5-2012

Sentencing and Treatment of Juvenile Offenders: A Review and Critique

Jessica R. Talbot

SENTENCING AND TREATMENT OF JUVENILE OFFENDERS:

A REVIEW AND CRITIQUE

by

Jessica R. Talbot

A Thesis Submitted in Partial Fulfillment
of the Requirements for a Degree with Honors
(Psychology)

The Honors College

University of Maine

May 2012

Advisory Committee:

Douglas W. Nangle, PhD, Professor and Director of Clinical Training, Advisor
Geoffrey L. Thorpe, PhD, Professor of Psychology, Advisor
Samuel Hanes, PhD, Faculty Associate, Anthropology
Michael A. Robbins, PhD, Research Associate Professor of Psychology
Cynthia Erdley, PhD, Professor of Psychology

Abstract

Adolescents account for a large percentage of crime. Given this, it is vital that we are constantly examining and critiquing the juvenile justice system to ensure positive outcomes such as low recidivism. This thesis takes an in-depth look at the ways in which the United States responds to this unique class of offenders and which treatment options are most effective. Several factors play a role in the selection of a program for individuals in the juvenile justice system, including definitions of violence, assessment, and availability of the treatment desired.

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Glossary

Capital punishment – Punishment by death for capital crimes[2]

Comorbid – Coexisting or concomitant with an unrelated pathological or disease process[7]

Double jeopardy – The putting of a person on trial for an offense for which he or she has previously been put on trial under a valid charge : two adjudications for one offense[3]

Due process rights – All rights which are of such fundamental importance as to require compliance with due process standards of fairness and justice[2]

Dynamic risk factors – Variables subject to change over time or through planned interventions that affect and individual's likelihood of some target behavior such as violence and sexual violence[1]

Equal Protection Clause of the Fourteenth Amendment – A guarantee under the 14th Amendment to the United States Constitution that a state must treat an individual or class of individuals the same as it treats other individuals or classes in like circumstances[3]

Evidence-based treatment – Refers to therapy that has demonstrated statistically significant improvements or changes in behavior[5]

Habeas Corpus – any of several common-law writs issued to bring a party before a court of judge[3]

Informed consent – Informed consent refers to a person's expressed willingness to participate in a research study, based in his/her understanding of the nature of the research, the potential risks and benefits involved, the expected outcomes, and possible alternatives[4]

Miranda rights – Warnings which must be given, or waived, prior to any custodial interrogation. Otherwise, no evidence obtained in the interrogation may be used against the accused. In Miranda v. Arizona, the Supreme Court ruled that the following warnings must be given: 1. He has a right to remain silent; 2. Any statement he does make may be used as evidence against him; 3. He has the right to the presence of an attorney; 4. If he cannot afford an attorney, one will be appointed for him prior to any questioning if he so desires[2]

Parens patriae – A legal philosophy that affords courts the discretion of a benevolent parent and allows decisions to be based on the "best interests of the child"[1]

Preponderance of evidence – The greater weight of the evidence required in a civil (non-criminal) lawsuit for the trier of fact (jury or judge without a jury) to decide in favor of one side or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence. Thus, one clearly knowledgeable witness may provide a preponderance of evidence over a dozen witnesses with hazy testimony, or a signed agreement with definite terms may outweigh opinions o speculation about what the parties intended. Preponderance of the evidence is required in a civil case and is contrasted with "beyond a reasonable doubt," which is the more severe test of evidence required to convict in a criminal trial. No matter what the definition stated in various legal opinions, the meaning is somewhat subjective[6]

Recidivism – A tendency to relapse into a particular condition or mode of behavior; *especially*: relapse into criminal behavior[3]

Reliability – The extent to which error variance contributes to a score[2]

Static risk factors – Variables that are historical or do not change through planned intervention and that are related to an individual's likelihood of some future activity, such as violence or sexual violence[1]

Validity – Generally refers to the meaningfulness of a measure; encompasses a number of different forms of validity[2]

Zero tolerance policies – The policy of applying laws or penalties to even minor infringements of a code in order to reinforce its overall importance and enhance deterrence[6]

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Sentencing and Treatment of Juvenile Offenders: A Review and Critique

Adolescent crime is prevalent in the United States. In 2008, juveniles accounted for 15% of total crime (Puzzanchera, 2009). As such, it is vital that the juvenile justice system is scrutinized and adapted to ensure positive outcomes, particularly low recidivism and mental health treatment. The history of the juvenile justice system gives insight into the modern day system. Treatment options have been influenced by various movements and Supreme Court decisions. In order to understand the juvenile justice system, we must not only study its history, but also understand the youths involved. The definition of violence and descriptive system used will influence how juvenile status is defined, and thus how such youth are treated. Important factors influencing treatment include assessment, sentencing, and overall approach which ranges from therapeutic to punitive. Assessment dictates how a juvenile is defined and often what form of treatment he or she will be assigned. In terms of assessment and sentencing, there are several differences between demographic groups in the juvenile justice system. Before an individual is placed in treatment, it is important to note his or her rights and consider ay relevant ethical concerns. There are several treatment options available in the juvenile justice system, which exist on a continuum from punitive to therapeutic. This paper will provide an in-depth review of some of the leading practices with particular focus on the associated outcomes and any consequences.

Chapter One: The History of the Juvenile Justice System

Over the past century, the juvenile justice system has undergone drastic changes. Grisso (2007) describes three eras of policy in the juvenile justice system: the first at the

beginning of the twentieth century, the second in the 1960s, and the final one we have seen since the 1990s. At the beginning of the twentieth century, the juvenile justice system was still in its infancy. By the 1960s, the juvenile justice system had reached a period focused on the due process reform of the system. Such Supreme Court cases as *Kent v. United States* and *In re Gault* were catalysts for this reform (Grisso, 2007). The 1990s and 2000s showed advancements in assessments and rights for youth.

Supreme Court Cases

There have been several Supreme Court decisions having an impact on the juvenile justice system. The following section will outline eleven significant cases and their influence.

Kent v. United States.

In 1961, sixteen-year-old Morris Kent was charged with robbery and rape while on probation for a previous case. Upon Kent's confession to the offense and indictments, his lawyer filed a motion, which was subsequently denied by the judge, on the issue of jurisdiction. The juvenile court judge waived the jurisdiction but did not describe the grounds for the investigation leading to his decision. Kent was found guilty in criminal court. Kent's lawyer appealed to the Supreme Court and filed a writ of *habeas corpus*, arguing that the judge's waiver had been invalid. It was also argued that Kent had been denied certain constitutional rights because he was a minor. The Court ruled in Kent's favor, declaring the waiver was invalid and that the juvenile judge should have provided a written statement regarding the reasons for the waiver. The Court also stated that all of the records involved in the waiver should have been made available to Kent's counsel (U.S. Department of Justice, 2004). The 1966 *Kent v. United States* decision made it so

due process was the standard in juvenile court cases (U.S. Department of Justice, 1999). The decision of *Kent v. United States* was applied specifically to courts in Washington, D.C., though the *Kent* case did have an extensive impact. A challenge to *parens patriae* had been broached by the Supreme Court. Previously, minors were afforded less due process, if it was believed there was a compensating benefit. It was found that in practice juveniles may not be receiving this benefit, while at the same time not being afforded the quantity of due process as adults (U.S. Department of Justice, 2004).

In Re Gault.

Fifteen-year-old Gerald Gault was arrested and detained in the year 1964 for making a prank phone call with a friend while under probation. At his adjudication hearing, it was never determined if Gault had in fact been the one to make obscene remarks during the phone call. His neighbor, the recipient of the call, did not attend the hearing. Gault was sentenced to commitment to a training school for the remainder of his time as a minor. Gault's attorney filed a writ of *habeas corpus* which went to the Supreme Court. The Court found that Gault's constitutional rights were denied (U.S. Department of Justice, 2004). The 1967 decision of *In re Gault* resulted in children, as well as adults, being guaranteed the same rights under the constitution. Jasper (2000) phrased it as follows:

1. The right to notice of the charges leveled against the child.
2. The right to be represented by an attorney.
3. The right to confront his or her accusers, and to cross-examine witnesses who testify against the child.

4. The right to be informed of his or her Fifth Amendment Miranda right not to make statements which may be incriminating.
5. The right to a written record of proceedings, which is particularly important should the child decide to appeal the juvenile court judge's decision.

Following the Gault decision, the Supreme Court handed down additional decisions concerning the rights of children, such as the reasonable doubt standard of proof, and the right not to be retried for the same offense twice – i.e., double jeopardy. (Jasper, 2001, p. 12)

The more informal treatment of juvenile court cases that had been the standard was replaced by a system where juveniles were permitted the same number of protections as adults. The constitutional challenge of *parens patriae* by the Court impacted the way all other states think about the Equal Protection Clause of the Fourteenth Amendment.

In Re Winship.

In 1970, twelve-year-old Samuel Winship was committed to a training school after being adjudicated delinquent for stealing $112 from a woman's purse. Though the court agreed there was reasonable doubt in this case, the standard for juvenile courts at the time was of a preponderance of evidence. Upon appeal, the Supreme Court decided that in all delinquency adjudications, the standard required should be that of reasonable doubt. The case of *In re Winship* made it the standard that in juvenile delinquency matters proof must be beyond a reasonable doubt, resulting in the incarceration of fewer innocent youth. The decisions of both *Winship* and *Gault* were significant in that they enhanced accuracy in the factfinding stage of the juvenile court process (U.S. Department of Justice, 1999).

McKeiver v. Pennsylvania.

McKeiver v. Pennsylvania, a case from 1971, determined that in juvenile court hearings, it is not constitutionally required for there to be a jury hearing (U.S. Department of Justice, 1999). An argument made by the Court in the *McKeiver* case was that having jury trials could potentially make the atmosphere of the juvenile court more adversarial; evidence has shown that juries are on average no more accurate than judges in the adjudication phase (U.S. Department of Justice, 2004).

Breed v. Jones.

Seventeen-year-old Gary Jones was charged with armed robbery in 1970. After being adjudicated delinquent in juvenile court, the judge waived jurisdiction of Jones's case to criminal court. A writ of *habeas corpus* was filed, and counsel for Jones argued that the Double Jeopardy Clause of the Fifth Amendment had been violated in the waiver to criminal court (U.S. Department of Justice, 2004). In the 1975 case of *Breed v. Jones*, the "U.S. Supreme Court ruled that an adjudication in juvenile court, in which a juvenile is found to have violated a criminal statute, is equivalent to a trial in criminal court… The Court also specified that jeopardy applies at the adjudication hearing when evidence is first presented. Waiver cannot occur after jeopardy attaches" (U.S. Department of Justice, 2004, p. 104). This case made it so the juvenile justice process more closely resembles the adult process, and arguably makes it more constitutional.

Oklahoma Publishing Company v. District Court in and for Oklahoma City* and *Smith v. Daily Mail Publishing Company.

Oklahoma Publishing Company v. District Court in and for Oklahoma City, 1977, and *Smith v. Daily Mail Publishing Co.*, 1979, were two cases that determined that prohibiting the press from reporting juvenile court proceedings, under given circumstances, is unconstitutional (U.S. Department of Justice, 1999). In the case of the *Oklahoma Publishing Company*, the Supreme Court ruled that it was unconstitutional for the court to prohibit press from reporting the name of a youth involved in a juvenile court proceeding, along with his photograph. This information had been obtained from an outside source and had been done so legally. *Smith v. Daily Mail Publishing Company* ruled that while the press should not have access to juvenile court files, it cannot legally be prohibited from publishing a juvenile's name. If the information is obtained legally, prohibiting its release by the press is a violation of the First Amendment; this right takes precedence (U.S. Department of Justice, 2004). These rulings affected the preservation of the anonymity of juvenile defendants.

Schall v. Martin.

In the year 1977, fourteen-year-old Gregory Martin was charged with assault, robbery, and possession of a weapon. After his arrest, he was held pending adjudication due to the fact that there was a serious risk of him committing another crime if released. Hi attorney filed a writ of *habeas corpus*, arguing that pretrial detention was a form of punishment for the juvenile (U.S. Department of Justice, 2004). In 1984, the Supreme Court determined that, under certain circumstances, preventative "pretrial" detention of juveniles is not unconstitutional (U.S. Department of Justice, 1999). It was stated by the

Court that preventative detention acts to protect the juvenile and society and is not intended to punish the juvenile (U.S. Department of Justice, 2004).

Thompson v. Oklahoma and *Stanford v. Kentucky.*

The cases of *Thompson v. Oklahoma*, 1988, and *Stanford v. Kentucky*, 1989, resulted in the minimum age for the death penalty being set to sixteen (U.S. Department of Justice, 1999). This minimum was subsequently increased in the case of *Roper v. Simmons*.

Roper v. Simmons.

Roper v. Simmons, a Supreme Court decision from 2005, ruled that the execution of someone under the age of eighteen is unconstitutional (Corriero, 2006). It was stated that "[f]rom a moral standpoint, it would be misguided to equate the failings of a minor with those of an adult, for a greater possibility exists that a minor's character deficiencies will be reformed" (Corriero, 2006, p. 3). This decision would allow more youth the opportunity for redemption.

The 1990s

The Punitive Era.

The advent of the 1990s brought about a new era in the juvenile justice system classified primarily by its punitive nature. This era came about rather rapidly in response to a growing concern and fear surrounding juvenile delinquency. In 1995, homicide and aggravated assault rates among teenagers had more than doubled since the late 1980s. "Adult time for adult crime" was the catchphrase of the nineties. People wanted to see these juveniles tried in court as adults. Indeed, it seemed the overall goal had become putting juvenile offenders away as long as possible rather than rehabilitation. Public

safety was the top priority. Given the panic surrounding lawmakers and the general public, there was an increase in the number of youths transferred by juvenile court to criminal court. Between 1987 and 1994 the number of youths transferred nearly doubled. During this period of time, juvenile justice facilities became increasingly more overpopulated, and in the late 1990s, as adolescent homicide rates began to decline, investigations were starting to be conducted, bringing a focus back onto the rights and mental health of the detained youth (Grisso, 2007).

Rights for the Detained Youth.

There was a trend through the 1990s in which laws were passed in almost every state to make it simpler to try youth in adult criminal courts. This was done so through laws expanding sentencing options, modification of confidentiality provisions for juvenile courts, and laws increasing the victim's role in juvenile court processing (PBS, 2011).

A monograph had been published by the National Coalition for the Mentally Ill in the Criminal Justice System in 1992, but due to the rising violent statistics at the time, it was largely quieted by reform supporters. This monograph did not go unnoticed by all, and is often regarded as an early call to arms. "In the 1990s, if a detention center was doing mental health screening, it usually consisted of two or three questions that a staff member had thrown together" (Grisso, 2007, p. 161). There was great need for better assessment techniques.

The 2000s

By 2000, concern about mental health of juveniles in the justice system had begun to take over as a primary focus. Juvenile justice agencies were receiving larger annual

budgets to put towards improving mental health and screening procedures. This change did not come without negative consequences. The get-tough policies of the previous decade meant there was deterioration in state budgets nationwide for child community mental health systems (Grisso, 2007).

MAYSI-2.

The 1990s was the decade in which development of the Massachusetts Youth Screening Instrument-2 (MAYSI-2) began, and by the year 2000, the MAYSI-2 was readied for release. This ten-minute procedure was a useful and convenient screening method as a clinician was not required when it was administered. The MAYSI-2 was designed specifically for use at juvenile correctional programs or juvenile pretrial detention centers, answering the call of the 1990s for better assessment (Grisso, 2007). The MAYSI-2 is of particular importance to the juvenile justice system because there is a high prevalence of mental health problems in this population (Grisso, 1999). The outcomes of MAYSI-2 assessments impact the way we define juveniles in the justice system, which in turn affect sentencing and treatment decisions.

De Facto Psychiatric Hospitals.

In the late 1990's and early 2000's a new trend had begun across the country. Parents who lacked the financial resources to offer their children mental health services were intentionally having their children arrested in order to provide them with the help they needed. A representative vignette would be one of a mother whose insurance does not cover her teenager's treatment for a psychological disorder, such as bipolar disorder. The mother, now with scarce options, has the adolescent arrested on a charge, such as

stealing her car for a joy ride or entering in a minor physical altercation (Cusac, 2001). Paul Wellstone, the Democratic Senator from Minnesota in the year 2001, stated,

> It is a national tragedy that American parents feel forced to have their children locked up simply in order to obtain desperately needed mental health services… This is a horrendous symptom of the discrimination against mentally ill children in our health care system today. (Cusac, 2001, p. 2)

This was certainly not a problem confined to one state, and it was one prevalent enough to attract national attention. There were several news articles released like the one mentioned above. Communities all over the United States were finding that detention centers were being used in the place of psychiatric hospitals. There were children being arrested by their own parents for the sake of having access to mental health services, even if the youth had not done anything that would warrant an arrest. These detention centers had thus become de facto psychiatric hospitals and staff members were often ill-equipped to deal with this increasing population. The lack of community mental health services puts pressure on the juvenile justice system to attend to the mental health needs of youths in custody, taking resources away from their obligation to prosecute and protect (Grisso, 2007).

2008 Statistics.

Juveniles, defined here as persons under eighteen, were responsible for 15% of total crime in the year 2008. Breaking this down further, we see that they were involved in 16% of violent crime arrests and 26% of property crime arrests. One in every ten murders in 2008 involved a juvenile, as well as one in four robberies, burglaries, larceny-thefts, and motor vehicle thefts (U.S. Department of Justice, 2011).

Chapter Two: Understanding Violence

The Diagnostic and Statistical Manual of Mental Disorders-IV—TR (DSM-IV-TR; American Psychiatric Association, 2000) defines as aggressive conduct that "causes or threatens physical harm to other people or animals (e.g., bullying, threatening, or intimidating others)" (Hoge & Andrews, 2010, p. 25). The Structured Assessment of Violence Risk in Youth (SAVRY) defines violence as

> an act of battery or physical violence that is sufficiently severe to cause injury to another person or persons (i.e. cuts, bruises, broken bones, death, etc.), regardless of whether injury actually occurs; any forcible act of sexual assault; or a threat made with a weapon in hand (Borum et al., 2003, p. 15).

It is important to define violence and aggression because how we do so will dictate how we define juvenile offenders, and it will have serious implications for the sentencing or treatment selected for the youth. The way in which the cause of violence is defined will determine if treatment will be seen as effective and economical for the parties involved, and thus will be a deciding factor in whether or not treatment is offered.

Causes of Violence

It is important to understand violence and aggression in terms of the intention or motivation behind it. Reactive aggression, one of the most common forms of aggression in adolescents, is the result of a real or perceived threat against one's person. The motivation is anger in response to this threat. Another type of aggression seen in adolescents, proactive aggression, is purposeful and motivated by the belief the person can achieve a desired goal through the aggressive action (Hoge & Andrews, 2010).

Categories of Violent Acts

Tolan (2007) has identified categories of violent acts that, while overlapping, are unique enough to warrant their own groups. There are four forms of aggression under his system. The first, situational acts of violence, is in response to certain situational factors, such as social or contextual factors. Situational acts of violence, while provoked, may also occur when there is an underlying disposition to violence. The second, relationship violence, is that violence which occurs within social relationships. These relationships may be of a romantic, family, or friendly nature, to name a few. The third, predatory violence, is only seen in a small number of adolescents, though those who exhibit it have a tendency to be the most serious offenders. Predatory violence is used instrumentally to obtain a desired goal. The fourth, pathological violence, is rare among adolescents. Those adolescents who are pathologically violent appear to have violence as their goal. The violence is not necessarily triggered by social or contextual factors, and there does not need to be a reward attached to the violence. As previously stated, these categories do overlap, so it is possible for an adolescent to display more than one of the aforementioned forms of violence (Hoge & Andrews, 2010).

Issues with Labeling Violent Actions.

There are some significant issues that arise when discussing the labeling of violent actions. Motivation is considered an important factor in violent acts, though it can be difficult to determine the motivation behind one's actions. Severity and chronicity are two other important factors to look at when labeling violent actions. Judgment of severity can be difficult and is relative. The determining of whether or not a violent act is considered "criminal" lies within the judicial system. Whether or not a youth is

determined to be a chronic offender is a decision that comes about arbitrarily. Professionals have different views on what may or may not define an offender as chronic. The same judge may determine an offender to be chronic one day and determine the same youth to not be a chronic offender on a different day, depending on environmental factors (Hoge & Andrews, 2010).

Chapter Three: Descriptive Systems

There are a number of descriptive systems available for juvenile offenders. These systems employ various ways of describing the offender, from using the offenses themselves to looking at psychological, circumstantial, and behavioral traits.

Offense-Based Systems

In offense-based systems, the youth is described in terms of the antisocial activities committed and any patterns that subsequently emerge. One problem with classifying juvenile offenders in offense-based systems is the fact that the categories are often quite heterogeneous. If the youth are classified into the simplest categories of "offender" and "non-offender," little is known of the youth other than whether or not they have committed an offense. We do not know the degree of the offense, the circumstances, the age of the youth at the time of the offense, or whether or not the youth is a repeat offender. There are more complex systems of classification, but the problem still remains of heterogeneity (Hoge & Andrews, 2010).

Clinically-Based Systems

With clinically-based systems, offenders are described based on a clinical diagnosis. There are two major clinical diagnostic systems used by mental health

professionals: The Diagnostic and Statistical Manual – IV – TR (DSM-IV-TR) and the International Classification of Diseases – 10 (ICD-10) (Hoge & Andrews, 2010).

Conduct Disorder.

Conduct disorder is one diagnostic category that is of particular importance to juvenile offenders. The following are the four categories that are associated with conduct disorder:

- Aggressive conduct, including actions causing physical harm to humans and animals
- Nonaggressive conduct, including property damage, arson, and vandalism
- Deceitfulness, including acts of theft and fraud
- Serious rule violation, including truancy and running from home

(Hoge & Andrews, 2010, p. 30)

The symptoms associated with conduct disorder are more commonly displayed among male youths (Hoge & Andrews, 2010).

Oppositional-Defiant Disorder.

Hostility and negativity towards authority figures define oppositional-defiant disorder. The pattern of behaviors often escalates throughout adolescence for serious violent offenders; however, aggressive behavior is not necessarily associated with oppositional-defiant disorder. Similar to conduct disorder, oppositional-defiant disorder is more commonly seen among male youths. In males, symptoms are more commonly of an externalizing form, whereas in females, symptoms are more commonly of an internalizing form (Hoge & Andrews, 2010).

Personality-Based Systems

Personality-based systems use personality traits as a method of classification for juvenile offenders. Quay's Personality-Based System, the Millon Adolescent Clinical Inventory, Callous and Unemotional Traits, and Psychopathy are some examples of commonly used personality-based systems (Hoge & Andrews, 2010).

Quay's Personality-Based System.

The following are the five categories that one can be assigned to under Quay's Classification System: Aggressive-Psychopathic, Manipulative, Situational, Inadequate-Dependent, and Neurotic-Anxious (Hoge & Andrews, 2010).

Millon Adolescent Clinical Inventory.

The Millon Adolescent Clinical Inventory includes personality patterns, expressed concerns, and clinical syndromes. The scales that fall under the domain of personality patterns are Introversive, Inhibited, Doleful, Submissive, Dramatizing, Egotistic, Unruly, Forceful, Conforming, and Oppositional. The scales that fall under the domain of clinical syndromes are eating dysfunctions, substance abuse proneness, delinquency predisposition, impulsive propensity, anxious feelings, depressive affect, and suicidal tendency. These dysfunctions may be of particular importance in reference to proclivity for antisocial actions (Hoge & Andrews, 2010).

Callous and Unemotional Traits.

The concept of callous and unemotional traits is one that is attributed to youth who lack the capacity to experience guilt or feel empathy. This syndrome is only seen in a minority of the youth population. Those youth displaying callous and unemotional traits are of particular difficulty when it comes to treatment, according to clinical and research

experience. It is not, however, impossible to treat a youth with callous/unemotional syndrome (Hoge & Andrews, 2010).

Psychopathy.

In order to assess psychopathy in youth, a mental health professional may administer the Psychopathy Checklist – Youth Version, as described earlier in the section on Personality Tests. Psychopathy is a construct of personality that incorporates traits and conditions related with serious antisocial actions (Hoge & Andrews, 2010).

Behavior-Based Systems

Another common method of classification for juvenile offenders is the behavior-based system, which explains the individual by way of behavioral dimensions. Behavior-based systems are empirically developed. There are several behavior-based systems at present, but this thesis will only describe Achenbach's System of Empirically Based Assessment, which will serve as an example (Hoge & Andrews, 2010).

Achenbach's System of Empirically Based Assessment.

There are distinct dimensions of behavioral maladaption that arise when looking at the data compiled from the Child Behavior Checklist. There are forms available for parents and teachers, as well as self-report. Figure 1 displays dimensions of behavioral maladaption for youth ages six to eighteen years old (Hoge & Andrews, 2010). This system is a way to describe the behavioral problems of youth, and is of particular relevance to those youth who have committed criminal acts. Behavioral-based systems such as this are exceptionally valuable for case planning management, in that they are able to assess needs. These systems are able to provide information about behaviors correlated with a tendency for antisocial behavior (Hoge & Andrews, 2010).

Total behavior problems score
Broad-band Scores
Internalizing
Externalizing
Narrow-band internalizing scores
Anxious/depressed
Withdrawn/depressed
Somatic complaints
Social problems
Thought problems
Attention problems
Narrow-band externalizing scores
Rule-breaking behavior
Aggressive behavior
Source: Adapted from *Manual for the ASEBA School-Age Forms and Profiles*, by T.M. Achenbach and L. A. Rescorla, 2001, Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families.

Figure 1: Child Behavior Checklist Factor Scores (Males, Ages 6-18) (Hoge & Andrews, 2010, p. 37)

Risk-Based Systems

Risk-based systems attempt to identify risk and protective factors in youth in order to determine risk of antisocial activities (Hoge & Andrews, 2010).

Static Systems.

Static systems of risk assessment describe youth in terms of static risk factors, such as number of convictions. Early attempts at risk-based systems drew heavily upon

the use of static risk factors, but static systems have shown to be inadequate and limited (Hoge & Andrews, 2010).

Recent Risk-Based Systems.

Recent risk-based systems take on a more comprehensive approach to risk assessment. These systems have been derived empirically, and they include static and historical risk factors, as well as a range of circumstantial and individual factors (Hoge & Andrews, 2010). Dynamic risk factors are important to our understanding of the juvenile justice system.

> [R]ecognizing the bearing these dynamic risk factors have on the propensity for violent behavior in adolescent populations is encouraging from an intervention standpoint. Efforts to ameliorate the influence dynamic risk factors have on the individual adolescent may present opportunities for educational teams to adopt a more positive, strength-based orientation for addressing student needs rather than turning to exclusionary or punitive alternatives such as zero tolerance policies. (McGowan, Horn, & Mellott, 2011, p. 484)

There is a broad range of risk factors, as well as protective factors, that influence the likelihood that a youth will engage in antisocial activities. It is important to identify these factors in order to address the needs of the youth and offer the most effective treatment (Hoge & Andrews, 2010).

Chapter Four: Alternative Models of Juvenile Justice

Hoge and Andrews (2010) have described five alternative models of juvenile justice ranging from the most rehabilitative, Child Welfare, to the most punitive, Crime

Control. The remaining three models, Corporatist, Justice, and Modified Justice, fall somewhere on the middle of this spectrum.

Child Welfare

The Child Welfare model is the one in which there is the least emphasis placed on punitive sanctions. Rehabilitative interventions play a significant role in this system. Those who ascribe to this model believe that through the use of counseling, education, and various interventions, the juvenile can enhance his or her emotional and behavioral competencies (Hoge & Andrews, 2010).

Corporatist

This system, while similar to the Child Welfare model in many ways, differs in that it places a great deal of emphasis on combining all services for the juvenile into a single system. This system would consist of counseling services, education, and mental health services, working together as a single unit with the goal of identifying and addressing deficits in the youth. Those who ascribe to this model believe that through the use of rehabilitative interventions, the juvenile can become more emotionally and behaviorally competent (Hoge & Andrews, 2010).

Justice

The Justice model focuses largely on the legal aspect of the juvenile justice system. There is special concern for individual rights. The nature of the Justice model is more punitive than rehabilitative and it is counter to the *parens patriae* approach (Hoge & Andrews, 2010).

Modified Justice

Modified Justice is a model which is similar to both the Justice model and the Child Welfare model. This model incorporates rehabilitative services and punitive sanctions. Those who ascribe to this model believe that through the rehabilitative services the juvenile can become an overall more prosocial individual, while still taking into account the importance of the legal context (Hoge & Andrews, 2010).

Crime Control

The Crime Control model is the one in which the most emphasis is placed on punitive sanctions and the least on rehabilitative services. In this model, there is a primary concern with the safety of the public, and thus, with sentencing, less attention is paid to the individual offender. Those who ascribe to this model believe that those who commit criminal acts do so willfully, making incarceration the logical option (Hoge & Andrews, 2010).

Chapter Five: Assessment

Assessment is an integral part of the juvenile justice system. We use assessment to evaluate juveniles in the justice system. Assessments can be done upon entrance and throughout their time in the system. Mental health professionals use assessment measures to learn about and describe youth. Assessment is often used to determine risk and mental health problems. Along with the determination of these factors, the mental health professional typically makes an informed decision about treatment or intervention. It is important that juveniles are matched with appropriate and effective treatment options, and assessment plays a huge role in this matching process. There are many methods by

which juveniles are assessed in the justice system; the most widely used of which are described below.

Personality Tests

One method of evaluation that may be employed is the personality test. Personality tests are typically one part of a comprehensive evaluation and help to assess a youth's propensity for violence, though personality tests alone cannot be the base assessment for risk of violence. Examples of personality tests that may be used during a forensic assessment include the Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A), the Psychopathy Checklist – Youth Version (PCL-YV), and the Million Adolescent Clinical Inventory (MACI; Hoge & Andrews, 2010).

Standardized and Semi-Structured Interview Schedules

Assessments may also be conducted in the form of an interview. The Diagnostic Interview for Children and Adolescents and the Adolescent Diagnostic Interview are two examples of standardized and semi-structured interview schedules (Hoge & Andrews, 2010).

Rating/Checklist Measures and Measures of Antisocial Attitudes, Values, and Beliefs

Assessors may also choose to use rating/checklist measures, such as the MAYSI-2 described above, or measures of antisocial attitudes, such as the How I Think Questionnaire (Hoge & Andrews, 2010).

Comprehensive Risk/Needs Assessment Instruments

Comprehensive risk/needs assessment instruments are of particular interest to researchers and clinicians because of their relevance to risk assessment and help guide

decisions regarding interventions, placements, and levels of supervision. The Estimate of Risk of Adolescent Sexual Offense Recidivism -2 (ERASOR) includes twenty-five risk factors for re-offending. The Washington State Juvenile Court Assessment (WSJCA) is the latter of a two-part assessment that assesses static and dynamic risk factors for reoffending. The Youth Level of Service/Case Management Inventory (YLS/CMI) is both a means of assessing risk of re-offense and a tool for developing frameworks for developing case plans. The Structured Assessment of Violence Risk in Youth (SAVRY) is unique because it does not require special training to administer. Scores on the SAVRY are predictive of both general and violent offending (Hoge & Andrews, 2010).

Chapter Six: Demographic Information

In order to understand the different programs in place in the juvenile justice system, and in order to evaluate these programs intellectually, we must understand the population of juvenile offenders. Though there are similarities across the population of juvenile offenders, there are important differences based on certain demographics that we must consider.

Gender

The first difference we will examine is gender. Female offenders have been found to have a higher rate of mental health symptoms than their male counterparts. This is of particular importance because mental symptoms are often comorbid with alcohol and substance abuse and are often correlated with delinquency. Between 1982 and 2007 aggravated and simple assault increased 10% among juvenile females, while violent

offending in juvenile males has decreased (Cauffman, Lexcen, Goldweber, Shulman, & Grisso, 2007).

Detained adolescent females endorsed a greater number of items than their male counterparts on three of the MAYSI~2 scales: Angry-Irritable, Depressed-Anxious, and Somatic Complaints. There is a relation between internalizing and externalizing behaviors, seen in females with Conduct Disorder, not seen in males. These findings suggest a fundamental difference between the adolescent males and females in the juvenile justice system (Cauffman, Lexcen, Goldweber, Shulman, & Grisso, 2007).

The rate of violent offenses committed by females has increased over the past twenty-five years, and arrest rates for simple and aggravated assault have increased by 10% for females in that time frame. In 2008, females accounted for 30% of juvenile arrests. For males, homicide rates have varied substantially over the past twenty-five years, showing a decrease between 2007 and 2008 (U.S. Department of Justice, 2011).

Male and female arrest rates for robbery have followed a similar trajectory since 1980. Through the late 1980s there was a decrease. There was an increase until the mid-1990s when robbery arrest rates for both male and female offenders reached their peak. Robbery arrest rates for both genders reached their lowest level since the 1980 in the year 2002; though, rates steadily increased through 2008 (Puzzanchera, 2009).

Male and female arrest rates for aggravated assault both declined after their peak in the 1990s, though female arrest rates declined less steadily. The male arrest rate for simple assault nearly doubled between the years 1980 and 2008, while the female arrest rate for the same offenses more than tripled in that time frame (Puzzanchera, 2009).

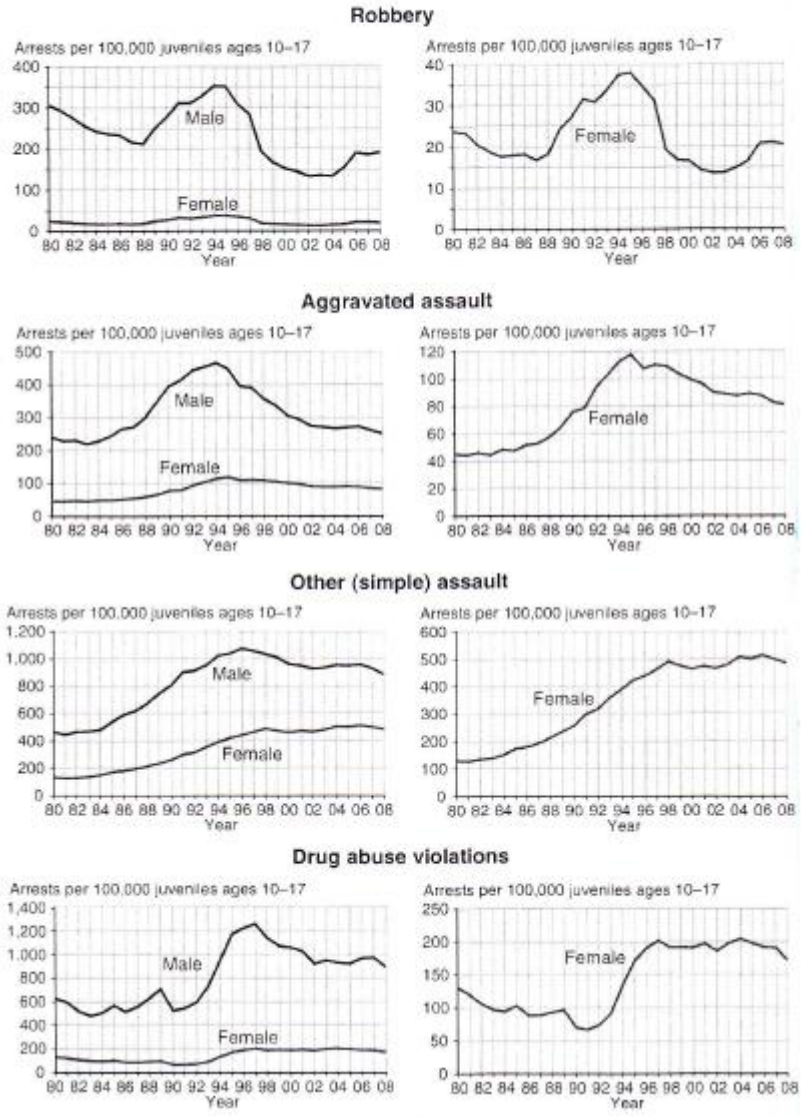

Figure 2: Although Arrest Trends by Gender Were Similar for Robbery, Recent Trends Showed Greater Declines for Males in Other Offenses (Puzzanchera, 2009, p. 8)

Males and females also vary in their risk-factors for offense. Many of these risk-factors are gender-invariant, but some are specific to sex. Gender-specific factors for males are lower levels of MAOA genotype and fight or flight, or the tendency for males to be more likely to engage in fight or flight than their female counterparts who tend to

engage in “tend and befriend” behaviors. Gender-specific factors for females are adversarial interpersonal relationships and EEG brain asymmetries R>L frontal activation, as depicted below. Those risk factors that are relevant for both males and females but are especially salient for females have been indicated with bold fonts (Cauffman, 2008).

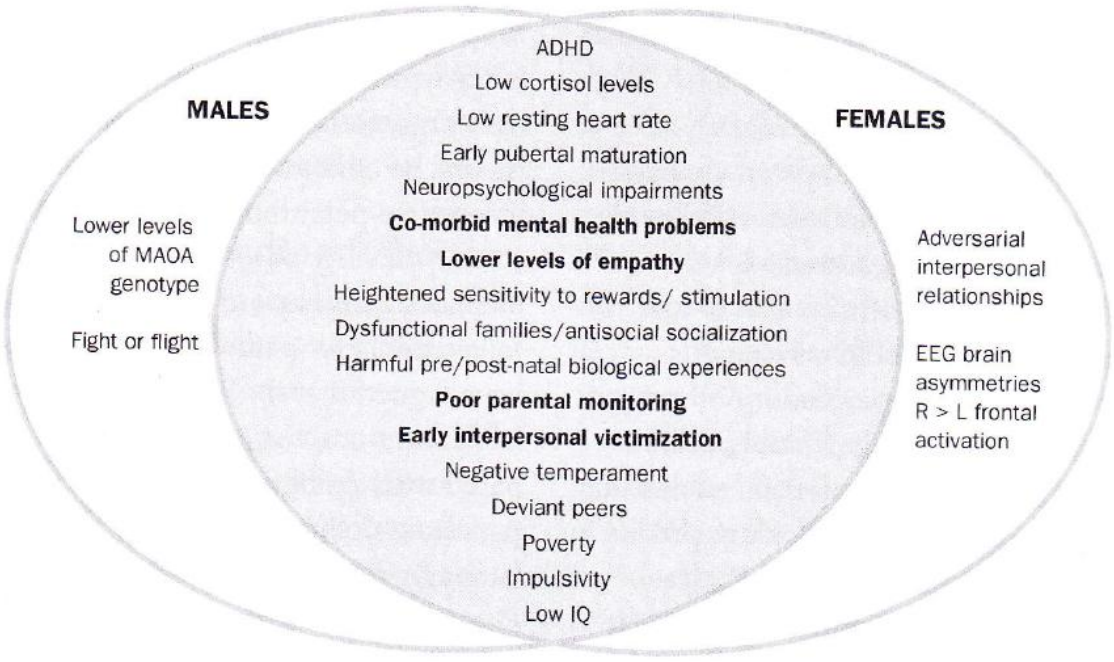

Figure 3: Gender-Specific and Gender-Invariant Risk Factors for Offending (Cauffman, 2008, p. 121)

Understanding these gender differences is paramount in producing effective risk assessment and treatment programs.

Age

One should also consider how offenses vary based on offender age. Figure 4 below describes both gender and age differences in the juvenile justice population. The population of male offenders is higher than that of female offenders ages zero to

seventeen. This difference is consistent through all ages within the range of zero to seventeen (Jasper, 2001).

AGES	TOTAL	MALE	FEMALE
All Ages	272,690,813	133,276,559,	139,414,254
0 to 17	70,199,158	35,960,401	34,238,757
10 to 17	31,310,270	16,069,769	15,240,501
10 to	29,373,373	15,073,594	14,299,779
0 to 5	22,836,804	11,676,463	11,160,341
6 to 9	16,052,084	8,214,169	7,837,915
10 to 12	11,778,325	6,030,404	5,747,921
13 to 14	7,770,159	3,981,303	3,788,856
15	3,820,648	1,962,193	1,858,455
16	3,923,852	2,021,666	1,902,186
17	4,017,286	2,074,203	1,943,083
18 to 20	11,884,287	6,091,438	5,792,849
21 to 24	14,127,439	7,184,549	6,942,890

Figure 4: Juvenile Justice Population by Age and Gender as of 1999 (Jasper, 2001, p. 91)

In 2008, only about 10% of juvenile homicide offenders were under the age of fifteen; 74% of juvenile homicide offenders were ages sixteen or seventeen. Over the past twenty-five years, increases and decreases in homicide rates have occurred, but the distribution of offenders across age groups has remained relatively stable. Violent crimes committed by juveniles are more likely to occur in the late afternoon than those which are committed by adults. Violent crime committed by adult offenders peaks around 9:00 PM (U.S. Department of Justice, 2011). These age differences are significant to our

understanding of the juvenile justice system. With the majority of juvenile offenders being of age sixteen or older, much effort must be put into researching treatment options for that population. It is important to gain insight into the largest demographic of offenders in the United States while at the same time continuing research on the younger population.

Race/Ethnicity

There are significant differences between racial categories for juvenile murder offenders. The number of known white juveniles committing murder doubled between 1984 and 1994; the number of black offenders for the same offense nearly quadrupled (U.S. Department of Justice, 2011). The previous statement is one that clearly shows the discrepancy. In 2008, the percentage of black juveniles, ages 10-17, in the US was 16%, while the percentage of crimes in which a black youth was involved was 52%. The percentages for white youth were 78% and 47%, respectively. Black youth are overrepresented in juvenile arrests, with involvement in 58% of juvenile arrests in murder and 67% of juvenile arrests in robbery (Puzzanchera, 2009).

While the volume of arrests is much higher in Black youth than it is in White youth, there are similar trends for the rates of arrest across racial groups (Puzzanchera, 2009), as can be seen below in Figure 5.

The figure presented below does not display data for Asian youth and American Indian youth because the number of arrests and population sizes are too small to produce stable trends.

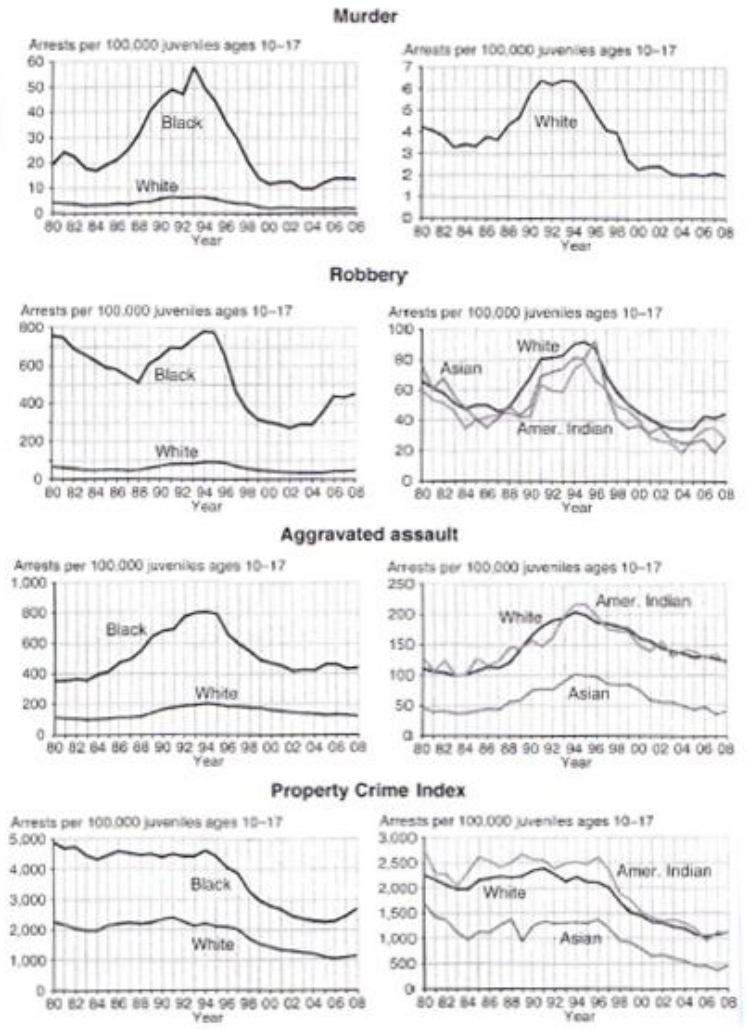

Figure 5: Arrest Rate Trends from 1980 through 2008 Were Similar Across Racial Groups; the Differences Were in the Volume of Arrests (Puzzanchera, 2009, p. 9)

This vast overrepresentation suggests there are more factors present than simply black youth committing more crimes. Other factors could include socioeconomic status, racial biases, and the tendency to classify individuals based on race rather than ethnicity.

Mental Health

Mental health considerations are of particular importance when looking at the population of juvenile justice youths. Three studies from 1997-8 (Teplin et al., Grisso and Barnum, and Timmons-Mitchell et al.) found similar findings on prevalence rates of

mental illness for juvenile justice youths versus the general population. They found that, generally, juvenile justice youths had prevalence rates that were four times higher for conduct disorder, ten times higher for substance abuse, and three-to-four times higher for affective disorders. They found no significant differences in anxiety disorders. According to the Survey of Youth in Residential Placement, two out of five youths in a residential commitment program had not received any mental health counseling (Grisso, 1999).

Challenges in Describing the Juvenile Offender

There are several reasons why it is challenging to describe juvenile offenders. These youth are going through developmental changes, and as such, behaviors and personalities exhibited may change and will not necessarily carry over into adulthood. Many of the traits that go into describing the juvenile offender take root in the youth's psychosocial and cognitive immaturity. Traits such as impaired risk assessment, egocentrism, and limited decision making skills are not static. It is also important to make note of the fact that the majority of the research and clinical attention has been directed towards males of the majority culture. More research is needed on minorities (Hoge & Andrews, 2010). The awareness of such challenges should act as a catalyst for further research and understanding on the population of juvenile offenders as a whole and as individuals.

Chapter Seven: Rights and Ethical Concerns

There are several ethical concerns surrounding the juvenile justice system that must be addressed. Knowledge of these issues is vital to a holistic understanding of

sentencing and treatment options. The entire justice process aims to be ethical in every respect and treatment is no exception.

Confidentiality

Supreme Court decisions such as *Oklahoma Publishing Company v. District Court in and for Oklahoma City* and *Smith v. Daily Mail Publishing Co.* are related to juvenile confidentiality in the judicial system. There have been limitations surrounding the confidentiality of the juvenile offenders' names and records in the case that there is a particularly violent or serious offense (Jasper, 2001). State limitations on confidentiality of juvenile court proceedings and records for serious and violent juvenile offenders can be found at the National Center for Juvenile Justice (2000).

Due Process

Due process rules must always be followed. Both state jurisdictions and federal courts have established rules governing due process. Mental health professionals are responsible for being aware of the laws and regulations surrounding due process (Hoge & Andrews, 2010).

Informed Consent

The issue of informed consent is of particular relevance when discussing the forensic assessment phase of the juvenile justice system. Informed consent is not necessary when an assessment is ordered by the court, though it is important for the mental health professional to warn the youth of the limits of confidentiality and any potential consequences. In all other evaluations, informed consent must be obtained (Hoge & Andrews, 2010).

Immediate Threat of Violence

If at any time when a youth, or any client for that matter, is undergoing a psychological assessment he or she presents an immediate threat of physical violence, the mental health professional is responsible for notifying the appropriate authorities (Hoge & Andrews, 2010).

Capital Punishment

Previous to the year 1988, it was legal in twenty-five states to sentence a child to death for a capital crime. In that same year, the Supreme Court case of *Thompson v. Oklahoma* required that all states which have the death penalty must have a minimum age for executions. According to *Thompson*, the states can set this minimum to no younger than sixteen years of age (Jasper, 2001).

As of the year 2001, there were sixteen states that permitted the death penalty for offenders under eighteen. Age eighteen was set as the minimum age for the death penalty according to the federal government. There were fourteen states for which offenders were required to be eighteen or older for the death penalty to be imposed on them. (Jasper, 2001) In the year 2005, the *Roper v. Simmons* decision held that it was unconstitutional to execute those under eighteen years of age (Corriero, 2006).

Chapter Eight: Juvenile Rehabilitation Programs

Evidence-Based Family Treatment Models

There are many programs in juvenile rehabilitation with the primary goal of reducing recidivism rates. Evidence-based family treatment models, such as MST, FFT, and MTFC, have recently produced positive results (Mendel, 2011).

Multisystemic Therapy.

Multisystemic Therapy, otherwise known as MST, is a family- and home-based intensive intervention. It is intended for use with juveniles who display serious antisocial behavior. The goal of MST is to prevent reoffending and improve the juvenile's behavior. Reoffending is prevented by influencing the many systems surrounding the juvenile (Tighe, Pistrang, Casdagli, Baruch, & Butler, 2012). MST has been shown to result in a 25 to 70% decline in arrest rates, compared to similar youth receiving usual services. The average cost of MST per youth is $6000-$9500 (Mendel, 2011). MST is a system of social and behavioral assistance. It is a community-based system and is offered to the youth and their families. In the early 2000s it was becoming widely used as a response to the call for more effective mental health services in the juvenile justice system (Grisso, 2007).

Functional Family Therapy.

Functional Family Therapy, or FFT, is another common family treatment model. FFT has been shown to be effective in reducing a wide variety of behavioral problems in youth (Sexton & Turner, 2011). Youth receiving this treatment model have been shown to be almost six times less likely for rearrest than their counterparts receiving other treatments. Average costs for MST and FFT are substantially lower than that of a typical stay in a juvenile corrections facility, with FFT costing an average of $3000-$3500 per youth. A typical stay in a juvenile corrections facility would cost an average of $66000-$88000 per youth (Mendel, 2011).

Multidimensional Treatment Foster Care.

Multidimensional Treatment Foster Care, also known as MTFC, is a process wherein,

> troubled and delinquent youth are placed with specially trained foster families for six to nine months while their parents (or legal guardians) receive intensive counseling and parent training. After a series of home visits, the families are then reunited and provided with ongoing support until the home situation is stabilized. (Mendel, 2011, p. 17)

Over the subsequent two-year period, youth who receive MTFC on average spend seventy-five fewer days incarcerated than those youth placed in group homes (Mendel, 2011). The goals of MTFC are to provide youths with opportunities for successful living in their communities, to offer intensive supervision, support, and skill development, and to educate the youths' parents, to provide more effective parenting (Smith, Chamberlain, & Eddy, 2010).

Promising Treatment Services

There are several promising treatment services, aside from family treatment models, that are currently being employed in the United States juvenile justice system.

Wraparound Services.

Wraparound services collect resources from various sources and use those funds to pay for coordinators. Some of the sources from which these resources are collected are community mental health, Medicaid, and juvenile justice. They are able to develop care plans and various other services for youth with behavioral disorders of other mental health conditions (Mendel, 2011). Wraparound services are team-based, individualized,

and coordinate across key providers and helpers. While wraparound services can be very beneficial, they often require system reform to work well (Bruns et al., 2010).

Rigorous Career Preparation and Vocational Training.

Rigorous Career Preparation and Vocational Training, such as YouthBuild, is another promising service. YouthBuild combines hands-on construction training with remedial academic education for high-risk youth and young adults throughout the nation (Mendel, 2011). The following is a brief description from YouthBuild USA:

> During the 9- to 24- month, full-time YouthBuild program, youth spend half of their time learning construction trade skills by building or rehabilitating housing for low-income people; the other half of their time is spent in a YouthBuild classroom earning a high school diploma or equivalency degree. Personal counseling and training in life skills and financial management are provided. The students are part of a mini-community of adults and youth committed to each other's success and to improving the conditions in their neighborhoods. (Leslie, 2007, p. 8)

YouthBuild is aimed at low-income youth, and works towards its mission through the implementation of a comprehensive program (Cohen & Piquero, 2010).

Mental Health Diversion Projects.

Mental Health Diversion Projects steer youth towards treatment for mental health. Examples of Mental Health Diversion Projects include the Enhanced Mental Health Services Initiative in Texas and the Behavioral Health/Juvenile Justice program in Ohio (Mendel, 2011).

Specialty Court Programs.

Specialty Court Programs are for those youth who have been court-ordered to treatment plans rather than probation. These programs are for youth with serious substance abuse or emotional disturbances (Mendel, 2011).

Family-Focused, Non-Residential Substance Abuse Treatment.

Family-focused, non-residential substance abuse treatment methods for adolescents have demonstrated substantial reductions in substance abuse and delinquency (Mendel, 2011). Examples of family-focused, non-residential substance abuse treatment methods include Multidimensional Family Therapy, which works on the four treatment domains – the adolescent domain, the parent domain, the family interactional domain, and the extrafamilial domain (Liddle, Rowe, Dakof, Henderson, & Greenbaum, 2009). Another example of family-focused, non-residential substance abuse treatment is Brief Strategic Family Therapy, which aims to improve within-family relationships that have an influence on youth behaviors, and to make the reach of services more widespread (Robbins et al., 2011).

Intensive Advocate/Mentor Programs.

Intensive Advocate/Mentor Programs involve advocates whose job it is to track, supervise, and mentor youth in the community with a history of delinquency. These programs have shown positive results in the areas of academic/employment outcomes and recidivism. Intensive Advocate/Mentor Programs do require more research, as they have not been carefully evaluated (Mendel, 2011).

The Florida Redirection Program

The juvenile justice system in the United States varies from state to state. One of the most successful programs in use is the Florida Redirection Program, which provides family treatment (primarily MST and FFT) as an alternative to incarceration. As of August 2008, this program had saved taxpayers $41.6 million over the preceding four years. Positive outcomes were also demonstrated in terms of recidivism. Youth who had participated in the Florida Redirection Program were 14% less likely to be convicted of a new felony, 9% less likely to be arrested for a new crime, and 35% less likely to be sentenced to adult prison, versus comparable youth in residential facilities (Mendel, 2011).

Chapter Nine: Problems with Juvenile Corrections Facilities

Currently, there are several problems with juvenile corrections facilities that need to be addressed. These problems must be corrected in order to provide safer, more cost-effective options for juveniles in the justice system. Challenging these issues will likely result in more efficacious treatments and environments in which said treatments are conducted.

Maltreatment

There is documented maltreatment of juveniles nationwide, both from staff and from other youth. Violence against staff members is also an issue. In four Arizona facilities, there was an average of forty reported incidents of maltreatment per month (Mendel, 2011).

Cost

Juvenile corrections facilities are wasteful. As described earlier, programs such as Multisystemic Therapy, Functional Family Therapy, Multidimensional Treatment Foster Care, and the Florida Redirection Program tend to be less expensive while still producing lower recidivism rates (Mendel, 2011).

Exacerbated Criminality

In fact, it has been suggested that juvenile corrections facilities can exacerbate criminality and are especially ineffective for less-serious juvenile offenders (Mendel, 2011).

Isolation

While there is no national data regarding isolation in juvenile corrections facilities, various states have reported an excessive reliance on isolation, and use of isolation in an arbitrary manner. Ohio reported that youth in state correctional facilities spent over an average of fifty hours per resident in seclusion in July 2009 (Mendel, 2011).

Sexual Abuse

Sexual abuse is yet another problem that needs to be addressed with juvenile corrections facilities. In 2010, it was reported that, nationwide, 12% of youth in large juvenile facilities had been victimized sexually within the year. About half of those incidents had involved some form of physical force, threats, or coercion (Mendel, 2011).

Long-Term Difficulties

Youth who are placed in juvenile corrections facilities do not only face such immediate problems; these youth will also be faced with long-term difficulties. These

difficulties include a 5% reduction in employment (9% reduction for black youths). "A recent analysis of young people included in the National Longitudinal Youth Survey found that incarceration at age 16 or earlier led to a 26 percent lower chance of graduating high school by age 19" (Mendel, 2011, p.12). A substantial amount of incarcerated youth suffers from mental health disorders or learning disabilities. Given this information, it is not surprising that most of these youths are well below grade-level in academic achievement (Mendel, 2011).

Chapter Ten: Population Management

The overwhelmingly large population in juvenile corrections facilities is being addressed by several states by way of limiting the types of juveniles eligible. States are addressing this issue because it has caused difficulties in terms of space and other resources.

State	Limiting Provision	Year Enacted	Change in Incarceration Since Policy Was Enacted
AL	Prohibit commitments of youth adjudicated for status offenses, as well as for probation violations where a status offense was the underlying charge	2008	**–40 percent** (daily population in state commitment programs)
CA	State commitments allowed only for youth adjudicated for serious violent offenses	2007	**–40 percent** (daily population in state training schools)
NC	Correctional commitments authorized only for youth adjudicated for violent crimes plus a moderate or extended history of prior offending, or for serious non-violent crimes if youth also had an extended history of prior offending	1998	**–73 percent** (annual commitments to state training schools)
TX	Correctional commitments authorized only for youth adjudicated for felony offenses	2007	**–69 percent** (daily population in state training schools)
VA	Correctional commitments allowed only for youth with a felony adjudication or a serious misdemeanor offense if youth also has previously been adjudicated for a felony or four serious misdemeanor offenses	1996	**–52 percent** (annual admissions to state training schools)

Figure 6: When States Place Limits on Correctional Commitments... Juvenile Incarceration Plummets (Mendel, 20111, p. 29)

At least five states have seen drastic declines in juvenile incarceration – 40% or more – since the inaction of such provisions. These declines are best demonstrated through the use of Figure 6, taken from the Annie E. Casey Foundation's 2011 report, "No Place for Kids: The Case for Reducing Juvenile Incarceration." As criteria such as these are being put into place, it is important that they align with risk of recidivism and severity of the crime. What is being consistently found is that there is no correlation between juvenile confinement rates and violent youth crime (Mendel, 2011).

Chapter Eleven: Limitations of Data

When looking at information on the juvenile justice system and juvenile incarceration rates, there are limitations that are important of which to be cognizant. Not all law enforcement agencies report arrest data to the FBI in most states (Puzzanchera, 2009). Biases exist that may affect proportions of arrest rates in certain demographic categories, but, as these are not controlled for in the studies, it cannot be said with certainty if the biases are playing a role. There is still no satisfactory system for classifying mental disorders in children and adolescents that child psychiatrists and child clinical psychologists can agree upon (Grisso, 1999). This information is gathered from a number of sources, all with varied operational definitions of various terminologies, thus all comparisons must be taken with a grain of salt.

Figure 7 demonstrates the variability of juvenile arrest rates between states. These rates reflect differences in terms of community standards, juvenile law-violating behavior, and/or police behavior. All comparisons should thus be made with caution.

State	Reporting Coverage	2008 Juvenile Arrest Rate* Violent Crime Index	Property Crime Index	Drug Abuse	Weapons	State	Reporting Coverage	2008 Juvenile Arrest Rate* Violent Crime Index	Property Crime Index	Drug Abuse	Weapons
United States	82%†	306	1,398	560	121	Missouri	94%	274	1,928	566	121
Alabama	81	176	924	242	47	Montana	96	112	1,831	305	21
Alaska	97	272	1,655	340	42	Nebraska	92	139	2,013	657	112
Arizona	99	228	1,558	762	76	Nevada	98	337	1,724	618	159
Arkansas	84	180	1,460	365	62	New Hampshire	78	84	771	580	12
California	99	414	1,153	523	196	New Jersey	96	332	925	642	158
Colorado	88	199	1,853	763	123	New Mexico	73	278	1,537	580	133
Connecticut	92	337	1,163	456	90	New York	47	260	1,141	536	60
Delaware	100	630	1,778	774	169	North Carolina	72	305	1,615	458	197
Dist. of Columbia	0	NA	NA	NA	NA	North Dakota	91	117	2,107	477	70
Florida	100	471	2,062	731	104	Ohio	60	160	1,088	360	79
Georgia	62	278	1,343	465	198	Oklahoma	100	202	1,335	479	83
Hawaii	89	264	1,405	375	22	Oregon	96	192	1,914	614	87
Idaho	94	136	1,764	468	101	Pennsylvania	97	426	1,106	486	119
Illinois	23	1,066	1,850	1,843	334	Rhode Island	100	186	1,097	397	129
Indiana	73	290	1,734	460	57	South Carolina	98	192	784	388	94
Iowa	92	252	1,792	396	52	South Dakota	78	79	1,640	590	83
Kansas	68	163	1,109	472	59	Tennessee	80	318	1,348	574	115
Kentucky	15	402	2,182	729	84	Texas	96	181	1,182	566	61
Louisiana	56	603	1,564	580	116	Utah	87	122	2,125	563	120
Maine	100	66	1,622	428	35	Vermont	82	91	569	274	29
Maryland	99	608	2,073	1,272	226	Virginia	97	142	865	351	72
Massachusetts	90	333	578	358	45	Washington	73	248	1,760	507	126
Michigan	87	225	1,067	337	85	West Virginia	61	72	577	204	25
Minnesota	97	208	1,884	511	145	Wisconsin	98	279	2,588	780	238
Mississippi	45	145	1,400	454	124	Wyoming	99	132	1,977	910	83

* Throughout this Bulletin, juvenile arrest rates are calculated by dividing the number of arrests of persons ages 10–17 by the number of persons ages 10–17 in the population. In this table only, arrest rate is defined as the number of arrests of persons younger than age 18 for every 100,000 persons ages 10–17. Juvenile arrests (arrests of youth younger than age 18) reported at the State level in *Crime in the United States* cannot be disaggregated into more detailed age categories so that the arrest of persons younger than age 10 can be excluded in the rate calculation. Therefore, there is a slight inconsistency in this table between the age range for the arrests (birth through age 17) and the age range for the population (ages 10–17) that are the basis of a State's juvenile arrest rates. This inconsistency is slight because just 1% of all juvenile arrests involved youth younger than age 10. This inconsistency is preferable to the distortion of arrest rates that would be introduced were the population base for the arrest rate to incorporate the large volume of children younger than age 10 in a State's population.

† The reporting coverage for the total United States in this table (82%) includes all States reporting arrests of persons younger than age 18. This is greater than the coverage in the rest of the Bulletin (76%) for various reasons. For example, a State may provide arrest counts of persons younger than age 18 but not provide the age detail required to support other presentations in *Crime in the United States 2008*.

NA = *Crime in the United States 2008* reported no arrest counts for the District of Columbia.

Figure 7: State Variations in Juvenile Arrest Rates May Reflect Differences in Juvenile Law-Violating Behavior, Police Behavior, and/or Community Standards (Puzzanchera, 2009, p. 11)

Chapter Twelve: Commentary

Based on the information presented here, one can conclude that we should continue to research effective preventative treatments. It is necessary to learn more about the causes of violence in adolescents, and to look at which treatments are the most effective for each individual demographic group. It is important to study those contextual factors that are associated with violence so we can understand how and when to change them. It is also necessary to do further research on how to treat personal characteristics

associated with violence. For retrograde treatments, we should invest in evidence-based treatment programs, such as MST and FFT, over incarceration. There are currently no treatment options for juvenile offenders that are effective for all populations and in all circumstances. This is the unique challenge to those professionals working in the juvenile justice system. There is an intricate web of factors at play on every individual passing through the system that makes his or her situation unique. Each program should be examined to see the reasons why they are effective with certain population and the reasons why they are ineffective or less effective with others. Those newer programs that are looking positive, such as Intensive Advocate/Mentor Programs, need further research to evaluate their validity, reliability, and long-term effects. There may never be one program that works for all populations, but it is important to further research in the field in order to ensure the most effective options for the sake of the juveniles and society as a whole.

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Author's Biography

Jessica R. Talbot was born in Waterville, Maine on November 29, 1990. She was raised in Pittsfield, Maine and graduated from Maine Central Institute in 2008. Majoring in Psychology with a concentration in Abnormal/Social Psychology, Jessica has a minor in Child Development and Family Relations. She is a member of Phi Beta Kappa, Phi Kappa Phi, National Society of Collegiate Scholars, Alpha Lambda Delta, Golden Key, Delta Zeta, Order of Omega, and acts as the president of Psi Chi. As a research assistant in the Nangle Lab on campus, she has received the John W. Nichols Research Scholarship.

Upon graduation, Jessica plans to work towards an advanced degree in Clinical Forensic Psychology.