Through a lens of therapeutic jurisprudence: A case study of the Children’s Court Drug Court in Perth

Suzanne Ellis

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Through a Lens of Therapeutic Jurisprudence:
A Case Study of the Children’s Court Drug Court in Perth

Submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy

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Abstract

The Children’s Court Drug Court (CCDC) has operated for 20 years in Perth as an alternative Court for drug-using young offenders who present at the Children’s Court. Despite the CCDC’s relative longevity, researchers have examined neither the inner workings of the Court nor the experiences of its actors. The current study aimed, not to evaluate the CCDC, but to identify measures needed to refine CCDC processes to enhance the experiences and outcomes of young people who participate in the CCDC. It argues that despite the CCDC’s foundations in contentious therapeutic jurisprudence principles, on balance, the actors – young people, their parents, and staff – report that the CCDC intervention greatly benefits young offenders and their families, in ways not acknowledged in recidivism statistics. Given the social and fiscal costs of youth offending and justice in Australia, initiatives like the CCDC, which aim to address the causes of drug use and crime, can limit some costs.

A case study method allowed for the examination of several data sources including observations of the public waiting area, photographs of the Court, information publicly available about the Court, documents provided by the Department of Justice and interviews with key CCDC actors: the young people participating (n=7), their parents (n=8), and staff (n=8). A thematic analysis of the interviews revealed that initially, the young people volunteered to participate in the Court to avoid detention. However, by the end of their time in the CCDC, they saw benefits to their health and relationships, which they attributed to CCDC intervention and recommended the CCDC to others. The participants’ parents were also interviewed about their experiences as their child went through the Court processes. They revealed much about the hardships of parenting a young, drug-using offender, and their struggles with feelings and taking responsibility for their child, particularly when the CCDC staff gave them authoritative directives.
Hope and aspirations were themes raised by all the interviewees. Young people described aspirations for meeting prosocial goals. Parents hoped these aspirations would be realised for their children. The staff saw the potential in young people and aided and encouraged them on their journey. The staff of the CCDC, in adhering to therapeutic jurisprudence principles, demonstrated their dedication to improving the quality of the lives of the young offenders as a preventive strategy against further offending. For them, favourable outcomes depended on the relationship built between themselves and the young people and the celebration of small wins.

The CCDC processes also were found to adhere to therapeutic jurisprudence principles. They were analysed using the tripartite framework for using therapeutic jurisprudence in criminal law. The CCDC was found to adhere to therapeutic jurisprudence principles in each of the categories: the legal landscape, where legislation and sentencing allowed for flexibility to address criminogenic and wellbeing needs; treatment and services, where the young person’s treatment was informed by local treatment service providers who were engaged as staff on the CCDC team; and practices and techniques, where a focus on building relationships between staff and the young people in a more therapeutic setting improved wellbeing. Overall, the research found that the collaborative or comprehensive treatment program, which is monitored by the judiciary, has succeeded in reducing drug use and offending behaviour of those interviewed. These were achieved through improving the young people’s health and their familial bonds, and by setting pro-social goals.
Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

i. incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;

ii. contain any material previously published or written by another person except where due reference is made in the text of this thesis; or

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Signed: [Redacted]
Disclaimer

This research was supported in kind by the Department of Justice, the Children’s Court of Western Australia and Perth’s Children’s Court Drug Court and would not have been possible without their generous accommodation. However, this thesis cannot be considered as either endorsed by the Department of Justice or an expression of the policies or views of the Department. All opinions are those of the author and do not necessarily reflect the views of the Department. Any errors of omission or commission in this thesis are the responsibility of the author.
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*Dedication: This is for you, Kenny. No one will enjoy my new title and married name as much as you would have. Rest in peace.*
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List of Abbreviations and Acronyms

- AL – Adolescent Limited
- ALS - Aboriginal Legal Services
- ASSADS - Australian Secondary School Students Alcohol and Drug Survey
- CATS - Court and Assessment Treatment Services
- CCDC - Children’s Court Drug Court
- CJS - Criminal justice system
- DAYS - Drug and Alcohol Youth Services
- DoC - Department of Communities
- DoJ - Department of Justice
- DUCJO - Drug Use Career of Juvenile Offending
- DUMA - Drug Use Monitoring Australia
- JOPQ – Juvenile Offender Parent Questionnaire
- LCP – Life Course Persistent
- MYBS - Metropolitan Youth Bail Service
- NDSHS - National Drug Strategy Household Survey
- NSW – New South Wales
- Qld - Queensland
- TJ - Therapeutic jurisprudence
- US - United States
- UK – United Kingdom
- WA - Western Australia
- YJS - Youth justice system
- YSTIR - Youth Supervised Treatment Intervention Regime
Chapter 1: Introduction

The Children’s Court Drug Court (CCDC) in Perth celebrated its 20th anniversary in December 2020. As the sole judicially monitored, treatment program for young people whose drug use affects their offending, the Court is supported by the Department of Justice (DoJ) and the Western Australian Government (Horrigan, 2020). As a youth drug Court, the court is headed by a Magistrate who leads a specialist team to guide the young person through the pre-sentence program with the aim to reduce their drug use and offending (Richards et al., 2017). Stakeholder services, such as treatment at the Drug and Alcohol Youth Services rehabilitation centre, and time are provided in kind with other funding costs for rehabilitation unavailable at the time of writing. The CCDC has been internally evaluated twice, but these evaluations and their methods are not on the public record. As such, the current research sought to address a gap in Australian research by providing an overview of the little known CCDC (Gately et al., 2018), its therapeutic principles, and the views of the participants, their parents and the CCDC’s staff. The research, requested by the CCDC Magistrate and supported in kind by the DoJ, sought to provide feedback from CCDC actors to refine CCDC processes. First, though, an understanding of the landscape of youth offending and drug use in Australia is required to demonstrate the need for initiatives like the CCDC.

Trends in Youth Offending and Drug Use in Australia

Offending among young people is a continuing concern for police, Courts, and the community. This, in part, is because young people aged between 10 and 17 years old are apprehended by police more often than any other age group in Australia (Richards, 2011b). In Western Australia (WA), the rate of youth offending increased in the 2017-18 period, the only state in Australia to record an increase (Australian Bureau of Statistics, 2020). Further, young offenders constitute 16% of all offenders in the state, the highest proportion of any age
group in Australia (Australian Bureau of Statistics, 2017). Youth offending and justice also have numerous costs. For example, youth justice cost the Australian government over $1 billion from 2020 to 2021 (Australian Government Productivity Commission, 2021). Other costs associated with youth offending are not as easily measured but include psychological, social, and other financial costs for the community (Potas et al., 1990). As young people commit a disproportionate amount of crime compared to other age groups, this increases concern.

Younger people are also disproportionately responsible for certain crime types. Australian statistics confirm that crime types committed by young people are primarily acts intended to cause injury, followed by theft-related offences, illicit drug offences, public order offences, unlawful entry with intent and sexual assault-related offences (Australian Bureau of Statistics, 2021). Specific offences committed disproportionately by young people include graffiti, vandalism and shoplifting; whereas more serious offences, such as homicide, are rare in this age group (Richards, 2011b). From 2008-09 to 2015-16 in Australia, the number of offences committed by young people across most crime types had declined (Australian Bureau of Statistics, 2021). The two exceptions were illicit drug offences, which increased by 49% in this time and sexual assault-related offences, which increased by 53% possibly because non-contact sexual offences were included and accounted for 30% of the increase (Australian Bureau of Statistics, 2017). The increase in illicit drug offences is of particular concern as involvement in such crimes can be linked to drug use and vice versa (Goldstein, 1985; Monahan et al., 2014).

Drug use among young people is problematic because of the effects it can have on brain maturation and offending behaviours (US Department of Justice, 2016). The National Drug Strategy Household Survey (NDSHS) and Australian School Student Alcohol and Drug Survey (ASSADS), conducted in homes and schools respectively, have consistently found
low levels of drug use among participants under 18 years old (Australian Institute of Health and Welfare, 2017; Miller et al., 2012). However, young people who are not captured in these surveys tend to be those most at risk of drug use as they are disengaged with education systems, have unstable homelives and are engaged in offending (Gately et al., 2017). Rates of drug use among justice-involved young people are much higher than young people in the general population, with almost all reporting lifetime drug use (Gately et al., 2017; Prichard & Payne, 2005a, 2005b). Drug use is often a method of escaping bleak realities for young offenders who experience high rates of trauma, disadvantage and dysfunction in their lives (Gately et al., 2017; Hammersley, 2011; Paton et al., 2009). The compounding effect of adverse life experiences, drug use and youth justice system contact can result in a trajectory of life-course persistent offending (Higgins et al., 2010; Hussong et al., 2004; McGee et al., 2015; Moffitt, 2006; Odgers et al., 2008). Therefore, the unique and difficult experiences of young people who offend and use drugs require specialised treatment to prevent continued drug use and offending (US Department of Justice, 2016).

**Drug Courts: A Measure to Address Drug Use and Offending**

Increasing concern about the effects of drug offences on offending and the interplay between drug use and offending (Australian Institute of Health and Welfare, 2017; Gately et al., 2017; Miller et al., 2012; Prichard & Payne, 2005a, 2005b) resulted in the development of Drug Courts in the United States in 1989 (Indermaur & Roberts, 2005; Jordan, 2015). Therapeutic Jurisprudence (TJ) principles were adopted in adult Drug Courts then adapted over time to youth justice systems. The first youth Drug Court in Australia opened in New South Wales (NSW) in July 2000 (Dive et al., 2003; Turner, 2011). It is no longer funded or running because evaluations did not produce “positive enough” results on reducing drug use and offending ("Quiet death of the youth drug court," 2012).
However, anecdotal evidence from the Court staff supported the program, arguing that there was value in the work that they did outside of recidivism rates ("Quiet death of the youth drug court," 2012; Turner, 2011). In December 2000, the Children’s Court of Western Australia started their Children’s Court Drug Court, where sessions run inside the Children’s Court of WA building, with similar aims to the NSW youth Drug Court (Turner, 2011). It functioned within the remit of the Young Offenders Act 1994 (WA) to provide specialised assistance to young, drug-using offenders (Freiberg, 2002; Indermaur & Roberts, 2003). A comprehensive case management approach, informed by TJ principles, was applied to address areas of the young person’s life that contributed to their drug use and offending: homelessness, unemployment, disengagement with education, unavailable counselling services and so forth.

**Current Research**

**Rationale**

The current research arose from a study examining public perceptions of the CCDC, conducted for the Children’s Court and the CCDC Magistrate. The study highlighted public support for the CCDC, despite their initial lack of knowledge about the Court and after being informed (Gately et al., 2018). From here, the CCDC Magistrate informed the research team, including me, of the lack of research conducted with young people in the CCDC after operating for nearly 20 years. The CCDC Magistrate requested a research project that would ascertain CCDC participants’ feedback on the CCDC’s processes. The request coincided with my search for a research project suitable for a PhD. Furthermore, the closure of the NSW Youth Drug Court in 2012, which upset many who had run and participated in the Court, potentially left the CCDC vulnerable to the same fate. The research aimed to fill a gap in the
literature and fulfil the CCDC Magistrate’s request to inform the Court of ways to improve processes and help secure the Court’s future.

**Research Aim**

This thesis aims to identify measures needed to refine CCDC processes to enhance the experiences and outcomes of young people who participate in the CCDC. It investigates how the Court runs and its therapeutic practices, who the actors involved in the Court are, and how they experience their time in the Court. This is done using a case study methodology and analysing the CCDC through a TJ lens. By doing so, recommendations for improvement and acknowledgement of positive features of the Court can be reported to the CCDC and the DoJ.

**Research Questions**

This research is guided by two overarching research questions:

1. What is the function of the CCDC and how does it employ therapeutic jurisprudence principles?
2. What are the experiences of actors in the CCDC?

These questions will be answered by applying a case study method utilising various data sources and interviews with the main actors in the CCDC, namely:

1. The young people participating in the CCDC;
2. The parents of young people participating in the CCDC;
3. The staff involved in running the CCDC and the case management of the young people involved in the CCDC.
Terminology

The current project relies on some contentious key words and terminology. In this section, I justify using certain terms consistently throughout the thesis unless otherwise stated. The first is the use of “drugs” as opposed to “substances”. The decision was made to use “drugs” as it aligns with the terminology used in the CCDC and by its actors. For this study, the term encapsulates any substance that has mind-altering effects including, but not limited to, alcohol, cannabis, methamphetamine, ecstasy, pharmaceutical substances (valium, ketamine etc.), and nitrous oxide (also known as “nangs”, a relatively new inhalant popular among young people in WA). Where relevant, individual drug types will be named. No distinction is made between licit and illicit drugs because any non-prescribed drug used by individuals under 18 years of age is illegal in Australia. Further, one participant’s use of prescribed pharmaceutical drugs was illicit as he had not been prescribed them but rather bought or stole them for his own use.

How to refer to individuals under the age of 18 years who have offended is contentious (Turner, 2019a). The use of the term “young offender” has been condemned for its possible labelling effects (Johnson, 2001). Although that criticism is understandable, the term accurately refers to a person aged 10-17 years old who has been accused of or has pled guilty to a criminal offence. Here, “young offender” is used, not to label the young research participants, but as an aid to reading the thesis. That way, terms with more negative connotations such as “delinquent” and “criminal” are avoided (Turner, 2019a).

The young people in this study are involved in what is sometimes referred to as a “problem-solving Court”. In this thesis, however, I will use the term “solution-focused Court” as this removes the supposition of “problems” being “solved” by the Court. “Solution-focused” suggests a focus on finding solutions, where resources focus on the needs a
particular type of offender. This is true of the CCDC and, as such, will be adopted throughout. The interviewees are referred to as actors rather than participants throughout this thesis. “Actors” encapsulates their active roles in the CCDC. From here, the term “participants” is used, however, to refer to the young people interviewed because they were participants in the CCDC. “Staff” refers to all service providers and DoJ representatives, including the CCDC Magistrate and lawyers. This is not to ignore or diminish power imbalances between staff, but to indicate the way the CCDC staff regard each other as equal members of a team.

**Document Structure**

After this introductory chapter, Chapter Two reviews literature on the statistical landscape of youth drug use and youth offending in Australia, TJ as a theoretical framework, judicial responses to the TJ movement in the early 1990s and the development of solution-focused Courts and Drug Courts. Chapter Two provides the context for the research. Chapter Three details the methodology used, exploring the rationale for the case study method, collection procedures for the data sources, methods of data analysis and ethical considerations. Chapter Four explores the barriers to interviewing young people in the youth justice system (YJS), extending the discussion from Chapter Three. A Case Description of the CCDC is then presented in Chapter Five, the first findings chapter. In this chapter, I used the data collected to describe the CCDC, its history, processes, and staff roles in detail. A composite of a typical CCDC participant based on my interactions with the setting of the Children’s Court public waiting areas, CCDC participants and staff is interspersed throughout Chapter Five to illustrate their experiences.

From Chapters Six to Eight, interview data from the young people in the CCDC, parents of CCDC participants and CCDC staff are presented to outline their experiences of
the program. Each of these chapters includes a literature review on issues relevant to the sample, a summary of the sample, findings and interpretations that are viewed in the context of existing literature. Including literature relevant to each chapter allowed for a more concise initial literature review and chapters. In Chapter Nine, the overall findings are summarised and examined through the TJ lens. The chapter outlines the limitations and implications of the research and recommendations from the study and for future studies.
Chapter 2: Literature Review

The previous chapter introduced the topic and research rationale. The research aimed to identify measures needed to refine the CCDC’s processes and enhance the participants’ experiences by applying a case study method. The current chapter expands upon the literature examined in the introduction. To provide context for this study, literature relevant to the whole thesis is examined here. It explores current trends in youth offending in Australia; TJ as a lens through which Courts can be examined; the history and function of solution-focused Courts and Drug Courts, examining the literature on adult and youth Drug Courts’ effectiveness; finally, an argument is presented for complementary research on Courts like the CCDC.

Trends in Young Australian Drug Use and Offending Research

Co-existing offending and drug use is more likely to occur during adolescence than at any other stage in life (Gummelt & Sullivan, 2016; Monahan et al., 2014). Offending may occur without drug use, but the relationship between these behaviours has been established (Goldstein, 1985; Prichard & Payne, 2005a, 2005b). The order in which these behaviours begin can be interchangeable, but the harms associated with drug use and offending have also been well documented (Craig et al., 2015; Gately et al., 2017; Higgins et al., 2010; Hussong et al., 2004; Moffitt, 2006; Odgers et al., 2008; Prichard & Payne, 2005a). In this section, drug use among young Australians who do and do not offend is discussed.

Young People and Drugs

Studies on drug use among Australians under the age of 18 tend to focus on surveys that report usage but do not provide detailed analyses. The National Drug Strategy Household Survey (NDSHS) gathers information on Australians’ consumption and perceptions of alcohol, tobacco and illicit drugs. Every three years, surveys were delivered to homes
throughout Australia with results broken down into age groups. Residents aged 12 and older were permitted to participate with a total of 23,722 respondents across all ages in 2016. Licit and illicit drug use were reported from people 14 years and above. Results showed that in the 14 to 19-year-old age group, both licit and illicit drug use were not widely reported (Australian Institute of Health and Welfare, 2017). These findings are similar to the Australian School Student Alcohol and Drug Survey (ASSADS), also collected every three years, which aims to capture trends and perceptions of drug use among 12-17 year-olds at school in Australia (Miller et al., 2012).

Unfortunately, detailed information on the cultural background of young people was not reported in these surveys, unlike similar surveys for adult populations. Therefore, differences between cultural backgrounds and drug use cannot be examined here. However, the NDSHS reported that Indigenous respondents aged 14 and older reported using illicit drugs at a rate 1.9 times higher than the non-Indigenous population in the last 12 months (Australian Institute of Health and Welfare, 2017). However, the research setting was likely to affect the validity of responses in both studies. The NDSHS was delivered to homes and responses given by young people were likely to be overseen by their parents or guardians, which may have caused young people to censor their responses. In contrast, the ASSADS was conducted in schools and was unlikely to capture those most likely to use drugs as they are prone to regular truanting (Gately et al., 2017; Prichard & Payne, 2005b). Further, incarcerated Indigenous populations were more likely to report truanting, suspension or exclusion from school before they were incarcerated; thus were less likely to be captured in the ASSADS sample (Prichard & Payne, 2005a). Therefore, these data may not provide an accurate or detailed representation of young Australians’ drug use.

**Young People, Drugs, and Offending.** Researchers in an Australian national study, the Drug Use Career of Juvenile Offending (DUCJO), conducted face-to-face interviews with
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371 incarcerated 11-17 year-olds about drug use. Of these participants, 59% identified as Indigenous (Prichard & Payne, 2005a, 2005b). They found higher rates of previous and recent (before incarceration) drug use in the sample than in the public generally (Australian Institute of Health and Welfare, 2017; Miller et al., 2012; Prichard & Payne, 2005a). Participants reported trying and using more drugs than those surveyed in the NDSHS and ASSADS studies. Most participants (94%) had used at least one form of a drug compared to only 22% of 14-19-year-olds in the NDSHS and 19.5% of 12-17-year-olds in the ASSADS. Polydrug use was also reported by 29% of the DUCJO sample (Australian Institute of Health and Welfare, 2017; Miller et al., 2012; Prichard & Payne, 2005a). The most commonly cited drugs used were alcohol (46%) and cannabis (63%) (Prichard & Payne, 2005a), which is consistent with the NDSHS findings and more recent interview data collected from accused young offenders in a WA Children’s Court (Australian Institute of Health and Welfare, 2017; Gately et al., 2017). The self-reported data in all studies discussed posed a limitation as participants may either fabricate, omit, or embellish their drug use, remember details incorrectly or forget incidents completely. Despite these limitations, the differences in drug use between general and offending populations demonstrate the link between drug use and offending.

Almost all DUCJO participants reported that their drug use had a direct effect on their offending (Prichard & Payne, 2005a). Equal numbers of young people began using drugs before or following their first offence. Consequently, no conclusion could be drawn on drug use as a causative factor in criminal offending (Prichard & Payne, 2005b). However, 70% of those surveyed reported being under the influence of drugs at the time of offending. This finding highlights the nexus between drug use and offending; offending can be both a cause and result of drug use (Goldstein, 1985). Although the DUCJO study is now dated, given the changes in the drug market, and is limited to incarcerated young people, it highlights the high
rates of drug use among young offenders and the implications in the relationship between drug use and crime.

These findings were mirrored in the Drug Use Monitoring Australia (DUMA) study conducted in Brisbane, Queensland (Qld) between 2013 and 2014. In Qld, state legislation defined 17-year-olds as adults (Youth Justice Act 1992 [Qld]). Therefore, they were assessed and detained alongside adults in police watch houses. In this study, young people were defined as 10-17 years old as per the Young Offenders Act 1994 (WA) thus the data for 17-year-olds will be examined. The findings indicated that 77% (n=17) of the 17-year olds who provided a sample for urinalysis tested positive for at least one drug (excluding alcohol) (Coghlan et al., 2015). These findings suggest that just over three-quarters of these young people had used drugs in the time leading up to their arrest. It does not, however, indicate they were intoxicated at the time of the offence as those with outstanding warrants for older offences were brought to police watch houses for processing alongside those with fresh charges. These findings support earlier assertions by Prichard and Payne (2005a) that drug use in a young, offending population was prevalent and even linked to illegal conduct.

Although findings from the small sample cannot be generalised, this research compares self-reported survey data and the results of urinalyses, thereby bolstering findings.

Statistical Landscape Considerations

Despite the limitations of the small number of studies and those using a self-report methodology, these studies give an overview of young people’s drug use in Australia (Australian Institute of Health and Welfare, 2017; Coghlan et al., 2015; Gately et al., 2017; Miller et al., 2012; Prichard & Payne, 2005a). The limited data available highlight that drug use amongst young offenders is problematic due to the associated effects on offending and health, which were acknowledged by some young people surveyed (Prichard & Payne,
2005b). The limited data available on the drug use of a young offending population could be due to the difficulties in obtaining approval from Ethics Committees to conduct research with young offenders and is discussed further in Chapter Four (Wolbranksy et al., 2013). Further, finding participants and making them feel comfortable enough to disclose their views can be problematic given their previous experiences with interviewing in the YJS (Holt & Pamment, 2011; Moore et al., 2011; Wolbranksy et al., 2013).

As research in this area is ethically and practically difficult, this marginalised group is less likely to be approached for an interview (Schubert et al., 2012). This is true in the CCDC in Perth where participants have not been asked about their views of the program. It has been argued that any program aimed at addressing the link between drug use and offending must be understood from the viewpoint of participants (Schubert et al., 2012). Thus, understanding the CCDC and the experiences of young people was essential for program refinement to address the underlying causes of drug use and reducing young Australians’ involvement in the YJS.

**Youth Justice in Western Australia**

Australia’s YJS has changed its approach to youth crime considerably in recent decades, having recognised the complex needs of young people in comparison to adult offenders (Richards, 2011b). Principles of diversion for young people in the YJS were introduced and young offender legislation was updated throughout Australia between the early 1990’s and 2000’s. In WA, the *Young Offenders Act 1994* (WA) promotes diversion from Courts, using police cautions and referrals to Juvenile Justice Teams. This approach is to limit young people’s interaction with formal YJS processes as this can increase their likelihood of reoffending and adverse life experiences (Moffitt, 1993; Moffitt & Caspi, 2001; Moffitt et al., 2002). Furthermore, the legislation requires that any form of detention should
be a last resort. This legislation is in line with Article 9 of the Convention on the Rights of the Child that Australia ratified in 1990 (United Nations, 1990). As a result, many diversionary programs have been developed as alternatives to the adversarial Court system.

In WA, diversionary practices are in place to ensure young offenders have limited contact with the YJS. Specific programs have been developed for young offenders with drug use issues. Referrals can be made to programs such as the Youth Supervised Treatment Intervention Regime (YSTIR), by Juvenile Justice Teams (before being charged) or Magistrates (after being charged). These programs are designed to support young offenders with drug use issues. They allow young people access to counselling and rehabilitation as part of their YJS involvement. In this way, diversionary programs allow for rehabilitation and progress can be monitored as part of their sentence. These practices align closely with principles of therapeutic jurisprudence.

**Therapeutic Jurisprudence: Law as a Therapeutic Agent**

The way the law affects individuals unfavourably is an area of concern for lawmakers, the judiciary and behavioural scientists alike (Thompson, 2011). A movement, which sought to address the law’s detrimental effects, is TJ, the “study of the law as a therapeutic agent” (Wexler, 1993, p. 279). TJ gained attention in the late 1980s for its assessment of mental health law and its practice in the United States (US) (Freckelton, 2008; Slobogin, 1995). The originators of TJ, David Wexler and Bruce Winnick, contended that the law and legal process could be informed by research in psychology and social sciences to improve Court actors’ wellbeing. The purpose of this section is to demonstrate the influence of TJ in adversarial criminal Courts such as the Children’s Court. Areas covered include, the history of TJ, definitions and critiques, and TJ in practice.
The focus on the law as a therapeutic agent was not novel when the term “Therapeutic Jurisprudence” was coined in Wexler’s first paper in 1987 (Freckelton, 2008; Wexler, 1995). Wexler focused on the effect of mental health law and processes in the US, arguing that they negatively affected Court actors. He stated that the law needed to be more considerate of its negative effects. The use of the term TJ labelled what academics and practitioners alike had been examining in other areas of law for some time. Critics had gone as far as to comment that TJ was merely “old wine in a new bottle” (Freckelton, 2008, p. 583). However, what was novel was the attempt to conceptualise and define this type of analysis of the law. Wexler (1995) promoted standardising TJ as a method of analysis and inquiry where the use of relevant behavioural science research (notably psychiatry, psychology, criminology, and sociology) to analyse legal processes was at the forefront. The early focus on mental health law reform was short-lived as TJ quickly gained support and was soon viewed as a cutting-edge method to scrutinise all aspects of the law (Freckelton, 2008; Thompson, 2011). However, the TJ movement and its application in law and legal process have been contentious.

The problems with defining TJ and its aims have been raised numerous times (Freckelton, 2008; Roderick & Krumholz, 2006; Slobogin, 1995; Thompson, 2011). Thompson (2011, p. 86) noted that TJ has been described in many ways as “a framework, an approach, a perspective, a legal theory, a vector, a movement, a mechanism, a prism, a heurism, a field, a concept, a notion and a lens.” Other definitional issues refer to the use of the word “therapeutic” (Roderick & Krumholz, 2006; Slobogin, 1995). The term raises some issues regarding how to define it and who is best to do so (Roderick & Krumholz, 2006). Slobogin (1995, p. 196) posited that the “therapeutic” part of TJ can be defined in three ways: as something beneficial; as something deemed beneficial in the light of social sciences; or possibly most appropriately as “the use of social science to study the extent to which a legal
rule or practice promotes the psychological and physical wellbeing of the people it affects”.
This final definition provides the most clarity but it defies the argument that TJ must remain
loosely defined to allow for broad investigations to be conducted (Wexler, 2011).

Wexler defined TJ consistently as “the study of the role of the Court as a therapeutic
agent” (1993, p. 279). It is a method of analysis that is used to view areas of the law that
could be improved by being informed by social science research (Wexler, 2000). Wexler
(1995) posited that the broad definition of TJ allows for any area of the law to be explored
within the contours of the framework and is arguably one of TJ’s strengths (Freckelton,
2008). However, he noted that when employing TJ as a framework, it is important for
researchers to be clear about the definition they have chosen, to ensure clarity of direction
and focus. In this study, TJ will be used as a lens through which the processes and
experiences of actors of the CCDC will be viewed. It will be ascertained whether the Court
employs TJ principles and whether they are beneficial to Court actors’ wellbeing. This will
be explored throughout the findings chapters and in the Overall Findings and Conclusion
chapter.

**Therapeutic Jurisprudence in an Adversarial Context**

Wexler (1993) suggested that the law can and should be made and applied in a more
therapeutic way to address the harms that the law and legal process cause (Slobogin, 1995;
Thompson, 2011). TJ can also be used to address underlying causes of an individual’s
involvement in the criminal justice system (CJS) and for issues encountered before and
during their time in Court. However, the viability of TJ in adversarial systems, such as those
used in Australia, has been contentious in legal and academic spheres (Freckelton, 2008;
King, 2008; Larsen & Milnes, 2011; Roderick & Krumholz, 2006; Slobogin, 1995; Wexler,
2011). In brief, the Australian adversarial system is one in which the judiciary is responsible
for conceptualising the areas and issues in dispute, whereas the collection and presentation of
evidence are the defence and prosecution lawyers’ responsibility, not the Judge or Magistrate’s. Essentially, Judges and Magistrates are passive participants while lawyers are active in conducting cross-examinations and facilitating oral testimonies (King et al., 2009; Thompson, 2011).

Some of the issues raised regarding the use of TJ in the adversarial system include how the law and legal processes can be adhered to and applied by the judiciary. Concerns arise around the consistent application of legislation or precedent, and when, or if, TJ should take priority over these (King, 2008; Roderick & Krumholz, 2006; Slobogin, 1995; Zetterberg et al., 2014). Winick and Wexler (2015) argue that TJ is secondary to legal due process but note that this is sometimes overlooked as a matter of fact. For example, when guilt is not the foremost concern, the change in focus can be problematic for Judges or Magistrates to employ. It can result in a departure from impartiality given the relationships encouraged by the TJ perspective (Zetterberg et al., 2014). This may result in second-guessing during the decision making (Larsen & Milnes, 2011). Further, casual environments and interactions between defendants and Judges and Magistrates may detract from the seriousness of the Court process, risking other Court principles such as clarity and transparency (Larsen & Milnes, 2011; Weller, 2018; Zetterberg et al., 2014).

Other issues arise from an apparent focus on the offender’s wellbeing over the victim’s wellbeing when TJ is used in criminal Courts (Henshaw et al., 2019a, 2019b). Family violence Courts specifically have been criticised for their use of TJ to address the offender’s needs over the victim’s needs (Cannon, 2007; Holder, 2006). Further, cautionary notes were raised regarding the cultural appropriateness of TJ for Indigenous populations (Larsen & Milnes, 2011). Other research has refuted this, stating that TJ can align with Indigenous cultural practices (Marchetti & Ransley, 2014; Toki, 2010). Despite the critique,
support for TJ and its application continue to grow, with the badge of practising TJ worn with honour, especially for solution-focused Courts (Freckelton, 2008).

A Tripartite Framework – Setting Parameters for Study

Wexler (1993) conceded that a format or framework was needed that satisfactorily assessed TJ in the criminal Courts. Recently, researchers have used the wine bottle and wine analogy to assess TJ application in Courts (Bartels, 2016, 2019; Henshaw et al., 2019a, 2019b; Spencer, 2014). This is where the bottle represents the legal structure and law, while the wine represents TJ. Where there is little room for wine, there is little room for TJ, suggesting the need for legal reform (Spencer, 2014). Although this analogy has been used successfully in other research, it does not fit the needs of this study as the CCDC is founded on TJ principles. Therefore, Wexler’s (2011) tripartite framework for using therapeutic jurisprudence in criminal law will be used. This framework was developed to address concerns around applying TJ to adversarial criminal Courts. He acknowledged the simplicity of the framework but asserted that more research and examples of where criminal law incorporates TJ were needed to facilitate a practical model for criminal case law (Wexler, 2005). He stated that three components should be considered when using TJ in criminal law.

The framework, developed for use by researchers, educators, lawyers and judiciary, focused on the components of the legal landscape, treatments and services, and practices and techniques. The legal landscape category refers to legal process and legislation. Wexler (1993) submitted that flexibility was needed in this area of criminal law to allow for the wellbeing of actors to be considered where possible. He used the example of flexibility around sentencing timeframes to allow for mental health, drug dependency, anger management or other issues to be addressed before sentencing. This is where the treatments and services component becomes important. It focuses on the availability of programs for
actors. Wexler (2005) maintained that lawyers and the judiciary should know the options available for those that encounter the criminal Courts to ensure they are used where appropriate to promote wellbeing. However, he acknowledged that Courts, and the CJS more widely, cannot be used as a “legal emergency room,” but when contact is made with Courts, therapeutic options must be available and used (Wexler, 1993, p. 100).

The *practices and techniques* category focuses on the roles played by legal actors in criminal Courts, namely lawyers and the judiciary. Wexler (2011) posited that where possible interactions with, or considerations for, actors should aim to be therapeutic. For example, praise from a Magistrate for a defendant adhering to bail conditions or keeping up with counselling sessions can provide a boost in self-esteem for the defendant and result in positive behavioural changes. Wexler (2011) conceded that this component can be viewed as common sense and may already be employed by legal actors. Overall, the framework provided by Wexler (1993) provides practical guidelines for legal actors and educators to use in their daily business. It is these guidelines that will be used to inform the analysis of the CCDC’s adoption of TJ principles. They have been used in this study to focus and refine the areas for analysis of the CCDC. Table 1 depicts the area of focus, how it can be incorporated using TJ and examples of the way analysis can be performed and incorporated.

**Therapeutic Jurisprudence Summary**

TJ is the study of the law as a therapeutic agent. It has been posited that the law can and should promote actors’ wellbeing when it is not detrimental to due process. It has been posited that Drug Courts exemplify TJ in its foundations and practices. TJ can also be used as a method of analysis for studying the law and legal processes but parameters need to be clear when it is used in research due to its broad definitions. In this study, Wexler’s (2011) framework for lawyers and judiciary will be used in a research capacity to scrutinise the
solution-focused Court in focus, the CCDC in Perth to assess its adoption of TJ principles in its running. This will add to the body of literature using TJ to assess Court processes.
Table 1

Tripartite Framework for Using Therapeutic Jurisprudence in Criminal Law

<table>
<thead>
<tr>
<th>Component</th>
<th>Focus</th>
<th>TJ Analysis</th>
<th>Example</th>
<th>TJ Incorporation</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>The legal landscape</td>
<td>Legal process and legislation</td>
<td>Examine the effect of legal processes and legislation on actors</td>
<td>Examining sentencing options available for drug-dependent defendants</td>
<td>The ability to be flexible within the remits of the law</td>
<td>Deferring a sentence to allow for time in a detoxification centre</td>
</tr>
<tr>
<td>Treatment and services</td>
<td>The availability and use of treatment and services</td>
<td>Examine the treatment and services available via criminal Courts</td>
<td>Identifying gaps in services available to drug-dependent defendants</td>
<td>The provision of treatment and services to actors</td>
<td>Establishing detoxification centres specifically for defendants</td>
</tr>
<tr>
<td>Practices and techniques</td>
<td>The roles of legal actors</td>
<td>Examine the effect of legal actors on defendants</td>
<td>Examining the relationship between a Magistrate and defendant in Drug Court</td>
<td>The consideration of the wellbeing of actors</td>
<td>Facilitating more informal proceedings away from a formal Court for the Drug Court to allow for rapport to build</td>
</tr>
</tbody>
</table>

Adapted from Wexler (2011)
Solution-Focused Courts

Solution-focused Courts, founded on principles of TJ, use their status in society as a legal and moral authority to motivate offenders to identify and address the reasons for their offending (Malcolm, 2007; Mitchell et al., 2012; Roach Anleu & Mack, 2007; Salvatore et al., 2011; Vitello, 2003). These Courts aim to reduce reoffending and to provide participants with appropriate mechanisms to cope with challenges that lead to offending (Blagg, 2008; Payne, 2005). Solution-focused Courts marked a positive and notable shift from traditional adversarial Court proceedings to a system where Courts identified and attempted to address underlying issues such as drug dependence, mental health issues and domestic violence to improve the wellbeing of the individual and the community. This section will discuss the origins of solution-focused Courts, common elements and critiques before focusing on Drug Courts specifically.

Origins of Drug Courts

Formal solution-focused Courts originated in 1989 in the US in Dade County, Florida where a Drug Court was established to address the revolving door of criminal proceedings for low level, drug-addicted offenders (King et al., 2009). Increasing numbers of low-level drug offenders were spending extended periods in prison awaiting trial causing prisoner numbers to swell (Harrison & Scarpitt, 2002). It was maintained that incarceration was not addressing the underlying issues that contributed to drug use and crime; therefore, Drug Courts were introduced to tackle them and divert low-level drug offenders from the CJS. A broad aim of the Court was to bridge the perceived gap between the punitiveness of incarceration and the “easy way out” of rehabilitation (Harrison & Scarpitt, 2002; Indermaur & Roberts, 2005). The Court used long term drug treatment supervised by the judiciary where rewards and sanctions were given as appropriate. The success of the Dade County Drug Court attracted
through a therapeutic lens: Perth’s Children’s Court drug court

attention and, as such, was implemented state-wide eventually reaching international shores (Berman & Feinblatt, 2001). Since then, over 3000 Drug Courts have been established in the U.S. alone (US Department of Justice, 2018). The launch of Drug Courts encouraged innovation in addressing other problem areas for Courts and there are now several different types of solution-focused Courts ranging from homelessness Courts to domestic violence Courts.

The inception of these Courts was influenced by some similar issues (Berman & Feinblatt, 2001). Key issues identified in traditional systems were criminal justice process related, including rising caseloads and prison populations, and complications in Court referrals to appropriate or useful programs despite improvements in therapeutic options. These issues coincided with “the breakdown of traditional social and community support systems” and resulted in frustrations in the community and Court systems alike (Berman & Feinblatt, 2001; King et al., 2009, p. 139; Porter et al., 2010). Essentially, traditional adversarial Court processes did not seem to be effective especially for repeat, low-level offenders. Something had to change.

Solution-Focused Court Similarities

As with adversarial Courts, solution-focused Courts have similar components despite the different offending groups they target. Berman and Feinblatt (2001) posited that the similar factors related to case outcomes, system change, judicial monitoring, collaboration, and non-traditional roles. Case outcomes represent the objectives of the Court sought for each participant and include reducing reoffending and improving offenders’ mental and physical wellbeing where possible (King et al., 2009). System change signifies the push for social and legal changes to improve the responses in Courts to individuals who face adverse social problems like addiction, homelessness and mental health issues. Judicial monitoring refers to
the role the judiciary plays as a legal and moral authority to compel offenders to address the reasons for their offending (Malcolm, 2007; Mitchell et al., 2012; Salvatore et al., 2011; Vitello, 2003). The judiciary ensures that individuals comply with the Court processes, and also facilitates referrals to appropriate support systems (King et al., 2009).

Collaboration signifies the holistic approach taken to address offenders’ problems. The Court collaborates with and facilitates communication between government and not-for-profit agencies to address the issues affecting an individual’s offending behaviour (Blagg, 2008; King et al., 2009). The final component is the non-traditional roles undertaken by legal actors when participating in a solution-focused Court. Interactions between Magistrates, lawyers (defence and prosecution), caseworkers and other stakeholders occur after a guilty plea has been entered. They work with each other rather than adversarially to resolve the individual’s issues before sentencing (Berman & Feinblatt, 2001; Blagg, 2008). Warren (1998, cited in Rottman & Casey, 1999, p.14) condensed the differences in roles and process for traditional and solution-focused Courts as presented in Table 2.
Table 2

Traditional Versus Non-Traditional Roles in Solution-Focused Courts

<table>
<thead>
<tr>
<th>Traditional Process</th>
<th>Transformed Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispute resolution</td>
<td>Problem-solving dispute avoidance</td>
</tr>
<tr>
<td>Legal outcome</td>
<td>Therapeutic outcome</td>
</tr>
<tr>
<td>Adversarial process</td>
<td>Collaborative process</td>
</tr>
<tr>
<td>Claim or case-oriented</td>
<td>People-oriented</td>
</tr>
<tr>
<td>Rights-based</td>
<td>Interest or needs-based</td>
</tr>
<tr>
<td>Emphasis based on adjudication</td>
<td>Emphasis placed on non-adjudication and alternative dispute resolution</td>
</tr>
<tr>
<td>Judge as arbiter</td>
<td>Judge as coach</td>
</tr>
<tr>
<td>Backward looking</td>
<td>Forward-looking</td>
</tr>
<tr>
<td>Precedent based</td>
<td>Planning based</td>
</tr>
<tr>
<td>Few participants and stakeholders</td>
<td>Wide range of participants and stakeholders</td>
</tr>
<tr>
<td>Individualistic</td>
<td>Interdependent</td>
</tr>
<tr>
<td>Legalistic</td>
<td>Common-sensical</td>
</tr>
<tr>
<td>Formal</td>
<td>Informal</td>
</tr>
<tr>
<td>Efficient</td>
<td>Effective</td>
</tr>
</tbody>
</table>


Critiques

Identifying the “Problem”. Solution-focused Courts originated to address specific problems that individuals in the CJS experience, but the identification of the “problem” and the solutions posed have raised concerns (King et al., 2009; Ward & Stewart, 2003). King et al. (2009) contended that offending was unlikely to be caused by one problem. Therefore, the narrow focus of solution-focused Courts can limit the support or solutions provided to
individuals. For example, an offender with drug use problems may have begun using drugs to self-medicate their mental health issues but resulted in them committing acts of domestic violence while intoxicated. The co-morbidity of these problems could result in uncertainty regarding which Court could produce the best outcome for the offender. Treatment services available to Courts and, in turn, participants of solution-focused Courts can go some way to address this (Blagg, 2008). Brief treatments, like those available to solution-focused Court participants, has been found to be beneficial compared to no treatment (Blagg, 2008; Dunn et al., 2001). Therefore, a comorbidity of problems can arguably be partially addressed in solution-focused Courts.

There have been calls for mainstreaming of solution-focused Courts (Bartels, 2009). However, this can cause contention. Broadening the focus could deviate from their purpose of addressing specific problems and could result in a dilution of Court proficiency (King et al., 2009; Petrila et al., 2001). Conversely, keeping focus too narrow would restrict the number of participants accepted into the Court, which could raise questions about the financial viability of the Court (Bartels, 2009; Petrila et al., 2001).

**Availability of Solution-Focused Courts.** The costs of solution-focused Courts have given rise to criticism related to the equity of service provision. Bartels (2009) posited that most offenders have limited access to solution-focused Courts, given their widely different circumstances. These include the offenders’ geographical location and mental state (Bartels, 2009), Indigeneity (Juodo Larsen, 2008), whether they have submitted a not guilty plea, their offending history, and any comorbidity of issues (King et al., 2009). Therefore, a Court’s criteria restricts his or her access to solution-focused Courts and solutions.

**Court Intervention.** The solutions provided to solution-focused Court participants have also been challenged. King (2011) queried whether participants can change merely
because they have been told to by a judicial figure and whether CJS intervention is always necessary. This supports psychosocial literature which demonstrates individuals were more likely to change their behaviour if they were ready and driven (DiClemente, 2006; Prochaska & DiClemente, 1982). Therefore, the timing of judicial intervention and referrals to solution-focused Courts may not suit all offenders. One way this can be combatted is through gaining an individual’s agreement before participation, which could exclude those unready or unwilling to change (Department of the Attorney General, 2012). Further, change has been recognised to occur without judicial or CJS intervention, raising questions around the necessity of intervention through solution-focused Courts (Farrall, 2012). However, Duffy (2011) claimed that solution-focused Courts and the support they offer are important in ensuring success. He stated that a Judge or Magistrate’s belief in the participant’s ability to change and improve, results in the participant acting in a way that aligns with those beliefs (Duffy, 2011; King, 2008). Despite criticisms, solution-focused Courts remain in use, with Drug Courts the most common among them.

**Drug Courts**

Since Florida’s founding Court in 1989, Drug Courts have become commonplace in most jurisdictions with the first Australian Drug Court opening in New South Wales in 1999 (Indermaur & Roberts, 2005). Despite their popularity, Drug Courts have not come without criticism, with concerns around their success and how success is measured (Gately et al., 2018). In this section, the origins of Australian Drug Courts will be outlined, followed by an examination of the literature on adult Drug Courts leading to youth Drug Court literature.

**Australian Origins of Drug Courts**

Despite Australia’s diversionary practices already in place in the CJS for drug-dependent offenders, Drug Courts were deemed important, given increasing public concern
about the drug-crime-nexus (Indermaur & Roberts, 2005; Jordan, 2015). Jordan (2015) argued that an increase in reported drug use was directly related to acquisitive crime and action was deemed necessary. After NSW opened a Drug Court, South Australia, WA and Qld closely followed in 2000 with Victoria following in 2002 (Indermaur & Roberts, 2005). The Courts were introduced under the guise of reducing imprisonment costs; however, the treatment aspect of the Court was of most interest to policymakers (Indermaur & Roberts, 2005). The Courts were guided by TJ principles to combine the treatment and judicial processes, which the public (Gately et al., 2018) and judiciary (Richards et al., 2017) accepted optimistically. It seemed commonsensical that Drug Courts would help to address the drug crime problem in Australia. Using TJ as a foundation resulted in practices not widely used or seen in Australian Courts.

The use of TJ in Drug Courts has been a focus of legal practitioners and researchers. Two early Drug Court Judges posited that Drug Courts represented the first consistent use of TJ as a jurisprudential foundation (Hora et al., 1999). Later, TJ protagonists, Winick and Wexler (2015), discussed the basis for Drug Courts applying TJ principles and argued that although Drug Courts and TJ are linked and pursue similar goals, they do not exercise identical approaches. Winick and Wexler (2015) stated that some Drug Courts can prioritise treatment over legal processes, which goes against TJ ideals. They argue that TJ should be secondary to some legal processes to ensure due process. Further, prosecutors and defence lawyers involved in the Drug Court processes can often be conflicted. For example, the duty of the prosecutor to pursue a conviction is delayed. They conceded that some aspects of Drug Courts align with TJ principles. For example, Drug Courts were formed to address drug addiction among low-level offenders, recognising academic works citing drug addiction as a health problem to be treated rather than criminally penalised. Further, the Court process is
used to facilitate an offender’s treatment, which is then judicially monitored and managed regularly, incorporating another TJ principle (Winick & Wexler, 2015).

Relationships and interactions between Drug Court Judges and participants are also, whether consciously or not, enacted by Judges. This is another example of a Drug Court application of a TJ principle supported by Winick and Wexler (McIvor, 2009; Winick & Wexler, 2003). Winick and Wexler (2015) stated that Drug Court Judges must be aware of current psychological research to inform their interactions. Along these lines, Kaiser and Holtfreter (2016) suggested that TJ prompted Judges to think more deeply, to research and use evidence-based approaches to improve their interactions with participants, increasing the likelihood of positive outcomes. Richards et al. (2017) found that Magistrates were enthusiastic about TJ philosophies and their appropriateness in Youth Drug Courts. However, there was resistance in implementing or referring to TJ based courts if they felt there was a lack of understanding or resourcing to support them in their role. This exemplifies how TJ directs Judges to look beyond the scope of usual adversarial Court issues and to consider the circumstances of those involved (Rottman & Casey, 1999) and Australian Magistrates reported a need for more training in the area (Richards et al., 2017). Perhaps because of these considerations, relationships between Judges and participants in TJ informed Courts have been critiqued as intrusive and paternalistic (Blagg, 2008; Petrila, 2013; Weller, 2018). Hoffman (2003) stated that Judges are not and should not be therapists, that it is outside their skillset and role. Paternalism is strongly opposed in TJ literature but can still be a feature of solution-focused Courts (Blagg, 2008; King, 2008; Winick, 1992). However, participants who experience this type of relationship have reported positive feedback and outcomes (Hueston & Burke, 2016; Jones & Kemp, 2014; McIvor, 2009; Senjo & Leip, 2001).

Empirical research on TJ is limited because of the use of TJ as a lens through which to view legal process, rather than an explanatory concept but has shown support for
Judge/participant relationships (Hueston & Burke, 2016; McIvor, 2009; Weller, 2018). Senjo and Leip (2001) tested the strength of aspects of TJ on Drug Court completions. They used in-Court observations to ascertain supportive comments made by Judges to 100 Drug Court participants alongside participants’ urinalysis pass to fail ratios. They found that supportive Judge/participant interactions increased participants’ likelihood of drug abstinence and program completion, therefore highlighting the positive outcomes that TJ foundations can have on Drug Court outcomes. Later, McIvor (2009) used Court observations and interviews with staff and Drug Court participants to assess TJ principles in practice. She found that participants enjoyed speaking with the judiciary “on the same level” as it garnered open communication and stronger bonds. Stronger bonds between judiciary and participants have been found to improve rehabilitation outcomes for Drug Court participants (Jones & Kemp, 2014). As such, analysing the application of TJ in the CCDC can provide insight into best TJ practice for positive outcomes for participants and the Court.

Outcomes for Adult Drug Courts

As adult Drug Courts have been subject to more research than youth Drug Courts, it is important to understand their outcomes. Evaluations of the effectiveness of Drug Courts are usually measured by rates of recidivism and have shown generally positive outcomes for adult Drug Courts (Listwan et al., 2003; Wilson et al., 2006; Ziersch & Marshall, 2012). South Australia’s adult Drug Court from 2004 to 2008 found that those who completed adult Drug Court (n= 124) were significantly less likely to be re-apprehended in the two years after completing their Drug Court commitments than those who terminated their participation (n=208) (Ziersch & Marshall, 2012). These findings are consistent with an evaluation of the Victoria adult Drug Court whereby participants (n=61) were significantly less likely to commit offences in the two years following their graduation than a non-Drug Court control
group (n=61) (KPMG, 2014). However, the small sample sizes in these studies limit the conclusions drawn from statistical analysis (KPMG, 2014; Ziersch & Marshall, 2012).

In a study with a larger sample size (n=929), Weatherburn et al. (2008) noted that adult Drug Court graduates in NSW were significantly less likely than non-completers and control group participants to be apprehended for a drug offence before Drug Court completion, suggesting reduced drug use while participating in the Drug Court program. These findings could be due to the Court requirements of urinalysis and specifying that reoffending during Drug Court participation is understood to be a breach, affecting their sentencing options. Another explanation could be that Court requirements keep them gainfully occupied, reducing time for offending. Further, it could be a result of reducing time spent with drug-using criminal associations as the participant would be subject to regular urinalysis testing.

Weatherburn et al. (2020) followed up this study by examining the re-offending of 910 of the participants (who were able to be tracked) in the earlier study to ascertain the Drug Court’s influence on re-offending. They found that those who received treatment in the Drug Court, regardless of completion status, took 22% longer to re-offend and were 17% less likely to offend than those who did not participate in the Drug Court. They did not find any differences between the cohorts for the time between re-offending for any offence type, including property or drug offences. The positive findings in Australian adult Drug Court studies provided a promising platform to base youth Drug Court outcomes.

**Youth Drug Courts**

It was recognised that young drug-using offenders could benefit from Drug Courts. Different strategies to adult Drug Court participants were required to meet young people’s unique needs (US Department of Justice, 2003). Strategies for practice in youth Drug Courts
were outlined by the National Drug Court Institute in the US to improve and streamline practices across US Drug Courts. Sixteen strategies were developed as a result:

1. Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

2. Use a non-adversarial approach, prosecution, and defence counsel to promote public safety while protecting participant due process rights.

3. Define a target population and eligibility criteria that are aligned with the program’s goals and objectives.

4. Schedule frequent judicial reviews and be sensitive to the effect that Court proceedings can have on youth and their families.

5. Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.

6. Build partnerships with community organisations to expand the range of opportunities available to youth and their families.

7. Tailor interventions to the complex and varied needs of youth and their families.

8. Tailor treatment to the developmental needs of adolescents.

9. Design treatment to address the unique needs of each gender.

10. Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.

11. Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the Court and those it serves.

12. Recognise and engage the family as a valued partner in all components of the program.

13. Coordinate with the school system to ensure that each participant enrolls.
14. Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.

15. Respond to compliance and non-compliance with incentives and sanctions that are designed to reinforce or modify the behaviour of youth and their families.

16. Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the Drug Court team to access key information.

(Korchmaros et al., 2017, p. 150)

These strategies are used as a guideline for youth Drug Courts in the US to promote consistency and success of Courts (US Department of Justice, 2003, 2016). They provide context for the youth Drug Court studies. International youth Drug Courts’ processes have been examined and compared. Hiller et al. (2010) examined three US youth Drug Courts to compare structure, processes, and Court actor roles. Areas examined were: target populations, available resources, participant background, treatment activities, goals, other factors (e.g. family, culture), outcomes and program issues. They found similarities in the methods of supervision (urinalysis, curfews etc.) and the composition of the Drug Court team with a presiding Judge, youth justice workers and external agencies engaged with drug-using youth. Curfews were used as both sanctions in their application and as incentives by removing them or shortening curfew times (Hiller et al., 2010). Long and Sullivan (2017) examined data from participants (n=1,372) of nine youth Drug Courts in the US to ascertain measures that promoted success. They found that use of more incentives compared to sanctions promoted participants’ success. Participants were less likely to re-offend for any type of offence. However, they found that higher numbers of treatment referrals, urinalysis tests, and more contact with the Judge resulted in higher incidences of reoffending and program drop out.
Outcomes for Youth Drug Courts

The limited number of youth Drug Court evaluations in Australia have provided mixed findings for youth Drug Courts and fewer reports of success than adult Drug Courts (Eardley et al., 2004; Freeman, 2002). Further, comparisons with adult Drug Court findings are not robust, given the social and developmental differences between adults and young people (Richards, 2011b), and in program approaches and availability (Hiller et al., 2010). Therefore, the following section will look at different areas of focus in youth Drug Court research, namely recidivism, attrition rates, health and wellbeing, and family support.

Recidivism. International studies focussing on recidivism for youth Drug Court graduates have been mixed. A Christchurch New Zealand based study found that 60% of youth Drug Court graduates went on to re-offend within a year of graduating (Searle & Spier, 2006). Further, Hickert et al. (2010) found that graduates of one Utah Juvenile Drug Court were just as likely as the probationer control group to re-offend after completing Drug Court requirements. The researchers found during their longitudinal study that rates of offending dropped more noticeably in the control group than the Drug Court group in the 18 months following graduation. However, rates of offending for probationers were three times higher than the juvenile drug graduates’ rates of offending (Hickert et al., 2010). Essentially, most youth Drug Court participants went on to commit a crime, but graduates received fewer charges than non-graduates. The research indicated that recidivism data alone were not effective in measuring Drug Court success in youth populations and did not seek to understand why young people returned to drug use or offending.

In contrast, Eardley et al. (2004) provided the only public Australian based evaluation of a youth Drug Court to date. The NSW study used during and post-program offending data and interviews with participants. The authors commented on the incomplete data available but estimated that 35% of Drug Court graduates reoffended during their time in the program.
Further, they found that Drug Court graduates were less likely to re-offend than those who terminated participation before completing the program (Eardley et al., 2004). In an Ohio study, youth Drug Court participants (n=310) were significantly less likely to have been arrested for a new offence than the probation control group (Shaffer et al., 2008). A follow-up study spanning four youth Drug Courts in Utah showed that 34% of graduates compared to 48% of probationer counterparts had been re-arrested 30 months post-entry (Hickert et al., 2011). Comparing multiple Courts with each other captures more data and allows for better analysis of the youth Drug Court procedures and effectiveness in Utah than the Hickert et al. (2010) research.

In a meta-analysis of 31 youth Drug Court articles, Stein et al. (2015) found that, overwhelmingly, those who did not complete Drug Court were more likely to re-offend than those who graduated. They also found white participants were more successful in completing programs and refraining from recidivism than non-Caucasian participants. Stein et al. (2015) also found a higher likelihood of reoffending in non-completers of youth Drug Courts in the meta-analysis of 31 youth Drug Court studies. This highlights the importance of retaining participants until Drug Court graduation. However, recidivism data do not consider the comprehensive and therapeutic nature of Drug Court processes; thus these data are not appropriate as a sole measurement of effectiveness ("Anger as NSW axes youth drug court," 2012).

**Attrition rates.** High attrition rates in youth Drug Courts present a problem for reducing recidivism and affect perceptions of the value of Drug Court treatment (Eardley et al., 2004; Gately et al., 2018; Hickert et al., 2011; Hoyt, 2012; Lockwood & Harris, 2013; Mendoza et al., 2013; Searle & Spier, 2006; Stein et al., 2015). The length of time spent in a Drug Court program has been found to determine how long an offender abstains from reoffending (Eardley et al., 2004; Hickert et al., 2011; Nored & Carlan, 2008; Wilson et al.,
Participants who spend longer in the program and those who complete the program have been most successful at abstaining from offending (Hickert et al., 2011; Marlowe, 2010; Stein et al., 2015; Ziersch & Marshall, 2012).

Further characteristics such as age, number of prior offences and family support were predictors of offenders graduating from youth Drug Court and for post-program arrest (Alarid et al., 2012; Dakof et al., 2015; Tolou-Shams et al., 2013). However, in a meta-analysis of 31 studies of youth Drug Courts, Stein et al. (2015) attempted to determine the Courts’ effectiveness and found no significant differences between the studies’ participant characteristics and graduation. They found that across the studies, 45% of youth Drug Court participants had terminated their involvement (Stein et al., 2015). Thus, as attrition rates affect the likelihood of recidivism, which is a key objective of many youth Drug Courts, it is important to consider the individual value attributed by youth Drug Court participants to their success or failure.

Health and Wellbeing – Fundamental to Therapeutic Jurisprudence Principles.

Although recidivism is a focus of many evaluations, successes have been found in the cost-effectiveness of Drug Courts, when compared to imprisonment (Hughes & Ritter, 2008; Lind et al., 2002) and health and wellbeing improvements of participants (Eardley et al., 2004; Freeman, 2002). The participants’ health and wellbeing in the Freeman (2002) study were assessed using health and social functioning surveys pre and post-Drug Court. Freeman (2002) found improved health and social wellbeing scores of the participants who graduated from the Drug Court as well as lower levels of reported drug use. Similarly, in the Eardley et al. (2004) study of the NSW Youth Drug Court, participants reported lower drug use when interviewed. Further, participants reported improved mental health following their involvement in the Youth Drug Court, but physical health improvements were not sustained despite early improvements. The reasons for this were unclear (Eardley et al., 2004). Self-
reporting in these studies limit the findings, but they show the value of Drug Courts to participants on a personal level, exemplifying the Court’s alignment with therapeutic jurisprudence. Similar data are required in WA to assess personal outcomes of individuals who have interacted with the CCDC and to understand individual factors that affect the success or failure in the CCDC program for them.

**Family Support – Essential for Success.** Few studies focus solely on the role that family support plays in youth Drug Courts. However, MacMaster et al. (2008) sought to assess family cohesion of young people at the beginning and end of Drug Court participation as part of a larger study. The sample consisted of 181 young people who participated in a Tennessee Drug Court between 2002 and 2007. The assessment results were analysed using paired t-tests and researchers found that family cohesion was a protective factor against drug use (MacMaster et al., 2008). However, how family cohesion was measured or defined was not clear in their paper; therefore, the application of the data to youth Drug Court practices was limited.

In a broader study, Gilmore et al. (2005) sought to find the effect of participation in an Arizona Drug Court on offending behaviours. They considered the participants’ bonds with family, peers and schools in their analyses. The sample consisted of the first 114 young people who participated in the Court between 1997 and 2000. They utilised numerous sources to build a picture of the young person including probation files, drug test results, arrest reports and psychological evaluation reports. The data were then coded for analysis using a Drug Court group and a control group of probationers. The results revealed that participants with parents, siblings and/or peers who used drugs and those in gangs were less likely to desist in offending or to complete the program (Gilmore et al., 2005). The results highlight the importance of social bonds. However, the groups used in the study differed greatly because the drug court group participants had higher rates of past offending, were more likely
to be gang members and had more serious drug use problems than the probationer control group. Therefore, despite using a control group, the two groups were not comparable, limiting the results.

More recently, Alarid et al. (2012) conducted a study to determine factors that promote the likelihood of completing Drug Court requirements and reducing reoffending after program graduation. The sample consisted of 108 Drug Court participants who participated between 2005 and 2009. The data analysed consisted of participant probation files, drug test results and notes taken by the judiciary. The results revealed that family support during the program was a strong predictor of program completion and reduced reoffending post-program (Alarid et al., 2012). Despite the encouraging data of family support during Drug Court participation, the study did not include a control group due to data restrictions. The results were limited when compared to those of the Gilmore et al. (2005) study. Overall, findings from studies investigating the role of family support in Drug Court completions and post-program reoffending are mixed due to methodological issues.

**Summary of the Drug Court Landscape**

The youth Drug Court literature provides mixed results as to their efficacy. There is no information on participants’ or parents’ experiences of youth Drug Courts, which could be used to refine Drug Court processes. Quantitative youth Drug Court studies have some shortfalls including incomplete data, lack of suitable control groups, small sample sizes and short follow-up periods (Eardley et al., 2004; Kornhauser, 2016; Turner, 2011). Further, the studies conducted are now dated and limited to international studies or those from NSW, where their youth Drug Courts no longer operate because it was perceived that recidivism and drug use goals had not been adequately reached ("Quiet death of the youth drug court," 2012). As with international literature, differences in referral processes in the various jurisdictions also affect the ability to generalise findings. Overall, evaluations of Australian
youth Drug Court have been deemed inconclusive as to whether the Courts deal effectively with young offenders (Kornhauser, 2016; Turner, 2011).

**Chapter Summary and the Case for Complementary Research**

Evaluations of Drug Courts for young people are complex, given their comprehensive case management stipulations. Determining effectiveness when success in itself is contested is problematic (Ritter & Hughes, 2008). As discussed, there are many ways that success can be measured, whether it is measured by recidivism, health or social improvements, long or short-term effects, or a combination. Quantitative methods suitable for larger sample sizes have been used to attempt to add weight to findings; yet youth Drug Courts are, in essence, individually geared. The individual’s life is examined by a team of experts in their respective fields. The best way to address the young person’s drug use and contributing circumstances are discussed and addressed with the young person (Department of the Attorney General, 2012; Kalich & Evans, 2006). The individualised approach of the Court necessitates research of the same design to assess the effects on and outcomes for CCDC participants and graduates. Qualitative research would give rich insights into the effects the program has had on young offenders’ wellbeing, relationships and offending.

The themes presented in this literature review highlight the detrimental, ensnaring effects drug use can have on young people and some of the ways this is addressed in the CJS. Youth drug use is not well-documented in Australia, but the relationship between drugs and crime has been documented (Gately et al., 2017; Goldstein, 1985; Prichard & Payne, 2005a). Therefore, considering the way the law and legal processes affect youth justice actors’ wellbeing is important and can be achieved by viewing them through a therapeutic lens. As such, therapeutic approaches to offenders with drug issues have become increasingly popular in the Australian CJS, with 10 Drug Courts located throughout Australia (Kornhauser, 2016).
Drug Courts have become part of the diversionary practices underpinning the criminal justice system for young offenders. Their aim to address drug use in a judicial setting on a case-by-case basis has had mixed outcomes in other jurisdictions (Eardley et al., 2004; Kornhauser, 2016). Recidivism rates are viewed with caution due to data and methodological issues such as the use of self-report studies, short follow up periods, small sample sizes, and incomplete data (Marlowe, 2010). Attrition rates in programs have been found to affect the likelihood of reducing recidivism, while family support and how it influences Drug Court success is unclear.

International findings confirming lower rates of recidivism for graduates have generally been more encouraging than findings in Australia (Hickert et al., 2011). This could be attributed to a higher number of Drug Courts internationally, particularly in the US. Larger samples sizes in these Courts also affect the types of research able to be carried out. Further, American Courts have been running longer; therefore, they have had more time to refine their practices. In Australia, where studies are now dated and limited to NSW (Eardley et al., 2004), where legislation varies across the states and territories, and where TJ practises and demographics differ, it is not possible to assume that a WA study would produce similar results to others.

The literature examined, while limited, has shown a relationship between drug use and offending for young people. The costs and harms associated with drug use and offending for both the offender and wider community are extensive and warrant concern. Drug Courts, in part, aim to alleviate some concern by addressing drug use and offending in a judicial setting. Studies of Drug Courts have measured success in different ways but often overlooked the “unmeasurable” benefits to participants. These studies can miss the importance of improving participant wellbeing outside of recidivism and drug use measures.
As Drug Courts are founded on TJ the way this is applied is important. The research highlighted the positive effects a TJ-based Court can have on adult Drug Court participants. However, to date, a youth Drug Court has not been assessed for its implementation of TJ principles. Therefore, this study was developed to ascertain the processes of the CCDC and the experiences of its actors. By doing so, the processes and experiences could be analysed using the tripartite framework for using TJ in criminal Courts for adherence to TJ and its promotion of actor wellbeing. To do so, a qualitative case study method was adopted. The following chapter details the rationale for using the case study method, its data sources, collection procedures, ethical considerations, and its method of analysis.
Chapter 3: Methodology

Introduction

The preceding chapter reviewed the literature relevant to the current study. It surveyed the current landscape of Drug Court literature, explaining the need for qualitative research to explore the inner workings of a youth Drug Court and the experiences of the actors within it to inform practice. Therefore, the current chapter details the rationale of the case study method selected for the current research and outlines data sources, collection procedures, ethical considerations and analysis techniques used to incorporate reflexivity.

Qualitative Rationale

Deciding on the most appropriate research methodology is determined by what the research questions seek to answer and the semantics of these questions (Creswell & Poth, 2018; Liu, 2016). Research questions concerned with experiences, feelings and insights are best suited to qualitative research (Liu, 2016). In this study, the overarching research questions were: what is the function of the CCDC and how does it employ therapeutic jurisprudence principles? and what are the experiences of actors in the CCDC? To address these questions, qualitative research methods were used to gather information about the CCDC and analyse the subjective experiences of its actors. Qualitative methods allow for rich, in-depth information to be collected and analysed through storytelling (Creswell & Poth, 2018; Liamputtong, 2013; Liu, 2016).

Qualitative research methods were appropriate for this study involving a small number of actors, namely the staff, its participants (young people participating in the Court) and their parents (parents or guardians of the young person). Research with small samples is better suited to qualitative methods as it focuses on detailed individual experience (Liu, 2016). Moreover, the uniqueness of the CCDC regarding its processes and geographical
location impedes generalisation, a common goal of quantitative methodologies. As the Court takes an individualised TJ approach to its clients, a method designed to capture individual experiences was more appropriate than a quantitative method that requires a representative sample (Patton, 2015). Therefore, the most appropriate qualitative research method was the case study approach.

**Case Study Research**

“Sometimes we simply have to keep our eyes open and look carefully at individual cases – not in the hope of proving anything but rather in the hope of learning something!”

(Eysenck, 1976, p. 9)

Case study research allows for the in-depth study of bounded systems where a case or cases are bounded by time and place (Stake, 1995). Various sources such as interviews, observations, documents, reports enable case study researchers to investigate in detail current examples of real-world bounded systems (Creswell, 2013). Case study research is valuable as it allows for detailed research to be carried out on an often little known phenomenon. Studying a case or program such as the under-researched CCDC provides insight and understanding of a particular phenomenon at a set place in time (Alpi & Evans, 2019; Creswell & Poth, 2018; Gerring, 2004; Stake, 1995). Further, interest in a case is often aroused for both its “uniqueness and commonality” and what can be learned from it and the actors involved (Stake, 1995, p. 1).

Given the single case approach used in this study, the research is not generalisable to other Court experiences (Creswell, 2013; Creswell & Poth, 2018; Simons, 2009; Stake, 1995, 2008). However, “generalisability, [is] a term that holds little meaning for most qualitative researchers” (Creswell, 2013, p. 102), and is not always possible or the most essential
outcome for the research. Although case study research is suited to both qualitative and quantitative methods (Creswell, 2013; Yin, 2009), for this research, a purely qualitative approach was undertaken to ensure the richness of data collected (Alpi & Evans, 2019). When conducting qualitative case study research, the first steps are to identify the case, its typology and intent.

**Identifying the Case**

The first step in conducting case study research is to select a case (Creswell, 2013; Creswell & Poth, 2018; Simons, 2009; Stake, 1995, 2008). In this research, the case was the CCDC. As discussed in Chapter One, a gap in WA youth Drug Court research was identified after a public perceptions study on the CCDC (Gately et al., 2018). Thus, the CCDC emerged as a potential research interest before the case study methodology was nominated. This is often indicative of case study research (Stake, 2008). In essence, the case sampling was purposive as the CCDC was the only youth Drug Court in WA (Creswell & Poth, 2018; Liamputtong, 2019; Stake, 1995).

As case study research involves studying a bounded system, the parameters for study must be set early to ensure containment. Setting parameters, a key feature of the case study (Thomas, 2015), was also important in this study given time constraints. In this research, the parameters of the CCDC case study comprise data on the roles, responsibilities and experiences of key actors in the CCDC, and the processes and procedures guiding it during data collection from 2018-19. Researching in real-time, rather than retrospectively, ensures that data are contemporaneous and not affected by the passage of time (Creswell & Poth, 2018). Further information on the sources used appears in the Data Sources section of this chapter.
Identifying Typology and Intention

Case study typologies have been proposed by numerous authors. There are several case study typologies including those that are: intrinsic, instrumental or collective (Stake, 1995); theory seeking, theory-testing, theory-led or generated (Bassey, 1999; Simons, 2009); story-telling, picture-drawing, descriptive or explanatory; and ethnographic, cross-case or evaluative (Bassey, 1999; Simons, 2009; Yin, 2012). There are overlaps in these typologies, but the most fitting to this study was Stake’s (1995) intrinsic case study. He asserted that an intrinsic case study focuses on a case itself, rather than a problem or collection of cases. It is the case, such as the CCDC, that needs to be understood in light of this agenda.

The intention of the research was not to learn about other cases or Drug Courts more generally but to learn about the particular. The CCDC mirrors this in their processes whereby the individual in the program is the focus (Department of the Attorney General, 2012; Gately et al., 2018). The processes of the CCDC are personalised, tailored to the individual and case study analysis also mirrors this by focusing on its unique principles and processes. The CCDC is a mostly unknown entity to the general public and some outside agencies (Gately et al., 2018). Thus, the findings here fill a gap in knowledge and provides an in-depth knowledge base on a therapeutic initiative functioning in the youth justice system in WA.

Data Sources in Case Study Research

Six data sources are commonly used in case study research: documentation, archival records, interviews, direct observations, participant observation, and physical artefacts (Yin, 2018). Audio-visual data can also be collected where relevant (Creswell & Poth, 2018). A combination of these is essential for a successful case study as they allow a detailed description of the case to be built (Creswell, 2013). Including all types of data was not possible in this study as security and ethics clearance issues affected access to archival
records, direct observation in CCDC sessions, and physical artefacts. The data sources used in the study are detailed below. All data sources were sampled purposively, allowing for rich data to be gathered on the particular phenomena and enabling a depth and breadth of understanding of Perth’s CCDC (Liampittong, 2009, 2013, 2019).

**Documentation**

Documentation can include emails, letters, agendas, minutes, proposals, internal reports, news clippings, and formal studies or evaluations (Yin, 2018). In this study, an excerpt of the CCDC manual was obtained, which detailed the CCDC’s aims and processes from 2012. The manual extract outlined the reasoning behind the Court’s inception, its criteria for selecting participants, and its outcomes and goals at the time of the manual’s writing in 2012. A Drug Court interview schedule used by the Court Assessment and Treatment Services (CATS) officers to assess potential CCDC participants was obtained and used to inform the case description. An information sheet on the Drug Court was also accessed and is given to potential Drug Court participants at the time of assessment. This information letter is given to potential CCDC participants to ensure they had written confirmation of the requirements of the Court. This information sheet is also explained verbally to the young person by the CATS officer. A presentation given by the CCDC Magistrate at the 20th Anniversary of the CCDC was used for reference too. Finally, a conference paper presented at the Australian Drug Court Conference in Melbourne, which detailed the approaches used, was accessed online.

**Audio-Visual Data**

Audio-visual data refer to information that is often publicly available, for example, in webpages, infographics, leaflets, pictures and audio or visual recordings (Creswell & Poth, 2018). Access to these types of data is not problematic generally, but the CCDC did not have
much of an online presence at the time of the research aside from a leaflet on the Children’s Court of WA webpage. Audio-visual sources were therefore limited. However, the gap could be attributed to the period of change in WA’s state departments in 2018. During this time, the Department of the Attorney General and the Department of Corrective Services merged to form the Department of Justice. Thus, websites and department documentation were in the process of amalgamating. Resources used in this case study were:

- A leaflet providing contact details and brief information about the CCDC’s stages.
- Corrective services webpage. The youth justice section provides information on appearing in Court and the CCDC.
- Some photographs were permitted to be taken by the Department of Justice for this study. Pictures were taken of the room used for CCDC meetings, and of a Courtroom used for reoffending or sentencing matters, and the waiting area of the Children’s Court of WA.

**Interviews**

In case study research, interviews are commonly conducted to ascertain the knowledge level and experiences of individuals involved in the case. Interviews also allow for corroboration between sources (Yin, 2018). As such, purposive sampling techniques involving experts or experienced individuals in a certain area or case were used for all interviewee groups; staff, young people and their parents who were sought out specifically for their knowledge of and experience in the CCDC. Semi-structured interviews were used in this research and conducted in a conversational style, where possible, to obtain rich data as participants were guided through the questions. That way, the questioning of participants achieved some consistency (Liampittong, 2009). As the experiences of the actors in the CCDC were unknown, precedence was given to collecting interview data.
**Staff Interviews.** In total, eight staff members of the CCDC were interviewed. First, the CCDC Magistrate was interviewed about her knowledge and experiences of the CCDC. The interview lasted around an hour and a half. The one-on-one in-depth interview with the CCDC Magistrate produced rich data about the CCDC processes, her role, the guiding principles of the Court, and her approach to presiding over the CCDC. Further, data from the interviews with CCDC staff, young people and their parents provided a unique dimension to triangulate data as they commented on their interactions with the CCDC Magistrate and the approaches used.

Interviews were also conducted with CATS officers (n=2), the CCDC Legal Aid duty lawyer, a LINKS appointed psychologist, a Drug and Alcohol Youth Services (DAYS) representative, a Department of Communities (DoC) representative, and a Metropolitan Youth Bail Services (MYBS) representative. Each interviewee was asked similar questions to those asked of the CCDC Magistrate during her first interview. Their roles, experiences and knowledge were discussed in the one-on-one interviews lasting between 25 and 45 minutes. The CCDC Magistrate, the participants and their parents were also asked about their interactions with other staff in the CCDC. Again, the triangulation of data from other interviews produced varying viewpoints on aspects of the CCDC. The findings from these interviews were used to develop the Case Description (Chapter Five) and are also discussed in Chapter Eight, Staff Experiences.

**Parent Interviews.** One-on-one interviews were conducted with the parents of CCDC participants. It must be noted that the parents who attended the CCDC tended to be those who were invested in and supportive of the participant’s CCDC journey. Interviews (n=8) lasted between 10 and 30 minutes with predominantly mothers of the young person (n=6). One interview was conducted with both parents (mother and father) of a CCDC participant. An aunt of one participant was also interviewed. As this was the only caregiver interview, the
term parent is used throughout the thesis to refer to all these participants. Demographics were not collected from the parents but during the interviews, most (n=7) indicated they were of non-Australian origin. No participants identified as Indigenous. Not all parent interviews had a corresponding child interview and vice versa. Parents could give consent for their child to participate but did not have to participate themselves. Parents could also participate without their child agreeing to be interviewed (see Table 3 for participant pairing and summary). The parent interviews added an extra dimension to the research, gaining the perspective of those close to a young person with offending and drug use issues during their rehabilitation in the CCDC and is a unique aspect compared to youth Drug Court literature. They were also able to comment on their interactions with the staff of the CCDC for data triangulation.

**Participant Interviews.** After consent from a parent and assent from the young person (explained in the Ethics section of this chapter), one-on-one interviews were conducted with these CCDC participants (n=7). The interviews lasted between 10 and 30 minutes. All participants were males, aged between 16 and 18 (M=16.57). During data collection, there were very few female CCDC participants available to approach for participation and those who were approached declined to participate or were ineligible because their parent or guardian was not present to provide consent. One-off interviews were conducted with most participants, except for “Justin” who agreed to a follow-up interview in the CCDC session before his graduation. Other participants were not contactable thereafter as they had either disengaged with the CCDC or graduated from the program. The young people involved in the CCDC typically attended two sessions a month for up to 12 months, with those interviewed at stages ranging from their first CCDC session to their last (known as graduation day; see Table 3). Interviewing participants at specific stages of their journey was the original goal for this research but this was not possible because of the transient lives participants led. Not all participant interviews had a corresponding parent interview and vice
versa. Ethical considerations of interviewing this vulnerable group are discussed in the Ethics section of this chapter while challenges and considerations of researching with young people are addressed in Chapter Four. A summary of participant interviewees can be found in Table 3.
### Table 3

**Sample Summary**

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Parent Interview (pseudonym)</th>
<th>Drug</th>
<th>Time in Drug Court</th>
<th>CALD</th>
<th>Trauma</th>
<th>Parents together?</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>Fred</td>
<td>16</td>
<td>Cannabis</td>
<td>Graduation day</td>
<td>Y</td>
<td>Unknown</td>
<td>N</td>
</tr>
<tr>
<td>C1</td>
<td>James</td>
<td>17</td>
<td>Cannabis</td>
<td>8 sessions</td>
<td>Y</td>
<td>Unknown</td>
<td>Father allegedly physically abusive</td>
</tr>
<tr>
<td>D3</td>
<td>Dean</td>
<td>16</td>
<td>Cannabis</td>
<td>Graduated next session</td>
<td>Y</td>
<td>Mother with cancer</td>
<td>Y</td>
</tr>
<tr>
<td>G1</td>
<td>Brian</td>
<td>16</td>
<td>Cannabis</td>
<td>4 sessions</td>
<td>N</td>
<td>Unknown</td>
<td>Y</td>
</tr>
<tr>
<td>H1</td>
<td>Angus</td>
<td>16</td>
<td>Meth</td>
<td>1st session</td>
<td>N</td>
<td>Mother unwell</td>
<td>Y</td>
</tr>
<tr>
<td>I1</td>
<td>Justin</td>
<td>18</td>
<td>Cannabis</td>
<td>2nd session &amp; session before graduation*</td>
<td>N</td>
<td>Friend died in motorbike accident</td>
<td>N</td>
</tr>
<tr>
<td>J2</td>
<td>Charlie</td>
<td>17</td>
<td>Alcohol</td>
<td>Graduation day</td>
<td>Y</td>
<td>Unknown</td>
<td>N</td>
</tr>
</tbody>
</table>
*Interviewed twice

Collection Procedures

The data collection procedures for each data source varied and, as such, they are discussed separately.

Documentation

Department of Justice staff members provided all the documentation used in this research. The documentation held for individuals interviewed was not sought as interviews were used to ascertain experiences of the CCDC. Triangulation of the data from young people and their parents from the DoJ’s documentation was not within the remit of this project. CCDC assessments conducted by the CCDC team were not in the public domain. However, uncompleted documents used to assess young people for their suitability for the CCDC were used, as was an information sheet provided to young people about the CCDC, which did not identify any individual. These documents were used to build the Case Description in Chapter Five and included:

- A copy of the CCDC manual from 2012 was provided before the research explored background information on the Court. The CCDC Magistrate stated that processes and procedures had changed since the manual was written; however, its aims and principles remained the same. An updated document was not available at the time of the research so the analysis was based on the one provided and supplemented by staff interview data.

- A Drug Court interview schedule used by the CATS officers to assess potential participants was obtained and used to describe the case. The CATS officers stated, however, that they did not necessarily administer all the questions in the schedule as
they felt the schedule could be repetitive. Furthermore, the survey format of some questions did not help build rapport with the young people being assessed.

- An information sheet on the Drug Court was also provided by CATS officers.
- A conference paper presented at the Australian Drug Court Conference, Melbourne by the CCDC Magistrate, one current CATS officer and one past CATS officer was obtained online and outlines the CCDC’s processes and functions.
- A presentation made by the CCDC Magistrate at the 20th Anniversary of the CCDC event in December 2020.

**Audio-Visual Data**

As stated, audio-visual data are usually publicly available and most documents used in this project were located using the internet search engine Google using variations of the keywords “Children’s Court Drug Court Western Australia”. The photographs were located online and taken for the project.

- Leaflet for the CCDC (Appendix J).

- Department of Corrective Services webpage. Accessible:
  

- Photographs: Permission was granted by the DoJ for a photographer known to me to attend with me to take photographs of areas of the Court. A DoJ Court contact was in attendance and granted us access to the rooms. The training room where CCDC sessions were held and the formal Courtroom used for discussing sentencing or serious matters were photographed one morning before the Court sessions began. The areas were empty to protect the identity of young people, their families and friends, and staff members who may be attending Court. Other photographs of the front of the
Court building and waiting area were obtained from a media outlet and the Children’s Court website respectively.

**Interviews**

In this section, the data collection procedures for the interviews are outlined. All the staff interviews were approached in similar ways. This point will be discussed in one subsection. The parents and participants were approached at the same time to meet consent/assent requirements and are discussed in one subsection.

**Staff Interviews.** At the beginning of the research, only interviews with the CCDC Magistrate were planned. However, once more understanding of the CCDC was gained, it became evident that the input from all staff members was important to the running of the CCDC, to the research, and to gain an understanding of the CCDC. As such, each CCDC representative was approached for an interview on their role, responsibilities and experiences of working in the CCDC. Most staff members were open to being interviewed. Of the 10 core CCDC team members, eight were interviewed. Each person interviewed attends every CCDC session, annual leave and illness permitting. Details of the data collection procedures for the CCDC staff members are summarised here.

Interviews were organised via email. They were conducted in a place and at a time convenient for the staff member, usually in the Children’s Court. During the interviews, information letters (Appendix A) were provided to the staff member and after reading them they signed a consent form (Appendix B). All interviews were audio-recorded and were guided by a semi-structured interview schedule (Appendix C). Once the recorded interviews were completed, they were transcribed and emailed to the staff member for vetting. Known as member checking, this practice is commonplace in qualitative research (Birt et al., 2016; Mero-Jaffe, 2011). Doing so ensures trustworthiness and rigour in research by allowing
participants to review their responses. This allowed for any negative consequences of the publication to be avoided as staff were able to vet their comments. CCDC staff members interviewed were identifiable, given the size and uniqueness of the Court. Thus, their comments could be linked to them and could have consequences if reported inaccurately. The process enabled them to read their transcripts for validation and to remove any information unsuitable for publication. All recordings, transcripts and scanned versions of the consent forms were stored on a password-protected hard drive and computer. Paper copies were kept in my locked office. Staff interviews will be kept for seven years before being destroyed.

**Parent and Participant Interviews.** The CCDC was in session every second Friday at the time of collection. Sessions usually ran from 10 am until 12 pm with the video link and detention hearings held from 12 pm until 2 pm. On these days, I arrived at 9 am to approach any potential participants before the Court session started. After the 10 am start time, CCDC participants and parents were reluctant to be interviewed for fear of missing their Court slot. After attending the CCDC, all participants left the Court promptly; none wished to prolong their time there. This made approaching and interviewing participants at a convenient time difficult. One strategy used to alleviate the young people’s concerns and those of their parent/s about missing their time slot for CCDC involved liaising with security staff (who call participants to their hearings) to let them know where the participant was being interviewed. Interviewees were also told that they could stop at any point, including on being called to appear.

The interviews took place in a designated room, provided by the DoJ, during CCDC days. The room was in the Children’s Court building and was convenient, comfortable, private and quiet. The participants were approached in the Children’s Court waiting area and asked: “are you here for Drug Court?” If they were, the research was outlined. Information letters (Appendix D) with details of the project was then given to the parents. Most of the
CCDC participants were reluctant to take the information letters (Appendix G) so were not pressed to do so unless they agreed to participate in the study. Once they agreed to participate, the CCDC participants and their parent/caregiver were invited into the interview room. The documents were read to the participants if requested or required.

Details of the interview process were explained and all participants were made aware that the interview would be audio recorded. The CCDC participants and their parents were required to sign assent (Appendix H) and consent forms (Appendix E), respectively. If both the participant and his parent agreed to participate, the decision as to who would be interviewed first was made by them. Once the decision had been made, the participant or parent would leave the room for the one-on-one interviews to proceed. The parents and participant were interviewed separately using semi-structured interview schedules (Appendix F; Appendix I) so that responses of all interviewees could be given freely. The recorded interviews and transcripts were de-identified, pseudonyms were allocated, and recordings and transcripts were coded. The data were coded using letters and numbers to ensure confidentiality was upheld (an example outlined in Table 4).
Table 4

*Interview Coding System Example*

<table>
<thead>
<tr>
<th>Code</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 YP</td>
<td>First interview with a young person</td>
</tr>
<tr>
<td>A2 C</td>
<td>First interview with A1 YP parent</td>
</tr>
<tr>
<td>A3 YP</td>
<td>Follow up interview with A1 YP</td>
</tr>
<tr>
<td>A4 C</td>
<td>Follow up interview with A2 C</td>
</tr>
<tr>
<td>B1 C</td>
<td>First interview with a parent from another family unit</td>
</tr>
</tbody>
</table>

The first letter of the coding system refers to the family unit to ensure that the participant and parent interviews pairing could be traced. The numbering refers to the interview number of the family unit. Finally, the last letters denote whether the interview was with a young person (YP) or parent (C). All recordings, transcripts and scanned versions of the consent or assent forms were stored separately on a password protected hard drive and a computer. Access to these data was restricted to my supervisory panel and me. The data for the parents will be destroyed after seven years. The young people’s data will be destroyed after the participants turn 25 years old or in 10 years, whichever comes later (National Health and Medical Research Council, 2007 [updated 2018]).

**Participant and Parent Data Collection Challenges.** The first sessions of CCDC I attended for data collection were not successful. Court attendees were suspicious of me and my purpose for speaking with them. This was understandable as most Court attendees were yet to be sentenced and attendees were unlikely to want to discuss their experiences in fear of it affecting their case (Wolbranksy et al., 2013). Consequently, interview numbers were likely
to be low. After attending four sessions at Court (over a period of two months), only two interviews had been conducted. At that stage of the project, completing enough interviews to build an accurate picture of the CCDC was uncertain.

As few CCDC participants volunteered to be interviewed, the CCDC Magistrate was approached for advice. She then invited me to attend the CCDC pre-Court session where the CCDC staff discussed the participants’ progress. CCDC participants did not attend this session. After the introductions, the staff of the CCDC were given information sheets about the project’s aims and what was required of the participants. A brainstorming session followed to explore ideas about how to improve collection numbers. It was decided that the CCDC Magistrate would introduce all CCDC participants attending that day to me and explain the purpose of the project.

Thereafter, I attended CCDC sessions with CCDC participants attending that day so that they and their parents (if in attendance) could put a “name to the face.” In the sessions, the CCDC Magistrate outlined the project briefly and stated that feedback on the CCDC would be very helpful. However, it must be noted that the CCDC Magistrate at no time stated that they must consent to be interviewed. She explicitly said that they did not have to participate in the research. The CCDC Magistrate sought to minimise the perception of coercion by encouraging potential research participants to take time to think about whether they would like to participate in their following sessions. As such, no interviews were conducted on days when the CCDC Magistrate introduced me to avoid the participants or parents feeling pressured to be interviewed. On the next CCDC day, two weeks later, Court attendees were much more open to being interviewed. Thereafter, the data collection process became more consistent until all eligible participants were interviewed. This process was repeated several times throughout data collection so that any new CCDC participants and parents could be made aware of who I was and what the project was about.
Ethics

Documentation

Documents received from the DoJ did not contain any sensitive information about any individuals. All documents provided by the Department’s staff members had been vetted and approved before research began.

Audio-Visual Data

Most of the audio-visual data used were publicly available, except for the photographs, which with the DoJ’s approval, were taken in the Courtrooms. No one was pictured in the areas to protect staff and Court attendees’ privacy. Security systems in place in the Court were also not included in the photographs to adhere to security requirements outlined by the Department of Justice upon approval.

Interviews

Staff Interviews. The small team involved in the CCDC meant that interviewees would be identifiable. All eight participants were aware of the limits of confidentiality and anonymity that could be guaranteed. However, strategies were put in place to promote confidentiality. For example, if a third party, a colleague or a specific young offender was discussed during the interviews, all identifying information was omitted or de-identified to protect their information and/or identity. Member checking allowed for staff to remove any of the information they deemed identifying or unsuitable.

I was also aware of the power dynamics and imbalance between myself as a researcher and the Magistrate. The Magistrate holds legitimate power in the Court, and can request behaviour based on her title and role. I also acknowledged that she has expert power in her possession of knowledge of the CCDC. Her position and title created a power imbalance
which was something I had to guard against as I conducted the research, analysed it and wrote it up. The Magistrate was upfront in stating that she wanted an independent examination of the Court users’ experiences and areas for improvement. That said, I was aware that having favourable comment about the CCDC may have been expected. Having multiple data sources allowed me to assess the trustworthiness of the data and analysis through triangulation of sources. I acknowledged these issues and to guard against this, my supervisors played a key role in reviewing my data and analysis through reading drafts, notes and discussing the data.

**Parent and Participant Interviews.** To ensure confidentiality, all interviews took place in a private room at Perth’s Children’s Court, in the same building where the CCDC sessions are held. Participation was voluntary and participants were informed of the purpose of the research and that they could withdraw at any time without any consequence to their standing or participation in the CCDC. Any concerns they had were addressed during the interviews. Each participant was given my contact details and the Edith Cowan University Human Research Ethics Committee officer’s details in case they had any questions after the interview.

The names of participants were not used in the interviews and no one other than me and my supervisors had access to the recordings. The recordings were kept on a password-protected hard drive and computer. Once transcribed, any identifying details were removed. Moreover, the assent and consent forms were scanned onto a password-protected hard drive and computer and kept in a separate location from the interview recordings. Paper copies of the consent and assent forms were then destroyed. Given the vulnerability of the participants of the CCDC, several ethical issues were present including their age, criminality, Indigenous status and power dynamics.
Age. The participants’ ages could have ranged from 10 to 18 years old (inclusive) as that age range is the jurisdiction of the Children’s Court and the CCDC as defined under the Young Offenders Act 1994 (WA). The age of potential participants, however, raised issues about assent and consent. As legally and ethically required, a relevant adult was to give consent for young people under the age of 18 years (Moore et al., 2011; National Health and Medical Research Council, 2007 [updated 2018]). Therefore, consent needs to be obtained from a parent or legal guardian, referred to as a parent in this research. The process of obtaining assent from the young person was designed to respect their right to be informed about the research they participated in and to raise any concerns they may have. Young people were not permitted to participate without consent from their parent. Further, young people had to assent to participate after parental consent; they were not obliged to participate even if their parent did.

Permission to interview young people in the care of the state was obtained from the DOC WA, who deal with child protection and wardship. However, no participants interviewed were in the care of the state. The parents interviewed were informed that they or their child may withdraw from the study at any time. The language used in the documents was assessed for age appropriateness by a clinical psychologist who provided advice on wording and content. This helped ensure that the young person understood what they were consenting to. On occasion, I read information to participants who were not literate.

Criminality. Eligible CCDC participants had to have a history of offending behaviour to conform to the Court’s inclusion criteria: convicted or charged with at least one offence. As such, precautions were taken to ensure the research met ethical requirements. The interviews took place in a private room in the Children’s Court with the Court’s security staff’s knowledge in case they were needed. The door was left slightly open. Security staff always had a “roving” officer who walked around the public areas of the Children’s Court
building including past the interview room. They were not needed to assist in any way at any stage of the interviews.

Working with offenders, particularly young offenders, can be problematic if they feel discomfort when discussing their offending behaviour. This was managed by giving the young person the option of moving on from questions about offending, terminating the interview, or referring the young person to the onsite psychologist. If offences were disclosed that the young person had not been charged with, or convicted of, the young person was advised that I could not discuss these offences and the interview would be terminated to prevent disclosure. Participants were made aware that topics could be skipped at any time to avoid this. This information was also included in the consent and assent forms, and given verbally before the interview began. The semi-structured interviews were developed in collaboration with a clinical psychologist to minimise any risk of disclosing past or planned offending. These issues did not arise during collection.

**Power Dynamics.** The power dynamic between the interviewer and interviewee can be challenging especially when dealing with young people from a disadvantaged section of the youth population. This group, in particular, may feel an imbalance in power between them and adults (Moore et al., 2011). Further, the research process itself can exacerbate this feeling with participants responding with the information they think the researcher wishes to hear. To address this, rapport was built through finding common ground before the interview. Thereafter, the interview was kept informal using open questions and statements that were not leading or suggestive such as “tell me some of the reasons you used drugs for the first time” rather than questions like “were you using drugs because of things happening at home?” (Moore et al., 2011). This is discussed in more detail in Chapter Four.
**Indigenous Status.** With 74% of Banksia Hill Detention Centre (WA’s sole youth detention centre) detainees identified as Aboriginal or Torres Strait Islander (herein referred to as Aboriginal as WA’s Indigenous population is primarily Aboriginal and to align with WA based institutions such as the Aboriginal Legal Service and Western Australian Aboriginal Health Ethics Committee) at the time of the interviews. It was anticipated that young Aboriginal People would be represented in the CCDC (Department of Corrective Services, 2016). Though young Aboriginal People were not specifically targeted for the research, ethics approval was sought from the Western Australian Aboriginal Health Ethics Committee (WAAHEC) as it was likely that they would-be participants of the CCDC. As such, ethical considerations pertinent to the Aboriginal culture had to be addressed early in the project. The considerations included: reciprocity, respect, equality, responsibility, survival and protection and spirit and integrity (National Health and Medical Research Council, 2007 [updated 2018]).

**Reciprocity.** The de-identified information collected created an aggregated database that provided a ‘big picture’ on how the CCDC operated and could lead to improved practices based on a participant’s suggestions. The data provided to the CCDC could assist in providing necessary support for young people who offend, considering the possibility of relapse and reasons for termination. Research has indicated that where individuals have participated in the research, they appreciate the chance to inform the wider community of their particular issues and feel an overarching sense of empowerment (Dudgeon et al., 2017). Thus, the research would have been of mutual benefit to me, as the researcher, and Aboriginal People in WA, had any Aboriginal People been able to be interviewed for the research.

**Respect.** It is widely reported that Aboriginal People are over-represented in the CJS. Regardless of their Indigenous status, all CCDC participants were approached for inclusion in
the study. Having consulted Indigenous networks within the community, it was suggested that individuals can offer important perspectives through self-reports and this, in turn, can assist in understanding issues in their respective communities. Individuals were encouraged to engage in open, value-free dialogue to be able to ‘tell their stories’ and express their views, experience and opinions about how they perceive their current situation and the CCDC. Consultation with Mr Nigel Andrews (ECU Human Resources Advisor) ensured the interview questions were culturally appropriate. Furthermore, no individuals were identifiable in any published materials of the research.

Equality. Aboriginal People, particularly young Aboriginal People, are currently overrepresented in the Western Australian CJS. As stated, Aboriginal young people alone account for approximately 74% per cent of the juvenile prison population in WA and drugs and alcohol have often been cited as contributing factors (Department of Corrective Services, 2016). As is equitable, an interviewee’s participation did not depend on their race/ethnicity, gender, socio-economic group or age. This was the reasoning for including but not targeting Aboriginal participants. The research provided data allowing for an understanding of the experiences of young offenders in general in CCDC.

I ensured that the participants understood the voluntary nature of the research. Eligible and consenting participants were turned away from participation only if they met the exclusion criteria (i.e. Unable to understand the research, unable to give informed assent, or no parent to consent).

Responsibility. To ensure that the research did not do any harm, the research was designed so that each participant clearly understood their role in the research and the research aims. I remained open and honest about the questions that were asked. Trust was maintained through open discussion between the researcher and interviewees. Participants were protected
by a confidentiality agreement, and accountability was upheld through my interviewing and research expertise.

**Survival and Protection.** This research aimed to contribute to the social and cultural bonds among and between Aboriginal families and communities by examining the CCDC and each individual’s experience of it. Understanding how young Aboriginal offenders perceive their experiences in the CCDC and its diversionary practices could have ultimately strengthened community bonds. They could have been an integral part in forming an evidence base for the CCDC to consider for participants, including young Aboriginal People. This project aimed to respect Aboriginal People, their cultural distinctiveness, and their cultural identity by protecting the respondents’ identities. This safeguarded the project from discrimination or derision of Aboriginal cultures and appreciated the critical function of cultural cohesion in their lives.

**Spirit and Integrity.** I understood that the spirit and integrity of individuals remained unchanged despite their environment, so the information provided by the participants remained true to their cultural beliefs. It was also considered that decision-making is based on shared values and was part of the community action to protect people’s identity, culture and life. The research relied wholly on the information provided by the participants and so it was in my best interest, and the interests of the study, to provide the bridge between the interviewer and the interviewee.

Unfortunately, no Aboriginal People were interviewed as part of this project. Some reasons included instances where Aboriginal CCDC participants did not have a parent present to provide consent. Other reasons could have included the reluctance to participate in research with an unknown researcher.
Analysis

“There is no particular moment when data analysis begins. Analysis is a matter of giving meaning to first impressions as well as to final compilations.”

(Stake, 1995, p. 71)

Case Description Analysis

The different data sources accessed meant that a holistic approach to analysing the case, the CCDC, was undertaken. Documents and audio-visual data sources were used primarily for the Case Description (Chapter Five). Field notes, memos and a data collection diary comprised a record of the ideas, thoughts and loose presuppositions that emerged during and after time at the Court and interview sessions to build the case description (Creswell & Poth, 2018; Simons, 2009; Yin, 2018). My early musings developed as more data were collected and is a normative feature of qualitative data analysis (Stake, 1995; Yin, 2018). This allowed for a detailed description of the case to emerge to chronicle the history of the case and its day-to-day running (Creswell & Poth, 2018; Stake, 1995). Following the description, key issues that arose from these data and analysis were used to direct pattern or theme finding, using primarily the interview data.

Interview Data Analysis

Thematic analysis was used to analyse all interview data as it “is a method for identifying, analysing and reporting patterns (themes) within the data” (Braun & Clarke, 2006, p. 79). In this section, as I explain my analysis, I will refer only to the parents’ data to provide examples and context. The process of thematic analysis was outlined by Braun and Clarke (2006) in six stages. These stages guided my recursive analysis process. For each participant group, the young people, their parents and the staff of the CCDC, I conducted thematic analysis in the following way. Firstly, I transcribed some interviews and an
independent transcriber affiliated with Edith Cowan University was paid to transcribe those remaining. I listened to all recordings, read transcripts while listening to audio recordings, then read and re-read transcripts to immerse myself in the data (stage one) (Schmidt, 2004). By familiarising myself with the data and organising it into a question ordered matrix, I was able to identify key features of the data to generate initial codes across the data sets (stage two) (Braun & Clarke, 2006; Horsburgh, 2003; Liamputtong, 2013; Yin, 2018). Examples of codes for the parents’ data included: “disappointment” and “failure as a parent”.

From these codes, I developed themes by assessing the codes for consistencies. I used coloured paper to handwrite mind maps, lists and headings to organise the data into distinct themes such as “responsibility”, “accountability” and “hope” for the parents’ data (stage three). I found that using blue paper enhanced my creativity (Metha & Zhu, 2009) and is something I used throughout my write up when mind mapping. Once I had themes for the data, I reviewed and refined them, moving themes within each other to create subthemes. Themes were reworked, reorganised and reformed during this process (Stake, 1995). These steps allowed for clear and distinct themes to be developed (stage four) (Braun & Clarke, 2006). In the fifth stage, the definition and naming of themes was a recursive process. Some theme names like “responsibility” were evident from the beginning of the analysis, even though its definition involved further tweaking and defining (Braun & Clarke, 2006; Simons, 2009). The final stage (the presentation of final analysis) is evidenced in each findings chapter.

**Investigator Triangulation.** At the end of stage five of the analysis process, one of my supervisors and I conducted investigator triangulation to ascertain consistencies between my analysis and hers to ensure the trustworthiness of my interpretations (Carter et al., 2014; Tuckett, 2005). My supervisor read all the transcripts for the groups of participants at different stages as I reached the end of my analysis for each group. She put responses into a
question ordered matrix that I provided. Once this had been completed, we met to discuss our findings as they aligned with the question ordered matrix. I did not disclose themes that arose until the end of discussions with my supervisor. From there, I reviewed my interpretations based on our discussions. Results confirmed some themes, for example, “responsibility” in the chapter on parents. As stated, other themes like “power” were more difficult to articulate and were a work in progress during the write-up, eventually becoming part of the “responsibility” theme. Investigator triangulation was used as it validated the trustworthiness of my interpretations (Creswell & Plano Clark, 2011; Hammersley, 2008; Tuckett, 2005) without imposing on my supervisor’s time. Themes were collaboratively reworked and redefined after these sessions to accommodate my supervisor’s feedback on chapter drafts.

**Peer Debriefing and Reflexivity.** I was fortunate to have a supervisory panel, enabling me to participate in peer debriefing with them. After investigator triangulation discussions with one supervisor, as outlined above, another joined us. Peer debriefing allowed for, in my case, supervisors who are knowledgeable about the subject to question, to play devil’s advocate and challenge assumptions (Creswell & Miller, 2000). This was particularly evident and valuable in the peer debriefing for the parents’ experiences data. I felt compassion towards the parents I had interviewed as I commiserated with their situation of having a child involved in the CJS. One supervisor challenged the parents’ behaviours and I became defensive. My reaction highlighted my stance and led to my supervisors recommending I unpack my sympathy then reassess the data more objectively.

Situating myself and my experiences were important for the data analysis. I thought that I had realised and addressed the biases that I had concerning this topic, but I had only done so at a surface level. The reflexive process of qualitative research was something that I faced for the first time during this peer debriefing session. As described by Horsburgh (2003), reflexive evaluation is important for qualitative researchers to practise:
Given that the researcher is intimately involved in both the process and product of the research enterprise, the reader must evaluate the extent to which an author identifies and explicates their involvement and its potential or actual effect upon the finding. (p. 309)

Reflexivity in this study increased the plausibility of the findings by securing the trustworthiness of my analyses. Peer debriefing enabled this reflexive practice and challenged my early and subsequent findings. After considering the topic and my experiences with it, I reworked my findings and themes. The result was that when I presented my updated findings to my supervisors over iterations of chapters, they confirmed their credibility. Peer debriefing and reflexive practice allowed for my findings to be “worthy, honest, and believable” (Spall, 1998, p. 280). As such, reflexive passages can be found at the beginning of the participant parent, and staff interview data chapters (Chapters Six, Seven and Eight) to inform the reader of my experiences in each area.

The final step of the thematic analysis process outlined by Braun and Clarke (2006) is the write-up. Writing up the data was another recursive process for me. Chapters were drafted and redrafted to allow for the themes, data and analysis to be presented coherently and substantively. For some chapters, once I had begun writing, it was clear that there were overlaps between some themes, which resulted in revisiting earlier stages of analysis to tease out themes, definitions and examples again. From this, rigour, credibility and clarity were affirmed (Patton, 1980). Peer debriefing occurred regularly after chapter feedback and subsequent analysis. The analysis of the data provided an overview of the whole program.

Chapter Summary

This chapter explained the appropriateness of the case study method for this study of the CCDC, outlining the data sources, collection and analysis. The case study method mirrors
the comprehensive case management of the young person in the CCDC and enables the bounded system of the CCDC to be explored in-depth to allow for areas of refinement to be assessed. TJ can be used to analyse the processes of the CCDC and the experiences of CCDC actors to inform these areas of refinement to promote participant wellbeing and CCDC outcomes. This chapter provided the foundation and context required for the subsequent chapters, particularly the next chapter, which elaborates on the barriers and issues that arose during data collection with the young people involved in the CCDC. These barriers and methods to address them in this study are examined to explain the quality and depth of the data collected from the young people interviewed about their experiences of the CCDC.
Chapter 4: Interviewing Young People: Navigating Barriers in a Criminal Justice Setting

Introduction

The preceding chapter detailed the methodology of the current study, outlining the way the methodology mirrors the comprehensive case management used in the CCDC. The issues that arose during collection were also examined. One issue was the difficulty in accessing young people willing to be interviewed. This chapter expands on the methodology by exploring the application and data collection processes in a youth justice sphere. It focuses on my experiences of researching with the young people to set the scene for the findings chapters commencing in Chapter Five. The current chapter explores the barriers to interviewing young people in the CCDC, namely Access, Power and Competence. It explains how these barriers were navigated to provide insight into the necessary protections afforded to young people in the CJS, inherent power imbalances they experienced and the effect of young people’s comprehension and competence levels on data collection and analysis.

Young offenders have been referred to as “invisible populations” (Schubert et al., 2012, p. 72) and are often overlooked for research, or not provided the opportunity to comment on the youth justice system (YJS) (Pealer et al., 2017). Young people who offend are a particularly vulnerable group to interview. They have “dual vulnerabilities” as both children and offenders (Wolbranksy et al., 2013, p. 457). They are marginalised because of their age, offender status and life experiences (such as social disadvantage, low academic attainment, issues with drug use and unstable family and home lives) (Gately et al., 2017; Holt & Pamment, 2011; Shafi, 2018; Snow & Powell, 2004; Turner, 2019b). For the young people in this study, these types of disadvantages contributed to their involvement in the CJS and influenced issues with accessing and researching this marginal population. Gaining
permission from Government Departments and ethics committees to access this group for research is usually the first challenge encountered and is likely to deter potential researchers. However, the importance of giving young people a voice has become increasingly evident as researchers look to young people for problem-solving in a wide range of CJS settings (Graham et al., 2015; James, 2013; Schubert et al., 2012). This view is supported by Article 12 of the United Nations Convention of the Rights of the Child, which states that children and young people must be given the right to a voice and for this voice to be considered (United Nations, 1990). However, it has been posited that giving young people a voice can be hindered in research for a range of reasons including access, power dynamics and competency of the young people involved (Kutrovátz, 2017; Snow & Powell, 2004; Turner, 2019b).

This chapter presents supplementary methodological information regarding the process of conducting research with offending youth. Although there is literature explaining how to research with children and the special considerations that need to be afforded, there is little focus on the tensions created in researching within the CJS. This chapter, therefore, outlines how I managed these difficulties and adds to the existing literature on research with young people in forensic settings.

Three main themes about interviewing young people were identified in this study: Access, Power and Competence and align with some findings from Kutrovátz (2017) and Snow and Powell (2004). The Access theme related to gaining permission to access the young people in the CCDC. It included issues identified from the conceptualisation of the research to ethical considerations and approvals, including parental consent. Finally, it explains the barriers to interviewing children due to parental absence from the CCDC. Power refers to the dynamics in the interview process and interactions between me, the young people and the CCDC Magistrate in the Court setting. Finally, Competence refers to the oral
competency of participants that became most evident during the interviewing and analysis stages. Each theme is discussed in light of the issues that arose, the strategies used to address them, the results of these strategies and any subsequent recommendations (summarised in Table 5).
### Table 5

*Interviewing Expectations, Strategies, Results and Recommendations Summary*

<table>
<thead>
<tr>
<th>Access</th>
<th>Power</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expectations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applications to numerous ethics committees.</td>
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<tr>
<td>No parents or guardians (no consent).</td>
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<tr>
<td>Imbalances between researcher, Magistrate and young person.</td>
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<tr>
<td>Court setting.</td>
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<tr>
<td>Low comprehension and oral language competency.</td>
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<tr>
<td><strong>Strategies</strong></td>
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<tr>
<td>Know who to contact when.</td>
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<tr>
<td>Adhere to ethical procedures.</td>
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<tr>
<td>Meet with relevant departments to build rapport.</td>
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<td></td>
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<tr>
<td>Inform young people without parents at Court of need for consent.</td>
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<tr>
<td>Build rapport.</td>
<td></td>
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<tr>
<td>Frame young person as expert.</td>
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<tr>
<td>Utilise power of others mindfully (Magistrate).</td>
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<td></td>
</tr>
<tr>
<td>Clinical psychologist assessed age appropriateness of documents (reading level, clarity etc.).</td>
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<tr>
<td>Read information letter and assent form aloud.</td>
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<tr>
<td>Promoted asking questions (clarification etc.).</td>
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<td></td>
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<tr>
<td>Understanding of research and assent process.</td>
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<tr>
<td>Limited and “don’t know” responses during interviews.</td>
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<td></td>
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<tr>
<td><strong>Results</strong></td>
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<td>Few parents or guardians (no change).</td>
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<td>Comfortable conversations, not interviews.</td>
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<td>Build rapport, get young people to educate you (i.e. computer games, what they do for work) to promote open responses.</td>
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<td><strong>Recommendations</strong></td>
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<td>Know who to contact and in what order.</td>
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<td>Consideration of mature minor exceptions for consent to target vulnerable population.</td>
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<td>Build rapport, get young people to educate you (i.e. computer games, what they do for work) to promote open responses.</td>
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<td>Accept or delve into what the “don’t knows” really mean.</td>
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Access

Access initially related to the difficulties in gaining permission from the relevant Human Research Ethics Committee, and Government Departments to access young people as potential respondents. In the early stages of research development, I expected difficulties in gaining ethics approvals given the research was to involve participants under 18 years who had also committed an offence, had drug use issues, and who may have had cognitive impairments (discussed in Chapter 3: Methodology). Further difficulties were expected as several Government Departments needed to be approached to approve the research. Also, having experience with Children’s Court interviewing, I anticipated that a proportion of young people would appear alone at the CCDC. Therefore, gaining an adult’s consent for their participation would be unfeasible. Parental absence was noted in previous research in the Children’s Court of WA, as a barrier to data collection (Gately et al., 2017). Strategies used to address these difficulties are examined and relevant recommendations for future research are provided.

Procedural ethics is a term used to cover the codes of conduct, applications and conditions of relevant ethics committees and Departmental bodies (Guillemin & Gillam, 2004; Kutrovátz, 2017). The term gatekeeper is used consistently in the literature referring to safeguards to researching with children and young people (James, 2013; Kutrovátz, 2017; Lewis, 2001; Shafi, 2018). ‘Gatekeepers’ refers to the people or agencies that must approve the research before the young person can be approached. The gatekeepers central to this study were the Edith Cowan University Human Research Ethics Committee (ECU HREC), the Department of Justice (DoJ), the Department of Child Protection and Family Support within the Department of Communities (herein referred to as DoC), Western Australia Aboriginal Health Ethics Committee (WAAHEC) and parents or guardians of the young people targeted. Each Department had specific safeguard requirements to be met before the research was
approved. Ethical gatekeepers will be discussed first, followed by departmental gatekeepers and, finally, parental gatekeepers.

**Ethical and Departmental gatekeepers**

**Expectations.** Ethics committee approvals are imperative for all research. Consequently, ethics approval was sought from the ECU HREC to undertake interviews with CCDC participants, their parents and staff. The ECU HREC is guided by the National Statement, an Australian set of ethical guidelines for researchers and those involved in ethical reviews of research studies to ensure ethical standards are met and documented. It sets out ethical standards for research design, reviews and conduct of research involving human participants (National Health and Medical Research Council, 2007 [updated 2018]). The National Statement outlines specific considerations for research with young people. A young person’s ability to understand the research thus their ability to consent to participate in it needed to be considered. Possible coercion by parents, researchers, or peers and the differing values held by parents and their children also needed attention. Approval from the ECU HREC was the first step to demonstrate that the research methodology, materials and parameters were ethical. Further, the ECU HREC required approval to be sought from the Western Australia Aboriginal Health Ethics Committee (WAAHEC) to ensure the research study was culturally sensitive to the needs of Aboriginal or Torres Strait Islander people (herein referred to as Aboriginal People) as they were potential participants.

The WAAHEC is the only Aboriginal research ethics committee in Western Australia and assesses research projects from the health or medical fields. It is also guided by the National Statement but focuses more on Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (National Health and Medical Research Council, 2007 [updated 2018]). Approval from the WAAHEC was requested by the ECU HREC as the
Aboriginal research advisor stated the research questions around drug use were health-related. Admittedly, this was an unforeseen concern, but including Aboriginal CCDC participants was paramount. The WAAHEC approval was granted, but unfortunately, no young Aboriginal People were interviewed as part of this research because of declines to participate or the lack of a parent or guardian at Court to sign consent.

While awaiting approval for the WAAHEC, I submitted a research application to the DoJ. Overall, the ECU HREC’s approval covered most ethical concerns for all other departments or ethical committees, but some placed further restrictions on the research, such as disallowing incentives. Gaining research approval from the DoJ’s Research Application and Advisory Committee (RAAC) was delayed as a recent Government change had resulted in the amalgamation of the Department of Corrective Services and the Department of the Attorney General. As a result, my first application was returned, and an expression of interest was requested to align with new DoJ processes. Once this was accepted, I submitted a full application for consideration, which was ultimately approved. The main concern for the DoJ was that it was clear to participants (and their parents) that the research would not influence the outcome of the young person’s Court appearance. As part of this, incentives were not to be offered to participants, as per the DoJ’s Code of Conduct for Researchers. Whilst assent was required from the young person, consent also needed to be provided by a parent or guardian for any young person under the age of 18 years to participate in the study.

The application process for the DoC involved contacting their research department via email. Due to the Government’s restructuring, the DoC was also experiencing changes to their department, so their approval process differed from the norm. The process was smooth because I had already addressed issues that had permitted ECU HREC and DoJ’s RAAC approval. DoC specified that individuals were not to be identified and that their staff members could not be interviewed for the research. Central to both Departments’ decision-
making was the Best Interests of the young people involved. This was expected but proved to be a barrier to data collection, raising issues about the reliability of the data as discussed in more detail below (Kutrováť, 2017).

**Strategies.** To address ethical concerns outlined in the National Statement, I met with my supervisor, who is a representative on the ECU HREC, to discuss the best ways to address ethical concerns. I had some prior knowledge from an earlier research study I managed in the Children’s Court, but his insights allowed me to consider additional aspects I had not previously. I attended the ECU HREC meeting when my application was discussed to answer any queries. I was amenable to suggestions and flexible to incorporate their feedback and their professional judgement allowed me to gain ECU HREC approval. Amenability was also important in gaining approval for the DoJ and the DoC. Furthermore, getting ECU HREC approval before submitting the Departmental applications demonstrated the project’s ethical appropriateness and assisted the approval processes from the Departments.

I contacted the Department’s representatives after submission and offered to meet in person if required. DoJ organised a face-to-face “kick-off” meeting before data collection commenced to ensure DoJ requirements were understood, security procedures could be adhered to and to ensure I understood and agreed to onsite Court contact and processes. The face-to-face meetings were beneficial and ensured the Court protocols regarding the young people were adhered to while data collecting.

**Results and Recommendations.** The issues faced with ethical and Departmental gatekeepers were due to tensions between the needs and wants of researchers and the Departments’ requirements to protect young people in their care. As a researcher, I wished to canvass a range of issues with young people in a way that yielded meaningful data. Yet, each ethics committee and Department played a specific role in the lives of the young people
involved. The ECU HREC and the WAAHEC were guided by the potential implications of the research on the wellbeing of the participants and the relevance of the research. The DoJ was guided by concerns about the interference and possibility that the research may delay the effective administration of justice for the young participants. Finally, the DoC was concerned with safety and family circumstances. Navigating these tensions was important to ensure successful collaboration and project approval and to ensure no harm came to young people because they participated in the research.

Central to the tensions was that each committee and Department was guided by their duty to protect the young people involved in the research. This exposes another tension as, generally, researchers move on following a participant’s involvement in the research. Departmental staff continue to hold a duty of care for the young person’s wellbeing. Accordingly, they can be liable for any issues that arise for a participant because of them approving the research. This tension needs to be understood by researchers and navigated carefully with the Departments involved. In recognising this central concern, being flexible about what my research entailed and meeting people in person helped improve communication between the Departments and myself, ultimately leading to my study’s approval. Showing openness to change and an understanding of ethical and Department procedures were central to good working relationships and ultimately a research project which could ultimately benefit young people within the CCDC. With the growing research indicating the importance of young people’s voices in research (Graham et al., 2015; James, 2013; Schubert et al., 2012), amenability and a willingness to incorporate feedback were key to ensuring young people can be allowed to be heard. Ultimately, this collaborative process allowed me to gather unique data from young people that are usually inaccessible to researchers.
(Absent) Parents as Inadvertent Gatekeepers

**Expectations.** An earlier Perth Children’s Court study found that young offenders commonly lacked parental attendance or a suitable guardian in Court. Furthermore, many children came from families where intergenerational offending and parental imprisonment was not uncommon (Gately et al., 2017; Shafi, 2018). Often, a parent or guardian was not available to attend the Court to support their child. Parental consent was a requirement of the ethics committees and the DoJ to protect the rights and wellbeing of the young people involved. As an exception, children in the care of the DoC could have their case manager provide consent. Thus, the potential participant pool was limited by the approval requirement. The literature on researching with young people often cited the ways parents may act as gatekeepers or barriers to allowing children and young people’s involvement in research (Kutrovátz, 2017; Shafi, 2018). Absent parents or guardians were, in effect, silent gatekeepers in this study.

**Strategies.** With the knowledge that some parents were unlikely to attend the CCDC with their child, realistic participant numbers for both young people and parent interviews were set. Few strategies were available to address this situation, considering the need to protect this vulnerable group of young people. Young people who were approached without a guardian were informed that a parent’s consent was needed. Some were then able to advise me whether their parent would be attending any future sessions. Opening communication with the young person was a positive step in these instances.

**Results and Recommendations.** Whilst understanding why parental consent was necessary, the inability to interview young people under 18 years without a parent’s consent was the biggest barrier to obtaining participants in this study. One interaction with a non-participant raised questions about the use of the mature minor clause (Sanci et al., 2004),
discussed later in the Competence section of this chapter. I approached a young male and asked him if he was part of the Drug Court, to which he replied yes. I then asked his age (17 years) and whether his parent or guardian was attending with him. They were not but he wanted to participate in the research. When I explained that I needed a parent’s or guardian’s consent, he became frustrated. He stated that he was his own person and capable of deciding whether to participate. This incident highlights a barrier for mature minors to have their voice heard and could be an area for consideration for relevant Departments.

**Power**

Power is the ability to influence or direct others; it is the exercise of power that may also be coercive (Perlin, 1991). It is common for adults to hold acceptable power over young people because their experiences are broad and their psychosocial development superior (Mayall, 2002; Punch, 2005). The unequal power dynamic is acknowledged when the adult is a researcher and the young person a participant in their research (Punch, 2002). Furthermore, the research setting (particularly in the CJS) is often a structural reminder of the lack of control or power a young person has over aspects of their life. Furthermore, when legal actors are in a position of power, such as a Magistrate, and are involved in the research, power becomes multifaceted and complex. As discussed above and in Chapter Three (the Methodology), the power relation is a well-documented phenomenon when adults interview young people (Lambie & McCarthy, 2004; Punch, 2002). This project also highlighted the barriers to interviewing that power could contribute to.

**Researcher/Participant Relationship**

**Expectations.** It has been established the researcher/participant relationship incorporates a power imbalance (Connors, 1988; Olsen et al., 2016; Punch, 2002; Yassour-Borochowitz, 2004) and this is emphasised when a participant is a young person (Kutrovátz,
Through a Therapeutic Lens: Perth’s Children’s Court Drug Court

2017; Lambie & McCarthy, 2004; Punch, 2002). Therefore, an unequal dynamic between myself and the young people I interviewed was expected. Another factor considered was that face-to-face interviews require the young person to disclose personal information to a stranger (Kutrovátz, 2017; Punch, 2005). The research was designed to allow young people the space to speak openly about their experiences as actors in a setting where they held little power – the CJS (Lundy, 2007).

**Strategies.** To address the power imbalances between myself and the young people interviewed or approached, I followed the guidelines outlined in the literature, for example granting the young people free choice to participate (Kutrovátz, 2017). The element of choice can empower young people (the assent process is discussed in the Competence section of this chapter). The first point of contact was when approaching a young person and empowering them with this choice and was the first step in establishing a rapport with young people. Thereafter, in a deliberate attempt to address the power imbalance, the issue of confidentiality was explained, reassurance given that there were no right or wrong answers to questions, and they could ask questions at any stage of the interview.

I asked the young people questions about things I had little knowledge of, for example, a popular computer game or new drug types and names. By making them the expert on “easy to talk about” topics, particularly in areas where I was not well-informed, helped to realign some power imbalances. Young offenders are known to withdraw from researchers because the process is unfamiliar and the questions often require some self-reflection which may be confronting (Shafi, 2018). My attempts were mostly successful in building rapport with the CCDC participants to promote open responses, while some young people did not open up as much as others. Furthermore, it reinforced that they were the expert about what it is like to participate in the CCDC, something I reiterated to all potential participants.
Further, I dressed in casual jeans, t-shirts and training shoes, wearing minimal jewellery and makeup. Although I experimented with more formal clothing, I felt this made me appear intimidating and discouraged participants. Some young people did comment that I was approachable and easy to talk to.

**Results and Recommendations.** By giving the young people the choice to participate in the interview, several people declined despite having their parents’ consent. This situation affected collection rates but reinforced the participants’ right to choose that helped build rapport with those who agreed to participate (Kutrovátz, 2017). The concept of confidentiality was explained to the participants and I was able to demonstrate this. On two occasions, the young people asked if their parents would “find out” what had been said in the interview. I replied that they would not and explained that although I had interviewed their parents even if the young person asked me, I could not disclose what their parent had said. They would be afforded this same confidentiality in return. The example seemed to alleviate their concerns and they proceeded to give detailed histories of their drug-use habits that they believed their parents did not know about.

The sessions were conducted as relaxed conversations rather than structured interviews. Some participants also asked personal questions about where I was from and what I was studying. These questions arose most commonly towards the end of the interviews, demonstrating the rapport built and the comfortable format of the research setting. In answering these questions, I was reciprocating in sharing part of my story just as the young person had (James, 2013). These strategies did not negate the inherent power imbalances between me and the participant, but they reduced them. As such, I recommend that conscious attempts are made to balance power between researchers and the young interviewees. These include giving young people the choice to participate, being mindful of the researcher’s attire;
and selecting topics of conversation aimed at promoting the young person’s sense of expertise.

**Court Setting**

**Expectations.** As established, the research setting can intensify power imbalances (Kutrovátz, 2017; Punch, 2002). These young participants were interviewed in Court where it is conceivable that they felt they had little control or power over decisions made about their lives and, at times, liberty. Therefore, I was aware that the young people may be anxious, which would affect their responses during the research. Although the young people had chosen to take part in the CCDC, their initial contact with the Court was not by choice. A consideration before interviewing was that for some young people the decision between participating in the CCDC and spending time in a youth detention centre was not a real choice. Discussions with my supervisors and the DoJ ascertained whether a different location could be used for interviews, but it was decided to stay onsite at the Court to ensure my and the participants’ safety. Security guards were present at the Court as was a psychologist who was available if any participant needed to debrief.

**Strategies.** Despite the decision to remain at Court, I was permitted access to an interview room not normally used by staff and only occasionally used as a consultation room for lawyers. While the young people were taken from the formal Court settings, they were accustomed to the Courtrooms, the lawyer/client consultation room. Upon reflection, this similarity may have exacerbated the power imbalances. Although lawyers work for the best interests of the young people, using their setting may have confused some participants as to my role.

**Results and Recommendations.** Being in an environment where young people had little agency was not ideal for minimising research power imbalances. However, the
interview room was made private to facilitate confidentiality. As a result, the interviews were generally comfortable experiences for the young people interviewed. Generally, it is recommended that, where possible, interviews with young people in the CJS are conducted offsite to remove the young person from a structural representation of power, like a Court building but this has implications for researcher safety and participant care. However, given the practicality of data collection onsite, it is also acknowledged that organising with both the parent and child, to meet off-site at a different time, may impact more negatively on participation rates. Therefore, if interviewing it is recommended to use private interview rooms restructured to appear less formal (i.e. room layout, furniture type) and encouraging comfortable information sharing.

**Magistrate Involvement**

**Expectations.** The CCDC Magistrate offered to promote the project and encourage participation, but care needed to be taken so it was not seen as mandatory to part of the CCDC process. I had trouble finding participants throughout the data collection period. This was because the young people and their parents were reluctant to participate without some kind of “introduction” from a representative of the CCDC. They were unsure of how the research fitted with the CCDC, despite my explanation. As the CCDC Magistrate had requested the research and supported it, she promoted it to other CCDC staff, participants and their caregivers. However, with her knowledge and endorsement of the research, power imbalances were added between the research and potential participants.

**Strategies.** The CCDC Magistrate was aware of her status and power in the process. Collectively, we did everything possible to ensure the young people did not feel swayed or pressured to participate because of their involvement in the CCDC. The Magistrate and I discussed at one of the pre-CCDC meetings with all CCDC staff the best methods to
introduce the research to the young people. She briefly explained the research, and that the CCDC was interested in their thoughts; however, they needed to think carefully about participating and she need not know of their decision. I was then able to talk with the young people after their Court session and provide them with a full information letter so they could consider participating before their next CCDC session. This procedure was used about six times during data collection when I was struggling to get participants. Liaising with the CCDC Magistrate and other CCDC staff members ensured transparency and that all members were comfortable with this process.

**Results and Recommendations.** Initially, CCDC participants were wary of me despite my explanations of who I was and why I was interested in talking to them. Upon reflection, it was the CCDC Magistrate’s power and status as the head of the CCDC that encouraged young people and their parents to listen. In the CCDC training room setting, the CCDC Magistrate sat next to the young person, which ensured they engaged in the conversation. The power held by the CCDC Magistrate eclipsed any perceived power I held over the young people as a researcher. The shifting power dynamics are something researchers should be aware of, but they can also be used to benefit young people as the CCDC Magistrate is the supreme power therefore my status was diminished. In this study, the CCDC Magistrate’s involvement was helpful as she encouraged participation, but it did not negate the other issues of engaging young people in the research. The relationships built enhanced data collection by gaining some more participants and ensured meaningful data were obtained to inform the results and the Court. Researchers must build and maintain relationships with industry partners to navigate the difficulties associated with research involving the CJS.
**Competence: Interviewees’ Variable Capabilities**

The young people available for interview were expected to have varying levels of cognitive development. Two main considerations arose: their ability to understand the research and assent to the process and their low levels of literacy or comprehension including limited responses to interview questions. The language skills of young people involved in the CJS are generally low (Bryan et al., 2007; Gregory & Bryan, 2010; Snow & Powell, 2004, 2005; Swain et al., 2020). Consequently, navigating these deficits and achieving assent required further discussion.

**Consent and Assent**

**Expectations.** The core consideration for ethically interviewing young people is to ensure their wellbeing is protected by considering their vulnerabilities (Wolbranksy et al., 2013). This encompasses the consent and assent process. The NHMRC (2007 [updated 2018]) states that consent can be provided by young people who are mature enough when the research is low risk. The NHMRC also acknowledged that there is no definitive age that would determine when a young person is mature enough to consent to research participation (2008 [updated 2017]). This difficulty can sometimes be contested by researchers via the mature minor clause that those aged 16 and above can consent (Hildebrand et al., 2015; Sanci et al., 2004). By 16 years, most young people can understand and provide informed consent without the need for an adult’s consent (Hildebrand et al., 2015; Sanci et al., 2004). However, in the current study, this strategy could not be employed as the DoJ safeguard required parents’ consent for all potential participants under 18 years.

The DoJ adhered to legal definitions as specified in the *Young Offenders Act 1994* (WA) as someone under the age of 18 years. Therefore, they did not deviate from this legal perspective to ensure the fair treatment of the young people approached for the research. The
age requirement and the risk level of the project required parental consent and young people’s assent to participate. As discussed, this proved difficult because some parents were absent from the Court. However, this method of consent and assent collection supported strategies to improve power imbalances and the free choice of the young person, as discussed earlier.

**Strategies.** The process for assent from the young person was stipulated. However, there was space for some flexibility in the way that young people and their parents were invited to participate. Parents and young people who sat together in the waiting area were approached as a pair. I explained the research and that, if they were interested in participating, I would need the parent’s permission to interview the young person. I would then reiterate that the parent or young person’s participation did not mean that the other had to participate. In most cases, parents would first ask the young person if they wanted to participate. If they declined, the parent would decide whether they wanted to be interviewed. If the young person agreed to participate, the parent would provide consent and would agree to be interviewed too. In one instance the young person was not on speaking terms with their parent who was still attending the CCDC sessions. I asked if they were at Court for drug court then explained the research. I asked if their parents were present, to which they replied “yes, but I don’t talk to them”. I explained the necessity of parents’ consent and asked the young person’s permission to get it before the interview. They agreed and pointed to their parents in another area of the waiting room. I then approached the parents to secure their consent for the young person to be interviewed. Again, if the young person agreed, the parents were likely to be interviewed also.

**Results and Recommendations.** The prescribed consent and assent processes were a central ethical requirement. The process promoted the choice of the young person as to whether they would participate. It allowed for consent and assent to be a collaborative conversation between parents, their child and myself. Data collection rigour is also an
important aspect of the research in that each young person approached needed to be individually assessed as to their situation and whether a parent or guardian was present. Discussions of the research were tailored to the young person’s ability and situation.

**Comprehension and Oral Language Competency**

**Expectations.** Comprehension is defined as the ability to understand meaning (Kintsch, 1998). This study required young participants to understand written and verbal questions and provide answers. Oral language competency refers to the ability of a person to verbally express their “thoughts, ideas and needs” and to understand others’ expressions (Snow & Powell, 2004, p. 221). Low levels of comprehension and oral language competency were expected in this cohort (Bryan et al., 2007; Gregory & Bryan, 2010; Snow & Powell, 2004, 2005; Swain et al., 2020), as young offenders generally have lower education levels and drug use can adversely affect the developing brain (Fuhrmann et al., 2015; Gately et al., 2017; Squeglia et al., 2009). Therefore, research materials were tailored to accommodate lower levels of oral language and comprehension skills. It was further expected that responses from young people would be constrained and they would need encouragement (Snow & Powell, 2005).

**Strategies.** The expected low levels of comprehension and oral competencies were addressed considering several strategies. One was using visual aids but these had limited success in an incarcerated young offender population (Shafi, 2018), so were not used in this study. Strategies included having my supervisor, a clinical and forensic psychologist, review and assess the information letter, the consent form and the interview schedule for comprehension levels. From there, changes were made to the research materials to ensure the comprehension level was appropriate for the CCDC cohort. This included altering “why” questions to “what were some of the reasons…?” to avoid “I don’t know” responses. Also,
the information letter and consent forms were read out to young people to ensure they understood the requirements of the study. I also paused at certain points of the information letter and asked, “how does that sound?” or similar to ensure the young person understood the content.

Strategies used to address low oral language competency included using pauses to allow space for the young person to think about their responses in more detail then continue. Disguising a lack of oral language competency by avoiding the question or using “I don’t know” responses were evident in this study and supported Snow and Powell (2004) findings. Reassuring comments were made when young people used “I don’t know” responses to questions. Again, these were initially probed by asking the question in a slightly different way, or just waiting silently while they considered their answers. If after those strategies the young person seemed uncomfortable, I proceeded to the next question. An example occurred when one young person commented: “I don’t know, I don’t think good” in response to a question, I told him it was ok and we could move on, which put him at some ease and he answered the question. This example contrasts with researchers such as Shafi (2018) who found young offenders would give up on responses if they did not understand something to avoid revealing any shortcomings. The strategies used were successful in some instances, but the underlying low language skills and narrative abilities limited the young people’s ability to provide rich information sought in qualitative research.

**Results and Recommendations.** The young people displayed low comprehension, but I was able to tailor my research materials, questioning style and language based on the differing levels of comprehension of young people interviewed. Being reflexive in interviewing is an essential element of research but is not often acknowledged as so (Shafi, 2018). Although necessary when working with young people with low levels of comprehension, it raised issues about the rewording of questions and whether they lose
meaning or can be interpreted in different ways. Therefore, it is recommended that any alternative wording be developed before interviews are conducted to ensure consistency between participants. Furthermore, asking questions routinely about their understanding and providing clarification may be necessary (Turner, 2019b).

The success of the strategies to address comprehension and oral language competency responses was mixed. Some interviewee responses were limited, with little elaboration and detail. Probes were used but a lack of oral language competency was noted. Young offenders develop techniques to disguise their oral language incompetency, such as delaying responses as seen above (Snow & Powell, 2004). Their background of regular drug use and social disadvantage could affect their oral language competency (Snow & Powell, 2004). Therefore, the strategies used, had partial success, given the reality of the levels of oral language competency in this group. Recommendations for addressing this are to have an awareness of these issues when working with young people in this situation, particularly those who have used drugs from a young age. Young offenders, in particular, are known to use methods such as repetition, congruent, minimal or stereotypical responses to questions they do not understand (Shafi, 2018; Snow & Powell, 2004). Oral language competencies cannot be repaired during an interview; however, their likelihood must be considered when collecting and analysing data. For example, consideration must be given to what has not been said or understood rather than solely focusing on a lack of depth in responses.

Chapter Summary

This chapter has examined the issues associated with research involving young people in the CJS. Access is the first barrier to navigate with gatekeepers in the form of ethics committees, Government Departments, and absent parents. Ethical procedures are a necessary part of ensuring the safety of young research participants, particularly so in the CJS
setting because of “dual vulnerabilities” (Wolbranksy et al., 2013, p. 457). The requirement of involving parents in the consent process proved problematic as some were not available. Potential interviewees without consent were eliminated from the research to meet ethical and Departmental responsibilities. Strategies to promote the smooth navigation of ethical procedures included knowing who to contact, in what order and being open in face-to-face meetings to discuss the research. Flexibility was also important and, although it may have affected the reliability of some findings, it guaranteed that the research could proceed, giving voice to a “hidden” population.

Power imbalances are common in all research, given the dynamics of the researcher/participant relationship. Adding the adult/young person dynamic to this furthers the power imbalance. To address this, an acute awareness of potential imbalances before and during data collection is required. Power imbalances can be addressed, (but not eradicated) by using considered interviewing skills and the assent process as a method of empowerment for young people.

Competence was another area that could not be navigated fully. The social and developmental traits of young people in CJS meant that comprehension and oral language competencies were expected to be limited. Methods of collaborative and conscious material development and awareness in the interview setting of examples of disguising oral language incompetency are recommended. Competency in the consent and assent process was something some young people were aware of when commenting that they were able to make their decision themselves. A larger discussion is required on the topic of mature minors and whether the departments can consider this under the legislative conditions under which they operate. If possible, it could provide an avenue for information sharing for young people who lack parental support.
Overall, it is evident that researching minors in criminal justice settings has limitations. The issues above were anticipated but were navigated with varying degrees of success. Understanding the limitations and having realistic expectations of what can be achieved when interviewing vulnerable young people will aid the process and allow young people to share their unique experiences. The unique experiences of the young people in the CCDC have led to their involvement in the therapeutic Court and therefore this study. Their input is essential to inform meaningful feedback to the CCDC. Despite the difficulties of data collection, initiatives designed for young people need to be informed by their experiences and feedback. As such, giving young people in the CCDC a voice to share their experiences and feedback allowed for important insight to be gathered to inform the CCDC of areas they do well in and areas for improvement.

The next chapter, provides a case description of the CCDC’s history, aims, progress, the role of each staff member, participant inclusion criteria, the CCDC process and its incorporation of some TJ principles. The Case Description sets the scene for the following findings chapters by providing insights into the formal processes and aims to compare the participants’ experiences. The chapter begins with a composite, based on my interactions in the Children’s Court, with participants and staff. The composite is revisited throughout the chapter, acting as an illustrative tool to depict the typical experience of a CCDC participant.
After disembarking the final of the two buses he needs to take him to Court, David arrives. He must check in with the front desk security staff to let them know he is here. Mum could not make it this time because she had to work so he is here alone, telling the security staff this before they ask. They make a note, and he is free to go through the next security phase. He empties his pockets of his phone, wallet, lighter, cigarettes and has to be reminded to remove his cap and belt before walking through the body scanner. It beeps anyway. Another security staff member steps forward to ask him to remove his shoes so that they can be scanned separately then to walk through the body scanner again. No beeps this time. David puts his belt, cap, and shoes on, taking care to ensure he has his other possessions back. It is 10 o’clock in the morning. Court should start in 30 minutes, so he walks to the waiting area and takes a seat.
Introduction

The previous chapter outlined my experiences in researching young people in the YJS. The current chapter provides details on the program they were involved in, the CCDC, and is the first findings chapter. As suggested by Creswell (2018), a detailed case description is presented, addressing the first research question: *what is the function of the CCDC and how does it employ therapeutic jurisprudence principles?* Baxter and Jack (2008) asserted that the goal of the case study is to describe the case in such detail that the reader can feel they could participate in the case. Therefore, a detailed overview of the CCDC is presented, drawing upon various data sources. Quotes from interviews are used in text are distinguished using italicised font. At the end of the chapter, the CCDC’s processes and practices are assessed using Wexler’s (2011) tripartite framework for using TJ in the criminal justice system.

The data used for this case description section are outlined in Table 6. The data have been collated to give an overall picture of the CCDC from publicly available audio-visual
documents, documents that inform the process and participants, the views and assertions of key staff, and the images of the Court itself. Only CCDC staff member interviews were used as they have a deep knowledge of the Court, its philosophies, function, and intent when compared to participants and parents. The case description provides an overview of the history and aims of the Court; staff roles and responsibilities; participant criteria; the CCDC process from start to finish; and the Court’s settings. David’s story continues throughout the chapter to allow the reader insight into the experience of a typical CCDC participant. David’s story is drawn from aspects of each of the interviews with young people, their parents, staff and public waiting room observations.

Table 6
Documents Used to Inform Case Description

<table>
<thead>
<tr>
<th>Audio-visual</th>
<th>Documents</th>
<th>Interviews</th>
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<tr>
<td>Webpage</td>
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<td>CCDC Magistrate</td>
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<td>Leaflet</td>
<td>CCDC information sheets</td>
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<td>Photographs</td>
<td>CCDC presentation at the Australian Drug Court Conference</td>
<td>MYBS representative</td>
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<td>Presentation at the CCDC’s 20th anniversary event</td>
<td>Legal Aid representative</td>
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<td>LINKS representative</td>
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<td></td>
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<td>DAYS representative</td>
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History

The pre-sentencing program, the CCDC, began operating on the 4th of December 2000. The need for a Drug Court was summarised by the presiding CCDC Magistrate: “It was created because children have drug problems, pure and simple”. This simple premise goes deeper, however, by recognising the need for a therapeutic based Drug Court for young people. Drug programs for young offenders will always be needed because some adolescents
use drugs and commit crime at problematic levels (Horrigan, 2020). Previous drug-related programs targeted lower-level offenders with less severe drug use. This, coupled with increased recognition and support of the TJ movement in the early 2000s in Australia, propelled the development of the CCDC. As discussed in Chapter 2, research, and data on the extent of drug use of young people in contact with the Courts in Western Australia are limited. Therefore, the anecdotal evidence of Magistrates and Court workers and evidence of Drug Court successes internationally, facilitated the creation of the CCDC in Perth.

**Aims and Therapeutic Foundations**

Perth’s CCDC has specific objectives that it addresses for each young person. These include helping participants sustain a drug and crime-free lifestyle to minimise harm. Additionally, the Court endeavours to improve physical and mental wellbeing and develop participants’ life skills. The Court also aims to improve familial relationships by including the family in the process where possible. These aims are rooted in TJ principles of addressing underlying causes of crime and improving Court user wellbeing by using legal processes to achieve this (Wexler, 1993, 2000, 2004, 2005, 2008, 2011; Winick & Wexler, 2015). Other aims include promoting engagement with education or employment, pro-social activities, and general community engagement. To meet objectives for the community, engagement and collaboration with external agencies, service providers and support groups are promoted to develop successful interagency relationships. These aims overlap in places but each one is specific to creating comprehensive treatment for a young person.

The CCDC is primarily focused on young people who are facing immediate detention because of serious charges. If accepted into the CCDC, they can remain in it for up to 12 months to address their issues. All aspects of their lives, including health, education, wellbeing, form part of the overall planning of treatment. Young people attend court
fortnightly, attend urinalysis three times a week, and mandated counselling. Detoxification and residential rehabilitation may also be prescribed to support their treatment.

Contention around the use of TJ and its focus on the offender, rather than the victim has been raised in the literature (Cannon, 2007; Holder, 2006). In a way to address this, since its inception, the CCDC has endeavoured to be accountable to victims and the community. They do this by helping drug-using young offenders gain insight into their drug use and offending in an attempt to curb these behaviours (Department of the Attorney General, 2012). By reducing the drug use and offending behaviours of the young people at the CCDC, it is hoped to lessen their re-victimisation of others and the negative effects on the community.

Changes

Since the inception of the CCDC, its processes have been developed and honed, as would be expected. One of the biggest changes was the introduction of the Youth Supervised Treatment Intervention Regime (YSTIR). This regime is aimed at young people who have pleaded guilty to moderate level offences such as drug possession with intent to sell and supply or burglary charges and are expected to receive a non-custodial sentence at sentencing. They can be referred to YSTIR for assessment by Court actors including the offenders through self-referral. Sentencing is adjourned for up to three months while the young person attends counselling to address their drug and alcohol use (Alcohol and Other Drugs Knowledge Centre, 2019; Mental Health Commission, 2016). The YSTIR allows for less time engaged with the YJS but is still guided by views of best practice in dealing with young drug-using offenders: addressing their drug use. This is an example of the law acting as a therapeutic agent and align with TJ (Richardson et al., 2016; Winick & Wexler, 2015).

YSTIR has fewer conditions than the CCDC where urinalysis is only once a week, as is counselling, Court attendance is fortnightly but can be monthly. Furthermore, residential
rehabilitation is not a requirement for this program due to its short length. One CATS officer reasoned this regime allows lower-level offenders with problematic drug use to benefit from judicially managed treatment that is not as “intense” as the CCDC. When young people are assessed by the CATS officers, they can be diverted to the YSTIR stream or CCDC stream. This is decided by looking at the offences they have committed and their levels of drug use. However, the CCDC Magistrate makes the final decision after consultation with the CCDC team.

Staff interviews revealed that the changes in the Drug Court are directed by the areas of interest of the presiding CCDC Magistrate. For example, the current CCDC Magistrate promotes victim mediation where possible; whereas early CCDC Magistrates focused on the consequences of drug use by using a points system. The points system was used whereby a young person starts with, for example, 20 points and for every “dirty” or positive urine sample provided, they would be deducted a “breach” or “custody” point. Conversely, if they had a clean urine sample or another success, they would gain a point. If a young person’s points were depleted to zero, they would have a spend a set number of days in custody.

Later in the CCDC, the way the points were arranged worked in reverse whereby the young person started on zero and when they reached 14 breach or custody points, they were sent to detention for up to 14 days. Although the sentiment of consequences for actions whereby drug use equals points and continued use equals custody time could be reasoned, it was unlikely to help the participant to address their drug use and goes against principles of TJ. As such, this process was phased out when the current CCDC Magistrate took over the Drug Court as she felt custody points were discouraging, reasoning:

_These kids are volunteering to do a program and they’re a drug addict working through their addiction in a positive way... So I haven’t applied custody points or_
breach points in a long time now because the bottom line is: it’s an ongoing process. I think that sending them into custody means you are actually fragmenting the process – a drug addict isn’t suddenly going to get well [and that is] because it’s a health issue.

By removing custody days as a punishment, the young person can avoid adverse influences in detention and focus on their Drug Court requirements and wellbeing. This aligns with TJ in that the root issue is addressed in a legal forum, using the authority of the Magistrate to direct and monitor treatment (Winick & Wexler, 2003, 2015). Improving the wellbeing of the participants was an original aim of the Court, so this seems fitting.

**Staff – The CCDC Magistrate, CATS Officers, LINKS, DAYS, DoC, MYBS, State Prosecutor and Legal Representatives**

In the CCDC, public, private, and not for profit agencies collaborate to create a holistic service for drug-using, offending young people to reduce drug use and offending. Cross-sector collaboration such as this is where “information, resources, activities, and capabilities [are shared] to achieve jointly an outcome that could not be achieved by organisations in one sector separately” (Bryson et al., 2006, p. 44). Knowledge, responsibility and expertise are shared by Drug Court representatives to achieve a common goal (Christie, 2016; Turner, 2010, 2011). A comprehensive case management system for participants of the CCDC is not possible without input from the Court and community-based staff. These staff members interact with each other during Drug Court sessions and outside of this time where needed. At 9 am on the day of the fortnightly Court sessions, all stakeholders meet to discuss the young people regarding Drug Court, referrals, and any other issues. The following section outlines the roles and responsibilities of each of the main stakeholders in the CCDC. It illustrates the many working parts that contribute to the CCDC to ensure its smooth running.
The CCDC Magistrate

The CCDC Magistrate leads the CCDC and is reported to by all other CCDC staff. The CCDC Magistrate requests reports, action plans and generally makes the final decision after input from other staff if consensus cannot be met. These decisions relate to anything from detoxification length, changes to the usual bail conditions and sentencing. They facilitate fortnightly Drug Court sessions where they build rapport with the young person. They sentence the young person when their time at the Drug Court is completed or terminated. The CCDC Magistrate is the decision-maker directing the Court.

Court Assessment and Treatment Service Officers

The CATS officers carry out initial assessments of potential participants for the Drug Court, liaise with the young people, other staff and generally manage the young person through the process, addressing any issues as they arise (e.g. accommodation and transport issues). As case managers, they are the main point of contact for the young person day-to-day. Contact with the CATS officers is mandated by the Drug Court and young people must adhere to this as part of their CCDC conditions. The CATS officers prepare fortnightly reports for each young person detailing their progress including their attendance at counselling and urinalysis tests, and test results, and any other relevant issues. They have weekly contact at least with all staff, the young person, and their family. They write final reports for the CCDC Magistrate to be used during sentencing and consult with the young person and their parents (where possible) about their experiences.

LINKS – Psychologists Who Refer to External Supports

LINKS, as the name suggests, connects young people with outside agencies like Outcare, an organisation specialising in supporting offenders in the community (Outcare, 2019). They are a group of psychologists with backgrounds in youth justice. They provide
psychological support for any issues that may arise during young people’s time in the CCDC. LINKS attend Court if necessary for debriefing but do not provide treatment. If treatment is needed, LINKS will refer the person to other services for counselling specific to their needs. LINKS can assist parents or caregivers, but this is not common and done only if the young person permits this contact; the young person is their client and their focus. As there is no requirement for the young people in the CCDC to connect with LINKS, the option is made known to participants. They provide psychological supports and are the link for young people to get counselling and mentoring.

**Drug and Alcohol Youth Services**

Drug and Alcohol Youth Services (DAYS) is the drug and alcohol support service for the CCDC participants. DAYS are responsible for providing rehabilitation programs for the young people. CCDC participants are required to detoxify and start their rehabilitation, normally at the beginning of their time in the Drug Court. Detoxification can be done as part of a 12-week residential program or in the community through DAYS. In collaboration with the Drug Court team, the CCDC Magistrate decides whether residential or community rehabilitation is the best option for each young person. The programs are facilitated by DAYS and entail counselling, life skills training and group outings and activities. DAYS has 10 beds available onsite for residential participants for the whole of Western Australia. The CCDC does not have any bed specifically reserved for them but usually the CCDC has around three of these beds. It is a service open to both CCDC participants and young people in the community. Therefore, young people involved with the CJS and those who are not can attend the same DAYS program, which can sometimes cause tension between young people. DAYS are the rehabilitation facilitators while the young people detoxify.
Department of Communities

The Department of Communities is represented to support young people who are in the care of the state and to consider participants’ welfare during the program. They work to ensure the rights of children in care are met in the Court, acting as a liaison between the Court and each child’s caseworker. They may advise and update the CCDC team on participants’ living and home situations. They are also involved when a young person in the CCDC has a child. They advise and support young people in care.

Metropolitan Youth Bail Service

All young people in the Drug Court program are on bail, as a condition of the CCDC. To get bail, participants have made a written promise to attend Court on a certain day and time. At the end of each fortnightly Court session, they are provided with the next date and time they are required to attend the Drug Court. Their bail is managed by the Metropolitan Youth Bail Service (MYBS) who are present in Drug Court to discuss the young person’s adherence to their bail conditions. A member of the MYBS team can act as a responsible person to ensure the young person adheres to their bail conditions when a responsible adult cannot be found for the young person. They are responsible for managing bail conditions and reporting whether participants adhere to these conditions to the Court.

State Prosecutor

The State Prosecutor is responsible for representing the interests of the community and public by following the young person’s case through the CCDC program. They consider the charges and the young person’s progress to inform their submissions made at sentencing requests when the young person terminates or graduates from the program. They ensure the interests of the community are met at sentencing.
Legal Aid and Aboriginal Legal Services

Young people in the Children’s Court are generally represented by Legal Aid, the Aboriginal Legal Service (ALS), or a private lawyer acting on a Legal Aid grant during their time in the Drug Court. However, dedicated Legal Aid and ALS lawyers attend the CCDC to represent the young person in place of their lawyers. This is because not all lawyers can be present every fortnight for CCDC sessions. Thus, to ensure the young person has a legal representative, the dedicated Legal Aid lawyers attend each session. Thereafter, they provide relevant feedback to the participant’s lawyer after Court sessions, acting as a conduit between the Court, the young person, and the lawyer. They discuss instructions from the young person, support them through their Drug Court journey and provide explanations on legal implications where necessary. They also make submissions at sentencing to be considered for final sentencing outcomes. Their foremost duty is to their client, the young person.

David waits quietly until he sees some of the boys he met during his time in residential rehabilitation. He greets the boys, asking what they’ve been up to and how they have found the Drug Court so far. He spends some time catching up with the support workers from DAYS that he got to know well. They remind him to keep going and remember what he learnt with them. This makes David worry. Since he has been home from DAYS things have been hard. His brother still smokes cannabis, so do his friends. He finds it hard to say no and it’s worse when he goes out with his friends. He thinks his urinalysis will come back positive for cannabis. He’s not sure what the Magistrate will say.
Participant Criteria

Before a young person can have access to the support and expertise of the Drug Court stakeholders, they must meet certain criteria. The young person must admit to problematic drug use (as assessed by CATS officers) that is linked to their offending; they must admit guilt to all, or most, charges they are in Court for; and they must volunteer or agree to participate in the program after hearing the requirements, conditions and consequences. It is also preferable that the young person has suitable support outside of Court like a parent or guardian (Department of the Attorney General, 2012), but it is not an exclusion criteria if they do not. Additionally, the young person could be facing serious charges that would result in spending time in detention if they did not participate in the Drug Court. However, the CCDC Magistrate is keen to make the program available to all those who ask for help:

*I take anyone. I am really keen if I get an old participant back who has fallen off the wagon. I really want them to get back up on the wagon!... I think, as I say, anyone who puts their hand up and says, “I need some help”, they are my participant.*

(CCDC Magistrate)

There are potential exclusion criteria that come into play if the young person has committed a sexual offence. The reason for this is that CCDC has a residential rehabilitation component through DAYS; therefore, the risks associated with placing a young person with sexual offences in that environment limit the likelihood of their inclusion, as outlined by the DAYS representative:

*Probably the one where we wouldn’t deem somebody [suitable for DAYS residential detox] is if there’s sexual charges. That’s just because of the nature of our co-ed, we’ve got boys and girls and transgender kids in there and it’s just ... we just need to*
be really careful. [I’m] not saying we wouldn’t take someone in that has sexual charges, but we just slow it down a little bit. (DAYS)

It is a consideration that is addressed on an individual basis but the general consensus among staff is that it is best not to accept young sex offenders on to the program, given the risks associated with their residential rehabilitation. Serious mental illness, like schizophrenia, is another reason for exclusion. This is because young people with co-morbid mental health issues and drug issues can be “difficult to manage” (DAYS) and find adhering to the intense Court requirements problematic. The pressures of the CCDC could also exacerbate either or both issues. This particular exclusion criterion is possibly at odds with the therapeutic basis of the CCDC but has been noted as a criticism of solution-focused Courts (Bartels, 2009; King et al., 2014). The assessments conducted by the CATS officers are where the young person’s suitability for CCDC is assessed. This is then conveyed back to the Drug Court team for consideration.

Process

A referral is the first step in Drug Court. Perth’s CCDC participants can be referred by their lawyer or by a Magistrate for assessment to ascertain whether they are suitable to participate in the program. Participants are also able to self-refer but this is rare due to the lack of knowledge about the CCDC (Gately et al., 2018). After a referral is made, CATS officers contact the young person to arrange an assessment. Before the assessment, however, the officers detail the program requirements to the young person, as one commented: “The intensity of the program isn’t lost on me. Like, it is full-on. It is a huge commitment.” They argue “That’s why it’s so important to me that everything is quite upfront about what the program is about, what’s required, what’s expected, consequences, all of those things.” The
young person can then agree to participate or not. If they agree to the conditions, the CATS officers begin the assessment using a standardised interview schedule.

The schedule runs through the young person’s current youth justice supervision and bail conditions. The young person is also asked about their previous or current drug treatment and whether they are on any medication. Following this, demographic information is collected on their age, relationship, and employment statuses and so forth. The next set of questions relate to the type and frequency of drug use. The schedule also asks the young person about their offending history, home situation and peer circle. Readiness to change is also considered at the end of the interview. Following the interview, the CATS officer compiles a report where they recommend the young person for the CCDC, or not. The report is discussed in the staff meeting before Drug Court sessions where the final decision is made. Input from staff can influence whether a young person is accepted, so opinions are listened to and contribute to the CCDC Magistrate’s final decision.

Once accepted into the CCDC, bail is transferred to the CCDC with the conditions attached. Participants are required to reside where directed (usually at the home of a caregiver); “check-in” with MYBS every Monday, Wednesday and Friday; attend urinalysis three times a week; comply with the 7 pm to 7 am curfew; attend Court fortnightly or as directed and engage in drug counselling or treatment which usually includes detoxification or residential rehabilitation. The participant will attend an initial detoxification program in a residential or community-based rehabilitation centre for up to 12 weeks when space becomes available. The lack of space can result in a delay between CCDC acceptance into the program and treatment beginning, which can be difficult for young people remanded in detention. Young people who are deemed to need residential rehabilitation can sometimes remain in detention until a bed in the rehabilitation centre becomes available.
Fortnightly Court sessions are held, where adherence to the Court requirements is discussed with the young person. CATS officers liaise with the young person, their family counselling services, DAYS, urinalysis service providers and MYBS, where applicable, to check how the young person is progressing and their compliance with requirements. These findings are then reported back to the Drug Court team. Urinalysis results are indicative of the young person’s current drug use and levels of use. These are reviewed at every meeting by the CCDC team. The young person is told during each session, where the results are available, what the urinalysis results are. The CCDC Magistrate will talk to the young person about the results and their behaviour, then praise or admonish them accordingly:

*I like to talk to them about the positives, the negatives, what they are going to be doing for the next fortnight, how they’ve gone, what’s working, what’s not... If they’re not doing so well I will be able to talk about that too. I don’t think you should shy away from any of the issues. I think you should have a conversation with the child.* (CCDC Magistrate)

The sessions are used as a “check-in” to see how the young person looks and feels. The CCDC Magistrate and participant sit adjacent to one another with other staff around the table quietly watching the interactions. The young person has the opportunity to discuss any plans, achievements or issues with the team. The CCDC Magistrate is more involved than in traditional Children’s Court processes and can discuss factors outside of legal matters on their case (Mericle et al., 2013). Once the CCDC Magistrate has spoken with the young person, she goes around the table and asks each staff member if they have anything to add:

*I invite first of all the lawyer for the child to have a conversation, make a comment or say something if they would like to. Sometimes they say “yep, everything’s going well, keep going well” and it’s often really nice because they’re really positive comments coming out to the child which might not be what they would be hearing in an ordinary*
Courtroom situation. I then invite the prosecutor to make a comment if they would like to. I invite the CATS officers to make a comment if they would like to about whichever participant it is...

Drug Court meetings are kept short with the young person. The CCDC Magistrate explains: “You don’t want to have a long conversation because kids don’t want to speak to you for a long period of time so I think it’s really important to make the message short, sharp and sweet.” Therefore, the young person is typically in their Court session no longer than 10 minutes, depending on the topics that need to be discussed. When there is a serious issue, for example, if a young person has reoffended while on Drug Court bail, they present in the formal Court so that their session can be transcribed and kept on record. More detail on the Court settings will be discussed at the end of this chapter.

Participants who complete the CCDC program have this success considered as a mitigating factor when sentencing for the young person’s offence(s) is carried out. As per the Sentencing Act 1995 (WA), mitigating factors reduce the guilt of the offender or decrease the degree to which an offender should be punished, as deemed by the Court. By complying with the requirements of the Drug Court, reducing drug use, and ceasing offending, a graduating offender is granted a lesser sentence to reflect this. Those who do not finish the Drug Court program may have some consideration made for their sentence for the time and/or progression made in the Drug Court. Sentencing takes places in the formal Court where the decision can be transcribed and kept on record.

David sees his CATS officer appear from the other side of the waiting area. They make a beeline for him, making him worry even more about his urinalysis results. Luckily, it is just a quick chat to see how he is and to ask where his mum is as she normally attends every...
session. David thinks it is probably a good thing that she cannot come today to hear the results. David’s name is called by security last at 11:15am. He gets up and walks over to the training room. As he enters, his lawyer and CATS officer smile at him and say hello, easing the knot in his stomach slightly. He takes his seat next to the CCDC Magistrate who also greets him warmly.

Court Settings

There are three venues that the CCDC staff use to facilitate their sessions. The first is the Court library where the team discusses the potential and current Drug Court participants (see Figure 3). This venue is “behind the scenes,” for staff only and members of the public cannot access this area. The room has couches and tables where the staff sit in a circle and talk through the relevant issues for each young person that day. The team discussions focus on the direction for each young person going forward, and any pressing issues and solutions to these before starting Drug Court sessions with participants in the training room.
In the Training Room

The training room is a small room adjacent to the public waiting area in the Perth Children’s Court. The room can only be entered via one door and the CCDC Magistrate, staff and young people use this entrance. The room contains a large boardroom-style table with chairs around it. There are more chairs along the wall for caregivers or other visitors to sit and observe proceedings (see Figure 4). Visitors must be approved by the CCDC Magistrate or the young person. In essence, it is a closed Court. Every Drug Court session is held in this room unless something needs to be transcribed and recorded in Court, for example, if there are changes to the participant’s bail conditions. The training room lacks the formal and imposing grandeur of a formal Court. This translates to the way the young person can interact with the CCDC Magistrate by sitting next to each other. The CCDC Magistrate considers that the training room is beneficial for the young people:

*I actually think that being in the training room is a better environment for the child.*

*It’s more casual, it’s more effective at a direct communication. I certainly think that*
the children prefer that environment because I think that the Courtroom is usually reminiscent of bad experiences and there’s no detention door in the training room so I think that’s a big positive too. (CCDC Magistrate)

These sentiments are echoed by other stakeholders like one of the CATS officers who commented: “kids that go into the training room, I think that they really like that because it is less formal, it’s more of a conversation than being spoken at.” As Figure 4 illustrates it is a relatively relaxed environment, especially when compared to a traditional Courtroom. The CCDC Magistrate, legal aid lawyer, prosecutor, and young people always sit in the same seats. With other staff and parents, positions can rotate depending on the needs of the young person who is in session, as illustrated in Figure 4. Some members excuse themselves from some sessions if they are not required. For example, a non-Aboriginal Drug Court participant would not need an ALS representative, or a child still living with parents or guardians would not need the DoC representative present. Further, in cases where a young person may need to talk to their CATS officer or the LINKS representative, staff members are free to leave at the end of a young person’s session.
**In the Courtroom**

The Courtroom is selected from one of the five available Courtrooms at Perth’s Children’s Court but the CCDC is usually held in Courtroom three. The room contains a secure raised “bench” for the CCDC Magistrate, a semi-circle of chairs around a table facing the CCDC Magistrate and seating in rows at the back of the room for the public. The room is much more formal and imposing than the training room. The same staff attend sessions held in this room, but members of the public may attend. The CCDC Magistrate enters through a
secure door at the back of the Courtroom. The young person, staff and public enter through a
door from the public waiting area. There is also a door to the area of the cells below the Court
from where young people can be transferred to custody. As the Courtroom is used when there
has been an issue, young people can become anxious about attending their session there as
observed by a CATS officer:

*I think the kids that have come to Drug Court a couple of times start to know that and
they start to get quite scared and anxious if they are going into a Courtroom. They
think that something is wrong, they’re in more trouble, are they going into custody?
So they just race to worst-case scenario and they’re quite quick to say “hey, why am I
in the Courtroom?” or “what’s going on?” or whatever. (CATS)*

The detention door, the distance between the young person and CCDC Magistrate and the
formalities contribute to their anxieties. The formalities begin when the CCDC Magistrate
enters the Courtroom, and all occupants must stand. Upon entering and leaving the
Courtroom, it is customary for Court attendees to bow towards the Coat of Arms located
behind the presiding CCDC Magistrate’s chair. When anyone is speaking to the CCDC
Magistrate or the CCDC Magistrate is speaking to them, they must stand. This includes the
young people, who usually stand after a light nudge from their lawyer. During the
proceedings, the CCDC Magistrate is called “Your Honour” and the young person can be
referred to as the defendant. The CCDC Magistrate sits at the bench (a raised section of the
Court) and because of their location talks down towards other people in the Court. There is
also a definite and noticeable barrier between them in the form of the bench (see Figure 5).
David answers that he is “ok” to the CCDC Magistrate’s “how are you?”. The CCDC Magistrate picks up on his nerves saying, “now, we have a dirty urine from you this week, tell me what happened. You were doing so well.” David is thankful that he can explain that he was tempted by his friend’s use in his company and smoked some cannabis. The CCDC Magistrate says that it can be hard to not use it when other people are but if they are his friends, they should probably know it is not fair to use around him. She suggests making this clear to his friend or avoiding the friend while he works through his drug issues. The advice
resonates with David as he thought something similar. He promises to try harder and have clean urinalysis next time he is in Court. The CCDC Magistrate thanks and encourages him then asks each person around the table if they have anything to say. They each say that he has done well before and that they believe he can get back on track with clean urines next session. David feels like they genuinely care and want him to do well. He resolves to do so and succeed. He thanks the CCDC Magistrate for her time and is told to return in two weeks. David leaves the training room and heads out the front doors.

Principles of Therapeutic Jurisprudence Incorporated in the CCDC

The principles of TJ that the CCDC has incorporated are outlined here and are organised using the tripartite framework for the use of TJ in criminal law (summarised in Table 7). In the legal landscape component, the CCDC makes use of provisions in the Young Offenders Act 1994 (WA) and the Sentencing Act 1995 (WA) to allow for sentences to be deferred so that rehabilitation can take place. Graduation from and time in the CCDC are also used as mitigating factors in sentencing. In the treatment and services component, the CCDC involves community-based treatment and service providers in decision making and to meet the treatment needs of participants. The practices and techniques elements include the focus on relationship building between the CCDC Magistrate, the staff, and the participant to promote understanding and wellbeing. The CCDC team collaborate to assess, monitor and treat the individual, which includes collaborative decision making. The use of the training room is also therapeutic and allows for the proximity of the CCDC Magistrate and staff to the young person to encourage more relaxed discussions. How these components have been incorporated are discussed throughout the findings chapters and are discussed further in Chapter 9, the Overall Findings and Conclusions.
Table 7

*TJ Incorporated by the CCDC by Tripartite Framework Component*

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<tr>
<th>Component</th>
<th>Focus</th>
<th>CCDC TJ Incorporation</th>
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<td>The legal landscape</td>
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<td>• Sentencing flexibility in <em>Young Offenders Act 1994 (WA)</em> where CCDC completion can be used as a mitigating factor.</td>
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<td>Treatment and services</td>
<td>The availability and use of treatment and services</td>
<td>• Treatment services such as DAYS, LINKS, available and utilised by CCDC staff for CCDC participants.</td>
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<td>• Treatment provided on a needs basis for each participant.</td>
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<td>• Magistrate/participant relationship building.</td>
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**Chapter Summary**

The CCDC is a complex Court with many working parts and processes. The history of the Drug Court highlights the understanding of the need for individualised judicially monitored treatment for young people with drug problems in Perth. The CCDC’s aims embody the idea of a comprehensive service catering for more than just the offending side of drug use, a key component of a solution-focused Court. This carries onto the process of the CCDC where each young person referred is treated as an individual, from assessment to treatment to management to sentencing. The CCDC team assesses, works with, and sentences the participants as individuals, considering their circumstances to develop a treatment plan that will, hopefully, be successful for the young person. The options for different Court
settings allow for the formalities of a regular Courtroom to be removed, promoting a more relaxed experience for the participant. These components, the processes, the people, all fit together to create a therapeutic Court working towards the best interests of the child. Thus, the CCDC incorporates the principles of TJ in its functioning. These were exemplified in the legislation guiding the Court, the treatment services engaged, and the relationships fostered by staff.

From this chapter, it is evident that the CCDC focuses on the young person and provides them with treatment that promotes abstinence and addresses circumstances that affect their involvement in drugs and crime. The current chapter provided an overview of how the CCDC does this, which gives context to the findings chapters where CCDC actors experiences are explored to ascertain ways to enhance their CCDC outcomes. The following chapter explores the experiences of the young people engaged in the CCDC at the time of data collection. Their experiences emphasise much of what is already known about young offenders who use drugs but their insights into participation in the CCDC are novel. The findings explore their decision making, interactions with Court staff and the maturation of those who were nearing the end of their time in the CCDC.
Chapter 6: Experiences of Young People

Disadvantage, drugs, and dreams.

Introduction

The former chapter outlined the aims, processes, staff roles and participant criteria of the CCDC. The CCDC was developed to help young people with drug problems who committed crime(s). It aimed to reduce their drug use and involvement in criminal activities to improve their wellbeing and community relationships. TJ informed the Court and was demonstrated in aspects of the Court such as sentencing flexibility, access to treatment services and participant/CCDC Magistrate interactions. The current chapter moves onto the experiences of CCDC actors. It examines the experiences of the young people engaged in the CCDC to answer part of research question two to ascertain the unique backgrounds of CCDC participants and their view of the CCDC and its effect on their wellbeing. Firstly, a literature review examines adolescent development, Moffitt’s Dual Taxonomy of Offending and her snare hypothesis, a summary of trauma and peer influence on drug use and offending, young people’s motivations for drug use and offending, and the literature on the experiences of Drug Court participants. This is to provide context for the findings in this chapter.

Next, a summary of the sample is presented to identify the individual’s data used in the chapter. From here, I describe my reflections on the analysis process to explain my process of working with these data. Finally, the findings and interpretations of the participant data are outlined. The interviews focussed on their experiences of the CCDC but did touch upon the young people’s demographics, background, past and current drug use and offending. Findings highlighted the young people’s experiences, which were informed by their backgrounds, motivations, staff interactions, obstacles faced and their goals and outcomes at the end of the CCDC.
Literature Review

Adolescent Development

Adolescence is a period of change when young people experience rapid biological, social and psychological development (Alfredsson et al., 2018; Christie & Viner, 2005; Maciejewski et al., 2015; Steinberg, 2016). Several approaches have been taken to summarise the development of adolescence but for this section, a brief overview will be provided. This is to show the stage-of-life of participants in this study and provides context for their behaviours. Biological changes in adolescence encompass puberty and sexual development, which can affect identity formation (Christie & Viner, 2005; Monahan et al., 2009). Socially, young people begin to strive for and gain some independence but still rely on their parents or guardians in aspects of their lives (Christie & Viner, 2005; Maciejewski et al., 2015; Steinberg, 2016). Relationships change from being family-focussed to romantic and peer-focussed (Maciejewski et al., 2015). During this time, young people also experience a shift from concrete thinking to abstract thinking. As young people age, they become more capable of thinking hypothetically and can assess the future more easily (Christie & Viner, 2005). These biological, social, and psychological changes can affect their behaviour (Steinberg, 2016).

Behavioural changes including moodiness and withdrawal are synonymous with adolescence (Maciejewski et al., 2015). In particular, mood variability, defined as regular and extreme changes in mood, is characteristic of teenage behaviour (Maciejewski et al., 2015). Mood variability in adolescence is caused by changes in brain development, relationships and how social worlds are constructed (Conger et al., 1994; Maciejewski et al., 2015). Adolescent emotions are tested by new life experiences including increased parental conflict, first romantic relationships, and perceived negative experiences (Conger et al., 1994; De Goede et
al., 2009; Flook, 2011; Maciejewski et al., 2015). The period of change for young people can result in an exploration of negative behaviours such as experimentation with drugs and offending behaviours (Boutwell et al., 2013; Jongenelis et al., 2019).

**Risk Factors of Drug Use and Offending Among Young People**

**Trauma and Adverse Life Events.** Literature focussing on the risk factors for drug use among young people is extensive but was not the focus of this study. Therefore, a snapshot of literature related to traumatic life events and their impact on offending and drug use among young people will be presented. The term trauma is inherently linked to diagnoses of Post-Traumatic Stress Disorder (PTSD), but this limits examination of the nuances of traumatic experiences. Therefore, the term trauma is defined as “a range of experiences that have some lasting impact for the individual” (Paton et al., 2009, p. 45). This definition allows for the discussion of trauma without assessment of participants for PTSD.

In their study of community-based young offenders (n=8), Paton et al. (2009) used semi-structured interviews to ascertain experiences of trauma among the sample. They found that participants had experienced significant levels of violence, both as witnesses and as victims, at home, in the community and during their time in detention. Participants minimised their experiences as normal or “just life” (p. 54), consistent with earlier research (McMackin et al., 1998). The participants’ experiences were noted to contribute to their behavioural problems and offending. In a theoretical review, Hammersley (2011) posited that psychological trauma may trigger intense drug use and persistent or repeated trauma may cause drug dependence. In a later study, Hammersley et al. (2016) examined childhood experiences of adult drug injectors (n=55) to ascertain the presence of trauma. Trauma was reported by nearly all participants. Trauma took the form of traumatic bereavements, continued experiences of violence and sexual victimisation and neglect. Findings revealed
that subsequent drug problems did not develop predictably, and initiation took various forms. These included drug use as a method of coping; use during adolescence that escalated to injecting drugs, and the formation of negative relationships with offenders in late adolescence. Thus, trauma can have long term implications for drug use.

Robertson et al. (2010) examined the traumatic experiences of female young offenders in the US. Participants (n= 305) were interviewed about their trauma, coping mechanisms and family supports. Nested regression modelling revealed that more exposure to traumatic life events led to higher rates of drug use. Higher levels of family problems related to higher use of cannabis. The authors posited that the calming psychopharmacological effects of cannabis suggested that it was used as a way to avoid emotional discomfort during ongoing family turmoil without leaving home (Robertson et al., 2010). Motivations for drug use have been linked to escapism (Gately et al., 2017), and the influences of peers.

Peer Influence on Drug Use and Offending. Susceptibility to peer influence is most common during mid-adolescence (Sumter et al., 2009). Sumter et al. (2009) explored susceptibility to peer influence using the Resistance to Peer Influence scale with a sample of 10-18-year-olds (n= 464). They found that general resistance to peer influence increased during adolescence (from age 10) but decreased during mid-adolescence, increasing again later in adolescence. In another US study, Maxwell (2002) examined the influence of peers on the uptake of cigarette and cannabis smoking, alcohol use, tobacco chewing and first sexual experience. She found that peers influenced the initiation of all drug-using behaviours investigated. Other studies have supported assertions of peer influence on drug use (Dodge et al., 2006; Esiri, 2016; Monahan et al., 2014; Monahan et al., 2009; Van Ryzin et al., 2012; Vitaro et al., 2012). Offending has also been noted as commonly influenced by peers.
Beardslee et al. (2018) investigated parental and peer influence on drug use and offending among a male young adult sample (aged 17-26 years; n=508) collecting data during 10 annual interviews for each participant. Similar to Sumter et al. (2009), they found that during adolescence, participants were more likely to use drugs and offend if their friends did so, particularly if their friends used and offended at high rates. This influence dissipated during young adulthood among non-black participants. The authors in summarising their findings highlighted the socialisation process that takes place during drug initiation and behavioural autonomy as people age (Beardslee et al., 2018). In a meta-analysis of peer influence on offending studies, Gallupe et al. (2019) found support for peer influences on offending. Their findings were consistent with Beardslee et al. (2018) in that those who offended increased the likelihood of their peers offending. Their results also built upon an earlier meta-analysis by Pratt et al. (2010). Therefore, peers can influence the uptake of negative behaviours during adolescence, a time most vulnerable to these changes.

Motivations for Drug Use Among Young People

Adolescence is a time for experimentation, with research documenting consistent self-reported motivations for drug use among adolescents (Blevins et al., 2016; Boys et al., 2001; Gately et al., 2017; Jinez et al., 2009; Soares et al., 2020). In the United Kingdom (UK), Boys et al. (2001) interviewed 364 poly-drug users aged between 16 and 22 years old about functional drug use. The results revealed use was for relaxation (96.7%), intoxication (96.4%), to stay awake while socialising (95.9%), to improve experiences during an activity (88.5%) or to assuage depressed moods (86.8%). More recently in a WA study, Gately et al. (2017) investigated the life experiences of young people attending the Children’s Court in WA. Semi-structured interviews were conducted with 87 young people aged between 11 and 18 years. Of the sample, 68% reported having used drugs in their lifetime. Their motivations for using drugs ranged from pleasure, creating or maintaining social bonds, and relaxing,
particularly to aid with sleeping problems. In a summary of reasons for drugs use among adolescents, Soares et al. (2020) found common motivations included peer motivations (conforming or use in a group) and personal motivations (use for the calming or coping effects and enjoyment).

Quantitative studies have also found similar reasons for drug use among young people. In the US, Blevins et al. (2016) administered the Comprehensive Marijuana Motives Questionnaire to 252 high school-aged students who reported heavy use of cannabis. Multiple regressions revealed that coping was the most common motivation for cannabis use and that this motivation was associated with problems related to cannabis use such as low self-efficacy. The studies discussed so far show that motivators for using drugs such as creating and maintaining social bonds (using with peers, for fun etc.), using as a form of coping or escapism and using for pleasure were consistent across offending and non-offending populations, age groups and geographical locations.

Further consistency can be found in the role of curiosity as a motivator for drug initiation and transitions (Fast et al., 2010; Jinez et al., 2009). Curiosity is often a blanket term used for a sense of wondering about an unusual phenomenon leading to a desire to experience or learn more about it (Racz, 2008). Fast et al. (2010) used semi-structured interviews to investigate the reports of drug use evolution from 38 young Canadians aged between 14 and 26. Nearly a third of the sample identified as Aboriginal. They found that the interviewees characterised their transitions (trying new drugs and trying intravenous use) as driven by spontaneous decision making and curiosity. Horyniak et al. (2015) also found that curiosity was the most common motivator for Melbourne methamphetamine and heroin users (n=688) to try injecting the drugs for the first time. These findings were confirmed in other drug injection initiation literature (Goldsamt et al., 2010; Guise et al., 2017; Roy et al., 2002; Witteveen et al., 2006).
These studies highlight consistency in motivations to use drugs among young people. During this time of testing boundaries, developing identities and searching for independence, drug use is appealing. Moffitt (2006) argued that it occurs at this time to address a perceived maturity gap. For example, drinking alcohol under age allows young people to test boundaries, experiment and assert their independence by undertaking an adult activity. Therefore, the intersection of adolescence and the initiation of drug use is arguably inevitable (Boutwell et al., 2013). The danger with drug use at this age is the risk of ensnarement in continued drug use and offending behaviour (Boutwell et al., 2013; Higgins et al., 2010; Hussong et al., 2004; McGee et al., 2015; Moffitt, 1993, 2006; Odgers et al., 2008).

**Developmental Criminology**

Thus far, some risk factors for offending have been explored but developmental criminology looks wider. Developmental criminologists have attempted to explain offending “by focusing on the causes and correlates of persistence, desistance, escalation, and specialisation of offending” over time (Craig et al., 2015, p. 142). From this perspective, it is maintained that individual factors, family, and environment may influence the likelihood of persistent life course offending. The most prominent of developmental criminology theories is Moffitt’s Life Course Persistent and Adolescence Limited Taxonomy. Moffitt (1993) posited that these two groups are distinct and, as such, differences in the individual, their family, and environment may be conducive to future offending patterns. This taxonomy also highlights the importance of addressing “snares” to crime, such as drug use, early on, which is aligned with the aims of the CCDC.

**Life-Course Persistent Offenders.** Moffitt (1993) posited that Life Course Persistent (LCP) offenders’ antisocial behaviour begins as a child, progressively worsening through adolescence and continuing into adulthood; this typology is rare and pathological (Moffitt et
al., 2002). Characteristically, LCP offenders display “difficult behaviours” and show signs of neuropsychological deficits or hyperactivity that are persistent and progressive, for example, those diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) (Moffitt et al., 2002, p. 180). They are put at further risk of becoming an LCP offender if they live in a high-risk home environment. Moffitt (1993) described a high-risk home environment as having elements of poor parenting and/or family relationships, and/or having a low socio-economic status. Divorce and breakdown of family relationships have been found to negatively affect a young person’s likelihood to offend and use drugs (Burt et al., 2008; D’Onofrio et al., 2007). An accumulation of traits such as antisocial personality traits, drug use, a lack of education and so forth are said to trap the individual in persistent life course offending (Craig et al., 2015; Farrington, 2003; Moffitt, 1993). The compounding effect of these factors ensnares the individual in long term criminal lifestyles.

**Adolescence Limited Offenders.** Moffitt (1993) constructed a second category of an offending type referred to as Adolescence Limited (AL) offenders. These offenders display antisocial behaviour in early adolescence, which escalates rapidly but ceases when they reach young adulthood; this typology is regarded as normative (Moffitt, 1993). Moffitt et al. (2002) asserted that offending beginning in puberty is a result of frustration at the “maturity gap” whereby, biologically and psychologically, the individual is maturing, but they do not have access to “mature privileges” (Moffitt et al., 2002, p. 180). Thus, AL offenders commit a crime to acquire privileges. Without access to a job or funds to buy goods, they resort to stealing them. When AL offenders mature and find work, they stop offending. Moffitt (1993) explained that they can stop offending as they do not develop neuropsychological deficits or become entrenched in antisocial behaviour as LCP offenders do (Farrington, 2003). Drug use, however, complicates an individual’s capacity to stop offending and can act as a snare, or trap in offending, preventing them from moving on from this behaviour.
Snares. Moffitt (1993) posited that snares such as antisocial behaviour, drug use or involvement in the CJS might prolong AL offenders’ criminal behaviour. A snare in this instance is defined as a trap that prevents an individual from moving on from antisocial or offending behaviour (Moffitt et al., 2002). Drug use is a snare that can result in prolonged involvement in such behaviours. Drugs are costly and turning to acquisitive crime to fund a drug use habit is common. Further, drugs producing psychopharmacological effects, such as lowering inhibitions, can lead to offending, confirming Moffitt’s snares hypothesis (Craig et al., 2015; Goldstein, 1985). Snares can affect both AL and LCP offenders, but Moffitt and Caspi (2001) conceded that LCP offenders still have higher rates of offending, given their existing neuropsychological deficiencies and compounding high-risk home environment factors. The snares hypothesis component has not been as widely tested as the LCP and AL taxonomy (Craig et al., 2015; Moffitt, 2006), however, the limited studies support it.

Moffitt’s (1993) snares hypothesis has the support of studies focusing on drug use (Craig et al., 2015; Higgins et al., 2010; Hussong et al., 2004; McGee et al., 2015; Moffitt et al., 2002). Most studies have used longitudinal data to test the snares hypothesis to demonstrate the effects of adolescent drug use on adult offending (Craig et al., 2015; Higgins et al., 2010; Hussong et al., 2004; Reyes et al., 2011; Wiesner et al., 2005). However, the literature generally divides into two streams: studies that focus on specific drugs (most commonly alcohol) and studies that focus on general drug use.

Large, longitudinal data sets have been used to test the hypothesis in the UK. A study on alcohol use among young people used data from the Cambridge Delinquent Development study. Craig et al. (2015) conducted a study to test Moffitt’s (1993) hypothesis that some AL offenders may become ensnared in crime as a result of antisocial behaviour, focusing on heavy alcohol consumption (40 units or more per week) at age 18. The English study followed predominantly white males (n = 411) from working-class London since 1953.
Participants were interviewed on a range of topics, including alcohol use, at varying stages of their life until age 48 years. In the initial stages of the project, interviews were carried out with participants’ parents, and teachers to ascertain their family background, behaviour, and school attainment. From the age of 10 (the age of criminal responsibility in England), criminal records were accessed until the age of 53 to supplement self-report data. Results supported Moffitt’s snare hypothesis, revealing that AL offenders who engaged in heavy drinking at age 18 were more likely to be convicted in early adulthood than those who did not. Further, they found that LCP offenders who drank alcohol heavily at 18 had a higher number of convictions than AL offenders in the sample. These findings again were consistent with Moffitt’s hypotheses.

US studies have also shown support for the snare hypothesis. Reyes et al. (2011, p. 239) sought to examine the role of heavy alcohol use in “physical dating aggression” in high school students. In this study, heavy alcohol use is defined by the number of times in the last three months that students had had 3 or 4 drinks consecutively, been drunk or hungover with higher figures indicating heavy alcohol use. The sample consisted of high school students aged 12-19 years old with surveys conducted every six months for three rounds then a year later for the fourth and final round. Surveys were conducted in school time with a parent’s consent and the young person’s assent as prerequisites for participation. Results revealed that if a teenager drank alcohol heavily, the likely result was continued aggression towards a partner compared to those who did not drink alcohol heavily, findings consistent with Craig et al. (2015) and Higgins et al. (2010).

Higgins et al. (2010) conducted a study to test the relationship between alcohol use and desistence from crime in young adulthood. The sample consisted of 16-22-year-old African Americans (n=283). Again, these data used were from part of a larger scale longitudinal study, the National Longitudinal Survey of Youth in America, over seven years
(1997-2003). Results were consistent with Craig et al. (2015) findings as it was found that frequent alcohol use (measured by days of use in the last 30 days) between the ages of 16 and 22 led to slower desistance from crime. However, Higgins et al. (2010) findings highlight a limitation of Craig et al. (2015) and Reyes et al. (2011) results where participants were asked only about their alcohol use at age 18 (the legal drinking age in England) and assessed when they finished high school respectively. Therefore, these data are limited as any earlier alcohol consumption and its long-term effects on offending could not be assessed. Further, by ceasing data collection when participants are aged 19, their aggression towards their partners could not be ascertained by Reyes et al. (2011). These shortcomings limit the support for Moffitt’s snare hypothesis as although these studies’ findings suggest alcohol inhibits desistance from crime, whether this is true later in life cannot be determined.

As Higgins et al. (2010) examined participants up to age 22, the study is not without limitations. The sample in Higgins et al. (2010) was solely African American so the generalisability of findings is problematic. Similar conclusions are true for Craig et al. (2015) where the sample was predominately white males, which again affects the capacity to generalise these findings to other ethnicities and females. Despite these limitations, support for the snares hypothesis highlights the effects drug use may have on the likelihood of offending in young adulthood. Thus, support for the snares hypothesis has been found when looking at the effects of alcohol use on offending. As such, addressing drug use in interventions such as the CCDC is required to attempt to prevent prolonged AL offending and higher rates of LCP offending.

Studies that looked more generally at drug use when testing the snares hypothesis also supported it. Hussong et al. (2004) tested two hypotheses in their study: that drug abuse was a snare to crime resulting in individual, time-specific increases in offending relative to their offending trajectory and that early adolescent drug abuse resulted in a slower desistance in an
individual’s overall offending relative to the general population. The study defined drug abuse as alcohol and cannabis use, as defined by symptoms in the Diagnostic Interview Schedule (DIS III R) which was administered to participants as part of the Dunedin (New Zealand) Multidisciplinary Health and Development Study. The study utilised interview data from 461 male participants at the age of 18, 21 and 26. They found support for both hypotheses. For the snares hypothesis, they found that those who had drug abuse issues at an early age showed increased levels of offending, higher than those expected for their individual trajectories. For the launch hypothesis, they found that individuals with elevated drug abuse at the end of adolescence had higher rates of antisocial behaviour than those with lower drug abuse (Hussong et al., 2004).

In another Dunedin study, Odgers et al. (2008) sought to find whether early exposure to drugs affected the individual negatively. The sample comprised 954 males and females who had all been included in the Dunedin study since birth. Results revealed that participants who used drugs under the age of 15 were more likely to suffer negative life outcomes such as contracting a sexually transmitted disease, drug dependence and criminal convictions. Similarly, Stoolmiller and Blechman (2005) conducted a study to determine how well drug use can predict adolescent reoffending. The sample consisted of 505, predominantly male (74%, n=374) young offenders who had been charged with at least one offence before their recruitment. The authors found that the young people’s drug use was a robust predictor of reoffending after controlling for previous antisocial behaviour, gender, age and ethnicity (Stoolmiller & Blechman, 2005). Collectively, these studies highlight that drug use may negatively affect the likelihood of an individual continuing antisocial behaviour.

Moffitt (1993) argued that the maturity gap plays a role in AL offenders’ decisions to use drugs. Adolescents crave autonomy and engagement in adult behaviour. Drinking alcohol is an appealing avenue to gain this and address the perceived maturity gap (Craig et al., 2015;
Reyes et al., 2011). However, in early adulthood, an individual may find stopping drug use problematic. Craig et al. (2015) found this could be because of the development of drug dependence or because of being caught in another snare because of their earlier drug use. The snares result in the individual being less able to adopt a prosocial life upon reaching social maturity. Further, Sampson and Laub (1993) found that engagement in drug use negatively affects key social bonds such as employment and relationships which are linked with desistance. Therefore, addressing drug use early is necessary to ensure individuals lead prosocial lives.

**Participant Experiences of Drug Court**

Drug Courts are an attempt to interrupt offending and drug use cycles. Drug Courts have been researched widely but few have examined the experiences of Drug Court participants (Wolfer, 2006). Furthermore, research on the experiences of young people in the YJS is scant (Pealer et al., 2017), with even less for those in or who have graduated from youth Drug Court programs. By limiting research to employees and the public, important data from those who experience programs and systems are missed, limiting the meaningfulness of improvements or recommendations made based on research. In essence, informed changes cannot be made without talking to the young people involved (Schubert et al., 2012). Given the limited literature available, research on the experiences of youth and adult Drug Court participants will be discussed here. The studies canvass a broad range of issues, each of which will be discussed thematically, with relevant studies in each section. Therefore, some studies may appear in more than one section.

**Motivations.** Drug Court participants’ motivations to begin and remain in the drug-Court program have been explored. In a study of adult Drug Court alumni (n=33), Hobson (2018) examined whether demographics, intrinsic or extrinsic motivation affected the length
of time spent in the program. She found no significant differences in between intrinsic, extrinsic or demographic factors and participants length in the program. However, during a focus group with seven alumni, it was determined that participants were motivated by both external (e.g. wishing to address drug use for family) and internal actors (e.g. being tired of going to jail for drug-related charges). This study highlights the need for qualitative research to understand the nuances of participant experiences. Drug Courts in some jurisdictions do collect some qualitative data through exit interviews where participants’ experiences can be assessed upon graduation but it is not standard practice in all Drug Courts or justice programs (Miller et al., 2020).

Some research has been conducted with exit interviews to ascertain graduates’ thoughts about their time in Drug Court. Contrino et al. (2016) examined exit surveys from 600 adult Drug Court graduates in New York, US to ascertain their motivation to participate in and continue with Drug Court. They found that avoiding prison was the main motivator for participants to participate in Drug Court; more so than social, family, health and employment motivators. Witkin and Hays (2019) also found during interviews with rural Drug Court participants (n=15) that avoiding prison was a motivator, whereas Liang et al. (2016) found that it was a motivation to continue, not participate, in Drug Court as expressed in participant letters to a Drug Court Judge (n=229). As drug courts can involve involuntary or statutory participants, motivation can vary depending on the individual but can limit the likelihood of intrinsic motivation (Turner, 2010, 2011).

The theme of avoiding prison is understandable given research outlining the difficulties faced by incarcerated adolescents (Ashkar & Kenny, 2008). To ascertain the experiences of incarcerated adolescents, Ashkar and Kenny (2008) interviewed 16 males in a maximum security facility. Participants’ experiences were wholly negative with reports of bullying, staff antagonism, inadequate or lacking service provision (including rehabilitation),
and an overall sense of loss. This has also been found in research with adult males (Williams et al., 2013). As such, for those provided with the option of participating in Drug Court, many choose this path over detention.

**Challenges.** In a unique study, Liang et al. (2016) examined letters to the judiciary from adult Drug Court participants (n=229) to explore their themes to build a conceptual model for Drug Courts. Themes indicated the difficulty of disrupting old behaviours, integrating, and promoting new, prosocial behaviours during and after Drug Court. More specific to Court challenges, participants in the Wolfer (2006) study felt there was inequity in the way some staff dealt with Drug Court participants because programs were individualised (Wolfer, 2006), this was also found in an evaluation of the NSW Youth Drug Court (Eardley et al., 2004). This finding was contradicted in Witkin and Hays (2019) where participants felt that programs could be more individualised and found blanket sanctions unfair. Practical challenges have also been reported. Wolfer (2006) reported that participants felt that staff were inconsiderate of the participants’ time, and criticised long waiting times for Court-related appearances and appointments. The issues of waiting times and appointment demands were also raised by participants in Witkin and Hays (2019). Participants felt that Drug Court demanded a lot of time, particularly in the early stages with numerous appointments and long waiting times for Court appearances.

**Staff Interactions.** Staff interactions, particularly with the presiding Judge or Magistrate, are a key factor in the successful abstinence from drug use and offending after graduation (Goldkamp et al., 2001; Jones & Kemp, 2014). It is important that participants feel that someone in authority cares for them (Witkin & Hays, 2019). In a recent study, rural adult Drug Court graduates (n=8) in the US were interviewed about their Drug Court experiences. The graduates described the fairness, respect, and approachability of the Judge. They also commented on the value of the support of therapeutic workers (Schrubbe, 2019).
Overall, participants felt that the support and camaraderie of the Drug Court team was a positive factor during their time in the Drug Court. Witkin and Hays (2019) reported respectful feedback from the participants about their Drug Court Judge. Participants noted that Judges were attentive, fair, and knowledgeable. Participants also reported that the Judges seemed to want the participants to succeed. Similar sentiments were found in other studies (Hueston & Burke, 2016; McIvor, 2009).

**Outcomes.** Adult Drug Court participants have consistently reported positive life changes attributed to their involvement in the Drug Court as a reason for continuing in the Court (Contrino et al., 2016; Liang et al., 2016; Schrubbe, 2019; Witkin & Hays, 2019). Schrubbe (2019) found that participants reported that their life was negative before attending the Drug Court with reports of “tumultuous” and “crazy” lives (p. 62). After attending the Drug Court, participants reported a better quality of life through improved health and relationships, highlighting the positive impact of the Drug Court on participants’ lives. All participants (n=15) in Witkin and Hays (2019) study reported that their lives had improved during their time participating in the Drug Court, with health and relationship improvements noted as key indicators of this.

**Literature Summary**

Adolescence is a time of change, transition, and experimentation, which can result in engagement in anti-social behaviours. When trauma is experienced at this time, it can have a compounding effect and increase the likelihood of drug use and offending. Trauma was found to be commonplace among young offenders and contributed to drug use as a form of coping. Peer influence on drug use and offending has also been well-established, with an individual’s drug use and offending increasing the likelihood of both behaviours on peers.
Young people are motivated for a range of reasons to use drugs. Research has been consistent in its findings that peers can influence the initiation of drug use as can curiosity. Continued drug use can be functional for young people as a coping mechanism, to maintain social connections or for pleasure. Although these motivations suggest adolescent experimentation, drug use can ensnare people in criminal behaviour. Moffitt’s taxonomy posited that LCP offenders are caused by unfavourable biological and environmental factors; whereas AL offenders are those frustrated at a maturity gap before they reach social maturity. However, drug use can ensnare both AL and LCP offenders into a life of crime, and interrupt desistance from antisocial and criminal behaviours. Moreover, studies suggested preventative efforts or intervention for drug use can deter individuals from ongoing criminal careers.

Drug Courts are a method of addressing ensnarement in crime. Participant experiences of Drug Courts revealed that the motivation to take part is a way to avoid incarceration. Adverse experiences in prison fuelled a desire to avoid future incarceration. Drug Court challenges included disrupting old behaviours and practical challenges such as time demands and travel. Despite hardships, participants reported generally good relationships with staff, noting that Judges were approachable and attentive. Outcomes were positive with reports of improved interpersonal relationships and health among participants, which motivated them to complete the Drug Court program. Most of the literature focuses on the perspectives of adult Drug Court participants. As such, this chapter reveals the experiences of young people engaged in the CCDC and fills a gap in current research to inform practices and processes.

**Reflecting on the Analysis Process**

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Sample Summary

As discussed in the methodology chapter, interviews were conducted with seven male participants of the CCDC. The ages ranged from 16-18 years old (M= 16.6). Just over half were from families where the parents had separated and were no longer cohabiting. As the sample size of this group was small, generalisations and transferability of the data are not possible. Findings are presented with caution to avoid assumptions. Participants did report some similar experiences but, as they were at different stages of the CCDC program, there were some differences in their experiences of the CCDC. The differences can also be attributed to individualised treatment provided by the CCDC team. A summary of parent-child relationships (where relevant), stage of CCDC program and drug used are summarised in Table 8.
Table 8

Participant Sample Summary

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Parent pseudonym</th>
<th>Drug</th>
<th>Stage of CCDC</th>
<th>Trauma</th>
<th>Parents together?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred</td>
<td>16</td>
<td>Rita</td>
<td>Cannabis</td>
<td>Graduation day</td>
<td>Unknown</td>
<td>N</td>
</tr>
<tr>
<td>James</td>
<td>17</td>
<td>Eileen &amp; Charles</td>
<td>Cannabis</td>
<td>4 months</td>
<td>Dad physically abusive</td>
<td>N</td>
</tr>
<tr>
<td>Dean</td>
<td>16</td>
<td>Lily</td>
<td>Cannabis</td>
<td>Session before graduating</td>
<td>Mum with cancer</td>
<td>Y</td>
</tr>
<tr>
<td>Brian</td>
<td>16</td>
<td>n/a</td>
<td>Cannabis</td>
<td>2 months</td>
<td>Unknown</td>
<td>Y</td>
</tr>
<tr>
<td>Angus</td>
<td>16</td>
<td>n/a</td>
<td>Meth</td>
<td>Before 1st session</td>
<td>Mum unwell</td>
<td>Y</td>
</tr>
<tr>
<td>Justin</td>
<td>18</td>
<td>n/a</td>
<td>Cannabis</td>
<td>1 month in; session before graduation</td>
<td>Friend died in motorbike accident</td>
<td>N</td>
</tr>
<tr>
<td>Charlie</td>
<td>17</td>
<td>Kendra</td>
<td>Alcohol</td>
<td>Graduation day</td>
<td>Unknown</td>
<td>N</td>
</tr>
</tbody>
</table>

Findings and Interpretations

This section answers research question two by exploring the experiences of young people engaged in the CCDC. To begin, considerations from Chapter 4 are outlined concerning the interview data collected and analysed. From there, an overview of the young people’s backgrounds canvasses adverse life experiences, drug use and offending. Motivations to start and continue in the CCDC are then examined. Interactions with staff follow this, examining the Court setting and relationships with the CCDC Magistrate and other CCDC staff. Obstacles and challenges faced in the CCDC are outlined. Finally, the
young people’s comments about their future and goals are discussed. The chapter outline is depicted in Figure 6.

**Data Considerations**

As discussed in Chapter 4, one of the limitations of interviewing young people in the CJS is that they tend to have low comprehension and oral competencies (Bryan et al., 2007; Snow & Powell, 2004). This was observed in the responses provided by young people in this study. Responses from young people were generally short, lacking depth and insight. This can be attributed to their age and their unique experiences leading to their contact with the CJS (Bryan et al., 2007; Gregory & Bryan, 2010; Hammersley et al., 2016; Snow & Powell, 2004, 2005; Swain et al., 2020). It is relevant to highlight these issues again here as they affected the analysis of the data. As a result, I have attempted to avoid making assumptions where responses were limited or where questions or information were missed or misunderstood. The participants interviewed also had parents present at Court, which enabled them to participate in the study. Those without a parent or guardian at Court could not be interviewed thus findings cannot be extended to their experiences of the CCDC. Throughout this chapter, a sense of caution has been used to describe the findings.
Background

The CCDC participants were asked for background information at the beginning of their interviews to build rapport and discuss their life before attending the CCDC and ultimately, what led them to become involved in the program. To begin, I asked the young people “tell me a little bit about yourself”. Responses ranged from not knowing what to say:

What, like my date of birth and my name? (Angus)

Um, like what? [Laughs] (Charlie)

Um... [long pause before probes used] (Dean)

Um, so I’m 16. What do you mean by that? Like, uh, tell me about... (Brian)

To confidently discussing themselves and their life:

Um, I’m 17 and I go to school and I’m in year 12 and I’m doing the VET program, which is a Vocational Educational Training program. I go to TAFE every Friday, I do
work experience every Thursday and, um, I’m studying a certificate three in computer assembly and information, digital media technology. And last year I completed a certificate two in computer assembly and repair. Um, yeah. (James)

Um there’s this [CCDC] and I do a bit of rugby, finished school, did TAFE not long ago, pre-apprenticeship for painting, not doing that at the moment and now I’m just doing Court ‘cos I got caught with drugs and, um, face the consequences for it but because now I’ve turned 18 I might be going to um big boy jail instead of Banksia ‘cos I got caught when I was 17. (Justin)

Well, I like smoking cones, well. Other than that, I like rugby and all that, going down to the beach, which is like my second home, going down to the beach. I like body surfing, just chilling with my mates, like, just like kicking back, just... not anything else, just kicking back with my mates. (Fred)

Participants were also asked about their family. Many reported dysfunction. Family conflict and turmoil were common among this group. This was noted between one participant and his parent:

Oh, me and my dad were in a fight and he is getting me charged with aggravated assault and criminal damage. Um, yeah, the fight started because he started pushing me and I pushed him back it just escalated from there. (James)

James also spoke briefly of the violence his father perpetrated against his mother and brother. It was also noted between Brian and his sibling:

Oh, just me and my brother had a bit of an argument and, um, he got, um, injured [by me]. (Brian)
The data revealed that most participants had siblings, both older and younger and all were living with at least one parent at the time of the interview. Familial conflict was also present between parents, with over half of participants reporting that their parents had separated or divorced. Research has shown that family dysfunction and divorce can be a factor or catalyst in youth offending and drug use (Burt et al., 2008; D'Onofrio et al., 2007). As such, family dynamics shared by the young people highlighted a link to known contributors to offending in adolescence.

**Trauma.** Over half of the participants commented on at least one incident of what could be considered a traumatic life event. Two young people had mothers who had been or were gravely ill:

*I want to look after my mum. She’s a really sick lady, yeah. I need to be there for her, yeah. (Angus)*

Dean did not discuss his mother’s illness but in her interview with me, his mother, Lily, disclosed that her diagnosis with breast cancer and subsequent treatment coincided with the time Dean began using cannabis.

Justin experienced the sudden death of a friend:

*[I got cannabis] From a mate but he’s dead now. Yeah, he got, um, he was riding a motorbike and, um, he was going downhill, and it had no brakes and, um, he hit a car... And, yeah, he died. (Justin)*

James had witnessed, and experienced violence perpetrated by his father before his parents’ divorce:
... There was violence, like dad was committing acts of violence on my other brother... Um, well there was a time where he [father] slapped me, like, really hard across the face. (James)

Traumatic or adverse life experiences are another factor known to increase the likelihood of offending and drug use in adolescence (Greenwald, 2002; Paton et al., 2009; Robertson et al., 2010). Trauma is experienced on an individual level. Therefore, what is traumatic for one young person may not be for another (Paton et al., 2009). Examples range from physical abuse, personally experiencing a life-endangering event, witnessing another go through abuse, parental separation and so forth.

Trauma was an incidental finding in this cohort who shared these events in a blasé way. The participants did not seem to recognise them as traumatic events but rather just another aspect of their life that they dealt with. Participants generally shrugged and commented “it’s alright” or similar when I said I was sorry to hear of the events. This is consistent with Hammersley (2011, p. 270) who stated that trauma in the “extremely bleak” lives of young offenders who use drugs is often normalised. Participants in Paton et al. (2009) also commented on their traumatic experiences as a normal part of life. The adverse life events described by participants, support the research drawing on the link between trauma, offending and drug use (Greenwald, 2002; Hammersley, 2011; Hammersley et al., 2016; Paton et al., 2009; Robertson et al., 2010). The participants in this group were experiencing a compounding of difficult experiences that were likely to lead to both offending and drug use (Burt et al., 2008; Gately et al., 2017; Moffitt, 1993; Moffitt & Caspi, 2001; Robertson et al., 2010).
Drug Use Experiences. Before starting the CCDC program, all young people had used drugs. For all participants, cannabis was the first drug they had tried between the ages of 11 and 14 years. Curiosity emerged as an initial motivator for two participants:

“[Just to] see what it was like” (Justin)

It [cannabis] was something that I wanted to try but I hadn’t tried it. (James)

Curiosity about drug use is a risk factor for actual use (Fast et al., 2010; Goldsamt et al., 2010; Guise et al., 2017; Horyniak et al., 2015; Jinez et al., 2009). Curiosity is often the reason for initiating drug use, which then results in an increased likelihood of future or continued use (Jinez et al., 2009). Although this progression is confirmed in this sample, it is not unexpected because drug use or dependence is an inclusion criterion for CCDC participants. Charlie was reflective during his interview and when asked what made him want to try drugs, he commented:

I don’t know. I guess I thought that I’m different and that I wouldn’t get addicted, that it wouldn’t give me mood swings. And at that point, I’d get into an argument with my mum and I’d go and stay at my dad’s then after a period of time I’d go and stay with my mum. Then a couple of weeks at a time I’d go out and stay out for a week or two. This was like year 10. I’d stay out and not talk to anyone, just go from a friend’s house to a friend’s house and parties. And yeah, I just wanna say: I’m [I was] probably not in the right place. I thought there was nothing better to do so I’d just like try different drugs and do all that. (Charlie)

For other participants, drug use was something that “just happened” when with friends, who were usually older, and while socialising as a group or at school. These participants did not recognise the motivation behind their first use:
I was just smoking ciggies. I didn't even know what cones were. Then my mate kind of just like chucked me this bottle [a homemade bong]. He had just packed something into it and, like, I didn't know what the hell it was and he was like “suck through this” and I was like “yeah, alright” ... I started coughing my hole and I liked the feeling I started to like the feeling. I thought “yeah, alright. This is actually alright” and, yeah, so ever since then I just started smoking [cannabis]. (Fred)

I dunno, one of my mates gave me a cone and I just felt weird as. I liked it, I liked that feeling and that’s what made me keep smoking. (Dean)

Well, he just, um, he just offered me a cone, so I had one and that’s when I just couldn’t stop, so yeah. (Brian)

I was hanging about with one of my older mates then he introduced me to speed. And he was like “I want to try it out” so I tried it out and I just started doing like all bad stuff. Doing like all crime and that. (Angus)

From these examples, it is evident that peers influenced or encouraged the young people interviewed to try drugs for the first time. This is consistent with the literature that explained peers often influence drug initiation (Beardslee et al., 2018; Dodge et al., 2006; Esiri, 2016; Maxwell, 2002; Monahan et al., 2014; Monahan et al., 2009; Van Ryzin et al., 2012; Vitaro et al., 2012). “Just doing it” highlights a lack of insight into their decision making. They were unable to understand or articulate what it was that made them decide to use a drug. However, as noted in the quotations above, once they had used a drug for the first time, they all continued using it.
Drug use went from something that “just happened” to something that participants “just did”; it became part of their routine. Reasons generally aligned with liking the feeling they experienced. This feeling was described concerning cannabis:

- *It was just like not one care in the world. I don’t give a fuck about what people thought you know. It was just like I was in my own little world, yeah.* (Fred)

- *It just put you in your own little world.* (Angus)

- *Makes me feel good and not worry about anything.* (Brian)

- *It just made me feel like I was in a different world... Um, I just like I wanted that feeling and it just like made me want some more.* (Dean)

Other more practical benefits were noted as a motivator for continued cannabis use:

- *It gives you a good sleep.* (James)

- *Then you’d get better sleep too, or I would.* (Angus)

The pleasure derived from drug use described by participants related to the ability of the drug to block out reality. In this sense, drug use had a function: it allowed the young person to avoid unpleasant thoughts, memories, or realities. Drug use was arguably a maladaptive coping mechanism used by participants to self-medicate to avoid traumatic or adverse experiences. Participants did not make this connection but literature has shown support for this hypothesis (Gately et al., 2017; Hammersley et al., 2016; Robertson et al., 2010). Hammersley et al. (2016) also found drug use was a method of avoidant coping for those who had experienced childhood trauma. Robertson et al. (2010) and Gately et al. (2017) reported drug use as a practical method to avoid emotional turmoil and difficulty sleeping, respectively.
**Offending.** The offending discussed by participants was related to their most recent offences, namely why they were in Court. The participants cited a range of offences including criminal damage by fire, theft of a motor vehicle, burglary, assault offences, and one instance of MDMA possession with intent to sell or supply. Most participants had more than one charge and were likely to spend time in detention because of the severity of their offending. These offences are consistent with Australian statistics on the most common offences committed by 10-18-year-olds (Australian Bureau of Statistics, 2017). The offences also align with the participant criteria set out by the CCDC (see Chapter 5).

Participants were asked about their perceived links between their drug use and offending. Four participants disclosed that they were high at the time of their offences and Dean could not recall his criminal actions because he was using drugs heavily around that time. Of the remaining two participants, Justin was attending a party to sell drugs but did not disclose whether he had used any or how he was funding his habit; the other, James, avoided this question and was the participant who raised the most concerns about honesty during their interview. Dean and Angus did, however, admit to offending to fund their drug habits:

*Cannabis, doing burgs... I used to steal, go out stealing when I needed to go and get cannabis and stuff.* (Dean)

*[I would] break into people’s houses to get money to get some more [cannabis and speed].* (Angus)

In short, participants recognised some links between their drug use and offending. Their reports align with Goldstein’s (1985) tripartite model of the drug-crime nexus where economic compulsive offending occurs as a result of funding drug dependency. Furthermore, Prichard and Payne (2005a) found that incarcerated young people were able to make the connection between their drug use and offending, as partially evidenced here.
Without minimising the experiences of the young people interviewed, thus far the findings have confirmed some widely accepted characteristics of young offenders and drug users like family dysfunction, experiences of trauma and their experiences with drugs (Boutwell et al., 2013; Fast et al., 2010; Gately et al., 2017; Guise et al., 2017; Hammersley, 2011; Hammersley et al., 2016; Higgins et al., 2010; Horyniak et al., 2015; Hussong et al., 2004; Jinez et al., 2009; McGee et al., 2015; Moffitt, 1993, 2006; Moffitt & Caspi, 2001; Moffitt et al., 2002; Moore et al., 2017). Although the information presented was not novel, it does aid in managing such offenders. Identifying that these young people are typical young offenders, the CCDC can then move forward with the knowledge that they are servicing typical drug-using, offending young people. By basing the CCDC on the common needs of a typical young offender who uses drugs, the program can be tailored to those most likely to be eligible for participation. Drug use is the focus of treatment in the CCDC with residential or community-based rehabilitation a requirement. Furthermore, it has been established that drug use is often a symptom of a perceived problem, usually related to adverse or traumatic life events, which can lead to using drugs as a form of escapism (Gately et al., 2017; Hammersley et al., 2016; Robertson et al., 2010). These events and hardships are acknowledged by the CCDC program through their engagement with psychologists (LINKS) and counselling services for participants. The characteristics and experiences of the young people interviewed support the idea of a typical drug-using young offender which, in turn, supports the CCDC’s current practice of using a multi-faceted approach to manage and treat them. However, what does set these participants apart from other drug-using young offenders is their opportunity to take part in the CCDC and their decision to do so.

**Motivations**

TJ foundations of the *Young Offenders Act 1994* (WA) allow the judiciary to have the flexibility to provide treatment before sentencing, which the young people reported as an
aspect they liked and used to their advantage. Participants were asked about their decision to participate in the CCDC. Just over half either wished to get out of youth detention:

*I didn’t want to stay in jail any longer.* (Angus)

*Well, initially I just wanted to get out of [youth detention]. That's the only reason I really wanted to get on Drug Court.* (Fred)

Or to avoid detention:

*Well, this the initiative [incentive] of not going into [youth detention] and they would give me a lighter sentence if I follow through with it. And ‘cos if I decided I would go straight to sentencing there was a chance of me going straight to [youth detention] but still I might have not. ... I didn’t want to go to [youth detention centre].* (Charlie)

*I’d rather do this than learn my lesson being in jail ‘cos I wouldn’t learn my lesson at all. I’d just come out a different person.* (Justin)

This finding is consistent with literature exploring the experiences of adult Drug Court participants (Contrino et al., 2016; Witkin & Hays, 2019). In an adult sample, Hobson (2018) also found that becoming tired of being in and out of prison was a key motivator to try Drug Court to address drug use problems. Therefore, the seemingly immature motivations for undertaking the CCDC program like wishing to avoid detention have been consistent across adult samples. This, however, may be because of personality traits of people who use drugs and offend or previous adverse experiences in detention (Ashkar & Kenny, 2008; Williams et al., 2013). These participants demonstrated extrinsic motivation through their wish to avoid detention and used the CCDC as a method of doing so. Therefore, one of the main incentives to participate in the CCDC was the ability to return to the community from youth detention or to avoid it entirely.
Some participants reported self-improvement as a reason for wishing to take part in the CCDC (interviewer in bold):

*To definitely get off drugs. To show my mum that I’ve been doing it, eh? And my girlfriend and yeah, just to change. I don’t like doing all that stuff.* (Dean)

*I want to* Get off marijuana.

**Get off marijuana? Yeah?... Do you think it’s working?**

*Yeah.*

*Yeah?*

*Cos if I wasn’t going to Drug Court I would probably just go home, smoking and doing nothing. That’s why I got on to this to try and make it better for myself.* (Brian)

While avoiding detention was Charlie’s first motivation, he reflected:

*At the back of my mind I guess I thought “I could be in a better place than I am right now” so I was going “right I’ll give it a shot.”* (Charlie)

Dean, Brian, and Charlie showed insights into their behaviours before participating in the CCDC processes, recognising that drug use negatively affected their lives. They were motivated to improve their lives and felt the CCDC would allow them that opportunity.

Some participants also spoke of their motivation to push through difficulties faced in the CCDC. Although James felt he had no choice as he was “*told*” by his lawyer to participate, stating “*I just have to do it*”, other participants described their motivations to continue. Some participants cited more personal goals:

*Just stop being angry all the time.* (Brian)
Dean also commented on how useful he found the weekly urinalysis to help him abstain from cannabis use, despite him finding it “annoying” that he had to attend a few times a week.

Others described their family as an important influence:

*Making my mum and family proud [kept me going].* (Fred)

*By doing CCDC] I can do my order and stay at home and look after my sick mum and do a couple of things for her, help out.* (Angus)

*I think my mum and dad [kept me going] because I realised it’s really hard for them... [I] try not to dampen their reputation... Because people would look at us differently when they found out about it [my offence and involvement in YJS].* (Charlie)

These participants recognised that their negative behaviours affected their families but that the CCDC allowed them a way to prove themselves to their family or make amends. Their responses indicated that they may have felt their relationships needed repairing. The participants in this sample recognised the importance of their family relationship. This is consistent with the literature that has found positive changes in family relationships were motivating factors for adult Drug Court graduates (Contrino et al., 2016; Hobson, 2018; Schrubbe, 2019).

**Staff Interactions**

**Setting.** As discussed in Chapter Five, participants meet the CCDC staff in the training room on a normal CCDC day. If participants had reoffended or the session needed to be transcribed for another reason, the participant would be required to appear in the formal Courtroom. Fred and Dean commented on the training room and Court:
I feel like, if I was in Court I would feel like “oh fuck” I would feel like I was going to get sentenced and gone away. But I feel like if I was in the training room, I feel like, you know, like people are actually happy with me, yeah. Cos if I'm in that room out there [Courtroom], like I’m fucked. (Fred)

Better than going to normal Court ‘cos you don’t have to go in there. You get to go in that room and it’s quite, yeah, I dunno... I dunno cos you have to sit in there [Courtroom] for ages and wait and now you’re in there [training room] for 5 minutes and then you’re out. (Dean)

These participants described their preference for the training room setting as it was less intimidating and time-consuming. The training room setting allowed for the young people to avoid the more formal Court and enabled them to have a conversation with the CCDC Magistrate and CCDC staff. Informal interactions are an important TJ factor in the Drug Court process as they humanise Court staff to promote participant wellbeing, engagement and positive behaviour change and were evident in the current study (Wexler, 2011).

The CCDC Magistrate – Exemplifying Therapeutic Jurisprudence. Participants were asked about their thoughts of the CCDC Magistrate, who some referred to as “the Judge”. Participants, other than Angus who had not met her at the time of interview, were favourable in their descriptions of her approach and their interactions with her:

But the Judge, I reckon, she’s really, really nice and understanding because it’s really hard to be understanding when you’ve got so many kids out. But yeah, somehow, she finds a way to understand each person’s case, especially mine. I just feel like she’s been really understanding. (Charlie)

Oh yeah, I think she’s good... She’s just nice. (Brian)
I like her, she’s all good [I like] that she helps me out and she’s just chill. She’s not just like every other Judge who… she’s actually tries to help you. She cares. She doesn’t want you to get… she doesn’t want us to get into trouble and all that. She’s pretty gangster [laughs]. (Dean)

I think she’s really reasonable, she’s been really nice to me… she will always listen to you if you have anything to say. She will listen to you and she will give you advice. (James)

James went further, saying:

If you show them [young people in Court] how to be nice, especially if you are a person with heaps of authority it might show them, it might teach them how to be nice. (James)

He felt that modelling polite and courteous behaviour while in a position of power could improve the behaviours of the young people being managed by the Court. Justin, who was returning to Drug Court for a second time commented on feeling accepted by the CCDC Magistrate despite a relapse into drug use and offending:

Helpful and very understanding and yeah I’m very thankful for that… Oh yeah, she’s nice. She’s, like, last time I talked to her she said “I better not see you here again” so yeah and then, yeah, seeing her here again [laughs]. She was very easy on me and nice. It was nice and really, well, she was just doing her job so and yeah that’s about it. I’ve got no problems with her. Well, like, she was just good with her job and shit. (Justin)

The overarching theme from participants’ responses was that of respect. They understood the CCDC Magistrate had a job to do but they appreciated her care, guidance and understanding
during their interactions in the CCDC. Adult Drug Court participants’ relationships with Judges or Magistrates were similar (Schrubbe, 2019; Witkin & Hays, 2019). Duffy (2011) and Wexler (2011) also posited that positive behavioural change would result from belief in and positive interactions between the judiciary and offenders. This was found in Jones and Kemp (2014) who reported that strong relationships between adult Drug Court participants and presiding judicial officers predicted a lower likelihood of Drug Court participant’s return to drug use. Tyler (1996) suggested that when people in Court systems are treated fairly by a legal authority, such as a Magistrate, they are more likely to comply with instructions. As such, reports of positive relationships with the CCDC Magistrate suggest that participants who feel this were more likely to follow instructions and were less likely to relapse and use drugs.

The CCDC Magistrate’s relationship with the young people in the CCDC was indicative of a therapeutic relationship when viewed through a TJ lens. Judges and Magistrates interacting with therapeutic Court participants on a more personal level is encouraged in TJ literature (Cannon, 2007; Hora et al., 1999; Kaiser & Holtfreter, 2016; King, 2008; Malcolm, 2007; McIvor, 2009; Roach Anleu & Mack, 2007; Rottman & Casey, 1999; Thompson, 2011; Wexler, 1993, 2005, 2011; Winick, 2003; Winick & Wexler, 2015). By getting to know a participant’s needs, the Judge or Magistrate gets to know the person and can tailor their approach accordingly and appropriately. Researchers have critiqued the bonds in solution-focused Courts as intrusive and paternalistic (Blagg, 2008; Petrila, 2013; Weller, 2018), but for the young people involved in a Court like the CCDC, this was a positive. The young people reported how they felt cared for, understood, and listened to by the CCDC Magistrate. For young people with backgrounds such as those discussed, and for those unable to be interviewed because their parents did not attend CCDC sessions, this can be one of the few times in their life where they are dealt with in such a way. Therefore, TJ principles
exemplified through CCDC Magistrate/participant interactions and relationships are positive for these young people, even if these interactions could be viewed as paternalistic.

**Other Staff.** Two participants spoke about their thoughts of the CCDC team, noting their care and support:

*I think they do; they do care about you. I find that they care about you. But then again, it's part of, it's probably part of their job to make you like pass this program.

Um, yeah, but it's a good thing that the Drug Court is nice.* (James)

*Yeah, I like all of them [CCDC staff], they've always supported me. Always just telling me to stay out of trouble. Do this, do that and you'll get somewhere in life, you know. Yeah.* (Dean)

Participants recognised the sincere support and input from the CCDC team. They nominated their CATS officers most often as one of the best things about the CCDC:

*I think, like, CATS 1, he's really good.* (Charlie)

*Oh, just um, well he's [CATS 1] got me into this detox to stay at this place for a couple of weeks so I can get off the marijuana easier.* (Brian)

*CATS 1, he's dowdy, I like him. He's helped me a lot, he's been here ever since, yeah.* (Dean)

*She's just very nice and she's hell helpful and all that, just like [with] appointments and all that and telling me what's going on and all that and she's always just wondering what's going on, so I just tell her what's happening and all that.* (Justin)

Participants recognised the role of the CATS officers in their CCDC journey and communicated with them effectively. They appreciated their practical support by providing
them with information and helping with their progress where possible. Drug Court literature has primarily focussed on the roles and relationships between participants and Judges, but participants in Schrubbe (2019) reported that they found value in their therapeutic team’s support. It was evident the gratitude young people felt towards having a team of people invested in their future and success.

**Obstacles**

Participants who had attended the CCDC for more than one or two sessions were asked if there were any aspects of the CCDC that they struggled with. Participants who attended less were excluded as they had less time to experience the CCDC. James did not feel there were any obstacles related to Court requirements:

*I just cope with it. The only thing I struggle with is just seeing my dad but that’s just personal to my own life.* (James)

Issues with curfew were noted by three participants:

*Sticking to my curfew... Yeah, if it was nine PM to seven AM or like 8:30 PM to seven AM then yeah, I would be able to do that but like seven to seven... Nah that, I can't do that so, yeah.* (Fred)

*When the police came to do curfew checks, they were just dickheads. Like they were already trying to make me mad and it was really hard not to get angry.* (Charlie)

*I just need ... I need to do something about my bail conditions 'cos 7.00 pm and 7.00 am 'cos someone came to our house at like six in the morning like two days ago and I’m dead asleep and my dad works so it’s just like well I’m not sure if it’s 6.30 ... six o’clock in the morning or five in the morning... he gets waken up [sic] by lightly knocks on the door ‘cos he’s at the very front of the house... I don’t mind I’ve got to*
be home before seven ‘cos I used to sometimes have to do that, so I might’ve at the time been home it’s just that it’s the knocking that hell early ... like hell late. It’s like I’m already in, I’m not going anywhere! (Justin)

Curfews have been used in youth Drug Courts in the US as a means to administer incentives (by reducing curfew time) or sanctions (by introducing or increasing a curfew) (Hiller et al., 2010). However, the CCDC differs as sanctions and rewards are not used; thus, the curfew has not been used in this way. An investigation into dropout reasons cited by non-completers of the CCDC would inform whether the curfew or other CCDC requirements affect participant continuation. From there, decisions on the use of curfew adjustments could be better informed. As sanctions are not supported by CCDC staff, incentives like reducing curfew time could be beneficial. Individualised aspects of the CCDC were raised by Charlie:

I feel like they just labelled me with a broad group. Some of it was very individualised but some of it they kind of just like put you in this big group, like a statistic kind of... Yeah, I feel like it [CCDC] could be a lot more tailored to the individual other than that it’s really good. (Charlie)

This is consistent with participants in Witkin and Hays (2019) who described their desire for individualised incentives and sanctions. In support of this, the use of incentives in youth Drug Courts have been found to reduce the likelihood of reoffending (Long & Sullivan, 2017) and is another avenue the CCDC could explore to meet their aim of reducing reoffending.

Other inconveniences of the CCDC were raised:

Pretty much just going A to B, just catching transport and stuff and then just timing and stuff. Just struggle with that, that’s about it. Um doing the drug piss test and that
um not really. Just hard to piss sometimes when they’re watching you [laughs].

(Justin)

Drug Court they need to hurry the whole thing so instead of making me wait until like two... Yeah cos there weren't that many people today but like they were like fucking around half the day. Like, people would go in and then, like, someone would come out and then they would wait like 10 or five minutes and it's just for someone else to go back in there, like, why can't you just send someone else and there? (Fred)

Coming all the way to the city to come here just for 5 minutes, yeah. That’s it, but oh well you gotta do what you gotta do. (Dean)

[The worst thing is that] you have to come back every fortnight. (Brian)

These practical concerns and inconveniences, particularly around time considerations, were noted in Wolfer’s (2006) and Witkin and Hay’s (2019) research with adult Drug Court participants. It seems that participants who continued their CCDC journey persevered despite these obstacles as they saw the benefits of CCDC.

Goals and Outcomes

**Prosocial Goals.** While it took some participants time to appreciate the benefits of the CCDC, all set a goal to complete the Drug Court program. Participants at the end of their time in the CCDC were asked about how they felt about reaching their goal of graduating:

Yeah, good. Happy that I made it, you know. Yeah, cos most people don’t go and make it through.... I just feel happy that I made it. (Dean)

Happy, yeah, I am glad [I graduated]. (Fred)

Yeah, pretty excited. (Charlie)


*Yeah, I’m excited.* (Justin)

Participants felt a sense of achievement upon completing the CCDC, given the obstacles they faced in giving up drugs, changing lifestyles and adhering to CCDC requirements. Participants in an adult Drug Court reported that the benefits of Drug Court outweighed the hard work (Liang et al., 2016). As such, the CCDC gave participants a sense of achievement, which would have been bolstered by feedback from the CCDC Magistrate and CCDC team upon receiving their certificate of completion during their final appearance at sentencing.

Participants also shared their goals outside wishing to complete CCDC:

*Keep on working and go back and do the online course for my engineering and see how that goes. Save a bit of money, by the end of this year. I want to be in [country], just to see some family and stuff. And my one cousin that I’m close with, since we’ve been young, we’ve been wanting to travel. Yeah, hopefully that all happens by the end of the year so I’m just saving a lot of money.* (Charlie)

*Try to get a job. Be a ranger in the bush or something. Do something good with my life.* (Angus)

*Get back into TAFE and footy... Oh, so engineering or something, yeah. Engineering. A mechanic, or... I’m not sure yet.* (Brian)

*Now I’m definitely going to be getting my licence but it’s not even that, not that I’ve just stopped, it’s just I’m 18 now [laughs]... So time to stop fucking around.* (Justin)

*To get a job and that sort of stuff. Anything at the moment, I just want to start making money... I don’t even care if it’s MacDonald’s or something, yeah.* (Dean)
Participants were able to articulate where they wanted to be in the future. Most of these goals related to attaining employment and earning their own money legitimately. Their prosocial goals would move them away from drug use and offending behaviours. Antisocial behaviours like offending and drug use are often an attempt to address a gap between psychosocial development and the availability of legitimate opportunities (Moffitt, 1993, 2006; Sampson & Laub, 1993). However, as recognised by the participants, drug use can be a barrier to attaining prosocial goals. Further, it can block these goals by negatively affecting key social bonds such as relationships or employment (Sampson & Laub, 1993). The CCDC is an intervention that can end ensnarement in offending and drug use behaviours through judicially managed treatment. As evidenced, it prompted participants to aim for prosocial goals, giving them hope for a “better life” (Brian). Participants’ optimism has also been found among adult Drug Court participants who suggested that the program gave them hope (Schrubbe, 2019; Witkin & Hays, 2019).

**Outcomes.** Overall, participants reported a decrease in their drug use and offending, meaning the CCDC achieved two of its aims for those interviewed. However, the outcomes for participants were wider-reaching. Those graduating from the CCDC noted several positive outcomes, which will be outlined individually. Their experiences highlight the way the individualised, comprehensive judicial treatment provided in the CCDC can positively affect participants in different ways. Justin’s outcomes focussed primarily on health. He has completed rehabilitation and had been drug-free for three months; had re-engaged with rugby training and was working his way into more competitive leagues by working on his fitness, and he had plans to get a job after completing the CCDC.

Charlie realised his life could have been very different if he had not decided to commit to the Drug Court:
Honestly, [I] feel like I would have done a crime that would have sent me straight to [youth detention centre], like. Yeah, if I’d got away with that, I reckon I would have been in [youth detention centre] by now. (Charlie)

He went on to talk about where the CCDC had helped take him:

First off, I’ve got a job, I actually have savings, like money... I never thought I would feel the way, this way but, like, not having to worry about... cos I’ve settled a lot of beefs with people, cause like I would say I would get into a lot of fights... [I] would need to like watch out because like if they see you. And a lot of those people I had those problems with, it’s just not a thing anymore. Either we have talked, or we’ve seen each other and just kind of forgotten about it. Like after such a long time you finally see them, and they’re like aw, they talk to you like a friend. It’s a good feeling, yeah, I guess. (Charlie)

Fred and Charlie articulated the positive changes that occurred in their relationships because of their participation in the CCDC:

Well, I gained a lot of my friends back so my friends. I lost a lot of them because I was drug fucked... my friends fucked off away from me. And then this year, no last year, when I go out, I messaged all of them and they were like “where were you?” and I was like “I was in rehab getting my life back together” and they were all like “yeah, we are proud of you” and all that... Yeah, so I got like heaps more friends back and all that so that’s... My family, I used to steal packs off my family. Like, my mum and that are starting to... to trust me again. Everything, I mean I used to steal and, like, my mum, like, when I was younger and all that I used to steal from my mum. Like, I would steal $50 from my nan's purse just to support my habit. I used to steal money off my brother just for it like even these cranes that are used to do burgs and shit just
to support it. But now, like, after Drug Court I don't really need it I don't really need it to be happy I don't need it to have fun. (Fred)

I reckon it brought me closer to my parents as well and my friends. I really found out who my friends were like I will just surround myself with people who want to be around me and now like my friends would come to Court with me at the start as well. A lot of them have jobs now as well. The ones that came to visit me on curfew, they chose to come see me instead of going out to like parties and stuff, spending time with me. (Charlie)

Fred and Charlie made links between the CCDC and the marked improvements in their relationships. They had tangible positive changes in their life that they attributed to the involvement of the CCDC. Adult participants have also made this connection in their Drug Court experience, citing it as a motivator and reason for the sustained change (Schrubbe, 2019). The CCDC acted as an intervention to the ensnarement in crime that drug use can cause. These findings address a gap in the literature through the exploration of youth Drug Court participants’ experiences.

To end, the participants were asked about whether they would recommend the CCDC to others and why. Responses were positive:

[It is] good for people who have a serious drug problem and they actually want to get excused from their charges. But it’s not good for people who just don’t care and have like no hope of ever stopping their drug use. (James)

Yeah, I would... I definitely feel like I would be in a worse place than I am right now if I didn’t do it. There’s a lot of stuff that I’ve realised has been unintentional, like the
Drug Court wasn’t meant to help this, it’s only meant to get you on track, but it’s helped a lot of things unintentionally, you know. (Charlie)

Yeah, if they have drug problems cos it’s the only way they’re going to get help. (Brian)

Yeah, because it’s better [probed but could not articulate why]. (Dean)

Justin saw the value in the experience and shared this with other residential rehabilitation participants.

Ah, yeah [I would recommend it]. I did talk to a few of the rehab people that were getting kicked out, I just told them to re-apply to go to rehab and all that ‘cos like I knew they would want to, and I saw the change in them when they first came in... some of them didn’t. (Justin)

By recommending the CCDC, participants showed their support for it. They saw value in the experience as a way of addressing drug and offending behaviours, and as a result to attaining prosocial social goals.

Chapter Summary

Participants were both extrinsically and intrinsically motivated to participate in the CCDC. Extrinsically motivated participants wished to avoid detention or to get out of detention. Their views changed as they progressed through the CCDC and saw improvements in their health and relationships. Those who were intrinsically motivated wished to cease drug use and to move away from negative behaviours such as offending, generally because they affected family and peer relationships. Once in the CCDC, participants wished to continue to further their intrinsic goals. CCDC staff helped them through their journey.
Staff interactions took place in the “training room” that some participants commented on as preferable to the formal Court. They were nervous about going into the formal Court as they felt it meant they had done something wrong. In the “training room” they were on the same level and able to talk to the CCDC Magistrate and staff freely. Perceptions of the CCDC Magistrate and CCDC staff were favourable. Participants valued the support provided by staff and the genuine care they showed during sessions. Promoted in TJ literature, positive interactions between staff and the participants are important and this was reported by the young people interviewed too. Research has shown the importance of judicial staff relationships with participants in prolonged abstinence from drug use and offending thus is a valuable feature of the CCDC. Despite this, participants still faced some obstacles.

Participants were asked what the worst thing about the CCDC was. Their responses included practicalities like time demands and transport. Other comments related to the curfew set by the CCDC for all participants. Literature has shown the benefits of incentives and sanctions in Drug Courts (Long & Sullivan, 2017). Therefore, changes in curfew times may be an avenue that the CCDC could explore to improve participants’ experiences and outcomes. However, the extent of this issue regarding the early termination rate is not known and should be an area for future research.

Finally, participants’ goals and outcomes after attending the CCDC were explored. The CCDC intervened in their drug use and offending which decreased the participants’ drug use and offending. This allowed them to, it is hoped, avoid long term involvement in these behaviours. Participants at the end of their time in the CCDC reported improved health and relationships and attributed these to their CCDC involvement. They shared their long term prosocial goals that focussed on social bonds like maintaining relationships, improving their health, and attaining employment. Overall, they had a positive experience in the CCDC and would recommend it to others. The chapter highlights the importance of the CCDC’s support...
of young people during difficult times in their lives to allow them to make positive changes. By adopting TJ foundations, the CCDC’s encouragement and support allowed the young people to see past a life of drug using and offending to prosocial behaviours like employment. By doing so, it can counteract the compounding effects that drug use and contact with the justice system can have on long term offending behaviours. Overall, participants reported improved wellbeing and relationships, highlighting successful aspects of the incorporation of TJ principles.

This chapter examined the experiences of young people, which despite their difficult life experiences, resonated with hope for their futures because of CCDC involvement. The next chapter explores the experiences of parents of CCDC participants. Hope was also a theme in their experiences; the CCDC gave them hope. Parents described unique experiences and tensions when supporting their child through a judicially monitored drug treatment program. It resulted in internal conflict, where attributions of blame and deflection of responsibility conflicted with their propensity to defer to the Court for support. Overall, parents were supportive of the CCDC but felt excluded from the young person-focussed CCDC at times.
Chapter 7: Experiences of Parents

Holding on and letting go.

Introduction

The preceding chapter examined the experiences of the young people involved in the CCDC. The young people interviewed spoke of their adverse life experiences and initiation into drug use to escape their realities, while some used drugs out of curiosity. They were motivated to participate in the CCDC to avoid spending time in youth detention, but these motivations shifted once they experienced positive changes in their relationships. They were positive about the CCDC staff and identified prosocial goals towards the end of their time in the CCDC. This chapter examines the experiences of the parents of some of these young people. The age of youth Drug Court participants means that parents are often involved in the program in some way, hence why parents were interviewed in this study.

The interviews were intended to focus on the parents’ own and their child’s experiences in the CCDC but became more about their experiences as a parent of a young offender who uses drugs and is engaged in judicially monitored treatment. Questions focused on the process of the CCDC, but parents often reverted to discussing their experiences as a parent of young, drug-using offender rather than their experiences in the CCDC. Some parents used the interview as a therapeutic exercise, thinking out loud to explain the position they found themselves in and their level of responsibility. In other instances, it seemed that because the parents knew that the interview focussed on their child’s behaviour, they wished to manage my impression of them as they did not want to seem like an inadequate parent. These perspectives were neither probed nor examined in detail in this chapter but could be explored in another project.
The parents interviewed in this study were those who attended Court with the child. Some were engaged in the process with their goal aligning with a core CCDC aim: they wanted the best outcomes for their child. Other parents were active in that they attended Court and helped their child with organisational aspects of the CCDC like attending urinalysis, but they felt displaced and excluded from formal processes. Other parents were those I did not have contact with. These disengaged parents would have had little knowledge or interest in the CCDC and possibly their child. They were not visible or engaged in their child’s CCDC journey. By not attending Court, these parents were inaccessible for me to interview. Anecdotal information from CCDC staff suggested that, in some instances, this may have been for the best given the parents own involvement in drug and/or criminal behaviour. Although these different approaches to parenting existed in the CCDC, they are not discussed in this chapter because of data limitations but is another area recommended for future research.

This chapter canvasses the responsibility parents described concerning their role in their child’s behaviour and compliance in the CCDC. Hope also emerged as a theme; parents reported that the CCDC provided them with the hope that their child’s behaviour would improve. As questions focussed on their child and experiences of the CCDC, the parents’ demographics, experiences with drugs and offending, insights into their parenting and so forth were not canvassed. As such, these will not be discussed in this chapter but are recommended as an area for future study. Before discussing the findings, the literature on parenting adolescents is reviewed, followed by the literature on the experiences of parents of children or young people who use drugs and offend. Next, a summary of the current study’s sample and data collection methods is presented. From here, my reflections on the analysis process in working with these data is described. Finally, the findings and interpretations of the parent interview data are outlined. Findings highlighted the parents’ experiences as they
supported their child through the CCDC and are discussed under two themes: Hope and Responsibility.

**Literature Review**

*Parenting During Adolescence*

Parenting is a broad term that encapsulates the raising of children from infancy to adulthood, and the methods of doing so (Mastrotheodoros et al., 2019). It is a multifaceted term. Although parenting experiences and approaches vary, they generally aim to promote their child’s “physical, cognitive, social and emotional development” (Gately, 2012, p. 194). Raising children often results in feelings of responsibility for the child’s behaviour as children are viewed as a reflection of parents’ values (Such & Walker, 2004). Parenting an adolescent can be a trying time for both parents and young people. During this time, young people strive for independence while experiencing a period of intense biological, cognitive and social development (Alfredsson et al., 2018; Maciejewski et al., 2015). Adolescence is typically a time of behavioural changes, some are affected by offending and drug use.

Children engaging in offending or drug-using behaviours can be a challenge for parents. Children’s perceptions of the legitimacy of their parents’ authority reflect how they view their parents’ right to regulate their behaviour. Positive views of parental legitimacy have been found to lessen the likelihood of engagement with negative behaviours (Mayall, 2002; Mellado et al., 2018). Also, during adolescence, perceptions of the legitimacy of parents’ authority decline (Campione-Barr et al., 2020; Darling et al., 2008; Kuhn & Laird, 2011). Darling et al. (2008) investigated the perceptions of 568 Chilean adolescents regarding their parents’ legitimacy and their obligation to obey their parents. Findings revealed that an endorsement of parental legitimacy and obligations to obey declined as participants matured. These findings are similar to those of other studies Chilean studies Chile (Darling et al.,
2008; Smetana, 2005), and countries with different cultures such as China (Yau & Smetana, 2003) and the US (Campione-Barr et al., 2020; Kuhn & Laird, 2011).

Other influences on obeying parents and perceptions of legitimacy have been investigated. To ascertain influences on pre-adolescent compliance with family rules, Thomas et al. (2020) administered surveys to a socio-economic and ethnically representative sample of 800 Brazilian school students. Surveys were conducted once every three years and administered by research assistants to mitigate literacy issues. The strongest predictor for compliance with family rules was a participant’s belief in their parents’ legitimacy. Studies have shown that adolescents who obeyed parents and perceived parents to be legitimate in regulating their behaviour were less likely to exhibit problem behaviours (Darling et al., 2008). Parents who used procedural justice (listened, were respectful, unbiased) were viewed by participants as legitimate authorities (Fagan & Tyler, 2005). Thus, adolescents who viewed their parents as fair were more likely to obey family rules. Conversely, adolescents who did not view their parents as having legitimate authority over them were more likely to act in problematic ways (Darling et al., 2008; Darling et al., 2005; Fagan & Tyler, 2005; Mayall, 2002; Thomas et al., 2020), such as offending or using drugs.

**Parents of Drug Users**

Research projects that explore the experiences of parents of drug users have generally relied on qualitative interviews to gain an in-depth understanding. Experiences of parents of both adolescent and adult drug users are explored in this section and differentiated as part of their explanation. The studies discussed from the parents’ perspectives cover a range of topics: their discovery of their child’s drug use, their reaction to the drug use, their position on responsibility and their coping strategies.
**Discovery.** Parents’ discovery of their child’s drug use has been examined. Choate (2015) interviewed parents (n=31) to examine their experiences of parenting an adolescent drug user in rehabilitation, who had met Diagnostic and Statistical Manual (DSM) IV criteria for substance dependence disorder. He found that parents discovered their children’s drug-use in three instances: direct evidence (e.g. drug overdose); accidental discovery (e.g. drug paraphernalia in child’s room); and progressively unfavourable behavioural changes in their child (e.g. secretiveness, disinterest in prior hobbies). Butler and Bauld (2005) explored the experience of parents of adult heroin users and the role of a support organisation for family members in the UK. Parents (n=11) and staff (n=10) were interviewed, and the findings revealed that most parents were shocked on learning about their child’s drug use. They were unaware of the use until discovering paraphernalia or realising that the child’s behavioural changes indicated drug use. These findings align with Choate’s (2015) accidental discovery and progressive behaviour changes methods of discovery, respectively indicating that drug use was established at the time of discovery.

Australian literature provided mixed support for Choate’s (2015) methods of discovery. Usher et al. (2007) interviewed 18 Australian parents (16 mothers; 2 fathers) of adolescent drug users and found that parents suspected drug use after witnessing behaviour changes, aligning with Choate (2015). However, Jackson and Mannix (2003) interviewed Australian mothers of adolescent cannabis users (n=12) and found that mothers did not know about their child’s drug use until it had become an established problem (after 2-3 years of use) when behaviour changes were too extreme to ignore. Some similar findings relating to discovery were shared between this and Choate’s (2015) study. However, the drug use of their children was reported by parents in these studies, whereas Choate (2015) assessed substance dependence disorder criteria using the DSM IV definition. Therefore, Choate’s study represents more rigour in substance use assessment of the parent’s children. The
experiences of parents whose children used drugs of varying types, at various frequencies and consumption levels, in different Western countries described comparable experiences concerning drug use discovery. Drug use can be particularly difficult to detect among adolescents because symptoms coincide with mood and behaviour changes in adolescence (Ali et al., 2011). Collectively, these studies indicated that parents were often unaware of their child’s initiation into drug use but became suspicious as behavioural changes occurred or when they were confronted with irrefutable evidence (accidentally or directly). Upon discovery, parents described the range of their reactions.

**Reactions.** Studies focussing on parents of drug users often describe their discovery and their subsequent reactions to their child’s drug use. Groenewald (2016) investigated the experiences of five mothers of adolescent drug users in South Africa. The life grid tool was used to enable mothers to describe their experiences during an interview. The life grid is an interviewing artefact used to give participants agency in the documentation of their experiences using a grid format that divides periods and life experiences into columns and rows (Groenewald, 2016; Rowland et al., 2019). The mothers reported feelings of failure during the time of and because of their child’s drug use (Groenewald & Bhana, 2016). Similarly, Butler and Bauld (2005) found that parents often felt like they had failed to protect their children and blamed themselves for their child’s drug use. Jackson et al. (2007) utilised the same data from Usher et al. (2007), but examined the effects of adolescent drug use on families. They found that parents felt shame about their child’s drug use. Reports of feeling like a failure, feeling responsible and shame are consistent factors in family members’ experiences of drug use.

Family members’ experiences of an adolescent’s drug use are similar, but with some differences depending on the family member’s relationship to the drug user. In a summary of qualitative data from various journal articles from 1990-2010 on family members’
experiences of drug use, Orford, Velleman, et al. (2010) found family members consistently reported feeling guilty and ashamed about their family member’s drug use. Orford, Velleman, et al. (2010) surmised that parents often felt directly responsible for their adolescent child’s wellbeing and behaviour compared to other family members such as siblings.

Parents also felt others would blame them for their child’s drug use. Perceptions of blame from others seems warranted, as Corrigan, Watson, and Miller (2006) investigated public perceptions (n= 968) of parents of drug users compared to parents of children with mental health problems using vignettes to ascertain the attribution of blame to the child’s family for each group. Findings revealed higher rates of blame for family members of the individual depicted in the drug-dependent vignette compared to the mental health vignette. Family members of drug-dependent people were more likely to be blamed for the onset and offset of the drug use. These studies highlight consistent themes of self-blame and responsibility among parents of drug users (Groenewald, 2016; Jackson et al., 2007; Orford, Copello, et al., 2010) and are supported by public perceptions of family members of drug users (Collins et al., 2015; Corrigan et al., 2006).

**Coping.** Feeling responsible for their child’s drug use would have taken a toll on the parents in the studies discussed. Parents’ methods of coping have also been examined. Orford et al. (1998) explored the coping strategies of family members of drug users (whether users were adults or adolescents was not disclosed in the paper) in England (n=100) and Mexico (n=107). The Coping Questionnaire and semi-structured interviews were used to ascertain the coping mechanisms used. Findings revealed three ways family members attempted to cope with a relative’s drug use: engaged, tolerance and withdrawal coping. Engaged coping is described as when the family member is actively involved in helping their relative to cease drug use. Examples of engaged coping are described as arguing with users to stop, disposing of drugs, or informing them that their behaviour is having a negative impact. Tolerant coping
was where a family member endures the relative’s behaviour and examples include covering up the drug use or making excuses for it. It can also present when a family member feels hopeless about the situation so does not address the behaviour. Tolerant coping also has links with hope, where parents tolerate behaviour in the hope that their child’s behaviour will change (Maltman et al., 2020). Withdrawal coping is when the family member attempts to continue “normal life” either ignoring or not attempting to stop their relative’s drug use (Orford et al., 1998). These findings were supported in later studies (Groenewald, 2016; Jackson & Mannix, 2003; Jackson et al., 2007; Usher et al., 2007).

Coping strategies used by family members of drug users led to the development of the Stress-Strain-Coping-Support (SSCS) model by Orford, Copello, et al. (2010). This model was developed to assess levels of strain (i.e. stress, psychological and physical impact), coping (i.e. responses to stress) and social supports (i.e. available emotional support and accurate information). Coping with a family member who uses drugs is recognised as a stressful life event thus impacts family members negatively. Copello et al. (2010) contend that the ability to cope and the availability of supports can positively or negatively affect levels of stress thus strain (Copello et al., 2010). They posit that stress leads to strain that can cause adverse physical and/or psychological health symptoms (see Figure 7). As such, understanding the coping methods and social supports available to family members of drug users enabled the development of the 5-step method to address stress and strain responses from family members of drug users (Copello et al., 2010; Orford, Copello, et al., 2010). This model is a useful tool in understanding the negative effects drug use can have on parents.
As it is difficult to obtain large sample sizes, many studies rely on in-depth interviews with smaller sample sizes to obtain rich data with parents willing to engage with researchers about their experiences. Even with small sample sizes, commonalities in parental experiences were identified across studies and their varying locations. Research has examined general drug use of a child (Choate, 2015; Groenewald, 2016, 2018; Groenewald & Bhana, 2016, 2017; Jackson et al., 2007; Orford, Velleman, et al., 2010; Usher et al., 2007); others have focused on specific drug types (Butler & Bauld, 2005; Jackson & Mannix, 2003). Further, participant selection often involved parents who had sought help (Butler & Bauld, 2005) or had their child in rehabilitation (Choate, 2015; Groenewald, 2016, 2018; Groenewald &
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Bhana, 2016, 2017), which limits those parents who did not have formal supports. Some were, however, from community samples (Jackson & Mannix, 2003; Jackson & Mannix, 2004; Jackson et al., 2007; Usher et al., 2007). The current study diverts from other studies by interviewing parents who have children that are mandated to be in the CJS. The studies discussed gave an overview of the literature exploring the experiences of parents of drug users.

**Normalisation.** Some parents reported that adolescent drug use is a normal teenage experience (Usher et al., 2007). Some literature does support the normalisation of drug use among young people (Duff, 2003; Wilson et al., 2010). The normalisation of drug use refers to the process through which drug use changed from behaviour that fell outside social norms to become a socially accepted behaviour (Aldridge et al., 2011; Measham & Shiner, 2009; Pennay & Measham, 2016). While the normalisation thesis is an important and nuanced aspect of youth drug use, the select literature used here provides an overview of content relevant to this thesis.

The concept of normalisation was first studied in depth in the UK by Measham et al. (1994) who investigated the prevalence of drug use among young people. They surveyed 776 14-15-year-olds at eight schools across England to ascertain drug use levels. They found two-thirds of the sample had experienced exposure to or had been offered illicit drugs in the past. Illicit drug use in the last year was reported by approximately a third of the sample, with use in the last month reported by one fifth. Drug uptake (accepting then using drugs offered) was most prevalent among white and black respondents compared to Asian respondents.

Measham et al. (1994) explained their results showed an increase in drug use among young people, resulting in the idea that drug use was becoming a normalised aspect of youth culture; that it was a radical change from past drug use among youth. It was believed that youths’ access to and use of drugs was much lower in the past lessening the possibility for drug use
normalisation. Further studies have supported this assertion (Bahora et al., 2008; Newcombe, 2007; Parker et al., 2002; Taylor, 2000).

Others have contested the definition of youth drug normalisation. Arguments against normalisation included Shiner and Newburn (1997) who drew upon existing qualitative and quantitative data to critique the normalisation thesis. They concluded that although data did show an increase in drug use among young people, a true picture of levels of use could not be ascertained; those who did use drugs were still in the minority; that normalisation diminishes choices made by young people; and the meaning they attributed to their drug use was overlooked. In a similar, more recent study, Williams (2016) also drew upon existing drug use trend data from the UK, which showed declining reports of drug use among young people. She posited that in the current drug use landscape, there is less support for normalisation as conceptualised in the 1990s (Williams, 2016), with other authors agreeing that the normalisation thesis is more nuanced than originally posited (Fitzgerald et al., 2013; Green, 2016; Pennay & Moore, 2010).

Consistent with UK research, Australian research on normalisation has provided mixed results. Duff (2003) used existing data on drug use trends in Australia. He applied the thesis of drug use normalisation in an Australian context. He concluded that while drug usage rates had not increased as much as they had in the UK, normalisation appeared to be present in Australia, with drug use becoming an accepted normalised part of adolescent downtime. Fitzgerald et al. (2013) used a purposive survey to assess the attitudes of 18-24-year-old club-goers (n=309) in Brisbane, examining their and the venues’ acceptance of drug use. Results indicated a significant variation in views of drug use among the participants despite their experiences with drugs. However, those with similar views attended the same venues. Fitzgerald et al. (2013) posited support for a differentiated normalisation thesis that did not present young people’s attitudes to drug use as homogenous. Internationally, several studies
have suggested that normalisation is influenced by factors including social characteristics (Asbridge et al., 2016; Measham & Shiner, 2009; O’Gorman, 2016), individual characteristics (Green, 2016; Hathaway et al., 2016), drug type (Järvinen & Demant, 2011; Sandberg, 2012) and cultural identity (Duff, 2003).

Based on the studies cited, there is contention whether drug use is normalised among young people. Interestingly, the parents in studies focusing on their experiences of having a child who uses drugs have indicated their belief in the normalisation thesis (Usher et al., 2007). The reason for this could be that they also used drugs when they were younger or to minimise their child’s negative behaviour. This is particularly true if the parent used the tolerant method of coping outlined by Orford, Copello, et al. (2010). Parents of drug users can experience problems concurrently with other aspects of their child’s behaviour, like offending (Sturges & Hanrahan, 2011).

**Parents of Young People who Offend**

Parents of young offenders can experience the same scrutiny as parents of drug users (Sturges & Hanrahan, 2011). Literature has similar themes to those discussed in the parents of drug users’ section. Parents often felt responsible, internalising blame for their child’s offending (Jones, 2015; Sturges & Hanrahan, 2011) and struggled with the burden, stress, hopelessness and associated psychological and physical effects of dealing with their child's behaviour (Amani et al., 2018; Bradshaw et al., 2006; Hillian & Reitsma-Street, 2003; Rose et al., 2004; Sturges & Hanrahan, 2011). Parents also felt a lack of social and formal supports (Hillian & Reitsma-Street, 2003; Holt, 2009; Rose et al., 2004; Sturges & Hanrahan, 2011). The research focuses on the experiences of mothers of male offenders, due to a paucity of data on fathers’ experiences and lower rates of female youth offending.
Quantitative research is not as common in parental experiences literature as qualitative literature. However, in some unique research, Rose et al. (2004) developed the Juvenile Offender Parent Questionnaire (JOPQ) to assess and identify parental attitudes, thoughts, feelings, and behaviours toward their Court-involved child from a multidimensional perspective. While the study is not specifically related to parent experience of their child’s offending, findings do provide some insight. Rose et al. (2004) approached parents with a child arraigned in Court (n=243) to complete the survey. Eight content areas were investigated and supported by parental responses: hopelessness, mistrust of the youth justice system (YJS), fear of the child, shame over parenting self-efficacy, parent perceptions of the child’s exposure to violence and parental monitoring. Anger towards the child and enabling of the child were also examined but no support was found, which was confirmed by Bradshaw et al. (2006) and Cook and Gordon (2012). Rose et al. (2004) did report, however, that these two items were the most likely to be influenced by social desirability, therefore would result in low response rates. This was later supported by Cook and Gordon (2012) who used the JOPQ to assess 88 parents of young people on probation in the United States.

Enabling, which encapsulates minimising behaviours, has been supported in studies of parents who have experienced violence perpetrated by their children. Parents in these situations, like people in situations of domestic violence, often minimised the behaviour and extent of their victimisation (Coogan, 2011). In an examination of the lived experiences of six parents who had been abused (physically and/or verbally) by their child, Clarke et al. (2017) found that parents used rationalising, minimising and normalising as methods of coping. The authors maintained that these behaviours were unhealthy and unsustainable for both parents and their children, with parents in their study reporting specific coping mechanisms like self-medicating to numb and block out their feelings. Holt (2016) posited that societal beliefs that adolescence is a time to ‘blow off steam’ or where ‘acting out’ is to be expected, minimises
child-to-parent violence. In line with this, parents are therefore likely to minimise similar behaviours in their children, hoping that it is a passing phase (Coogan, 2011). Williams et al. (2017) interviewed seven mothers and a grandmother who had been victims of their child or grandchild’s violence. Findings revealed that they experienced a range of emotions, which often oppose societal ideals of how a parent should feel towards their child (e.g. resentment, hatred). These societal beliefs reinforced the parents’ self-blame for their child’s behaviour.

Comparably, Murphy-Edwards and van Heugten (2018) interviewed 14 parents and used interpretive phenomenological analysis to explore parental experiences of child domestic property violence. The authors noted that parents were: “faced with pervasive social messages that position parents as entirely responsible for the actions of their children, participants’ meaning making inevitably tracked a course of self-blame” (p. 628). As such, parents in Murphy-Edwards and van Heugten (2018) reported feeling like they were to blame for their child’s behaviours.

The concept of self-blame is included in the literature describing the influence of parents on their children (Farrington, 2003; Moffitt, 1993, 2006; Moffitt & Caspi, 2001). Bradshaw et al. (2006) investigated areas of experience consistent with the JOPQ in assessing beliefs and practices of parents of violent and oppositional adolescents (n=203). The self-report data noted parents’ elevated feelings of inadequacy as a parent, their anger, their fear of harm from their child, and their inability to monitor their child’s behaviour. Feelings of hopelessness and inadequacy resulted from having an aggressive child, but also influenced factors in the child’s aggression, suggesting a bi-directional relationship. As such, parents’ experiences and failures to cope negatively affect the child, and result in a cycle of negative behaviours.

The effect of a child’s behaviour on parents also affects their coping strategies. Sturges and Hanrahan (2011) used qualitative interviews (n=27) to examine how a child’s
criminality affects their mother. Findings revealed themes of initial responses, including
blame, stigma, relationship dynamics, criminal justice response, stress, coping and
acceptance. Firstly, parents responded to their child’s offending by knowledge-seeking,
bargaining, and using tough love in attempts to curb the behaviours. As with drug use, some
parents denied the prospect of their child offending (Butler & Bauld, 2005; Jackson &
Mannix, 2003). However, the behaviours exhibited by their child made mothers internalise
blame. This blame led to feelings of stigmatisation from their family and acquaintances.
Relationships between the mothers and their children revealed a range of responses from
fearing their child to reporting a “good” relationship. Stress was also reported by the mothers
who linked their stress to the physical and psychological effects of weight loss, heart
conditions and depression, supporting links between strain and stress (Orford, Copello, et al.,
2010). The authors claimed that the burdens mothers of young offenders confront were often
underestimated and must be addressed to ensure appropriate support for both mother and
child. These findings were supported in a similar study by Hillian and Reitsma-Street (2003)
who examined the experiences of 10 parents of young people who had earlier interactions
with the Children’s Court in Canada. Parents reported feeling stress and loss because of their
child’s behaviour, stating they felt “alone and ashamed” (p. 26). Parents who were victims of
their child’s physical violence have also reported feelings of isolation (Clarke et al., 2017;
Coogan, 2011). Therefore, parents’ experiences of managing varying types of child offenders
appear consistent.

Isolation was also reported by parents of adolescent sex offenders (Jones, 2015).
Parents of adolescents who had sexually offended and were involved in abuse-focused
treatment groups were investigated by Jones (2015). She ran a focus group and later
interviewed eight of the participants individually. The findings revealed that parents felt
conflicted in their initial responses to their child’s sex offence: they hated the offence their
child had committed but loved them as a person. This complexity was echoed by Clarke et al. (2017) who interviewed parents (n=6) who had been victims of their child’s violence and/or abuse. Parents also felt responsible for their child’s behaviour, a finding that aligns with other research by Hillian and Reitsma-Street (2003) and Sturges and Hanrahan (2011). However, in this group, feelings of responsibility were alleviated once the child had admitted guilt and started treatment. This is where parents whose children use drugs and those whose children offend differ. Discovery and admission of use are the beginning of the journey and did not alleviate feelings of responsibility and self-blame. The parents in Jones (2015) study commented on how useful treatment was for their child and their family. It helped them cope through the shared experiences of other families.

Support assists parents of offenders profoundly. Amani et al. (2018) conducted focus groups to gain insight into criminal justice workers’ views on parents with children in youth detention centres. Two focus groups were conducted: one with justice system employees (n=18) and one with youth defence lawyers (n=22). Participants interacted with the parents of young offenders and shared their experiences. Findings revealed that parents often felt a sense of shame. Participants recommended that consideration be given to parents’ mental health, ways to stay connected with their child, empowering parents, and increasing supports outside of Court to improve the parents’ coping. This highlights the need for a greater understanding of parents in the YJS in more specific and specialised areas, like the CCDC.

**Parents Experiences of Youth Justice Systems**

Parents of young offenders often encounter the YJS. The literature focusing on the experiences of parents in these systems, rather than on their experiences of parenting a young offender, unsurprisingly overlap with that of the experiences of parents of young offenders. The YJS tends to be the point of contact between researchers and participants (Amani et al.,
2018; Bradshaw et al., 2006; Hillian & Reitsma-Street, 2003; Holt, 2009; Jones, 2015) as parents of offenders are generally a small and hidden group in society (Jones, 2015). How participants respond may be affected by the formal setting of the Court, resulting in more socially-desirable responses (Rose et al., 2004). As a small and hidden population, sample sizes for studies in this area reflect this, somewhat limiting the possibility of transferability. The studies discussed highlight issues of stigmatisation, feelings of responsibility and the need for better support for parents of young offenders in the YJS.

Whether parents feel supported in the YJS has been investigated. Sturges and Hanrahan (2011) found that mothers felt unsupported and stigmatised by their criminal justice experience. They felt ignored by representatives of the system and, at times, disrespected by the police and correctional officers during interaction with them because of their child’s behaviour. Further, participants (n=10) interviewed in Hillian and Reitsma-Street (2003) study, who had repeated experiences with the Canadian YJS, described inadequate support, several system constraints and limited participation in the Court process. In contrast, parents (n=203) surveyed in a US study by Bradshaw et al. (2006) reported feeling supported by the YJS. Their findings revealed that parents who felt supported by the YJS were less likely to minimise their child’s negative behaviour, felt less hopeless but felt more inadequate as a parent. However, Meldrum et al. (2017) examined parents’ exasperation (n=101) with their children and found that repeated involvement with the YJS increased their exasperation. This highlights how parents reach a point where dealing with their child’s behaviour has a negative effect on their perceptions of their parenting and results in a reliance on the YJS to manage their child.

Other factors arise when considering parents’ involvement in the YJS process. Simons et al. (2019) investigated factors influencing parents’ participation in the YJS with interviews with 19 parents of detained young people. Findings indicated a range of factors that
influenced participation including practical factors (travel, time constraints, finances); parent-related emotional factors (negative emotions, exhaustion, staff behaviour towards parents); and parent/adolescent relationship factors (oppositional child, worry, quality of relationship).

Simons et al. (2019) concluded that parents struggled with their emotions, the practicalities of having a child in detention and navigating their relationship with their detained child. These factors can negatively influence participation in YJS initiatives, to the detriment of the child and family dynamic. Comparably, in a UK study, Holt (2009) investigated the experiences of parents who had a child involved in youth justice issues. She used narrative interviews with 17 parents to establish their responsibilities and experiences upon receiving a parenting order. A parenting order is a UK sentencing option for parents of young people who have offended and is used to “responsibilise” the parents by mandating their involvement in parenting classes and issuing fines for parents. The mothers described feeling like they were managing their parenting order and their child’s order, while fathers often had little to no involvement. This was supported in Peters (2012) who found that commonly mothers, not fathers, were subject to parenting orders.

The difficulties with mothers’ shouldering responsibility for YJS requirements have been explored. In Holt’s UK study, mothers often dealt with ensuring their child adhered to their order while concurrently complying with their parenting order. The additional responsibilities placed on the mothers led to physical, emotional, and financial burdens. Parents in Sturges and Hanrahan (2011, p. 1001) study echoed this sentiment in their descriptions of the “hard work” of parenting in the YJS setting. Placing responsibility on parents for their child’s offences through the use of legislation perpetuates parents’ feelings of responsibility, shame and guilt (Arthur, 2005; Gillies, 2008; Le Sage & De Ruyter, 2008). Parental involvement in the CCDC was not legislated or mandated at the time of this study, but existing legislation in other states and countries highlight the societal expectations of
parents, particularly mothers (Holt, 2009; Peters, 2012), requiring them to take responsibility for their child’s actions. This position further places responsibility on parents.

As is evident from the literature, parents generally felt stigmatised for their child’s behaviours, internalising the blame (Hillian & Reitsma-Street, 2003; Sturges & Hanrahan, 2011) and taking responsibility for Court mandates (Holt, 2009; Sturges & Hanrahan, 2011). Parents commonly reported feeling unsupported during their time in the YJS (Hillian & Reitsma-Street, 2003; Rose et al., 2004; Sturges & Hanrahan, 2011), resulting in recommendations to improve support for parents with children involved with YJS (Amani et al., 2018; Bradshaw et al., 2006; Jones, 2015).

**Literature Summary**

The literature discussed in this section explored the experiences of parents of drug users from the discovery period to their reaction and to how they coped with their child using drugs. Parents found their child’s drug use, either when confronted with direct evidence, or discovering it accidentally, or realising drug use after the child exhibited behaviour changes. Parents were generally shocked by the drug use, experiencing stigmatisation from family and friends; internalising the blame; and assuming responsibility for their child’s behaviour. The Stress-Strain-Coping-Support model provides a theoretical framework that assists with explaining the effects of stress and strain on coping with a child who uses drugs. As a way of coming to terms with their child’s drug use, some parents normalised drug use as a part of growing up. However, the international literature assessing the normalisation thesis has produced mixed results. The literature suggested that parents often felt shocked that their child used or was using drugs and searched for answers as to why it had occurred. Many parents then sought professional supports to enable them to deal with their child’s drug use.
Initiatives like the CCDC provide parents with some reassurance as their child’s drug use is being addressed formally.

Feelings of stigmatisation and internalised blame were common among parents whose children had offended. Their responses highlighted internal conflicts of loving their child but not understanding their behaviour or how to address it. Some parents denied the possibility of their child’s offending, as did parents of drug users. The commonalities of experiences between parents of drug users and young offenders suggest the two experiences are similar. Themes of feeling responsible and stigmatisation are continued in the literature on parents’ experiences of parenting in the YJS. During their time in the YJS, parents reported feeling ignored, alone and unsupported. To date, little research has been conducted that investigates the experience of parents who have an adolescent who uses drugs and offends and is in a Court-mandated drug program. The following results highlight the unique experiences of parents with children in the CCDC to guide CCDC process refinement.

**Reflecting on the Analysis Process**

[removed]

**Sample**

As discussed in the methodology chapter, the interviews were conducted with eight parents of young people participating in the CCDC. As they were questioned only about their child’s behaviour and their experiences of the CCDC, their demographics, personal experiences with drug use, and their criminal justice system involvement were not probed. Findings are presented with caution to avoid assuming certainty. Parents reported similar experiences of having a child who uses drugs and had pled guilty to offending. A summary of parent-child relationships, their stage of the CCDC program and their child’s drug of choice are summarised in Table 9. The stage of the CCDC that some parents were in precluded them
from being asked some questions. For example, Cho and Susan were in the early stages of the program and Rita had not been actively involved in the CCDC because of work commitments, so they could not answer specific questions about their role in their child’s CCDC journey.
Table 9

*Parent Sample Summary*

<table>
<thead>
<tr>
<th>Parent</th>
<th>Child Pseudonym</th>
<th>Relationship</th>
<th>Stage of CCDC</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cho</td>
<td>n/a</td>
<td>Aunt</td>
<td>Before the first session</td>
<td>Cannabis</td>
</tr>
<tr>
<td>Rita</td>
<td>Fred</td>
<td>Mother</td>
<td>Day of graduation</td>
<td>Cannabis</td>
</tr>
<tr>
<td>Eileen &amp; Charles (joint interview)</td>
<td>James</td>
<td>Mother &amp; father</td>
<td>3 months in</td>
<td>Cannabis, nangs, MDMA</td>
</tr>
<tr>
<td>Lily</td>
<td>Dean</td>
<td>Mother</td>
<td>2 sessions until graduation</td>
<td>Cannabis</td>
</tr>
<tr>
<td>Susan</td>
<td>n/a</td>
<td>Mother</td>
<td>Before the first session</td>
<td>Cannabis</td>
</tr>
<tr>
<td>Alicia</td>
<td>n/a</td>
<td>Mother</td>
<td>2nd session</td>
<td>Cannabis</td>
</tr>
<tr>
<td>Kendra</td>
<td>Charlie</td>
<td>Mother</td>
<td>Day of graduation</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Molly</td>
<td>n/a</td>
<td>Mother</td>
<td>5 sessions in</td>
<td>Illicit use of prescription medication</td>
</tr>
</tbody>
</table>

*Findings and Interpretations*

This section answered research question two by exploring the experiences of the parents in the CCDC. Two themes emerged from the data analysis: Hope and Responsibility.

The theme of hope bookends this chapter. It is discussed first as a method of illustrating the parents’ overall feelings toward their child, their situation and the hope that the CCDC would address problematic behaviours. Parental responsibility refers to the accountability that
parents felt about the way they deflected responsibility for their child’s drug use and offending from themselves. Hope is revisited at the end of the chapter to show the changes in the feelings of parents towards their child and the future after CCDC involvement. The chapter outline is depicted in Figure 8 and key terms specific to this chapter are summarised in Table 10.

**Figure 8**

*Experiences of Parents Chapter Themes and Subthemes*
Table 10
Definitions of Parents’ Chapter Key Terms

<table>
<thead>
<tr>
<th>Terms used</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility</td>
<td>“The assignment of accountability to a person” (McCue, 2016, p. 7)</td>
</tr>
<tr>
<td>Judicial deferral</td>
<td>Parental consultation with Court staff for instruction, guidance, and support.</td>
</tr>
<tr>
<td>Accountability</td>
<td>An obligation or willingness to accept responsibility.</td>
</tr>
<tr>
<td>Judicial compliance</td>
<td>Actions that accord with Court requirements, requests, or instructions.</td>
</tr>
<tr>
<td>Minimisation</td>
<td>The trivialisation, downplaying and understating of behaviours make them seem less serious.</td>
</tr>
<tr>
<td>Justification</td>
<td>Explanations of behaviours as acceptable for specific reasons.</td>
</tr>
<tr>
<td>Deflection</td>
<td>Changing the direction of responsibility.</td>
</tr>
<tr>
<td>Hope</td>
<td>Desire something with anticipation.</td>
</tr>
</tbody>
</table>

Hope for Change

Parents reported feelings of hope when discussing the early stages of their child’s involvement with the CCDC. They reported hoping that progressing through the CCDC would improve their child’s behaviour and, in turn, their life. They spoke desperately as if the CCDC was their last lifeline to address their child’s behaviours as they had reached the end of their parenting rope. They hoped that the CCDC would be the program to facilitate a positive change in their child. Lily described her relationship with her son and her outlook before starting CCDC:
I didn’t trust him, I didn’t believe him, I had no faith, I thought he was going to fail...

There was nothing positive to say; all I was going off was hope. (Lily)

Other parents described their hope for their child of becoming prosocial through education or employment following their CCDC participation:

I was hoping he would stick through it [CCDC]... Stick to no drugs and hopefully he stays at school to get an education. (Rita)

I think it’s [CCDC] probably going to be a good thing for my son because it’s probably going to get him on, back on track. (Susan)

My hope is that he will be clean as such and he won’t get in trouble again if it is not for his family. Even for himself. That he won’t ruin his life. (Cho)

My hopes would be that he can integrate back into society at the end of this to get a job and be ... the education opportunity’s gone but just to be a functioning member of society that’s not dependent, not only on drug use, but the profit to be made out of drugs. (Molly)

Participating in a program like the CCDC can be arduous, given the expectations of the young person and their parents (Hillian & Reitsma-Street, 2003; Holt, 2009). However, the parents reported that their desperation made them open to participating. Hope is a coping mechanism used by parents of young offenders (Clarke et al., 2017; Sturges & Hanrahan, 2011). Hope can also be present in methods of coping, such as tolerant coping, where there is hope that change in behaviours can occur. However, hope is not discussed in TJ literature. The hope that Court programs like the CCDC provided could be a mechanism to increase participant (and their parents) wellbeing during their time in the program. The parents in this study reported using hope, and the CCDC facilitated their hope. In doing so, parents were
engaged with the CCDC, which research has shown improves the likelihood of the child’s success in Drug Courts (Alarid et al., 2012). However, their involvement raised issues of responsibility and self-blame.

**Responsibility**

One overarching theme that emerged concerning the parents’ overall experiences of having a child in the CCDC was responsibility. It is defined as allocating accountability to a person for actions or behaviours (McCue, 2016); the parents in this study assumed they had to take responsibility for their child’s behaviours. The official CCDC requirements in the CCDC manual include parent or family support but does not overtly assign responsibility for managing their child’s CCDC journey. Responsibility is complex because it is a socially informed and constructed concept that can become an internalised feeling. In this chapter, responsibility is examined as the parents’ internalised feelings of responsibility. Parents described the feelings they experienced towards their child’s drug use and offending behaviour. Initially, they were disappointed:

*Disappointed. Because it’s not something [drug use], like, he’s ever been exposed to like around us as a family or friends that we’ve always sort of socialised with... So obviously we were disappointed.* (Susan)

*Yeah and disappointed as well because I saw him growing up and I didn’t think he would turn into something like that.* (Cho)

*Oh, I was devastated. Yeah, it tore us all apart.* (Molly)

*I was disappointed, it was disappointing, I was sad, you know* (Lily)

The parents discussed how they felt upset that their child had not lived up to their expectations. By offending and using drugs their children had behaved outside the norm and
their expectations for their child. Research has highlighted the range of emotions that parents report upon discovering their child drug use, beginning with shock (Butler & Bauld, 2005; Choate, 2015; Groenewald, 2016, 2018; Groenewald & Bhana, 2016, 2017; Jackson et al., 2007; Usher et al., 2007); whereas the parents in this study primarily reported disappointment and self-blame. This difference could be due to the time passed since the discovery, which would allow for reflection.

The parents attributed accountability to themselves, feeling personally responsible for their child’s negative behaviour. More specifically, they felt their parenting was the cause of these behaviours:

*Sometimes I feel like I have failed him, like, maybe I wasn’t supportive enough.*

*Maybe I wasn’t saying the right things that he needed to hear at that time.* (Lily)

*Yeah failure, I am. I feel sick, yeah. [English a second language]* (Eileen)

*Well it more or less… Makes you feel like a failure.* (Charles)

*You know, I blamed myself, and my husband blamed himself.* (Lily)

Their sense of responsibility can be explained by parents being viewed as “agents through which their children develop” (Such & Walker, 2004, p. 2). Feelings of guilt and failure are fundamentally linked, indicating a sense of parental responsibility for their child’s behaviour (Peters, 2012). These feelings were also linked to the way parents are routinely viewed as responsible for their child’s actions (Arthur, 2005; Gillies, 2008; Holt, 2009, 2016; Jackson & Mannix, 2003; Jackson & Mannix, 2004; Le Sage & De Ruyter, 2008; Sturges & Hanrahan, 2011). In this study, parents seemed aware of the way they were viewed by outsiders and internalised being responsible for their child’s behaviours.
How parents think about how society views them warrants further discussion. The research outlined dysfunctional parent-child relationships, neglectful child-rearing methods, parental monitoring and parental processes that contribute to a young person’s likelihood to commit a crime (Farrington, 2003; Moffitt, 1993, 2006). Also, society expects parents to have a degree of control over their child, especially to ensure their child does not harm another with their actions (Collins et al., 2015; Jackson & Mannix, 2004; Le Sage & De Ruyter, 2008). If parents do not have control, they are viewed negatively and, more recently, have been held legally responsible for their child’s actions in jurisdictions outside of Australia (Arthur, 2005; Gillies, 2008; Holt, 2009). The literature suggested that feeling stigmatised and judged by family members and others are also apparent among parents of drug users (Corrigan et al., 2006; Orford, Velleman, et al., 2010) and young offenders (Amani et al., 2018; Clarke et al., 2017; Jones, 2015; Sturges & Hanrahan, 2011). This judgment or fear of judgment could be the reason that some parents felt they needed to minimise or justify their child’s negative behaviours to deflect responsibility.

Navigating Responsibility.

Drug use. In conjunction with the parents descriptions of feeling responsible for their child’s behaviour, they also used justifying and minimising techniques to downplay the behaviours. When asked about how they felt when they found out about their child’s drug use, some parents reported they had “no idea it was happening” (Kendra). They explained that the lack of knowledge of their child’s drug use, prevented them from not addressing it earlier. Some parents reported being unaware until contact with the young person’s school, from the police, or when a negative event (fit) occurred:

From school, I think he was in year 10. I think when the deputy principal let me know.

(Rita)
That I know of, it would have started in September of 2017 with cannabis, yeah… The police found him with cannabis in his backpack one night. (Molly)

We actually weren’t aware of his drug use until we got notified that he was arrested. (Cho)

Since he had the fit something is wrong. Listen, something, like, hit me: Bang… and he had the fit in front of me and I said: “what’s wrong with you, James?” (Eileen)

From there, Eileen’s son was taken to a hospital where she reported that drugs were found in her son’s system after urinalysis and blood tests. Another participant misjudged the changes they saw in the child as hormonal changes, ascribing drug use behaviours to traits commonly seen during adolescence:

He was sleeping all the time. He was also, his eyes were bloodshot, but I attributed that to hormones, him going through puberty because he was a teenager. (Cho)

The parents’ accounts of the methods of discovery of their child’s drug use are consistent with existing research confirming that parents were often unaware of the situation until confronted with direct evidence (Butler & Bauld, 2005; Choate, 2015). The parents interviewed cited their lack of knowledge as reason non-action – if they did not know about it, they could not address it before it reached more serious levels of use where the health, education and criminal justice consequences were more severe. The findings differ from those of Jackson and Mannix (2003) and Usher et al. (2007) who found that parents commented on knowing something was “wrong” or different in their child’s life before finding out about their drug use. In the current study, when asked about finding out about their child’s drug use, most parents did not report realising something was “wrong”. This line of questioning was not the focus of the interview and was not probed, as it would have been
in the other studies cited. The parents did not notice or realise that their child was using drugs, suggesting their child was able to hide drug use. Some parents also normalised drug use and the behaviours symptomatic of drug use.

When the parents reflected on their child’s behaviour before becoming aware of the drug use, parents noted changes in his appearance:

*Probably appearance-wise. He lost weight, just eating at random times...* (Susan)

Parents also referred to a general lack of interest, mood swings and other behaviour changes:

*He became a bit withdrawn and wouldn’t really interact with the family. It was all about his friends… Yeah, he used to be really into his [rugby] league but now he isn’t.* (Rita)

*The behavioural changes, just with his language, with his disinterest in things that held so much interest to him before. He’s quite talented sports-wise, that went all by the wayside. His education, he’s quite clever and nothing mattered anymore except that group of friends and now that we know – it’s the dependency on the drugs.* (Molly)

*I was wondering why he was like, a little bit off, eating more, his attitude, snappy, he just started changing dramatically.* (Lily)

*Probably just more short-tempered or grumpy or moody that type of thing.* (Susan)

Parents commented that at the time they noticed the behavioural changes but attributed it to hormonal changes in adolescence or because of the influence of others; they had justified their child’s withdrawal and moodiness as a normal part of growing up. The traits listed were consistent with literature detailing mood variability in adolescence (Conger et al., 1994; De
Goede et al., 2009; Flook, 2011; Maciejewski et al., 2015). Parents’ reports of changes in behaviour, mood and appearance were also consistent with the findings in the literature on drug use behaviours (Ali et al., 2011; Choate, 2015; Orford, Velleman, et al., 2010). Specifically, Ali et al. (2011, p. 25) found these changes to be among the “warning signs” of drug use by young people. For most parents, however, detection of drug use was not in their arsenal. Further, adolescents can be adept at hiding their drug use from unsuspecting parents (Ali et al., 2011; Choate, 2015). As such, behavioural changes caused by drug use were misinterpreted by parents to be the typical developmental process of adolescence.

This is consistent with Choate’s (2015) research who explained that while parents saw changes in behaviours of their drug-using child, they did not understand them or how to manage them. Furthermore, Choate (2015) suggested that parents of drug-addicted adolescents commonly try to find alternative explanations for drug use. This strategy has also been found to be particularly common in mothers of drug users (Groenewald & Bhana, 2017). This finding indicates ignorance or confusion about drug use behaviours and should be explored in future research to garner information on detection and best practise advice for parents.

After finding out about their child’s drug use, some parents’ statements minimised the negative implications of it. Some parents attributed drug use as “just part of growing up”:

*I do understand at this age it’s really kind of normal to look around.* (Alicia)

*It's just a teenage thing... It's just such a common thing to do here, not just with children but with adults too. It's like smoking a cigarette, you know.* (Susan)

The normalisation of drug use has been discussed at length in youth culture literature (Aldridge et al., 2011; Bahora et al., 2008; Duff, 2003; Fitzgerald et al., 2013; Järvinen &
Demant, 2011; Measham et al., 1994; Measham & Shiner, 2009; Newcombe, 2007; Parker et al., 2002; Pennay & Measham, 2016; Pennay & Moore, 2010; Sandberg, 2012; Taylor, 2000; Wilson et al., 2010). Although some literature suggested that drug use has become a normal, unchallenged part of youth culture over time (Measham et al., 1994; Measham & Shiner, 2009; Sandberg, 2012), more contemporary literature rejects this notion as reported drug rates have declined (Australian Institute of Health and Welfare, 2017; Miller et al., 2012; Williams, 2016). Few young people use drugs (Australian Institute of Health and Welfare, 2017; Miller et al., 2012) so parents’ descriptions of drug use as being normal did not align with the reality of youth drug use more broadly, although it could be normal in some groups and communities. Although these parents expected their child to use drugs during adolescence, they did not disclose any strategies to dissuade drug use. This suggests these parents accepted some drug use in adolescence. Further, attributing their child’s drug use to ‘normal’ adolescent behaviour was sometimes a technique used to minimise the behaviour, perhaps to make it seem more socially acceptable. However, almost all parents stated they were disappointed when they discovered their child’s drug use. This incongruence has been noted in other research of parents of young offenders (Clarke et al., 2017; Jones, 2015; Williams et al., 2017). It illustrates the inner-conflict parents of young drug users experience.

Although parents were not asked directly about their own experiences with drug use, two parents acknowledged their or an ex-partner’s use (the child’s father). Their views on drug use were likely shaped by their experiences:

*I didn’t want to be a hypocrite because I tried when I was young too.* (Rita)

*His dad was a big smoker [of cannabis].* (Kendra)

Parents’ responses to drug-related questions revealed some positive bias in their views. This approach may be an attempt to explain why they had not punished drug use or felt unable to
get their child to cease using drugs. Some parents in this study minimised the harms associated with drug use and its effect on future CJS involvement, findings consistent with findings in the literature (Higgins et al., 2010; Hussong et al., 2004; McGee et al., 2015; Moffitt, 1993; Odgers et al., 2008). A parent’s acceptance of their child’s drug use could reinforce the normalisation of drug use for their child. However, this was incongruent with parents’ experiences in the CCDC. Parents were actively involved in a criminal justice program to address their child’s drug use and drug-related offending. Therefore, they were potentially aware of the consequences of drug use.

Parents’ earlier comments about their disappointment that their child was using or had used drugs did not align with their position that drug use was normalised. Their sense of responsibility for their child could explain the tension between their initial feelings and the subsequent justification and minimisation responses used. Parents felt responsible for their child’s drug use and minimised it to normalise their child’s behaviour. Clarke et al. (2017) found that parents used methods of minimisation and normalising of their child’s violent behaviours as a method of coping. However, if the children of the parents interviewed for this study heard these minimisations and justifications, it was likely they could feel less accountable, counter to what the CCDC and TJ principles promote. Accountability and personal responsibility are important aspects of self-improvement and understanding to move forward (Hora et al., 1999), which parents could risk undermining if they used justification and minimisation techniques.

**Offending.** By appearing in the CCDC, every parent had a child who had offended at a serious level and the offending was linked to drug use. Some parents were asked about the offence their child had committed. They were open about their child’s offending. Susan listed the offences their child had been involved in:
Um, well he got in trouble for assault... stealing, going to petrol stations with his mates and filling his car up and driving away. Um, yeah then another one theft, trespass, and theft of alcohol then the main one that we are here today for is the possession of drugs with intent to supply. (Susan)

Lily touched on the offences her son had taken part in with friends and explained that it was to support his drug use:

They all started doing burglaries and finding other ways to get the drugs to feed their habit. (Lily)

Kendra was able to recognise the escalation in her son’s antisocial behaviour:

It was year 10 he started playing up. The beginning of year 10 he started off by not wanting to go to school, you know. Just not taking proper stuff to his classes and then not doing homework then it crept into wagging school. Then he got into trouble for graffitiing a school hall and then it just slowly escalated to the fighting. (Kendra)

The reported escalation of offending is consistent with explanations from LCP and AL offender literature (Farrington, 2003; Moffitt, 1993, 2006; Moffitt & Caspi, 2001; Moffitt et al., 2002; Richards, 2011a). Offending is shown to peak in the mid to late teenage years then decline and cease when social maturation is achieved, usually by their early 20s (Moffitt et al., 2002; Sampson & Laub, 1993). Some parents acknowledged the escalation in behaviours before the CCDC involvement. However, others were less convinced of their sons’ culpability. Molly did not acknowledge her son’s drug selling as ‘offending’ behaviour:

He hasn’t [offended] ... the only offence he did was selling of the drugs; he hasn’t done anything violent or... that I know of anyway. His charges have all been related to him selling drugs, yeah. (Molly)
Similarly, Alicia doubted her son’s guilt and felt that the evidence on this occasion was not definitive either way. She described how her son had sold drugs previously but was not sure on this occasion that he had. She felt that a lack of clear evidence prompted her son to plead guilty to avoid a trial:

*I’m not saying that he didn’t have any kind of intent; I don’t know that. Ok, um but going to a trial it would be hard for him to then say that on that occasion he didn’t have any intention. So basically, it was like he was guilty.* (Alicia)

Rather than stating her son was guilty of selling drugs at some point in time, she stated that “it was like he was guilty”, which suggests she obfuscated her son’s guilt on this occasion.

The implications of minimising and justifying behaviours relate to the attitudes held by parents that young offenders can model (Cook & Gordon, 2012; Rose et al., 2004). By minimising these types of behaviours, parents risk their child modelling minimising and continuing participation in negative behaviours like offending and drug use. Thus treatment programs like the CCDC are crucial for their child’s wellbeing. Parents’ support during Drug Court participation is conducive to success in young people abstaining from drug use and offending (Alarid et al., 2012; MacMaster et al., 2008). As such, an investigation into the role of parents’ minimisation and justification of behaviours is recommended for future research, as supported by Murphy-Edwards and van Heugten (2018) and Williams et al. (2017).

Knowledge of parents’ attitudes can assist with providing supports to them, help promote parental support for Drug Court programs and, in turn, participant success.

Also, parents defended their children, by indicating that their child did not act alone in their offending. Their child was in the company of friends at these times. They gave the impression that their child was influenced by their friends to offend, though the manner of this influence was not clear:
Unfortunately, he just gravitated towards the kids that were always getting in trouble and that sort of yeah led him astray a bit really and he quickly became sort part of the gang as such or group, peer group... his group was starting, was still getting into trouble and then the police now had to become involved with the things that they were doing. (Susan)

He’s very gangster style, you know, found a group of people that he just loves the notoriety of that drug culture, the attention, the money that it brought in, all that... nothing mattered anymore except that group of friends. (Molly)

Their explanations are consistent with the literature examining the role of friends on offending (Dodge et al., 2006; Esiri, 2016; Monahan et al., 2009). The parents referred to their child’s friends in negative terms like “the wrong people” (Lily). The mothers’ comparisons between children and their friends were examined by Sturges and Hanrahan (2011) who found that peer involvement in offending was used as a mitigating factor by parents to defend or absolve their child from some or all guilt. These parents could have felt that their child’s actions were viewed as a reflection of their parents’ parenting skills, therefore it could be assumed that when the child is less culpable by portioning some blame to their child’s peers, the parents are, in turn, also less culpable.

Understandably, the parents’ feelings of being judged led to defensive reactions to questions about their child’s offending. Parents used words and phrases to minimise the severity of the offences, with each parent adding a caveat or explanation as to why their child committed the offence. The severity of the crime that the young people had been charged with and subsequently pled guilty to was described in a way to make the offence sound less serious: it was not “violent” or it was “to make a profit” (Susan). Parents whose children had
been charged with possession of a prohibited drug with intent to sell or supply used the reasoning that this offence was not that serious as it was not violent:

_But supply as into his friends, not to make a profit from selling it to other people._

(Susan)

The minimisation of negative behaviour is supported by child-to-parent violence literature. Parents in those studies consistently reported that their child’s behaviours were not as bad as they could be or were not the worst examples of offences (Clarke et al., 2017; Cottrell & Monk, 2004; Holt, 2016).

Although some parents minimised their child’s offending, doing so was incongruent with the reality of the situation these families were in. Although the importance (and promotion) of diversion from the CJS in WA is outlined in the _Young Offenders Act 1994_ (WA), the commission of serious crimes limits the ability of police and Courts to use diversionary methods. Therefore, having to appear in Court and participating in the CCDC meant that these parents’ children were involved in serious offending. As discussed, the CCDC accepts drug-related offenders at a serious level. If the offences were low-level, in WA the young people would have been diverted to the shorter, lower-intensity program, the Youth Supervised Treatment Intervention Regime (YSTIR).

Williams et al. (2017) investigated the experiences of mothers and grandmothers who had been victims of child-to-parent violence. They found parents had conflicting emotions, with parents battling self-blame and the blame of others. The complexities of emotions reported by parents often resulted in them working through issues privately to shield themselves from external judgment. Parents had negative and positive feelings towards their child simultaneously thus they found it difficult to talk about these. Discussing negative emotions towards the child could put them in the position of being judged negatively again.
The parents in the current study seemed to face the same dissonance, they may have tried to stop judgment through minimising and justifying replies but concurrently felt responsible for their child’s behaviour.

It seemed that parents felt responsible for these behaviours but wished to explain why they were not wholly responsible. Minimisation and normalisation are coping mechanisms used by parents in instances of child-to-parent violence (Clarke et al., 2017), but are unsupported in larger, quantitative studies using the JOPQ (Bradshaw et al., 2006; Cook & Gordon, 2012; Rose et al., 2004). Social desirability could explain why some parents interviewed face-to-face in this study wished to minimise the culpability of their child and, in turn, themselves (Rose et al., 2004). The complexities of emotions and behaviours of parents were evident among this sample and resulted in behaviours consistent with self-blame coping mechanisms.

**Accountability Through Compliance.** Interviewees in the following section were required to be actively immersed in the CCDC, therefore three respondents (Cho, Susan and Rita) could not be included as part of the responses. Data analysed in this section are from interviews with Eileen & Charles, Lily, Molly, Kendra, and Alicia. The CCDC process became part of parents’ day-to-day life with months of curfews for their child to adhere to, maintaining correct contact with case managers and the Court and bail conditions, attending urinalysis three times a week, and attending Court fortnightly. The responsibility that parents felt propelled them to explain the sacrifices they had made to ensure their child complied. Molly commented “I feel like his Uber driver” as she drove him to all of his Court appearances and mandated appointments. Another used her day off to attend CCDC sessions:

*This is her day off. She gets one day a week off; she has to come here [speaking of CCDC participant’s mother, Eileen].* (Charles)
Through a Therapeutic Lens: Perth’s Children’s Court Drug Court

The difficulties of juggling responsibilities and the “hard work” of parents involved in youth justice have been documented (Hillian & Reitsma-Street, 2003, p. 27; Holt, 2009; Meldrum et al., 2017). Previous research has also shown that mothers in particular take on the day to day chores of ensuring their child adheres to the Court’s requirements (Holt, 2009). Additional chores associated with the CCDC were another task for parents in this study to take on but appeared to also act as an outlet or coping mechanism for self-blame.

Additional chores associated with CCDC often negatively affected the parent as they encroached on many aspects of their life. During her interview, Molly was waiting for her son’s CCDC appearance (and her son’s urinalysis results), waiting to speak to her son after he met with his lawyer, feeling nervous about their first family counselling session and anticipating a work call before her return to her workplace after the CCDC appearance. With so much on her mind, Molly was distracted in the interview and strayed off-track:

He’s … our relationship needs a lot of repairing and it’s early days. Today we’ve got our first family counselling session so I find him very, very intimidating, his language is atrocious, sorry, ‘I’m just waiting for a work call [phone rings and Molly answers]. He’s [son] back out the front [after lawyer meeting]. (Molly)

With so much to consider alongside the compounding effects of her son’s behaviour before contact with the CCDC, Molly felt the strain. Kendra on the other hand, whose son was at the end of his time in the CCDC was able to reflect on her sacrifices during the interview:

Well, I’ve had to fight a lot for him… I had to fight with his dad a lot because his dad is a bit too lenient and um yeah, never used to take it all seriously and I used to look like the ogre a lot… I’ve always encouraged his friends to come there [her home] to keep him company and, you know, I would cook for them and always make it comfortable for them to be there, you know. (Kendra)
Kendra became an active part of her son’s YJS journey once they became involved in the CCDC. Before contact with the CCDC, she commented on feeling at the ‘end of her tether’ with her son whose behaviour had been a concern for some time. The compounding effects of dealing with her son’s drug use and negative behaviours, which were affecting her other children, resulted in placing her son in her ex-husband’s home and care, even with the knowledge that her ex-husband was a cannabis user. She reported this was necessary for her to focus on her other children and appeared to give a reprieve from the intensity of her son’s drug use situation. Kendra demonstrated a transition from tolerant coping (arguments about her son’s behaviour) to withdrawal (sending him to live with his father) to engaged coping (involvement with his CCDC progress), suggesting coping with drug use and offending is ever-changing for parents (Orford et al., 1998). Similarly, as discussed in the “Hope for change” section, other parents reported they oscillated between coping methods, with most reaching the end of their parenting rope before CCDC involvement.

The CCDC required that parents (re)engaged with their children to become more involved through parenting in the YJS. Although transitioning parenting expectations into the YJS was a novel experience for most parents, problems common with teenagers (such as disorganisation) remained. Alicia, the mother of a 17-year-old CCDC participant, explained:

> Yesterday I got ready for him to do it [attend urinalysis] by himself because I was working and everything, but he went there without the ID so couldn’t do it... Even [though] I left the ID on the table and phoned him and text him, I told him “you can’t go there without ID’” and he went there and couldn’t do the test. (Alicia) [English as a second language]

The additional requirements of the CCDC frustrated parents because of their child’s stage of development, which included low attention to detail, lack of organisational skills, and
forgetfulness. The CCDC gives the participants additional responsibilities that ultimately become the parents’ responsibility to do or enforce in most cases. Although the CCDC encourages the child to take responsibility, parents reported they needed to ensure compliance with Court requirements. Parents found that the CJS was difficult to navigate and required parents to defer to conventional ideas of parenting. In Alicia’s case, she had to organise her child because he lacked competency in self-organisation. She demonstrated her competency and her son’s lack thereof in the above example. As young people develop, their competency, attention to detail, organisational skills and memory generally increase with less need for the parent to intervene (Christie & Viner, 2005; Daniel et al., 1999; Le Sage & De Ruyter, 2008). However, in the CCDC, the stakes are higher, and incompetency could lead to sanctions or more severe sentencing. Therefore, parents felt responsible for protecting their child from harsher punishments by promoting compliance with judicial instructions in line with Holt’s (2009) findings. In essence, their sense of responsibility promotes accountability through compliance.

Compliance with a Court order by mothers has been investigated in the UK. Holt’s (2009) study found that mothers felt as though they were also subject to their child’s Court requirements. The mothers also wanted their child to meet the requirements of the Court to avoid negative consequences. Parents were not asked why they attended the CCDC, but some parents in this study felt it was part of their role to be involved and expected of them:

*I’m just his mum and just being a mum and doing what is asked of me.* (Lily)

*Um, yeah, I’ve put things aside for him, I’ve turned down work, I’ve made a big effort, I’ve juggled kids, I’ve supported him, I’ve never stopped him from going out, apart from his curfew times, of course.* (Kendra)
Parents did not seem to consider the emotional and financial cost of their support until their interview. The sentiment was that their support and presence was just another factor in being a parent. Jones (2015, p. 1311) found parents of adolescent sex offenders reported that “being there” and supporting the child was a common theme. The parents in this study did the busy work of ensuring compliance with CCDC requirements, perhaps thinking that this would be enough to address their child’s negative behaviours. Parents seemed to act in a way that showed that they were capable parents, fuelled by feelings of responsibility and self-blame. Helping their child adhere to requirements was a way to alleviate these feelings.

Parents did not speak of the work required to repair relationships or of their potential role in their child’s offending and drug use. They were exhausted, emotionally depleted and sometimes automatically following the rules of the CCDC. It seemed that parents were caught up in the motions of the CCDC, biding time until their child was hopefully “fixed” by the Court upon graduation. Most parents explained how the demands of supporting their child through the arrest, YJS appearances and CCDC participation had substantial emotional effects. In addition to ensuring their child adhered to the requirements of the CCDC, the parents were also avoiding further involvement of the police and the sanctions for their child from the Court. They demonstrated accountability for their child’s actions through complying with CCDC requirements which also helped them to cope with feelings of guilt and reduce stigma they explained they experienced.

**Transference of Responsibility.**

**Judicial Deferral.** Another complexity in the theme of Responsibility arose when parents discussed navigating the CCDC. While in the CCDC, the parents’ responsibility for boundary setting and discipline was transferred to the CCDC. Some parents felt comfortable in allowing the CCDC this control, deferring to the Court staff for permission, advice, and
information. The parents described how they would defer to Court staff to seek support to ensure their child conformed to curfews, counselling, and detoxification. These parents described their deferral to and reliance on CATS 1, a dedicated CCDC CATS officer:

_If I’m not sure of things, I’ll ring CATS 1. If Dean wants to do something, I’ll be like “well ring CATS 1 first to make sure with what we are deciding to do... if CATS 1’s happy with that, I’m happy with that.” If CATS 1 is happy, the three of us are happy and I’m happy. So I always ring CATS 1 to let him know or he will tell me._ (Lily)

_CATS 1 was fantastic, he was always there to um explain something if I didn’t understand, um, he was always. He was pretty cool with Charlie, you know._ (Kendra)

_CATS 1 listens; he definitely acts on what you say and provides very reasonable explanations if you’ve got questions about anything._ (Molly)

To some degree these excerpts demonstrate how exhausted parents relinquished responsibility and used Court staff, particularly their child’s CATS officer, to reinforce rules and apply discipline. Once parents had settled into the program, the expectations, and the role of CCDC staff, they reported adopting a routine of deferring to CCDC staff for instruction. Reliance on the Court for boundary setting and support raises concerns for when parents no longer have the support of the CCDC when their child graduates. This is particularly true given the emotional depletion of parents.

At the beginning stages of the CCDC process, they appeared exhausted, confused, and had reached the end of their parenting resources:

_The emotional toll that [my son’s drug use] has taken on me personally changed me, absolutely changed me… I could never live through this again, it’s a deal-breaker. I can’t do it again._ (Molly)
I wasn’t sleeping, I wasn’t able to function during the day, every knock I was anxious, I was waiting for something or a phone call or... (Kendra)

Parents described the hurt associated with their current situation and the ensuing exhaustion. Thus, supporting their child took its toll on their emotional wellbeing and lives in general and is supported by the literature (Orford, Copello, et al., 2010; Orford et al., 1998; Orford, Velleman, et al., 2010). Also documented is “parental exasperation” where parents feel at the end of the line with their resources and are unsure what to do with their child (Bradshaw et al., 2006; Cook & Gordon, 2012; Rose et al., 2004). Having a child with a drug use problem go through the YJS can be gruelling and take a toll physically, emotionally and socially on parents (Amani et al., 2018; Hillian & Reitsma-Street, 2003; Holt, 2009; Jones, 2015; Orford, Copello, et al., 2010; Simons et al., 2019). Therefore, parents in this situation often feel beaten down and unable to take any more difficult or negative behaviour from their child. The exasperation parents felt means that parents are often “ready to hand them over” to the YJS (Cook & Gordon, 2012, p. 207). The parents in this study seemed to do similarly in deferring to the Court for boundary setting, advice, and information. Charles went so far as to say that the Court was not doing enough to discipline their child:

They’re too nice to the boy... He wants [should get] a kick up the bum... She [the CCDC Magistrate] should say “You know I can do this, this and this and this to you, you know how much power I got over you?” She doesn’t say a single thing like that. (Charles)

Parents described how the added element of authority Court staff held, especially the CCDC Magistrate, was beneficial even if Charles felt it was not being utilised to its fullest. Molly commented that she had never seen her son “treat anyone with so much respect.” The authority of the Court allowed the parents to defer disciplinary tasks such as monitoring
(curfew and reporting conditions) and other parental decisions (e.g. allowing their child to go on holiday). The Court was legitimised by the law as an overarching authority (Hora et al., 1999; Malcolm, 2007; Mitchell et al., 2012; Salvatore et al., 2011; Vitello, 2003) while the child’s offence and drug use were being dealt with in the CCDC. In the home, children usually see their parents as holding legitimate authority before transitioning through adolescence (Kuhn & Laird, 2011; Mayall, 2002). In essence, children usually consider their parents as having and managing this responsibility because of their experiences and duty to protect them (Punch, 2005).

Although parents were not asked about their parenting authority or their child’s attitudes towards it, the literature suggested a decline in views of parental legitimacy would be evident among CCDC participants, given their age and behaviours (Darling et al., 2008; Thomas et al., 2020). This is particularly true if parents are not viewed as using procedural justice through listening and being respectful and unbiased in their decisions (Fagan & Tyler, 2005; Thomas et al., 2020). These are traits that underpin the CCDC and the interactions between staff and the participants, which could have improved compliance with the CCDC when compared to whether parents comply with instructions. Parents in this study recognised this. The CCDC’s authority allowed the parents who felt emotionally depleted by their child’s behaviour and possibly viewed as illegitimate authorities by their child, to rely on the Court to set rules and boundaries.

Given that the CCDC is deferred to by parents for discipline and authority during their time in the program, the reliance on the Court needs to be considered regarding how these parents will cope once their child finishes the program. Shifting the responsibility of disciplinary tasks to CCDC staff removed an aspect of parental responsibility from those who felt unable to carry this out effectively at this time. As these themes emerged, it seems that parents were glad of the CCDC’s help in managing their child. However, it was a complex
issue that resulted in tensions between parents feeling glad to have the Court to defer to and some parents feeling excluded from the decision making regarding their child during CCDC processes.

**Exclusion.** Being excluded from decision making regarding their child began early in the CCDC process for some parents. Although preferred, parental consent was not required for a child to take part in the CCDC, which meant that some parents were not included in this initial decision to take part. Alicia commented: “he made that decision himself with his lawyer.” She noted that she was often excluded from meetings with lawyers. Alicia described feelings excluded, highlighting the effect of this:

\[ He [son] can decide he doesn’t want me in the room... that’s why sometimes I don’t have clear information, you know. Because what they say in that room, there is a solution, I mean I can speak with the lawyer on the phone and that’s what I am doing but especially, maybe, for me it would be helpful to be able to, considering that he is under 18, to be in the room when he does speak with the lawyer. (Alicia) \]

In the Court setting, their child had the option to say whether they wanted their parents to attend meetings between themselves and their lawyer. Young people in the Children’s Court have a right to consult with their lawyer without a parent present. Parents reported struggling with their child making decisions they felt affected them. Essentially, giving their child the responsibility of the (re)distribution of power between parents, the Court and the young person caused additional tension for the parents. However, as noted above, the parents most likely had little control over their child’s behaviour, but the Court’s promotion of their child’s autonomy caused conflict. Further, parents may have felt slighted as their child was adhering to the Court’s requirements but had not respected their parenting boundaries. It could also have been an issue with parents feeling like their child was supported more than they were,
this finding has implications for parental support in the CCDC. Parents may have lacked an understanding of the aims of the Court, which looks to address solely the child’s behaviour (Department of the Attorney General, 2012).

The CCDC program focuses on the child and adheres to the best interests of the child principle (Family Law Act 1975; United Nations, 1990). It is a fundamental principle of the Children’s Court and promotes the consideration of what is best for the child, which puts the wellbeing of the child above all else. Although some parents were grateful that the lawyers and Court took on this responsibility, some also reported feeling excluded:

As a parent, I think they could have involved us more, a lot more. (Charles)

I wanted to speak to the Magistrate about … just about certain things around not ordering him to do the rehab because we were told that rehab was going to happen, no two ways about it. The only reason I allowed him to come back home was if rehab happened and it’s not going to happen, so I was really angry, very upset that that rehab wasn’t going to happen. Still am. (Molly)

The specifics of Molly’s experience were unique but the sentiment that arose was that some parents reported feeling let down or dismissed when they were not included in the decision-making process or informed of why decisions were made. In this instance, Molly did not want her son to return home from detention without first completing the rehabilitation program. The Court stated that her son had successfully detoxed in detention thus did not need to go to residential rehabilitation and could complete community rehabilitation from home. Molly felt let down by the Court for not considering her situation or perspective. Charles wanted his son’s behaviour at home to managed by the Court. He wanted the CCDC to ask him about it so his son could be banned from social media, his lateness at school tracked and subsequently punished by the Court. These incidents highlight the way parents
viewed their experiences in the Court – from their perspectives and how it could be used to benefit them along with the benefits of the Court for their child.

Parents wished to be heard, aligning with procedural justice principles, and were viewing the circumstances from their perspective as decisions made by the court would directly impact on their own day-to-day lives. However, parents were unlikely to challenge decisions made by the Court as requirements and mandates were legitimised by the Court’s authority under the law. Parents seemed to enjoy the respite provided by the CCDC managing the child but still wished to be involved and consulted in the decision making which ultimately impacted on them too. This tension fuelled feelings of displeasure that were not raised, resulting in feelings of disempowerment. The distribution of responsibility has not been investigated in criminal children’s Courts. However, research on Australian Children’s Courts has shown similar feelings of powerlessness in parents (Thomson et al., 2017). The participants in this study echoed their disempowerment. When parents feel disempowered, they are more likely to disengage from YJS processes, to the detriment of the child (Amani et al., 2018; Bradshaw et al., 2006; Simons et al., 2019).

Hope for Normality

The parents interviewed near the end of their child’s time in the CCDC program (Kendra, Lily and Molly), displayed hope for the future for themselves, their child, and their family. This dialogue differed from the beginning of this chapter and the CCDC. The hope at the beginning of the CCDC was desperate: the CCDC had to work, it was their last hope. Towards the end of the CCDC, parents had a more positive outlook as they described the positive changes in their child, facilitated by the CCDC:

*He, he made me so proud. He is one awesome kid... Because when he was going through his troubles [before the CCDC], I was so sore, so sore and worried about*
him and he just wouldn’t talk to me. He just wouldn’t talk to me and now we talk about anything and it’s so good. (Kendra)

While participating in the CCDC, their child had worked through their issues to become a more pro-social member of society. The parents in this study found their hope in the CCDC program to be warranted. Hope is considered an important element for parents of drug users (Usher et al., 2007) and offenders (Simons et al., 2019) but has not been examined in relation to TJ. It projects beyond their current situation to a more positive future for their child and ultimately themselves. Hope energised these parents to persevere with their child to see them work through their negative behaviours. These positive effects on their own lives and their child’s resulted in parents recommending the program to any parent with a child in a similar situation. When asked why, the parents commented:

*I’m living it now, I’ve seen what Drug Court has done, not only for me and my family, for Dean.* (Lily)

*This whole program has taught us so many good values and so many good lessons... I would definitely recommend it to someone who needs to reconnect with their kid or just needs to have their child find themselves... Even if they don’t, along the way there will be something that their child will learn, so yeah.* (Kendra)

*As an alternative to prison and just the opportunities it helps them with counselling and accountability, I think is the really big one, they show such a... I feel that they’ve always shown so much care to my son that it would have to be better than just being entered into the prison system at this age. It helps them, you know, stay at home rather than be put away.* (Molly)
Parents indicated they were supportive of the CCDC as it was an intervention for their child at a time when they most needed it. They described how the CCDC reconnected families in a meaningful way that allowed them to think positively about their child’s future. Parents experienced the CCDC firsthand and despite navigating issues of responsibility and self-blame, parents still recommended the CCDC to other parents in a similar situation. These outcomes and recommendations from parents highlight the effects the Court had on their own and their child’s wellbeing. It improved their relationships and allowed their child to work on their issues in the community rather than in detention. These features align with TJ principles of legislation and legal processing allowing for rehabilitation and were supported by parents (Wexler, 2005, 2011). It also shows tangible positive outcomes for the CCDC, based on TJ approaches to treatment.

**Chapter Summary**

The hope that parents felt shifted during their time in the CCDC. Parents initially reported feeling exasperated at their child’s behaviour and at the end of the line with their parenting resources. They had little faith in their child but held onto the hope that the CCDC would help promote a positive change in their child. Parents whose child was near completion of the CCDC commented on having high hopes for their child’s future. Their attitudes towards their child transformed from negative to positive through seeing the work their child put into the program to abstain from both drugs and offending. As such, all parents recommended the CCDC for young people in similar situations.

The more positive endings of these parents did not mean that the journey through the CCDC was free from challenges. Parents reported being disappointed with their child’s drug use and offending, but they also defended it using minimising and justification techniques. The reason for this was not articulated by the parents but could be attributed to the stigma and
self-blame inherent in the experiences of parents of young people who use drugs and offend. Justification and minimisation have also been found to be a coping mechanism for parents who are victims of their child’s violence (Clarke et al., 2017). In essence, the parents felt responsible for their child’s behaviour. In some ways these feelings of responsibility compelled parents to comply with judicial instructions and help their child meet Court requirements. Despite this, parents sometimes deflected responsibility through justifying and minimising their child’s negative behaviours. The tension between how parents felt led to further tension in the CCDC when responsibility for the young person transferred from the parents to the CCDC. TJ literature has warned of paternalism in solution-focused Courts but has not examined how parents interact with a Court-based program for their child. TJ principles stipulate the wellbeing of actors in a Court setting, and parents are actors in this sense. Therefore, their wellbeing, according to TJ principles, should be considered too. During the process, their wellbeing was low but increased as they saw positive changes in their child.

The transference of responsibility for the young person was embraced by some parents. They deferred to the Court for advice and boundary setting, with some running day-to-day decisions past their CATS officer. Parents then defaulted to the Court for advice on non-judicial matters they could have self-managed in their role as a parent. An example includes a parent calling a CATS officer to ask if their child could take part in a particular activity that had no relevance to the CCDC’s requirements. This was corroborated by CATS officers who called them with issues such as their children not making their bed or keeping their room clean. This highlights where issues may arise when CCDC involvement ends with these families and is an area for consideration for the Court. It could connect families with community-based services to continue support after sentencing to improve participant wellbeing. In contrast, other parents felt excluded from the decision-making process or
lawyer meetings. Despite feeling like they were being overlooked, parents did not challenge the authority of the Court.

Overall, the current chapter showed that parents supported the CCDC, its aims and the outcomes it had for their children. They struggled with their feelings of responsibility and attitudes towards their children. The feelings they had and the actions they took were incongruent and resulted in tension. As such, the complexities of parenting in the CJS, particularly in an intensive program like the CCDC, need to be further investigated. Themes that arose here were entwined and overlapped in places; therefore further research would provide more clarity around the issues parents of young drug-using offenders face. The next chapter examines the experiences of those who work in the CCDC, how their interactions with parents, young people and other staff can help and hinder their job. They also felt hope and remained focused on each young person and each little win, which drove their perseverance with their work in the CCDC.
Chapter 8: Experiences of Staff

Celebrating the big little wins.

Introduction

The previous chapter examined the experiences of the parents with children involved in the CCDC. Parents described the challenges of having a child who used drugs, offended, and was engaged in the CCDC. The challenges created tension for how they felt responsible but also deflected responsibility. Their interactions with staff were generally positive as parents believed staff were working in the best interests of their child but described how they struggled with feelings of disempowerment. This chapter examines the experiences of the staff available for interview who worked as part of the CCDC team at the time of data collection. Exploring their experiences in light of the participants’ and parents’ experiences allows for context to be provided for CCDC processes. Interview questions focused on their role, the process of the CCDC, and their interactions with other staff, young people involved in the CCDC and their parents. Data about their role and CCDC process questions were used in Chapter Five, while interaction and experiences data are used in this chapter. Staff described the CCDC as predominantly about the young person. Their interactions centred around the young person and the team, working collaboratively to make positive changes to improve the young person’s life.

The chapter commences with literature that has investigated staff experiences of Drug Courts is presented. Next, a summary of the current study’s sample and data collection methods is described. Finally, the findings and interpretations of the staff interview data are outlined and related to existing literature present in both the initial literature review and the one presented in this chapter. Findings highlighted the staff’s experiences with each other, the
young people in the CCDC, their parents and challenges that arose. These are discussed under two themes: relationships and outcomes.

**Literature Review**

Staff studies primarily focus on perceptions regarding support for Drug Courts (Foster, 2007; Keena et al., 2010; Nored & Carlan, 2008; Salas, 2018), collaboration (Foster, 2007; Korchmaros et al., 2017; Mei et al., 2019a), views on factors influencing participant success (Mericle et al., 2013) and challenges faced in a collaborative judicially managed treatment Court (Foster, 2007; Mericle et al., 2013; Salas, 2018). However, staff views of youth Drug Courts and their processes have been inadequately documented (Salvatore et al., 2011). Some of the existing studies explore the staff’s experiences of working in a Drug Court but few examined the experiences of current youth Drug Court staff about relationships within Drug Court teams: ones between staff; between parents and staff; and between the young people participating in the Drug Courts and staff. The limited literature available is presented thematically by examining staff perspectives on Drug Courts, relationships between staff and participants and parents, and interagency collaboration, using both adult Drug Court and youth Drug Court sources.

**Staff Support for Drug Courts**

Some studies have examined staff support for Drug Courts in general (Keena et al., 2010; McIvor, 2009; McIvor et al., 2003; Nored & Carlan, 2008), but few studies have examined staff support for youth Drug Courts (Korchmaros et al., 2017). In an assessment of adult Drug Court personnel perspectives, Nored and Carlan (2008) investigated program characteristics, alternatives, funding sources and government influence on success. Judges (n=170) and administrators (n= 170) from all active Drug Courts (n=204) in the conservative states of Alabama, Florida, Louisiana, Mississippi and Utah were mailed surveys, with 114
responses returned. Authors found 0 using hierarchical regression analysis in responses to Drug Court staff perceptions of Court success. Other statistically significant results included their attribution of the Court successes to local government support and federal government funding. In a qualitative study, Keena et al. (2010) interviewed three Drug Court Judges, two prosecutors and five defence lawyers in Missouri, US. Purposive sampling was used to ensure participants had experience working in a Drug Court so they could provide informed responses. Interview questions explored participants’ views of Drug Courts and reported that, overall, they were satisfied with the Court. These studies demonstrate staff support for Drug Courts but did not investigate their views in depth or youth Drug Court staff perspectives.

Differences between adult and youth offenders (Richards, 2011b) suggest that examining the perspectives of the youth Drug Court staff would reveal important aspects relevant for dealing with a dependent, less mature and less cognitively developed group.

**Relationships in Drug Courts**

**Drug Court Participants.** Drug Court literature on relationships has mainly explored the relationship between the Drug Court’s participants and its judiciary (Jones & Kemp, 2014; Korchmaros et al., 2017; McIvor, 2009; Salas, 2018; Salvatore et al., 2011). Studies have, perhaps, focussed on this relationship because of the departure from usual Court processes based on adversarial, accused/judiciary relationships. Drug Courts founded on TJ require removing adversary practices and fostering participant wellbeing and personal improvement. Drug Court staff reported during interviews with Keena et al. (2010) that the intimacy of relationships between Drug Court Judges and Drug Court participants was notable. Staff in Korchmaros et al. (2017) went further, stating that intimate and personalised Judge interactions with participants promoted youth Drug Court success. Salas (2018) interviewed 12 family Drug Court staff members in Los Angeles, US. Findings indicated
staff support of a caring and trusting relationship fostered between Judges and participants in their Court.

In a larger study across two sites in Scotland, McIvor (2009) observed adult Drug Court sessions (n=431) and interviewed adult Drug Court participants (n=143), Sheriffs (akin to a Magistrate; n=7) and staff (n=127) as part of an evaluation of the pilot Drug Courts. Drug Court staff in this study recognised the importance of the judiciary’s interactions, noting that it made participants feel part of the process, rather than a product. Participants reported that being able to speak with a Sheriff less formally strengthened relationships and increased positive feelings towards the Court process. McIvor (2009) also posited that the positive relationship between participants and judiciary increased program compliance. As such, qualitative studies have shown support for close Judge/participant bonds in Court.

Australian research has also revealed support for Judge/participant bonds. Jones and Kemp (2014) conducted a randomised control trial in an adult Drug Court in Sydney. They compared an Intensive Judicial Supervision group, who met face to face with the Judge twice weekly, and a control group that met with the Judge once a week. They administered a questionnaire to Drug Court participants (n=93) to examine whether the frequency of meetings would increase bonds between the participants and Judge. They posited that this would improve participants’ successes in the Drug Court. Jones and Kemp (2014) found that participants in the Intensive Judicial Supervision group were more likely to report a good relationship with Judges and had lower odds of drug use while in the program compared to the control group. By using a control group, Jones and Kemp (2014) were able to illustrate the link between more frequent Judge/participant interactions, the strength of the Judge-participant relationship and better Drug Court outcomes in the form of lower drug use.
Grounded in tenets of TJ, fostering an intimate relationship between the judiciary leads of the Drug Court and Drug Court participants is necessary (McIvor, 2009; Wexler, 2004). Research has shown that the relationship aids in attaining the therapeutic goals of Drug Courts (Jones & Kemp, 2014; Keena et al., 2010; McIvor, 2009; Salas, 2018). However, research lacks staff perspectives of youth Drug Courts, in particular research examining the relationship between other staff and the young people participating in youth Drug Courts. Although these relationships have been examined in adult Courts, young drug-using offenders differ vastly from adult drug-using offenders (Korchmaros et al., 2017; Richards, 2011b). They differ in their drug of choice, length of use, sense of agency and power. However, young drug users have been shown to succeed most often with family support (Alarid et al., 2012; Gilmore et al., 2005; Hickert et al., 2011; MacMaster et al., 2008). In essence, they are reliant on individuals external to the Court who they may not have contact with or who may not be able to or want to engage in the process.

**Parents.** Research conducted with staff of youth Drug Courts has acknowledged the importance of engaging parents in the process to encourage the young person’s success. Mericle et al. (2013) examined staff perspectives of the youth Drug Court’s operations and factors they perceived promoted successful completion. Interviews were conducted with six Judges from six youth Drug Courts and focus groups were conducted with other youth Drug Court team members. Staff reported that one of the key factors for success in their Drug Court programs was the engagement of parents in the process. Similarly, Korchmaros et al. (2017, p. 157) found in their interviews with youth Drug Court staff in the US that engaging parents in the Drug Court was viewed as a “vital ingredient for success”. Parents active in the Court process were defined as those who attended the Court sessions, engaged in open and timely communication with all Court staff and agencies, sought and provided support, and
maintained a stable and sober home environment for their child (Korchmaros et al., 2017).

One treatment practitioner summarised:

> You have to look at the whole picture in terms of what the needs are in the context of broader family dynamics and issues. In the substance abuse treatment field, the tendency is to look at the individual with the addiction and not consider the broader. This is particularly the case with kids, which is a serious mistake. (Korchmaros et al., 2017, p. 158)

In essence, youth Drug Court staff recognised a parent’s influence on their child, homelife and involvement in youth justice processes, as discussed in the Experiences of Parents chapter, and its importance to the young person’s success. Youth justice involvement can be challenging for parents and engaging them meaningfully presents a unique barrier for staff, particularly for disengaged parents or families.

The need to engage young offenders’ families in the youth Drug Court processes became apparent when evidence emerged that they came from disengaged or dysfunctional families (Cooper, 2002; Korchmaros et al., 2017; Moffitt, 1993, 2006; Paton et al., 2009). Staff interviewed by Korchmaros et al. (2017) described a family’s unwillingness to engage in the youth Drug Court because they also had criminal or drug issues, or lacked the trust of the Court, or denied responsibility for their child or family member. To overcome these barriers to family engagement, the staff suggested information sessions and audio-visual sources such as webpages and infographics for parents before and just after their child began the youth Drug Court journey. As such, staff from the Korchmaros et al. (2017) study proposed that youth Drug Court staff needed to “treat” families rather than just the young person. To do so, a collaborative, team approach is required.
**Other Actors and Agency Collaborations.** Collaboration in Drug Courts has been reviewed by looking more generally at it (Foster, 2007; Salas, 2018) and also by investigating whether it adheres to Drug Court models and principles (Korchmaros et al., 2017; Mei et al., 2019a, 2019b). How best to promote Drug Court model adherence was assessed by surveying current or former youth (n=115) and adult (n= 152) Drug Court practitioners (Mei et al., 2019a). The Drug Court model is based on 10 key components for adults and 16 for youth Drug Courts. The authors found that the most influential factors for maintaining model adherence, and Drug Court success, were collaboration among Drug Court staff, and judicial decision making. They found that collaboration decreased the likelihood of arbitrary decision making by Drug Court Judges as they listened and cooperated with their Drug Court colleagues. This highlighted the importance of collaboration in Drug Courts and how this can result in better judicial decision making and outcomes for participants and is indicative of their TJ foundations.

Korchmaros et al. (2017) also targeted youth Drug Courts that followed the 16 Juvenile Drug Court Strategies in Practice, aimed at improving juvenile Drug Court processes (presented in Chapter Two) and the Reclaiming Futures initiative, which aimed to connect young drug users with appropriate services while improving service provider collaboration, similar to LINKS in WA. Staff in youth Drug Courts felt effective collaboration improved their ability to treat and address youth requirements. This supports earlier findings by Mericle et al. (2013), where staff responded that teamwork and collaboration were predictors for success. However, they did state that collaboration could also be a barrier to Drug Court program success because of differing agency protocols, which was echoed in the NSW youth Drug Court evaluation by Eardley et al. (2004). Alongside overall collaboration, individual staff, usually Judges, have been found to be important in fostering collaboration as they are the managers and legal overseers of the Drug Courts (Keena et al., 2010; Korchmaros et al.,
2017). From this, it is apparent that despite the team approach and collaboration in Drug Courts, hierarchy and power of the Judges still play a role. Respect was an important aspect to ensure positive collaboration alongside an understanding of each representative’s roles.

However, challenges in collaboration have been noted. A police prosecutor in the Perth adult Drug Court wrote of struggling to find a balance in her role as a police prosecutor in and out of Drug Court (Foster, 2007). She described the struggle in meeting her general role requirements and adapting these to a therapeutic Court. Guastaferro et al. (2017) supported that specialist training of staff was important to Drug Court cohesion. Differing agency protocols and procedures were barriers to collaboration and care provision. Although not a Drug Court study, Morgan et al. (2019) examined collaboration in an interagency initiative to provide health resources to children and young people with complex needs. Two focus groups and four interviews were conducted with six staff members of Youth One-Stop Shops and 14 external agency staff members. Staff explained that it was important to build trusting relationships between agencies to combat barriers to collaboration and care provision (Morgan et al., 2019).

Though based on her own experiences, discussion points from Foster (2007) have since been supported by empirical research. She discussed issues of confidentiality and data sharing between agencies, which was also found in Family Drug Court staff in Salas (2018). Each agency reported being bound by confidentiality agreements and although sharing information about an individual was essential for client care, it was against agency rules and protocols. Some staff have struggled with this (Foster, 2007; Korchmaros et al., 2017; Salas, 2018) but recognised the importance of collaboration. As such, the importance of data sharing was agreed upon among agencies. Staff from Korchmaros’ (2017) study reported confidentiality and data sharing was a continuous issue and individualised negotiation occurred during every participant’s involvement in the youth Drug Court. Staff reported a
constant lack of resources, particularly community supports for drug using offenders (Foster, 2007; Korchmaros et al., 2017; Mericle et al., 2013; Salas, 2018). Resource deficits were reported as a frustrating reality by Drug Court staff who described their dedication to their work, believing the value of the Drug Court and the way it could positively affect lives (Mericle et al., 2013; Salas, 2018).

This literature review has examined relevant aspects of broad studies of adult and youth Drug Court staff. Research has examined staff perspectives of Drug Court processes, their opinions as to why a Drug Court works, their adherence to Drug Court models and principles, and views of interagency collaboration. However, more nuanced discussions around the value staff see in the Drug Courts for young people are missing from the literature. The current study examines this gap to address research question two.

**Reflecting on the Analysis Process**

Initially, I did not feel a reflective section for this chapter was warranted because I did not have any experience working in a youth Drug Court or the Court system outside of my role as a researcher. While I worked for a time as a custody office for Police Scotland, I had limited contact with young people who had offended and/or used drugs. This lack of experience led me to believe that any reflexivity for this chapter would be limited and not add to the discussion. However, an important consideration of this project was that I had an existing professional relationship with the Magistrate of the CCDC, who had provided guest lectures for units I taught. As stated in the introduction, this project had been suggested by the Magistrate of the CCDC. I accepted that her passion for the Court and the participants would influence her accounts of the CCDC, I kept this in mind when I analysed the data. It was also discussed with my supervisors who also examined the analysis and write ups. As expected, the Magistrate spoke favourably of the CCDC, therefore other staff accounts were used...
supplement and triangulate the data. These approaches assisted in promoting the trustworthiness of the data.

Sample

As presented in the methodology chapter, eight interviews were conducted with Drug Court staff including the CCDC Magistrate, two CATS officers, the CCDC Legal Aid duty lawyer, a LINKS appointed psychologist, Drug and Alcohol Youth Services (DAYS) representative, Department of Communities (DOC) representative, and Metropolitan Youth Bail Services (MYBS). Their demographics were not requested. A summary of staff and their roles are presented in Table 11.
Table 11

Staff Sample Summary

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Title</th>
<th>Identifier*</th>
<th>CCDC Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perth Children’s Court; Department of Justice</td>
<td>CCDC Magistrate</td>
<td>CCDC Magistrate</td>
<td>Presiding Magistrate of CCDC</td>
</tr>
<tr>
<td>Court Assessment and Treatment; Department of Justice</td>
<td>Court Assessment and Treatment Officer(s)</td>
<td>CATS 1</td>
<td>Case management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CATS2</td>
<td></td>
</tr>
<tr>
<td>Legal Aid</td>
<td>Lawyer</td>
<td>Lawyer</td>
<td>Legal representative and advocate</td>
</tr>
<tr>
<td>LINKS; Mental Health Commission</td>
<td>Psychologist</td>
<td>LINKS</td>
<td>Psychological service referrer</td>
</tr>
<tr>
<td>Drug and Alcohol Youth Service</td>
<td>Program Manager</td>
<td>DAYS</td>
<td>Rehabilitation coordination and feedback</td>
</tr>
<tr>
<td>Department of Communities</td>
<td>Senior Court Officer</td>
<td>DoC</td>
<td>Work with young people in the care of the state</td>
</tr>
<tr>
<td>Metropolitan Youth Bail Service; Department of Justice</td>
<td>Prevention and Diversion Officer</td>
<td>MYBS</td>
<td>Monitor and manage bail</td>
</tr>
</tbody>
</table>

*person identifier is based on their place of work and is used in this chapter in place of a pseudonym.

Findings and Interpretations

This section answered research question two by investigating the experiences of the staff involved in the CCDC. Two themes emerged from the analysis of the staff data: relationships and outcomes (see Figure 9). Relationships refer to the bonds and working
relationships between staff, young people, and parents. Outcomes encapsulate staff’s propensity to celebrate the little wins, their perceptions of valued work and the dedication that instils in them and their perceptions of the barriers to positive outcomes.

**Figure 9**

*Experiences of Staff Chapter Themes and Subthemes*

**Relationships**

**The CCDC Team.** The CCDC team consists of several agencies each aligned to the principle of the best interests of the child. Staff were positive about the CCDC team they worked within:

- *They’re all very passionate* (DOC)

- *I love working within the Drug Court team, they’re such a brilliant team.* (CATS 2)

- *I think what definitely works is the team approach, having everybody on board... It’s a team approach to supporting that client.* (DAYS)

- *I think one of the best things is the team environment that we have. So, you know, we have the Drug Court team as all the people who participate in the team, that’s a*
really, really good collaborative approach to case management, you know, it’s not just, you know, everyone has their own opinions and everyone’s opinion is valued so that’s one of the positive things. (CATS 1)

The Legal Aid lawyer described that “coming together” allowed for the sharing of expertise:

I like being part of a team. I’ve always liked working as part of a team and the fact that the team isn’t just lawyers, it’s people from all sorts of agencies with all sorts of skills and I really love learning from them about their skills and learning how to use their skills or their knowledge to make my practice better, I suppose. (Lawyer)

The lawyer described how working in a team environment guides her practice and ability to represent young people in Children’s Court and the CCDC was improved. Staff working collaboratively have recognised the importance of shared expertise to gain the best outcomes for young people (Mei et al., 2019a, 2019b; Morgan et al., 2019) and was consistent in the interviews with CCDC staff.

With Parents. As discussed briefly in the Experiences of Parents chapter, three categories of parents in the CCDC were observed. These included engaged parents whose behaviours and views aligned closely with the CCDC’s, in that the child was the focus; active parents who attended sessions and helped participants with practical aspects of the CCDC but who felt excluded and viewed the CCDC for what it could do for them, not their child; and disengaged parents were those who had no contact or interest in the CCDC. Staff were consistent in their perspectives of how engaged parents responded to the CCDC. Generally, they described positive reports from them:

But most of the parents are really, really good to work with because, I mean, the bottom line is they want to see their son or daughter give up the substances and lead a
normal life and if we could achieve that at the end of the program then that’s great. They will always say “thank you for giving me my son back or my daughter back.” (CATS 1)

I honestly can’t think of any parents or guardians who aren’t supportive of it. They’re really, across the board, a pretty happy cohort. (CCDC Magistrate)

I think most parents, especially when their kids graduate and get a lesser penalty are really grateful and very happy that the kids have had that chance. (Lawyer)

Generally, they respond pretty well. (CATS 2)

Parents’ support of the program is understandable as the CCDC aims to address problematic behaviour that parents have often been dealing with for a sustained time. Parents who support their child while going through a youth Drug Court play a key role in the child’s progression and success in the program (Alarid et al., 2012; Cooper, 2002; Gilmore et al., 2005; MacMaster et al., 2008). However, literature has not examined whether parent support of the program makes them more likely to support their child through the Court and should be considered for future research. As discussed in the Experiences of Parents chapter, staff also described how parents were often grateful for their management of their child’s behaviour:

Sometimes we are coming in at a time where parents of caregivers are just desperate and they want someone else to come in and tell their child to do certain things and reinforce some boundaries and some consequences and some rules and some structure and stuff like that because they feel like their power is gone or they just a bit concerned about the young person and their drug use and where that path is heading. (CATS 2)
We have lots of parents who tend to rely upon certainly the CATS officers, the LINKS program the Department of Child Protection, Department of Communities as they’re now called. The supervised bail program. The parents can actually access those supports and I think that just having other people helping manage their child gives them a sense of wellbeing too. (CCDC Magistrate)

I think some parents really value what happens [in the CCDC] because there’s, sort of, someone else coming in and shaking their kid awake and, kind of, actually getting some changes. (LINKS)

Although all staff recognised that parents were keen to have support, the CATS officers, who had the most contact with parents, felt that parents held additional expectations of staff outside the remit of their roles:

I think sometimes they expect too much from the program... A lot of parents see us as the mediator because we have this thing where, you know, the parents expect us to be a sort of pseudo-parent to their kids where some of the responsibility should fall back onto the parents. You may get one that says “oh, look even though John’s doing everything well, he’s complying with the program but he’s not cleaning his bed, you know, he’s not making his bed, he’s not doing the dishes and stuff like that” and, you know, I’m like “well, what do you want us to do about that?” It should be onto you guys [the parents]. (CATS 1)

Some really do expect that we are going to come in and be this miracle program or miracle worker who you know can address drug use and in turn address family conflict and everything else and get, you know, the young person into school and it’s going to fine. Sometimes I feel like the expectations are too high... You can’t expect to
call me at 8 o’clock at night because you’ve had an argument with your kid. (CATS 2)

As discussed in the Case Description chapter, the role of CATS officers was to case manage the young person participating in the CCDC. It would be outside the remit of their role to act as a “pseudo-parent”. Parents who expected this tended to be those active in their involvement in the CCDC but whose goals were self-motivated (by dispelling the view of them being responsible for their child’s drug use or by wishing to gain the benefits of a child who was no longer engaged in drugs or crime).

For other types of parents, an explanation could be a lack of understanding of the responsibilities of staff and the Court, as described by the DAYS representative:

I think at times we see a little bit of confusion from parents around what Drug Court entails and stuff and I think ... ‘cos it’s quite a complex program, so we know it, so it’s not uncommon for young people or parents to be a little bit confused about what Drug Court actually entails. (DAYS)

Staff were not questioned directly about their thoughts of parents’ involvement in CCDC processes, but the DAYS representative raised the complexity of the program and how this can affect parental engagement. Generally, other staff discussed their views that the parents had positive perceptions of the Court. However, when describing their roles and the CCDC, they did not include parents as a central factor. The Court focuses on comprehensive case management of the individual young person. Therefore, parents are not the client CCDC staff were treating or managing. Some parents understood and embraced this as an opportunity for their child, while others did not and expected more from the Court for their benefit, such as disciplining their child for deviance at home, impacting staff members’ experiences.
Some staff recognised the need to involve families, however, because of the impact they have on CCDC participants’ homelives. The CCDC lawyer and DAYS representative disclosed this:

*Our biggest weakness is we have no capacity to work with the family and if we can’t work with the family then the child is in isolation and you can work with a child to an extent but, ultimately, they go back to that family after we’ve spoken to them and if we haven’t improved the situation with the family how the hell do we expect the child to improve... So, I think one of our weaknesses is we haven’t yet really got a handle on how to bring the family situation or improve the whole situation with the child.*

(Lawyer)

*I think that’s something which possibly, if there’s any feedback, could be explored more – how we can get parents onboard and stuff like that.* (DAYS)

With the LINKS representative sharing anecdotal knowledge of young people who had parent or caregiver support:

*[it is] not [always] necessary but ideally [to be successful in the CCDC, a young person should] have, sort of, parent support then that’s going to... you know the young people that do have someone, a caregiver supporting them, tend to do a bit better than those whose parents are kind of ... negative or there is just ongoing conflict between them where they don’t have a stable base.* (LINKS)

These statements align with US youth Drug Court literature. There, parent involvement in the youth Drug Court was a central factor (Korchmaros et al., 2017; Mericle et al., 2013; Salas, 2018) and parents were actively pursued to ensure their engagement, with positive relationships cultivated (Korchmaros et al., 2017; Salas, 2018). In the CCDC, parents were
peripheral, with the engagement encouraged but not always actively sought. By keeping engaged parents in a peripheral role, the CCDC misses some demonstrated benefits to a young person’s Drug Court treatment and is an area recommended for further development to improve program outcomes. For these types of parents, examples of engagement include strategies used by staff in Korchmaros et al. (2017) who utilised parent information sessions and regular check-ins with parents to report positive progress of their child if they were unable to attend Court sessions. However, the CCDC allowed those who did not have parental support to still participate in the program. The CCDC’s focus on the best interests of the child allows for this. It does not disadvantage those with parents or guardians who are disengaged from the child’s life for any reason. By doing so, the CCDC staff interacts with young people who have been disadvantaged and may have had limited positive interactions with adults.

**With Young Person.** Being founded in TJ, the CCDC facilitated a closer relationship between the CCDC staff and some young people in the program than what happens in a traditional Court. The length of the program and frequency of interactions with young people increased the likelihood of forming these bonds with participants. The term bond is not used here to describe a deep or intimate relationship but a familiar, working relationship between staff and young people that promoted rapport. Staff noted this as a positive part of the Court:

*I think it’s very important that there is a sense of relationship… it’s actually seeing that child grow in front of your eyes. I think that’s the positive.* (CCDC Magistrate)

When staff were asked what their relationships with the young people in the CCDC were like, they described generally positive bonds:

*I think generally the relationship’s pretty good. By the time they get to Drug Court we know them quite well.* (Lawyer)
Some young people are really open and will sort of let you in and that rapport is established quite easily. Some young people will keep you at arm’s length. It’s also about how some people see you. Some young people see you as a support person so that’s great. They might rely on you a little bit more, make more contact, be a bit more open in discussions, receive your advice a bit better. (CATS 2)

Some of them I have a really good relationship with. Having been at the Court here for so long you tend to get to know the kids and once they break through that coming off stage and they become human, tend to have a good relationship. Like you can sit in Court and you have a chuckle with them, particularly in the training room. (DoC)

The lawyer observed and reflected upon the bonds formed between the CATS officers and young people, who were in most frequent contact:

I think they form very close bonds with CATS 1 and CATS 2. I think the kids do form very positive bonds with them and in the past, you’ve seen some really interesting relationships develop there. CATS 1 almost being like a father figure to some kids and that’s testament to their professionalism, I think, [and] their skills yeah. (Lawyer)

The CCDC Magistrate likened her role to that of a family member:

You feel a bit like their Auntie, or their great Auntie, depending on how old you are feeling that day! (CCDC Magistrate)

Bonds between staff and youth Drug Court participants are a protective factor in preventing participants from dropping out of the program prematurely (Stein et al., 2013; Stein et al., 2015). Graduating is important because it has been found that youth Drug Court graduates were less likely to re-offend than non-Drug Court graduates (Eardley et al., 2004; Hickert et al., 2011). Positive Judge/participant bonds have consistently been found to be predictors for
success in Drug Court literature (Jones & Kemp, 2014; Keena et al., 2010; Korchmaros et al., 2017; McIvor, 2009). By reporting successful relationship building, staff were likely to keep young people engaged in the CCDC to graduation, thus reducing the likelihood of relapse and reoffending. As such, the TJ principle of forming a bond was imperative.

Staff described how they engaged the young people in their care, reporting that consistency, boundaries, honesty, and trust were important foundations to foster respect:

*They also know that myself and my senior worker, that’s in the Courts all the time, we’re honest with the kids, if we say we’ll do something we do it. So, we’re very open with them.* (DoC)

*I always say to them “honesty and truthfulness is the best thing, you know, if you are honest and truthful with me I will always bout [sic] for you, you know, put in a good word for you… but when, you know, that trust is thrown out the window, you know, that trust – it doesn’t work.” The working relationship doesn’t work. So, my relationship with the kids is always based on honesty and they respect that. You know, when you are straight up with a young person, they respect that more than if you don’t tell them everything that is going on.* (CATS 1)

*It’s about building rapport but the one thing we definitely do is around maintaining boundaries… there’s a set of rules and guidelines which they have to adhere to. Young people being young people, whether they’re on Drug Court or they come [into contact with DAYS] self-referred, will naturally push them [sic] boundaries. It’s our job to ensure that the kids are working within the realms of the program and generally what happens is … that’s actually … you’ll find that’s where that respect gets developed.* (DAYS)
By engaging young people in this way, the CCDC Magistrate stated that young people are more relaxed:

> The kids are more relaxed, they develop relationships with you, they develop more trust with you. You don’t necessarily feel so much “the Magistrate”, you are certainly the person who is in charge and they recognise that but I think it’s a less fearful environment for kids to be in. (CCDC Magistrate)

Therapeutic Courts facilitate these types of relationships and interactions. The CCDC was like other Drug Courts in the way staff embraced the ability to build meaningful relationships with the young people to promote positive outcomes for them (Jones & Kemp, 2014; Keena et al., 2010; Korchmaros et al., 2017; McIvor, 2009; McIvor et al., 2003; Senjo & Leip, 2001). These positive outcomes were preceded by progress. To staff, any progress a young person made was a positive outcome to be celebrated.

**Outcomes**

**Celebrating the Small Wins.** Like any treatment program, the CCDC is outcome orientated. For the CCDC these outcomes included a reduction in drug use and cessation of offending. Staff consistently reported that the young people’s struggle to desist in drug use and offending was often a result of their home life and previous or continuing traumatic experiences. Staff were realistic about the limits of treating young people involved in drugs and offending because of these issues:

> For me sometimes it’s hard to see, you know, when kids are really struggling and the family situation’s pretty shit. You see most of the kids but if you see them sort of going downhill and you see them every two weeks just getting worse and worse and worse and you’re sort of beating your head against a brick wall thinking about what we can do to try and change the situation, sometimes you just can’t. (MYBS)
We’re dealing with a group of kids who invariably are in that position: “I don’t know if I’ve got accommodation tonight, I don’t know where I’m going to sleep, I don’t have any money, I have little education, I don’t know if I go home whether I’ll be doing DV” or whatever else. (Lawyer)

I guess sometimes seeing the shitness of our reality and going there’s actually very limited that we can do to change that alternative because we may be able to support this young person for a short period of time but actually it’s their parents that kind of need to make the changes and they may or may not be ready, willing, able to make those changes. (LINKS)

It’s really hard hearing about the trauma and some of the upbringings and some of the things the kids have gone through… I would love to solve all of their problems but that’s not realistic. (CATS 2)

These kids come from really shitty backgrounds… They don’t ask to be born and most of them turn to drugs as a way of self-medicating the pain in their life. (DoC)

It is from these viewpoints that staff maintain that little wins, any kind of progress that a young person in the CCDC makes, should be praised and celebrated. They recognised the need to commend the young people on their efforts when the difficulty of their lives and the program were considered:

It’s very easy for us to say to these kids [as adults without their circumstances] “you must go drug free, you must get down to zero drugs, okay we will build into this a little bit of failure but ultimately that’s what we’re looking for”. (Lawyer)
Sometimes they fall off the wagon but it’s good to see those too ... you see that over and over again. Keep having them coming at their worst, you know, they’re just desperate and then they graduate (MYBS)

Lots of kids do try really, really, hard and I think they need to be rewarded and praised and congratulated for what they do and what they achieve even if it’s at face value a small achievement, something is better than nothing. (CCDC Magistrate)

I don’t take it personally when they’re not successful... I try to encourage them to take the small wins as well. (CATS 2)

Staff did not expect a linear journey for abstinence from drugs and offending. They were aware and accepted there would inevitably be relapses. When working with drug users, relapse is a common occurrence (Prochaska & DiClemente, 1982; Prochaska et al., 1988; Prochaska et al., 2013). It is something staff in the CCDC experienced and expected. Relapse can be because of ingrained behaviours, poor home environments and underlying trauma (Paton et al., 2009; Robertson et al., 2010) and drug use (Hammersley, 2011; Hammersley et al., 2016; McMackin et al., 1998), and was recognised by staff.

Staff acknowledged that any type of progress acted as a boost for young people and something they believed they could draw on later in life:

Some of the young people that come to us have been using substances every day for about two or three years and if we can just get them into a situation or a place where they are in the community where they are not using for three months, so they go to rehab for three months, I always feel that they can always reflect back on that and say “I didn’t smoke dope for three months,” you know. “I can do this if I want to do this because I’ve done it before.” And I think that’s one of the positive things. (CATS 1)
What generally happens is kids might not make it through the Drug Court. They might only come to us for two or three weeks but they’ve still learnt something and we still see it and then we get them kids representing in six months to a year’s time. (MYBS)

There is kind of often this celebrating the little wins and minor gains in the Drug Court team rather than kind of the constant negativity of “you’ve done this wrong or that wrong” usually experience by young people in the justice system. (LINKS)

As presented in the Experiences of Young People chapter the use of incentives in Drug Courts increased program adherence and improved overall experiences (Hiller et al., 2010; Witkin & Hays, 2019). Long and Sullivan (2017) found that incentivised youth Drug Courts reduced the likelihood of reoffending. Although praise may not be as tangible an incentive as, for example, the removal of a curfew, praise does qualify as a reward. By building respectful relationships with the young people, staff can increase the value participants see in the program and the praise they give (McIvor, 2009). The praise that CCDC staff give the young people can be their only experience of this, adding to the meaningfulness. Further, findings have indicated that supportive comments from the judiciary increased program completions and drug abstinence (Senjo & Leip, 2001). These supportive comments and relationship building techniques adhere to TJ principles and are linked to positive behavioural change (Senjo & Leip, 2001; Winick & Wexler, 2003). Thus, celebrating the small wins could increase the likelihood of participants adhering to the program and its success.

Perceptions of Valued Work Supports CDCC Team Dedication. All staff interviewed had over 10 years of experience working in the youth justice sphere. Staff were asked what they got out of working in the CCDC. They described their experiences:

I get a sense that I am providing a lot back to the community, I get a sense that a lot of young people, in particular, Indigenous young people, don’t have that role model,
shall I say role model? That there is a positive side of leading a law-abiding lifestyle.

(CATS 1)

*I absolutely love the feeling of trying to make a difference. But I don’t think I’m naïve enough to know that, you know, we can’t change the world, you know, and we can’t change everything, but I feel like we have an opportunity to make a bit of a difference... So I like, I absolutely love that and I’m at peace with knowing that sometimes you don’t know about the difference that you make and for some young people the penny drops a bit later and they think about something you said that... you never get told that part, “that thing you said really stuck with me” or, you know... so yeah, I live in a bit of hope.* (CATS 2)

[I get] satisfaction at seeing them coming through the Drug Court system or, at a minimum, being treated well. That is my passion. (DOC)

*The most satisfying part of the job is when you’ve had a young person whose really struggled and you’ve really put a lot of hard work into it and then you start to see that change, regardless of whether they go through to graduate but the penny drops and you can see that they’re able to see that there is an actual different way away from where they’re going, so that’s for me the biggest part, that’s what I like the most* (DAYS)

*It’s good to see when kids come in at their worst and then they turn it round over a six-month period. You see them fortnightly, and they make gradual process.* (MYBS)

Overall, supporting young people to improve their life circumstances gave staff a sense of satisfaction. They described the value in the work they did, using small wins to keep young people and themselves going. This was evidenced in their dedication to the team with most
staff members reporting their active roles in the CCDC for over 10 years. The Legal Aid lawyer described why they had been with the Court since its inception 20 years ago:

_For some of those kids being here is important and not being elsewhere or seeking promotion elsewhere because when they come back to find you they know you’re going to be here and if you’re not because you’re back at head office doing something far more exciting and prestigious when they come you won’t be here... and I know that it’s a silly thing in a way because you have your own life but there are frequently times when young people who have got older have come back and say “oh you’re still here, I knew you’d be here and I’ve come to find you to talk to you about whatever” or “I’ve come to show you my baby, I’ve had a baby” or you see them and they go “hi [lawyer]”, “how you going?”, “I’m doing really, really well now, you know, I went to adult prison for a while but now I’ve got off the stuff and I remember what you guys said and ...”. So there is a sense that for some of those kids you are a constant and they want you back and they talk to you and they confide in you and sometimes they make disclosures to you um so yeah I think ... I guess that’s a rewarding aspect._

(Lawyer)

The lawyer shared a touching story that encapsulated why many of the CCDC staff were so dedicated to their roles:

_There was one young guy we’ve had for years and years and years and he just kept coming back all the time and I don’t know how many pleas I did. When he finally had his leave, he was leaving care [state care] and he was having leaving care celebrations, so he just wanted to go and have dinner at the Hog’s Breath Café and he only wanted to invite four people. So, he invited his case officer, he invited the two DCP officers from here and he invited me and I thought that was so sweet yeah that_
was really sweet and he could have had a lot more but he didn’t, you know, his mum [was invited and] didn’t show up unfortunately but you know, and that’s what makes it worthwhile.

When staff in Drug Courts see value in what they do, it encourages dedication to the Court (Salas, 2018). Salas (2018) utilised a similar methodology to the current study to investigate staff perspectives of a Los Angeles, US, family Drug Court. Staff described the value they saw in their work, commenting that it was “real social work” and believing their hard work and dedication paid off. The CCDC staff would agree about their work. They described the value of their work generally and the importance of their presence, however fleeting, in each young person’s life.

**Barriers.** Staff were not asked specifically about barriers to their work, but a discussion emerged about a lack of access to outside drug treatment resources and facilities provided by agencies outside of the DoJ. They described the desperate need for more youth-based residential drug treatment centres:

*We only have three/four beds at DAYS in the whole state.* (Lawyer)

*Once challenge we have in that area is ... so as of today I’ve got seven young people in there, it’s a ten-bed facility ... I’ve got seven young people in and I might have another three beds which are already allocated and they’re young people in the detox unit waiting to come over. So, when I’m sitting in Court and they say: “when can you get that person in?” on paper it might be that they have to wait seven or eight weeks.*

(DAYS)

*There need to be more beds for kids because there really is an incredible shortage.*

*When you see the problems that go on in people’s households with drug affected kids, you know, locking them up in a detention facility is actually not how you treat*
someone with an ill health problem… I’d like to see government support more beds for Mission Australia. It’s often been spoken about that Mission Australia would probably like to have a facility just for Drug Court kids. (CCDC Magistrate)

We need more resources. We need more rehab centres, like I said we only have DAYS... When you look at the adults you have about four or five in the metropolitan area. We only have one next door and a house in [another suburb]... I’d like to see at least two more rehab centres, I’d like to also see DAYS, they do transitional housing for young people when they finish rehab, they get a house down the road and they transition them there before sending them back into the community. I’d like to see more stuff like that happening. (CATS 1)

The few beds available for CCDC young people add to their time in detention or the community waiting for their residential drug treatment to begin. The longer people spend in detention or the community without drug treatment that they have recognised they need, the longer they struggle to reduce their drug use (Carey et al., 2008; Hueston & Burke, 2016). For young offenders, the long term harms of detention are known (Ashkar & Kenny, 2008; Lambie & Randell, 2013; Paton et al., 2009). Staff have the experience and understand the level of need that exists in this area. Staff in other youth-based Court programs have also noted a lack of resources (Mericle et al., 2013; Morgan et al., 2019; Salas, 2018). The outcomes for Drug Courts as noted throughout this thesis have been reported to be positive. Therefore, more support for treating their clients is important to remove delays in beginning treatment. It is important to engage young people when they are willing because if delays occur, the risk increases of them exiting the program early or before treatment even starts. The participants interviewed saw the value in the CCDC and its goals and in the staff dedicated to assisting them to desist from using drugs and committing offences.
Chapter Summary

The CDCC’s staff discussed their relationships with each other, and with the young people they work with and their parents. They enjoyed working as a team to benefit the young people. Staff described their satisfaction of working with the young people comes from seeing their gradual improvement and witnessing their determination to succeed. They were realistic about their effect on the young people because of the barriers CCDC participants face including entrenched criminogenic and drug use behaviour, poor home lives and underlying trauma. They felt their bonds with the young people were positive overall, which the literature has shown to be a predictor for Drug Court success. TJ principles detail the importance of building relationships between Court staff and defendants to enhance Court actor wellbeing. Staff in the CCDC focused on this and their comprehensive case management of participants invariably meant that each young person’s wellbeing was considered and improved, adhering to another TJ principle. What was unique to this study were the relationships discussed from the perspectives of staff other than the presiding Judge or Magistrate. The findings highlight the importance of the team’s relationships and engagement, not just the Judge or Magistrate.

Relationships with parents were not as close because of the focus on their child. Staff also felt some parents often expected too much of the program and CATS officers, perhaps because of a lack of the parents’ understanding of the Court and the staff’s remit. The literature highlighted the importance of family involvement and is an area proposed for consideration in the CCDC. By holding, for example, parent information sessions, staff could address and set expectations for parents to improve parents’ experiences and engagement with the Court. Family engagement is important but the inclusion of young people in the CCDC without family support means that those who, arguably, need it most can be treated. By allowing them to participate, young people can experience the support of the CCDC team.
who can support them to pursue prosocial goals, as outlined by participant experiences in Chapter 6.

Improvements and a focus on small wins for the young people were found to be a method used to keep both the staff and the participants in the CCDC motivated. Staff understood the hard work required for the young people in the CCDC’s care to succeed in addressing their problems. Praising them for their progress was essential. When asked what staff got out of their role, they all cited the value that they saw in their work, which the literature suggested supports a dedication to their role. This was evidenced in the staff’s long-term service in youth justice and the CCDC. The dedication and support of the CCDC has tangible and meaningful outcomes for the CCDC participants. The next chapter discusses the overall findings in response to the research questions. The CCDC is examined again using a TJ lens and the limitations and recommendations from the research are outlined.
Chapter 9: Overall Findings and Conclusions

The purpose of a case study is to investigate a particular phenomenon to gain an in-depth understanding of the case. This study utilised an intrinsic case study methodology (Stake, 1995, 2008) to explore the inner workings of the Children’s Court Drug Court (CCDC) in Perth, Western Australia (WA). Chapter Five explored the mechanisms of the CCDC and Chapters Six, Seven and Eight detailed the experiences of its actors. First, a case description detailed the foundations of the Court, its aims, processes, staff roles and how it exemplifies TJ principles through its processes and practices. Next, the discrete experiences of three groups involved in the CCDC were examined: the young people participating in the Court, their parents, and the staff members of the Court. Examining these groups separately allowed for each group’s experiences to be explored in depth. In effect, the CCDC was “deconstructed” to inspect the details more carefully, with findings and relevant literature discussed throughout and at the end of each discrete findings chapter. Now, in this chapter, these individual elements are presented to “re-construct” the case and present the findings as a whole. The CCDC and its actors’ experiences are combined in this chapter to answer the overarching research questions regarding the function of the CCDC and how it employs therapeutic jurisprudence (TJ) principles, and the experiences of actors in the CCDC. They are analysed using the tripartite framework for using TJ in criminal law proceedings (Wexler, 2005, 2011).

The Function of the CCDC: A Case Summary

To answer research question one, the CCDC’s processes are compared to those of WA Children’s Court. Although provisions are made for underage young offenders in legislation, an adversarial system still drives the Children’s Court of WA. When an accused young offender presents at the Children’s Court following a crime, the processes that follow
are similar to the adult Court’s processes until the decision of guilt is made. Guilt is determined by a Judge or Magistrate, not a jury in the Children’s Court. If the child is found guilty, there is more flexibility in youth than adult sentencing options (Clare et al., 2011). However, the *Young Offenders Act 1994* (WA) allows for greater use of pre-Court diversionary measures; therefore, the young offender may not have to attend a Court hearing unless they are involved in persistent or severe offending. If the matter goes to Court, the accused offender will encounter the Children’s Court Magistrates, who are specialists in child criminal and protection matters and have a deeper understanding of the principles of youth justice and the relevant legislation (Clare et al., 2011).

When sentencing young offenders, judicial staff are mandated by the *Young Offenders Act 1994* (WA) to consider the age, maturity and culture of the young person. Detention is an option of last resort in the *Act* and adheres to recommendations from the United Nations (1990) Convention on the Rights of the Child. These practices are used to avoid entrenching a child in the CJS as the dangers of early ensnarement may lead to long term and ongoing offending behaviours (Boutwell et al., 2013; Higgins et al., 2010; Hussong et al., 2004; McGee et al., 2015; Moffitt, 1993, 2006; Moffitt & Caspi, 2001; Moffitt et al., 2002; Moore et al., 2017).

WA has measures and legislation enabling the Children’s Court Magistrates to divert offenders from detention. However, treatment is not always prescribed at the Children’s Court. The main difference between the Children’s Court and the CCDC is that the CCDC incorporates diversionary practices specific to drug treatment and rehabilitation to address a known snare to crime (Higgins et al., 2010; Hussong et al., 2004; McGee et al., 2015; Odgers et al., 2008). Young people who attend Children’s Court are those who have offended seriously or persistently. Usually, other diversionary measures have been implemented but have failed to curb criminal behaviour or its associated snares (Clare et al., 2011). Initiatives...
like the specialist CCDC addresses the underlying causes for offending to end the revolving
door for young people who use drugs and offend (Indermaur & Roberts, 2003, 2005; Jordan,
2015). The CCDC Magistrate recognised the importance of a multifaceted approach:

*You can’t just fix one problem, you have to look at the holistic series of problems:
usually, it’s the relationships within families; it’s the accommodation issue; it’s the educational program that’s absent; it’s the drug use; it’s the effect of the drug use on the individual and the family and the community.* (CCDC Magistrate)

This holistic approach is supported by Rottman and Casey (1999) who asserted that Drug
Court Judges and Magistrates need to be cognisant of the issues that can lead to involvement
in drugs and crime to increase the likelihood of a Drug Court participant’s success.

Admission to the CCDC depends on the offender admitting to having drug use
problems; therefore, participants who volunteer for the CCDC begin with a detoxification
program in the community or a residential centre for up to 3 months (Department of the
Attorney General, 2012). Findings revealed that during their time in the CCDC, participants
are subject to urinalysis three times a week, telephone “check-ins” with the Metropolitan
Youth Bail Service three times a week, a 7 pm to 7 am curfew and bi-weekly attendance at
the Children’s Court for sessions with the CCDC team. To ensure a more therapeutic
environment, sessions are conducted in a training room in the Children’s Court building,
although sessions that need to be transcribed for future records are still conducted in a
Courtroom (but this is rare). The CCDC can suggest additional services such as counselling,
mentoring, housing assistance and education or workplace initiatives, where applicable. By
assessing and targeting an individual’s needs, the CCDC team works collaboratively to allow
the young person to concentrate on dealing with their drug use. Thus, the goal is to gain the
best outcomes for the participants.
The holistic approach used to address participants’ wider needs used by the CCDC aims to stop the cycle of offending common among drug-using offenders, benefiting the individual, and the wider community. When a young person completes the CCDC, their participation is used as a mitigating factor to reduce their sentence length and/or to prevent detention. Diversion from youth detention means that young people can avoid harms, such as a deterioration in mental health and social bonds, that are associated with spending time in detention (Ashkar & Kenny, 2008; Lambie & Randell, 2013; Paton et al., 2009). It also results in fiscal savings, as it costs $821 per day to supervise a young person in detention in WA compared to $92 per day for community supervision, 11% of the cost of detention (Australian Government Productivity Commission, 2021). Overall, the function of the CCDC is for the judiciary to monitor the drug treatment prescribed for young offenders with drug issues before sentencing takes place. It uses therapeutic techniques in a judicial environment to improve the wellbeing of the young person with an extra benefit of saving the government money.

**Actor Experiences of the CCDC**

Overall, the young people, parents and staff interviewed for this study provided favourable feedback about the CCDC. Young people explained how they found the requirements of the program difficult but felt supported by staff. They described how they gained a sense of achievement when they graduated and how that led to their hope for a prosocial future. The hope that participants and their parents expressed provides a unique contribution to the TJ literature. According to the participants and their parents, the CCDC provided them hope for a better future by providing the young person with an opportunity to disengage from drug use and offending and develop life skills for maintaining positive behaviours. Factors that contributed to these favourable comments were support from the CCDC team; the option to participate in the CCDC; and having access to services outside the
Court, such as counselling and drug rehabilitation. CCDC’s staff reported feeling satisfied in their vocation, that was more than just a job. They described an inherent drive to achieve positive outcomes for young people, no matter how small.

Although the overall feedback on the CCDC was positive and favourable, some interviewees reported areas for improvement. The young people disclosed they felt the long-term curfew was too strict and restrictive. They felt it could be altered as an incentive for those who consistently adhered to the program’s requirements. Incentives have been shown in the literature to promote program adherence and reduce recidivism in the long term (Hiller et al., 2010; Long & Sullivan, 2017). Some parents reported feeling excluded from some aspects of the program, given its focus on their child. Paradoxically, these parents described how they also relied on staff (mainly CATS officers) and expected them to manage their child’s unwanted behaviour, whether relevant to their child’s CCDC requirements or not.

This tension was described as a negative aspect of working in the CCDC that is hard to address as these parents wanted more control over their child but also relinquished control at times. This issue tended to arise with parents attending the CCDC sessions but not fully engaging with the underlying principles of the Court. They focused on their role as the parent of a child being treated rather than on the child, which could be explained by a lack of knowledge of the CCDC and their own emotional depletion. The disconnect between staff and some parents on the focus of the CCDC resulted in a lack of synergy and caused some tension. Information sessions could be used to engage and inform parents of the CCDC’s remit and expectations for them and their child. This could reinforce the importance of meaningful engagement in the program that aligns with the CCDC’s aims and staffs’ roles, thus improving CCDC actor experiences. Research has shown the importance of family engagement in youth Drug Courts (Alarid et al., 2012; Cooper, 2002; Gilmore et al., 2005;
MacMaster et al., 2008), so it should be encouraged for young people with parents attending the CCDC sessions.

**The CCDC and Therapeutic Jurisprudence**

How the CCDC employs TJ in the Court and the CCDC actors’ experiences are discussed together to allow for an understanding of how TJ affected the participants. The CCDC Magistrate and lawyer described the role of TJ in the program:

*The whole Drug Court is prefaced by therapeutic work. It’s that holistic work. It’s recognising that there are layers and layers and layers of problems and rather than dealing with things, as I say, in a conventional way we deal with things in a way that breaks down the barriers that enable access, everybody access to help and support but with an expectation that the participant is going to want to access that help and support. You can’t have a Drug Court if the environment is not therapeutic. (CCDC Magistrate)*

*With children, the one size fits all model doesn’t work and you have to be able to tailor-make rehabilitative processes to the individual and that’s the whole idea about therapeutic jurisprudence – the one size fits all doesn’t work. We have to look at the individual and we have to take the individual as they are, and we then have to work with the individual... hopefully we can affect somebody’s life in a positive way that they wouldn’t have had an opportunity to do that through the normal sentencing processes. (Lawyer)*

The CCDC Magistrate and lawyer understood the TJ foundations of the Court and recognised that the CCDC would not be possible without its therapeutic roots and principles. This aligns with Hora et al. (1999) who identified the role of TJ as a theoretical underpinning for Drug Courts to ensure Court success.
The Legal Landscape

Attending to factors related to wellbeing, youth Drug Courts, like adult Drug Courts, are grounded in TJ principles (Winick, 2003). The first component of Wexler’s (2011) tripartite framework is the legal landscape where the legal processes and legislation of the CCDC are discussed. The CCDC is mostly governed by the Young Offenders Act 1994 (WA) and the Sentencing Act 1995 (WA), which allow for flexibility. The CCDC Magistrate felt this was important to allow time to work with the young people:

In the adult Court, there is a requirement in the Sentencing Act for people to be sentenced within six months from their date from their plea of guilty. If I did that in my Court, I’d be hamstrung because I’d only have kids for a maximum of less than six months because by the time they pleaded, got put over for a Court report, it would have been rumbling around the system for a while. I would then only be working with them for a short period of time. (CCDC Magistrate)

The flexibility in sentencing options was recognised by the CCDC lawyer for its links to TJ principles:

I think that that whole concept of therapeutic jurisprudence and interventions and prevention really can be explored better (in the CCDC) and the whole idea of being able to be creative with a young person, because in Children’s Court, of course, under the Young Offenders Act rehabilitation is one of the most important principles of juvenile justice. (Lawyer)

In the Young Offenders Act 1994 (WA) governing principles and considerations are outlined generically. For example, in s. 46B, “general principles of juvenile justice” are referred to. The use of broad terms like this allows for flexibility and adheres to TJ principles. Parents and participants also positively commented on this aspect of the CCDC:
As an alternative to prison and just the opportunities, it helps them with counselling and accountability I think is the really big one... it would have to be better than just being entered into the prison system at this age. It helps them, you know, stay at home rather than be put away. (Molly - mother)

Well, this the initiative [incentive] of not going into Banksia [Hill Detention Centre] and they would give me a lighter sentence if I follow through with it. And ‘cos if I decided not to I would go straight to sentencing there was a chance of me going straight to Banksia but still, I might have not. ... I didn’t want to go to Banksia. (Charlie - participant)

The application of specialised youth legislation that permits pre-sentence treatment is considered a mitigating factor in sentencing. It exemplifies a therapeutic method of applying the law (Richardson et al., 2016; Wexler, 1993, 2005, 2011; Winick & Wexler, 2015). One CATS officer explained other benefits they saw of pre-sentence treatment for a young person:

You have the opportunity to make a change to your own life to your own drug use to your day-to-day circumstances and I think for that to impact on a Court sentencing process, I think, it absolutely huge. And for some young people, the difference is literally custody or community, and it just doesn’t get much more serious than that. So I feel like, yeah, it’s the opportunity that really could turn things around and have greatest impact because they really don’t have any control over sentencing, but this gives them an element of control. And allows them to show if they want to do the right things or if they want to make changes or something like that. (CATS 2)

Essentially, a young person can have a sense of control over their sentencing by participating in the CCDC. This change highlights a shift from traditional adversarial Court processes to TJ informed processes. It gives young people insight into how their actions can change
punitive outcomes and act as a motivator to participate and continue in the CCDC. These findings are shared with those of adult Drug Court participants (Contrino et al., 2016; Hobson, 2018; Witkin & Hays, 2019). For young people who are at a stage of their life where they seek autonomy (Christie & Viner, 2005; Maciejewski et al., 2015; Steinberg, 2016), the CCDC provides a prosocial way of gaining independence through their decision-making and behaviours to affect positive change in their lives. By doing so, the CCDC aligns with findings from this, and adult Drug Court studies, which outlined that participants are motivated by actions that would benefit them (Contrino et al., 2016; Liang et al., 2016; Witkin & Hays, 2019). However, the use of indicative sentencing, where a “likely” sentence is provided prior to beginning a program like the CCDC, has been argued to provide more certainty around engaging in a pre-sentence program (Turner, 2011). That said, implications of indicative sentencing can include program uptake and continuation; issues around fairness of using the indicative sentence as a “stick”; and limitations of sentencing flexibility for judiciary at the end of the program have been cited as reasons to balance the need to know a sentence versus the impact it can have on the functioning of the program (Eardley et al., 2004, p. 147). In the CCDC as it stands, the elements of flexibility afforded to its actors because of its TJ foundations allows for participants to feel a sense of agency that can increase their wellbeing.

Treatment and Services

The second component of the TJ tripartite framework refers to Treatment and services (Wexler, 2005). The CCDC team comprised treatment and service providers (DAYS, LINKS, DoC). Involving treatment providers in the CCDC sessions permitted staff members to offer their insights and opinions on the child’s ongoing welfare. The CCDC Magistrate could then make informed decisions for individuals based on their expert knowledge. This practice has been supported by TJ founders, who noted that legal actors such as Magistrates and lawyers
are not treatment experts, but need to engage with services in their locale to improve defendants’ wellbeing (Winick, 2003; Winick & Wexler, 2015). It emerged from the interviews that the CCDC engaged relevant providers in the team and treatment decision making.

The treatment providers specifically cater for young people and run residential or community-based rehabilitation for drugs and/or alcohol issues, with additional counselling supports. By actively engaging these supports, the CCDC adheres to the TJ principles of awareness and uses treatment and services, to address underlying causes of crime (i.e. drug use) and to improve the CCDC’s participant wellbeing (Wexler, 2005). However, the reported shortage of residential treatment ‘beds’ available for immediate use when a young person presents as willing to rehabilitate needs to be addressed as a matter of urgency. A dedicated CCDC rehabilitation centre would have several advantages and improve success rates. It would reduce community and CCDC participants’ interactions, which can be problematic. Staff reported the community interactions expose community-based DAYS clients to CCDC clients who have engaged in serious offences. The benefits of having a dedicated CCDC facility include increased availability of beds for community clients and CCDC participants; immediate treatment of CCDC participants to address their drug use while they are motivated; avoidance of time (or extended time) in youth detention and the harms associated with detention; and a tailored and targeted treatment program for CCDC participants to address their unique issues. The benefits highlight how these would increase Court actor wellbeing and is supported by TJ principles (Wexler, 2005, 2011).

**Practices and Techniques**

The final component to assess a TJ application in the CCDC is *practices and techniques* (Wexler, 2005). The CCDC demonstrates therapeutic practices through their
collaboration and interactions with the young person. The young person is the central focus, and the CCDC staff work collaboratively to address drug use and causes for offending, creating a holistic service. This holistic approach has been demonstrated as beneficial for Drug Court participants (Goldkamp et al., 2001; Salas, 2018; Witkin & Hays, 2019). Targeting causes of offending enables the CCDC to act as a therapeutic agent for the participant (Winick, 2003; Winick & Wexler, 2015).

The relationship between the CCDC Magistrate and the participant is valued and nurtured to ensure the participant’s success. The CCDC Magistrate reflected on her therapeutic practices:

_I like to think that I import as many therapeutic principles as I can. That is consistent with the principles of Juvenile Justice under the Young Offenders Act and I think that a more interactive style is certainly how I’d characterise how I run my Court._ (CCDC Magistrate)

Parents appreciated this, describing their experiences with the CCDC Magistrate:

_She’s fair, she’s honest, she’s straightforward, you can’t get any better than her. I really do like her. She’s caring, she’s kind, but she is also stern when she needs to be. I can just only imagine, or guess, she’s been doing this for a long time now, you know. So she knows when to be firm, when to be, you know be, treat... but yeah, no, I have a lot of time for her._ (Lily - mother)

With young people praising the way she interacted with them:

_But the Judge, I reckon, she’s really, really nice and understanding because it’s really hard to be understanding when you’ve got so many kids out. But yeah, somehow, she_
finds a way to understand each person’s case, especially mine. I just feel like she’s been really understanding. (Charlie - participant)

Oh yeah, I think she’s good... She’s just nice. (Brian - participant)

I like her, she’s all good [I like] that she helps me out and she’s just chill. She’s not just like every other Judge who... she’s actually tries to help you. She cares. She doesn’t want you to get... she doesn’t want us to get into trouble and all that. She’s pretty gangster [laughs]. (Dean - participant)

I think she’s really reasonable, she’s been really nice to me... she will always listen to you if you have anything to say. She will listen to you and she will give you advice. (James - participant)

TJ principles promote relationship-building between a Judge or Magistrate and the Drug Court participant (Bartels, 2019; Richardson et al., 2016; Winick & Wexler, 2003, 2015). Research has demonstrated relationship-building can improve the likelihood of positive outcomes including lower drug use, improved social relationships and increased time between offending for Drug Court participants (Contrino et al., 2016; Goldkamp et al., 2001; Hobson, 2018; Jones & Kemp, 2014; Keena et al., 2010; Korchmaros et al., 2017; Salas, 2018; Schrubbe, 2019; Shannon et al., 2016; Weatherburn et al., 2020; Witkin & Hays, 2019). These findings have been supported by the current study’s participant experiences.

The CCDC staff also work closely with the young person in their relevant roles, sharing information with the CCDC team to improve success and participant wellbeing. For example, the loss of a participant’s family member can be shared with the team who then sends their condolences during the next CCDC session and considers the effects of the death and its associated grief on the young person, the chances of relapse and their ongoing
progress. It was also observed that the Court is flexible, allowing staff to leave and enter at the end of sessions to confer with CCDC participants to ensure their wellbeing and that they understood any comments made or instructions given during their session. The relationship between other Drug Court staff and participants is an area not often explored in the literature. This study found that all staff formed positive bonds with the participants based on their interactions in the CCDC. Participants, parents and staff described them:

They’ve always supported me. Always just telling me to stay out of trouble. Do this, do that and you’ll get somewhere in life, you know. Yeah. (Dean - participant)

I feel that they’ve always shown so much care to my son. (Molly - mother)

I think they form very close bonds with CATS 1 and CATS 2. I think the kids do form very positive bonds with them. (Lawyer)

Adult Drug Court participants reported the support provided by the Drug Court team was valuable to their recovery (Schrubbe, 2019). The current research has demonstrated the importance of interactions between a whole youth Drug Court team, not just Judges or Magistrates, as presented in other literature. This illustrates the way TJ principles collectively involve the CCDC actors, not just Magistrates and lawyers.

These interactive practices are facilitated using the “training room” as opposed to a Courtroom for CCDC sessions (that are not required to be transcribed). The informality of the sessions in the training room allowed for interactions to be more free-flowing and individualised. Interviewees said they felt more relaxed within a less formal room for CCDC sessions:

I feel like, if I was in Court [a Courtroom] I would feel like “oh fuck.” I would feel like I was going to get sentenced and gone away [imprisoned]. But I feel like if I was
in the training room, I feel like, you know, like people are actually happy with me, yeah. Cos if I'm in that room out there [Courtroom], like I’m fucked. (Fred - participant)

They start to get quite scared and anxious if they are going into a Courtroom. They think that something is wrong, they’re in more trouble, are they going into custody?

So, they just race to worst-case scenario and they’re quite quick to say “hey, why am I in the Courtroom?” or “what’s going on?” or whatever. (CATS 2)

The setting allows for proximity between the participant, the CCDC Magistrate, and other staff. It removes certain formalities. The CCDC Magistrate can see the participant up-close to assess how they are physically. One CATS officer stated that it removed the psychological and physical barriers between the CCDC team and participant:

Just those, those barriers are removed, I guess. All the things like sitting close together, way more... you know, on the same level. Someone’s not above you, speaking down to you, just all of those sorts of things. (CATS 2)

Although this was found to be an important TJ aspect of the CCDC noted by all participants, it is another area not discussed in detail in the Drug Court literature. Power dynamics play a central role in justice systems because of the authority the judiciary inherently have over defendants (Richardson et al., 2016). When physical representations such as Court buildings and Courtroom layouts are added, it can compound power inequalities. As the CCDC requires relationship-building between staff and participants, relationships can be developed more easily by removing an aspect that acts as a reminder of power imbalances, like the Courtroom. Each of these techniques demonstrates the incorporation of TJ in the day-to-day practices of the CCDC thereby relationships are established and fostered where possible between staff and participants, as promoted in TJ literature (Casey & Rottman, 2000; Winick
& Wexler, 2003, 2015). In essence, the CCDC operates in a more therapeutic setting than in adversarial Court processes and locations, ultimately increasing the engagement in drug treatment, and benefitting the short and long-term wellbeing of the participants by reducing anxiety and promoting open communication.

**Limitations**

The current study adds to and expands upon existing literature on youth Drug Courts and the use of TJ in these Courts; however, the project did have limitations. Low participant numbers were indicative of the limited numbers in the cohort targeted for this research. Participation is influenced by access and power imbalances for young people and their parents’ lack of attendance at Court. I was unable to interview young people who had disengaged parents who did not attend Court and could not consent for their child to be interviewed. The findings refer only to young people whose parents were actively engaged in their child’s CCDC progress. Young people without support from their parents or guardians were those who could benefit most from the CCDC and its supportive framework. The findings in this study did, however, demonstrate some consistency between experiences that can be used to inform future research. Another limitation was that no Indigenous young people, parents, or staff were interviewed in this study, prohibiting the transferability of these findings to Indigenous people engaged in the CCDC. Further, I was unable to interview all of the CCDC staff members. However, the staff who were interviewed provided in-depth insights into the Court.

**Implications and Recommendations for Future Research**

This study provides the first independent qualitative examination of a little-known solution-focused Court. It has demonstrated that the CCDC offers benefits to individuals in the way it adheres to principles of TJ and youth justice. It explored TJ, expanding on the
theoretical assessment of the therapeutic foundations of an established Australian youth Drug Court. It provides an evidence base for future research on responses to youth offending.

The study highlights the need for future empirical research that examines Australian youth and adult Drug Courts through a therapeutic lens to assess the success of the Courts based on their TJ foundations. Qualitative research methods allow for rich data and insight into often “closed off” initiatives like Drug Courts to reveal the experiences of those directly affected by Court processes and involvement. Based on these findings, and to further expand knowledge of actors in a youth Drug Court, future research should investigate:

- The effects of youth Drug Court staff, particularly case managers, on the outcomes for youth Drug Court participants as they work most closely with participants. Other research has focussed on Judge/participant relationships, but the current research has highlighted the importance of support staff in the CCDC. In this study, they showed some unique insights that need to be recorded on a more regular basis.

- The effects of incentives, sanctions, and praise in youth Drug Courts to provide evidence for factors that improve the likelihood of participants completing the program. This study examined praise and actors’ opinions of incentives, but how these affect Drug Court completions have not been investigated in depth.

- The levels of engagement, understanding and support of parents or guardians of youth Drug Court participants and how this affects Drug Court processes and outcomes for young people. The parents in this study presented unique insights into their views of the processes of the CCDC and their role in it. Research should examine the effect of the levels of engagement that parents exhibit and how that affects a Drug Court participant’s success to ascertain tailored approaches to parent involvement in a youth Drug Court.
• Parents’ or guardians’ reactions to their child’s drug use and offending, and their role leading to and during youth justice involvement and how this can guide youth Drug Court processes or parent or guardian involvement. The current study found that parents minimised and justified their child’s drug use but the effects of this were unable to be gauged. Research on this topic would enable a better understanding of the unique experiences of youth Drug Court participants to better inform youth Drug Court practices.

**Recommendations**

To address the research aim, and based on the findings, the following recommendations are provided for the Department of Justice and CCDC to consider to refine practices to enhance CCDC actor experiences and outcomes:

• An update of the CCDC manual to reflect current processes and to remove the requirement of parent or guardian support. The CCDC does take on young people without parental or guardian support, which is a positive as it can still assist those who are most in need of support. Manuals should be updated to reflect the inclusion for all eligible young people based on CATS assessments in the event of any staffing changes so that young people without parent or guardian support who require treatment are not excluded.

• Independently conducted and formalised exit interviews with young people who terminate and complete the program. Exit interviews will provide up-to-date feedback from participants with a person independent of the Court on practices that would have enhanced their experiences. Independent feedback from all CCDC participants must be provided promptly to staff for continual reflection and improvement (Turner, 2011). This practice will also allow young people to reflect on their time in the CCDC, a benefit I witnessed while interviewing young people at the end of their CCDC journey.
• Continuing to track the progress of the CCDC participants through a longitudinal study would provide an accurate fiscal assessment of the short and long term cost of the CCDC.

• Regular parent information sessions for parents of new CCDC participants who can or who wish to be engaged in their child’s CCDC journey. This will ensure expectations of staff duties and what they can do for their child are made clear at the beginning of the parent’s CCDC involvement. In this setting, parents can ask questions and may also be able to connect with other parents in a similar situation, promoting their wellbeing. These sessions could be supplemented by infographics or updated audio-visual information that is currently publicly available. Information sessions will facilitate productive communication and relationships with staff and parents, which should enhance the participants’ experiences.

• Exploration of the use of family therapy as standard in the CCDC to improve outcomes for the young person. Research has found that family therapy for adolescents who use drugs is one of the most effective in treating drug use (Rowe, 2012).

Conclusion

This research examined the self-reported experiences of CCDC’s young participants, parents and staff, and its processes to reveal favourable outcomes and areas for improvement. Its TJ principles are evident in the legal processes it is bound by; its use of treatment and services; and the practices it has in place to enhance the participants’ wellbeing. Criticisms about TJ principles eroding or conflicting with justice and legal requirements were not evident in this study. The qualitative case study analysis of Perth’s CCDC demonstrated that the CCDC is well-adapted to address individuals’ needs to reduce drug use and offending. The benefits of TJ treatment programs for young drug users were not perceived by the CCDC actors as simply an easy option for participants to avoid harsh penalties. They achieved far
more than participating in the CDCC to mitigate a sentencing order. They gained insights into their behaviour and future pro-social possibilities. As might be expected, all the participants considered that the CCDC’s processes benefited young drug-using offenders who participated in the program. However, more investigation is required into the treatment/legal nexus of those who do not complete the CCDC program.

An analysis of the therapeutic foundations of the Court confirmed that it adheres to TJ principles that promote positive outcomes for the CCDC, and young people involved. The findings indicate that the program fuels hope and prosocial goals through the care and dedication afforded to young people, while still achieving justice for the community through sentencing after CCDC graduation. The current research is the first of its kind, providing a detailed case study of the WA’s CCDC and by examining the experiences of participants, their parents and the staff of a youth Drug Court. Given the cost of a TJ Drug Court serving young people, the challenges that the CDCC faces, and the demise of some similar TJ Courts, the CDCC’s durability cannot be assumed. However, looking through the lens of TJ, this research confirms that the CDCC has succeeded in adhering to TJ principles that align with society’s requirements to assist troubled young people to adopt pro-social relationships and lifestyles.
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Appendices

Appendix A – Staff Information Letter

STAFF INFORMATION LETTER

Purpose

My name is Suz Ellis and I am a researcher from the School of Arts and Humanities at Edith Cowan University. I am conducting research for my PhD into understanding the experiences of some stakeholders in the Children's Court Drug Court (CCDC) program (namely, you, the CCDC Magistrate, CCDC participants and their caregivers). The aim of your part of this research project is to help me document the CCDC processes and to provide information on your role in the CCDC. The overall aim of the entire project is to provide an evidence base to best meet the needs of young people who appear before the CCDC.

You are invited to take part in this research as you have a unique perspective on this topic, given your involvement in the CCDC. The research has received approval from the ECU Human Research Ethics Committee.

What is involved?

If you agree to take part in this study, you will be asked to participate in a one-on-one interview with me that will be audio-recorded and will take between 30 minutes and an hour. The interviews will take place at a time and place convenient to you. During the interview, you will be asked questions about the history and processes of the CCDC, your role and the CCDC participant requirements. You are permitted to withdraw your consent to participate at any point in the research process. There is no consequence or penalty for withdrawing consent.

Security and Confidentiality

Your identity will not be revealed but as you are one of two Court Assessment and Treatment Services officers in the CCDC, you will be identifiable and anonymity cannot be guaranteed. If during the course of the interviews a third party, a colleague or specific young offender is discussed any identifying information will be omitted or de-identified to protect their information and/or identity.

Once the transcriptions of the interviews are complete, they can be sent to you for review. If there is any content that you wish to be redacted, this can be done so that it will not appear in any thesis or publication.

All de-identified data collected will be stored securely on ECU premises for five years after the project has concluded and will then be confidentially destroyed. The information will be presented in a written thesis, in which your identity will not be revealed. You may be sent a summary of the final thesis on request.
Research Contacts

Thank you for taking the time to consider participating. The information you can provide is invaluable in understanding the process of the CCDC and your role in it. Please feel free to ask me any questions at any time. If you have any further questions about the research, please do not hesitate to contact me. If you have any ethical concerns, you can contact the ECU Human Research Ethics Committee, as below.

Suz Ellis  Chief Investigator  Ph: [redacted]  Email: [redacted]

Research Ethics Officer  Ph: [redacted]  Email: [redacted]
Appendix B – Staff Consent Form

Children’s Court Drug Court Experiences

Court Assessment and Treatment Services Officers Consent Form

Please read the following and tick all that apply

I have received a copy of the information letter and I understand the aim of the research and have had all my questions answered to my satisfaction.

I am aware that I am free to withdraw participation at any time, and am under no obligation to continue. I am aware there are no consequences of withdrawing consent or ceasing the interview.

If I have any questions regarding the research I am free to contact both the researcher at any time.

I freely give permission for my interviews to be recorded and transcribed, provided I review the transcriptions before inclusion in any thesis or publication.

I know that all audio materials will be kept in a secure location, accessible only by the researcher and her supervisors. I am aware that all data attained will remain confidential and will only be used for the purpose of this research. In the event that this research is published, only de-identified information will be published.

Signature: ___________________________________________

Date: ___________________

Suz Ellis
Chief Investigator
School of Arts & Humanities
Ph: [Redacted]
Email: [Redacted]
Appendix C – Staff Semi-Structured Interview Schedule

Interview Schedule for Children’s Court Drug Court Staff

Role
1. Tell me about your experiences before working for the CCDC.
   a. What kind of roles were you in prior to this?
2. Tell me about your role in the CCDC.
   a. How long have you been in the role?
   b. How does your role differ in the CCDC from your prior role?
   c. What are the best things about it?
   d. What are the worst things?
3. Tell me about your relationship with the young people in the CCDC.
4. Tell me about your relationship with the caregivers of the CCDC.
5. What do you get out of working in the CCDC?

History and process
1. Tell me about the process of the CCDC.
   a. How are participants selected?
   b. How long does the program last?
   c. How many participants can the CCDC facilitate?
   d. What is your role in that process?
2. What sorts have changes have you noticed since it started?
3. Tell me about the agencies involved in the CCDC and their roles.
   a. How do you interact with them?

Participants
1. What criteria does a young person need to meet to be considered for the CCDC?
2. What makes a good candidate for the CCDC?
3. What characteristics in young people have you found to be the most conducive to progressing to graduation in the CCDC?
4. What challenges do children in the care of the department face when doing the CCDC?
   a. Do these challenges differ from children not in the care of the department?
      i. If yes, in what ways?
5. How do you feel young people respond to the CCDC program?
   a. What changes do you see in the young people who participate in the CCDC?
6. How do you feel the parents or guardians respond to the CCDC program?
Appendix D – Parent Information Letter

PARENT/GUARDIAN INFORMATION LETTER

Purpose
My name is Suz Ellis and I am a researcher from the School of Arts and Humanities at Edith Cowan University. I am conducting research for my PhD into understanding the experiences of young people, and their parents or guardians, who go through the Children’s Court Drug Court program. The aim of this research is to inform Court processes and treatment programs to best meet the needs of young people who appear before the Drug Court.

You and your child are invited to take part in this research as you both would have a unique perspective on this topic, given their attendance at the Drug Court. I would therefore like to ask for your help to understand this important issue, and the opportunity to speak with you and your child will help me to achieve this. The research has received approval from the ECU Human Research Ethics Committee.

What is involved?
If you agree for you and your child to take part in this study, you both will be asked to participate in one-on-one interviews with me that will be audio-recorded and will take approximately 30 minutes each. The interviews will take place at varying stages of your child’s time in the Drug Court: before commencing, 6 months in, upon graduation or termination, and 3 months after graduation or termination. During the interview, your child will be asked questions about the reasons they are here today, their experiences of Drug Court, and any concerns they may have about it. I will also be asking some general questions about their social history in the initial interview. Questions that I ask you will be about any changes in behaviours you have seen in your child and your thoughts of the Drug Court.

You, or your child, are permitted to withdraw your consent to participate at any point in the research process. There is no consequence or penalty for withdrawing consent. If you choose to withdraw consent for your child to participate any information collected up to that point will be retained but de-identified.

Security and Confidentiality
Neither you nor your child will be identifiable if they participate. To protect your child’s confidentiality, I am not going to use their name during the interview. A random number will be allocated to you and your child and that is the only thing that will appear on the interview transcript. The recording will be deleted after you and your child’s interviews have been transcribed. That means that no one will be able to identify you or your child from the transcript. In maintaining your and your child’s confidentiality no-one outside of the research team (which includes me, and two supervisors) will have access to you or your child’s interview, this includes you. Your decision to allow your child to participate in this research will have no effects on the outcome of your child’s Court proceedings.

All de-identified data collected will be stored securely on ECU premises for five years after the project has concluded and will then be confidentially destroyed. The information
will be presented in a written thesis, in which you and your child’s identities will not be revealed. You may be sent a summary of the final thesis on request.

**Possible Risks**

*Disclosure*

All information you and your child provide will be confidential. However, you must understand that there are times when researchers are not able to keep the information confidential. For example, if I receive an order from the Court requesting our materials, or if you or your child provide specific details about something you or they plan to do that could harm them, someone else, or the community.

*Discomfort*

Although unlikely, given the personal nature of the questions, your child may feel uncomfortable during the interviews. If I sense this during an interview, or your child advises that they are uncomfortable, questions can be skipped, or the interview can be stopped at any time. Your child will be reassured frequently during the interviews and research process that they can refuse to answer a question, may stop interviews for any reason, or refuse to participate in any further interviews. There is no consequence or penalty for ceasing the interview. This information applies to your interviews with me too.

**Support in the Event of Distress**

It is unlikely that participating in the interviews will cause distress. However, if you or your child becomes distressed, an on-call psychologist (registered with the Australian Health Practitioner Regulation Agency) who is independent of the research project, is available to provide immediate support. The psychologist will also be able to make recommendations for any follow-up support if it is required.

**Research Contacts**

Thank you for taking the time to consider participating. The information you and your child can provide is invaluable in understanding the experiences of the Drug Court and any ideas you or they have for the program. Please feel free to ask me any questions.

If you have any further questions about the research, please do not hesitate to contact either me or my supervisors. If you have any ethical concerns, you can contact the ECU Human Research Ethics Committee, as below.

**Suz Ellis**

Ph: [redacted]  
Email: [redacted]

**Research Ethics Officer**

Ph: [redacted]  
Email: [redacted]
Appendix E – Parent Consent Form

Drug Court Experiences

Parent/guardian consent form

PARTICPANT NAME: _________________________________________

Please read the following and tick all that apply

I have received a copy of the information letter and I understand the aim of the research and have had all my questions answered to my satisfaction. ☐

I am aware that I am and my child/my ward is free to withdraw their participation at any time, and am under no obligation to continue should they decide otherwise. I am aware there are no consequences of withdrawing consent or ceasing the interview. ☐

If I have any questions regarding the research I am free to contact both the researcher at any time. ☐

I understand that, although unlikely, the interview may make me or my child feel uncomfortable or distressed. If I or they become distressed, a psychologist, independent from the research project, is available to provide support. ☐

I freely give permission for my and my child’s interviews to be recorded and transcribed, provided they remain unidentified. ☐

I know that all audio materials will be kept in a secure location, accessible only by the researcher and her supervisors. I am aware that all data attained will remain confidential and will only be used for this research. If this research is published, no identifiable information will be published. ☐

Parent/Guardian signature: _________________________________________

Date: ___________________

Suz Ellis
Chief Investigator
School of Arts & Humanities
Ph: [redacted]
Email: [redacted]
Appendix F – Parent Semi-Structured Interview Schedule

Interview Schedule for Parents/guardians

Please note that “lettered” questions are probes only to be used if necessary.

Parent/Guardian Draft Schedule

Background (child)

1. So what was your child like growing up?
   a. Did they get in trouble?

2. When did you become aware of their offending?

3. What about their drug use?

4. How did you feel when you found out?

5. Did you notice any changes in them when they started using drugs?
   a. What kind of changes?
   b. If you were not aware until recently, thinking back, what changes in them do you remember?
   c. How did that compare to what they were like growing up?

Drug Court

1. Tell me what you knew about the Drug Court before starting?

2. Did you talk about doing the Drug Court program with them before they decided to participate?
   a. What things did you talk about?

3. How do/did you think your child will do in the program?

4. What will/help/ed to ensure they graduate/d?

5. What role do/did you think you will/would play in the program?

6. What role do/did you think you will/would play in their progress?

7. What are your hopes for your child now/when they complete the program?

8. What are/were the best parts of Drug Court?
   a. Thoughts on CCDC Magistrate
   b. Thoughts on CATS

9. What are/were the worst?

10. Would you recommend the Drug Court for those offered it?
   a. Why? Why not?
11. What would you say to a parent or guardian with a child about to start the Drug Court?
   a. What do they need to know?
Appendix G – Young Person Information Letter

YOUNG PERSON INFORMATION LETTER

Purpose
My name is Suz and I am a researcher from Edith Cowan University. Being from a University means that I am not part of the Police or the Courts. I am conducting research to understand your experiences of the Drug Court for my PhD. You have been invited to take part in this research because you are in or going into the Drug Court program.

What do you need to do?
If you agree to participate, you will be asked some questions in one-on-one interviews with me. There will be four interviews during your time in Drug Court: before, 6 months in, at the end and 3 months after. Each interview will be audio recorded and will take approximately 30 minutes. During the interviews, you will be asked questions about what you think of the Drug Court at different points, whether it has helped you, and how it compares to other Court experiences you might have had. I will also ask you some questions about your life, for example your family and school in the first interview.

What happens to your information?
If you agree to take part in this study, the information you give will not be traced back to you by anyone. The only people who will have access to your interview recordings will be me and my supervisors. Your name will not be recorded on them. After the interview, your recording will be given a number and will be typed up by me. The recording will then be destroyed which means that no-one will know it was you that provided the information. No-one outside of the research team (me and my supervisors) will have access to your interview, including your parents or the people who look after you.

Once I have interviewed a number of young people, I will write a report on what I find. Again, you will not be identified in any way. Remember all the information I collect will not have your name on it, and I do not report on you as an individual, just what you and others have said all together.

You can be involved… You can change your mind too
Whether you decide to participate or not will have no effect on the outcome of your Court proceedings or any other charges you have. If you agree to participate, but change your mind, you can withdraw your consent to participate at any point in the research process. There is no consequence or penalty for withdrawing consent. If you choose to withdraw any data collected up to that point will be still be used but any information that might identify you will be removed.

You are also able to stop at any time in the interview or research process, and refuse to answer any questions that you don’t want to. Also, just because your mum/dad/guardian has said that you can talk to me doesn’t mean you have to.
All information you provide will be between you, me and my supervisors. However, you must understand that there are times when researchers are not able to keep information private. For example, if I receive an order from Court requesting our materials, or if you provide specific details about something you plan to do that could harm you, someone else, or the community, I might need to give them that information.

**What if you get upset?**

It is unlikely that participating in these interviews will cause you to feel upset or distressed. However, if it does, you are able to ask for the interview to be stopped and to speak with a psychologist, who is not part of this research project. They will be able to provide support to reduce your distress.

Thank you for listening to and/or reading this information. You can provide some really valuable information about your time in the Drug Court and I would love to hear what you think.

**Contacts**

Do you have any questions? Would you like to come and talk to me? You get to keep this sheet, so afterwards if you have any further questions, you can ask me or any of the people listed on this sheet.

*Suz Ellis*
Chief Investigator
School of Arts & Humanities
Ph: [redacted]
Email: [redacted]

*Research Ethics Officer* Ph: [redacted] Email: [redacted]
Appendix H – Young Person Assent Form

Drug Court Experiences

Young person assent form

PARTICIPANT’S NAME: __________________________________________

Please read the following and tick all that apply

I know what the research is about and why I am part of it. ☐

I know that I can stop the interview at any time and won’t be in trouble if I do. If I don’t want to answer a question I do not have to. ☐

I know that the person I am talking to is only going to ask about the reason I am here for today, and what I may have done in the past. If I do tell the interviewer about a crime I plan to do, I know that they will have to tell the Police. Everything else said will stay between myself and the interviewer. ☐

If I feel upset or distressed about what is being asked, I know that I can ask to stop the interview and speak with a psychologist. ☐

I know that what I am saying to the interviewer is being recorded. The recording will only be heard by the interviewer and when she writes it out, she will remove any details that show that it is me, so no one will know who I am. ☐

Participant signature: _____________________________ Date: ______________

Suz Ellis
Chief Investigator
School of Arts & Humanities
Ph: [redacted]
Email: [redacted]
Appendix I – Young Person Semi-Structured Interview Schedule

Young Person Interview Schedule

*Please note that “lettered” questions are probes only to be used if necessary.*

**Background**

1. Tell me a little bit about yourself.
   a. How often do you go to school?
   b. What do you do in your free time?
   c. Do you work?
   d. Tell me about your family (who you live with).

**Criminal activities**

1. Tell me why you were in the Court/Drug Court.
   a. Tell me about the crimes you have committed in the past, but NOT if you plan to commit any.
      i. What happened in the lead up to the crime that landed you in Drug Court?
      ii. Tell me about some of the reasons you committed the crime(s).

**Drug use**

1. Tell me about the first time you used drugs.
   a. What did you use?
   b. Who did you use it with?
   c. Tell me some of the reasons you used it for the first time.
   d. How did you get it?
   e. How did it make you feel?
   f. What made you want to use it again (if you ever did)?
   g. What do your parents/guardians think of your drug use?

2. Tell me about your current drug use.
   a. What are you using?
   b. How often?
   c. Thinking about your drug use, tell me about what it’s like on a normal day?
   d. How does this compare to when you first started Drug Court?

3. Have you committed any crimes while you’ve been using drugs?
   a. Tell me about the crimes and the drugs you were using.

4. Do you think there is a link between your drug use and the crimes you commit?
Drug Court

1. Is/was this your first time in the Drug Court?
2. Tell me about your first thoughts when you were told about Drug Court.
3. Tell me what you knew about Drug Court before starting.
4. Now that you have started/finished Drug Court, tell me about the process.
   a. What do you have to do first?
   b. What about after that?
5. What are some of the reasons you decided to participate in the program?
6. What did you think you would get out of Drug Court?
   a. Has this happened?
      i. Why? Why not?
7. Do/did you struggle with any parts of the Drug Court?
   a. What parts?
8. Tell me what your main motivation to complete the Drug Court is/was?
   a. What are your goals?
9. What do you think you need to do to reach these goal/to graduate from the Drug Court?
10. What are your plans now?
    a. How has your time in Drug Court influenced these?
11. What are/were the best things about Drug Court?
    a. What were your thoughts about the CCDC Magistrate?
       i. The CATS team?
12. What are/were the worst things about Drug Court?
13. Would you recommend it to other young people?
    a. Why? Why not?
14. What would you say to a parent or guardian with a child about to start the Drug Court?
    a. What do they need to know?
Appendix J – CCDC Leaflet

Why have a Drug Court?

The Children’s Drug Court exists to help young people deal with the problems that have led to their offences.

The court works toward reducing criminal activity associated with substance use, for the wellbeing of the community and the participant.

What does the Drug Court do?

The Drug Court can help participants:
- acknowledge and address their substance use
- deal with their problems that led to them committing crimes
- change their behaviour so they can lead a constructive, fulfilling and law-abiding life.

CONTACT

For more information about the Drug Court, contact:

Your lawyer

Court Assessment and Treatment Service (CATS)
Level 4, 30 Moore Street
EAST PERTH WA 6004
Phone: 9220 2100
Fax: 9220 2101

Alcohol and Drug Information Service (ADIS)
Phone: 1800 110 024
Email: adis@health.wa.gov.au

Children’s Court of WA

160 Pier Street
PERTH WA 6000
Phone: 9221 1765
Email: childrens.court@justice.wa.gov.au

An adult Drug Court also operates from the Central Law Court. For more information visit www.dogal.wa.gov.au or contact your lawyer, CATS or ADIS on the above numbers.
Many crimes against people and property are committed by people with substance use problems.

Drug Court can help break the cycle of substance use and offending by making treatment for the substance use part of the court process.

Children’s Drug Court is not a soft option. It is for young people who are willing to confront their addiction and make a positive choice to end their drug use and associated offending.

If a participant doesn’t follow the agreed treatment and monitoring requirements they will be sentenced in the normal manner.

If the participant successfully completes the Drug Court program it is likely they will receive a reduced sentence.

Who is accepted by the Drug Court?

To participate in the Drug Court program, an applicant must:

- admit they have an illicit substance use problem
- enter a plea of guilty to all charges
- be willing to undergo appropriate and agreed treatment, in the community or a residential rehabilitation facility
- be willing to be helped and supervised by the Drug Court and the Court Assessment and Treatment Service (CATS).

If you think the Drug Court is for you

Step 1 - admit you have an illicit substance use problem.

Step 2 - enter a plea of guilty to all charges.

Step 3 - participate in the assessment process with CATS.

If your application for Drug Court is accepted a CATS officer will assess you to see if you are suitable.

They will submit a report to the court and you will need to obey strict bail conditions.

These conditions will include drug testing, living at a fixed address and attending counselling sessions.

These conditions will be outlined by your CATS officer. Assessments in custody can be granted.

Step 4 - Participate in a program

Drug Court Regime (DCR) 6-12 months

- indicated sentence
- breach point system
- regular court appearances
- provide urine samples as directed
- subject to the supervised bail program
- any other lawful requirements.

Step 5 - Sentence

When you have finished the program, you will be sentenced.

The President of the Children’s Court or the Children’s Drug Court Magistrate will take into account efforts you have made to change your behaviour and face your drug use by reducing your overall sentence.

For participants whose drug use does not require intensive programs like those at the Children’s Drug Court, a Youth Supervised Treatment Intervention Regime (YSTIR) program may be appropriate (available through the Perth Children’s Court).