

The Use of Multiple Social Services Among Chronically Offending Youth

Pat Jobes

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Introduction

Research in criminology long ago established that a small proportion of offenders account for a high proportion of crime. The possibility that chronic offenders may also have involvement with multiple social services has been noted in social science and social services literature, though precise evidence for this is limited. This paper summarises: research findings, explanations and policy implications by addressing the magnitude of multiple service use by chronic offenders among young people; issues of access, process, experience and outcomes that distinguish chronic offenders from non-chronic offenders; how these factors contribute to variations in the relationship between chronic offending and multiple service use; the most effective practices for managing at-risk populations in order to reduce offending; and policy implications of the research findings.

The relationship between people who are chronic offenders and who come into multiple contacts with social service agencies is important for several reasons. First, as the classic study by Wolfgang, Figlio and Sellin (1972) demonstrated, the social implications of chronic offending among juveniles are socially dismal both for the offenders and for the wider community. Second, the economic and social costs of chronic offending and multiple service use are high. As an extreme example, Horin (2004) reported that the Department of Community Services is paying \$800,000 per year for the care and treatment of one especially difficult child, and \$400,000 for three others. They may imply a revolving door of less-than-optimal responses by service agencies (Farrington 1996). Third, the presence of a small number of chronic offenders who are multiple service users may imply they are not receiving responses that would be most effective for them (Aumair, Harris, McConnell and White 1997). Fourth, ineffective allocation of resources may deprive other people in need of help from receiving essential services. It is imperative that the most efficient and effective means of treatment are being utilised (Coumarelos 1994). The broader need for precious services throughout the society must not be sacrificed (Coumarelos 1994). Fifth, the causal relationship between chronic offending and the use of multiple services is unclear. While conventional wisdom could fault the failure of effective services for preventing recidivism, the offending itself may initiate the provision of services. Finally, understanding the relationship between chronic offending and multiple service use is vital to create and maintain programs and to direct policies that will help to:

- identify areas where current research and inquiry are lacking;
- establish mechanisms for collecting and analysing data (Loeber and Farrington 1998)
- prevent offending, facilitate rehabilitation and reduce recidivism; and
- present a broad and thorough discussion about the relationship between being a chronic offender and being a multiple user of social services (Tracey and Kempf-Leonard 1996).

Two general complementary frameworks have been used to consider how chronic offenders draw upon supportive services (Allport 1942). These approaches constitute complementary rather than antagonistic research strategies (Baker 1999). The first is an actuarial approach that analyses characteristics that place people at highest risk of offending and encountering social service institutions (de Vaus 2002). The logic of the actuarial analysis implies establishing probabilities of how underlying characteristics predispose people to offend and to come into contact with social services. The actuarial approach is a powerful tool for examining large amounts of information and describing the relationship between offending and service use for an entire population or subpopulations (Jobes, Barclay & Donnermeyer 2002). Social scientists have scarcely begun to examine the abundant valid and reliable social data that are available in Australia. Actuarial analysis is convenient because it relies on systematically collected government records. One finding that has emerged through the actuarial approach is that chronic offenders are likely to have multiple characteristics that are associated with encountering difficulties in many contexts in addition to the legal system. These factors; age, gender, family dysfunction, ethnic and cultural status and mental illness, are discussed in the following section.

The second framework is a clinical approach that scrutinises the personal histories of offending and service use for individuals (Huberman & Miles 2002). The clinical approach provides valuable insights into individual experiences with justice and other social service institutions that cannot be obtained from the actuarial approach. The advantage of this approach is that by identifying the actual experiences of individuals a case history can be constructed for each individual (Yin 1989). There also are disadvantages. The cases may not be representative of other offenders or service users. The broad perspective about what behaviours characterise the larger population may be diminished because the cases under investigation may not represent what is occurring in the larger population. Ethical problems also plague the disclosure of information about individuals. However, the clinical approach can provide complex and profound insights into individual experiences with justice and other social service institutions that cannot be obtained from the actuarial approach.

Past research

The Dark Figure of Crime lurks behind what is not known about chronic offenders. Extant literature is based upon knowledge about chronic offenders who have come to attention through official statistics and self reports, and

who may differ from the broader cohort of chronic offenders who are multiple service users. (Coleman and Moynihan 1996). Given this covenant, research in the United States (Browning & Loeber 1999; Ayers et al. 1999; United States 1995) and Europe (Farrington 1996) has persistently indicated that a small number of families place disproportionate demands on social services. Although recidivism has received considerable attention, little research has been undertaken in Australia to identify the relationship between chronic offending and multiple service use, particularly among young people (Cain 1996). Cashmore & Paxman (1996) found that a minority of juvenile offenders quickly and frequently returns to court. Although New South Wales has considered the topic, no systematic collection of information has been conducted in Australia (Baker 1998). Because of the absence of such research, the following discussion implies a model of categories with high risks of offending and high likelihood of involvement with services.

Several underlying factors have implications regarding causation and consequent treatments of chronic offending. References are drawn from research that reported initial discoveries of the findings being interpreted and from recent data from Australia. Offenders with these characteristics may be more likely to draw upon services besides the social justice system because of other underlying vulnerabilities. Persistent disruptive effects of chronic offending into adulthood and parenthood are of particular concern. Chronically offending juveniles are more likely to become adults who abuse drug and alcohol, offend, suffer from physical and mental illness, divorce and die younger (Sarnecki 1989).

Age

Offending in general and chronic offending in particular are strongly associated with age (Piquero et. al. 1999). Offending peaks in the United States between 15 and 24 and rapidly declines with age (Gottfredson & Hirschi 1990). While more sophisticated and professionally skilled offenders, such as forgers and embezzlers, tend to be older, approximately two thirds of robberies, burglaries, arson and vehicle thefts, and about half of all violent crimes, are committed by people under 25 (Tittle & Ward 1993). In Queensland, South Australia and Victoria (Australia Institute of Criminology 2003) the 2001-2002 alleged offender rate per 100,000 was roughly four times higher for 15-19 year olds (6421) than for the total offender rate (1544). In Queensland the peak ages for juvenile male (42%) and female (35%) offenders, respectively, were 16 and 15 (Lynch, Buckman & Krenske 2003). Although reductions in offending occurred among the 10-14 (-26%) and 15-19 (-22%) year olds between 1995-92 and 2001-02, chronic offending did not decline.

Considerable disagreement exists about the reasons for this 'inverted *j*' relationship between age and offending. Most authors agree that some combination of motivations to offend and an absence of constraints predispose individual offenders (Tittle and Grasmick 1997). Young people who offend are especially likely to be in the company of other young offenders

who are acting beyond conventional control mechanisms. The consistent relationship found between age (and gender) and crime increases the validity of biological explanations and weakens general social theories (Gove 1985). Age also is linked to having accidents, pregnancies, mental illness and school problems, all of which may lead youth to draw upon social services.

Gender

Males are much more likely to commit crimes, to commit more serious crimes and to do so more frequently than women (Elliott 1994). The male/female ratio for violent crime (5.7) and total crime (3.1) exemplify this difference (Federal Bureau of Investigation 2003). In Queensland, South Australia and Victoria (Australian Institute of Criminology 2003) the alleged offender rate per 100,000 was roughly four times higher for males (3033) than for females (753). Lynch, Buckman and Krenske (2003) found that female young offenders who entered the Queensland justice system in 1994 (22%) were less than half as likely to be imprisoned in adulthood as males (54%). With few exceptions, including prostitution and shoplifting, the differential between men and women is among the most documented in criminology, though some theorists maintain some convergence is occurring (Adler 1975, Ogilvie 1995). In Australia declines have occurred among younger offenders of both genders. Men, especially young men, are particularly at higher risk of accidents and problems with school than are women. These risks would increase their likelihood to interact with social services.

Minority status

Ethnic and racial crime statistics are among the most controversial in criminology for two reasons. First, definitions of minority status are imprecise. Second, criminal justice statistics likely imply labels that operate to the disfavour of some minorities. In the United States Black people are approximately two to four times as likely to commit index crimes as White people (Federal Bureau of Investigation 2003). Indigenous People often have comparatively higher rates of crime and reoffending (Cunneen 2001). American and Canadian Indians are more than twice as likely to be imprisoned, and New Zealand Maoris more than three times as likely, as White people. Australian Aborigines and Torres Strait Islanders are twelve times as likely to be incarcerated. In the Queensland study, additional orders were served to seventy-nine per cent (89% for males) of young Indigenous offenders additional orders compared to forty-nine per cent of non-Indigenous offenders (Lynch, Buckman and Krenske 2003). Measures of social disadvantage among Indigenous Peoples correspond to their crime statistics. Their increased probabilities of experiencing problems in school, familial relationships, employment, housing and health are likely to bring them into more frequent contact with representatives in those sectors.

Offenders also differ with regard to ethnicity in Australia (Mukherjee 1999). For example, migrants from Turkey, Lebanon, and Vietnam are more likely to

commit crimes than those from Greece, Africa and Eire. In 1996-97 migrants from Romania had the highest rate per 1000 (92) of offending in Victoria. In contrast, migrants from the United Kingdom had a relatively low (13) offending rate. Overall, migrants have lower rates of crime than do native-born Australians (31), a figure which includes Indigenous offenders. Information about second-generation migrants would be even more instructive because the consequences of ethnic marginality on crime and social services would become more evident. Migrants are entitled to, and are more likely to draw upon, a variety of social services (Australian Government 2004). Migrants who enter Australia as skilled employees draw on fewer resources than migrants who follow as family members or who are admitted under the humanitarian program. Comparisons of offending and service use among migrants who enter in these different streams would provide valuable information.

Intelligence

Intelligence, as measured by intelligence quotient (IQ), has consistently been found to be negatively associated with criminal behaviour. The linkage is contentious. IQ is affected by cultural and personal experiences in addition to reflecting a middle class bias. Nevertheless, with the exception of crimes that reward levels of intellectual expertise, like white-collar crime and forgery, persons with lower IQ scores are more likely to offend and to be apprehended (Herrnstein and Murray 1994). Lower intelligence reduces educational success and consequent economic and social success. It also may reduce social awareness and exacerbate the chances of persons with low IQ to be labelled. For these reasons, persons with lower intelligence may need more special service assistance.

Mental illness, personality and temperament

A connection between mental illness and crime, especially violence, has been investigated for decades (Glueck & Glueck 1950). The findings, however, are neither strong nor direct (Rosenblatt, Rosenblatt & Biggs 2000). Mental illness implies difficulty in conforming, though only a minority of mentally ill people commit crimes. Impulsivity (Wilson & Herrnstein 1985) and psychopathy (Megargee & Bohn 1979) are associated with criminal behaviour. Research indicates that some criminal behaviour, such as drug use, sexual abuse and violence, alleviate anxiety induced by the illness (Kaplan 1980). Participation in these activities also increases interaction with antisocial peers who impulsively use more drugs, experiment more with sex and perform more poorly in school than other juveniles (Loeber & Farrington 1998). In their recent meta-analysis of twins and adopted children, Rhee and Waldman (2002) provide strong evidence that while genetics contributes to antisocial behaviour, the influences of environmental factors are much greater.

How mental illness is defined can dramatically influence how it is associated with crime. The New South Wales Inmate Health Study (Butler & Allnutt 2003) found that most men (78.2%) and women (90.1%) inmates suffered from some psychiatric disorder at the time of reception. Mullen (2001) found that these disorders were compounded by extremely high levels of drug and alcohol abuse compounded these disorders. In contrast, less than one Australian homicide in twenty (4.4 %) was found to be committed by a person suffering from a mental disorder.

Drugs

Although experimentation with drugs is common among youth, heavy and persistent use typifies criminal offenders. The Drug Use Careers of Offenders (DUCO) study in Australia found that most male offenders were multiple offenders who had used drugs (62%) during the six months before being apprehended (Makkai & Payne 2003). As found in prior studies, the most chronic offenders in the DUCO study began using drugs and offending at earlier ages than other offenders (Zhang, Wiczorek & Welte 1997).

Family and community dysfunction

The Gluecks' (1950) had also noted negative effects of dysfunctional families on reoffending, though disagreement about what constitutes functional persists. Children in single-parent households are ten to fifteen percent more likely to be delinquents than children from intact families, though children of divorced parents are less likely to be delinquent than those from unhappily intact families (Nye 1958). Broken homes are less likely to provide adequate supervision and effective socialisation than intact homes (Rankin & Wells 1990). Poor families have more frequently been disrupted by divorce and loss of family members and health problems (Tolan, Guerra & Montaini-Klov Dahl 1997). Single mothers and their families are more likely to experience social and psychological disruption from unemployment, as well as unsettling changes in residence, employment and household composition (McLoyd 1990). Dysfunctional may also imply parents who are socially and emotionally neglectful and parents who use drugs (Broidy 1995). Chronic offenders are significantly more likely to come from deviant and multiple problem families (McCord 1996).

Theoretical issues

Motivations and controls to conform are influenced by social factors, such as the type of community, family and peer interactions, and individual factors, such as personality, intelligence and mental health. Factors that increase the frequency of offending also increase the frequency of chronic offending. As the number of underlying factors characterising a person increase, so too does their likelihood to offend. Just as being an older mentally healthy woman living in a supportive and nurturing environment decreases the

likelihood of being a chronic offender, being a young, mentally unstable, male addict residing in a highly disorganised neighbourhood increases the likelihood.

Most sociological and psychological research has indicated that chronic offending usually is a consequence of ineffective controls and socialisation. An alternative perspective claims that chronic offenders represent a failure of government. Ogilvie (no date given) distinguished *governmentalised* youth, who are identified through their involvement with the service system, from those who are identified as *marginalised* because they are homeless. Noting their frequent progression from family related services to trouble with the legal system, she suggested that social services for youth might be made more effective. White (2003) observed that the frequency and basis with which young people interact with police services, housing services, welfare agencies and other social services affects their health and wellbeing. Young people who have been state wards frequently become enmeshed in the juvenile justice system (Community Services Commission 1996).

White posited two general pathways to chronic offending. Some young people offend as a reaction against their *negative experiences* with social justice services. Others offend because they have been *deprived of resources* that could have helped them. Most chronic offenders come from backgrounds that impede softer sentencing options. Their homes are often so dysfunctional that they are placed into foster care for lack of more nurturing alternatives. A cycle of multiple foster care placements, school and adjustment problems and eventually multiple offending occurs because of their unstable families and unsupportive communities. The key research questions from this alternative perspective involve how the experiences of young multiple service users impact upon their material circumstances and how these experiences influence their disposition toward (or away from) criminal and anti-social behaviour (Developmental Crime Prevention Consortium 1999).

Motivations and controls to conform are influenced by social factors, such as the type of community, family and peer interactions that affect a person, and individual factors, such as personality, intelligence and mental health. However, the flaw in adapting an overly sociological interpretation of risk is that many persons who are in high risk categories are not multiple offenders, whether they are receiving multiple services or not.

Initiatives for reducing chronic offending and multiple service use

Criminology faces a quandary regarding how to respond to offenders, particularly chronic offenders who draw heavily upon social services. 'Nothing works' became the pessimistic conservative invective regarding rehabilitation throughout the 1980's in American criminology (Martinson 1974). Gendreau, Little & Goggin (1996) demonstrated through meta-analysis the more humane position that rehabilitation initiatives can reduce recidivism. Nevertheless, this more optimistic position was subverted in the United States and to some

extent in Australia (Braithwaite & Pettit 1990).

The recognition that some offenders have especially high potential for reoffending is important (Farrington 1996). Carcach and Leverett (1999) found that recidivism declined when service orders were imposed. Government policy has placed some mentally ill people at greater risk of offending. The positive side of deinstitutionalisation has been that far fewer people are institutionalized. Between 1981 and 2001 the number of people in psychiatric hospitals or other mental institutions dropped from 20,170 to 6,100 (Australian Bureau of Statistics 2003). However, deinstitutionalisation may have eventuated in offending and consequent incarceration of mentally ill persons who in the past would have been institutionalized. Victoria (2003) has recently written an act establishing a model for service delivery among chronically offending adults who are multiple service users. A juvenile treatment model in New Zealand (2002) is currently being trialed.

The costs of offending and the provision of services

If estimating the magnitude of the relationship between chronic offending and multiple service use is difficult, attempting to estimate the costs of the relationship multiplies that difficulty. Several factors contribute to this increased difficulty. The costs of crime and of the provision of services are themselves difficult to estimate. The meanings of costs and benefits further complicate those estimates. The following discussion projects how general estimates are associated with more specific costs for chronic offenders who are multiple offenders.

The most definitive current estimate is that crime costs Australia approximately \$32 billion per year (Mayhew 2003). Mayhew's estimate is conservative since many expensive crimes were not included in the calculations. In addition to direct costs of items destroyed and lost, costs resulting from medical treatment, loss of work and policing, court and confinement and less tangible costs add to the figure. The estimated costs vary according to type of offence. For example, homicide costs approximately \$1.6 million per offence, assaults about \$1,800, robbery about \$3,600 and vehicle theft about \$6,000. Crimes vary also in the proportion that they contribute to overall costs. For example, fraud contributes 31 per cent of the total, violence 14 per cent, drug misuse 10 per cent and robbery 3 per cent.

General estimates are imprecise and subject to wider variation. The United Nations estimates the cost of a homicide in Australia to be US\$ 829,000 in comparison to Mayhew's higher estimate (World Health Organisation 2004).

The costs of incarceration are a major contributor to the costs of crime and are much easier to estimate. The cost per prisoner per day ranged from \$108.40 in Queensland to \$195.9 in the ACT, and averaged \$139.50 for Australia in 2001 (Productivity Commission 2002). Two counter trends are evident. At the same time that alternatives are diverting more offenders from incarceration, the number of persons imprisoned has increased by nearly one-

third because of increased numbers of offences and offenders (Australian Bureau of Statistics 2001).

In addition to costs of crime, this topic also makes it necessary to address the costs of service delivery among chronic offenders who draw heavily upon social services. The rather benign act of leaving school early costs the Australian economy \$2 billion a year (Business Council of Australia 2003). The costs of the ubiquitous abuse of drugs was \$1.9 billion over a decade ago, and that cost had increased by more than a quarter during the previous four years (Collins & Lapsley 1992). The individual and collective social costs are very high. Approximately one death in five is drug related. Weatherburn et al (2000) estimate that a heroin user who ingests three caps per day must raise between \$30 and \$40 thousand per year.

Nevertheless, however the costs are defined and whatever the measures employed, the costs are high. The unresolved empirical problem involves discovering what proportion of costs and what kinds of costs are associated with chronic offenders who frequently draw upon other social services. It also requires determining the characteristics of those social services.

The economic and social costs of chronic offending and multiple service use may imply a revolving door of costly and less-than-optimal responses by service agencies (Farrington 1996). As an extreme example, Horin (2004) reported that the Department of Community Services is paying \$800,000 per year for the care and treatment of one especially difficult child, and \$400,000 for three others. Identification of costs for particular groups of offenders and service users who are participating in rehabilitation initiatives may lead to reductions in costs associated with receiving special treatment. More importantly, they may lead to lower recidivism rates, which would reduce direct costs of crime, indirect costs of treatment and rehabilitation, and secondary costs to victims. For example, the individual cost (\$143.87 per day) of participating in the NSW Drug Court Program in 2000 was only marginally less than the cost of conventional sanctions (\$151.72). However, the longer-term savings from reduced recidivism make the program much more cost effective (Weatherburn et al 2000).

The forgoing recitation of figures is important for this paper only as those costs are related to chronic offenders who use multiple services. If such offenders are more likely to engage in particular types of crime, they may be proportionately more (or less) costly to society, depending on the costs of such crimes. If they are more likely to require special types of incarceration, such as forensics care or top-security, the costs may be three or four times as costly. On the other hand, if forensic care significantly reduces recidivism, the additional expenditures may be justified in beneficial economic, as well as humanistic, terms. Similarly, certain types of crime prevention may be particularly applicable and effective for chronic offenders with multiple service needs. For each aspect of responding to different types of crime and with different aspects of prevention and corrections, the differential costs of chronic offenders and multiple service users can be analysed (Pawson & Tilley 1997). Based on what is known about the social and demographic characteristics of

offenders, it is likely that most chronic offenders who are multiple service users may be relatively more likely to commit a disproportionate number of relatively low cost crimes while drawing upon a relatively high proportion of expensive social and justice services. For example, the direct economic costs of crimes committed by juveniles are relatively low in comparison to total crime, which is rare among juveniles (Chan 1994). However, the justice and service costs for juveniles are collectively high in comparison to overall costs of, for example, fraud.

The need for future research

The absence of information about the relationship between chronic offending and multiple service use has generated a number of crucial questions. Until more factual information is available, answering pragmatic questions concerning types and effectiveness of delivery programs will remain moot. There is a need for research investigating factors that link chronic offending and multiple services use to expand beyond quantitative tabulations. The effectiveness of model service delivery procedures for treating offenders in order to develop optimal practices for future procedures are also needed (United States Office of Juvenile Justice and Delinquency Prevention 1995). Answers to the following questions would resolve much of what is unknown about the relationship and would serve to inform decision makers about the needs for future policy.

Offenders

- Do serious chronic offenders draw upon service sectors more than less serious chronic offenders?
- Do some types of chronic offenders, such as those engaged in assault or car theft, systematically utilise social services more than others?
- Are some types of psychological characteristics, such as organic psychoses or AD/HD, disproportionately represented among chronic offenders?
- Are particular socio-demographic categories, eg gender, ethnicity, single-parent households and social class, associated with the link between chronic offending and multiple service use?

Practitioners

- What roles do the police and other social justice practitioners play in working with young chronic offenders?
- How can these roles be integrated into effective programs?
- Are police and courts a direct line of response to severely problematic youth who might be more effectively served through some other service?
- How does involvement with the service sector occur in relation to frequency of contact with police?
- How does the response by the community to chronic offenders and multiple service users influence the way in which they are handled by the justice system?

Policy

- How effective are traditional services for reducing chronic offending?
- How do chronic offenders perceive their experiences with the social services, including those associated with criminal justice?
- What new models of 'best practice' exist for responding to young chronic offenders who are multiple users of social services (including what are the criteria for 'good' sentencing and treatment)?
- How is the availability of institutional services associated with the link between multiple service use and chronic offending?
- How can new integrated models of service delivery be established and managed?

Conclusions

The relationship between being a chronic offender and coming into multiple contacts with social service agencies is a matter of historical and continuing concern in criminology. A small proportion of offenders commit a high proportion of crimes. However, the degrees to which chronic offenders come into contact with services besides those in social justice are less understood. Although the greater likelihood of particular categories of people, such as males, Indigenous Peoples and drug and alcohol abusers, being chronic offenders is well documented, there is limited documentation concerning the degree to which offenders draw upon social services. The relationship between user categories and chronic offending is complex and may not be uni-dimensional for multiple service users. This is illustrated by the comparatively higher proportion of women inmates being mentally ill in spite of the lower likelihood of women being offenders. There is ample reason to infer that policy decisions have placed particular categories, such as mental illness and homelessness, at greater risk of offending and of being victims.

The essential data for answering many of the most pressing theoretical, empirical and policy-related questions concerning chronic offending and multiple service users currently exist in records systematically collected by service agencies. Analysis of these data, while attending to ethical issues regarding disclosure, promises to be one fruitful avenue for future criminological research.

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