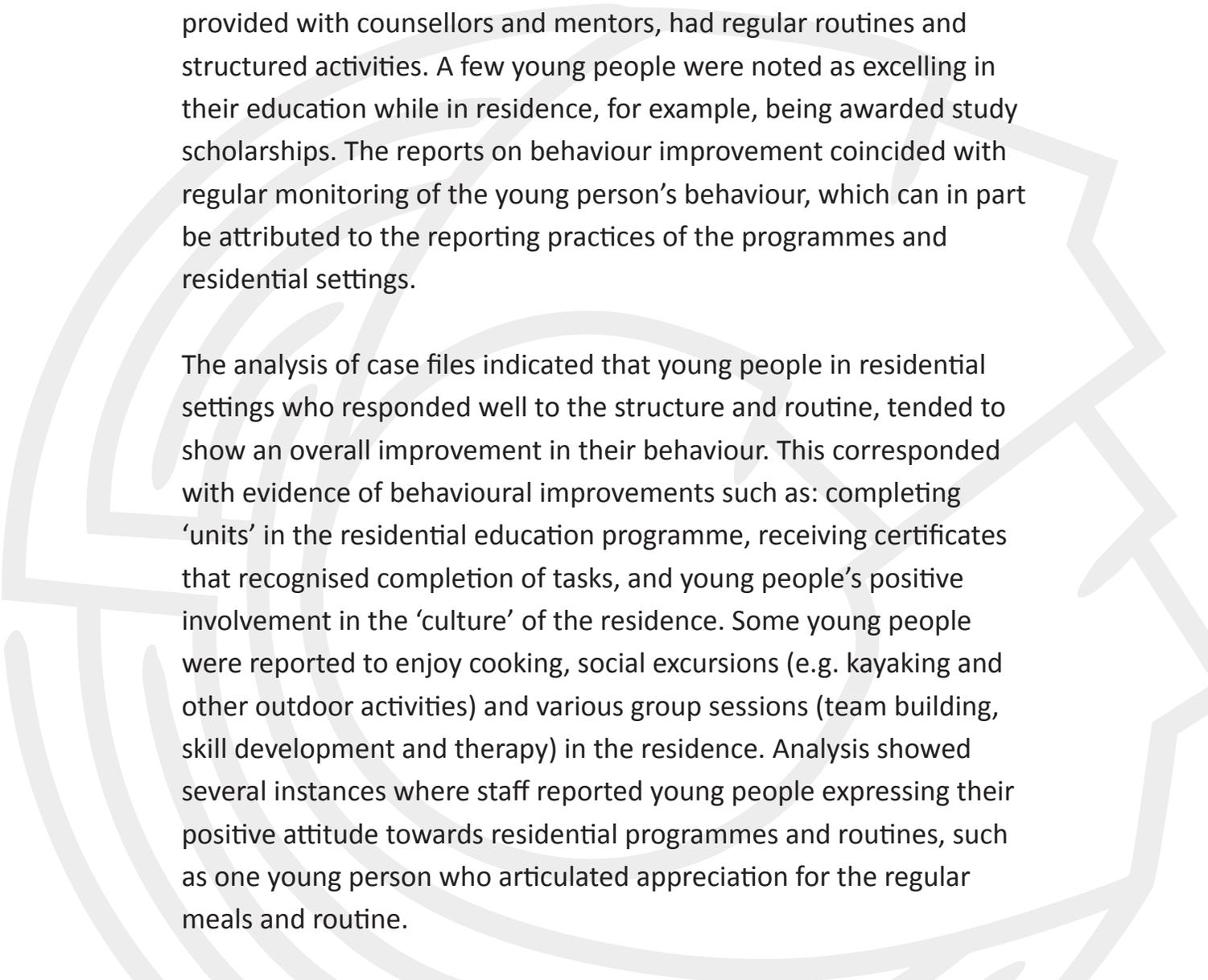
remained in these residential programmes for up to two years. In these settings, young people re-entered mainstream school, were provided with counsellors and mentors, had regular routines and structured activities. A few young people were noted as excelling in their education while in residence, for example, being awarded study scholarships. The reports on behaviour improvement coincided with regular monitoring of the young person's behaviour, which can in part be attributed to the reporting practices of the programmes and residential settings.

The analysis of case files indicated that young people in residential settings who responded well to the structure and routine, tended to show an overall improvement in their behaviour. This corresponded with evidence of behavioural improvements such as: completing 'units' in the residential education programme, receiving certificates that recognised completion of tasks, and young people's positive involvement in the 'culture' of the residence. Some young people were reported to enjoy cooking, social excursions (e.g. kayaking and other outdoor activities) and various group sessions (team building, skill development and therapy) in the residence. Analysis showed several instances where staff reported young people expressing their positive attitude towards residential programmes and routines, such as one young person who articulated appreciation for the regular meals and routine.

Young people in residence were recorded as displaying improvements in their ability to manage anger and emotionally self-regulate, and an enhanced level of self-reflection. A few young people were able to better manage their aggressive outbursts by requesting time out when they became triggered. A few young people who identified an interest in learning were able to articulate the previous difficulties they had experienced regarding education. For example, one young person who engaged with education in a drug and alcohol treatment
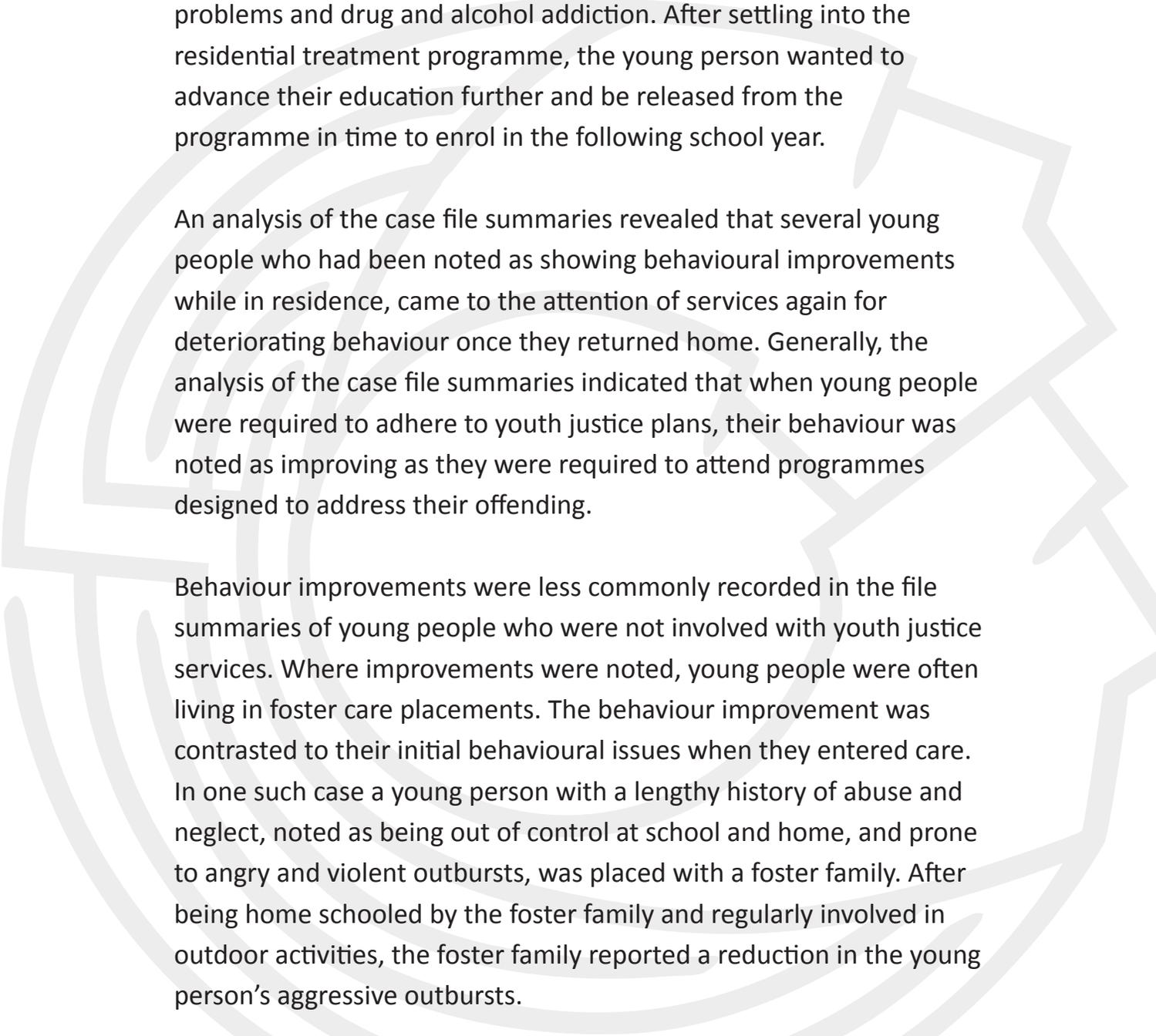
programme identified that they liked learning but had previously found it hard to engage with school due to their family/whānau problems and drug and alcohol addiction. After settling into the residential treatment programme, the young person wanted to advance their education further and be released from the programme in time to enrol in the following school year.

An analysis of the case file summaries revealed that several young people who had been noted as showing behavioural improvements while in residence, came to the attention of services again for deteriorating behaviour once they returned home. Generally, the analysis of the case file summaries indicated that when young people were required to adhere to youth justice plans, their behaviour was noted as improving as they were required to attend programmes designed to address their offending.

Behaviour improvements were less commonly recorded in the file summaries of young people who were not involved with youth justice services. Where improvements were noted, young people were often living in foster care placements. The behaviour improvement was contrasted to their initial behavioural issues when they entered care. In one such case a young person with a lengthy history of abuse and neglect, noted as being out of control at school and home, and prone to angry and violent outbursts, was placed with a foster family. After being home schooled by the foster family and regularly involved in outdoor activities, the foster family reported a reduction in the young person's aggressive outbursts.

Overall, the case file summaries of young people in out-of-home care were most likely to include information about improvements in young people's behaviours, reflecting enhanced routine, structure and educational engagement. Continuous contact between service professionals, caregivers and the young person enabled such

improvements to be noticed. Improvements amongst this group of young people may also reflect more intensive professional practice than for those who lived at home, such as close monitoring and reporting on young people's behaviour by residential staff and regular progress reports against plans as required by the youth or family court. The 'carrot and stick' nature of youth justice plans may also be particularly motivating for young people to make behavioural changes, with a range of services supporting young people to help them avoid punitive outcomes. For example, a few of the services that seemed to support young people in achieving positive behavioural change, were specialised youth justice residential programmes and specific day programmes that catered for young people with drug and alcohol issues, educational disengagement and low level offending. Both of these types of programmes involved the young people in a wide range of activities, for example, outdoor activities, education, drug and alcohol counselling, creative arts, individual and group counselling.

SUMMARY

This report has focused on the themes that emerged from the analysis of young people's behaviour. The analysis included in this report demonstrated clear relationships between vulnerability/risk behaviours, with the impact of growing up systemically disadvantaged (including exposure to abuse and neglect).

Running away was a key coping and survival strategy used by young people. This was initially engaged in to exit abusive caregiver environments and for some young people, became the default response to any further perceived threats to their safety and way of living. For young people who were transient, influenced by other offending peers, and disengaged from school, they were likely to engage in low level offending as a means of survival, such as

shoplifting small items (either to use or to on-sell).

Many of the young people self-harmed in response to emotional and psychological distress. Several young people also reported that their drug and alcohol use was a way to cope with feelings of anxiety, depression and to 'switch-off". A few young people who were in treatment programmes for their offending behaviours and/or drug and alcohol use asked to be moved away from bad influences. As a survival strategy and also often as a response to anxiety about future uncertainties, several young people demonstrated an increase of concerning behaviours as they approached discharge from programmes, services or care.

Several young people in the case file summaries frequently displayed anger and aggression, and some of the case file summaries indicated that there may be a link between these behaviours, and childhood experiences such as exposure to family violence, abuse and neglect. For young people who engaged in offending, only some were involved in high level offending (i.e. manslaughter, sexual assault and aggravated assault). Most examples were lower level offences such as shoplifting and drunk and disorderly behaviour. Young men were more likely than young women to show repeat involvement in youth offending. A large proportion of the young people who offended often had histories of abuse, neglect and out-of-home care.

Young people's drug and alcohol issues had a strong association with complex family histories, usually associated with experiences of abuse and neglect, exposure to family violence, and parental/ caregiver drug and alcohol abuse. Drug and alcohol issues were most frequently addressed when young people became involved with the youth justice system. Several young people displayed harmful or concerning sexual behaviours, and a few young men who displayed chronic behaviour were referred to specialist treatment programmes. There were higher levels of professional concern expressed towards

young women who were sexually active before the age of 16, usually due to other factors such as absconding, drug and alcohol abuse and their caregiver's inability to manage their behaviour. This behaviour was more commonly flagged as concerning when attributed to females than males of the same age.

Most importantly, case file summaries recorded improvements in young people's behaviour. These tended to occur or be recorded when stability was achieved, either through appropriate placements or educational pursuits, or positive changes initiated by the young person. Addressing young people's issues (such as mental health, drug and alcohol) often saw them display enhanced self-reflection, and several young people were able to identify their triggers and learn to employ positive coping strategies. For example, one young person, who wrote poetry, was encouraged to use their creativity to help them express and manage their feelings, and another young person learned to exit a situation when they could feel themselves becoming angry. The case file summaries revealed that some young people's behaviour improved in response to the help they received from service professionals.

While concerning or risky behaviours were more frequently recorded in case file summaries than positive behaviour, this is most likely because concerning behaviours were recorded to explain subsequent interventions or decisions by social workers, and necessitated more regular monitoring of the young person, while improvements in behaviour led to less regular monitoring. It is also important to view young people's behaviours contextually. For example, early exposure to family violence has been attributed to young people going on to display adverse externalising behaviours, such as aggression (Kitzmann et al., 2003). Some of the young people in the study with challenging behaviours had a history of exposure to family violence (Stevens et al., 2014b; Stevens et al., 2014c).
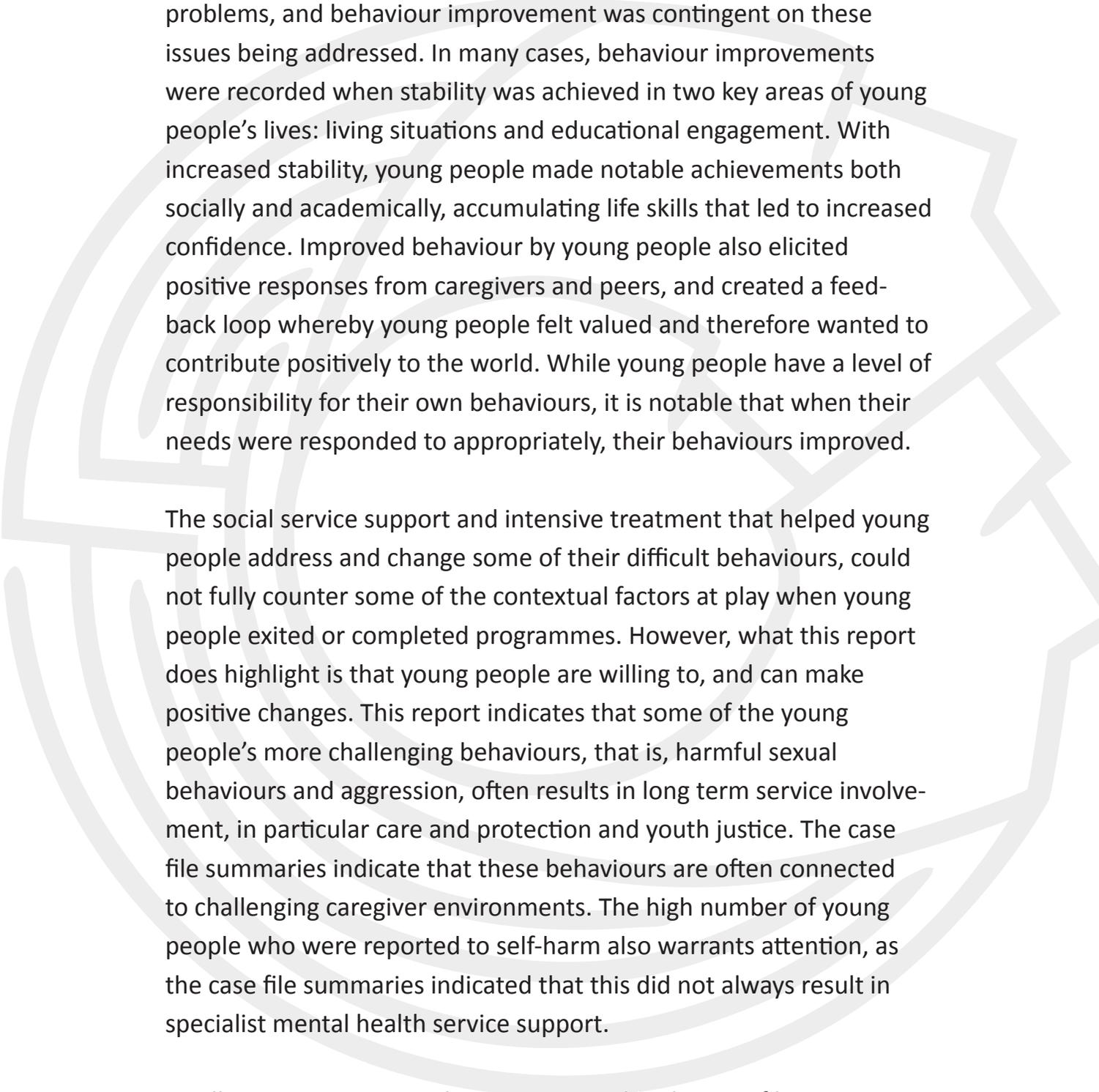
Challenging behaviours were potentially indicative of deeper problems, and behaviour improvement was contingent on these issues being addressed. In many cases, behaviour improvements were recorded when stability was achieved in two key areas of young people's lives: living situations and educational engagement. With increased stability, young people made notable achievements both socially and academically, accumulating life skills that led to increased confidence. Improved behaviour by young people also elicited positive responses from caregivers and peers, and created a feed-back loop whereby young people felt valued and therefore wanted to contribute positively to the world. While young people have a level of responsibility for their own behaviours, it is notable that when their needs were responded to appropriately, their behaviours improved.

The social service support and intensive treatment that helped young people address and change some of their difficult behaviours, could not fully counter some of the contextual factors at play when young people exited or completed programmes. However, what this report does highlight is that young people are willing to, and can make positive changes. This report indicates that some of the young people's more challenging behaviours, that is, harmful sexual behaviours and aggression, often results in long term service involve-ment, in particular care and protection and youth justice. The case file summaries indicate that these behaviours are often connected to challenging caregiver environments. The high number of young people who were reported to self-harm also warrants attention, as the case file summaries indicated that this did not always result in specialist mental health service support.

Finally, many young people were reported in the case file summaries as being aware of their challenging behaviours, and made the effort to work with service professionals to address this. This indicates that

although their behaviours can be troubling and put them at risk, the young people themselves are not the sum total of their behaviours. They can be influenced by their wider social ecologies and contextual factors; often their behaviours indicate how they have survived thus far and that they are trying to manage and exercise some control over their challenging circumstances. This is a useful way of reframing their behaviour, as a genuine and real response to lives in adversity that requires respectful understanding.
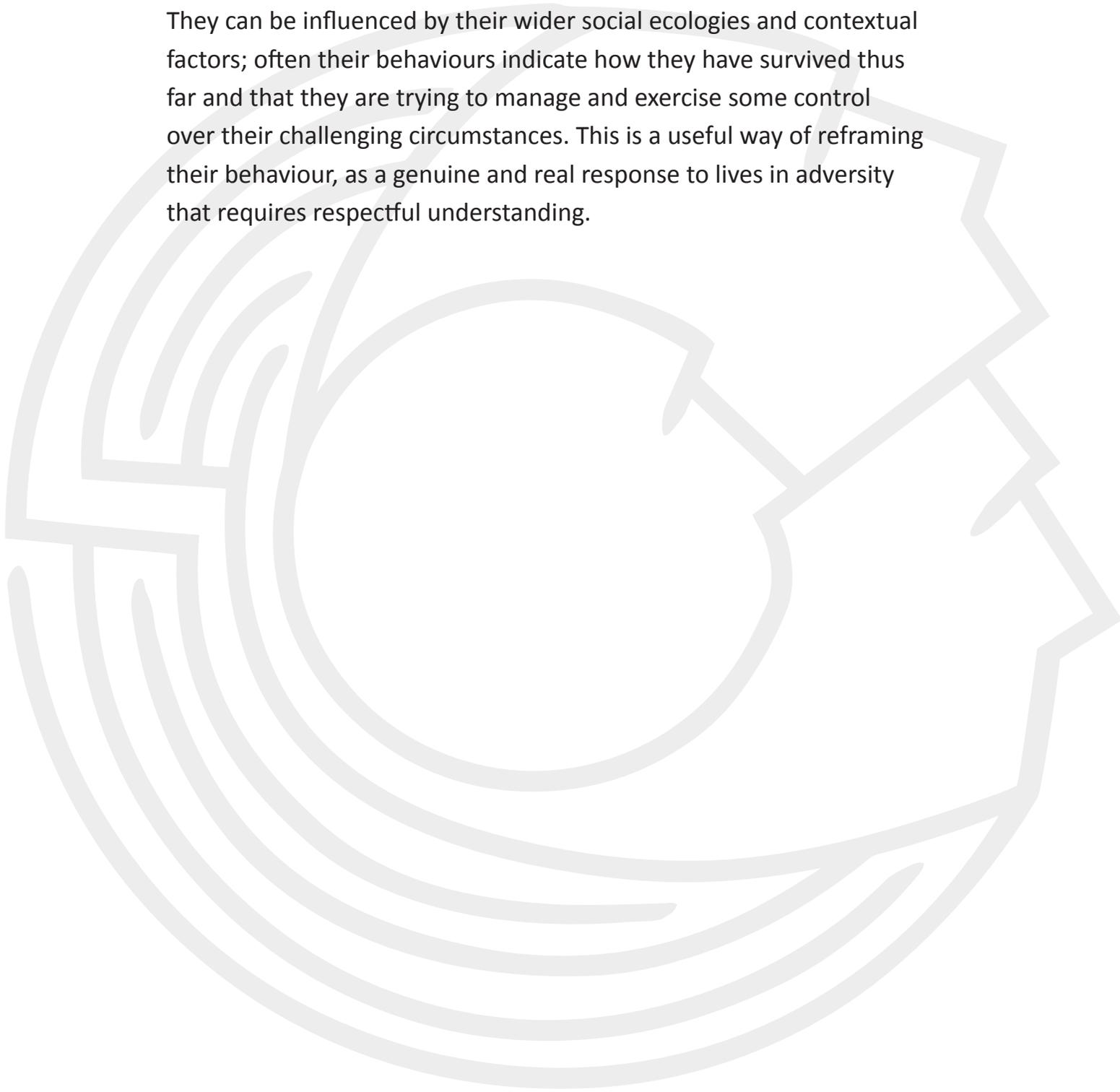
REFERENCES

Becroft, A. (2009, September). *How to Turn a Child Offender into an Adult Criminal in 10 Easy Steps*. Paper presented at the Children and The Law International Conference, Tuscany, Italy.

Child, Youth and Family Practice Centre (2014). *Working Safely with Families/Whanau where Children are Displaying Concerning Sexual Behaviour*. Retrieved from http://www.practicecentre. cyf.govt.nz/policy/assessment-and-decision-making/key-sexual-behaviour.html.

Dewhurst, K., Munford. R., & Sanders, J. (2014a). *Making a claim for services: Technical Report 7.* Retrieved from http://www. youthsay.co.nz/massey/fms/Resilience/Documents/Making a claim for services.pdf.

Dewhurst, K., Munford, R., & Sanders, J. (2014b). *Young people's behaviour tells a story: Technical Report 10.* Retrieved from http://www.youthsay.co.nz/massey/fms/Resilience/ Documents/Young people's behaviour tells a story.pdf.

Fergusson, D & Horwood, J. (2002). Male and female offending trajectories. *Development and Psychopathology,14*, 159-177.

Fergusson, D., Horwood, J., & Nagin, D. (2000). Offending trajectories in a New Zealand birth cohort. *Criminology, 38* (2), 525-553.

Fergusson, D., & Lynskey, M. (1997). Physical punishment/ maltreatment during childhood and adjustment in young adulthood. *Child Abuse & Neglect, 21* (7), 617-630.

Haigh, Y. (2007). Why they desist: understanding the life worlds of young people involved in crime. *Institute of Restorative Justice and Penal Reform (Report)*. Perth, Australia: Murdoch University.

Kidd, S. (2003). Street youth: Coping and interventions. *Child and Adolescent Social Work Journal, 20* (4), 235-261.

Kitzmann, K., Gaylord, N., Holt, A & Kenny, E. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71* (2), 339-352.

Klonsky, D. (2009). The functions of self-injury in young adults who cut themselves: Clarifying the evidence for affect-regulation. *Psychiatry Research, 166*, 260-268.

Litrownik, A., Newton, R., Hunter, W., English, D., & Everson, M. (2003). Exposure to family violence in young at-risk children: A longitudinal look at the effects of victimization and witnessed physical and psychological aggression. *Journal of Family Violence, 18* (1), 59-75.

Munford, R., Sanders, J., Liebenberg, L., Ungar, M., Thimasarn-Anwar, T., Youthline New Zealand, Dewhurst, K., Osborne, A., Henaghan, M., Mirfin-Veitch, B., Tikao, K., Aberdein, J., Stevens, K., & Urry, Y. (2013). *The Pathways to Resilience Research Project: Conceptual Development of the Pathways to Resilience Study: Technical Report 1.* Retrieved from http://www.youthsay.co.nz/massey/fms/Resilience/Documents/Conceptual Development of the Pathways Study.pdf.

Sanders, J., Munford, R., Liebenberg, L., Ungar, M., Thimarsarn-Anwar, T., Johnston, W., Youthline New Zealand, Osborne, A.,

Dewhurst, K., Henaghan, M., Aberdein, J., Stevens, K., Urry, Y., Mirfin-Veitch, B., & Tikao, K. (2013). *The Pathways to Resilience Research Project: The Human Face of Vulnerability: Technical Report 3.* Retrieved from http://www.youthsay.co.nz/massey/fms/Resilience/Documents/The Human Face of Vulnerability.pdf.

Solomon, R. (2010). Working with endings in relationship-based practice. In G. Ruch, D. Turney & A. Ward (Eds.), *Relationship-based Social Work:Getting to the Heart of Practice* (pp. 164-182). London: Jessica Kingsley.

Stevens, K., Munford, R., Sanders, J., Dewhurst, K., Henaghan, M., Stanley Clarke, N., Youthline Auckland, Tikao, K., Mirfin Veitch, B., Cumming, J., Buckley, S., Grace, N., & Liebenberg, L. (2013). Pathways to Resilience: Youth justice in New Zealand. Retrieved from http://www.youthsay.co.nz/massey/fms/Resilience/Documents/Youth Justice.pdf.

Stevens, K., Munford, R., & Sanders, J. (2014a). *The Pathways to Resilience Research Programme: Review and Analysis of Case File Summaries: Report on Engagement with Education. Technical Report 13.* Retrieved from http://www.youthsay.co.nz/massey/fms/Resilience/Documents/Engagement with Education.pdf.

Stevens, K., Munford, R., & Sanders, J. (2014b). *The Pathways to Resilience Research Programme: Review and Analysis of Case File Summaries: Report on Family patterns. Technical Report 9.* Retrieved from http://www.youthsay.co.nz/massey/fms/Resilience/Documents/Family patterns.pdf.

Stevens, K., Munford, R., Sanders, J., Urry. Y. & Thompson, C. (2014c).

The Pathways to Resilience Research Programme: Review and Analysis of Case File Summaries: Report on Wellbeing Concerns. Technical Report 14. Retrieved from http://www.youthsay.co.nz/massey/fms/Resilience/Documents/Wellbeing Concerns.pdf.

Stevens, K., Munford, R., Sanders, J., Liebenberg, L. & Ungar, M. (2014d). Change, relationships and implications for practice: The experiences of young people who use multiple services. *International Journal of Child, Youth and Family Studies, 5* (3), 447-465.

Stevens, K., Sanders, J., & Munford, R. (2014e). *The Pathways to Resilience Research Programme: Review and Analysis of Case File summaries: Introduction to File Reviews. Technical Report 15.* Retrieved from http://www.youthsay.co.nz/massey/fms/Resilience/Documents/Introduction to file reviews.pdf.

Stevens, K., Sanders, J., & Munford, R. (2014f). *The Pathways to Resilience Research Programme: Review and Analysis of Case file summaries: Report on Social Service Practice.* Palmerston North, New Zealand: Massey University Resilience Research Centre.

Ungar, M. (2001). The social construction of resilience among "problem" youth in out-of-home placement: A study of health-enhancing deviance. *Child & Youth Care Forum, 30* (3): 137-154.

Ungar, M. (2004). *Nurturing hidden resilience in troubled youth.* Toronto, Canada: University of Toronto Press.

Ungar, M. (2005). Pathways to resilience among children in child welfare, corrections, mental health and educational settings:

Navigation and negotiation. *Child & Youth Care Forum, 34* (6), 423-444.

Van Orden, K., Witt, T., Cukrowicz, K., Braithwaite, S., Selby, E., & Joiner, T. (2010). The interpersonal theory of suicide. *Psychological Review, 117* (2), 575-600.

Worrall, A. (2001). Girls at risk? Reflections on changing attitudes to young women's offending. *Probation Journal, 48* (2), 86-94.

Williams, N., Lindsey, E., Kurtz, D., & Jarvis, S. (2001). From trauma to resiliency: Lessons from former runaway and homeless youth. *Journal of Youth Studies, 4* (2), 233-256.