

PRIKAZ STRANIH ISKUSTAVA**OVERVIEW OF ARIZONA JUVENILE JUSTICE SYSTEM****Abu Karimu Mboka**

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BACKGROUND

The United States juvenile justice system owes its existence to the first juvenile court established in Illinois in 1899 to fill the socioeconomic and, most importantly, parental needs of delinquent juveniles who found themselves in state detention. The primary goal was to offer such disadvantaged children protection against physical and psychological harms and the supervision and guidance they needed to become productive citizens. The new court was to achieve this goal through rehabilitation, the promotion of the best interest of the child, the exercise of emotional love, and the provision of physical care for delinquent minors. Indeed up to the early 1980s, juvenile courts were primarily concerned with the embodiment of the principle of *parens patriae* and or with the role of delinquent juveniles' benevolent protector; however, these critical roles were challenged by allegations of the court's failing to protect society from the mischievous deeds of delinquent juveniles.

The depiction of juvenile delinquency as a public threat started gaining ground in the early 1980s and became a full public spectacle in the late 1980s to the early 1990s. During the same period, the empirical relationship between juvenile delinquency and mental health, substance abuse, and psychological status gained prominence while adverse public sentiment towards delinquency as a matter of public protection grew further. The immediate response was to tackle juvenile delinquency and reduce recidivism through programs that targeted alcohol and illicit drug use, gang activities, poor academic performance, curfew violations, running away from home, vandalism, sexual exploitation, poverty, family dysfunction, child abuse, and lack of social services. The failure of these early interventions to immediately impact juvenile delinquency in a

positive way fuelled further political and social tensions, thus making 'public protection' the politically correct target of a zero-tolerance response to juvenile delinquency. These aggressive public postures towards juvenile delinquency along with the continuous increase in the juvenile crime rate paved the way for the current structures and reactions of existing federal and states' juvenile institutions including the Arizona juvenile justice system, which is the primary focus of this project.

The following brief discussions cover the structures and reactions of the United States' juvenile justice system and in particular the Arizona juvenile justice system. The discussion will take place within the general knowledge that federal and state juvenile justice systems are required to balance public safety with the best interests of the child in their efforts to curtail juvenile delinquency and recidivism. Thus this document captures some of the important structures, functions and roles of the United States' juvenile justice system in general and in specific terms, the Arizona juvenile justice responses to delinquency, recidivism and their consequential public safety concerns.

**PUBLIC AND PROFESSIONAL
ATTITUDES TOWARDS DELINQUENCY**

Indeed attitudes towards juvenile delinquency in general depend on what a member of the public or juvenile justice profession views to be the primary source of delinquency. The attitudes in this regard vary, and the list is long, but the most commonly cited roots of delinquency include emotional and physical neglect and abuse by parents, the delinquents' own mischievous intention to cause harm and fear, their thrill seeking endeavors, psychological disorders, social deprivation, social disconnection and empathy deficits, the natural consequences of human development, and socioeconomic and

political disadvantages. These different notions of what provide motivation for and what sustain delinquent and criminal tendencies among certain juveniles shape the attitudes of the public, juvenile justice professionals, and or juvenile justice systems towards delinquency. A brief discussion of each of these perceptions and their corresponding responses to delinquency follow.

A. Emotional and Physical Parental Neglect and Abuse

This group argues that parental abuse and neglect force children into the streets in search of protection, refuge, and love, and in return, street life pushes them to engage in delinquent activities to meet basic needs. Thus this group advocates for more aggressive social support interventions like social integration and development of positive and sustainable social ties. Vocational training, independent living opportunities, adequate job preparation, medical care, housing and food assistance are looked at as critical foundations for a pro-social life.

B. Mischievous Intention to Cause Harm and Fear

The general attitudes of this group is that juveniles commit offenses with clear intention to cause harm and suffering; therefore, state agencies have legal and ethical obligations to protect the general public from harmful behaviors. As a response to the shared view that delinquency is motivated by the desire to cause pain and suffering, lengthy incapacitation or restraints such as house arrest, detention, or other monitoring systems are advocated. The general argument is that society is much safer when delinquent youth are kept in juvenile detention centers, and that the rights of hard working and innocent members of the public to live a peaceful and crime-free society outweigh the rights of delinquent children to freely roam the streets and or interact with members of the public who are likely to become victims of harmful delinquent adventures.

C. Psychological Disorders

Increasingly the numbers of people who believe that juvenile delinquency is caused primarily by mental health problems is growing, especially among the college educated. Persons with these attitudes believe that relationships between psychological problems like trauma, substance abuse and dependence, and other psychological deficiencies and criminogenic factors like violence, substance abuse, poor school performance and lack of social skills are well established. They stress clinical

rehabilitation with emphasis on inpatient therapy or treatment, while detention is viewed less favorably, except when warranted by the need for temporary psychiatric and or psychological stabilization.

D. Social Deprivation

The social deprivation view, held by those who believe that the main causes of delinquency are social deprivation, assumes that lack of social skills and lack of access to social services force youth out of important social institutions and functions like schools and employment where basic social skills are needed to independently function. For this group, the ideal response emphasizes programs that target improvement in social communication, community attachment or activities, rational problem solving skills and the development of appropriate coping skills through psychotherapy, and natural social interactions.

E. Social Disconnection and Empathy Deficits

The social disconnection argument holds that delinquency is influenced by the lack of social connection between the offender and the victim, which results in empathy deficit. That is, the offender's lack of connection to the victim increases his or her lack of understanding of the degree of pain his or her action causes the victim. This approach sees delinquent behaviors as harm against persons as opposed to acts against the state. The response is therefore restorative justice, which is still not a popular reaction to juvenile delinquency, though the concept itself predates the idea of a modern state. The restorative justice concept assumes that by unifying the offender and the victim, one creates opportunities to repair damages and the ability of the offender to resist further criminal activities (Johnstone, 2003).

F. Thrill Seeking

The impact of thrill-seeking urges upon delinquent behaviors like domestic violence and certain property offenses are yet to be fully understood, but there are those who share the view that proportionate punishment is an acceptable response to delinquent tendencies because it teaches juveniles that the painful consequences of criminal behaviors outweigh the envisioned temporary excitement. Additionally, such punishment purportedly sends clear signals to aspiring wrongdoers that crimes do not pay. This retributive approach also assumes that punishment or some form of harsh treatment like detention provides emotional rewards for vic-

tims and at the same time serves as deterrence for the offender and those who may be contemplating delinquency. Hence the model advocates for long periods of incarceration or detention with minimal privileges as the proper way to deter delinquent juveniles from further victimization of the public.

G. Natural Consequences of Human Development

Though not a popular public or professional response, the “kids are kids” approach argues that the ability to recognize certain lawful and “moral” behaviors, as well as to respect social and “moral” boundaries and to form a good sense of relation to others develops gradually as one slowly drifts towards adulthood, which could be attained upward of age twenty-one, therefore, the idea of zero tolerance towards all prohibited acts conflicts with the natural social, psychological and physical growth of the human mind and body. That is, delinquent juveniles should be treated as the children that they are, and responses to delinquency should look at young age as a mitigating factor. Further, forgiveness, patience and understanding should be used to cushion harsh response like intensive probation, incarceration by Arizona Department of Juvenile Corrections, or adult prosecution.

H. Natural and Social Conditioning

This position holds the view that by the time delinquent youth get in touch with the juvenile justice system, they have already been conditioned to live life as criminals because of their natural, socioeconomic and political backgrounds. That is, delinquency results from years of unfavorable socioeconomic, cultural and political isolation and repression, which sometimes culminates in psychological disorders. Delinquent youth are viewed as criminals-in-the-making, and are susceptible to criminal behaviors due to their dysfunctional family histories, poor environments, and acute mentally disordered backgrounds. For instance, failures of early intervention programs like diversion and standard probation, community-based treatment and past school suspensions and or dismissals are cited as evidence of criminal predisposition.

The Arizona County Attorneys’ Offices, juvenile courts, Department of Juvenile Corrections and all other entities that make contact with delinquent juveniles are impacted in one way or the other by public opinions, perceptions and attitudes towards juvenile delinquency. Whether or not the beliefs and responses briefly discussed above positively

or negatively impact the number of delinquency and or recidivism cases remains to be researched. However, there is clear evidence that the structures, operations and responses of the juvenile justice system are enlightened by the views that juvenile delinquency is influenced by a variety of political, socioeconomic, ideological, cultural, environmental, and psychological factors. Each of these perceptions of delinquency influences a unique public attitude and response, and collectively they dictate the trend of current public policy reactions to delinquency cases and how juvenile justice institutions like the Arizona Department of Juvenile Corrections are structured and operated.

STATE OF ARIZONA

Arizona is one of the fifty states that make up the United States of America. It is located in the southwestern United States and shares domestic borders with the states of California, Colorado, Nevada, New Mexico, and Utah and an international border with the United Mexican States, commonly known as Mexico. Arizona has 15 counties or administrative districts. It is one of the fastest-growing states in the United States with population growth of 20.2% between April 1, 2000 and July 1, 2006--compared to the federal population growth of 6.4% during the same period.

According to the U.S. Census Bureau, Arizona’s estimated population in 2006 was 6,166,318, of which 7.8 percent was less than five years old, 26.4 percent under the age of 18, and 12.8 percent above the age of sixty five. Arizonans rank relatively high when compared to other states with regard to education and quality of life. For example, 81 percent of Arizonans above the age of 25 have high school diplomas, and 23.5 percent of a similar age group have bachelor’s degrees or higher. At a national level, only 80.4 and 24.4 of the population in the same age group graduated from high school or hold a bachelor’s or higher degree. In 2004 the median household income was \$43,696.00, and only 14.6 percent of Arizona’s estimated population fell under the federal poverty guideline (Census, 2008). Therefore, in comparison to other states, Arizona’s juvenile justice system reflects the contemporary image of United States juvenile justice systems.

ARIZONA JUVENILE JUSTICE SYSTEM

The philosophies of the Arizona Juvenile Justice System have continued to change since the Arizona juvenile court was established in 1940. The new court was given jurisdiction over all dependent,

neglected, incorrigible and or delinquent minors in the state. However, in 1956 the court's broad authority was limited to juveniles under the age of eighteen accused of violating special criminal codes or committing status offenses. Along with that mandate, the court was expected to protect delinquent youth and to provide them with unconditional *Parens Patriae* love and care with the best interest of each child in mind.

Beginning in the early 1980s, the parental role of the juvenile courts began to attract public scrutiny and criticism partly because each time the court put on the parental hat, it appeared to do so at the displeasure of victims and disappointment of citizens due to an increase in juvenile-related delinquent activities. As a result, by 1990 the *parens patriae* role of the juvenile court no longer inspired popular political campaign slogans such as public protection and public safety. Harsh retributive policies like physical detention and calls for adult prosecution overshadowed the parental responsibility of the juvenile justice system. Arizona juvenile laws developed out of this complex and blurred line between the public's right to a crime-free society and the rights of disadvantaged juveniles to grow in a natural environment that offered the necessary social recipes for proper psychological and physical growth.

ARIZONA JUVENILE JUSTICE LAW

Arizona has its own legal system, but it is also bound by the United States Constitution and federal statutory rights of youth with regard to arrest, detention, adjudication, confinement and treatment. Hence juveniles are entitled to most of the constitutional protections accorded to adults including the right to timely and adequate notice of charges, protection against self incrimination, presumption of innocence until proven guilty beyond "reasonable doubt" (1970), access to the "fundamental fairness" demanded by the Due Process Clause (1966; 1984), effective representation, the right to confront witnesses (1967), and protection against double jeopardy (1975). Furthermore, juvenile courts are expected to carefully balance the degree of risk that a delinquent minor poses to society against the inherent rights of the minor to protection against psychological and physical harm (1984).

However, consistent with individual states' rights to respond to local juvenile crimes and delinquent behaviors in manners that they find fit, and of course subject to federal constitutional and statutory guidelines, in 1996 Arizona voters amended

the state's constitution to require stricter penalties for repeat and violent juvenile offenders. The 1996 Proposition 102 limited the power of juvenile courts by mandating the prosecution of minors in adult courts for certain categories of violent crimes. Thus, under the current law and at the request of the County Attorney's Office, minors can be prosecuted in adult courts for violent crimes like murder, rape and or armed robbery, or lesser crimes in cases where the juvenile is a chronic offender. If the youth is not charged as an adult, the County Attorney's Office petitions the juvenile court to formally assume custody or jurisdiction over that youth.

A. *Adjudication and Prosecution of Juveniles*

The process of assigning delinquent or criminal status to a youth starts with a formal referral by a peace officer, parent and or school administrator to the County Attorney's Office for appropriate legal intervention. The referral alleges that a suspected youth is believed to have committed a criminal act or violated a status offense. This action triggers the youth's constitutional and statutory protections including those mentioned under juvenile law. Upon the determination by the County Attorney's Office that evidence supports the likelihood that the youth is delinquent, incorrigible and or dependent and that there are no grounds and or no legitimate public interest for trying the youth in adult court, the County Attorney's Office may file a petition with the juvenile court.

The "petition," which is a legal document filed in juvenile court alleging that a juvenile is delinquent, incorrigible, or dependent, requests the juvenile court to assume control over the accused youth. This is the beginning of the formal juvenile court proceeding. If the minor is successfully adjudicated, the court may place him or her on standard probation or in a diversion program, or under Juvenile Intensive Probation Supervision; or the court may commit him or her to the Arizona Department of Juvenile Corrections. A brief discussion of these four types of responses of the juvenile court follows.

1. *Juvenile Diversion Programs*

The juvenile courts use diversion programs to direct youth to other agencies for appropriate clinical intervention as an alternative to sentencing. Diversion programs target recidivism and thus are designed to accord youth with opportunities to utilize community-based clinical interventions and resources. The programs encourage structured activities, therapeutic treatment, supervised com-

munity service, and restitution. The assumption is that through these types of interventions, the youth recognizes the potential negative consequences of delinquency and develops an affinity for complying with laws. The program is also popular because it saves taxpayers money compared to the cost of detention and other available options.

2. Standard Probation

Informal or standard probation is designed to help youth stay out of trouble, by being placed on intensive probation, or be committed to Arizona Department of Juvenile Corrections. The intervention is supervised by juvenile probation officers who are part of the juvenile court system. The central focus of the program is surveillance, therapeutic treatment, regular and productive school attendance and special conditions like satisfactory academic performance, compliance with curfew, and a hiatus from all delinquent activities including contact with drugs and all other mind altering substances. The central goal is to deter minors from future delinquent activities. However, if probation fails to provide satisfactory results, the court may place the youth on Juvenile Intensive Probation Supervision.

3. Juvenile Intensive Probation Supervision

Juvenile Intensive Probation Supervision began in 1987. It is highly intrusive and widely used by juvenile's courts. The program is aimed at youth with one or more prior felony adjudications or those who meet the legal requirement for commitment to the Arizona Department of Juvenile Corrections or who have been transferred to adult court but who demonstrate some potential to benefit from community-based intensive interventions. This means that the juvenile's social and delinquent histories and any special circumstances must convince the sitting judge that intensive supervision will likely strengthen his or her pro social inclinations. Thus, depending on the individual youth's situations and circumstances, the program may include confinement to community-based inpatient treatment facilities and special orders requiring the youth to participate in certain activities or to attain satisfactory improvement in specific areas.

4. Commitment to Arizona Department of Juvenile Corrections

Often diversion, standard probation, or Juvenile Intensive Probation Supervision programs fail to achieve their target goals, and the juvenile court must commit the minor to the Arizona Department of Juvenile Corrections (ADJC), the most restrictive option. This means that commitment to ADJC is the

last option for not only the juvenile, but also the courts and the juvenile justice system. Therefore, most of the youth in ADJC's care are those who also meet the requirement for commitment to adult prison or jail under the 1996 constitutional amendment. In the eyes of the juvenile court, however, they are simply youth in need of highly structured and supervised treatment programs, like ADJC's, which emphasize constant surveillance and structured social activities. ADJC can and frequently does hold youth behind bars until they are classified as minimum risk to harm themselves or the public, or when they reach the age of eighteen.

ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS

According to Chapter 26, Title 41-2801 through to 41-2832 of the Arizona Revised Statutes, the delegated responsibility of Arizona Department of Juvenile Corrections is to promote "public safety through the management of the state's secure juvenile facilities and the development and provision of a continuum of services to juvenile offenders." The agency's mission is to enhance "public protection by changing the delinquent thinking and behaviors of juvenile offenders" through the provision of safe environments for adjudicated youth to receive treatment and for the physical detention of delinquent juveniles to protect society from their mischievous deeds (Braham, 2006).

A. Secure Care Facilities

ADJC has four correctional facilities: for girls, Black Canyon School with 182 beds, and for boys, Adobe Mountain with 430 beds, Catalina Mountain School with 140 beds, and Eagle Point School with 135 beds. Each of these facilities has specialized treatment housing units or programs for youth with acute histories of mental health problems, sexual offending behaviors, substance abuse and dependency, and violent offending behaviors. One fifth of the beds at Adobe Mountain School are located in the Reception, Assessment and Classification Housing Unit, commonly known as the "diagnostic," "classification," or "intake" unit. Black Canyon School is the only correctional facility for female juvenile offenders; therefore, it has its own Reception, Assessment and Classification unit.

B. Reception, Assessment and Classification

Youth arriving at Adobe or Black Canyon School go through a twenty-one day Reception, Assessment and Classification (RAC) process before being placed in specific programs that address their indi-

vidual treatment and public safety security needs. Among other tasks, the RAC process uses a combination of behavioral and risk assessment tools to predict an individual youth's length of stay, which runs from a minimum of thirty days to the date the youth reaches age eighteen. The RAC process also identifies the youth's specific secure care and post-secure care treatment needs. In the proceeding section, I will briefly outline the characteristics of youth who end up in ADJC's care, their typical age distribution, their offense histories, and how ADJC responds to their needs.

C. Trends and Characteristics of Minors and Delinquency

The average number of juveniles admitted to ADJC annually for the last five years is 708, of which 14.2 percent are girls. The number of statewide arrests is slightly higher than the national average. For example, in 2006 there were 88 more juvenile arrests in Arizona than the national average of 2401 youth for the same period (Snyder and Sickmund, 2008). Most of those who end up in ADJC's custody have histories of property and violent crimes and drug- and alcohol-related offenses. The majority of individuals come from poor social backgrounds and homes with one working parent or from families who live below the federal poverty line. It is however important to note that about 19 percent of juveniles under the age of 18 in Arizona live below the poverty line (Snyder and Sickmund, 2008). The poverty line is the minimum amount of money needed, according to the federal government's estimation, to maintain basic living conditions in the United States. The figure for 2008 is \$17,600.00 for a family of three.

D. Characteristics of Clinical Needs

Youth admitted to ADJC during the last five years exhibit many delinquent symptoms and tendencies like anti-social thought and behavior, poor peer and social interactions, psychological deficiencies, poor parental supervision, child neglect and abuse, and poor educational and vocational standing. Many of them have co-occurring diagnoses for substance abuse and dependency as well as mental disorders. Increasingly, girls are more likely to be diagnosed with co-occurring mental health disorders than the boys (Teplin, 2001). The majority of youth with histories of sex-offending behaviors are boys, but many of the girls have histories of sexual abuse and exploitation, including sexual molestation during childhood; incest; forcible rape; and child prostitution. However, it is widely believed

that boys are more resistant to disclosing sexual abuse than are girls.

E. Age Distribution

Juvenile courts handle children as young as eight years old. In fact an eight-year-old is currently being considered for prosecution as an adult for allegedly murdering his father and his father's roommate. However, the majority of children below the age of fourteen end up in diversion programs or on standard or on intensive probation. As a result, the number of thirteen- and fourteen-year-olds who are admitted to ADJC is relatively small compared to the number of fifteen-year-olds. For instance, youth between the age of 15 and 16 years old account for 22.18 percent of the annual ADJC intake, while 16-year-old youth account for 31.86 percent and 17-year-olds for 34.3 percent of the estimated 702 youth admitted to ADJC each year since the year 2004.

F. Delinquent Characteristics

Nine out of every ten youths in ADJC care have had at least one prior contact with the juvenile justice system. More precisely, 5.3 percent of the youth at ADJC come with at least one prior adjudication at the time of their admission into ADJC care while 28.1 percent come with 2-3 prior adjudications, 32.3 percent with 4-5 prior adjudications, and 19.5 percent with 6-7 prior adjudications. Youth with a history of eight or more prior adjudications account for only 14.7 percent of the juvenile population under ADJC's care. The relatively small number, 14.7 percent, can be attributed to the number of youth who end up in adult facilities under the 1996 Proposition 102 constitutional provision regarding chronic and violent juvenile offenders. In 2007, for instance, 238 youth were directly prosecuted as adults, 27 transferred to the adult system for having committed a second felony, and 78 for being chronic offenders. One hundred eighty-one were transferred at the discretion of the County Attorney's Office, and 64 through transfer hearings (Lubitz, 2007). Out of a total of 926 youth admitted to ADJC in 2007, approximately 14.47% (134) were committed for serious crimes against persons and 38, or 4.10%, for less serious crimes against persons (Lubitz, 2007).

G. Characteristics of Delinquency

Minors in ADJC's care have diverse backgrounds with regard to criminal and delinquent activities. The offenses that bring minors to ADJC range from various types of violence including murder and forcible rape (though relatively rare)

to property, substance abuse, weapon, and other sexual and status offenses. However, the majority of youth have a history of running away from home, abusing controlled substances and alcohol, committing property offenses, stealing, and engaging in sexual misconduct. According to the Arizona Supreme Court, the top categories of offenses are alcohol-related violations, domestic assaults or violence, simple assault, curfew violation, disorderly conduct, marijuana possession, probation violation, shoplifting, and truancy (Lubitz, 2007). The juvenile justice system files these offenses and crimes under four categories: violent; substance abuse, mental health, and sexual offending behaviors, as briefly described below.

1. Violent Offenses

Violent offenses and behaviors describe intentional acts that are designed to cause physical or emotional pain and suffering to a person or animal. Typically this category of crime consists of forcible rape and murder (though rare), robbery, simple and aggravated assaults, and cruelty to animals. On average about 240 youth are arrested annually in Arizona for violent offenses, but only a fraction of those wind up in ADJC's care since many of them are processed through the adult criminal justice systems and thus end up in adult prisons, jails, or on adult probation.

2. Property Offenses

Property offenses consist of burglary, shoplifting, larceny-theft, vandalism, motor vehicle theft, and arson. These types of offenses are popular among juvenile offenders mainly because of their accessibility, as well as the fact they can be easily used to finance or carry out other offenses like alcohol- and drug-related crimes. In 2006 for example, over 1,394 juvenile were arrested in Arizona for property crimes (Snyder and Sickmund, 2008). The national average for the same period was 1442 juvenile arrest involving properties.

3. Alcohol and Drug Offenses

Alcohol- and drug- related offenses are those which involve the possession, use, distribution, trafficking and or sale of alcoholic beverages, marijuana, cocaine, opiates, prescription drugs, amphetamines (such as meth) and hallucinogens. The number of cases involving the sale, trafficking, or distribution of drugs or alcohol is very small, but over 90% of youth in ADJC's custody have histories of using alcohol, marijuana and or amphetamines. In 2006 over 767 juveniles were arrested in

Arizona for drug- and alcohol-related offenses like possession, sale, use, and or trafficking of drugs or controlled substances. The low number of recorded offenders is understandable due to the fact that juveniles with substance- and alcohol-related problems generally appear in other categories, like in property offenses.

4. Weapons Offenses

Weapon offenses have been attracting a great deal of public attention since the 1999 Columbine High School massacre, which was followed by a sharp increase in the number of school-related shootings across the United States. While many of the juvenile offenders in this category end up in the adult system, the few who are admitted to ADJC are usually charged with gun and weapon possession and or unlawful use of weapons. In 2006 for example, about 80 youth were arrested in connection with weapons use and or possession. One of the factors that explain the low number of weapon possession and use cases is the fact that guns are too expensive for many juveniles. Furthermore, the use of weapons attracts aggressive responses from ordinary citizens and law enforcement agencies; thus, the likelihood of an arrest and prosecution or adjudication, especially given that weapon-related offense easily attracts adult prosecution.

5. Sex Offending Behaviors

ADJC does not have a sex offender unit for girls but does operate two thirty-bed facilities for male sex offenders at Adobe and Catalina Mountain School. A good number of the juvenile sex offenders have histories of sexual victimization including sexual abuse, child molestation, sexual assault and prostitution (the latter is mostly associated with girls though there are a few cases involving boys). While cases of exhibitionism, fetishism, frotteurism, and voyeurism are rare, pedophilia, sexual assault, statutory rapes, sexual conduct with a minor and indecent exposure are relatively common among juvenile sex offenders.

The number of juvenile sex offenders in ADJC's care, which averages about fifty juveniles in secure care at any given time, is reasonably high given that a great deal of sex offenses by juveniles, like child molestation and rape or sexual abuse, are prosecuted in adult courts. However, it is important to note that the laws relating to sex offenses are vulnerable to legal manipulation, and the application of these laws is heavily politicized due to high public sentiment. Media coverage of gruesome adult sexual

exploitation, abuse, and molestation of children and women, which often include torture and sometimes murder, have raised public outrage against all prohibited sexual activities. As a result, public condemnation and outrage at minor sex related infractions like solicitation of prostitution attract harsh public reaction.

6. *Status Offenses*

These types of offenses accounted for 39% of the 48,677 youth referred to the County Attorney's Office for possible prosecution or adjudication in 2007 (Lubitz, 2007). The most popular types of status offenses are curfew violations, habitual truancy from school, running away from place of residence, and possession or consumption of alcoholic beverages. The high number of youth with records of committing one or more status offenses can be attributed to the fact that curfew violations, incorrigibility or ungovernability, habitual truancy from school, running away from place of residence, and possession or consumption of alcoholic beverages are natural elements of violent, substance abuse, sex-offending, and property offenses. Furthermore, the penalties for status offenses are much less punitive and intrusive than for any other category of crimes.

THE INTAKE PROCESS

For the purpose of clinical rehabilitation and public protection, the categories and types of crimes discussed above represent particular clinical needs and specific public threats that must be addressed by ADJC prior to releasing a youth into the community. As a result, youth admitted to ADJC by a juvenile court spend their first 21 days at the Reception, Assessment and Classification (RAC) unit at Adobe Mountain School (boys) and Black Canyon School (girls). During this period, youth are administered the Criminogenic and Protective Factors Assessment (CAPFA) scale along with other needs and risk management tools and scales to measure and develop an adequate responsive plan for individual clinical needs and public threats.

CAPFA's twelve domains measure delinquent and criminal tendencies using each youth's medical and mental health history and needs, his or her academic strengths and weaknesses, employment history and potential, family history and dynamic, alcohol and drug use and dependence, aggressive behavior and tendencies, sexual-offending history and abuse, positive and negative social influences, use of free time, social skills, and attitudes and

behaviors. The goal is to match each youth with a specialized program for violent, substance abuse, mental health, or sexual-offending behavior. The specific contents of each of the 12 domains are highlighted below.

A. *Medical and Mental Health*

This domain gathers relevant information on many health-related issues that may require special accommodation. It also covers the juvenile's attitude towards medication use; his or her history of psychotropic medication use, self-harm, suicidal behaviors and tendencies, homicidal ideation, past traumatic events, past and current mental health diagnoses; and his or her level of motivation and willingness to address mental health needs if applicable. In addition, the Global Assessment of Functioning (GAF) scale is administered. The GAF tool measures each youth's cognitive functioning level in a wide range of areas such as anxiety level during stressful situations, family arguments; occasional panic attacks; conflict with peers; illogical, obscure, or irrelevant communication; and the level of flatness of flat affect and recurrent violence.

B. *History of Academic Strength and Weakness*

Recognizing the importance of education as it relates to criminal tendencies, Federal law requires that youth be provided with adequate academic opportunities while in custody. It is also desirable to establish, if applicable, how poor academic performance and achievement negatively contribute to criminal tendencies and recidivism. Thus this domain assesses a youth's academic goals, history, special needs, and performance. The domain looks at the relationship between academic performance and mental health disorders by measuring the frequency, nature, and duration of a youth's school-related behaviors, his or her grade level, educational goals, reading and comprehension levels, and the juvenile's attitudes towards academic improvement in areas relevant to his or her needs.

C. *Employment History and Potential*

The employment domain measures a youth's employability based on his or her age, employment history, short- and long-term employment goals, level of interest in employment, and prior employment difficulties. Also measured are the relationship between employment and a youth's committing offense or prior delinquency, and any other pertinent risk-related information, strengths, and barriers as they relate to criminal tendencies and recidivism.

For example, the domain asks if the youth gets along with co-workers, bosses, and clients, if the youth has been fired from work, and if the youth translates work-related stress into other delinquent behaviors like drug and alcohol use.

D. Family History and Dynamic

The family domain examines a youth's family history and prior family ties. The domain captures information about the youth's prior residence and his or her relationship with biological and or adopted parents, siblings and grandparents. In cases where a permanent home is identified, the domain seeks information on access to weapons at home, nature of supervision, the youth's concern for his or her safety at home, the family's financial and social needs, the level of conflict within the family, and the family's pro-social and antisocial activities. The family section also looks at the history and nature of the youth's contact with Child Protective Services, any history of running away from place of primary residence, parental victimization, and prior physical living environment.

E. Alcohol and Drug Use and Dependence

The alcohol and drug domain elicits information on a youth's history of alcohol and drug abuse or dependency. The specific variables include alcohol and drugs of choice, frequency and quantity of drug and alcohol use, social and physical factors that contribute to the youth's alcohol and drug use, the youth's perception of the benefits and consequences of alcohol and drug use, and the relationship between the youth's alcohol and drug use and his or her delinquent history. For example, in order to rule out a relation between a youth's criminal behaviors and his or her drug and alcohol use, the domain asks if the youth's primary offenses include stealing, prostitution, selling drugs, and or possession of drugs. Information about the youth's prior participation in substance abuse treatment is also measured.

F. Aggressive Behaviors and Tendencies

This domain captures a youth's prior exposure to any violent activities that involve serious physical and mental injury to a person or animal. Additionally, the domain covers a youth's past violent behaviors, involvement with firearms, symptoms of homicidal ideation, evidence of overreaction with inappropriate force or anger to ordinary (unpleasant) situations, belief in verbal aggression as the way to resolve disagreement and tendency, and whether the youth yells or deploys intimidation in stressful situations. It also covers the youth's

ability to cope with stressful situations, his or her attitudes towards altering any aggressive tendency, and his or her view of physical aggression.

G. Sexual Offending History and Abuse

The sexual offending domain evaluates any past sexual abuse suffered by the youth, inappropriate sexual behavior the youth has engaged in, and any history of delinquent and deviant sexual activities. For example, the domain measures the length of abuse; the age, gender and categories of parties involved; prior allegations and complaints of sexual abuse and victimization; expression of sexual aggression; numbers of sexual victims, partners or abusers; duration of abuse; the relationship to abuser or victims; and the degree of planning and patterns of force used in manipulation, abuse and sexual behaviors. Additionally, the domain measures a youth's deviant fantasies, arousal to deviant stimuli, access and use of pornography, and willingness and ability to manage natural sexual urges. Youth with history of sexual offending behaviors are also subjected to the Juvenile Sex Offender Assessment (Prentky and Righthand, 2003; OJJDP, 2008). The Juvenile Sex Offender Assessment Protocol is used to assess the risk factors associated with sexual and criminal offending behaviors and is meant for use along with a comprehensive risk assessment like CAPFA. It targets boys between 12 and 18 who have exhibited sexual offending behaviors (Prentky and Righthand, 2003).

H. Positive and Negative Social Influences

The social influence domain captures the impact of peer relationships on a youth's delinquency. The main variables are peers' views of the youth's criminal history, types and behaviors of peers, their drug and alcohol use, academic performance, resistance to anti-social influence and behaviors, history of romantic attachment, relationships with responsible adults, and the youth's respect and admiration for pro- and anti-social peers. Signs of the youth committing offenses in the company of his or her peers, not having positive adult relationships, and or being unable to identify pro-social support role models put him or her in the high risk category for social influence.

I. Use of Free Time

This domain examines how the youth spend his or her free time. It measures the level of a youth's involvement in cultural, community, religious, civic, and or other structured functions. Activities such as reading, drawing, and attending sporting and cultural events

are considered structured activities and thus suggestive of a pro-social life with potential to undermine any criminal tendency. Un-structured behaviors like cruising around aimlessly suggest a strong possibility of the youth heading towards delinquent lifestyle.

J. Social Skill

The social skill domain deals with interpersonal social skills as they relate to problem solving inter-communication and social interactions. The domain captures a youth's strengths and weaknesses in areas such as the ability to listen, lodge complaints, reconcile contradictions, recognize internal and external feelings, express affection, respond to allegations, and deal with frustration. The domain also looks at a youth's ability and skills in controlling impulsive and anti-social tendencies, setting goals, and engaging in consequential thinking.

K. Attitudes and Behaviors

The attitudes and behaviors assessment tools target factors that motivate the youth to engage in delinquent and criminal activities as well as his or her motivation level with regard to altering any criminogenic factor. The domain weighs a youth's emotion before, during, and after the commission of his or her offense; the extent to which the youth recognizes the wrongfulness and impact of delinquent behaviors; and his or her retrospective characterization of the behavior. For instance, the domain measures whether or not the youth minimizes or justifies the behavior and the level of regret he or she exhibits. The scale also elicits information on the youth's level of confidence with regard to his or her ability to control anti-social tendencies, empathy level, increased willingness to respect property and authority, and how he or she views law-abiding behaviors.

POST ASSESSMENT CLINICAL INTERVENTIONS

The domains described above represent fundamental areas that are believed to have direct relation to some of the main criminogenic and protective factors that influence juvenile delinquency and recidivism. The categories also reflect public and professional perceptions of factors that cause juvenile delinquency and recidivism. Thus the results are used to identify a youth's treatment needs, to determine his or her public threat level, and to match each youth with the right treatment program, the violent, mental health, substance abuse, or sex offender treatment program.

1. Violent Offender Program

Clinical interventions in this program use a cognitive restructuring approach that focuses on relapse prevention, control of aggression, problem-solving techniques, trigger-recognition, understanding of patterns of behavior, problem solving and coping skills, and anger and risk management. These goals are pursued through group therapy, individual case plans, psycho-education, individual worksheets, daily journaling, and a host of rigidly structured programs.

2. Mental Health Program

The mental health program unit houses youth with severe psychiatric and psychological symptoms, which may also include violent tendencies, substance abuse, or sexual deviancy. The majority of youth in this category exhibit acute episodes of mood, anxiety, impulse-control, personality, adjustment, schizophrenic and other psychiatric disorders (Morrison, 2001). The program uses intense inpatient psychosocial and psychotropic therapy, individual and group counseling, and psychotropic medications to reduce or control psychological and psychiatric breakdown.

3. Drugs and Alcohol Abuse Program

Substance abuse or dependency units address the use and dependence upon mind-altering substances like marijuana, cocaine and methamphetamine. The programs introduce youth to life skills that are needed to secure and maintain employment, pursue academic advancement, and resist substance abuse temptations. Cognitive-behavioral therapy and motivational enhancement therapy are used to boost individual ability to build and sustain positive peer relationships, internal coping skills, and social responsibilities. One of the programs currently in use is the 'Seven Challenges' substance abuse program (Schwebel, 1995).

As the name suggests, Seven Challenges consist of seven stages: honesty, self-disclosure, recognition of drug-related harm, personal responsibility, likely future consequences, decisions about drug and or alcohol use, and relapse prevention. Each of the stages is completed using psycho-, group and individual therapy, individual self-reflection and assessment. Youth are required to write out, speak, and process their thoughts about honesty, drug use, perceived fantasies and pleasure and harms associated with drug and alcohol use, as well as how such relations impact their future goals (Schwebel, 1995).

4. Sex Offending Program

Youth diagnosed with sexual offending disorder often have one or more sexual offending behaviors

like pedophilia or sexual conduct with younger children. They undergo intense inpatient counseling that targets cognitive reconstruction, trigger recognition, coping skills development, sexual urge control and deviant sexual urges diversion.

MULTI-DISCIPLINARY TEAM AND ASSESSMENT OF TREATMENT PROGRESS

Once a youth is admitted into one of the above specialized treatment programs, he or she remains there until his or her risk level drops from high to low as assessed by the program's Multi-Disciplinary Team. Unlike in the adult prison system, a delinquent juvenile is awarded to the care of Arizona Department of Juvenile Corrections until he or she reaches eighteen or achieves absolute discharge. That is, the length of time a youth spends in ADJC secure care or under its supervision depends on the risk level to reoffend, or the level of threat he or she poses for society.

A. Risk to Reoffend

Treatment needs and public safety risk level are measured by the level of protective and non-protective factors, the nature of criminal history and tendencies, and each youth's motivation level for change as captured in CAPFA and the youth's monthly treatment compliance report, which is reviewed by the program's treatment team. The monthly progress report details the extent to which a youth complies with the treatment team's recommendations and the degree of likelihood that the youth will live a pro-social life in the community at least prior to his or her 18th birthday or attainment of absolute discharge.

B. Multi-Disciplinary Team

The Multidisciplinary Team consists of the youth, his or her secure care case manager, probation officer, unit management, legal guardian, an assigned qualified mental health professional, member of direct staff, representative from education, Child Protective Service representative (if applicable), medical and psychiatric staff, the juvenile court, transition coordinator, and the victims (if warranted). The Multidisciplinary Team is responsible for identifying a juvenile as low, medium, or high risk to re-offend level and noting the clinical factors that need to be corrected to advance progress and reduce recidivism.

Additionally, the Multidisciplinary Team is also charged with ensuring that each youth is properly screened, has an individual treatment and case man-

agement plan, is in compliance with psychotropic medication intake, is provided with an adequate suicidal prevention plan, and in general is protected from emotional and physical harm. Protection from harm covers all aspects of child developmental needs including protection from youth-on-youth fights, opportunity to participate in religious activities and useful activities that are relevant for the youth's age, opportunity to freely voice grievances and maintain communication with approved family members, access medical services, participation in appropriate educational screening and placements, behavior management tools and adequate access to harmless food and acceptable personal hygiene.

1. High-Risk Characteristics

A high-risk juvenile is one who shows some level of restraint towards change and exhibits desires to engage in a range of delinquent activities, like substance abuse offenses. A series of mental health episodes, lack of motivation for change, and a deficiency of social support systems like family, may place a youth at high-risk level for causing harm to him or herself and others.

2. Medium Risk Level

Medium-level risk youth are those whose delinquent behaviors are largely influenced by external factors like lack of parental supervision and poor peer associations.

3. Low Risk Level

Low-risk youth score low on tendencies to cause harm to themselves or others. They demonstrate willingness to correct their delinquent history and the ability to recognize their treatment needs, progress, future challenges and factors that might enhance their delinquent behaviors as well as those that might reduce their potential to succeed. Evidence of excellent motivation levels and good social support systems as well as ability to articulate feasible and realistic academic and employment goals are considered valuable.

C. Post Secure Care Interventions

Parole is similar to probation except that the latter is supervised by juvenile courts and the former is supervised by ADJC. Parole is the granting of conditional liberty by the treatment team with the expectation that treatment needs will be met in society. The parole program provides a continuum of services for youth in the community that emphasize reintegration, minimal supervision,

family reunification, career development, social skills development, and continuous mental health counseling and psychiatric treatment. Depending on the individual case, Community Correction utilizes therapeutic group homes, temporary shelters, transitional homes, outpatient treatment centers, and foster and family homes for placement. With regard to treatment, Community Correction runs outpatient, individual, family, and multisystem therapy.

The granting of conditional liberty implies that a determination has been made by the treatment team that a youth is not likely to engage in activities that would pose a threat to his or herself or the public and that the best interest of the youth and the community is to continue his or her treatment in a less restrictive setting. Therefore, a conditional liberty release comes with a contractual obligation on the part of the juvenile to comply with community-based treatment expectations and plans, and while the decision to grant parole to a youth rests with secure care staff, the programs are individualized and managed by the agency's department of Community Correction.

COLLABORATIVE ORGANIZATIONS AND AGENCIES

Arizona Department of Juvenile Corrections operates in collaboration with a number of government and private organizations and agencies. While the list consists of voluntary groups like churches and individual private mentors, some of the primary partners are Child Protective Services, the Department of Economic Security, the Arizona Department of Health Services, the juvenile court system and the Supreme Court of Arizona, and local and federal law enforcement agencies. Each of these agencies has a statutory obligation to carry out, and therefore plays a major part in the execution of the Arizona Department of Juvenile Corrections' mandate to protect society and delinquent juveniles committed to its care.

A. Child Protective Services

Child Protective Services (CPS) is a department within the Department of Economic Security, and it is responsible for providing protection for abused and neglected children. The agency runs both corrective and prevention projects; thus, it finances post secure care services for youth who are without parental or other adequate social support systems. It undertakes programs that promote family stability and out-of-home and foster care for neglected youth and assist youth with transitioning from adolescence to adulthood (CPS, 2008).

B. Department of Economic Security

The Department of Economic Security is Arizona's social welfare department. Therefore, its primary function is to provide basic food, shelter, medical and dental services for youth who do not have an established financial support system. The department provides services for adoption, foster care, childcare, disability, family assistance, and employment.

C. Arizona Department of Health Services

The Department of Health Services provides a 16-bed facility for youth with severe episodes of psychiatric and psychological needs. The department program provide activities and services that emphasize behavior management, social and coping skills, problem-solving, vocational training, life skills training, substance abuse treatment, team building, community involvement, and community transitioning.

D. The Juvenile Court System and the Supreme Court of Arizona

The operation of the Arizona Juvenile Justice System is coordinated by the Supreme Court of Arizona's Committee on Juvenile Courts. The Committee facilitates communication and problem solving among juvenile court judges; develops and implements policies; and recommends uniform policies and procedures to improve juvenile court operations especially with regard to substance abuse, needs, violent behaviors, sexual offending behaviors, severe mental health cases, status offenses, and guidelines for admission to ADJC. It helps steer the court towards the treatment and rehabilitation of juveniles, the protection of the public, and the management of delinquency.

E. Local and Federal Law Enforcement

The Arizona Department of Juvenile Corrections works closely with local police departments, Sheriff's Offices, state police, and the Federal Bureau of Investigation especially in the area of child exploitation, prostitution, and victimization.

Program Effectiveness

A small percentage of youth leave ADJC's jurisdiction prior to their 18th birthday due to good behavior. More precisely, only 4.48 percents are completely discharged on the basis of complete emancipation from delinquency. However, 9.72 percent are transferred to adult jurisdiction for crimes committed while under ADJC jurisdiction and 84.56 percent reach age eighteen while in ADJC's care. This means that the majority of juve-

niles making contact with ADJC fail to completely disentangle themselves from delinquency by the time they become adults at age eighteen. Whether this is a statement on the ADJC's clinical interventions, and or is the trend of juvenile delinquency in Arizona remains to be investigated.

It is however clear that the complex interplay of public and child interests leaves room for neglect and adverse treatment of juveniles. For instance, in 2003 the Arizona Department of Juvenile Correction's four facilities became the subject of a United States Department of Justice investigation after three youths successfully committed suicide between April 2002 and March 2003. In its initial report, the U.S State Department Civil Rights Division writes: "[W]e conclude that certain serious deficiencies at these facilities violate the constitutional and federal statutory rights of the youth residents. In particular, we find that children ... suffer harm or the risk of harm from constitutional deficiencies in the facilities' suicide prevention measures, correctional practices, and medical and mental health care services. ... [and] required education services" (Acosta, 2004; CRIPA, 2008).

Staff and Professional Ethics

Arizona Department of Juvenile Corrections' employees are grouped into three categories: non-contact employees, direct youth contact employees, and clinical staff. Non-youth contact employees consist of political appointees (the director and his or her administrative staff), and direct youth contact employees consist of paramilitary juvenile correctional officers, direct care, and clinical staff. All direct youth contact employees undergo ADJC correctional academy training. The pre-youth contact job training covers basic constitutional and statutory rights of youth, self defense techniques, ADJC policies and procedures, emergency crisis management, suicidal prevention procedures, mental health supervision and suicide prevention, and behavior management techniques.

All employees undergo background investigations which involve full examination of past behaviors and assessment of their professional functions and contact with any law enforcement agencies. Prior employment history, professional demeanor, and professional capacity to serve as role models for youth and staff at all times are also assessed.

A. Non Youth Contact Staff

Non youth contact employees are staff whose daily job performances do not require or involve the direct supervision of youth. ADJC is headed by

a director and a deputy director, both of whom are appointed by the state's governor. Indeed appointees must receive approval from the state legislature, but it is entirely up to the sitting governor to decide whom is appointed for the positions. The director and his or her deputies run the facilities from agency headquarters through their administrative deputies for education, secure care, treatments, community corrections and superintendents of each of the facilities.

B. Direct Contact Staff

Direct contact employees are those whose job requires the direct supervision of youth at all times including movement from one location to another, presence in school and the cafeteria, on the playground, and in assigned housing units and rooms. Direct contact staff are responsible for the physical supervision, care, and custody of youth, including their physical safety in compliance with agency policies, procedures, values, and the mission statement. They are the State's primary parental figures acting directly on behalf of the juvenile court.

Minimum required qualifications include one year of experience working with youth in a structured program (like school) or successful completion of 60 college credit hours in social, behavioral, or recreational sciences towards a Bachelor's degree. He or she should have some experience or willingness to work with "at risk" youth. In addition to general pre-youth contact employment training, direct contact staff regularly undergo training on the use of physical force, basic evidence collection and preservation, facility security maintenance, enforcement of public safety policies, and protection of youth from harm.

C. Clinical Staff

Clinical staff are Qualified Mental Health Professionals and consist of medical and psychiatric staff, psychologists, and Master's level counselors. They must be board approved and possess the expertise necessary for identifying precipitating events that influence alcohol and drug use, mental health disorders, criminal behaviors, and family and social dysfunction. In addition, these professionals must possess the skills necessary for conducting mental health status exams, developing and administering treatment plans and providing individual, family, and group therapy.

Required qualifications and experience include the ability to conduct and monitor psycho-educational and counseling groups; conduct individ-

ual, group, and family counseling using cognitive restructuring approaches; complete reports and other clinical documentation on delinquent and mental health status; provide crisis interventions and clinical assessments; and have completed a Master's degree in psychology, educational psychology, counseling psychology or two years of full-time graduate work towards a doctoral degree in other recognized areas of psychology along with one year of experience. All clinical staff must undergo pre-youth contact job training.

Definitions

A. Absolute Discharge

Absolute discharge is the final discontinuation of ADJC supervision or the final termination of ADJC jurisdiction. There are three types of absolute discharge: (1) when a youth turns 18 years old, (2) when a youth is transferred to the adult criminal justice system, and (3), the type most sought after by ADJC, when a youth demonstrates a low risk potential to reoffend. A typical youth in this category is one who, for at least six months, complies with all the conditions of his or her parole, which usually include- successful academic performance, a drug and alcohol-free life, and a steady residence and job performance.

B. Community Based Treatment

Community-based treatment programs provide individualized treatment for youth on parole such as continuous therapy, substance abuse monitoring systems, and support for good job performance and continuous commitment to a pro-social life.

C. Conditional Liberty

Parole or conditional liberties are granted to youth who have demonstrated significant potential to live a crime-free life in society. Parole presents

an opportunity for the youth to reintegrate into society under the watchful eyes of parole officers. The primary condition for granting conditional liberty is evidence that the youth will not pose a threat to public safety if he or she is released and that he or she will continue to participate in treatment and comply with all parole conditions like random drug testing.

D. Transition Plan

The transition plan is a written outline developed by a youth in consultation with his or her parole officer and at the approval of his or her treatment team detailing what he or she intends to do to correct criminal tendencies and behaviors. Generally the plan identifies the youth's delinquent history, pattern of delinquent behaviors, weaknesses, strengths, high-risk situations, and preventive measures that will be taken to avoid a relapse.

E. Ethical Standard

Employed by a state agency, ADJC employees and indeed all those who make contact with delinquent youth are subject to legal compliance. The general standard prohibits employees from using their official position for personal gain or advantage and favors. Furthermore, since delinquent juveniles are exceptionally disadvantaged and vulnerable due to their age and poor socio-economic and political background, employees are required to act in a manner that will not directly or indirectly subject any youth to unwarranted psychological or physical harm.

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