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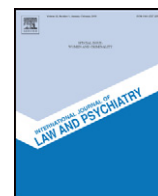
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The care of Filipino juvenile offenders in residential facilities evaluated using the risk-need-responsivity model



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ABSTRACT

According to the risk-need-responsivity model of offender, assessment and rehabilitation treatment should target specific factors that are related to re-offending. This study evaluates the residential care of Filipino juvenile offenders using the risk-need-responsivity model. Risk analyses and criminogenic needs assessments (parenting style, aggression, relationships with peers, empathy, and moral reasoning) have been conducted using data of 55 juvenile offenders in four residential facilities. The psychological care has been assessed using a checklist. Statistical analyses showed that juvenile offenders had a high risk of re-offending, high aggression, difficulties in making pro-social friends, and a delayed socio-moral development. The psychological programs in the residential facilities were evaluated to be poor. The availability of the psychological care in the facilities fitted poorly with the characteristics of the juvenile offenders and did not comply with the risk-need-responsivity model. Implications for research and practice are discussed.

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1. Introduction

The Philippines is a country with a high rate of youth delinquency (UNICEF Philippines, 2004). When a child gets arrested, the “Juvenile Justice and Welfare Act” (from now on RA 9344) is applicable. RA 9344 was implemented in 2006. Before the implementation of this law, Filipino juvenile offenders were imprisoned under very deprived circumstances (Amnesty International, 2003). Juvenile offenders could be detained with adults and were held from any form of education. Sexual abuse, torture, and harassment occurred on a daily basis (Amnesty International, 2003). Today, RA 9344 makes it impossible for juvenile offenders to be placed in custody with adults and protects juvenile offenders from violence and abuse. Additionally, this law provides juvenile offenders with the right to access individualized programs that focus on prevention, rehabilitation, re-integration, and after-care. International legislation also provides conditions on how to treat juveniles who are involved in criminal court procedures. First of all, the Beijing Rules (1985) state that judicial interventions should improve the well-being of children. Second, the United Nation’s Convention on the Rights of the Child (CRC, The United Nations, 1989) proclaims that judicial interventions should be as short as possible, with effective

care and effective procedures handling the situation of juvenile offenders. Finally, the UN’s Guidelines for Alternative Care (2010) state that all (residential) care settings should care for the needs of children.

In the Philippines, most of the crimes committed by juvenile offenders are mild offenses, the so-called “crimes of poverty” or property crimes (Knowles, 2010). Only a small minority of the juvenile offenders are arrested because of violent crimes or crimes with a sexual nature (Knowles, 2010). After arrest, police or *barangay* officers (local governmental units) will place the child into custody in police precincts, jails, or youth detention homes (Knowles, 2010). During custody, first, the age of the child is determined. Children of 15 years or below should be exempt from criminal liability and should be released immediately (RA 9344). In such a case, the local social welfare and development officer will select an appropriate program in consultation with the child and his or her relatives. If relatives either cannot be located or refuse to accept the child, or when the child is not safe with his or her relatives, the child must be released to a non-governmental organization (NGO), a *barangay* officer, or to the Department of Social Welfare (RA 9344). Since the process of locating relatives or alternative care can take a long time, children below the age of 15 years can be detained for a significant time as well, even though they should not have been arrested in the first place (Knowles, 2010). After the arrest, juvenile offenders can be placed in different residential settings, such as non-governmental facilities (NGOs), youth homes, holding centers, police precincts, or jails, depending on their background and the stage of their judicial process.

It is clear that international legislation and RA 9344 are not fully implemented in governmental facilities since there are still reports of

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juvenile offenders who are imprisoned with adults and experience different forms of abuse (Bilog, 2014; Knowles, 2010). For NGOs, it is known that due to financial or political reasons, these laws are difficult to implement as well (Nichter, 2008). Although both governmental and non-governmental facilities offer at least “constructive activities,” little is known about the content of these programs and interventions (Bilog, 2014; Knowles, 2010). As the CRC implicates, interventions provided by the NGOs and juvenile detention centers should be effective. At this moment, it is not clear to what extent the programs are effective and in compliance with the CRC and other international laws that protect juvenile offenders. Another problem is that the laws are rather vague about what an effective intervention should look like and what kinds of interventions are exactly serving the child’s well-being.

1.1. Risk-need-responsivity model

A theoretical foundation of the programs in the residential facilities offered to the juvenile offenders is necessary. The programs should, therefore, at least be effective and contribute to the well-being of the children (Van Yperen & Van Bommel, 2009). The risk-need-responsivity model (Ogloff & Davis, 2004) describes directions for judicial interventions in order to be effective. It provides guidelines for the assessment and treatment of offenders, with positive rehabilitation as an outcome. The *risk principle* explains it is necessary to assess the risk of re-offending and to match the intensity of treatment with the severity of the risk (Ogloff & Davis, 2004). The study of Andrews and Bonta (2010) shows the importance of a proper risk-assessment and a right match between the intensity of the treatment and the risk of reoffending. High-risk offenders only showed a reduction in recidivism when intense levels of services were offered. On the other hand, when low-risk offenders were treated in intensive programs, the effect proved to be negative, that is, recidivism increased. Thus, low-risk offenders benefited more from minimal or even no intervention than from intensive programs (Andrews & Bonta, 2010). The *need principle* states that an intervention should focus on “criminogenic needs.” These are factors that are dynamic and related to delinquency and re-offending (Ogloff & Davis, 2004). For example, Ogloff (2002) found that problem solving skills, substance abuse, and pro-criminal attitudes, among other factors, were related to delinquency and re-offending. When the purpose of the treatment is to prevent reoffending, the intervention should focus on changing these criminogenic needs (Andrews & Bonta, 2010). The *responsivity principle* assumes that treatment should consider individual factors that might influence the intervention outcome (Ogloff & Davis, 2004). The way the intervention is delivered should be consistent with the abilities and learning style of the offender (Andrews & Bonta, 2010). Factors like motivation and mental abilities of the child and his or her educational environment should be taken into consideration (Ogloff & Davis, 2004). Even though the risk-need-responsivity model was developed for adult offenders research shows that this model is also applicable to juvenile offenders (Lipsey, 2009).

1.2. Risk factors and criminogenic needs of Filipino juvenile offenders

Since the risk-need-responsivity model states that interventions should target risk factors and criminogenic needs the current study is focused on identifying these factors in Filipino juvenile offenders. For Filipino children, some factors that are related to delinquency have been identified in previous studies. The report of Save the Children (2004) showed that poverty plays a major role in the manifestation of delinquent behavior of Filipino children. Poverty is directly related to criminal behavior because the crimes are committed to survive (Save the Children, 2004). In a more indirect way, poverty is also related to several factors that have been shown to increase the chance of getting involved in criminal behavior. First, poverty is related to domestic violence (Jewkens, 2002). Being a victim of child abuse or a witness of (domestic) violence are related deviant behaviors later on in life (Asscher,

Van der Put, & Stams, 2015; Holt, Buckley, & Whelan, 2008). Such a relationship also seems present in the Filipino context, since UNICEF Philippines (2002) found that 81% of Filipino juvenile offenders had a registered history of abuse and being a victim of child abuse or witnessing domestic abuse was related to more aggression in Filipino children (Maxwell & Maxwell, 2003). Second, poverty is related to several negative aspects of parenting (Grant et al., 2005; Raikes & Thompson, 2005). This can be explained by the high stress that parents face because of the economic deprivation they experience (Grant et al., 2005). The stress interferes with child-rearing styles and practices, which leads to negative outcomes in the children from poor families (Katz, Corlyon, La Placa, & Hunter, 2007). Parental behavior can have a significant influence on delinquent behavior of children, with the strongest links for parental monitoring, warmth, psychological control, and negative aspects, such as rejection and hostility (Hoeve et al., 2009; Wissink, Deković, & Meijer, 2006). Therefore, parenting behavior (or child-rearing style) is a potential criminogenic need of Filipino children.

Third, poverty increasing the risk for children to live with peers in a gang (Save the Children, 2004). Two out of five juvenile offenders admit being involved in a gang, and the majority of crimes are committed with peers (Knowles, 2010). Peer groups or *barkada* can have negative influences because youth experience peer pressure from their *barkada* for missing classes and dropping out of school (Shoemaker, 1994). Most Filipino juvenile offenders are from large families (Knowles, 2010), with an unstable family system (Save the Children, 2004). Because of the fluid family structures, peers can have great influence on the daily lives and morals of the children (Knowles, 2010). This context increases the chance of gang involvement and criminal behavior (Save the Children, 2004).

There are also other factors (related to delinquency) following from international literature and these factors might account for Filipino juvenile offenders as well. First, the report of Save the Children (2004) shows that drug abuse of Filipino juvenile offenders contributes to the manifestation and maintenance of criminal behavior. International studies show that inadequate problem solving skills or coping mechanisms (the way a person is reacting upon problems and stress) have been found to be related to substance abuse and delinquency in international studies (Hasking, 2007; Valentino, Lucki, & Van Bockstaele, 2010). Therefore, Filipino juvenile offenders might show inadequate problem strategies, leading to their involvement of drug use and delinquent behavior. Second, empathy was shown to be related to delinquency (Jolliffe & Farrington, 2004; Van Langen, Wissink, Van Vugt, Van der Stouwe, & Stams, 2014). Empathy is the drive to respond with an appropriate emotion to another’s mental state. It is about being affected by another’s emotional state by feeling personal distress or empathic concern. Many juvenile offenders are in “survival mode” (Save the Children, 2004), where the interests and needs of others are assumed not to be important, and where it is necessary to harm the rights of others in order to survive. Finally, developmentally delayed moral judgment has been found to be strongly related to delinquent behavior (Stams et al., 2006; Van Vugt et al., 2011).

1.3. The present study

The purpose of this study is to gain more insight into what programs for male juvenile offenders (age 12–18 years) in governmental and non-governmental (NGOs) residential settings should look like in order to be effective, and to find out to what extent residential facilities contribute to decreasing the risk of re-offending. The current study uses a unique and straightforward approach to assess the risk of re-offending of Filipino juvenile offenders, criminogenic needs of the juvenile offenders, and the characteristics of the residential care of Filipino juvenile offenders. The following criminogenic needs are assessed: child-rearing style of the parents, aggression, relationships with peers, coping mechanisms, empathy, and moral reasoning. Further, it is assessed to what

extent the available residential care fits with the characteristics of the juvenile offenders.

The following research question is formulated: *To what extent do the programs for juvenile offenders in residential facilities in the Philippines comply with the risk-need-responsivity model?* To answer this question, the following subquestions will be answered:

1. What is the risk of re-offending of juvenile offenders who stay in residential facilities?
2. What are the criminogenic needs of these children?
3. Which criminogenic needs are related to the risk of re-offending?
4. What kind of psychological interventions and strategies are offered in the residential facilities?
5. To what extent do the psychological interventions and strategies available fit with the characteristics of Filipino juvenile offenders?

2. Methods

2.1. Participants

The study was conducted in four different residential facilities in Metro Manila. In total, 55 male juvenile offenders aged 11 to 19 years ($M = 15.71$; $SD = 1.825$) filled in questionnaires. Facility A (with 10 participants) was an NGO providing residential care for children-at-risk (i.e., juvenile offenders, street children, and abandoned children) up to the age of 15 years. In the majority of the cases the facilities had guardianship over the juveniles, since parents refused custody, or were unable to take care of their children. Facility A was funded by organizations abroad, corporate organizations, or private gifts. Facility B (with 10 participants) was an NGO, funded by (religious) organizations or private gifts. Facility B provided residential care to juvenile offenders, who were mostly referred to a compulsory diversion program. The majority of the juveniles in Facility B were above the age of 15 years. Facility C (with 28 participants) was a holding center for juvenile delinquents, provided by the Filipino government. The juveniles were waiting for trial or for the investigation of the social welfare and development officer to assess the age and family situation of the juveniles. Facility D (with 7 participants) was a youth home provided by the Filipino government. The facility offered residential care for juvenile delinquents, children with mental disabilities, street children, and children that could not live with their parents. The juvenile offenders in Facility D were referred into a diversion program, or were below the age of criminal liability and could not live with their parents.

During the observations in the facilities, differences between NGOs and governmental facilities were noticed. That is, conditions in the NGOs seemed more appropriate than the conditions in governmental facilities. In order to enhance representativeness of the situation of juvenile offenders in residential facilities, both governmental and non-governmental facilities were included in the study.

2.2. Procedure

Four different facilities, located in different parts of Metro Manila, were approached and informed about the research. The researchers visited the facilities in the spring of 2013, where access to the case files of the juvenile offenders was provided, and questionnaires were filled in by the participating juvenile offenders. The researchers gained permission by all facilities to see the case files of the juveniles, under the condition that the retrieved information was handled with confidentiality. All juvenile offenders from the facilities consented in participating in the study. A Filipino research assistant was present to explain the purpose of the study to the juveniles. The direction and the social workers of all facilities gave permission for the juveniles to fill in the questionnaires. For most participants in the governmental facilities, it was difficult to assess who was the legal guardian of the juvenile, and impossible to reach that person to obtain consent of parents. In the majority of

the cases in the NGOs, the facility had legal guardianship over the juvenile. Since many participating juvenile offenders were still in court procedures, staff members of that facility were not present while the offenders answered the questions to prevent juvenile offenders from being scared that their answers could be used against them in court, and in order to decrease the risk of socially desirable answering. It took the juvenile offenders 15 to 40 min to fill in the questionnaires. Some juvenile offenders had difficulties with filling in the questionnaires due to short attention span, little education, and difficulties with the expression of their opinions. In these cases, extra assistance by the Filipino research assistant was provided. After linking the information from the case files and the questionnaires, the data were anonymized.

2.3. Materials

Risk of reoffending: The instrument that was used for the risk analysis was the WSJCA Pre-screen (Barnoski, 2004). The WSJCA Pre-screen indicates whether the child has a low, moderate, or high risk of re-offending based on his or her criminal and social history (Barnoski, 2004). Based on the information in the case studies and initial intake reports, the WSJCA Pre-screen was filled in by the researchers. In case the files did not contain enough information, additional information was provided by the social worker of the facility.

Criminogenic needs: For the assessment of the criminogenic needs of the juvenile offenders, multiple scales and questionnaires were filled in by the juvenile offenders. To assess the child-rearing style of the parents, the restrictive control scale of the Parental Behavior Questionnaire (PBQ; Wissink, Deković, & Meijer, 2006) was used. This scale measures the level of authoritarian control (control based on force, threat, and physical punishment), which has been shown to be associated with undesirable outcomes (Wissink et al., 2006). The answering scale is a five point scale ranging from “never” till “very often.” The higher the score, the higher the frequency of the use of restrictive control. Norm scores of Wissink (2006) were used: scores higher than one standard deviation above the mean were considered as atypical. The norm group of Wissink (2006) consisted of an ethnical diverse sample of Dutch youth.

Aggression was measured by using the Overt aggression scale of the Buss–Durkee Hostility Inventory (BDHI; Lange, Hoogendoorn, Wiederspahn, & De Beurs, 1995). Higher scores on the BDHI Overt aggression scale were considered to represent higher levels of aggression. Scores within the *high* or *very high* range (according to Lange et al., 1995) were considered as atypical.

To assess the ability of making pro-social friends, the social acceptance scale and the close friendship scale of the Perceived Competence for Adolescents (CBSA; Treffers et al., 2004) questionnaire were taken together and filled in by the juvenile offenders. These scales assess the perceived acceptance by other people and the perceived ability to make close friendships (Treffers et al., 2004). These scales were chosen because peer rejection is a strong predictor of involvement with antisocial peers (Dishion, Patterson, Stoolmiller, & Skinner, 1991; Lansford, Dodge, Fontaine, Bates, & Pettit, 2014). The higher the scores on these scales the larger the ability of making pro-social friends. Norms of Treffers et al. (2004) were used.

To assess the coping style of the juvenile offenders, two scales of the Utrechtse Coping List (UCL; Schreurs, Van de Willige, Brosschot, Tellegen, & Graus, 1993) were filled in by the juvenile offenders. The Social support scale assesses in what way the child is looking for social support when there are problems. This strategy can be seen as an adequate coping strategy. The palliative reaction scale assesses in what way the child is looking for distractions in order to keep his or her mind of the problem, for example, by smoking, drinking, or using drugs, and has been shown to be associated with psychopathology (Schreurs et al., 1993). The higher the scores on these scales, the more frequent a child uses that coping strategy.

The Basic Empathy Scale (BES; Jolliffe & Farrington, 2006) was used to assess empathy, and norm scores of Van Langen, Van Vugt, and Stams (2009) were applied. Higher scores on the BES represented higher levels of empathy of the child.

Finally, the Sociomoral Reflection Measure-short version (SRM-SF; Basinger, Gibbs, & Fuller, 1995) was used to assess the maturity of moral reasoning based on Kohlberg's stages of moral development (Basinger et al., 1995). Five Filipino psychology students of the Our Lady of Fatima University were asked to translate the open-ended answers of the juvenile offenders into English after instruction given by the main researcher. Since the Filipino language contains many expressions or words that cannot be directly translated into English, the meanings of some of the answers were discussed with the main researcher. Next, the translated answers on the open-ended questions of the SRM-SF were scored by the main researcher of the current study. The scores represent Gibbs' stages of moral development, adapted from Kohlberg: higher scores are indicative of the more advanced stages of moral development. Age-dependent norms of Basinger, Gibbs, and Fuller (1995) were used to determine the stage of moral development. The scores were then standardized by calculating Cohen's *d* to estimate the size of the difference with the norm group. Larger, negative Cohen's *d*'s indicate greater delays in moral reasoning.

All questionnaires and scales were translated into Tagalog by the Commission on the Filipino Language, the official translation bureau of the Filipino government. A Filipino clinical psychologist evaluated the face validity of the questionnaires for Filipino juveniles and adjusted the format of the CBSA scales to make it more usable for Filipino juveniles. The questionnaires were then pretested on a small sample of Filipino juvenile offenders to evaluate if there were any confusing or unclear questions. No adjustments were made after this pretest.

Psychological interventions and strategies: To assess the characteristics of the available psychological interventions and strategies, a checklist was created based on international literature about offender therapy. First, the checklist contained a scale with items about whether the facility implemented the risk principle (for example, Does the facility make predictions about the risk of re-offending?). This scale resulted in a continuous score. Second, the checklist included several scales about whether the facility implemented interventions according to the need principle. These need scales assessed whether the facility had psychological care available targeting the criminogenic needs (parenting behavior, aggression, peers, coping-style, empathy, and moral reasoning) of the juvenile offenders (for example, Are there extracurricular group activities to create involvement in pro-social peer interactions?). The need scales resulted in dichotomous, categorical, or continuous scores. Finally, the checklist contained a scale about the responsiveness of the programs in the facilities (for example, Does the facility enhance the motivation of the juvenile offenders for participating in the program?). This responsiveness scale yielded a continuous score. The checklist was filled in by the researchers, based on extensive conversations with staff members of the facilities and published documents about the youth interventions or strategies that were used. The checklist is available upon request from the first author of this article.

2.4. Reliability of instruments

Cronbach's alpha values were computed to estimate the reliability of the instruments and questionnaires in this study. Sijtsma (2009) shows that Cronbach's alpha is the lower limit of the estimation of reliability. Therefore, Gutmann's lambda 2 was also computed to give a second and alternative estimation of the reliability of the questionnaires. Gutmann's lambda 2 is seen as a more accurate estimation of reliability (Sijtsma, 2009). A small sample ($N = 10$) of the SRM-SF was scored double by two researchers to estimate inter-rater reliability by calculating the percentage of agreement and Cohen's Kappa.

Table 1
Reliability of instruments used in present study.

	N	Missing values	Cronbach's alpha (α)	Gutmann's lambda 2 (λ_2)
<i>Needs assessment</i>				
PBQ—restrictive control	52	3	.640*	.669*
BDHI—overt aggression	52	3	.541*	.609*
CBSA—pro-social friends	50	5	.584*	.618*
BES—empathy	49	6	.692*	.723*
SRM-SF—moral development	47	8	.758	.771
<i>Scales of checklist</i>				
Risk scale	4	0	.906	.968
<i>Needs scales</i>				
Aggression scale	4	0	.667	
Relation with peers scale	4	0	.750	.817
Responsivity scale	4	0	.784	.826

* If one item deleted.

The reliability (or internal consistency) estimates of the instruments in the sample are listed in Table 1. Some items of the scales were deleted to improve the internal consistency of the scales: for the PBQ scale, the item "How often do your parents say you should listen to people who are older than you"; for the BDHI scale, "I never get so angry that I start to throw things"; for the CBSA scales, "I am capable of finding friends where I can really count on"; and for the BES scale, "The feelings of other persons don't affect me in any way" were excluded. The resulting CBSA scales and the BDHI Overt aggression scale showed marginal reliability. The SRM-SF, the BES scale, and the PBQ restrictive control scale showed acceptable reliabilities. The SRM-SF also showed sufficient inter-rater reliability (92% inter-rater agreement, and $\kappa = .91$). The reliability of the UCL scales was unacceptably low and was therefore excluded from further analyses.

Table 1 also presents the reliability of the checklist of the psychological interventions and strategies in the facilities. All scales had sufficient reliability. The empathy subscale and the parenting subscale of the need scale are single-item scales, so it was not possible to calculate the reliability of these scales.

2.5. Statistical analysis

Descriptive analyses were used to describe the level of risk of re-offending of the Filipino juvenile offenders, restrictive control used by the parents, aggression, perceived competence of social behavior (social acceptance and making close friendships), coping mechanisms, empathy, moral reasoning of the juvenile offenders, and characteristic of the residential care in the facilities.

Logistic regression analysis was used to examine the relation between the number of criminogenic needs and risk of re-offending, and the relationship between the specific criminogenic needs and risk of re-offending. The dependent variable was risk of re-offending (high versus low/moderate), and the independent variables were the five criminogenic needs.

The point biserial correlation was used to determine the fit between the risk scale of the residential care checklist and the risk of reoffending. Further, the fit between the five criminogenic needs measured in the Filipino juvenile offenders and the availability of the psychological care measured by the five "need" scales of the checklist were assessed using the Pearson correlation, the Spearman correlation, and the point biserial correlation.

3. Results

3.1. Risk of re-offending of Filipino juvenile offenders

The mean score of risk of re-offending was 2.23 ($SD = .633$). This is significantly higher than the mean of the norm group, with $t(46) = 2.535$, and $p = .015$. Only 10.6% of the juvenile offenders had a low

risk of re-offending, 55.3% had a moderate risk of re-offending, and 34.0% had a high risk of re-offending.

3.2. Criminogenic needs of Filipino juvenile offenders

Restrictive control: the mean score on the restrictive control scale was 2.874 ($SD = 0.570$), which is significantly higher than the mean score of the norm group of the PBQ, with $t(52) = 6.888$, and $p = .000$. All juvenile offenders reported that their parents used restrictive control more or less, with 69.8% scoring in the “normal” range (within one SD from the mean), and 30.2% scoring high on restrictive control.

Aggression: the mean score of the juvenile offenders on the BDHI Overt aggression scale was 3.42 ($SD = 1.242$). This is significantly higher than the mean from the norm group of the BDHI, with $t(51) = 2.456$, and $p = .017$. Almost 10% of the juvenile offenders scored very low on aggression: 13.5% scored low, 23.1% scored moderate, 32.7% scored high on aggression, and 21.2% scored very high on overt aggression.

Ability of making pro-social friends: the mean score of the Filipino juvenile offenders on the CBSA Social acceptance and Close friendship scales was 2.973 ($SD = .462$). This is significantly lower than the scores from the norm group of the CBSA, with $t(49) = -3.476$, and $p = .001$.

Empathy: the mean score of the juvenile offenders on the BES scale was 3.09 ($SD = .486$). Six percent of the juvenile offenders reported a lack of empathy. Based on the norm group of the BES, this was not an atypical percentage ($p = .236$), so a lack of empathy was not more frequent among Filipino juvenile offenders.

Moral reasoning: the mean score of the juvenile offenders on the SRM-SF was 204.25 ($SD = 35.627$), which corresponds with Kohlberg's stage 2 of moral reasoning. Two percent of the juvenile offenders' scores referred to stage 1, 14.9% to stage 1/2, 57.4% to stage 2, 23.4% to stage 2/3, and 2.1% to stage 3 of moral reasoning. The mean difference between juvenile offenders and the norm group of the SRM-SF was $d = -3.04$ ($SD = 1.389$). This difference was significant, with $t(43) = -14.519$, and $p = .000$.

3.3. Relation between criminogenic needs and risk of re-offending

Number of criminogenic needs and risk of re-offending: Logistic regression analysis of 47 cases was conducted to examine the relation between the number of criminogenic needs and risk of re-offending (low/moderate versus high risk). The number of criminogenic needs was a significant predictor of the risk of re-offending of Filipino juvenile offenders, with $B = 6.588$, $SE = 2.356$, $Wald = 7.821$, $df = 1$, $p = .005$, and $Exp(B) = 726.193$ (i.e., the higher the number of criminogenic needs the higher the risk of re-offending). The Hosmer and Lemeshow test was not significant ($p > .05$), which indicates that the model fitted the data well. Between 22.0% and 30.2% of the variance in risk of re-offending was accounted for by the number of criminogenic needs, successfully predicting 96.7% of the low/moderate risk juvenile offenders and 47.1% of the high-risk juvenile offenders. Overall 78.7% of the predictions were accurate.

Criminogenic needs and risk of re-offending: Multiple logistic regression analysis of 34 cases was performed. The model, which contained the five criminogenic needs, significantly predicted risk of re-offending (omnibus $\chi^2 = 12.178$, $df = 5$, $p = .032$). The Hosmer and Lemeshow test was not significant ($p > .05$), which indicates that the model fitted the data well. The model accounted for 30.1% to 41.4% of the variance in risk of re-offending, successfully predicting 95.5% of the low/moderate risk juvenile offenders and 66.7% of the high-risk juvenile offenders. Overall, 85.3% of the predictions were accurate. Table 2 shows that only empathy had a significant contribution to the explanation of risk of re-offending (i.e., higher levels of empathy were associated with a lower risk of re-offending). The ability of making prosocial friends had a marginal contribution ($p < .10$) to the model (i.e., greater ability of making prosocial friends predicted lower risk of reoffending).

Table 2

Logistic regression analysis for the relationship between criminogenic needs and risk of re-offending.

	B	S.E.	Wald	df	Sig.	Exp(B)
PBQ—restrictive control	1.176	.950	1.532	1	.216	3.240
BDHI—overt aggression	.137	.424	.104	1	.747	1.147
CBSA—pro-social friends	-3.122	1.884	2.746	1	.097 ⁺	.044
BES—empathy	-2.498	1.265	3.903	1	.048 [*]	.082
SRM-SF—moral development	-.367	.361	1.029	1	.310	.693
Constant	11.157	9.214	1.466	1	.226	70,084.647

⁺ Significant at .10 level.

^{*} Significant at .05 level.

3.4. Psychological interventions and strategies in residential facilities

Table 3 lists a summary of the checklist about the characteristics of the psychological care in the residential facilities, based on observations by the main researcher and documentation about the facilities. During the data collection, differences between the NGOs and the governmental facilities were noticed. In the governmental facilities, the conditions were observed to be very poor. Many juveniles from different age groups and different (criminogenic) backgrounds were being held together inside a small room without beds or other furniture. The governmental facilities provided basic meals, but education or any type of psychological care was lacking. In the NGOs, conditions for the juvenile offenders seemed somewhat better. The NGOs provided proper basic supplies, such as housing, food, clothing, education, and other daytime activities. Also, activities aimed at rehabilitation and reintegration were available in the NGOs, for example, counseling, group activities, and parental involvement. However, evidence-based intervention programs or strategies were not present. The majority of the facilities were not offering the measured psychological interventions and strategies, and the care in the majority of the facilities was not in line with the principles of the risk-need-responsivity model.

3.5. Fit between the characteristic of juvenile offenders and the psychological care provided in the facilities

Pearson's correlations were computed to estimate the fit between the characteristics of the juvenile offenders and the psychological care that was offered in the facilities. Table 4 shows that only two out of six correlations were significant. First, there was a significant positive correlation (Pearson $r = .330$) between the level of overt aggression in juvenile offenders and the availability of treatment targeting aggression in the facilities (i.e., the higher the aggression, the higher the intensity of the aggression reduction care). This is a moderate correlation: 10.9% of the variation in aggression care was explained by the level of aggression of juvenile offenders. Second, there was a significant positive correlation (Point biserial $r = .368$) between delayed moral reasoning of juvenile offenders and the treatment provided in the facilities that enhances the level of moral reasoning. This is a moderate association: 13.5% of the variation in the available of moral reasoning treatment was explained by the delayed moral reasoning of juvenile offenders. However, this correlation was not in the expected direction: the higher the delay in moral reasoning, the lower the intensity of the moral reasoning care in the institution. Finally, the ability of making prosocial friends was marginally related to the peers care in the facilities (Pearson $r = -.238$, with $p = .097$) (i.e., lower ability of making prosocial friend was associated with more intensive peers directed care in the facility).

4. Discussion

This study offered a unique insight into the characteristics of Filipino juvenile offenders, the relation between risk of reoffending and criminogenic needs in this sample, and the characteristics of the

Table 3
Summary of the responses on the checklist about the psychological care in the facilities.

Items	Response in percentages		
<i>Risk principle scale</i>			
1a. Does the facility make predictions about risk of re-offending?		No	Yes
		100	0
1b. What is the general intensity of the care?	Low	Moderate	High
	50	25	25
1c. Are there possibilities to differentiate in the intensity of the care?		No	Yes
		50	50
1d. Is education offered?	No	Yes, some	Yes, full
	50	25	25
1e. Is there attention for negative friends?	75	0	25
1f. Is there attention for substance use?	50	25	25
<i>Needs principle scales</i>			
Parenting			
2. Does the facility offer adequate training for parents?	No	Yes, some	Yes, full
	50	25	25
Aggression			
3a. Does the facility provide an aggression reduction program?		No	Yes
		100	0
3b. Does the facility provide role modeling or role plays?		50	50
3c. Does the facility have a structural behavioral reward system (for example, token economy) implemented in the program?		100	0
3d. Does the facility provide other scientifically based methods to reduce aggression?		50	50
Relation with peers			
4a. Are there extracurricular group activities?		No	Yes
		25	75
4b. Does the facility provide future goal setting activities?		50	50
4c. Does the facility provide a program or intervention to increase self-esteem?		75	25
4d. Does the facility provide training to increase peer pressure resistance/refusal skills?		75	25
4e. Are there specific methods to prevent deviancy training (negative peer influences) among the CICL within the facility?		75	25
Empathy			
5. Does the facility provide a program or method to increase empathy?		50	50
Moral development			
6a. Does the facility provide group discussions on moral dilemmas?		100	0
6b. Are there other methods provided to increase moral development?		50	50
<i>Responsivity principle scale</i>			
7a. Does the facility identify individual learning characteristics?		75	25
7b. Does the facility enhance the motivation of the CICL for participating in the program?		50	50
7c. Does the facility use other methods to increase a positive response of the child to the program or interventions in the facility?		75	25
	No	Trained	Certified
7d. Is the staff that directly works with the CICL in the facility trained or certified to work with the target group?	50	25	25

residential care for juvenile offenders in the Philippines. The results showed that these young offenders have a high risk of re-offending. Additionally, multiple criminogenic factors were identified: high aggression, difficulties in making pro-social friends, delayed moral reasoning, and inadequate parenting. The number of criminogenic factors, empathy, and the ability of making prosocial friends were related to the risk of re-offending. The other criminogenic needs did not relate to risk of re-offending. This study also indicated that the programs in governmental facilities were very poor. Conditions were better in NGOs, although evidence-based interventions and strategies were lacking. There was a poor fit between the characteristics of the Filipino juvenile delinquents

and the care provided in the facilities. In other words, the forensic care in the facilities did not match the characteristics of the juvenile offenders, except for the fit between the level of aggression of the offenders and the amount of care targeting aggression. Further, it is concluded that the facilities did not apply the risk- and responsivity principles appropriately. However, it should be noted that the research findings on the program in the residential facilities were based on observations and interviews in only four facilities. Therefore, one should be cautious about generalizing the conclusions to residential care in the Philippines.

Based on the current study's results, it can be concluded that the programs in the residential facilities comply poorly with the risk-need-responsivity model. This finding is in line with previous reports about the situation of Filipino juvenile offenders in residential facilities and the conditions in which some of them are detained (Amnesty International, 2003; Bilog, 2014; Knowles, 2010; Save the Children, 2004; UNICEF Philippines, 2004). The current research also supports the findings of Knowles (2010) that governmental facilities lack basic care, such as psychological programs or education enrollment. Other results of the present study are also supported by existing research. For instance, the results of the current study emphasize the importance of peers in delinquency: juvenile offenders were shown to have difficulties in making pro-social friends, and this was a marginal predictor of risk of re-offending. The importance of the role of peers in the development and maintenance of delinquent behavior has been described extensively (Haynie & Osgood, 2005; Loeber, 1990), which supports the findings of the present study. Also, the findings on inadequate parenting and the

Table 4
Correlations for the relationship between criminogenic needs and the specific care in the facility.

Variables	N	r (Point biserial)
Risk of re-offending—risk principle care	47	.131
Empathy—empathy care	51	.083
Moral development—moral development care	44	.368*
		r (Spearman)
Restrictive control—parenting training	53	.029
		r (Pearson)
Overt aggression—aggression reduction care	52	.330*
Ability of making pro-social friends—peers care	50	-.238 ⁺

Note:

⁺ Significant at .10 level.

* Significant at .05 level.

delayed moral reasoning of the juvenile offenders in this study concur with findings of previous research (Hoeve et al., 2009; Stams et al., 2006). The moderate level of empathy in the participants was unexpected; however, empathy proved to be a significant predictor of reoffending. This is in line with findings of a previous meta-analytic study, which showed that empathy is related to offending (Van Langen et al., 2014). Finally, the present study showed that the larger the number of criminogenic needs, the higher the risk of re-offending. This cumulative effect is in line with the theory on “dose–response”-relations about, namely, the cumulative effect of risk factors on criminal offense recidivism (Van der Laan, Van der Schans, Bogaerts, & Doreleijers, 2009).

The current study has some limitations. First and foremost, it should be noted that the instruments that were used to assess the risk of re-offending and the criminogenic needs of the Filipino juvenile offenders were not validated or standardized for Filipino juveniles. The norm groups for the criminogenic needs scales were mostly Dutch samples, and the norm group of risk of reoffending was an American sample. Even though the instruments were translated into Tagalog, and a Filipino clinical psychologist reviewed the instruments, the scores should be interpreted with caution. Second, the internal consistencies of the BDHI Overt aggression scale and the CBSA scales were between .5 and .6, which can be considered as a marginal reliability (Nunnally, 1967). Since Gutmann's lambda of the scales was sufficient, the two scales were used in further analyses. Third, the analyses were not controlled for the length of time a child stayed in the residential facility. Unfortunately, it was not possible to derive reliable information about the length of time a child had stayed in the facility, but this might be an interesting factor to take into consideration in future research, because the moment of assessment may influence the level of risk of re-offending and the presence of criminogenic needs. Finally, with the assessment of risk of re-offending, the researchers used information that was provided in the case files of the Filipino juvenile offenders, or additional information provided by social workers. The information derived from the files and the social workers differed in quality. Especially in the governmental facilities, the quality of the information necessary for the risk-analysis sometimes proved to be poor. We emphasize that conducting research in a forensic setting in a developing country is extremely difficult, yet highly important. Despite the limitations, the current study was an important first step to assess the characteristics and the care of Filipino juvenile delinquents.

Altogether, this study offers important implications for future research and practice. The current study shows that residential care for juvenile delinquents in the Philippines is poor, especially in governmental facilities. The care for juvenile delinquents in the Filipino residential facilities is not in line with legislations, such as the CRC and the Filipino RA 9344, and not with the risk-need-responsivity model. It is important that within the international community more awareness be created of the deprived situation of Filipino juvenile delinquents in order to prioritize improvement of the Filipino forensic residential care. Lack of education within the governmental residential facilities is considered to be the most urgent problem. Poverty plays a crucial role in the onset and persistence of juvenile delinquency in the Philippines (Knowles, 2010; Save the Children, 2004). Not implementing the right to education is denying children the opportunity to break the vicious cycle of poverty and crime and increases the risk of (re-)offending. Also, the lack of education (and stimulation) in the governmental residential facilities may contribute to feelings of boredom, which can cause violence outbreaks, misconduct, and further deprivation (Rocheleau, 2013). Thus, the international community should increase the efforts to provide education to Filipino juvenile delinquents, either by diplomatic/political interventions or (most important) the provision of resources for education.

The current study yields implications for improvements on the local level. We acknowledge that improvements of the quality of the residential care require conditions that are difficult to establish in the Filipino system due to a lack of financial resources, cultural barriers, and

resistance to change of the staff of the facilities. However, we believe that low-budget activities employed by Filipino professionals can be efficient too. For example, extracurricular activities, such as music, arts, sports activities, group discussions, and workshops about life skills offered by Filipino youth workers or local psychology students, have the potential to contribute to a positive psychosocial development, and addressing criminogenic needs of juvenile delinquents (Berndt, McCartney, Caparulo, & Moore, 1984; Eccles, Barber, Stone, & Hunt, 2003; Olley, 2006).

Substantial differences in the living situation between the NGO-facilities and the governmental facilities became apparent in this study. The decision of the placement of a child in an NGO or in a governmental facility appeared to be quite random. Currently, only a minority of the juvenile delinquents benefits from the appropriate care in the NGOs, as the majority of the juvenile delinquents are subjected to the aversive conditions of governmental facilities. This raises questions on how the available resources of the NGOs should be distributed. A suggestion may be that the (better educated) councilors and social workers of NGOs provide training to the staff of governmental facilities, for example, on psychoeducation, to address the responsivity principle.

Finally, we argue that the scientific community should pay more attention to the development of children in third world countries, and especially to juvenile delinquents, as they are considered to be particularly vulnerable. The available scientific literature on Filipino juvenile delinquents is scarce. Collaborations between international and Filipino universities may increase the opportunity to develop appropriate risk and need assessment instruments, and expanding the knowledge on Filipino juvenile delinquents and effective practice in the Filipino forensic context. For instance, the current study was conducted by the first author of this study with assistance of Filipino psychology students.

In conclusion, the results of the current study indicate that there are still ample opportunities for improving the residential care of Filipino juvenile offenders (particularly in governmental facilities). Improving the quality of forensic care and the developmental chances of juvenile delinquents in a third world country is difficult, but at the same time both necessary and feasible with more international awareness of the deprived situation of Filipino juvenile offenders and collaboration between Filipino and international organizations.

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