

## Which comes first: the crime or the child?

### Introduction

*Responsible child*<sup>1</sup> is a film based on a true story, aired by the BBC in 2019, primarily following the case of a twelve-year-old boy who alongside his older brother, murdered their step-father by stabbing him sixty times as he slept. The plot was based on the case of the Ellis brothers<sup>2</sup> who killed their step-father in 2014. The twelve-year-old boy is the focus of the film and the audience watches as he faces trial as an adult would for his crime. I first came across this film in a discussion with my placement supervisor about the age at which a child could be considered responsible for their actions, and whether justice is truly achieved if we treat adults and children in exactly the same way. Through this essay I hope to discuss the current minimum age of criminal responsibility (MACR) in the context of neurodevelopment, international recommendations, rehabilitation and public opinion.

As per the Children and Young Persons Act 1933<sup>3</sup> (CYPA), children in England and Wales can be arrested for and convicted of a crime from the age of 10. The standard age for the MACR has been debated and discussed extensively by politicians, scholars and scientists alike. There have been arguments that 10 is too young an age for children to stand trial and to bear the weight of a crime as they are still cognitively developing. As a result, many have argued that it is unjust to expect children to bear the responsibility of their actions in the same way an adult would be expected to. On the other hand, there have been suggestions that by setting such a low age of criminal responsibility, England's justice system places more significance on the 'deed' committed by the child<sup>4</sup>. However, it appears that any attempts to raise the MACR has often been met by resistance<sup>5</sup> as many believe this will cause the public to lose confidence in the youth justice system. Some suggest that by maintaining a low MACR the Government is able to ensure that young offenders who are at risk of recidivism are appropriately rehabilitated<sup>5</sup> and therefore, given less opportunity to return to such activities.

Rather disconcertingly, a child's 'age of maturity' appears to vary between criminal and medical legislation<sup>6,7</sup>. According to current legislation in England and Wales, children are deemed to not have the appropriate capacity to make the following decisions for themselves (see figure 1). If a child under the age of 16 presents to a clinician requesting contraception, although they can prescribe the contraception to the child, their Gillick competence is assessed against Fraser guidelines<sup>8</sup> to establish that prescribing the contraception would be in their best interests. Similarly, with treatment a child's competence is assessed on an individual basis before deciding whether the child has the capacity to consent<sup>8,9</sup>. If they were to refuse treatment before the age of 16, parents have the right to overturn this refusal. Thus, the MACR in the UK seems to be out of congruence with the rest of the legislations.

Legislation	Age
MACR	10
Consent to sex	13
Consent to marriage	16
Buy a pet	16

Receive contraception	16
Consent to treatment	16

Figure 1: table comparing the minimum age of responsibility across legislations

### How did we get to where we are today?

If we backdate far enough, the very first suggestion that a child did not have the same capacity as adults to commit crimes was seen in Roman law<sup>10</sup>. Thereafter, most countries have created legislation which protects children from the consequences of coming into conflict with the law up to a certain age. The age limit for this legislation is widely debated between countries and is still being adapted to cater for the nuanced differences between child and adult cognition. These differences will be discussed later in this essay. In 1933 the CYPA<sup>3</sup> set the MACR in England and Wales as 8 which was later revised in 1963<sup>3</sup> and amended to 10; the age at which it has remained since.

Another notable change to MACR legislation was the abolition of the “doli incapax<sup>11</sup>” presumption in 1998 by the Labour Government<sup>5</sup>, stating that this was in the best interests of young offenders and the general public. “Doli incapax<sup>11</sup>” was introduced in the 14<sup>th</sup> century and when literally translated means “incapable of evil”. In legal terms, this was a presumption that children between the ages of 10 and 14 were too immature to understand right from wrong and therefore, could not have criminal intent unless evidence was brought forward to prove otherwise. However, the removal of this doctrine was shrouded in controversy as many saw it as a political move to demonstrate lower tolerance for crime. During discussions in parliament, there were suggestions that “doli incapax” provided children with unnecessary immunity from punitive measures and early rehabilitation that would reduce the chances of reoffending<sup>12</sup>. In order to refute “doli incapax” prosecutors would ask psychologists or psychiatrists to assess a child’s level of development and maturity in order to establish their capacity for criminal responsibility<sup>11</sup>. Literature also suggests that it was often difficult to assess the level of maturity of a child and that the assessments conducted were subjectively based on the interpretations of one psychologist or psychiatrist<sup>11,13</sup> which could be argued as unreliable. One of the reasons for this argument is that, a child’s level of maturity is not easily quantifiable<sup>13</sup>. They may be able to differentiate between right and wrong when they are not being placed in a circumstance with additional stressors but, as with capacity in a medical setting, a child’s capacity to engage in criminal activity is time and decision specific<sup>14</sup>. For example, when being interviewed, they are more likely to respond with clarity of mind as they are in a calm and quiet environment. But the answers they give may be influenced by the fact that they have already been reprimanded<sup>11</sup> by someone for their actions. Thus, their answers may demonstrate an inaccurate appreciation of right from wrong<sup>11</sup>. This is reinforced by the Police and Criminal Evidence Act<sup>15</sup> of 1984 which states that interviews and statements taken from persons under the age of 17 must be done carefully as they are impressionable<sup>16</sup>.

Since 1998, there have been many attempts to raise the MACR to 12, most notably on two occasions. The first was in 2008 when the UK Government reviewed the MACR after the United Nations Committee on the Rights of the Child (UNCRC) made a “General Comment<sup>17</sup>” stating that it was internationally unacceptable to have a MACR lower than 12. Despite the

review, the MACR was kept the same<sup>6,11</sup> with the Government reiterating the points made previously about early prevention reducing the chances of reoffending.

A few years later, Lord Dholakia brought forward the “age of criminal responsibility bill” on several occasions to parliament between 2013 to 2017. Each time, the Government stated that the current MACR of 10 was appropriate and does not need to be changed as children are “able to differentiate between bad behaviour and serious wrongdoings” at this age<sup>11</sup>. In his argument to raise the MACR, Lord Dholakia stated that there had been many advancements in the understanding of child development that have highlighted that children do not have the capacity to make adult-like decisions or to control their impulses. However, the Minister of State for Justice rebutted this by stating that although children can be convicted of a crime at 10 years old the process of youth justice is significantly different from the adult process and therefore, provides youth offenders with the opportunity to rehabilitate and learn from their actions<sup>11</sup>.

### MACR: a global perspective

Every country treating children differently for their crimes suggests that the global population struggles to ascertain how to determine the culpability of our children. Internationally, the average MACR is 14<sup>6</sup>. In line with the comments made by the UNCRC, many countries raised their MACR to 12<sup>17</sup>, making the UK’s MACR of 10 one of the lowest in Europe<sup>18</sup> (see figure 2). Scotland changed their MACR to 12 in 2016, which is notable as Scotland’s youth justice system already seeks to avoid criminalising children aged 12 and below, rather focusing on rehabilitating them within the community<sup>19</sup>.

Countries	Age
<b>Ireland</b>	10
Belgium, <b>Hungary, Ireland</b> , Netherlands	12
France	13
Austria, Bulgaria, Croatia, Cyprus, Estonia, Germany, Hungary, Italy, Latvia, <b>Lithuania</b> , Malta, Romania, Slovakia, Slovenia, Spain	14
Czech Republic, Denmark, Finland, Greece, Poland, Sweden	15
<b>Lithuania</b> , Luxembourg, Portugal	16

Figure 2: adapted from house of lords briefing<sup>11</sup> & child rights international network<sup>30</sup>

Some countries (see bold countries in figure 2<sup>11</sup>), have set lower ages for criminal responsibility for more ‘serious’ or ‘violent’ crimes. It has been shown that young offenders who commit such crimes and are rehabilitated early in the community or within their homes, are actually less likely to reoffend. Thus, these countries can reduce the number of young offenders who are put through the traumatic process of standing trial or being taken into custody.

Like England, Australia also has a MACR of 10 which has been heavily criticised in literature. One paper<sup>6</sup> suggested that it is “unjust, unscientific, implicitly racist, inhumane and expensive” to set the MACR at 10 years old. Although the paper explores these in a context

that is specific to Australia, it is important to note that these same aspects have been highlighted as issues affecting youth justice systems across the world. The paper stated that by setting the MACR so low, youth from minority groups were disproportionately affected and ended up being prosecuted significantly more than the rest of the youth population. This may be an indication that the UK MACR needs to be reviewed in the context of minority groups and that research needs to be utilised to ensure that the current MACR is fair for everyone.

The Netherlands introduced a legislation that allows those aged 18-20 to be tried and sentenced using the same laws as children aged 12-17, on the basis of findings in neurodevelopmental research<sup>20</sup>. With the introduction of this new law they developed a range of new punitive measures which focused on pedagogical rehabilitation. Additionally, the rehabilitative services and welfare systems in the Netherlands are shown to be well-funded and robust and this is represented in the low rates of recidivism amongst their young offenders.

### **Neurodevelopment in children**

Advancements in neurodevelopmental research has uncovered that individuals' brains do not fully develop until their early twenties. Cognitive neuroscience suggests that the frontal lobe is involved in major decision-making and impulse control. In most people the pre-frontal cortex does not finish development until the age of 25<sup>6,21,22</sup>. In children, the limbic structures<sup>6</sup> such as the amygdala<sup>11</sup> develop before the pre-frontal cortex, increasing the reliance on the amygdala for decision-making in childhood. Many of these limbic structures are also involved in a person's emotional processing. Emotions can be significantly more intense for children than adults, as a result of underdeveloped inhibitory pathways in the brain. When such emotions cloud the judgement of a child it is unfair to argue that they are fully responsible for their actions as these children are not able to regulate and rationalise their impulses as an adult would. This coupled with the fact that many children undergo neurochemical changes to their dopaminergic system within the pre-frontal cortex during adolescence, means that children are more likely to engage in reward seeking and risk-taking behaviours. This is because the dopaminergic system is intrinsically linked to a person's reward seeking behaviours<sup>6,23</sup>.

Many of the studies that write about children's development suggest that these impulsive and risky behaviours are fleeting for most children and there is no evidence to suggest that children who engage in such behaviours will continue to act in the same way later on<sup>24</sup>. This is supported by the "Dual Systems Model" described by Shulman<sup>11,25</sup> and the neurodevelopmental changes in children described by Steinberg<sup>26,27</sup>. Both researchers suggest that there is a "socio-emotional system" and a "cognitive control" system within the brain. The former increases the intensity of risk-taking impulses and the cognitive control system would typically inhibit the impulsive behaviours in a developed brain. The cognitive control system is described to develop slower and the lack of impulse inhibition is exacerbated by the fact that children's processing speeds are in fact lower than those of adults<sup>21</sup>. Over time, as children age their processing speeds will increase, with it peaking in adulthood.

There has also been research into the concept of self-control, with findings suggesting that the development of self-control follows a “U-shaped” trend<sup>13</sup>. The age at which children appeared to have the lowest level of self-control was 15; an age where most children are pubescent. Many of the hormonal and cognitive changes children undergo at this age makes them vulnerable to society and peer influence. This increases the likelihood of them engaging in activities in order to gain acceptance and appreciation from their peers<sup>13</sup>. During adolescence, children’s brains also go through many structural changes. Two notable changes are synaptic pruning and continued myelination. Through synaptic pruning any weak neural connections are removed and continued myelination strengthens the connectivity of different regions of the brain allowing faster neural processing<sup>26,28,29</sup>. This means that adolescents have improved emotional regulation, impulse inhibition and are better equipped to think critically about their actions compared to their younger peers. But, the efficiency of these processes is still notably lower than in adults.

When discussing MACR, one of the arguments that persistently arises is the ideology that children are immature and lack moral understanding<sup>30</sup>. Cognitive neuroscientists and psychologists agree that as children have not had as many experiences as a typical adult, it is difficult for law enforcement to expect these children to respond in socially acceptable ways<sup>31</sup>. Children will interpret different situations and interactions differently based on their stage of development, the experiences they have had in social settings and their family environment<sup>24</sup>. These interpretations tend to be self-focused and children often struggle with the ability to empathise. Researchers have found that empathy develops in a linear correlation to the development of the prefrontal cortex<sup>13</sup>. These studies also emphasised that many children were able to demonstrate empathy towards their own situation more easily than the situations of others.

It is important to note that all of the aspects of cognitive development occur at different ages with overlap between some of the stages. This means that without determining the level and stage of a child’s neurodevelopment, it is difficult to determine the extent to which we can hold them responsible for a crime. Furthermore, so far, we have only discussed the MACR of a neurotypical individual. It is pertinent in this discussion that we consider the possibility of the child having a learning disability or behavioural difficulties and how this may affect their cognitive development.

The most prevalent behavioural disorder in young people is conduct disorder. A survey conducted in 2004 suggested that 40% of the most vulnerable children e.g. children who had a history of abuse or were under child protection, had a conduct disorder<sup>32</sup>. Conduct disorders are defined as “repetitive and persistent patterns of antisocial, aggressive or defiant behaviours that significantly violate age-appropriate social expectations”. Magnetic resonance images of children with conduct disorders showed smaller grey matter volumes within areas of the brain involved in emotional processing such as the amygdala. This suggests that these children may inherently be impulsive and therefore, predisposed to engaging in dangerous and criminal activities. Similarly, children with learning difficulties or neurodevelopmental conditions have been found to be more impressionable and vulnerable to peer influence than their neurotypical peers<sup>33</sup>. Police officers and medical professionals

have a duty to provide reasonable adjustments and appropriate adaptations for these children so that justice is delivered equitably.

### **Human rights**

Article 40 of the UN convention<sup>34</sup> on the rights of the child states that, "A child accused or guilty of breaking the law must be treated with dignity and respect. Governments must set a minimum age for children to be tried in a criminal court and manage a justice system that enables children who have been in conflict with the law to reintegrate into society." Article 37 of the same convention<sup>34</sup> states that detaining, imprisoning and arresting children should always be used as a last resort and should any of these have to be implemented it should be done for the shortest time possible. This is in order to ensure that the trauma children acquire from engaging with the justice system is minimised, especially as research shows that many children come away with post-traumatic stress disorder or conditions that are similar<sup>35</sup>.

Despite many countries establishing a youth criminal justice system focused on the welfare and 'needs' of their child, the sentences young offenders receive appeared to be more focused on the 'deeds' committed by the child instead<sup>6</sup>. The issue with this, is that a large proportion of young offenders are likely to have underlying problems that may go unaddressed. It is a clinical concern that many of the children who come into conflict with the law do not get the appropriate support they need to address the traumatic experiences or other troubles they have had. Research using cumulative risk frameworks suggest that children with poor socioeconomic situations measured by multiple factors, spanning material and psychological, were more likely to commit a crime<sup>36</sup>. For example, a paper suggested that children of teenage mothers or of mothers who smoked during pregnancy had higher risk of engaging in criminal activity due to deprivation of their socioeconomic situations. However as per the UNCRC, every child has the right to non-discrimination. Thus, whilst it is important that a child's socioeconomic background be considered when holding them accountable for their actions, their depravity should not become something they are punished for. If anything, these children need to be treated with extra care and the youth justice system should do everything in its power to ensure that these children receive the educational, rehabilitative and supportive measures they and their guardians need.

### **Juvenile rehabilitation & recidivism**

Arresting children before the age of 14 has shown to increase the chances of recidivism and has been linked to adverse physical and mental health outcomes in adulthood<sup>37</sup>. There are suggestions that by labelling a child as a "juvenile delinquent", "young offender" or "criminal" the justice system is giving the child a criminal identity. If the child begins to see themselves as a criminal and internalises this identity, it becomes difficult for them to break the cycle of crime, increasing their chances of coming into conflict with the law again<sup>38,39,40</sup>. Thus, in order to prevent a child from reoffending, there has been a large shift in focus in interventions and rehabilitation focussing on the risk factors and circumstances that may lead a child to engage in criminal activity. It is also salient that those delivering these

interventions are accessible for young people, as interaction with some services can be stigmatising which could result in poorer engagement<sup>40</sup>.

Interestingly, a study from Germany suggests that almost 90% of children commit<sup>41</sup> a crime. Albeit these 'crimes' are minor ones such as theft or illegal purchases<sup>41</sup> and most members of the general public do not report these crimes to the police<sup>42</sup>. This suggests that, the actual rates of recidivism amongst young offenders are lower than what is reported in literature as most children are not made to face the law. A study conducted by Remschmidt and Walter suggested that childhood delinquency was not directly linked to criminal activity in later life. In fact, they found that only three factors pointed to criminality: peer influence of delinquents, male sex and early presentation of aggression<sup>42</sup>. Literature regarding the behaviour of childhood bullies and the increased rate of young offenders within this population, reinforces the finding that peer influence has a causal link to childhood criminality. It was found that those who bully have a higher rate of problems with education and conduct disorders<sup>43</sup>. Research suggests that early preventative interventions for these high-risk groups could reduce the number of offences committed by young people. In order to do this, protective factors that prevent at risk individuals from offending needs to be identified<sup>43</sup>. Additionally, when delivering such interventions extra care needs to be taken to ensure that the children who receive the interventions do not feel singled out. One method of preventing this may be to deliver early prevention in the form of educational interventions to children in schools or in group settings.

For children who have recently come into conflict with the law, services such as the youth justice liaison and diversion or forensic child and adolescent mental health services were rolled out to support them in moving away from criminal behaviours. These services are often community based and enable children to engage in educational and leisure activities in order to rehabilitate them from their current behavioural patterns. They also provide support with substance misuse, housing and safeguarding where it is appropriate for the child. Where relevant, parenting programmes have also been established to support guardians of youth offenders particularly in the cases of children with conduct disorders<sup>40</sup>. In this way, these children are treated less as criminals and have a better opportunity to reintegrate into society.

Those children who commit more serious crimes such as murder can be detained in secure settings such as the hospital as per the Children Act 1989 or under the Mental Health Act<sup>40</sup>. Within these facilities, various health and social care professionals work with the children to develop care plans that will help the child to understand the consequences of their actions and how to avoid returning to a situation where they are likely to repeat these actions. However, many reviews of secure services seem to suggest that such criminalisation of children is perhaps more detrimental than beneficial to the child's rehabilitation. One of the reasons identified for this is that these facilities are scattered across the nation and sometimes beds may not be free in the nearest facility to a child's home town. This means that, not only is the child separated from their family, they are being asked to rehabilitate in a completely new place and the knowledge of being so far from their families could exacerbate a child's disengagement in the process of rehabilitation. Additionally, although

services are adapting to new findings on neurodevelopment and focusing more on pedagogical measures as opposed to punitive ones, the systems are still largely based on adult models. The consequences of this are that children are attempting rehabilitation that may not always be tailored for them and the lack of tailored interventions could make rehabilitation a lot more difficult for the child. Thus, it is important that secure services continue to adapt their practices to the needs of these children as they are arguably some of the most vulnerable individuals in our society.

### **A child's right to protection: what does the public think?**

It is impossible to discuss the perceptions of the public on young offenders without considering the media presentation of these children. When writing about a child's criminal activities, in order to capture their audience's attention, the media often dehumanises these children creating a monstrous image of them and thus, instilling fear in the public. Perhaps what is worse, is that politicians may take advantage of the media's ability to stir up public outrage and weaponise this to gain public favour when they refuse to show leniency to young offenders. One such example, was the revelation of the identity of a 16-year old child who participated in the London riots in 2011<sup>44</sup>. In most young offender cases, the identities of children are thoroughly protected to ensure that they can re-enter society as seamlessly as possible and do not have to face lifelong punishment for their crime in the form of stigma from society. Usually, revealing the identities of young offenders is reserved for the most serious crimes where it would be in the best interest of the public to know their identities. Examples of such a case would be the James Bulger<sup>45</sup> case of 1993 where 10 year olds Robert Thompson and Jon Venables abducted and murdered 2 year old James Bulger. The boys were sentenced to be detained in a custodial setting, with a recommendation of serving 8 years minimum. There were discussions around raising the age of MACR at this time but, following the dissemination of the trial, this was immediately dismissed. There were indications that the Bulger case in conjunction with Labour's "tough on crime, tough on the causes of crime" campaign<sup>46</sup> had a huge influence on the *doli incapax* legislation being abolished shortly after.

More recently, the identities of the perpetrators in the murder of 16 year old Brianna Ghey are also set to be revealed, on the grounds that they will be both turning 18 in two years, when their identities would be revealed anyway. Thus, the Justice in charge of the case gave the media permission to report the information fully and accurately for the public's knowledge. Previously with Venables and Thompson, some Government officials argued that revealing the identities of young offenders was counterproductive as the Government would then have to spend large sums of money protecting the identities of these individuals within custody and if they are released back into society. There has also been research to suggest that revealing the identities of young offenders is usually a catalyst for a deterioration in their mental health. However, as with the Bulger case, there is a general consensus that it is for the greater good that this case be publicised<sup>47</sup>. Additionally, as some individuals within the community already knew who the offenders in both cases were this information had already been circulating on social media resulting in them receiving death threats and other vicious comments.



Although, some individuals might argue that the gravity of their actions makes these types of comments inevitable, some studies have shown that generally the public attitude is that children should be shown leniency in court depending on their age. One notable study by E.S. Scott et al<sup>48</sup> showed that adults were able to recognise the immaturity of youths and the fact that children are less likely to have rationalised the consequences of their actions prior to committing a crime. This ties in with the public response to the film mentioned at the start of this essay. Generally speaking, the audience were disconcerted to see the depiction of such a young child being tried in the same position as an adult and this sparked extensive discussions about the expectations legislation places on children committing criminal offences. Media articles suggest that the audience were surprised to hear that children can be held criminally responsible at 10 but may only buy a hamster at age 16 or over. Perhaps this explains why, after the Venables case, many European courts were changed to make them more 'child friendly'. The courts were transformed<sup>49</sup> to appear less intimidating for children with the changes including; judges no longer wearing wigs, police officers out of uniform, children being allowed to sit with their families and breaks being incorporated into the trial. However, these trends of leniency towards young offenders lessen significantly every time there is a shocking case revealed in the media. Hence, if we were to survey the opinions of the public towards young offenders at this time, the results may show different perceptions.

## **Conclusion**

Children should be made aware that their actions have consequences and as they mature, they should be taught to take responsibility for these actions. However, there are many reasons for a child to commit a crime and the justice system should consider children as having a greater right to forgiveness than adults<sup>24</sup>. This is reinforced by the reality that these children are vulnerable to the influences of their surroundings, more likely to harbour traumatic experiences and are still facing the throes of development.

Perhaps rather than setting a fixed MACR, the level to which a child can be held criminally responsible could lie on a continuum. Assessments to understand the child's level of neurodevelopment and therefore, their level of criminal responsibility should be improved to include considerations of different factors such as age, gender, culture, neurodivergence, disability and mental health condition. These could also be used in conjunction with functional magnetic resonance imaging which can be utilised to determine a child's level of neurodevelopment<sup>24</sup>.

MACR should also be discussed in the context of Beijing Rules<sup>50</sup> and the Riyadh<sup>51</sup> Guidelines – the United Nations' advice on the administration of juvenile justice and the prevention of juvenile delinquency. Neither guideline suggests an appropriate age for MACR but they both emphasise the importance of preventing<sup>52</sup> and rehabilitating juvenile delinquency over punishing these children. Although the youth rehabilitation order is utilised in the UK to ensure that it truly caters to the needs of the children it serves, there has to be more research into how to best improve and tailor these services. The development and implementation of preventative programmes would also be beneficial, especially if these measures were targeted at children at risk of offending. These programmes would be more

likely to see large-scale engagement if they were to be developed in line with the theories of co-design<sup>53</sup>. Service-users or ex-service users have the best knowledge of the current system and taking into account their experiences and knowledge when designing new interventions or redesigning current ones is valuable. Perhaps, these programmes could be rolled out in the form of campaigns or focus groups in liaison with local mental health charities who work closely with and are trusted by high-risk communities. Overall, children deserve the right to be treated as children, and if their childhood has been affected by their or others' actions, we should endeavour to facilitate their rehabilitation from these experiences rather than solely condemning their behaviours.

## **Bibliography**

1. Kutchinsky S. Responsible Child: Can a 10-year-old be a cold-blooded murderer? . BBC News [Internet]. BBC; 2019 Dec 16 [accessed 26/12/2023]; Available from: <https://www.bbc.co.uk/news/newsbeat-50763713>
2. Joshua and Jerome Ellis guilty of stepfather killing. BBC News [Internet]. 2014 Feb 26 [accessed 26/12/2023]; Available from: <https://www.bbc.co.uk/news/uk-england-surrey-26356460>
3. Gov.uk. Children and Young Persons Act 1933 [Internet]. Legislation.gov.uk. 1933. Available from: <https://www.legislation.gov.uk/ukpga/Geo5/23-24/12>
4. Scotland: Where the minimum age of criminal responsibility has been increased [Internet]. 2022 [accessed 26/12/2023].
5. Newson N. Age of Criminal Responsibility Bill [HL]. 18 August 2017. [accessed 26/12/2023] Available from: <https://lordslibrary.parliament.uk/research-briefings/lln-2017-0054/>
6. Singh Y. Old enough to offend but not to buy a hamster: The argument for raising the minimum age of criminal responsibility. *Psychiatry, Psychology and Law*. 2023;30(1):51–67
7. Noroozi M, Singh I, Fazel M. Evaluation of the minimum age for consent to mental health treatment with the minimum age of criminal responsibility in children and adolescents: A global comparison. *Evidence Based Mental Health*. 2018;21(3):82–6
8. Short M, Willetts I. Consent in paediatrics. *Surgery (Oxford)*. 2010 Jan;28(1):9–10
9. Lambert V, Glacken M. Engaging with children in research: Theoretical and practical implications of negotiating informed consent/assent. *Nursing Ethics*. 2011 Jun 6;18(6):781–801.
10. Grayflow M. Treating Young Offenders in Early Rome. *Journal of Rights and Justice* [Internet]. 2020;1:68.
11. Pillay AL. The minimum age of criminal responsibility, international variation, and the dual systems model in Neurodevelopment. *Journal of Child & Adolescent Mental Health*. 2019 Dec 5;31(3):224–34.
12. UK Parliament. Crime and Disorder Bill [Lords] [Internet]. UK Parliament. 1998 [cited 2023 Dec 27]. Available from: <https://www.parliament.uk/business/publications/hansard/commons/bill-committee-debates/>
13. Shang Y, Fu Y, Ma B, Wang L, Wang D. Psychometric challenges in the measurement of constructs underlying criminal responsibility in children and young adults: A cross-sectional study. *Frontiers in Psychology*. 2022;12. doi:10.3389/fpsyg.2021.781669
14. Sessums LL, Zembrzuska H, Jackson JL. Does This Patient Have Medical Decision-Making Capacity? *JAMA* [Internet]. 2011 Jul 27;306(4):420
15. UK Government. Police and Criminal Evidence Act 1984 [Internet]. legislation.gov.uk. 1984. Available from: <https://www.legislation.gov.uk/ukpga/1984/60/contents>
16. Maguire J. Crimeline [Internet]. Andrew Keogh; 2018 [accessed 26/12/2023]. Available from: <https://crimeline.co.uk/old-enough-to-know-better-the-minimum-age-of-criminal-responsibility/>

17. UN Committee on the Rights of the Child, General Comment No. 10 (2007), Children's Rights in Juvenile Justice, 25 April 2007
18. Juvenile justice: Stop making children criminals [Internet]. Child Rights International Network; 2013 [accessed 26/12/2023]. Available from: <https://archive.crin.org/en/library/publications/juvenile-justice-stop-making-children-criminals.html>
19. The Scottish Government. Minimum age of criminal responsibility [Internet]. The Scottish Government; 2016 [accessed 26/12/2023]. Available from: <https://www.gov.scot/news/minimum-age-criminal-responsibility/>
20. Schleim S. Real Neurolaw in the Netherlands: the Role of the Developing Brain in the New Adolescent Criminal Law. *Frontiers in Psychology*. 2020 Jul 29;11
21. Mercurio E, García-López E, Morales-Quintero LA, Llamas NE, Marinero JÁ, Muñoz JM. Adolescent brain development and progressive legal responsibility in the Latin American context. *Frontiers in Psychology*. 2020;11. doi:10.3389/fpsyg.2020.00627
22. Gogtay, N., Giedd, J. N., Lusk, L., Hayashi, K. M., Greenstein, D., Vaituzis, A. C., Nugent, T. F., Herman, D. H., Clasen, L. S., Toga, A. W., Rapoport, J. L., & Thompson, P. M. (2004). Dynamic mapping of human cortical development during childhood through early adulthood. *Proceedings of the National Academy of Sciences of the United States of America*, 101(21), 8174–8179.
23. Sisk, C. L., & Zehr, J. L. (2005). Pubertal hormones organize the adolescent brain and behavior. *Frontiers in Neuroendocrinology*, 26(3–4), 163–174.
24. Petoft A, Abbasi M, Zali A. Toward children's cognitive development from the perspective of neurolaw: Implications of roper v simmons. *Psychiatry, Psychology and Law*. 2022;30(2):144–60. doi:10.1080/13218719.2021.2003267
25. Shulman, E . P ., Smith, A . R ., Silva, K ., Icenogle, G ., Duell, N ., Chein, J ., & Steinberg, L . (2016) . The Dual Systems Model: Review, reappraisal, and reaffirmation . *Developmental Cognitive Neuroscience*, 17, 103–117
26. Steinberg, L . (2008) . A social neuroscience perspective on adolescent risk-taking . *Developmental Review*, 28(1), 78–106
27. Steinberg, L . (2013) . The influence of neuroscience on US Supreme Court decisions about adolescents' criminal culpability . *Nature Reviews. Neuroscience*, 14(7), 513–518
28. Steinberg, L. (2009). Adolescent development and juvenile justice. *Annual Review of Clinical Psychology*, 5, 459–485.
29. Conklin, H. M., Luciana, M., Hooper, C. J., & Yarger, R. S. (2007). Working memory performance in typically developing children and adolescents: Behavioral evidence of protracted frontal lobe development. *Developmental Neuropsychology*, 31(1), 103–128
30. Gill IK, Curtin A, Sommerville JA. Children's inferences of moral character across different moral subdomains. *Developmental Psychology*. 2023 Dec 1;59(12):2304–19
31. Mammen M, Köymen B, Tomasello M. Children's reasoning with peers and parents about moral dilemmas. *Developmental Psychology*. 2019 Nov;55(11):2324–35

32. Reading R. Recognition, intervention, and management of antisocial behaviour and conduct disorders in children and young people: summary of NICE-SCIE guidance. *Child: Care, Health and Development*. 2013 Jun 13;39(4):615–6.
33. Ray I, Simpson AIF, Jones RM, Shatokhina K, Thakur A, Mulsant BH. Clinical, Demographic, and Criminal Behavior Characteristics of Patients With Intellectual Disabilities in a Canadian Forensic Program. *Frontiers in Psychiatry* [Internet]. 2019 Oct 15;10:760.
34. UN Convention on the Rights of the Child [Internet]. UNICEF UK. 1990 [cited 2023 Dec 26]. Available from: [https://www.unicef.org.uk/what-we-do/un-convention-child-rights/?sisearchengine=284&siproduct=Campaign\\_G\\_02\\_Our\\_Work&gad\\_source=1&gclid=Cj0KCQiA4Y-sBhC6ARIsAGXF1g5sbqVA-TTmezB-bEnskmhraYFno3Q7e8-DP4SIjulpLWhcKtvkcg0aAnh6EALw\\_wcB](https://www.unicef.org.uk/what-we-do/un-convention-child-rights/?sisearchengine=284&siproduct=Campaign_G_02_Our_Work&gad_source=1&gclid=Cj0KCQiA4Y-sBhC6ARIsAGXF1g5sbqVA-TTmezB-bEnskmhraYFno3Q7e8-DP4SIjulpLWhcKtvkcg0aAnh6EALw_wcB)
35. Brown C, Fine A, Cauffman E. Do positive perceptions of correctional staff mitigate institutional violence among youthful offenders? *Psychology, Public Policy, and Law*. 2019 Feb;25(1):38–45
36. Savolainen J, Eisman A, Mason WA, Schwartz JA, Miettunen J, Järvelin MR. Socioeconomic disadvantage and psychological deficits: Pathways from early cumulative risk to late-adolescent criminal conviction. *Journal of Adolescence*. 2018 Jun;65:16–24.
37. Alltucker, K. W., Bullis, M., Close, D., & Yovanoff, P. (2006). Different pathways to juvenile delinquency: Characteristics of early and late starters in a sample of previously incarcerated youth. *Journal of Child and Family Studies*, 15(4), 475–488
38. Athanassiou, U., Whitten, T., Tzoumakis, S., Hindmarsh, G., Laurens, K. R., Harris, F., Carr, V. J., Green, M. J., & Dean, K. (2021). Examining the overlap of young people's early contact with the police as a person of interest and victim or witness. *Journal of Criminology*, 54(4), 501–520
39. McAra, L., & McVie, S. (2007). Youth justice? The impact of system contact on patterns of desistance from offending. *European Journal of Criminology*, 4(3), 315–345
40. Hales H, Holt C, Delmage E, Lengua C. What next for adolescent forensic mental health research? *Criminal Behaviour and Mental Health*. 2019 Aug;29(4):196–206
41. Goldson B, Muncie J. *Youth crime & justice*. London: Sage; 2006.
42. Remschmidt H, Walter R. What Becomes of Delinquent Children? Results of the Marburg Child Delinquency Study. *Deutsches Aerzteblatt Online*. 2010 Jul 9;107(27).
43. Sourander A, Jensen P, Rönning JA, Elonheimo H, Niemelä S, Helenius H, et al. Childhood Bullies and Victims and Their Risk of Criminality in Late Adolescence. *Archives of Pediatrics & Adolescent Medicine* [Internet]. 2007 Jun 1;161(6):546.
44. Bristow R. Naming Young Offenders Should Remain a Rarity. *The Guardian* [Internet]. 2011 Aug 26 [cited 2023 Dec 26]; Available from: <https://www.theguardian.com/law/2011/aug/26/naming-young-offenders-remain-rarity>
45. Downing L. *The subject of murder : gender, exceptionality, and the modern killer*. Chicago: The University Of Chicago Press; 2013.

46. Newburn T. "Tough on Crime": Penal Policy in England and Wales. *Crime and Justice*. 2007 Jan;36(1):425–70
47. Boffey D, reporter DBC. Why judge will allow teenagers who murdered Brianna Ghey to be named. *The Guardian* [Internet]. 2023 Dec 22 [cited 2023 Dec 26]; Available from: <https://www.theguardian.com/uk-news/2023/dec/22/brianna-ghey-murder-why-judge-ruled-teenagers-can-be-named>
48. Scott ES, Reppucci ND, Antonishak J, DeGennaro JT. Public attitudes about the culpability and punishment of young offenders. *Behavioral Sciences & the Law*. 2006;24(6):815–32.
49. Haydon D, Scraton P. "Condemn a Little More, Understand a Little Less": The Political Context and Rights' Implications of the Domestic and European Rulings in the Venables-Thompson Case. *Journal of Law and Society*. 2000 Sep;27(3):416–48.
50. United Nations. Beijing Rules [Internet]. 1985 [cited 2023 Dec 27]. Available from: <https://epimelitesanilikon.gr/pdf/BeijingRules1985.pdf>
51. General Assembly resolution. United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines) [Internet]. OHCHR. 1990. Available from: <https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-guidelines-prevention-juvenile-delinquency-riyadh>
52. Ruck MD, Keating DP, Saewyc EM, Earls F, Ben-Arieh A. The United Nations Convention on the Rights of the Child: Its Relevance for Adolescents. *Journal of Research on Adolescence*. 2014 Sep 27;26(1):16–29
53. Silvola S, Restelli U, Bonfanti M, Croce D. Co-Design as Enabling Factor for Patient-Centred Healthcare: A Bibliometric Literature Review. *Clinicoecon Outcomes Res*. 2023 May 1 [cited 2023 Jun 14];Volume 15(17):333–47. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10200122/>