

# 'Offending doesn't happen in a vacuum': The backgrounds and experiences of children under the age of 14 years who offend

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## Abstract

Relative to those who first offend in adolescence, younger children who offend are at increased risk of engaging in serious, persistent, and violent offending. In addition, these children are at risk of a range of adverse psychosocial outcomes across the lifespan. Early intervention with children at risk of offending is therefore critical to support children to thrive and reduce offending and victimisation rates. This study sought to explore the backgrounds and experiences of children who offend prior to the age of 14 years to shed light on the development of child offending and assist early intervention efforts. Interviews with family members (with lived experience of interacting with the child welfare and child offending system) and frontline child welfare and judicial professionals (who directly engage with children who offend) ( $n = 33$ ) were conducted. Their experiences show that children who offend have clear, significant, and unaddressed child welfare concerns, including growing up in poverty and experiencing abuse, which cumulatively impacts on children's normative development

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and can eventually culminate in offending. Participants called for urgent action to address the sociostructural concerns that underlie child welfare concerns and provide prompt and effective assistance to families in need to support children to thrive and prevent future victimisation.

### **Keywords**

Child offending, children who offend, child offenders, child welfare, youth justice, care and protection

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## **Introduction**

Although youth justice research, policy, and clinical practice have predominantly focused on adolescent offending (Loeber & Farrington, 2000; Slot et al., 2016), offending by younger children warrants particular concern as children who offend prior to the age of 13 years are 2–3 times more likely to engage in persistent, violent, and chronic offending relative to those starting to offend in adolescence (Loeber & Farrington, 2000; Moffitt et al., 2002; Reil et al., 2020). This study defines ‘children who have offended’ (CWHO) as those who have done so under the age of 14 years.<sup>1</sup> CWHO in Aotearoa New Zealand (NZ) are vulnerable to developing along the following pathway: child welfare involvement, engagement with the Family Court and youth justice system in response to serious child and youth offending, and entry into the adult criminal justice system if offending persists (Ministry of Justice, 2013; Social Services Committee, 2012). Given that incarceration is a frequent outcome of this trajectory in many countries, it has been referred to as the ‘prison pipeline’ (Lambie, 2018a, p. 11). Prevention and early, effective intervention are therefore critical to prevent these children from following this pathway and reducing the risk of other adverse outcomes (e.g., unemployment, poor physical and mental health) (Fox et al., 2015). However, relatively little is known about children who offend in NZ, particularly those who engage in serious and persistent offending (Ministry of Social Development, 2016). Increased understanding of child offending, including the backgrounds and experiences of these children and their families, may assist the development of improved prevention and early intervention efforts.

The terminology used in discussing these children is important, as Reil et al. (2020) explain:

We use the phrase “children who have offended” (CWHO), which acknowledges the child first and highlights offending as only one of many behaviours. Labels like “child offender/delinquent” can suggest a permanent state as deviant, troublesome, and personally to blame for actions often grounded in victimization and sociostructural concerns outside their control. (p. 1)

### ***Risk and protective factors***

The origin of persistent antisocial behaviour and aggression is multi-determined (Derzon, 2010). While genetic, psychophysiological, and biological factors have also been associated with the development of behavioural problems and offending in children (Neumann et al., 2016), environmental factors are of particular interest to researchers and practitioners, considering that psychosocial interventions rely on factors that are amenable to change (Murray &

Farrington, 2010). In their extensive review of conduct disorder and delinquency risk factors, Murray and Farrington (2010) identified a range of environmental risk factors, including individual (e.g., early aggressive and antisocial behaviour, impulsiveness, low IQ and educational attainment), family (e.g., familial antisocial behaviour, parental incarceration, inadequate parenting practices, child maltreatment, exposure to domestic violence, disrupted families, large family size), and social factors (e.g., low socioeconomic status, peer associations, school and neighbourhood influences). Although these risk factors are also associated with adolescent behavioural problems and offending, life course offending research suggests that they are particularly pertinent to childhood offending onset and life course persistent offending (Moffitt, 2018). Importantly, risk is cumulative: the more risk factors a child is exposed to, the higher the risk of developing behaviour problems and offending (Murray & Farrington, 2010). For example, NZ's longitudinal Dunedin Multidisciplinary Health and Development study indicated that adults with chronic offending histories were exposed to the most adverse psychosocial circumstances in childhood, whereas those with more moderate offending histories endured fewer such experiences, and non-offending adults had very limited exposure to such risk factors (Fergusson et al., 2000). Considering NZ's high rates of family violence (Lambie, 2018b), imprisonment (Lambie, 2018a), and wealth inequality (Rashbrooke et al., 2021), children growing up in NZ may be particularly vulnerable to developing behavioural difficulties and offending. Moreover, colonial and ongoing discriminatory practices and subsequent disproportionate experiences of socioeconomic difficulties place indigenous Māori children at increased vulnerability to exposure to these risk factors.

### *An opportunity to hear directly from key stakeholders*

Researchers are increasingly employing qualitative research methods to explore child welfare and youth justice issues to aid our understanding of these. For example, in addition to a case-file analysis, Baidawi and Sheehan (2019) interviewed child welfare and youth justice professionals in Victoria, Australia about the characteristics and trajectories of cross-over children (i.e., children with both statutory child welfare and youth justice concerns) as well as opportunities to improve the systemic response to them. The authors found that poverty and cumulative adversity, indigenous overrepresentation, educational exclusion and disengagement, insufficient child welfare support, and early onset of criminal justice involvement were particular characteristics of cross-over children and that improved prevention and early intervention practices may avert such children from a pathway to youth justice. Notably, exploring the views of key stakeholders offered a more nuanced understanding of children's offending (e.g., illustrating that it may be motivated by 'wanting to belong'), thus enriching and contextualising our understanding of child and youth offending. Gerard et al. (2019) explored the views of professionals in contact with children in residential care settings in New South Wales, Australia regarding the link between residential care and criminal justice system involvement, again identifying issues (e.g., inadequate interagency cooperation and insufficient cultural competence and professionalisation among residential staff) that may not be revealed using quantitative methods. In NZ, Boulton et al. (2020) surveyed Māori family members to gain an understanding of their experiences of care and protection proceedings, identifying opportunities (e.g., improved communication, facilitating whānau understanding of court processes, and inclusion in decision-making) for significant improvement needed. Clearly, the views of key stakeholders regarding child welfare and youth justice issues are being increasingly

considered. To our knowledge, no prior study had done so in relation to children who offend, however. Exploration of the perspectives of professionals (e.g., child welfare staff, police officers, lawyers, lay advocates, clinical psychologists) who directly engage with children who offend and their families, as well as family members with lived experience of child offending, may highlight key, day-to-day issues relevant to children who offend and their families in the current NZ context. In turn, increased understanding regarding the backgrounds and experiences of these children based on the perspectives of a range of key stakeholders may aid improved prevention and early intervention efforts.

## *Method*

This study aimed to explore the backgrounds and experiences of children who offend prior to the age of 14 years. Professionals with expertise in child welfare and judicial practices in relation to child offending as well as whānau (family) members with lived experience of child offending were interviewed. In addition to providing a voice to family members and therefore those who are most affected by such experiences, exploring the views of family members offered an opportunity to further illuminate family difficulties given that family factors (e.g., inadequate parenting practices, disrupted families) were previously identified as offending risk factors.

## *Participants and recruitment*

Ethics approval for this study was obtained from the University of Auckland Human Participants Ethics Committee. To recruit professional participants, information regarding the research was advertised in Family Court newsletters and circulated using a snowballing technique via relevant professional networks. Whānau members whose children had offended and were engaged with child welfare services were introduced to the research by a child welfare professional with an existing relationship with these families. Professionals and whānau members that indicated an interest in participating were contacted by the first author, informed about the study, invited to ask questions, and asked to register their interest (either directly or via the child welfare professional) if they wished to participate.

Table 1 shows the professional participants ( $n = 28$ ), who practised in cities and regional centres across NZ's North Island. Most participants were 'lawyers for child' (most of whom also practised as youth advocates). There was an even split in gender, and Māori and Pacific participants were overrepresented relative to the general population.

Women from five different whānau volunteered to participate ( $n = 5$ ), all of whom had extensive past and ongoing child welfare and Family Court involvement and at least one child who had offended (Table 2). Four were mothers and one was the grandmother of the children who had offended. All women identified as Māori and had between five and eight children. Pseudonyms were used to ensure the confidentiality and anonymity of all participants. To further minimise the risk of whānau participants being identified, their specific characteristics (e.g., number of children, particular circumstances referenced in *Notes*) were randomised across the participants (thus 'Ana' did not have five children, but one of the women did, and another had sons who had been sexually abused). Professionals' roles were generalised to broad categories – 'police officer', 'lawyer', etc.

**Table 1.** Professional participants.

Demographic	<i>n</i>	%
Profession		
Lawyers	12	42.86
Police officers	4	14.23
Child welfare agency advisors	3	10.71
Psychologists	3	10.71
Social workers	3	10.71
Kuia	1	3.57
School principal	1	3.57
Lay advocate	1	3.57
Total	28	100.00
Gender		
Male	13	46.43
Female	15	53.57
Other	0	0
Total	28	100.00
Ethnicity <sup>a</sup>		
NZ European	14	50.00
Māori	7	25.00
Pacific	4	14.23
Other	1	3.57
Total	28	100.00
Age		
20–30	1	3.57
30–40	0	0
40–50	9	32.14
50–60	8	28.57
60–70	10	35.71
Total	28	100.00

Note: <sup>a</sup>Ethnicity of note are Māori (the colonised indigenous people of New Zealand [NZ]). Both Māori and Pacific peoples are overrepresented in offending but underrepresented in legal and other professions, hence we were pleased to have more in our sample.

### *Data collection and procedure*

Data were collected using semi-structured interviews as they enable flexible data gathering based on pre-determined, open-ended questions as well as the exploration of topics participants perceive as important, thus serving to elicit rich and potentially new data (Schmidt, 2004; Yilmaz, 2013). The conversational nature of these also facilitates an informal approach, helping participants feel comfortable and potentially relieving some anxiety regarding the interview process (e.g., in terms of being recorded on a voice recorder; Schmidt, 2004). This was considered to be particularly important for the whānau interviews, given the sensitive and personal nature of this research and ensuing kōrero (conversation). Interviews (60–90 min long) were conducted between July 2019 and January 2020, face to face at the participants' preferred venue (e.g., office, community centre, family home).

**Table 2.** Whānau participants.

Participants	Children	Notes
Ana, Māori, Mother	Five children- Two children involved with Oranga Tamariki	Single mother who experienced domestic violence, raising five children on her own. Sons sexually abused. Children placed with multiple caregivers or residences around the country; Two children diagnosed with post-traumatic stress disorder (PTSD) and fetal alcohol spectrum disorder (FASD). Aggravated robbery at 12 years old.
Hinemoa, Māori, Grandmother	Five grandchildren- Two in youth justice residence	Family completed Functional Family Therapy (Alexander & Robbins, 2011). Grandchildren placed in multiple placements and experiencing anger, anxiety, communication difficulties. Two grandchildren charged with aggravated robbery and assaults, beginning in childhood.
Jen, Māori, Mother	Six children- all children uplifted <sup>6</sup>	Daughter diagnosed with PTSD, experienced bullying and engaged in self-harming (cutting and huffing) and animal cruelty from intermediate school.
Kourtney, Māori, Mother	Five children- three uplifted	Children experienced transience, domestic violence, engaged in self-harming, running away, acting out aggressively. Children experienced multiple placements and were abused in state care. Daughter attempted suicide Son engaged in car theft at the age of 13 years, later diagnosed with PTSD, attention deficit hyperactivity disorder (ADHD), and FASD.
Maria, Māori, Mother	Eight children- One in youth justice residence	Intergenerational conflict, children grew up with violence and child welfare involvement, multiple placements. Two children offending (e.g., assaults, aggravated robberies, and car theft).

### *Cultural considerations*

Considering many whānau with child welfare and Family Court experiences have endured traumatic experiences, including with these systems, we aimed for research participation to be mana<sup>2</sup>-enhancing. Transparency, collaboration, and appreciation right from the start were seen as important means to help whānau participants feel respected, informed, and empowered in their research participation. Emphasis was placed on following appropriate tikanga (customs and protocols), including offering to start and close interviews with karakia (prayer), engaging in whakawhanaungatanga (process of establishing relationships) prior to beginning interviews, and sharing kai (food). Overall, we hope that our approach aligned with the value of manaakitanga,<sup>3</sup> which has been identified as essential in supporting Māori service users feel welcomed, valued, and safe when engaging with mental health professionals (Te Pou o te Whakaaro Nui, 2018).

## Data analysis

All interviews were audio-recorded for transcription and data analysis. The transcriber signed a confidentiality agreement prior to accessing the data for verbatim transcription. The transcripts were de-identified and imported into qualitative research software. Data were analysed using thematic analysis, a flexible method of systematically identifying, organising, and making sense of patterns and themes that emerge from the data (Braun & Clarke, 2006).

## Findings

The main findings were that children who offend have clear, significant, and unaddressed child welfare concerns and that ineffective child welfare engagement fails to prevent child offending.

### *Theme 1: 'Offending does not happen in a vacuum' – CWHO and their families endure extraordinary harm and hardship, resulting in significant child welfare concerns that eventually culminate in child offending*

Child offending is synonymous with child welfare concerns. Participants stated that, without exception, CWHO and their families experience a multitude of difficulties, including low income and unemployment, transience or housing instability (e.g., large families crammed into small houses), physical and mental health concerns, and current or past involvement with social and state services. Family violence, drug and alcohol abuse, antisocial behaviour, criminality, and gang involvement, single-parent households, disconnection from extended family, culture, and the community, were further features well known to participants:

Our families are struggling, there's issues and it's not always crime, there's mental health issues, there's drug and alcohol issues, there's domestic violence and poverty is a big thing. (*Police officer, Vicky*)

CWHO commonly grew up experiencing shortages in food, clothing, and resources and had limited access to healthcare. The capacity for parents to parent effectively was often diminished considering their exposure to multiple stressors. As a result, participants described how CWHO were exposed to high levels of dysfunction and instability (often from birth, if not in utero) and many experienced physical, sexual, and/or emotional abuse, and neglect:

[My partner] assaults me and it's pretty bad. My baby ends up like screaming and by the time I am able to get outside of the house, I go to the neighbours and I ring the police and then I ask the neighbours to go get my baby because, well, during the time we're fighting, he's like holding my child and assaulting me and so I just knew that my baby was really scared. (*Whānau, Jen*)

Participants highlighted the entrenched nature of child welfare concerns and that it was not uncommon to see multiple generations of families entering care as young children, coming before the Youth and District Courts as they grew older, and eventually having their own children placed in care. This intergenerational transmission of child welfare concerns and offending may at least partially be attributed to a vicious cycle in which children who were exposed to harm end up struggling to parent effectively themselves:

The parents themselves have never had good role models and so therefore they're parenting in a style that their parents parented in, which is not conducive to raising good, well-rounded kids basically. (*Police officer, Dave*)

Participants reported that indigenous Māori and Pacific children are vastly overrepresented among those who offend and typically stem from families that are disconnected from their whānau, culture, and community:

Almost all of these kids, 95% of the kids, I represent, are Māori kids. I don't know of one of those kids that I have acted for that has been brought up in a culturally aware home. All of them are disenfranchised. (*Lawyer, Shane*)

*Subtheme 1: CWHO experienced multiple placements, exacerbating victimisation.* Related to the family struggles, CWHO typically experienced multiple out-of-home placements (kin or non-kin) because of child welfare concerns. In many instances, the number of placements children endured was staggering (e.g., children having more than 50 placements). These placements occurred both before and after child welfare involvement, and for a variety of reasons, such as changes in whānau or caregivers' circumstances, family disputes, or persistent absconding. In many cases, placements led to further harm and instability, including abuse in state care arrangements which typically house several children and young people:

My daughter, when she was in the family group home, she wrote a letter. She wanted to die. She was 8 years old and she just wanted to die. Today was a bad day, a girl had hopped into her bed, an older girl, laid on top of her and started rubbing herself up against her, and she wanted to die. All my kids have actually told me that they feel like suiciding it, they felt when they've been in cars with social workers and been driven to places that it's, grab the steering wheel and go off the road and die. (*Whānau, Kourtney*)

Over time, extended-kin placements or foster care homes were increasingly difficult to find for children who experienced previous placement instability and had complex difficulties. Because of increasing welfare concerns and difficulties finding appropriate care arrangements, participants spoke of many children experiencing placement in 'secure' residential facilities, such as 'care and protection residences' (*'I call them jail, because that's what they are'* Lawyer, Shane) and later youth justice facilities:

They wouldn't give him to me. They said no, he's going to residence. I got a fright when they said that. He had been dragged along the carpet, scratched, burn marks on his arms. So from residence to residence - I think that's what broke him. (*Whānau, Hinemoa*)

Some also attended psychiatric facilities. Children were often placed all around the country, severely limiting access to their families and communities. Overall, there was a perception that children grew up in the system:

He's had his birthdays in there, in residence, and I said, you know, you're growing up in residence, you know. (*Whānau, Maria*)



*Subtheme 2: Cascading impact on children's psychosocial and educational development.* According to interviewees, children's mental health was severely impacted because of their exposure to adverse experiences. CWHO showed signs of trauma and extreme distress, including low mood and anxiety, self-harming, suicidal ideation and behaviour, substance use, and behavioural difficulties. Such distress was often evident from a very young age:

She used to burn herself, so she used to self-harm, cutting herself. This all happened in her last year of intermediate [school]. (*Whānau, Ana*)

He would literally sit in the corner, he'd smack his head against the door, or he'd bite himself or he will try to cut his hands or he'd like pinch his skin until he was bleeding. And one time, this is this 9-year-old child doing this and I said to him, 'Why do you do that?', and he just said, 'Cause it makes me feel better'. (*Whānau, Jen*)

Participants stated that children may not feel loved or feel they belong, an experience often reinforced by being placed in care arrangements, and that they often appeared hopeless to follow a more prosocial trajectory:

They've got their perception of deficit focus and you know you're naughty, you're bad, you're whatever else, and often they've been called that by parents or teachers or whatever. (*Psychologist, Jane*)

She's messed up from what's happened to her. She was assaulted in three of her placements by other children in placements. She was made to feel unwanted at the placements with the caregivers' kids. All my children have felt that they didn't belong in the system, you're going for 'home for life' with this family and they never felt like they were, they weren't part of their family. I was their family. (*Whānau, Kourtney*)

Children's ability to engage in school is significantly impaired because of their exposure to adverse experiences and often poor physical and mental health and unmet learning needs:

We've particularly noticed their health issues. So it might be eyesight, it might be audiology. These kids are unable to participate in education well because of these factors that are not being addressed from a health perspective. (*Police officer, Dave*)

Participants noted that children's impaired ability to learn resulted in ever-increasing learning gaps between them and their peers. Children's educational histories were typically marked by low achievement, victimisation from peers, challenging behaviour, truancy, and dropout or exclusions, often from primary school:

They're behind in their classes and don't understand what's going on and now they've got more and more of these children up at the school with these huge gaps in their learning and they're all dropping out. (*Police officer, Vicky*)

Early school dropout meant that children's chances to reach their potential were severely reduced, perpetuating a cascade of adverse consequences:

It's easy for these kids to be pushed out of the [school] system and once they go out of the system they go even further from where you want them to be cause there's no place for them. (*School principal, Stuart*)

Children's trauma and distress often lead to the development of severe anger and behavioural difficulties, including oppositional defiance, property damage, and fighting. Such behaviours were often already evident in preschool or primary school, with some children getting stood down due to aggressive behaviour at the age of 6 years. Participants felt that children may derive a sense of control and self-efficacy from such behaviour, which was perceived as a precursor to offending:

You start off doing a petty crime, shoot, you're really good at it, everybody else thinks you're good at it, so that increases your own sense of mastery and self-esteem and before you know it you start getting into other stuff. (*Psychologist, Pania*)

While most children who offend predominantly engage in minor crime (e.g., shoplifting), a some commit more serious offences, including fire lighting, ram-raid robberies, sexualised behaviour, car theft, assaults, and aggravated robberies.

*Subtheme 3: Association with others who have endured similar harm.* Children's escalating difficulties were further exacerbated through interactions with people they typically associated with. Participants stated that children are often drawn towards socialising with children, young people, and adults who have endured similar experiences. This increases their vulnerability to victimisation and engaging in increasingly concerning behaviours, such as roaming around streets, towns, and parks or running away from home, and substance use:

She started venturing out and, I think that maybe seeing her friends with boyfriends, so she wanted, she was going onto that next level, but unfortunately it was with a man. I'm not too sure what happened there and that's when she started doing meth, because she was running away to his apartment. (*Whānau, Ana*)

Children may perceive such relationships as serving a protective function, such as against bullying:

A lot of her friends that my daughter will make, they're in gang, oh, like their family are gang affiliated, whereas my, and I think this is where the bullying comes in, cause she was bullied, and she wants to be around people who can protect her. (*Whānau, Ana*)

Association with peers and older persons who have had similar experiences may represent a key factor in the onset and escalation of offending:

My son said that, cause he didn't want to go to school and he was wagging school and they met up with another couple of friends that said, 'Oh you want to come?', they went to go steal a car and then ever since then it was a buzz. (*Whānau, Maria*)

Participants noted that children further burdened by neurocognitive difficulties, such as fetal alcohol spectrum disorder (FASD), may be particularly impressionable and vulnerable to offend.

*Subtheme 4: Child welfare and criminality are social issues.* Participants were thoughtful about how these typical trajectories – from growing up in a struggling family through to early offending – were located within wider social contexts. CWHO grow up in families impacted by socio-structural concerns, such as colonisation, racism and discrimination, and poverty, which increase the risk of disenfranchisement and subsequent development of psychosocial and child welfare issues:

How can it be prevented, in New Zealand particularly, probably through addressing those key issues that are causative factors in offending. So, if you look at the poverty, trying to survive on a benefit, there's the historical nature that goes back to colonisation cause obviously Māori are overrepresented in criminal figures. (*Police officer, Dave*)

I guess I think about racism and I think about generational racism and the fact that resources have not been provided for those families. (*Lawyer, Julie*)

While participants were clear that poverty does not automatically lead to child offending, they did consider it to be a fundamental risk factor (*'poverty is all over this'* was a typical comment from participants). More protective factors are needed that serve to protect children from the myriad of interrelated risk factors associated with poverty (e.g., exposure to family harm or other adverse experiences, parental substance abuse, ineffective parenting practices, and gang or antisocial peer exposure) that increase the risk of developing behavioural problems and offending.

Overall, child offending was seen by participants as having its roots firmly planted in child welfare concerns, which lead to cumulative, detrimental consequences regarding children's psychosocial development and increasing their vulnerability to engage in antisocial behaviour. As social worker Lisa, who had extensive experience working with children at risk of (re) offending, stated, child offending is the *'symptom at the end of it really.'*

### ***Theme 2: 'The system had failed this young person' – inadequate child welfare engagement often fails to prevent the onset of child offending***

Participants stated that virtually all CWHO were known to state services due to extensive child welfare concerns, often from a very young age, suggesting that opportunities were missed to effectively provide support or interventions to address these concerns and prevent child offending. Similarly, lawyers who had practised in the Family Court, as well as the Youth or District Court, noted that most defendants had extensive histories of child welfare notifications and inadequately addressed care and protection concerns. Failure to effectively respond to child welfare and child offending concerns can therefore lead to persistent and serious offending in adolescence and adulthood, as shown in Table 3. Notably, participants said that ineffective child welfare assistance also applied to children in the care and protection system (i.e., those with statutory involvement).

Even families that did receive child welfare support often required much more assistance. Assessments of a family's difficulties were typically piecemeal, resulting in 'band-aid', short-term interventions that failed to respond to a family's complete circumstances. For example, women who experienced domestic violence were referred to parenting programmes as opposed to being supported in a more holistic manner. Similarly, plans to improve the welfare of children were often limited to targeting children's behavioural needs rather than the underlying concerns that may have led to these behaviours. For example, intervention for a child who came to the attention of police for absconding from home focused on her running away and keeping her in school. Her mother Ana believed that services neglected to do a more thorough, specialist assessment that may have identified her needs more comprehensively:

I just wanted her to see a psychologist. She should have seen one years beforehand ... she didn't see a psychologist then, not when they first got involved. They just put plans in place for her but that didn't work 'cause she just ran away. (*Whānau, Ana*)

**Table 3.** Narratives of inadequate child welfare engagement leading to child offending.

Hundreds of pages of case notes	Oranga Tamariki have been involved in 95% of cases. You know they know the mum, they know the dad, they know the older sibling, they've been working with them since they've been at a young age, they've been engaged, not engaged, taken steps or taken little steps, made referrals. Nine out of 10 times they'll have two or three hundred pages of case notes and that's from a report of concern to interventions to what steps have been taken to closing the file to another report of concern to, it just builds up. ( <i>Lawyer, Colin</i> )
Nothing is done	[There's a] lack of follow through that tends to happen. I think when you look at care and protection there's clear early signs you know through the notification of concerns and so forth but we seem to just miss the implementation of okay how do we respond to that. By the time they come to Youth Court, there's a clear care and protection history but nothing has been done. ( <i>Psychologist, Pania</i> )
The cycle continues	When he was 6-, 7 years old. We knew it was coming. CYFS <sup>a</sup> did nothing and so he comes, and here's his younger brother come along. Guess what? They did nothing until the police made a 14(1)(e) application for him too and now he's in CYFS custody and he's in the Youth Court as well. You could see it coming and guess what? He's got two younger siblings, much younger, and they're hardly ever at school. CYFS are doing nothing and they're coming. I see them outside court all the time. Mother's a piece of work. They're feral, running around eating chocolate and stuff and just shit for breakfast and you just know that they're coming too. What will they do? Nothing. ( <i>Lawyer, Shane</i> )
Support is required earlier	I can think of an example of a child who has been in the Family Court for 5 years maybe longer, and as soon as he turned about ten, he started offending but of course didn't get taken into Youth Court because of his age and he's now in Youth Court in a major way and resources are just being started to apply to him at the age of 14 years. He needed it when he was 5, not 14. ( <i>Lawyer, Julie</i> )

Note: <sup>a</sup>CYFS stands for Child Youth and Family Services, the precursor of the state child welfare agency now known as Oranga Tamariki (Ministry for Children).

In turn, child welfare concerns may escalate to the point where children begin to offend. Long histories of child welfare involvement were particularly the case for children and young people whose offending escalated to youth justice involvement:

Almost all of our kids have care and protection status right, so they have been known to Oranga Tamariki<sup>4</sup> for a long time before they kind of graduate to us. It's rare that some kid will not have a care and protection status and suddenly come into youth justice. (*Oranga Tamariki advisor, Patrick*)

Clearly, unless child welfare concerns are effectively addressed, children are at risk of following a concerning yet predictable trajectory:

I see those kids coming through the system at 5 years old and you would take a pretty fair bet that unless something substantial intervened that they would end up being in Youth Court and Criminal Court thereafter. I act for kids from birth and I see them coming through the system and know that they are going to end up in Youth Court. (*Lawyer, Julie*)

Overall, participants highlighted that child welfare concerns were typically identifiable early. Nonetheless, families felt that they were not sufficiently helped despite such concerns often being known to child welfare agencies. A lack of or inadequate child welfare involvement was therefore perceived by participants to be a key contributing factor to children's eventual offending.

## Discussion

This study explored the backgrounds and experiences of children who offend under the age of 14 as per the perceptions of child welfare professionals and family members with lived experience. Consistent with previous research (e.g., Baidawi & Sheehan, 2019; Ministry of Justice, 2020a; Reil & Lambie, in press; Wasserman et al., 2003), the findings of this study demonstrated that CWHO typically grows up in families that have high and complex needs due to enduring significant hardship, including un- or underemployment, housing instability, mental health difficulties, substance use, domestic violence, and justice system involvement.

Participants reported that many parents struggle to parent effectively given their limited access to resources, ongoing exposure to adverse experiences (e.g., male to female violence), and own child welfare backgrounds and subsequent mental health difficulties. Many children who go on to offend grow up exposed to physical, sexual, and emotional abuse, and neglect, including in state care. Although research on offending by children is limited internationally (Reil et al., 2020), this is consistent with the backgrounds of older youth who offend seriously. For example, 90% of young people who committed serious, violent, and chronic offences experienced at least one traumatic event in childhood (Dierkhising et al., 2013). Furthermore, violent youth offending relative to non-violent offending has been associated with more extensive exposure to adverse experiences (Malvaso et al., 2019), highlighting that the most victimised young people are particularly vulnerable to engaging in violent offending. In Australia, the backgrounds of cross-over children are typically characterised by poverty, social disadvantage, and intergenerational child welfare involvement (Baidawi & Sheehan, 2019). Overall, the evidence from those at the front line could not be clearer: child offending

does not occur in a vacuum; it is the product of significant child welfare concerns in the vast majority of cases.

Participants were concerned that children's normative psychosocial development is considerably impeded because of their exposure to adverse experiences. The impact of such experiences on a child's offending is staggering: research has shown that exposure to each additional adverse childhood experience increases a young person's risk of serious, violent, and chronic adolescent offending by 35 times (Fox et al., 2015). Participants' evidence indicated that children experience post-traumatic stress, frequently have learning difficulties, and believe themselves to be lesser, unworthy, or unwanted. Many are further burdened by neurocognitive difficulties, such as FASD, which exacerbate their needs and difficulties (Baidawi & Piquero, 2021). Subsequent cascading and cumulative difficulties (e.g., behavioural problems, peer rejection, association with peers who have experienced similar adversity, low educational attainment, truancy, school dropout) often become evident in the education, health, and child welfare systems. However, although families we spoke to had sought support and the needs of these children are identifiable early and are often known to state agencies (e.g., schools, child welfare services), effective assistance to children and their families was not provided in too many cases. As a result, children and families may 'accumulate' numerous child welfare notifications without getting effective support. Children's difficulties continue to escalate, in many cases leading to (multiple) out-of-home placements, in which participants described them frequently enduring further victimisation, and engagement in child offending.

### *Policy and practice implications*

The fact that the vast majority of children who offended were known to state services indicates that there is significant room for improvement in child welfare and Family Court proceedings to better address the needs of children and families and reduce the risk of children offending. Prevention and early intervention initiatives with children at risk of (re)offending are therefore critical to supporting children to thrive, preventing serious and persistent offending, and reducing criminal justice costs. Further research must examine opportunities for improvement in child welfare and Family Court proceedings to respond to the needs of children and families more effectively. Such research may also consider the roles of settings other than child welfare and justice, such as schools, considering these are ideally placed to recognise and respond to children's needs early. In addition, participants argued it is critical to enact policies, legislation, and strategies that address the underlying conditions that typically give rise to child welfare concerns, such as poverty (Bright & Jonson-Reid, 2015; Malvaso & Delfabbro, 2015; Stith et al., 2009), and those that may reinforce and maintain offending, such as discriminatory justice practices.<sup>5</sup> Furthermore, the overrepresentation of indigenous and ethnic minority children and young people among child welfare and youth offending populations internationally (Australian Institute of Health and Welfare, 2018; Malakieh, 2017; Ministry of Justice U.K., 2018; Office of Juvenile Justice and Delinquency Prevention, 2018) highlights the urgent need to fundamentally address the ongoing consequences of colonisation and subsequent inter-generational hardship. Such efforts ought to seek to improve living standards, reduce inequities, and ensure children and families have the resources to thrive.

Although increased calls to transform the criminal justice system and government commitment to address these problems have been encouraging to our participants (Hapaitia te Oranga Tangata, 2018; Ministry of Justice, 2020b; Te Uepū Hāpai i Te Ora Safe and Effective Justice

Advisory Group, 2019), they were clear that truly transformative change must take into account the wider factors that contribute to offending. For example, the number of psychologists employed by the Department of Corrections (to treat incarcerated adults) vastly outnumbers those working for Oranga Tamariki (who could help children and families recover from abuse and trauma and move away from an offending pathway) (Ministry of Health, 2010). In a recent report on reducing NZ's prison population, Lambie (2018b, p. 5) argued that, 'talking about the well-being of babies seems a long way from arguments about the prison muster, but that is where the evidence says we must begin.' NZ's child poverty rates were condemned in a recent UNICEF report (Gromada et al., 2020), which ranked the well-being of children in NZ as 35th out of 41 countries. Fundamental changes to make child and social welfare practices, as well as tax and income-support systems, more equitable have been called for (e.g., Office of the Children's Commissioner, 2020; Tax Working Group, 2019; Welfare Expert Advisory Group, 2019). A recent Government-commissioned review of the welfare system concluded:

The level of financial support is now so low that too many New Zealanders are living in desperate situations. Urgent and fundamental change is needed (Welfare Expert Advisory Group, 2019, p. 6)

The strong association between financial inequality and crime is well established (Sharkey et al., 2016; Wu & Wu, 2012) and the need to address the sociostructural issues underlying child welfare concerns and offending is not unique to NZ. Braithwaite (2021) highlighted the reductions in public housing stock due to global Western neoliberal policy, drawing attention to the missed opportunity the COVID-19 pandemic provided in many countries to significantly reset policy settings towards a more equal and just society. Notably, besides the moral obligation to ensure the well-being of children, measures to reduce inequality also yield economic benefits, with a recent U.S. study estimating that, for every dollar spent on reducing child poverty, the country would save at least \$7 (McLaughlin & Rank, 2018).

### *Limitations*

This research extends our understanding of the backgrounds and experiences of children who offend and their families via the perspectives of some key stakeholders. In addition to highlighting some shortfalls in the systemic responses to child welfare concerns, the study particularly emphasises the sociostructural conditions that give rise to child welfare issues, thus drawing attention to the root causes of child welfare concerns. The study also had limitations. We were privileged to speak to some Māori with lived experience of child welfare and child offending but make no presumptions as to how 'generalisable' their experiences are to all Māori or non-Māori. This research did not interview CWHO but relied on their experiences being reported by family and professionals. We would encourage research with children regarding their perceptions of how the systems should be improved. Our interviewees came from a broad range of disciplines but more geographical spread (rural/urban) and more of each discipline would broaden the scope of views. Māori-led insights and recommendations for action from Māori leadership and affected families are vital. Children who offend from Pasifika and other ethnic minorities also need attention.

## Conclusion

This research provided novel information regarding the backgrounds and experiences of children who offend under the age of 14 years, based on the perspectives of child welfare professionals and family members. It was clear that child offending does not happen in a vacuum; instead, participants had seen – time and time again – that it was the product of significant child welfare concerns which cumulatively exacerbate and impede children’s normative development. Increased focus on preventing child welfare concerns and the implementation of policies seeking to ensure children and families have the resources necessary to thrive are critical to prevent future victimisation and offending rates. Considering the overrepresentation of indigenous and ethnic minority populations, and all those trapped in poverty, among child welfare and child offending populations, such endeavours are urgently required.


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## Notes

1. NZ’s ‘child offender system’ responds to offending by 10–13-year olds; older children who offend fall within the domain of youth justice.
2. Simply put, mana refers to a person’s prestige, authority, power, and influence.
3. Manaakitanga refers to demonstrating respect, kindness, care, and hospitality.
4. Oranga Tamariki is NZ’s statutory child welfare ministry.
5. Such as Māori receiving harsher justice outcomes relative to non-Māori for the same offence (Fergusson et al., 1993; JustSpeak, 2020).
6. ‘Uplifted’ denotes a child being removed from the care of immediate family and placed in state care.

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