



JUVENILE DELINQUENCY PREVENTION

Wyoming Senator Alan Simpson, Kansas City Chiefs' linebacker Derrick Thomas, Olympic Gold Medallist Bob Beacon, and poet Luis Rodriguez have achieved successes no one thought possible. When these famous, successful people were kids, however, each was in serious trouble with the law. If it weren't for the protections and rehabilitative focus of the juvenile court, they would not be where they are today.

History Of Juvenile Courts

In 1882, the House of Corrections in Chicago held hundreds of children, some as young as eight years of age, who were jailed alongside adults. Appalled by the tragic circumstances of these children, Chicago reformers Jane Addams, Lucy Flower, and Julia Lathrop encouraged state lawmakers to create a separate justice system for children. Their efforts led to the creation of the first juvenile court in the world, which opened its doors on July 3, 1899, on Chicago's West Side. The new court was one part of a series of reforms affecting children, inspired by the work of Jane Addams and her associates at the Hull House social settlement. These reforms included mandatory education laws for children, ending child labor, and development of playgrounds and parks as recreational spaces.

The reformers' ideas spread quickly, leading to the rapid development of

juvenile courts in 46 States and the District of Columbia by 1925. Today, every state has a distinct court or jurisdiction for dependent, neglected, or delinquent children, as do most nations throughout the world.

Juvenile Justice System Studies

The state of Maryland's juvenile justice system went through a period of scandal and dysfunction in the late 1990s. A steering committee was formed to evaluate programs that reduce juvenile crime and violence. In January of 2001, the committee published a report detailing the programs and identified them as the "best practices" to prevent juvenile crime and delinquency--the ultimate goal of the juvenile justice system.

Over the last decade, numerous studies have published information regarding programs that have proven successful in a particular jurisdiction. Because there are so many factors that vary from jurisdiction to jurisdiction, it is extremely difficult to identify a program that would be successful in South Dakota. For this reason, it is important for the reader to know that the programs summarized below are in no way proven effective in South Dakota, but hopefully the reader will gain a better understanding of the tools other states and cities are using to curb juvenile delinquency and youth violence. Below is a short summary of a

small number of the programs identified by the Maryland study and a more detailed report on the SHIELD program that has shown some degree of success in Westminster, California.

Wraparound Milwaukee serves primarily emotionally disturbed youth diagnosed with a conduct disorder or an oppositional defiant disorder, both common diagnoses among juvenile justice clients. Many clients have co-existing disorders. A partial list of available services includes: crisis inpatient facility; residential treatment; outpatient services, including in-home therapy; housing assistance; mentoring; tutoring; day treatment; after-school programming; crisis home care; independent living support; parent aid; and housekeeping services (a crisis team acts as a gatekeeper to any inpatient hospitalization). Wraparound Milwaukee uses blended funding (social services and juvenile justice system) and receives a monthly payment for each Medicaid child enrolled. Any additional insurance and supplemental security income is added to the pool. After funds are rejoined and decategorized, the program can use the money to cover any service a family needs regardless of category.

Youth Villages is a private nonprofit organization with headquarters in Memphis, Tennessee. Its programs include three residential treatment centers; group homes; home-based counseling; out-patient psychiatric services; an alternative school; therapeutic foster care; an emergency shelter for homeless and runaway teens; community-based services; and prevention services to prevent at-risk children from entering state custody and being removed from the home. Their mission is to treat children more cost

effectively and "buy a ticket home" by reuniting youth in state custody with their families. Youth Villages incorporates the tenets of Multisystemic Therapy into most of their programs. Although family problems contribute to delinquency, parents are seen as part of the solution rather than the problem. Therapists come and go while parents have a 24 hour-a-day, lifelong commitment to their children.

The 8% Solution prevents serious repeat juvenile crime. Two major longitudinal studies have found that the vast majority of the youth seen by juvenile court (70 percent) are one-time offenders while a second group of juveniles (22 percent) were accused of at least one or two additional crimes during the three year study, but their careers as criminals appeared to end. However, the remaining 8 percent were arrested repeatedly and accounted for 55 percent of all repeat offenders. These 8 percent of court-involved youth have identifiable risk factors, including age of first arrest, dysfunctional families, experiencing abuse and neglect, and being related to someone who is a criminal. They perform poorly in school, are frequently truant, or are suspended for disruptive behavior. They become involved in drugs and alcohol at an early age and become regular users and abusers. They also have ties with gangs, chronic runaway behavior, and a pattern of stealing. In 1994, the Orange County Juvenile Probation Department piloted an early intervention model that incorporates Restorative Justice and Multisystemic Therapy. A multidisciplinary team that included probation personnel, educators, human service professionals, and criminal justice consultants oversaw program implementation. The 8% Solution targets young (under age 16), first-time

offenders who meet the profile of youth likely to become chronic offenders, and provides intensive and comprehensive all-day programming. The results have been successful in reducing recidivism from 93 percent to 49 percent in the initial pilot, and more recently reducing the recidivism rate to 20 percent. Participants were found to be far less likely to abuse substances. Six specific intervention strategies are employed: increase structure and supervision linking youth and families with community support networks; make youth accountable for their actions and help them to become sensitive to the impact of their actions on others; improve school attendance and performance; promote pro-social behavior, values and relationships by working with and for adults in their community; tailor interventions to meet the unique needs of the family; and instill teamwork among all participants, including case managers, youth, family, and community.

In 1983, the **State of Missouri** closed the last of its training schools and in their place established 30 regional corrections centers, including unlocked residences, plus a variety of non-residential programs and services. These include day treatment centers where young people receive intensive education, life skills training and/or family therapy and intensive case monitoring projects pairing delinquent youth with college youth who offer mentoring support and closely track the delinquents' progress. Facilities in Missouri are not to exceed 30 beds. Compared with 33 percent recidivism nationally, Missouri recidivism rates are holding at 11 percent.

Multisystemic Therapy (MST) uses trained therapists to work with

delinquent youth who have multiple juvenile justice contacts and their families using a detailed set of principles and procedures. The program has shown positive results in eight scientific studies. Evaluations of MST have demonstrated reduction of 25 to 75 percent in long-term rates of re-arrest; reduction of 47 to 67 percent in out-of-home placements; extensive improvements in family function; and decreased mental health problems. The cost is \$4,500 per youth for approximately 60 hours of contact over four months.

The SHIELD Program - Law Enforcement Referral of At-Risk Youth

The city of Westminster Police Department in Orange County, California, has developed a strategy for the prevention of delinquency by improving the use of existing community resources. The remainder of this issue memo will give an overview of Westminster's Strategic Home Intervention and Early Leadership Development (SHIELD) program. SHIELD uses contacts that law enforcement officers make in the normal course of their duties to identify at-risk youth and connect them with community resources. By improving coordination among law enforcement, social services, community service providers, and the school system, the SHIELD program encourages early identification and treatment of at-risk youth who might otherwise be overlooked.

The SHIELD program was initiated in 1996 and funded through the California Governor's Office of Criminal Justice Planning with Byrne Block Grant funds from the U.S. Department of Justice's Bureau of Justice Assistance. The SHIELD program grew from the fact that

law enforcement officers frequently encounter youth who are exposed to conditions that may lead them to later delinquency and adult criminal behavior. Furthermore, the status and position of police and sheriff's departments allow them to serve as unifying elements in community-wide efforts to prevent delinquency.

Identifying Youth At Risk of Delinquency

Experienced law enforcement officers in departments around the country have come to recognize early warning signs for later delinquency. Responding to calls, officers enter homes where youth have been exposed to domestic violence, drug and alcohol abuse, gang activity, neglect, and other criminal behavior. Officers see youth who have been exposed to crime and violence on the streets, in their schools, and among their peers. Many experienced officers know delinquent youth whose first encounters with law enforcement were as victims of crime or as family members of someone who was arrested. Officers frequently recognize that such victimization experiences and exposure to criminal and delinquent family members are related to later offending. Current research on the risk factors that distinguish youth who are more likely to become involved in delinquency from those who are less likely to do so confirms and expands on what some law enforcement officers already know. Risk factors can be defined as conditions in the environment or in the individual that predict an increased likelihood of developing delinquent behavior. Risk factors for delinquency and violence are generally described in five categories: community, individual, peer group, school related, and family. Community

risk factors include poverty, physical deterioration, availability of drugs, and high crime rates. Individual risk factors include childhood hyperactivity, aggressiveness, and risk taking. Peer group risk factors include association with peer group that has favorable attitudes toward delinquency and gang membership. School related risk factors include early and persistent antisocial behavior and academic failure. Finally, family risk factors include family conflict, family management problems (failure of caretakers to set clear expectations, lack of supervision, and excessively severe punishment), and favorable attitudes toward and involvement in crime and violence.¹

The Office of Juvenile Justice Delinquency Prevention's research on the causes of delinquency has found that delinquency and violent behavior stem from the accumulation and interaction of risk factors in the five categories described above. The probability of violence and delinquency increases with increases in the number of risk factors. A study of 411 South London boys found that the percentage of boys convicted for violence more than doubled in the presence of one risk factor but increased tenfold in the presence of four or five risk factors.²

Researchers have also identified a number of protective factors that actually provide a buffer *against* risk factors. These include individual factors (high intelligence and positive social

¹ J. David Hawkins, Todd I. Herrenkohl, David P. Farrington, Devon Brewer, Richard F. Catalano, Tracy W. Harachi, and Lynn Cothorn, April 2000. *Predictors of Youth Violence, OJJDP Juvenile Justice Bulletin.*

² Farrington, DP, 1997. Early prediction of violent and non violent youthful offending. *European Journal on Criminal Policy and Research* 5:51-66.

orientation), factors related to social bonding (supportive relationships with family members or other adults), and healthy beliefs and clear standards of behavior (role models that oppose crime and violence). Because protective factors also tend to have cumulative effects, youth who have or are exposed to a large number of protective factors show a greater ability to cope with the risk factors in their lives than do those with fewer protective factors.

Although the understanding of risk and protective factors is increasing, questions remain about how police and sheriff's departments can best use this information. Law enforcement administrators who want to prevent delinquency may be discouraged by the initial difficulties of coordinating a prevention program, especially because most departments are already very busy just responding to calls for service. Administrators at the Westminster, California, Police Department considered these issues when they created the SHIELD program. Instead of designing a program in which services are delivered directly by the police department, they developed a coordinated mechanism that uses a multidisciplinary team to identify at-risk youth and connect them to existing services in the community.

The SHIELD Program Goals

The SHIELD program is designed to accomplish two primary goals. First, it uses the contacts that police officers make during their normal duties to identify youth who they think are likely to become involved in violent behavior, substance abuse, and gang activities. At-risk youth are identified as those who are exposed to family risk factors such as domestic violence and other criminal

activities in the home. Second, SHIELD provides youth with services that will meet their individual needs by using a multidisciplinary team of representatives from the community, schools, and service agencies. The most important ingredient in this program is the youth referral process.

To illustrate how the SHIELD program works, consider the following scenario:

A 911 emergency operator answers a call from a woman in panic. The caller states that her husband has just beaten her and is still in the house. A patrol car is dispatched to the scene. Officers find a bruised and shaken woman waiting in her front yard with her 12-year-old son and a 5-year-old daughter. The youth witnessed the abuse but were not physically harmed. The officers learn that the husband is currently intoxicated and has a history of abusing his wife.

A typical law enforcement response to such a situation is to arrest the husband, assess the woman's needs for medical attention, and determine whether the children are safe. In cases where officers find evidence of child endangerment, Child Protective Services (CPS) may be asked to intervene. CPS may determine that home conditions pose a significant threat to the children and take steps to remove them from the home. However, this action is generally reserved for only the most serious cases. Because of legitimate concerns about the potential negative effects of removing children from the home, many children are left in homes where violence and criminal behavior exist. Police often have few

alternatives when family risk factors exist but CPS determines that the children's welfare is not compromised to the extent necessary to remove them from the home.

The SHIELD youth referral process gives officers a procedure for providing assistance to youth who are exposed to family risk factors. In the scenario described above, the responding officers would be required to do little more than their normal reporting to initiate the SHIELD referral process. The names and ages of the two children would be included in the police report as standard procedure because both were witnesses to the offense. The officers would be required only to determine which schools the youth attend and mark a box on the police report form that indicated a potential SHIELD referral.

The SHIELD Referral Process

When the SHIELD program began, all officers in Westminster were given the following orders as part of the youth referral protocol:

Police personnel are required to obtain the name, age, and school attended of any minor youth living in a home where a report is filed involving the following police activity: family violence of any type, neglect or abandonment, gang activity, drug sales or usage, arrests made associated with alcohol abuse, or any other call for service where the welfare of minor youth is at risk due to the behavior of older siblings or adults living in, or frequenting, the home.

Whenever an officer responds to an incident or makes an arrest, the SHIELD program requires them to complete a

standard report to document the details of the contact. If the officer identifies a youth as having been exposed to risk factors, he or she marks a box on the police report and forwards a full copy of the report through departmental channels to the SHIELD resource office (SRO). On receiving a report, the SRO assumes responsibility for administering the SHIELD program and screens the case to determine whether the circumstances make the youth appropriate for SHIELD intervention. In the early stages of the program, the SRO simply used the family risk factors that were noted in the youth referral protocol to verify that the reporting officer had correctly identified a youth from the target population.

If the SRO deems a case appropriate for SHIELD intervention, he or she creates a student referral report, which contains a short synopsis of the incident as it pertains to the youth, demographic information about the youth and his or her family, contact information for the parents, and information from the assessments of both risk and protective factors. The SRO then sends the student referral report to the Youth and Family Resource Team. This multidisciplinary team includes officials from the local school district, such as the pupil personnel administrator, the district nurse, a specialist in drug abuse prevention, and school principals; counseling staff from a community service provider; a county social worker; the Westminster Community Services Recreation Supervisor; the SRO; and a second officer formerly assigned to Drug Abuse Resistance Education (D.A.R.E.). Beyond the core group of members who attend regular weekly meetings, the team may invite additional members, such as teachers and school counselors, who are familiar with a

given youth. The disclosure of confidential information to the multidisciplinary team for use in prevention and intervention is authorized by the State of California's Welfare and Institutions Codes.

When they receive the student referral report, the members of the Youth and Family Resource Team consider a range of school- and community-based treatment options and make recommendations for treatment. However, treatment recommendations are often enhanced by information that goes beyond the original student referral report. Team members familiar with the youth frequently provide additional information that allows the team to understand the youth's circumstances more fully. This sharing of information leads to better informed treatment recommendations than would be provided by an agency or service provider working alone.

Depending on the recommendation, treatment may or may not require parental consent. For example, if the Youth and Family Resource Team recommends that a youth receive individual counseling from a community treatment provider, parental consent generally is necessary. However, in cases where the team recommends information school-based monitoring of the youth, no parental consent is required. Treatment providers such as school counselors and community-based service providers are generally responsible for getting parental consent when it is necessary.

Services for At-Risk Youth

SHIELD relies on services that are already in the community. The program works closely with all of the local

schools and the local Boys and Girls Clubs. During the first year of the program, 60 percent of youth who were referred to SHIELD received services in some form. Individual and group counseling were commonly used in both school and community settings. Issues covered in counseling varied based on the circumstances of the individual youth, but common themes included anger management, goal setting, pregnancy prevention, conflict resolution, and other coping skills. In some cases, treatment plans for youth were more specialized. For example, one youth who had a history of drug involvement and exposure to family violence served as an assistant instructor for a summer program on drug use prevention and received individual counseling related to setting and achieving goals.

Informal school-based monitoring is also frequently included in treatment plans. Informal monitoring may be used in conjunction with other treatment or as a stand-alone treatment when the youth shows a low level of risk in conjunction with many protective factors or when parental consent for more intensive treatment is not granted. When teachers and administrators are aware of the risk factors that a student faces outside the classroom and they are actively monitoring that student, they are more likely to detect and respond to early signs of problem behavior, abuse, or neglect.

Challenges for Implementation

Relying on alternatives for treatment that already exist in the community poses a challenge for implementation of the SHIELD model. The development of SHIELD exposed gaps in the services available to youth in Westminster. As

the program has evolved, members of the multidisciplinary team have tried to fill these gaps to provide a more complete and coordinated system of services. For example, schools serve as a primary resource for the program, but during the summer months, school-based services like counseling and instruction are not available.

Conclusion

There are far too many programs aimed at reducing juvenile delinquency to adequately address in one document. The purpose of this memo is to give the reader a sense of the programs that have been tried and tested throughout the country. The Office of Juvenile Justice and Delinquency Prevention is an excellent source of other programs that have had success.

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