



## The Concentration of Offending and Related Social Problems in Tasmanian Families

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The Tasmanian Institute of Law Enforcement Studies (TILES) publishes regular Briefing Papers on topics related to the Institute's research program. This Briefing Paper is prepared by Dr Vanessa Goodwin. Vanessa is a Project Manager at the Department of Police and Emergency Management and is also a Post-Doctoral Fellow with TILES. The Paper introduces readers to the research findings and the extent to which crime and related social problems (e.g. chronic dependence on social security, poor health, transience, truancy, neglect, poverty) are concentrated in six Tasmanian families, with a view to identifying ways to break the cycle of inter-generational crime and better respond to the needs of families with multiple problems.

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The briefing paper presents preliminary findings from research examining the extent to which offending and related social problems are concentrated in six Tasmanian families. The main aim of the research is to identify ways to break the cycle of intergenerational crime and better respond to the needs of families with multiple problems.

Longitudinal surveys, such as the Cambridge Study in Delinquent Development and the Pittsburgh Youth Study, have established that crime tends to run in families (Farrington, 2002).

The Cambridge Study is a prospective longitudinal survey of 411 South London males from age eight to 48 (Farrington et al., 2006). The boys who participated in the study were recruited from 1961-1962 when they were aged 8-9 and on the register on one of six state primary schools within a one-mile radius of the research office (Rowe and Farrington, 1997). Analysis of the conviction histories of the Cambridge study family members revealed that having a convicted father, mother, brother or sister predicted a boy's own convictions (Farrington, 2002). All four relatives were independently important as predictors of a boy's criminality. Same-sex relationships were stronger than opposite-sex relationships, and older siblings were stronger predictors than younger siblings. It was also found that a small number of families accounted for a disproportionate number of offences. Twenty-three families (6%) accounted for half of all convictions, and about 10% of the families accounted for nearly two-thirds (64%) of all convictions (Farrington et al., 2001).

The Pittsburgh Youth Study is a later study conducted in the United States with three samples of about 500 boys first contacted in 1987-1988, when they were enrolled in the 1st, 4th or 7th grade of public schools in the City of Pittsburgh (Farrington et al., 2001). Information about the offending history of relatives was obtained from the boy's parents. The parent was presented with a list of family members and asked to indicate whether each one had ever had a police contact for any reason other than a minor traffic offence. The family members included were the boys, their siblings (full, adopted and half brothers and sisters), their biological parents and step fathers and mothers, their grandparents, and uncles and aunts. Arrests of the relatives were compared with arrests of the boy, court petitions of the boy and the boy's reported delinquency (according to the boy, parent and teacher).

Similar to the Cambridge study, offenders were found to be highly concentrated in families in the Pittsburgh study. If one relative had been arrested, there was a high likelihood that another relative

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had been arrested (Farrington et al., 2001). Arrests of siblings, parents, grandparents, aunts and uncles all predicted the boy's delinquency, but the most important relative was the father. Arrests of the father predicted the boy's delinquency independently of all other relatives (Farrington et al., 2001). Multiple regression analyses were conducted to identify which relatives were still important after controlling for key explanatory variables. Having an arrested father was not an independent predictor for the boy's delinquency after controlling for eight explanatory variables: having a young mother (aged 17 or less at the time of first birth), African-American ethnicity, living in a bad neighbourhood, low guilt of the boy (i.e. lack of remorse or denial of responsibility for his actions), old for the grade (which reflected the boy's low achievement and being held down a grade), hyperactivity problems, a depressed mood, and the mother using physical punishment.

## Explaining the concentration of offending in families

In endeavouring to explain the concentration of offending in families observed in the Cambridge Study and the Pittsburgh Youth Study, Farrington et al. (2001) identify six possible explanations (which are not mutually exclusive):

1. Intergenerational continuities in exposure to multiple risk factors: Each successive generation may be entrapped in poverty, disrupted families, single and teenage parenting, and living in the most deprived neighbourhoods. Parents who use harsh and inconsistent child-rearing methods may produce children who use the same methods.
2. Assortative mating: In both the Cambridge Study and the Pittsburgh Study, it was observed that male offenders tended to cohabit with or marry female offenders. Two main classes of reasons are advanced as to why similar people tend to get married, cohabit or become sexual partners. Convicted people may tend to choose each other as mates because of physical and social proximity - they meet each other in the same schools, neighbourhoods, clubs, pubs etc. Alternatively it is suggested that people examine each other's personality and behaviour and choose partners who are similar to themselves.
3. The direct and mutual influence of family members on each other: Younger siblings may imitate older ones or be encouraged to commit crime by their older siblings. Interestingly, Farrington et al. (2001) observe that co-offending by parents and children was very uncommon in the Cambridge Study. There was no evidence that parents directly encouraged their children to commit crimes, taught them the techniques of crime or communicated anti-establishment attitudes to their children (Rowe and Farrington, 1997).

4. Environmental mechanisms may mediate the effect of a criminal parent on a child's offending.
5. Genetic mechanisms may mediate the effect of a criminal parent on a child's offending.
6. Official bias (police and court) against known criminal families, who also tend to be known to official agencies for other social problems.

## The Tasmanian multiproblem family research

In the early 1970s, a psychiatrist, Dr Eric Cunningham Dax, conducted a research study examining the concentration of offending and other social problems in 16 multiproblem families in Tasmania (Dax, 1983; Davies and Dax, 1974). In order to identify the families to be included in the study, six agencies (the Legal Aid Committee, the prisons, the Probation Service, the police, the Social Welfare Department and the Mental Health Services Commission) each submitted a list of up to 30 names of the families which most frequently demanded their services. The 16 families eventually selected had all been residents of Hobart or nearby for at least two generations and appeared on at least three of the lists.

The criminality of the second generation of the 16 families was examined and revealed that 50% of the individuals (73% of the males, 17% of the females) had a police record, 34% had been to prison (51% of the males, 9% of the females) and that the average age of the first appearance in the Children's Court was 12.3 years. It was also estimated that the members of the 16 families had spent 201 years in jail in the previous 15 years, which amounted to 250 times as much time in jail as for Tasmanian families in general (Davies and Dax, 1974).

Davies and Dax also explored whether the family members had been involved with the social welfare system and/or the mental health system. They report that 38% of the family members had been wards of the State, 12% had attempted suicide, 10% were known to be mentally retarded and 10% had received psychiatric treatment (Davies and Dax, 1974).

Davies and Dax estimated that the direct cost of the families to the State over a 15 year period in terms of the costs of crime, social welfare agencies and psychiatric care was \$1.5 million. They estimated that the indirect costs probably added more than another \$1.25 million (Davies and Dax, 1974).

## The present study

The present study is intended to update and progress the research undertaken by Dr Dax in the 1970s. The main aim of the research is to identify ways to break the cycle of intergenerational crime and better respond to the needs of families with multiple problems. Another objective of the research is to develop a contemporary methodology

for calculating the cost of crime and related social problems for families with multiple problems, including intergenerational offending. Collaborative work on the cost of crime analysis, and statistical modelling of the offending history of family members, is being undertaken with the Australian Institute of Criminology. It is anticipated that the cost of crime analysis will demonstrate the cost-effectiveness of intervening early with these families to prevent further intergenerational involvement in crime.

## Methodology

The main component of the study is data collection across government agencies to develop a profile of six extended families with a pattern of intergenerational offending. The six families were selected after consultation with representatives from Youth Justice and Police to identify currently active young offenders with siblings and parents who also have some past or current involvement in crime. Unfortunately it is not possible to determine whether the six families in the current study are related to the 16 multiproblem families examined by Dr Dax as the records identifying the families have been destroyed (Dax, 2006).

To date, the primary sources of information which have been accessed to help develop the family profiles include:

- Tasmania Police conviction records;
- Child protection files;
- Youth Justice pre-sentence reports, case notes and records of supervision orders/community conferences/juvenile detention;
- Department of Education attendance and attainment data for younger family members; and
- Housing Tasmania tenancy information.

There are a number of other potential sources of data and information about the families which may also be explored, particularly for the purposes of the cost of crime analysis. These include health records and other criminal justice system records such as Legal Aid, Community Corrections and court and prison records.

Family members were primarily identified through searches of Tasmania Police records and the Registry of Births, Deaths and Marriages. In addition, some family members were identified from information contained on the Youth Justice or child protection files.

The study methodology also includes interviews with individuals who self-identify as a member of a family with a pattern of intergenerational offending, and interviews with agency representatives who have worked with families with multiple problems. However, the findings presented in this paper are primarily based on the data and information sourced from Tasmania Police, Child and Family Services and Youth Justice.

## Ethics approval

The project has received ethics approval from the Human Research Ethics Committee (Tasmania) Network which is constituted under the National Health & Medical Research Council.

Formal requests were made to relevant government agencies to access information about family members on the condition that the research output would contain de-identified data and information about family members.

In accordance with the conditions of the ethics approval for the research, every effort has been made to try and minimise the risk that individuals or families could be identified from the research output, particularly the case studies.

## Preliminary findings - Offending

The preliminary offending analysis which is presented in this paper relates to one of the six families which are the focus of the study. The rationale for selecting this family is that it is one of the larger families in the study and has a particularly strong pattern of intergenerational offending.

For the purposes of the offending analysis, partners are included where offspring have resulted from the union. The identity of three male partners who have fathered offspring is unknown. The summary of offending is based on the conviction history of each known family member aged ten years or over (ten is the age of criminal responsibility). First generation family members (n = 3) are excluded from the analysis due to difficulties obtaining their conviction records.

### Family X - Offending

Family X comprises 116 individuals in total, including three first generation family members, 26 family members under the age of ten and the three male partners whose identity is unknown.

The offending analysis is based on the conviction histories of 84 known family members (42 male, 42 female) aged ten years and over.

Fifty family members (61%) have at least one conviction (excluding traffic offences), and 25 (30%) have served at least one custodial sentence. Twenty-eight male family members have at least one conviction (67%), compared to 25 females (59%). Male members are more likely to have served a custodial sentence than female family members. Nineteen males (45%) have served at least one custodial sentence, compared to eight females (19%).

Collectively, the family members have committed 1 486 offences, or an average of 18 per individual. In addition, the family members have committed 1 034 traffic offences. The calculation of the number of offences committed by members of family X based on conviction records, is likely to be a significant underestimate of the true extent of the offending by the family. In the Cambridge Study in Delinquent Development, comparison of self-reports with convictions revealed that over seven offences at three ages, there was an average of 39 self-reported offences for every conviction (Farrington et al., 2006).



Table 1 compares the type of offences (excluding traffic offences) committed by male and female family members. The total number of offences committed by the male family members (1 014) is more than double the number committed by the female members (472). The three most common offences committed by the males are burglary, offences against justice procedures and public order offences. For the females, the three most common offences are stealing (including shoplifting), offences against justice procedures and public order offences. The number of assaults committed by the male (37) and female family members (38) is roughly the same.

**Table 1: Type of offences committed by Family X members by gender**

Type of offence	No committed by males	No committed by females
Homicide and related offences	0	0
Assault	37	38
Sexual assault and related offences	3	0
Robbery	6	2
Arson and related offences	2	2
Firearms and weapons offences	7	1
Burglary	337	45
Motor vehicle theft	101	6
Stealing	109	135
Receiving/possession of stolen property	30	16
Fraud, deception and related offences	0	21
Illicit drug offences	19	11
Property damage	60	26
Offences against justice procedures (e.g. breach of bail, breach of suspended sentence, resist police)	175	96
Public order offences	115	67
Other	13	6
<b>Total</b>	<b>1 014</b>	<b>472</b>

Twelve of the family members have convictions for 50 or more offences each and collectively have committed 876 offences, or 59% of the total offences committed by the family members. Two of these family members are females, the rest are males.

Table 2 compares the age at first offence (based on their conviction history) for the males and females. Generally speaking, the males are more likely to have committed their first offence at a younger age than the females, but the majority of the family members (regardless of sex) were first convicted between the ages of 13-17.

**Table 2: Age at first offence**

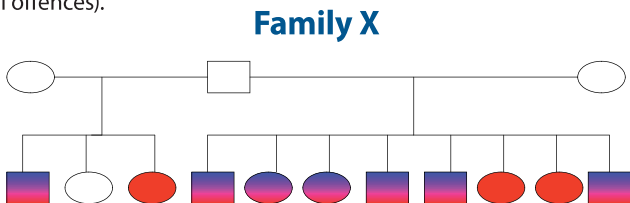
Age	No of males	% of males	No of females	% of females
10-12	6	21	1	4
13-17	20	71	17	68
18-20	1	4	3	12
21 & over	1	4	4	16
<b>Total</b>	<b>28</b>	<b>100</b>	<b>25</b>	<b>100</b>

Table 3 shows the concentration of offending in the second, third and fourth generations of the family. Offenders are heavily concentrated in the second generation with 87% of the males and 85% of the females having at least one conviction. While the proportion of convicted males and females in the third generation is lower than in the second generation, the total number of offences committed by the third generation family members is slightly higher than the total number of offences committed by the second generation. Furthermore, the total offences committed by the third generation is likely to continue to increase as the majority of the family members in this generation are under the age of 25, while most of the second generation are in their late 30s or older. There are only three family members in the fourth generation who are over the age of ten, and the oldest family member in this generation is only 14 years old.

Table 3: Family X offending by generation

Generation	No of convicted males	% convicted males	No of convicted females	% convicted females	Total offences
Second	13	87	11	85	738
Third	15	60	14	50	748
Fourth	0	0	0	0	0

Figure 1 illustrates the concentration of offending in the second generation of the family (excluding partners). The first generation male had two wives, and produced a total of 11 offspring. Each member of the second generation is colour-coded according to whether or not they have any convictions and/or have served a custodial sentence. The red colour indicates that the individual has at least one conviction, and the blue colour indicates that the individual has served at least one custodial sentence. Thus, eight of the offspring have at least one conviction, and seven have served at least one custodial sentence. Only one family member, a female, does not have any convictions. The total number of offences committed by the ten second generation offspring with convictions is 392 (26% of the total offences).



CASE STUDIES

The following case studies provided are primarily based on information sourced from child protection files. These particular examples have been selected because they illustrate the range of social problems typically experienced by members of the six families. Not all family members experience exactly the same problems, but there are certainly consistent themes across the six families, particularly around family violence, drug and alcohol abuse and child protection issues.

Angela and Bruce

Angela left school at a young age, has no occupational training and has relatively low social skills. She has been a poly-drug user from a young age. She inhaled petrol at primary school and has used cannabis extensively since adolescence. She started injecting opiates while interstate, and has been on the methadone program. She has been in and out of jail, and appears to suffer from depression.

Angela is one of nine children. Her mother had her first child at age 16, and struggled both financially and personally to cope with her large family. While Angela was growing up her father was only able to secure occasional work and eventually became a disability pensioner. Both her parents had very little formal education.

Angela’s first court appearance was at age 14 for shoplifting and she was placed under social welfare supervision for six months. She appeared in court a year later charged with assault and was placed under social welfare supervision for 18 months. One of her older siblings had previously been a ward of the state.

Angela moved out of home to live with her first husband while she was still quite young as both her parents had problems with drug abuse and violent behaviour. Angela had her first child at age 17, and then had three other children with her first husband. She subsequently became involved with Bruce and had four children with him.

Bruce comes from a family with a pattern of intergenerational offending and heavy drinking. He first started drinking at age 14, and has a long-standing pattern of cannabis use. He has also used morphine and heroin. He has committed a lot of crime, in part to finance his drinking, and has spent about 16 years of his life in jail. He appears to suffer from depression and has attempted suicide on several occasions. He has had some unskilled jobs but has been on a disability pension for most of his adult life.

Bruce appears to have significant anger management issues. He admits to hitting Angela, including when she was pregnant, and was also violent towards a former girlfriend.

Angela and Bruce's youngest child was born premature and drug addicted. Two of their other children were taken into care at this time. One was developmentally delayed, and the other was underweight and required substantial dental work when taken into care. Their fourth child, and Angela's other children were already living with relatives. Angela and Bruce allegedly left the children at home alone while they were out committing crimes, and/or left the children in the car while they were committing crime. On at least one occasion Angela has been convicted of committing a crime in company with her eldest daughter.

## Damien

Damien appeared in court for stealing offences at age nine and was declared a ward of the state. He had previously been under social welfare supervision as a neglected child. His mother had trouble coping with him as a two year old, and when he was seven years old she was unable to control him, requesting assistance from the responsible department at the time. He was spending a lot of time roaming the streets, would run away from school unless closely supervised and was described as 'feral'. His behaviour resulted in continuous complaints to the Housing Division and the family was eventually evicted from the area, owing money for rental arrears and damage. Efforts to place him in departmental care were futile as he kept absconding from the placements.

Until he turned 17, Damien spent periods of time with relatives when not in juvenile detention. While his attendance at school was often sporadic and his behaviour problematic, attempts were made to support him, including extra tutoring and transport to and from school. He was diagnosed with Attention Deficit Disorder and Conduct Disorder, and assessed as being mildly retarded with very poor social skills. He has a history of drug and alcohol abuse. His criminal record is extensive and he has offended in company with other family members. His siblings all have a criminal record, and so do most of his other relatives. He has served a number of custodial sentences as an adult.

## Michael

Michael has four children with three different partners. His first child was born when he was 18, and his youngest child was born in his late 30s. His contact with his oldest three children has been limited. He comes from a large family with a pattern of intergenerational offending, but was taken into foster care when very young due to neglect issues and declared a ward of the state. He was physically abused while in foster care. He was eventually reunited with his family but the reunification was problematic. At the age of 13, Michael was charged with multiple counts of burglary and re-declared a ward of the state. A couple of years later he was sentenced to his first period of juvenile detention. He has a long and extensive conviction history, and has spent a large proportion of his adult life in prison. Initially Michael committed crime to get money for alcohol, but later started taking amphetamines and was then reliant on crime to fund his drug habit. He has never had full-time employment.

With the support of a post-release program run by a non-government organisation, stable accommodation and the Court Mandated Drug Diversion Program, Michael has recently started to get his life on track.

## DISCUSSION

The case studies and offending analysis illustrate the entrenched nature of the social problems experienced by many of the individuals who are members of one of the six families in the study. The issues which families members present with include:

- family violence;
- drug and alcohol abuse;
- school non-attendance;
- hyperactivity/disruptive behaviour;
- low intelligence/intellectual disability;
- welfare dependence, housing instability, neighbour complaints and eviction;

- lack of parenting skills, child protection involvement, and disrupted parenting due to imprisonment; and
- lack of trust and/or respect for police and other departmental workers.

Family members often commit crime in company with relatives and may also recruit other children and young people into crime. Their movement into a new area may be accompanied by a mini crime wave and may result in the eviction of other public housing tenants who provide accommodation for family members who have been barred from accessing public housing themselves.

Most of the issues associated with the families are problematic in terms of their social functioning,

particularly when they operate cumulatively. One positive feature is the strong sense of family loyalty, although this may reflect their social isolation and distrust of other members of the community. In some cases members of the extended family have provided significant support to other family members, particularly in caring for their children for lengthy periods of time. This can be an onerous responsibility as the children can have complex needs due to the family dysfunction they have experienced in the early years of their life.

Within each of the families there are some family members who have avoided becoming involved in crime and/or desisted from crime while they are still comparatively young. These 'successful' family members tend to be less well documented than those who have been involved in crime which makes it difficult to identify the factors which may differentiate them from their siblings and other relatives. Some factors which appear to be relevant include doing well at school and/or securing employment, moving away from their extended family and becoming involved with a supportive non-criminal partner.

## CONCLUSION

A range of programs and services are required to assist individual family members to desist from crime and to provide support to family units. A key focus should be on trying to prevent dependent children from becoming involved in crime by addressing child and family risk factors such as child abuse and neglect, poor supervision, family violence, housing instability, drug and alcohol abuse, disengagement from school, and the influence of delinquent siblings.

Some relevant programs and services already exist in Tasmania, including: services for adult offenders (e.g. court mandated drug diversion); programs for juvenile offenders (e.g. U-Turn, Chance on Main); services targeting children 'at risk' (e.g. Inter-Agency Support Teams); parenting support services (e.g. the Child Health and Parenting Service and family support programs); and early childhood education programs (e.g. Launching into Learning and the Early Childhood Intervention Service). In addition, the State Government will be establishing a network of child and family centres around Tasmania which will provide a 'one stop shop' approach for the health, education and care needs of children from birth to school age, as well as supporting families in their parenting role, by combining a range of early childhood services at a single site (Mercury, 25 September 2008, p. 32).

A significant challenge is to ensure that family members are willing to engage with these programs and services, and are motivated to change. Given the level of distrust many family members have of the police and other departmental workers, and the fact that crime has been a way of life over several generations, the difficulties associated with engaging family members and motivating them to change should not be underestimated.

As many of the family members have had some level of contact with the child protection system, the reforms which

are occurring across the entire child and family services sector (Department of Health and Human Services, 2008) are likely to be beneficial for family members. Of particular relevance are:

- the focus on early intervention to try and prevent the need for child protection involvement;
- recognition of the need to persevere with families who are difficult to engage through outreach and active engagement strategies; and
- the introduction of a hierarchy of Out of Home Care placement options to meet a range of needs, including kinship care, foster care, family group homes, therapeutic foster care, residential care and therapeutic residential care (Department of Health and Human Services, 2008).

Arguably, what is lacking in the current and planned range of programs and services is the capacity to work effectively with family units consisting of juvenile offenders with multiple and complex needs using a high intensity 'wrap around' approach to achieve sustainable improvements. While good outcomes are being achieved for some juvenile offenders through existing programs and services, including the Inter-Agency Support Teams which provide the opportunity for collaboration across agencies, there are some juveniles and families whose needs are beyond the capacity of the existing resources and require a more intensive intervention. The aim would be to try and keep the young person within their home environment, rather than having to resort to one of the Out of Home Care placements within the child protection system. Two possible models which could fill this gap in service delivery include the Family Independence Program (implemented in Queensland as part of the Pathways to Prevention Project) and multisystemic therapy.

The Pathways to Prevention project was implemented in the Inala Statistical Local Area in Queensland (Homel et al., 2006). Inala was ranked as the third most disadvantaged Statistical Local Area in Queensland at the time the project commenced in 1999. The Family Independence Program involved the provision of intensive and integrated support to families in the target area. A range of interventions were provided as part of the program, including material aid, information, counselling, mediation, family therapy, advocacy, parenting support groups, adult skills workshops, playgroups, referral to other services and programs, respite care for children, school holiday programs and parenting programs. The approach taken was tailored to the needs of each particular family rather than a 'one size fits all' approach. A profile of the characteristics of program participants suggests that the program was accessed by some of the most-difficult-to reach families experiencing high adversity. In some cases support was provided over a lengthy period of time (e.g. up to four years). The Family Independence Program was integrated with a Preschool Intervention Program which was also implemented as part of the Pathways to Prevention Project. A range of positive outcomes were achieved through both interventions, with the combined effect of both programs having a greater impact on behaviour change than either program on its own (Homel et al., 2006).

Multisystemic therapy (MST) is an intensive family-based treatment originally developed in the United States to treat



serious juvenile offenders (Schoenwald et al., 2008). MST targets factors in a youth's social ecology (family, peers, school, neighbourhood, and community) contributing to his or her antisocial behaviour. The intervention techniques applied vary according to the circumstances of each youth and family, but typically include improving discipline practices, enhancing family affective relations, decreasing youth association with deviant peers, increasing youth association with prosocial peers and activities, improving youth school or vocational performance and developing a support network of extended family, neighbours and friends to help the youth's parent/s or carers achieve and maintain such changes (Schoenwald et al., 2008). Clinicians are available 24 hours a day, seven days a week to provide comprehensive and intensive clinical interventions via home-based delivery. Therapists' caseloads are small so that they can provide sufficiently intensive and individualised services to their families. The average length of intervention is three to five months (Schoenwald et al., 2008).

Schoenwald et al. (2008) report that MST has been transported to eight countries: Australia, Canada, Denmark, Ireland, the Netherlands, New Zealand, Norway and Sweden. In addition, in November 2007, the United Kingdom government announced that MST would be piloted in ten sites, in addition to two successful MST projects already running in Cambridgeshire and at the Brandon Centre in North London ([http://www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/multi\\_systemic.aspx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/multi_systemic.aspx)).

In Australia, the first jurisdiction to utilise the MST model was Western Australia. The Intensive Supervision Program (ISP), based on the MST model, was one of four key initiatives introduced as part of a package of major reforms to tackle juvenile crime announced by the WA Government in August 2004 (Sampson, 2007). A 2006 evaluation of the outcome for all juveniles who completed the ISP program after six months showed:

- a reduction in the number of incidences and length of time in custody (over 30%);
- a reduction in the number of convicted offences (over 70%); and
- a reduction in the severity of the convicted offences (Department of Corrective Services, 2008).

These are promising results and demonstrate the transferability of MST to an Australian jurisdiction. The addition of an intensive family-based support program, like MST or the Family Independence Program, to the suite of available services and programs available in Tasmania, could improve the outcomes for young offenders with complex needs who are members of families with patterns of intergenerational offending.

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