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THE PATHWAYS TO YOUTH VIOLENCE: How Child Maltreatment and Other Risk Factors Lead Children to Chronically Aggressive Behavior

American Bar Association Juvenile Justice Center
Juvenile Law Center ! Youth Law Center

Lourdes M. Rosado, Editor

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ABA JUVENILE JUSTICE CENTER/NATIONAL JUVENILE DEFENDER CENTER
740 15th Street, NW, Washington, DC 20005
202-662-1515 - Fax: 202-662-1501

E-mail: juvjus@abanet.org - Website: www.abanet.org/crimjust/juvjus

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JUVENILE LAW CENTER
The Philadelphia Building
1315 Walnut Street, 4th Floor
Philadelphia, PA 19107
215-625-0551 - Fax: 215-625-2808

Website: www.jlc.org

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YOUTH LAW CENTER

Washington, DC Address:
1325 G Street, NW, Suite 770
Washington, DC 20005
202-637-0377 - Fax: 202-637-0377

San Francisco, CA Address:
417 Montgomery Street, Suite 900
San Francisco, CA 94104
415-543-3379 - Fax: 415-956-9022

Website: www.youthlawcenter.com

Understanding Adolescents ! A Juvenile Court Training Curriculum

4

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Juvenile Court Training Curriculum

PROJECT TEAM

Patricia Puritz
ABA Juvenile Justice Center

Lourdes M. Rosado
Robert G. Schwartz
Juvenile Law Center

Michael J. Dale
Nova Southeastern University Law School

Maria F. Ramiu
Marc A. Schindler
Mark I. Soler
Shannan L. Wilber
Youth Law Center

David Zifkin
Research Assistant on Module Four

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This talented and diverse group of people created a curriculum that we hope will aid juvenile court practitioners in the many difficult decisions they have to make every day, and result in better outcomes for our children and our communities at large.

THE PROJECT TEAM
June 2000

Preface

Background

In 1996, the John D. and Catherine T. MacArthur Foundation funded the Youth Law Center, the Juvenile Law Center, and the American Bar Association Juvenile Justice Center to develop and provide training for juvenile justice professionals around the country. The goal of the project was to develop a training curriculum that applied the findings of adolescent development and related research to practice issues confronted by juvenile court practitioners at the various decision-making stages of the juvenile justice process.[1] The long range objective was to improve the quality of decisions made by juvenile court practitioners.

Two jurisdictions – West Palm Beach, Florida and Oakland, California – agreed to serve as pilot training sites. Project staff worked with juvenile court professionals at both sites and a national advisory committee of practitioners and trainers to identify the training topics. The topics chosen were relevant to adolescent development and related research, unique to juvenile court practice, and typically excluded from professional training curricula.

Over the course of two years, the project sponsored a series of trainings in the pilot sites. The trainings were developed and delivered by experts from all parts of the country. Project staff recruited trainers with specialized knowledge in the relevant subject matter whose expertise was broadly relevant to juvenile court practice. The trainings were cross-disciplinary -- delivering the information to judges, prosecutors, defenders and probation staff at the same time. In both sites, the presiding juvenile court judge set aside specific dates for the trainings, and either closed the courts or lengthened the lunch recess. Most of the trainings were three hours long.

Project staff then created training modules that corresponded to the training topics. The resulting modules incorporate the materials developed by the trainers; supplemental research, literature and training materials; and feedback from the pilot sites. The completed modules were reviewed by a group of professionals with broad expertise in each subject matter.

The Training Modules

The training curriculum consists of six separate modules:

Module One: *Kids Are Different: How Knowledge of Adolescent Development Theory Can Aid Decision-Making in Court*

Module Two: *Talking to Teens in the Justice System: Strategies for Interviewing Adolescent Defendants, Witnesses, and Victims*

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[1]The Foundation also launched the MacArthur Foundation Research Network on Adolescent Development and Juvenile Justice in 1997. The mission of the Network is to develop new knowledge regarding the assumptions on which the juvenile justice system functions, and to improve legal practice and policy-making with accurate information about adolescent development. For more information about the Network, please consult its website: http://www.mac-adoldev-juvjustice.org.

Module Three: *Mental Health Assessments in the Justice System: How To Get High Quality Evaluations and What To Do With Them in Court*

Module Four: *The Pathways to Juvenile Violence: How Child Maltreatment and Other Risk Factors Lead Children to Chronically Aggressive Behavior*

Module Five: *Special Ed Kids in the Justice System: How to Recognize and Treat Young People with Disabilities That Compromise Their Ability to Comprehend, Learn, and Behave*

Module Six: *Evaluating Youth Competence in the Justice System*

The modules were designed for maximum flexibility and broad application. The modules stand alone, so that jurisdictions can use any individual module or any combination of modules. Each module contains extensive information on the topic, which can form the core of the training, as well as a "tool kit" containing interactive exercises, hypothetical cases, video clips and other training tools. The information in the modules is sufficiently general to apply in any jurisdiction. However, the tools can be adapted to make the subject matter relevant to the daily practice of participants in any particular training site. The curriculum also contains an extensive literature review listing materials relevant to the training topics and related subjects. Selected articles can be assigned for reading prior to the trainings, or the literature review can be made available as a general resource.

Project staff also incorporated the advice of adult learning specialists and professional trainers who served as consultants to the project. These consultants recommended that trainers emphasize a limited number of basic concepts in each subject area and actively engage participants in the learning process. Thus, each module contains a list of the major themes to be discussed, and the subsequent information refers back to those main themes. Similarly, the modules contain several interactive exercises to involve the audience in the training process and to draw upon their experiences to illustrate significant points.

How to Use the Curriculum in Your Jurisdiction

Effective use of this curriculum in a local jurisdiction requires an individual or group of people to organize trainings that are tailored to the specific needs of practitioners. It is important to engage practitioners in the planning process from the beginning. Organizers can work with representatives from the relevant professional groups to determine what areas they are interested in covering. This feedback will help organizers decide whether to present the entire curriculum or select individual modules.

Organizers can also ask the participants to recommend potential trainers. Trainers should have expertise and experience in the relevant subject matter. Familiarity with local juvenile court practice is also helpful. However, it is even more important that the trainer be skilled in engaging the audience in the learning process, drawing from their experience and utilizing tools to make the subject matter relevant to daily juvenile court practice. Straight lecture format – even by a learned and interesting trainer -- is not usually an effective method for presenting the material. Potential sources for trainers are local colleges and universities; law schools; local chapters of national organizations, such as the American Psychological Association; and local or state professional organizations and societies. Organizers may also contact the American Bar Association Juvenile Justice Center for suggestions for experts to conduct the trainings.

Organizers can work with trainers to adapt the curriculum to make it relevant to local practice and current issues. Again, consultation with the relevant professional groups is important. For example, a fact pattern in the curriculum may require some changes to accurately reflect state law, local practice and current trends. Similarly, a video clip in the tool kit may present a scenario that is not representative of the issues important to the audience.

Organizers can also decide whether to conduct cross-disciplinary trainings, or to train professional groups separately. There are advantages and disadvantages to each approach. Cross-disciplinary trainings ensure that all of the juvenile court practitioners benefit from the same information. Issues raised and insights gained from the trainings may lead to changes in practice, which will be more successful if there is shared understanding and consensus among juvenile court professionals. Training the professions together also presents the opportunity for lively discussions among practitioners who have different roles and perceptions of the juvenile court process. On the other hand, candid discussion may be less likely with traditional adversaries in the same room. Attorneys or probation officers might also be reluctant to openly discuss local problems in the presence of juvenile court judges. There is also some advantage to tailoring the presentation of information to the specific professional groups because they are likely to use the information differently. Organizers should consult with the professional groups and determine what means of delivering the training best meets their needs and concerns.

Executive Summary

Module Four focuses on the developmental dynamics of violent offending – what causes the onset of violent behavior in children, and what causes chronic violent behavior to continue into adulthood. Studies have shown that many children who commit violent acts have experienced maltreatment, and were exposed to a number of "risk factors" that made them more susceptible to a cycle of chronic violent offending. But research also demonstrates that most children who face these risk factors do <u>not</u> become violent offenders. This indicates that there are "protective factors" that enable at-risk children to avoid engaging in anti-social behavior. Juvenile court personnel are in a unique position to intervene and break the cycle.

By participating in Module Four, juvenile court personnel will acquire knowledge that will help them to identify developmentally-appropriate interventions for young people who've committed violent acts. Specifically, participants will learn about:

! The relationship between child maltreatment and violent offending. Participants will learn about the developmental pathway from being a victimized child to victimizing others.

! Other risk factors – personal, in the family, and in the community at large – that can interrupt a child's normal development and lead the child to chronic violent behavior. These risk factors include living in poverty, in an unstable family situation, and in an overall "socially toxic" environment where there is a high incidence of drug and gun activity.

! The major points of onset of aggressive behavior in youth. Data shows that the onset of serious violence mostly take places between ages 12-18, thus providing us with a window of opportunity to intervene and "re-route" adolescents' developmental pathways when we see them in juvenile court.

! The high correlation between association with delinquent peers and engaging in violent activity. This correlation has important implications for creating developmentally appropriate programs for teaching young people who have already engaged in violence to learn to deal with potentially threatening situations with non-violent action.

! Protective factors that help prevent children exposed to these risk factors from becoming chronic violent offenders, either directly or by virtue of buffering the child from the negative effects of risk factors.

! Existing model programs with proven track records of effectively treating youthful violent offenders.

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I. Introduction

A. Goals of this module. Participants shall learn about:

1. The risk factors -- personal, in the family, and in the community at large -- that can interrupt a child's normal development and lead the child to chronic violent behavior.

2. The link between family and community risk factors -- especially childhood abuse/neglect -- child development, and violent behavior.

3. The developmental dynamics of violent offending -- what causes the onset of violent behavior in children, and what causes chronic violent behavior to continue into adulthood.

4. The protective factors that help prevent children exposed to these risk factors from becoming chronic violent offenders, either directly or by virtue of buffering the child from the negative effects of risk factors.

5. Developmentally appropriate interventions for teaching young people who have already engaged in violence to learn to deal with potentially threatening situations with non-violent action.

B. Where in the juvenile justice system do we consider risk and protective factors in decision-making?

1. **Intake**. The intake person has several options, including releasing the juvenile to a parent, placing the juvenile in a community-based or other temporary residential setting, or confining the juvenile in the juvenile detention center. The intake person's knowledge of the particular juvenile's circumstances will play a large part in the decision. Risk and protective factors will be considered at this and at all junctures in the court process.

2. **Detention**. Again, judges may utilize information on the risk and protective factors in a young person's life in determining whether to release the juvenile or detain him.

3. **Juvenile or adult court.** An assessment of the risk and protective factors present in the young person's life would be useful to those responsible for making this decision.

4. **Adjudication**. Some jurisdictions (for example, Washington, D.C.) allow the judge to dismiss the charges against the youth for "social reasons" or in the interest of justice. See D.C. Super. Ct. Juve. R. 48(b). A dismissal of the charges pursuant to this rule is appropriate if, for example, the child is a first offender and is receiving adequate support in the home and in the community. Information about the young person's support systems and the risk factors s/he faces will inform the judge's decision-making as to whether such a dismissal is appropriate.

5. **Disposition**. Information about the young person's individual circumstances at home and in the community will assist all of the participants in the process in recommending appropriate disposition options.

C. Summary of Major Themes of This Module

1. Most juvenile violence results from the accumulation of a variety of risk factors, not just one factor. The accumulation of risk factors can have a tremendous influence on their involvement in violent activity.

2. Many children who engage in violent or otherwise delinquent acts have experienced maltreatment. Many have grown up in "socially toxic environments" (i.e., homes and communities where they are exposed to drugs, violence, crime, poverty, gangs, etc.).

3. However, most maltreated children and children who grow up in "socially toxic environments" do not commit violent or otherwise delinquent acts. Studies show that only about 14-26% of abused children go on to commit delinquent acts. This indicates that there are "protective factors" that enable these children to avoid engaging in anti-social behavior.

4. Programs and interventions that address multiple risk factors and are developmentally appropriate have the best chance of success with these young people.

II. Maltreatment of Children in the U.S.

A. Maltreatment: Definitions and Incidence

1. **Physical abuse.** This includes:

   a. Physical harm
   b. Confinement
   c. Bondage
   d. Sleep deprivation
   e. Intrusive control of bodily functions
   f. Sexual abuse
   g. Terrorizing behavior that accompanies the physical abuse, including:
      (1) denial of the child's reality: "it didn't happen"
      (2) enforcement of silence by threat of harm
      (3) forcing acceptance of responsibility for the violence

2. **Incidence of physical abuse**

   a. According to the best study we have on the rate of child maltreatment, from 1986 to 1993 incidents of child abuse and neglect in the U.S. rose from 14 per 100,000 children to 23 per 100,000 children. These statistics refer to children for whom it has been documented that they have experienced harm. If the definition of abuse and neglect is expanded to include children who are at risk of imminent harm, the increase in reports is even larger, with the rate nearly doubling from 22 per 100,000 in 1986 to 42 per 100,000 in 1993. (Garbarino, LOST BOYS: WHY OUR SONS TURN VIOLENT AND HOW WE CAN SAVE THEM [hereinafter "Garbarino"] (citing Sedlak, A.J., & Broadhurst, D.D., THE THIRD NATIONAL INCIDENCE STUDY OF CHILD ABUSE AND NEGLECT (NIS-3): FINAL REPORT. Washington, D.C.: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect, (1996)))

   b. One in three victims of physical abuse in the U.S. is a baby less than twelve months old. Every day a baby dies in the U.S. of abuse or neglect at the hands of his or her caregiver. (Karr-Morse, p. 13, citing THE STATE OF AMERICA'S CHILDREN. Washington, D.C.: Children's Defense Fund, (1996 and 1997))

   c. Two thousand children are murdered by their parents through fatal child abuse and or neglect in the United States each year. (Garbarino, p. 40)

3. **Physical neglect.** A caretaker fails to exercise a minimum degree of care in meeting a child's physical needs.

4. **Emotional and psychological maltreatment.** Children need a secure attachment with a parent or parental figure for healthy development. The parent-child bond is instrumental for subsequent bonding with society and the social institutions therein. Bonding to a parent(s) or caretaker (forming a secure attachment) is an essential element in social development. Poor attachment reduces one's commitment to long-term goals (e.g. social, academic, economic). Emotional and psychological maltreatment includes the following:

a. **Rejection**. Refusal to acknowledge the child's worth and the legitimacy of the child's needs. For example,
   (1) abandonment
   (2) the parent saying that she wished the child was never born or wished that she had an abortion, that she made suicide attempts upon learning that she was pregnant, etc.
   (3) excluding child from family activities
   (4) refusing the child's overtures of affection
   (5) punishment for expression of emotions

b. **Isolation**. Preventing the child from engaging in socializing behaviors, such as forming friendships, and inducing the child to believe s/he is alone in the world. This includes:
   (1) leaving children and infants in a room unattended
   (2) denying the child access to cherished loved ones
   (3) prohibiting or failing to encourage the child from participating in clubs, after school programs, intramural sports, dating, music, etc.

c. **Terrorizing**. Threatening the child with vague but sinister punishment, intentionally stimulating fear and creating a climate of unpredictable threat. Such behavior includes:
   (1) extreme responses to child's behavior
   (2) forcing child to choose between competing parents
   (3) "parentifying" child
   (4) threatening to reveal intensely embarassing information
   (5) humiliation
   (6) episodes of rage alternating with affection
   (7) verbally assaulting the child
   (8) bullying
   (9) setting unmeetable expectations and then punishing the child for not meeting them
   (10) capricious enforcement of petty rules
   (11) destruction of treasured objects, such as pets
   (12) forcing false confessions

d. **Ignoring**. Depriving the child of essential stimulation and responsiveness, stifling growth and intellectual development, being psychologically unavailable to the child, being preoccupied with oneself and unable to respond to the child's behavior, including:
   (1) not noticing the child's presence or achievements
   (2) not engaging in conversations at mealtimes and other times of interaction
   (3) not intervening on child's behalf when child's need is evident, i.e., the child is being picked on or hurt by another party
   (4) failing to follow up on child's requests for help in resolving problems
   (5) concentrating on other relationships that displace the child as an object of affection
   (6) showing no interest in the child's evaluations by teachers
   (7) leaving child without emotionally-involved adult supervision

e. **Corrupting**. Parental behavior that missocializes the child or reinforces deviant patterns, such as aggression, sexuality or substance abuse. Such behavior includes:
   (1) offering drugs to or using drugs around the child
   (2) exposing child to pornography, overt sexual behaviors or gratuitous violence
   (3) ignoring or rewarding delinquent behavior such as truancy, drug and alcohol abuse

f. **Degradation**. Demeaning the child and minimizing his/her achievements or needs by:
   (1) Use of derogatory terms
   (2) public humiliation
   (3) scapegoating

B. **Observed Violence.** Observing violence -- as opposed to being the direct victim of violence -- also can severely traumatize a child.

1. **Observed in the Community**. An alarmingly high number of children witness acts of abuse and violence within their own homes and communities. A study of 1,035 inner-city youth age 10-19 found that those in the sample who had perpetrated violence had also been witnesses and victims. Another investigation of 536 inner-city children (in Grades 2-8) found that those who had witnessed a shooting or a stabbing were more likely to report their own involvement in fighting. **Implication**: Neighborhood violence affects children at a very young age -- first leading to aggressive behavior (i.e. fighting) and then to more severe acts of violence. (Becker & Rickel, p. 238 with cite Bell & Jenkins (1994)).

2. **Observed Violence in the Home**.

   a. Researchers have estimated that each year at least 3.3 million children in the U.S. are exposed to domestic violence between adult intimate partners; these numbers go as high as 10 million, depending on the individual study's definitions and methodologies.

   b. Exposure to domestic violence includes watching or hearing the violent events, direct involvement (i.e., calling the police or trying to intervene), or experiencing the aftermath of violence (i.e., seeing bruises or observing that your mother is depressed).

   c. Research also shows that childhood exposure to such domestic violence can cause children to:
      (1) engage in aggressive behavior;
      (2) suffer from emotional problems such as depression and anxiety;
      (3) have lower levels of social competence and self-esteem;
      (4) experience poor academic performance; and
      (5) exhibit symptoms of post-traumatic stress disorder, including emotional numbing, increased arousal and repeated focus on the violent events.

   d. Moreover, a 1998 study indicated that between 45%-70% of the children exposed to domestic violence were also victims of physical abuse, and 40% of

the child victims of physical abuse were also exposed to domestic violence. (Fantuzzo and Wohr, pp. 21-32)

C. **Signs That a Child May Have Been Maltreated**. The following observed behaviors may be associated with trauma:

1. High incidence of somatic complaints
2. High incidence of suicidal ideation and self-destructive behavior
3. Chronic physical complaints with unexplained cause
4. Harm to other children and/or animals as preparation for their own suicide and/or a behavioral re-enactment
5. Obsessive-compulsive behavior
6. Lack of future orientation, risk-taking, impulsivity
7. Lack of problem-solving skills
8. Learning problems and verbal impoverishment
9. Anxiety/phobias/panic attacks
10. Mood swings/disorders
11. Paranoia
12. Eating disorders
13. Nightmares/night terrors
14. Self-medication through drugs and alcohol
15. Regression to last level of cognitive development when under stress
16. Psychotic decompensation
17. Poor social skills
18. Volatile relationships
19. Hallucinations

D. **Maltreated Children in the Juvenile Justice System**

1. Research shows a demonstrable link between being abused and neglected in childhood and being arrested for delinquent and criminal acts, and committing violence generally. (Widom)

2. Various studies have shown that anywhere from 8% to 26% of children who have engaged in delinquent acts have been physically abused. (Policymaker's Guide and Garbarino)

3. Research shows a maltreated child is four to seven times more likely to commit a violent act than a non-maltreated youth. (Dodge)

4. Childhood victimization increases a child's risk of involvement in the juvenile justice system. The National Institute of Justice cites three studies from different parts of the country -- a metropolitan county in the Midwest, Mecklenburg County, North Carolina, and Rochester, New York -- that demonstrate that child maltreatment, specifically child abuse and neglect, leads to higher rates of delinquency. The odds are almost two times higher that an abused or neglected child will be arrested as a juvenile for a violent crime than non-maltreated children. (Widom)

5. Those abused and/or neglected children who are arrested at an earlier age are more likely to be repeat violent offenders. Being arrested does not necessarily deter juvenile violent crime. That's because the juvenile justice system is often ill-

equipped to deal with and treat the early childhood trauma and victimization that plays a role in these young people's violent acts.

6. Children who grow up in homes where they observe or experience maltreatment (i.e., considerable conflict, physical abuse, sexual abuse, inadequate supervision, physical or emotional neglect, parental abandonment, criminal activity, or drug/alcohol abuse) are at greater risk of becoming delinquents. (Policymaker's Guide)

7. One study in 1995 study found that 96% of surveyed children who had committed homicide had come from chaotic family backgrounds, usually including family violence (81%). 90% had been abused by a family member as a child; 100% had a history of serious school problems, including 86% who had failed at least one grade and 76% with documented learning disabilities (Karr-Morse, p. 182, citing Meyer, et al., *Psychopathological, Biopsychological Factors, Crime Characterics and Classifications* in 34 JOURNAL OF AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHOLOGY 1483 (November 1995)).

8. A 1997 study found that experiencing physical abuse in the first five (5) years of life increases the likelihood of later developing clinically-significant conduct problems by about four-fold. (Dodge, p. 277)

9. Research shows that the absence of a caring father is associated with a greater likelihood of engaging in chronic bad behavior as a young person (Garbarino 45-6). (Garbarino writes: "Two patterns of father influence are most important in understanding the development of violent boys: (1) the presence of an abusive father and (2) the absence of a caring and resourceful father.")

10. A 1983 study of parent-child interaction found that 11% of the children who had a parent who was genuinely concerned for the child's welfare had committed serious crimes. By comparison, 20% of the abused and neglected children, and 50% of the rejected children had committed serious crimes. (The study defined an abused child as one subjected to frequent physical punishment; a neglected child as one who experienced little interaction with his/her parent(s); and a rejected child as one whose parents were frequently displeased with the child's behavior.) (Policymaker's Guide, p. 18, with cite to McCord 1983)

E. **Adults in the Criminal Justice System Who Were Maltreated As Children**

1. A study of inmates in a New York prison found that 68% of the sample reported some form of childhood victimization and 23% reported experiencing multiple forms of abuse and neglect, including physical and sexual abuse. (Widom and Weeks)

2. The same study found that violent offenders reported more childhood neglect (20%) than nonviolent offenders (6%). (Widom and Weeks)

III. How Childhood Maltreatment Can Lead to Chronic Violent Behavior

While there is no conclusive evidence that childhood maltreatment alone leads directly to later criminal activity, research indicates that multiple risk factors -- most notably childhood maltreatment -- can lead a child to commit delinquent acts and to later engage in criminal behavior as an adult. Childhood maltreatment increases the chances a child will become violent by interrupting normal emotional, social and intellectual development. The following describes ways in which childhood maltreatment can shape aggressive behavior.

A. **Social Learning.** Children learn to use violence as a way to deal with day-to-day situations when they themselves are victims of violence and/or see others victimized.

   1. The family is the primary setting in which a child learns and develops an understanding of the social environment and one's place within that environment. The family is the place in which a child becomes socialized, where a child learns acceptable ways of thinking and acting. Abuse encourages the victims to use aggression as a means of solving problems and obtaining desired results. Children who have been traumatized by abuse believe in the legitimacy of aggression when faced with a perceived threat. The experience of abuse acts as a model for later actions.

   2. Trauma also leads to heightened threat awareness and perception of provocation. Trauma leads children to have a heightened startle response to external events.

   3. Social learning also takes place in the child's wider environment. While the first important influence on the child is the family, children and their families interact in a larger social system which includes schools and communities. Environmental risk factors are discussed in depth in Part V below.

B. **Lack of Attachment and Positive Relationships.** Children experience rejection and abandonment when their relationships are characterized by insecurity and physical maltreatment. Rejected and abandoned children are unable to form secure emotional attachments first within their family and then within society as a whole. Because they have not been able to form intimate, trusting relationships, rejected children will often misinterpret the behavior of others as hostile and respond with aggression themselves. The following feelings and attitudes -- which result from abuse, rejection, abandonment and the consequent trauma -- are what prevent children from developing these critical relationships:

   1. Traumatized children develop a distrust of others, particularly adults. Children who are rejected or abandoned do not feel they can turn to adults for help -- they feel isolated and solely responsible for themselves.

   2. Traumatized children don't feel safe. Young people feel they are vulnerable and that adults and society cannot protect them. Therefore they develop alternative, often aggressive or violent methods, to protect themselves. They often join gangs in order to find a sense of safety and belonging.

      a. In interviews with youth in prisons, young people say the reason they join gangs is because they feel that adults in their neighborhoods have no ability to make

them safe. When asked about his choice to join a gang, one juvenile replied "If I join a gang I'm 50% safe; If I don't join a gang, I am 0% safe." (Garbarino)

b. Research shows that the best predictor of how children will fare in neighborhoods marked by violence is the extent to which they believe that key adults in their lives remain confident, competent, and in charge. When the key adults become unavailable, psychological terror sets in for these children. (Garbarino)

3. Children feel shame when they are mistreated, rejected or abandoned, and are likely to attribute the rejection to something lacking in themselves. Namely, they ask themselves "What's wrong with me that my parents don't want me?" "The shame of abandonment appears over and over again in the lives of kids who kill." (Garbarino, pp. 49 and 52)

4. Abandonment and rejection often lead to feelings of pain and rage, increasing the chances a child will become violent.

5. Rejected children are at a heightened risk for a host of problems ranging from low self-esteem, to truncated moral development, to difficulty handling aggression and sexuality.

6. Rejected children have trouble learning the basics of empathy, sympathy, and caring. They become emotionally numb. Trauma leads to a sense of meaninglessness, hopelessness, and purposelessness. When children's psychological functioning (i.e., emotional and cognitive functioning) is overwhelmed by trauma, they often feel disconnected and isolated from the world around them. They have an inability to identify and use support systems. This feeling of separateness from the world leads to the feeling that life is without meaning, hope, or purpose. Children ask themselves, "What's the point?" and the answer is "Nothing." Such a sense of meaninglessness leads to a lack of motivation as well as an indifference to the consequences of their actions. These children are much more likely to become violent because they do not believe that their actions (violent or otherwise) have any meaning.

7. Traumatized children have a tendency to seek out people with whom they can re-enact the same patterns of relating as they had with their abusive/neglectful caretakers. They have a fear of being alone, and have a constant need for external validation.

C. **Scripts.** By observing the world around them, children learn and remember "stories" or "scripts" about how things happen in exchanges between individuals. The stories tell them the usual sequence of actions that occur between people in different circumstances. Children draw on these stories of violence when they themselves act, and have access to a repertoire of aggressive behaviors.

D. **Cognitive Deficiencies.**

1. Abused and neglected children are likely to have cognitive and intellectual deficiencies and developmental problems. These deficits, in turn, impact their decision-making abilities in stressful situations. These deficits include:

   a. an inability to assimilate and accomodate new information

b. an inability to gain access to previously learned information
c. problems with memory/disassociation/confabulation
d. deficiency in words and consequently they are more prone to react to situations with action instead of talking
e. an inability to develop or apply problem-solving skills
f. a tendency to engage in concrete, “either/or”, "black/white" thinking: life is “either/or,” not “both/and”
g. impulsivity
h. inability to apply psychomotor skills to manipulate things in their environment

2. **Processing problems**. Social information processing problems mediate the effect of early physical harm on later externalizing outcomes. Children who experience abuse develop several specific chronic patterns of mentally representing and processing information that the child carries forward with him/her; these processing patterns become the proximal instigation to aggressive behavior toward peers and adults in new settings. (Dodge, pp. 278-81)

   a. Dodge identified four kinds of processing patterns in the abused children whom he examined:

      (1) When faced with personally threatening stimuli, physically harmed children are distracted from relevant social cues and demonstrate errors in attending to irrelevant cues.

      (2) Abused children’s hypervigilance to hostile cues, which might be an adaptive and effective response to an abusive child-adult relationship, result in the chronic tendency to presume hostile intent in others even in circumstances where this interpretation is inappropriate. Dodge calls this pattern a “hostile attributional bias.”

      (3) The salience of abusive experiences observed by the child lead an abused child to acquire a large repertoire of highly accessible aggressive responses stored in memory.

      (4) Abused children acquire a tendency to evaluate aggressive behaviors as often leading to successful instrumental and intrapersonal outcomes.

   b. Dodge’s study showed that harmed children had significantly more processing problems than non-harmed children: 60% of the non-harmed children had no problems, in contrast with just 32% of the harmed children. At the other extreme, only 11% of the nonharmed children had more than one processing problem, in contrast with 38% of the harmed children.

   c. Specifically, the group of harmed children (as compared to the non-harmed group) demonstrated less attention to relevant cues, more hositle attributional biases, more aggressive response patterns, and more positive evaluations of the likely outcomes of aggressive behavior.

   d. Dodge’s study also showed that grade school students with 3 or 4 processing problems are at a significant risk of becoming violent. For a child with no processing problems in early elementary school, the relative risk of later clinically

significant externalizing problems is only 5%. On the other hand, the relative risk for a child with 3 or 4 processing problems is over 35%. This is a 7-fold increase in risk that accrues from processing problems.

E. **Cognitive Problems Resulting from Chronic State of High Arousal.** Children who have been traumatized by abuse stay in chronic states of fear and anxiety. In these states of high arousal, children similarly experience difficulties in assimilating new information, employing problem solving skills, and other cognitive deficiencies that make it more likely that children will misread situations and react inappropriately.

F. **Mental Health Problems.** Abused and neglected children also experience various mental health consequences including antisocial personality disorder, post-traumatic stress disorder, and higher rates of suicide attempts. They become emotionally and cognitively overwhelmed by their traumatic experience. These cognitive deficiencies and mental health problems help to skew their perception of situations.

G. **Frustration-Aggression** suggests the importance of intentional and malicious frustrations as leading to anger and retaliatory aggression. Frequent "goal-blocking" and highly frustrating events, including experiencing physical harm, leads to the socialization of chronic aggressive behavior patterns. The child links the intentions of his abuser to the intentions of peers in current interactions, which leads to aggressive behavior. These are the children who are "quick to anger" – their early abusive experiences have created scripts of aggression that are now stored in their memories. (Dodge, p. 265-66, 276-77, with cite to Berkowitz 1989)

H. **Genetics**. Environmentally altered genes – not inherited genes – may play a role in shaping violent behavior. Poor prenatal care (including stress, malnutrition, alcohol abuse) or other complications during pregnancy can leave a child more vulnerable to other risk factors in his/her environment, including maltreatment. For example, during the critical period of maturation of the brain, prolonged periods of intense stress may actually alter DNA, the building material of the genes. (Karr-Morse 10) (But remember: research has demonstrated that there is no crime gene.)

Interactive Exercise: *Ask participants to recall young people they've worked with in the juvenile justice system who were abused by family members. What types of behaviors do these children exhibit; is there any pattern of behavior? How do these children relate to authority figures? To peers? Did you identify other factors within their lives that exacerbated the effects of being abused (e.g. poverty, violence in their home or community, gang activity, psychological problems)? What strategies, if any, have you successfully employed to work with these children? What types of programming and treatment, if any, is available in your jurisdiction to treat the effects of maltreatment (abuse and neglect) once these children come into the juvenile justice system?*

I. **Tempermental Infants.** Infants who are temperamentally difficult – because of such factors as colic or other physical ailments – frustate their parents, who sometimes become abusive as an outlet for their frustration. The parent's abuse can play an important role in transforming the child's difficult temperament into chronically aggressive behavior.

IV. Guiding Principles for Structuring Interventions for Maltreated Children

What Do We Know? ***What Do We Do About It?***

1. Child maltreatment leads to survival strategies that are often anti-social and/or self destructive. Many violent youth were victims of child maltreatment. When maltreatment occurs as part of a more general accumulation of social and personal risk factors, it can lead to major developmental difficulties.

! 1. To assess and treat a youth who has committed violent acts, the professional must recognize the value of the young person's personal narrative or story in helping the young person make sense of his/her experience. The professional should focus on trying to make sense of the horrible act that was committed against the young person. No matter how dark that experience may have been, the young person must come to understand the experience so that the trauma will not overwhelm their emotions and cognition when faced with future stressful events. Deal with child maltreatment issues as part of the therapeutic program (e.g., include reading material and videos about child maltreatment and promote efforts to identify child maltreatment in counseling sessions). In this as in all efforts, identify the "zone of proximal development" in which learning and personal change are possible (i.e., neither simply validating the youth's under-standing nor pushing too fast and too far too soon).

2. The experience of early trauma leads to hypersensitivity to arousal in the face of threat, with responses taking the form of dissociation and/or aggressive reactivity.

! 2. Interventions must be focused on reducing the perception of provocation and undermining the legitimacy of aggression as a response to perceived provocation and threat. Avoid power assertion whenever possible to reduce the experience of threat and thus maintain the youth in a non-dissociative and non-aggressive state. Understand that dissociative responses can make youth appear emotionless when they are actually filled with intense emotions and that aggressive reactivity can be triggered by what appears to be trivial incidents to an outsider but may loom large to the youth.

What Do We Know?

3. Traumatized kids require a calming and soothing environment to increase the level at which they are functioning. !

What Do We Do About It?

3. Provide an environment that encourages calmness and reflection (including soothing classical music, videos that promote reflection, participation in creative arts, and meditation practices).

4. Provide activities that promote future orientation through caring for plants, animals, and other human beings.

5. Promote trust in adult authority by creating a highly controlled environment in which youth conclude rationally that they are safe and thus can afford to relinquish their defensive posture.

6. Promote spiritual values that transcend the materialistic culture through staff modeling, directed reading and discussion, and spiritual practice (including uniforms, meditation, participation in the creative arts, and spiritually oriented instruction such as Tai Chi and yoga to increase self-discipline).

7. Create the basis for new life narratives by exposing youth to the reading and writing of novels and biographies, and to relationships with staff that provide working models of meaningfulness in the face of loss and abandonment (e.g., sharing experiences of hope in the face of adversity).

8. Communicate respect in every facet if institutional life (e.g., language used by staff to communicate with youth).

4. Traumatized youth are likely to evidence terminal thinking (i.e., an absence of future orientation). !

5. Youth exposed to violence at home and in the community are likely to develop juvenile vigilantism, in which youth do not trust adult capacity and motivation to ensure safety and therefore believe they must take matters into their own hands. !

6. Youth who have participated in the violent drug economy are likely to have distorted materialistic values. !

7. Traumatized youth who have experienced abandonment are likely to feel life is meaningless. !

8. Issues of shame are paramount among violent youth because of their personal and collective experiences (e.g. victimization, poverty, and racism). !

What Do We Know?

9. Youth violence is an attempt to achieve justice as perceived by the youth. There is sense to "senseless" youth violence.

10. Promote the development of empathy as a principle for day to day interaction in the facility, among staff and youth (e.g., focus on effective and respectful communication of feelings among staff and youth.)

What Do We Do About It?

9. Acknowledge the youth's perception of the justice of their violent actions as a starting point. Then engage youth in dialogue to reinterpret their perceptions of justice. Focus on issues of violence, conflict, and justice designed to model higher stages of moral reasoning (e.g., readings and videos that present moral dilemmas).

10. Empathy is the enemy of aggression. Combining traditionally masculine and feminine traits is related to resilience.

I.
II.
III.
IV.

V. Maltreatment Interacts With Other Risk Factors to Promote Violent Behavior

A. Research demonstrates that the combination of factors in a child's life context can either help prevent delinquent behavior, or increase the likelihood of a youth becoming violent. Most juvenile violence results from the accumulation of a variety of risk factors, not just one factor. Several studies have found that while the presence of one or two risk factors was generally manageable for children, the presence of three or more risk factors was associated with significant developmental impairment. *See Appendix A for studies on the relationship between the accumulation of risk factors and violence.*

B. Interventions that address the multiple risk factors that a young person faces will have a much greater chance of success.

C. **Other Risk Factors for Violent Behavior**

1. **Poverty**

a. The Children's Defense Fund's CHARACTERISTICS OF POOR CHILDREN IN AMERICA reports that the United States is the worst of all industrialized nations in the percentage of children living below the poverty level. In 1998, 18.9% of children ages 18 and under lived in poverty; 21.3% of children ages 3-5 lived in poverty; and 17.8% of children ages 6-17 lived in poverty.

b. Poor neighborhoods, especially "inner-city war zones," generally have relatively high crime rates, unsatisfactory schools, and unhealthy living conditions. They provide a child with few resources, negatively affect development, and increase the chances a child will become violent.

Visual Aid:
Trainer will need four tennis balls. Trainer should ask for a volunteer from the audience to come forward. First, the trainer should toss the volunteer one tennis ball, and ask him/her to toss it back and forth between his/her hands. Point out to the group that the volunteer is able to manage this easily. Give the volunteer a second ball, and observe that s/he is still able to toss them easily from one hand to the other. Add a third, and the trainer should point out that it takes special skill to juggle all three -- some people have that skill and others don't. Give the volunteer four balls, and s/he will drop them all. So it is with risk factors in a young person's life. Now suppose that the person got an electric shock any time s/he dropped the ball. This would make it difficult for him/her to handle the balls at all. ***The lesson of the tennis ball metaphor is that once the capacity for absorbing risk factors is exceeded there is a collapse of the system – namely the child's ability to cope with stress factors.***

c. The residents of predominantly poor neighborhoods feel isolated from society. This increases a sense of resentment and hostility towards society. Because such persons do not feel like they are a part of the greater society, they are more likely to disregard laws and act out against societal norms and rules of social behavior.

d. Impoverishment in and outside the family increases the risk that a child will experience traumas. Such children often experience impoverishment of human connectedness, trust, support, and emotional nurturing. Many of these families have felt angry and alienated for several generations. There is a sense of separateness; a chronic irritability; an absence of optimism, joy, and knowing how to laugh; and a need to numb against hopelessness. When children are born into such settings, child abuse and neglect are palpable potentials. (Karr-Morse, p. 271)

2. **Poor early childhood care**. Only 8.4% of infant and toddler care in U.S. child care centers are considered to provide developmentally appropriate care; 51.1% have been judged to provide mediocre quality of care; and 40.4% provide poor quality care. (Karr-Morse, pp. 13-14)

3. **Family conflict and/or lack of stable family structure**. This can include:

   a. Observing marital violence and/or severe discord. (A Policymaker's Guide, pp. 12-14, with cites to Minty (1988), Krruttschmitt (1986), Grych and Fincham (1990), and Jaffe (1986)).

      (1) Exposure to marital discord is a risk factor that causes adjustment problems similar to those experienced by abused children. Studies have concluded that the influence of marital discord on delinquent behavior ranges from moderate to strong.

      (2) Serious or excessive marital discord (violence, alcoholism, drug abuse) predicts delinquency better than divorce or single parenthood. The type of familial interactions and familial environment affect child development, not merely family structure. Research shows that marital disharmony is the operative factor leading to developmental problems, not divorce or life in a single-parent home.

   b. Lack of cognitive stimulation in the home. (Dodge)

   c. Parents who move often, thus impacting the stability of their children's peer relationships. (Garbarino, p. 40)

4. **Living in a Socially Toxic Environment**. Children do not grow up in a vacuum, but, rather, in a social context. The characteristics of the community in which the child lives exert potent influences on the child's development. While the first important influence on the child is the family, children and families are interacting members of a larger social system including schools and neighborhoods. The child's wider social environment has a significant impact upon his/her development, his/her perceptions of the world, and the outcomes of his/her actions. Aggressive behavior is learned; children imitate the behavior of those around them as acceptable means of achieving goals. Environmental risk factors, therefore, put a child at greater risk to have developmental problems, including maladaptive thinking and behavior. By contrast, a healthy community environment provides satisfactory living conditions, safety, security, and helpful resources/institutions, all of which positively affect child

development and socialization. A healthy community enables most children to form a bond with society and subsequently a sense of purpose within and towards the community.

Interactive Exercise*: *Living in a Socially Toxic Environment

The purpose of this exercise is to explore the popular misconception that the youth of today are intrinsically different -- specifically, that they are naturally more violent -- than youth of earlier generations.

The following movie clips -- which depict juveniles in the 1940s, the 1960s, and the 1990s, respectively-- show how the environments in which youngsters grow up have become increasingly "toxic" over the years. We first see teenagers in 1940s East Side New York; they engage in petty larceny. We then see teenagers in the 1960s in New York City. The 1960s teenagers primarily engage in petty crime, including beating each other up. However, the social environment has been complicated by the tension caused by waves of immigration and the formation of gangs. Although at least one teenager attempts to find a peaceful resolution to a dispute, the activity of the 1960s group of teens eventually turns deadly. In the final clip, we see how a group of teens in modern-day Los Angeles live amidst a culture of poverty, guns and drug dealing.

The common theme we see in each of the three clips is a young person taking action to avenge a wrong committed against a friend -- under very different circumstances and with different outcomes. The teens in the different clips were all motivated to act by loyalty. However, the outcomes of their actions differed, in part, because their social environments were different.

It is important for the trainer to show the clips in the following order. The times given indicate the placement of the scene(s) in the respective movies.

#1 ***Knock on Any Door*** (1949) d. Nicholas Ray
21:00-21:50, 22:45-28:30, 30:00-31:00
Lawyer Andy Morton (played by Humphrey Bogart) is defending an adult, Nick Romano, who is accused of murder. In a series of flashbacks, Morton describes how Nick became a juvenile delinquent. We first see Nick Romano as he learns that his father, who was wrongly imprisoned, has died of heart attack. We then see Nick and his family move into a rough-and-tumble neighborhood, where Nick is immediately assaulted by local boys. Nick becomes involved in delinquent activity with two friends, engaging mostly in petty theft. Eventually, Nick and his friend, Jimmy, are caught stealing a car and are sent to reform school. In the last scene, Nick and Jimmy are toiling away at the reform school. Nick confronts the guards when they make Jimmy, who is ill, continue to work.

#2 ***West Side Story*** (1960) d. Robert Wise and Jerome Robbins
1:10:55-1:15:25, 1:36:30-1:43:45
In the first scene, rival gangs the "Jets" and the "Sharks" hold a "war council" at Pop's Drug Store. A final showdown between the two gangs -- who have been harassing and beating each other's members -- is planned for the following evening. Tony, a former Jet, convinces the gang members not to use any weapons at the showdown. In the second scene, the Jets and the Sharks meet under the highway to fight. Tony attempts to stop the fight, believing that fighting will only have negative consequences for all. But Tony ends up killing Bernardo, the leader of the Sharks, after Bernardo kills Riff, Tony's lifelong friend.

#3 ***Boyz in the Hood*** (1991) d. John Singleton
1:31:00-1:41:30
In the scene immediately preceding this one, Trey's close friend, Ricky, is murdered by a 27-year-old gang member who Ricky had insulted the previous night. Angered by the murder of his friend, Trey sets out with Ricky's brother, Doughboy, in pursuit of the killer. Trey decides at the last minute to get out of the car. Doughboy, however, avenges his brother's death.

Discussion questions:

- How, if at all, does Nick Romano in *Knock on Any Door* differ from Tony in *West Side Story*? From Doughboy or Trey in *Boyz in the Hood*?
- What influences shaped the identity development of the main characters in each of the movies? Has the source of these influences changed or stayed the same over time?
- Do any of these adolescents operate by a morality system? If yes, what is it?
- Has the environment in which young people grow up changed over the years? If yes, how?

a. "**War Zone Neighborhoods**"

(1) Social scientist James Garbarino describes "war zone neighborhoods" as places where almost every fourteen-year-old has been to the funeral of a playmate who was killed, where two-thirds of the kids have witnessed a shooting and where young children play a game called "funeral" with the toy blocks in their preschool classroom. Such war zones have been the primary sites for children who kill. The number of such war zone neighborhoods have increased steadily since the 1960s, when they were primarily located in large urban centers. However, in the past two decades, such neighborhoods have developed in a number of medium-sized cities, such as Denver, Minneapolis-St. Paul and Salt Lake City (Garbarino, pp. 17-18).

(2) Children who grow up surrounded by violence often exhibit developmental problems, including symptoms of post-traumatic stress disorder (PTSD). Violence within a neighborhood threatens a child -- the child feels unsafe. As a result the child does not believe adults and/or society can protect the child. Moreover, these children learn to distrust adults and society because they are let down by the false promises of adults and/or society concerning their feeling of safety and security. They learn to use violence to protect themselves because they feel a very real threat to their own safety.

(3) Neighborhood violence affects children at a very young age -- first leading to aggressive behavior (i.e., fighting) and then to more severe acts of violence. (Becker & Rickel at p. 238 with cite to Bell & Jenkins 1994)

b. **Association with Delinquent Youth and Prevalence of Gangs**.

(1) Research has shown that involvement with friends who engage in delinquent behavior is a major cause of chronic offending behavior. (Elliott, D.S., et al., GOOD KIDS FROM BAD NEIGHBORHOODS (Forthcoming)) (*Note to trainer: trainer should show overhead graphic entitled "Mean Gains in Self-Reported Delinquency Frequency Scores by Levels of Family and School Bonding and Delinquent or Prosocial Friends," attached at Appendix E.*)

(a) Question arises about the cause and effect pattern: do youth go from non-delinquent to delinquent behavior once they acquire delinquent friends, or do children who already engaged in delinquent behavior acquire delinquent friends? Elliott study: 90% of the cases tracked showed the former. (Elliott, D.S., and Menard, S., *Delinquent Friends and Delinquent Behavior: Temporal and Developmental Patterns* in D.J. Hawkins, ed., DELINQUENCY AND CRIME. New York: Cambridge University Press (1996))

(b) Research has also shown that if you are in a predominantly delinquent peer group, it makes little difference whether you are in a strong, stable family or positive school environment. (See overhead graphic entitled "Mean Gains in Self-Reported Delinquency Frequency Scores by Levels of Family and School Bonding and Delinquent or Prosocial Friends," attached at Appendix E.)

i) The highest risk for delinquent/violent behavior are for those children in a peer group that is made up of predominantly delinquent youth. For such youth, getting them out of the predominantly delinquent peer group is a critical intervention.

a) This has important implications for programming for adjudicated youth, i.e., placing a child in a residential facility with other delinquent youth increases the chances that the child will continue to engage in delinquent behavior.

ii) When a child is in a mixed group of peers (i.e., some delinquent, some non-delinquent), the strength of the family and school situations

become critical. If there is strong family bonding, for example, the child is more likely to be influenced by his prosocial peers than his delinquent peers.

(2) According to the federal government, more and more children report that gangs are active in their schools and communities -- gang activity is up 50% between 1989 and 1995, according to these reports. Also, the average age of gangs is increasing, and thus children become involved in more serious offending. (Garbarino, p. 13)

c. **Substance Abuse**.

(1) In 1997, the Centers for Disease Control and Prevention reported that 9% of high-school age males had used cocaine, and 50% of adolescent boys reported having used marijuana. The overall rate of drug use among teenagers is on the increase again (after declining from 1976-1994) and now stands at 36% of the teenage population. Heavy alcohol use among teenage boys is also common: 37% of boys surveyed reported that they drank five or more drinks on one occasion at least once in the previous month. (CDC Annual Youth Risk Behavior Surveillance)

(2) However, studies show that illegal drug use typically follows (not precedes) the onset of violent behavior. (Elliott, D.S., *Serious Violent Offenders: Onset, Developmental Course and Termination* in 32 CRIMINOLOGY 1 (1994)). Drug use has more of an impact on the continuity of chronic violence. Drug use by youth who have already begun to engage in violent behavior will:

(a) lengthen the duration of the youth's violent career into young adulthood; and
(b) increase the rate at which violence occurs.

d. **Widespread Availability of Weapons**. A 1997 CDC survey revealed that 28% of adolescent boys carried a weapon – a gun, a knife, or a club – in the previous month, with 13% stating that they carried the weapon to school. Adolescents carry weapons primarily because they feel threatened and that they can’t count on adults to protect them.

5. **Neurological and Biological Problems**

a. Surveys point to a significant increase among children with conditions such as Attention Deficit Disorder (ADD) that result in behavioral difficulties. Such conditions may be caused by neurological problems. Moreover, improved medical care means that more premature infants are surviving today; the rate of learning difficulties in children who are born prematurely is about 25% higher than for those who are full term. (Garbarino, pp. 14-15)

b. Children with neurological problems, such as ADD or Attention Deficit Hyperactivity Disorder (ADHD), often have difficulty concentrating and engaging in tasks and instead act out. Rather than being treated for their neurological

problems such children are often maltreated because they are more difficult to control, and because their neurological problem has not been identified. (Karr-Morse, pp. 106-08). As Karr-Morse states: "What we know is that children with early discernible impulse-control problems, such as attention deficit/hyperactivity disorder (ADHD), are at a considerably higher risk of later violent behavior when the problem is left untreated, or is treated only by stimulant medication. Negative outcomes for these children are greatly increased when ADHD is exacerbated by familial or environmental factors such as maternal rejection, child abuse, or the modeling of violent solutions to everyday problems." (Karr-Morse, p. 36)

c. Poor prenatal care (drug/alcohol/tobacco use, malnutrition, and lack of access to medical care) increases the likelihood that a child will develop neurological problems and/or learning disabilities that may lead to problem behavior. (Karr-Morse, pp. 62-78)

6. **Learning Disabilities and Difficulties at School.** *The following material is excerpted from Module Five: Special Ed Kids in the Justice System: How to Recognize and Treat Young People with Disabilities That Compromise their Ability to Comprehend, Learn, and Behave.*

a. **Estimates of the incidence of learning disabilities among the juvenile offender population vary based upon the definitional criteria used and the type of assessment instrument employed.**

(1) Studies that adhere strictly to federal standards for learning disabilities tend to find lower rates of learning disabled children among juvenile offenders as compared to studies that base disability qualification simply on observed academic lags (sharp discrepancy between intelligence (normal) and standardized test performance (sub-normal/radically inconsistent)).

(2) Direct assessment reveals substantially higher rates of learning disabilities than survey research and file reviews.

(3) Estimates from professional associations exceed the findings of research studies.

b. **Statistics on the prevalence of children with disabilities in the juvenile justice system** (as compared to the population as a whole):

(1) **General Population**: a recent statistical compilation estimates that 2-5% of all public school students in the United States are Severely Emotionally Disturbed (SED), 5% are Learning Disabled (LD), 1-2% are Mentally Retarded (MR), and 3-5% have an Attention Deficit/Attention Deficit Hyperactivity Disorder (ADD/ADHD). Between 7-12% of the school age population is believed to have some sort of educational disability.

(2) **Juvenile Delinquents**: 28-46% of the juvenile offender population has an educational disability. Within that group, 9-42% are LD; 16-50% are SED;

and 3-30% are MR. There are no applicable statistics to show the incidence of ADD/ADHD among this population.

(3) **Incarcerated Juvenile Delinquents**: 28-60% of the incarcerated juvenile offender population has an educational disability. Within that group, 11% are LD; 20% are SED; 18% have some kind of ADD/ADHD; and 3-10% are MR.

(4) **Arrest Rates**: It is estimated that 18% of the mentally retarded, 31% of the learning disabled, and 57% of the emotionally disturbed will be arrested within five years of leaving high school.

(5) **Victims of Crime**: the disabled are far more often the victims of crime than the perpetrators, particularly among the developmentally disabled population, of whom 75-90% are estimated to have been the victims of sexual or physical abuse at the hands of care givers and others.

(6) One recent study found that 100% of children who had committed homicide had a history of serious school problems; 86% had failed at least one grade; and 76% with documented learning disabilities. (From Karr-Morse p. 182, originally from Meyers, et al.)

c. **The relationship between disabling conditions and delinquency**[2]

(1) **Susceptibility**.

(a) There are certain variables inherent in learning and developmental disabilities that make an individual more susceptible to criminal involvement. Specifically, these disabilities predispose an individual to:

i) make poor decisions and social judgments that lead to involvement in crime;

ii) have weak or no avoidance techniques that lead to detection and eventual arrest (i.e., they are more likely to get caught);

iii) have social skill deficits that result in harsher treatment once in the justice system; and

iv) have learning difficulties that almost ensure increased recidivism (i.e., it is more difficult for them to "learn their lesson" and reform their ways).

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[2]For more information on the relationship between disabling conditions and deliquency, the trainer is referred to the following scholarly articles: Katherine A. Larson, *A Research Review and Alternative Hypothesis Explaining the Link Between Learning Disability and Delinquency*, 21 JOURNAL OF LEARNING DISABILITIES 289 (June/July 1988); Norman Brier, *The Relationship Between Learning Disabilities and Delinquency: A Review and Reappraisal*, 22 JOURNAL OF LEARNING DISABILITIES 546 (1989).

(b) There are several susceptibility variables, and for each variable lists there exist typically observed difficulties that may account for increased juvenile justice involvement:

i) Reduced Cognitive Ability
   a) Lower average IQ
   b) Poor decision-making skills
   c) Increased probation violations and recidivism

ii) Language Immaturity
   a) Reduced self-talk (i.e., guiding one's own actions through inner language)
   b) Deficient verbal mediation skills
   c) Need for outside coaching or direction

iii) Developmental and Academic Lags
   a) Immature/missing cognitive strategies
   b) Information-processing deficits
   c) Illiteracy and other skill deficits

iv) Social Perception and Problem-Solving Deficits
   a) Misinterpreted social cues
   b) Reduced empathy and role-taking skills
   c) Poor planning skills
   d) Inability to generate adaptive solutions

v) Interpersonal Skills Deficits
   a) Social abrasiveness
   b) High suggestibility
   c) Inattention, distractibility and impulsivity

(2) **School failure/school frustration**.

(a) A disabled child enters junior high or high school with poor skills that have not responded to educational intervention, which leads to poor grades and underachievement in school. The resulting embarrassment in front of peers and negative self-image causes the student to develop a high level of frustration with academic tasks, cut classes and seek out delinquent-prone peer groups to find acceptance, a social identity, and a sense of achievement lacking in the school setting. Finally, the student drops out of school altogether, joins a gang, commits delinquent acts, and enters the juvenile justice system.

(b) Although clinical observation, school records, and tests of basic academic skills tend to support the School Failure Hypothesis, the evidence derived from academic studies does not support a direct causal relationship between academic underachievement and delinquency in learning disabled youth. (Larson 1988). One well-known educator of LD youth explained

the significance of the School Failure Hypothesis as "tell[ing] the story of frustration that many disabled teens feel in the peer group. Some of these youngsters will do almost anything to make up for their shortcomings and earn the respect of their peers. Thus many disabled students assume mascot status, especially in youth gangs, where they are used as "go-fers" or scapegoats." (Cowardin 1998)

(3) **Differential treatment**. Studies support the claim that, when the treatment of disabled children in the juvenile system is compared with the treatment of similarly situated non-disabled children, those with disabilities are subject to harsher treatment at arrest, adjudication and disposition as compared to that of their non-disabled peers. The statistics below are provided by the National Center for State Courts and Nancy Cowardin.

(a) At Arrest.

i) The Statistics: Learning disabled youth are 200% more likely to be arrested than nondisabled youth for comparable delinquent activity.

ii) Possible reasons:
a) Lack of avoidance/nondetection strategies
b) Used as scapegoats by peer groups
c) Act defiantly, uncooperatively or evasively
d) Less adept at knowing how, when, and with whom to talk
e) Failure of the system to perceive disabilities and respond to them

(b) At Adjudication.

i) The Statistics: Adjudication has been found to be 220% more likely if the offender has a LD. Nonadjudicated youth averaged two years higher in school achievement than those adjudicated delinquent, despite similar backgrounds of offenses.

ii) Possible reasons:
a) Negative school history and continuing failure
b) Reduced ability to comprehend legal proceedings
c) Reduced ability to self-advocate
d) Poor social presentation
e) Failure of the system to perceive disabilities and respond to them

(c) At Disposition.

i) The Statistics: despite similar records of prior offenses, once adjudicated delinquent, the term of incarceration and/or probation averaged 2-3 years longer for those with disabilities as compared to their nondisabled peers.

ii) Possible reasons:

a) Reduced ability to comprehend terms of probation and/or release document
b) Inability to comply with academic and other requirements named as terms for termination/release
c) Behavior and interpersonal problems with staff and other students
d) Failure of system to understand and make allowances for cognitive differences

7. **Exposure to violence in the media**.

a. Media violence is not the single cause of youth violence, but is a contributing factor to children at extreme risk. Media violence reinforces and legitimizes violence as an acceptable way to deal with various situations for children living in negative family and/or community environments. Children also become desensitized to violence by witnessing it in the media.

b. An expert panel of the American Psychological Association did a comprehensive review of research studies on the relationship between violence in the media to real-life violent behavior. The panel concluded that the evidence linking televised violence to real-life violence is about as strong as the research evidence linking smoking to cancer. While television violence is not the only cause of youth violence, it does play a significant role, accounting for about 10-15% of the variation in violent behavior. And the most psychologically vulnerable children are the ones most likely to show the effects. (Garbarino, p. 108)

c. Statistics:

(1) Violent acts appear 8-12 times per hour on television.
(2) Cartoons (aimed at children) have 25-50 violent acts per hour.
(3) The average child witnesses 10,000-12,000 violent acts per year on television.
(4) By the time children finish grade school they have viewed 8,000 murders and 100,000 violent acts on television.
(5) Children and adolescents on average watch 4 hours of television per day.
(6) Overall children spend more time watching television than any activity other than sleeping. (Sege, pp. 129-142)
(7) One study found that "good" characters or heroes commit 40% of violent acts on television, more than a third of the bad characters aren't punished, and more than 70% of the aggressors show no remorse and experience no criticism or penalty for their violent actions. (Garbarino, p. 108, citing study by American Psychological Association)

8. **Parental criminality**. Parental criminality is a significant risk factor which increases the chances a child will become violent. Parental criminal behavior is a model from which children learn. Also, parental criminality tends to disrupt social control (e.g., it is often accompanied by abuse and neglect, rejection and abandonment, and a lack of supervision). (Policymaker's Guide, p. 24, with cite Laub & Sampson 1988, p. 375).

a. The most extensive investigation to date of the relationship between parental criminality and juvenile deliquency -- conducted by West and Farrington -- concluded that "the fact that delinquency is transmitted from one generation to the next is indisputable." This study showed that criminal fathers tend to produce criminal sons, and that the same is probably true of criminal mothers. (Policymaker's Guide, p. 23, with cite West & Farrington 1973, 1977, p. 109, 116).

b. Another study found that children with two parents with criminal histories were at an extremely high risk of delinquency. (Policymaker's Guide, p.23)

9. **Poor Interactions with Peers**

a. Peer interaction often reinforces both a child's insecurity and a child's belief in violence as an acceptable and effective from of protection from the environment in which they live. Children who feel rejected by their peers are also likely to feel a sense of rage and hostility stemming from the shame of rejection.

b. Often the children who have the most difficulty with peer relations exhibit conduct disorder in school. They act out in class, skip school, and exhibit aggressive behavior. If these children are assessed and treated within the school setting there is a good chance their behavior will improve. However, children with conduct problems are often merely punished and further isolated by their adult supervisors rather than helped and supported.

VI. Statistics on Violent Offending by Young People

Source: Snyder, Howard N. and Sickmund, Melissa, JUVENILE OFFENDERS AND VICTIMS: 1999 NATIONAL REPORT. Washington, D.C.: National Center for Juvenile Justice (1999).

A. The vast majority of children coming into juvenile justice system are NOT violent offenders.

1. Clearance statistics show that between 1980 and 1997, adults (persons age 18 and older) were responsible for between 86%-91% of all violent crime in the U.S.

2. In 1997, 5% of the 2.8 million juvenile arrests were for the violent crimes of aggravated assault, robbery, forcible rape or murder. The most serious charge in more than 40% of all juvenile arrests in 1997 was larceny-theft, simple assault, a drug abuse violation or disorderly conduct.

3. Persons between the ages of 10-17 accounted for 19% of all arrests in 1997. Based on their representation in the population of arrested persons as a whole, juveniles were disproportionaltely involved in arrests for arson, vandalism, motor vehicle theft, burglary, larceny-theft, robbery, and weapons laws violations. In contrast, juveniles were underrepresented in arrests for murder, aggravated assault, forcible rape, driving under the influence, drunkenness, and drug abuse violations.

4. The overall proportion of violent crimes committed by juveniles reported by victims to law enforcement officials has changed little in the last 20 years.

5. From the early 1970s through 1988, the number of juvenile arrests for violent crimes (murder, rape, robbery and aggravated assault) varied with the size of the juvenile population; that is, the arrest rate remained constant. In 1989, the juvenile violent crimes arrest rate jumped up and continued to climb until it reached a peak in 1994; there was a 62% increase in that arrest rate between 1988-1994. The rapid increase was followed by a rapid decline. By 1997, the juvenile violent crime arrest rate was at the lowest level in the 1990s: 7% above the 1989 rate but still 25% above the 1988 rate.

B. Approximately 10% of males and 3% of females who come into contact with the juvenile justice system for a delinquent act will be charged with at least one violent offense by the time they reach age 18.

VII. The Developmental Dynamics of Violent Offending

A. **Three Major Points of Onset of Aggressive Behavior in Youth.** (*Note to trainer: trainer should show overhead attached as Appendix F entitled "Lifestyle Violent Offender Types"*.)

1. **Ages 4-5**: when children start school a group is identified as being "out of control." These children are diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD), Conduct Disorder or Oppositional Defiant Disorder.

   a. half of this group will become serious chronic offenders if there are no interventions.
   b. BUT the other half will grow out of these problem behaviors by the age of ten.
      (1) this suggests that there are protective factors (i.e., good parenting or mentoring by nonfamily members) that intervene to "re-route" these children's developmental pathway.

2. **Late 20s, early 30s**: a small percentage of people in this age range will begin to exhibit aggressive behavior as they transition into adulthood. Research shows that the main factors contributing to this late onset are a failure to form intimate relationships and to obtain a steady job.

3. *****Ages 12-18**: huge surge of onset of aggressive behavior in these adolescent years.

   a. Onset of serious violence mostly takes place between ages 12-18. (*Note to trainer: trainer should show line graph attached as Appendix G, entitled "Onset of Serious Violent DLQ."*)

   b. 80% of those who are violent in their adolescent years will NOT continue their violent behavior in their adults years. (Elliott, D.S., *Serious Violent Offenders: Onset, Developmental Course and Termination* in 32 CRIMINOLOGY 1 (1994)) Again, this suggests that there are certain protective factors at work that interrupt the developmental pathway to chronic violent offending.

   c. It is not too late to intervene and "re-route" these children's developmental pathways when we see them as teenagers in the juvenile court!!! We must identify the protective factors that are critical at each stage of development, and then create programming that enhance these factors.

B. **Protective Factors that Intervene in Pathways to Chronic Violence**

1. Self-reported prevalence rates of violent behavior decline for white males as they go through their 20s. By contrast, the self-reported prevalence rates of violence among African-American men begins to pick up again in their 20s and wans again in their 30s. (*Note to trainer: trainer should show bar graph attached as Appendix H, entitled "Prevalence of Serious Violence."*)

2. Twice as many African-American males as compared to white males will continue their violent behavior (which began when they were teenagers) into their adult years.

3. This indicates that some factors are intervening in the lives of white males that takes them off a developmental pathway or trajectory of chronic offending, while these factors are absent in the lives of African-American males.

4. Researchers controlled for two variables or "protective factors" to understand the source of the differential between white and African-American males in the rate of continuity of violent offending into young adulthood. (Elliott, D.S., *Serious Violent Offenders: Onset, Developmental Course and Termination* in 32 CRIMINOLOGY 1 (1994)). When they controlled for these two variables, the differential disappeared. The two variables that were controlled were:

   a. whether the men had a stable job. White and African-American men who had steady jobs had similarly low continuity rates of violent offending.

   b. whether the men were in a stable, intimate relationship. When young people enter into intimate relationships, their adolescent peer group -- with whom they were involved in offending behavior -- breaks up. But when they fail to form these intimate relationships, males remain linked to their youthful peer groups well into their 30s and, thus, continue their involvement in offending behavior. We see the phenomenon today of gangs with members well into their 30s and 40s.

5. This research demonstrates at least two critical markers for a successful transition from adolescence to adulthood: steady, productive employment and stable, intimate relationships.

C. **Structuring Developmentally Appropriate Interventions**

1. We can use the research on protective factors to structure interventions for youth that will "re-route" their developmental pathways away from chronic violent offending.

2. These interventions must be developmentally appropriate. Programs must be structured to address the particular causes of onset and continuity of violent behavior for the particular age group you are targetting.

VIII. **Protective Factors**

Protective factors are those personal, familial and community attributes which help prevent children exposed to these risk factors from becoming chronic violent offenders, either directly or by virture of buffering the child from the negative effects of risk factors. The Search Institute, a nonprofit research and technical support organization that works on issues affecting the quality of life for children and adolescents, has identified 40 external and internal "developmental assets" that all youth need to grow up healthy, competent, and caring. This asset list was compiled through extensive examination of youth development literature, field research, and consultation with experts. The following chart is reprinted with permission from Search Institute (Minneapolis, MN). Copyright © 1997 by Search Institute 1-800-888-7828. All rights reserved by Search Institute

(*Note to trainer: trainer should show overheads attached as Appendix I, which replicate the chart below.*)

EXTERNAL ASSETS

Support

Family support	Family life provides high levels of love and support.
Positive family communication	Young person and his/her parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).
Other adult relationships	Young person receives support from three or more non-parent adults.
Caring neighborhood	Young person experiences caring neighbors.
Caring school climate	School provides a caring, encouraging environment.
Parent involvement in schooling	Parent(s) are actively involved in helping young person succeed in school.

Empowerment

Community values youth	Young person perceives that adults in the community value youth.
Youth as resources	Young people are given useful roles in the community.
Service to others	Young person serves in the community one hour or more per week.
Safety	Young person feels safe at home, at school, and in the neighborhood.

EXTERNAL ASSETS

Boundaries and Expectations

Family boundaries	Family has clear rules and consequences, and monitors the young person's whereabouts.
School boundaries	School provides clear rules and consequences.
Neighborhood boundaries	Neighbors take responsibility for monitoring young people's behavior.
Adult role models	Parent(s) and other adults model positive, responsible behavior.
Positive peer influence	Young person's best friends model responsible behavior.
High expectations	Both parent(s) and teachers encourage the young person to do well.

Constructive Use of Time

Creative activities	Young person spends three or more hours per week in lessons or practice in music, theater or other arts.
Youth programs	Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
Religious community	Young person spends one hour or more per week in activities in a religious institution.
Time at home	Young person is out with friends "with nothing special to do" two or fewer nights per week.

INTERNAL ASSETS

Commitment to Learning

Achievement motivation	Young person is motivated to do well in school.
School engagement	Young person is actively engaged in learning.
Homework	Young person reports doing at least one hour of homework every school day.
Bonding to school	Young person cares about his/her school.
Reading for pleasure	Young person reads for pleasure three of more hours per week.

Positive Values

Caring	Young person places high value on helping other people.
Equality and justice	Young person places high value on promoting equality and reducing hunger and poverty.
Integrity	Young person acts on convictions and stands up for his/her beliefs.
Honesty	Young person tells the truth even when it is not easy.
Responsibility	Young person accepts and takes personal responsibility.
Restraint	Young person believes it is important not to be sexually active or to use alcohol or other drugs.

INTERNAL ASSETS

Social Competencies

Planning and decision-making	Young person knows how to plan ahead and make choices.
Interpersonal competence	Young person has empathy, sensitivity, and friendship skills.
Cultural competence	Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
Resistance skills	Young person can resist negative peer pressure and dangerous situations.
Peaceful conflict resolution	Young person seeks to resolve conflict non-violently.

Positive Identity

Personal power	Young person feels s/he has control over things that happen to him/her.
Self-esteem	Young person reports having a high self-esteem.
Sense of purpose	Young person reports that “my life has a purpose.”
Positive view of personal future	Young person is optimistic about his/her personal future.

IX. Interventions for Violent Juvenile Offenders

A. The relationship between maltreatment and other risk factors, and committing violence is not inevitable. Appropriate intervention that is structured to reduce or eliminate risk factors and facilitate protective factors can promote long-range violence prevention.

B. Truly integrated, developmentally-appropriate interventions which address the many "contexts" in which children live have the best chance of success.

1. From infancy to late childhood, there is one dominant context for the child: the family. Early interventions are quite successful because they can be highly focused on the child's one, dominant context.

2. By contrast, once a child enters adolescence, the social context of interactions with peers emerges and becomes dominant, as well as the school context. Therefore, interventions targetted at adolescents must address these multiple contexts.

3. For a successful transition to adulthood, peer groups must cease to be the young person's dominant context, as work and intimate relationships become the dominant contexts.

C. The "Blueprint Programs." In 1996, the Center for the Study and Prevention of Violence (CSPV), with DOJ funding, initiated a project to identify violence prevention programs that met a very high scientific standard of program effectiveness. The objective was to identify truly outstanding programs, and to describe these interventions in a series of "blueprints" that communities could use to replicate the model programs. The "blueprints" describe the theoretical rationale, the core components of the program as implemented, the evaluation designs and results, and the practical experiences that professionals encountered while implementing the program at multiple sites. More than 450 programs were evaluated, and the project identified 10 programs that met the criteria for effectiveness. The "blueprints" were designed to be very practical descriptions of effective programs which would allow states, communities, and individual agencies to:

1. Determine the appropriateness of this intervention for their state or community.

2. Provide a realistic cost estimate for this intervention.

3. Provide an assessment of the organizational capacity needed to ensure its successful start-up and operation over time.

4. Give some indication of the potential barriers and obstacles that might be encountered when attempting to implement this type of intervention.

D. **Selection Criteria.** (*Note to trainer: for a full description of the selection criteria for the Blueprint Programs, see Appendix B.*)

1. **Strong research design that allows for empirical measurement of outcomes.**

2. **Evidence of significant prevention or deterrent effects.** This is an obvious minimal criterion for claiming program effectiveness. Relatively few programs have demonstrated effectiveness in reducing the onset, prevalence or individual offending rates of violent behavior.

3. **Multiple site replication.** Replication is an important element in establishing program effectiveness. It establishes the robustness of the program and its prevention effects and its exportability to new sites.

4. **Sustained Effects.** A number of programs have demonstrated initial success in deterring delinquency, drug use, and violence during the course of treatment or over the period during which the intervention was being delivered and reinforcements controlled. This selection criterion requires that these short-term effects be sustained beyond treatment or participation in the designed intervention.

E. **Blueprint Programs for juvenile offenders.**

1. **Multisystemic Therapy (MST).**

a. **Program Overview.**

(1) MST is an intensive, time-limited, family and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The mulitsystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. Because different combinations of these factors are relevant for different adolescents, MST interventions are individualized and highly flexible.

Audiovisual Aid

A videotape on the programs that are discussed below is available for purchase from the Center for the Study of Violence Prevention. An order form is attached at Appendix D. The three programs described below -- Multisystemic Therapy, Multidimensional Treatment Foster Care, and Functional Family Therapy -- are featured in minutes 14:30-20:05 of the videotape.

(2) MST is an alternative to out-of-home care that was developed precisely because traditional treatment efforts in institutional settings have been largely ineffective in reducing chronic offending. There is overwhelming evidence that serious antisocial behavior is determined by the interplay of individual, family, peer, school, and neighborhood settings. Restrictive out-of-home placements fail to address these known determinants and fail to change the environment to which the young person will eventually return.

b. **Program Targets**: MST targets chronic, violent, or substance abusing male or female juvenile offenders, ages 12 to 17, at high risk of out-of-home placement, and the offenders' families.

c. **Program Content**.

(1) MST addresses the multiple factors known to be related to delinquency across the key settings, or systems, within which youth are embedded. MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change.

(2) The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower youth to cope with family, peer, school, and neighborhood problems. Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family for responsible behavior. Specifically, MST interventions aim to:

(a) improve caregiver discipline;
(b) enhance family relations;
(c) decrease youth association with deviant peers;
(d) increase youth association with prosocial peers;
(e) improve youth school or vocational performance;
(f) engage youth in prosocial recreational outlets; and
(g) develop an indigenous support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes.

(3) Intervention strategies are integrated into the existing social ecological context and include strategic family therapy, structural family therapy, behavioral parent training, and cognitive behavior therapies.

(4) MST is provided using a home-based model of services delivery. Services are provided by master’s level counselors with low caseloads and 24 hours/day, seven days/week availability. The individualized treatment plan is designed with family members and is, therefore, family driven, not therapist driven. This model helps to overcome barriers to service access, increases family retention in treatment, allows for the provision of intensive services, and enhances the maintenance of treatment gains. The usual duration of MST treatment is approximately 60 hours of contact over four months, but frequency and duration of sessions are determined by family need.

(5) Recognizing that there are crisis situations when residential care is necessary, the developers of the MST model are incorporating residential beds and therapeutic foster care families in the continuum of services that are available through the MST program. In that way, the child's MST treatment plan will not be interrupted if an emergency out-of-home placement is required.

(6) The people who developed MST credit its success to four key elements:

(a) Factors determined through empirical research to be related to dysfunctional behavior are addressed comprehensively;

(b) services are delivered to youth and families in their natural settings;

(c) therapists are well-trained, well-supported, and monitored for adherence to the treatment approach; and

(d) considerable effort is invested to develop, nurture, and maintain positive relationships among the various agencies involved.

d. **Program Outcomes**. MST has received the most empirical support as an effective treatment of violent criminal behavior in adolescents. (Borduin and Schaffer, p. 163) Numerous studies have established the efficacy of MST in serious and violent adolescents in both the short- and long-term. Moreover, MST has also been found effective across cultural, regional, and treatment setting variables. (Henggeler, S.W., Mihalic, S.F., et al., 1998) Evaluations of MST have demonstrated for serious juvenile offenders:

(1) reductions of 25-70% in long-term rates of rearrest;

(2) reductions of 47-64% in out-of-home placements;

(3) extensive improvements in family functioning; and

(4) decreased mental health problems for serious juvenile offenders.

e. **Program Costs.** MST has achieved favorable outcomes at cost saving in comparison with usual mental health and juvenile justice services, such as incarceration and residential treatment. At a cost of $4,500 per youth, a recent policy report concluded that MST was the most cost-effective of a wide range of intervention programs aimed at serious juvenile offenders. This compares to the estimated cost of $16,300 for the average course of institutional treatment. (Henggeler et al., 1992)

f. **Where has it been tried?** Sites where MST has been or currently is being implemented include Charleston, S.C., Columbia, MO, Memphis, TN, Philadelphia, PA, and Boston (Roxbury), MA.

2. **Multidimensional Treatment Foster Care (MTFC).**

a. **Program Overview**.

(1) MTFC is an effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents who have problems with

chronic antisocial behavior, emotional disturbance, and delinquency. The program was developed to decrease reliance on congregate care interventions that place juvenile delinquents together (such as RTCs, training schools), because empirical research has shown that association with deviant peers is a strong predictor of involvement in and escalation of aggressive and delinquent behavior.

(2) Social learning theory -- the way in which individuals learn to behave in social contexts -- is the underpinning of the program. Daily interactions between family members shape and influence both prosocial and antisocial patterns of behavior that children develop and carry with them into their interactions with the outside world. MTFC aims to strengthen these familial interactions to promote prosocial behavior while at the same time reducing interactions with delinquent youth.

(3) Adolescents are placed in a family setting for a period of six to nine months. Community families are recruited, trained, and closely supervised to provide MTFC-placed adolescents with:

(a) treatment and intensive supervision at home, in school, and in the community;

(b) clear and consistent limits with follow-through on consequences;

(c) positive reinforcement for appropriate behavior;

(d) a relationship with a mentoring adult; and

(e) separation from delinquent peers.

b. **Program Targets:** Teenagers with histories of chronic and severe criminal behavior who are at risk of incarceration. The MTFC model has also been show to be effective for children and teenagers leaving state mental hospital settings.

c. **Program Content.**

(1) **MTFC Training for Community Families**. Emphasizes behavior management methods to provide youth with a structured and therapeutic living environment. After completing a pre-service training and placement of the youth, MTFC parents attend a weekly group meeting run by a program case manager where ongoing supervision is provided. Supervision and support is also given to MTFC parents during daily telephone calls to check on youth progress and problems. Crisis intervention is available 24 hours/day, seven days/week.

(2) **Services to the Youth's Family**. The youth's parents participate in treatment throughout the course of the MTFC placement, so that by the time

the child goes home the parent is practiced in setting limits and keeping their child from associating with negative peers. Family therapy is provided for the youth's biological (or adoptive) family, with the ultimate goal of returning the youth back to the home. The parents are taught to use the structured system that is being used in the MTFC home. Closely supervised home visits are conducted throughout the youth's placement in MTFC. Parents have frequent contact with the MTFC case manager to get information about their child's progress in the program.

(3) **Services to the Youth.** Youth participate in a structured daily behavior management program implemented in the MTFC home. Youth are not permitted to have unsupervised free time in the community, and their peer relationships are closely monitored. Individual, skill-focused therapy is also provided weekly for program youth. School attendance, behavior, and homework completion are closely monitored, and interventions are conducted as need for the youth in school.

(4) **Coordination and Community Liaison**. Frequent contact is maintained between the MTFC case manager and the youth's parole/probation officer, teachers, work supervisors, and other involved adults.

d. **Program Outcomes**. Evaluations of MTFC have demonstrated that program youth compared to control group youth:

(1) Spent 60% fewer days incarcerated at 12 month follow-up;

(2) Had significantly fewer subsequent arrests;

(3) Ran away from their programs, on average, three time less often;

(4) Had significantly less hard drug use in the follow-up period; and

(5) Had quicker community placement from more restrictive settings (e.g., hospital, detention).

e. **Program Costs.** The cost per youth is $2,691 per month; the average length of stay is seven months. MTFC is less expensive than placement in group, residential care, or institutional settings.

f. **Where has it been tried?** Eugene, OR; Flagstaff, AZ: Lynchburg, VA; Allentown, PA; Waupaca, WI; and various sites in Kentucky and Tennessee.

3. **Functional Family Therapy (FFT).**

a. **Program Overview.** FFT is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out

behaviors and related syndromes. FFT integrates treatment strategies from both systems theory and behavioral therapy.

(1) Family therapy approaches attempt to change aspects of family relations that correlate with aggression and violence (e.g. lax parental discipline, conflict, low affection). To be effective, treatments of serious antisocial behavior should include family therapy.

(2) Behavioral parent training for aggression is the best researched family-based treatment for aggression, and this approach has shown considerable success with young children. Behavioral parent training, however, has had limited success when used with serious adolescent offenders. Hence, behavioral parent training has limited effectiveness with violent offenders and is best accompanied by other modes of intervention.

(3) FFT combines the best of both family therapy and behavioral training, and is regarded as one of the most promising treatments of antisocial behavior in adolescents

b. **Program Targets**: Youth, aged 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder.

c. **Program Content.** FFT requires as few as 8-12 hours of direct service time for commonly referred youth and their families, and generally no more than 26 hours of direct service time for the most severe problem situations.

(1) **Delivery modes**: Flexible delivery of service by one- and two-person teams to clients in-home, clinic, juvenile court, and at time of re-entry from institutional placement.

(2) **Implementation**: Wide range of interventionists, including para-professionals under supervision, trained probation officers, mental health technicians, and degreed mental health professionals (e.g., M.S.W., Ph.D, M.D., R.N., M.F.T.).

(3) **Phases of program**. FFT effectiveness derives from emphasizing factors which enhance protective factors and reduce risk, including the risk of treatment termination. In order to accomplish these changes in the most effective manner, FFT is a phasic program with steps which build upon each other. These phases consist of:

(a) *Engagement*, designed to emphasize within youth and family factors that protect youth and families from early program dropout;

(b) *Motivation*, designed to change maladaptive emotional reactions and beliefs, and increase alliance, trust, hope, and motivation for lasting change;

(c) *Assessment*, designed to clarify individual, family system, and larger system relationships, especially the interpersonal functions of behavior and how they related to change techniques;

(d) *Behavior Change*, which consists of communication training, specific tasks and technical aids, basic parenting skills, contracting and response-cost techniques; and

(e) *Generalization*, during which family case management is guided by individualized family functional needs, their interface with environmental constraints and resources, and the alliance with the FFT therapist/Family Case Manager.

d. **Program Outcomes**. Clinical trials have demonstrated that FFT is capable of:

(1) Effectively treating adolescents with Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder, alcohol and other drug abuse disorders, and who are delinquent and/or violent.

(2) Interrupting the matriculation of these adolescents into more restrictive, higher cost services.

(3) Reducing the access and penetration of other social services by these adolescents.

(4) Generating positive outcomes with the entire spectrum of intervention personnel.

(5) Preventing further incidence of the presenting problem.

(6) Preventing younger children in the family from penetrating the system of care.

(7) Preventing adolescents from penetrating the adult criminal system.

(8) Effectively transferring treatment effects across treatment systems.

e. **Program Costs**. The 90-day costs in two ongoing programs range between $1,350 to $3,750 for an average of 12 home visits per family.

f. **Where has it been tried?** Kentucky, Illinois, Indiana, Montana, Washington, Kansas, Utah, Arizona, North Carolina, Florida, Delaware, Pennsylvania and Nevada.

F. **Promising Programs for Juvenile Offenders**. Programs that did not fit all of the criteria for a Model Program were designated Promising programs. Promising programs have a demonstrated quantitative effect on one or more of the following outcome variables: delinquency/crime, violence, drug use, and predelinquent aggression (e.g.,

Conduct Disorder). Promising programs must have good experimental or quasi-experimental (with control group) design. Programs which have *failed* to produce a sustained effect do not qualify as Promising, although programs which have not yet demonstrated their long-term effects may remain in the Promising category. Promising programs can be single site, unreplicated projects or have a small effect on outcome measures.

1. **Intensive Protective Supervision (IPS).**

a. **Program Overview**. Intensive Protective Supervision (IPS) removes juvenile offenders from criminal justice institutions and provides them with more proactive and extensive community supervision than they would otherwise receive. Its primary goals are to reduce undisciplined acts, decrease the likelihood of future, serious delinquency, and increase socially acceptable behaviors.

b. **Program Targets:** IPS can be used for any youth under age 16 who is adjudicated as a status offender and who receives a protective supervision disposition. These juveniles tend to be non-serious offenders with little prior history of delinquency (they were primarily female in the research study).

c. **Program Content.** Offenders assigned to IPS are closely monitored by project counselors who have fewer cases and interact more extensively with the youth and his/her family than traditional parole officers. The counselors make frequent home visitations to assess family and youth needs, provide support for parents, and role model appropriate behavior. The IPS treatment provides youth with external expert evaluation to identify areas of need and service providers, individualized service plans to target desired behavioral changes, and identification and delivery of professional and/or therapeutic services. Youth assessments, needs, and goals are viewed as ongoing and changing.

d. **Program Outcomes.** When compared to regular protective supervision, IPS has demonstrated both short- and long-term reductions in juvenile offending, including the following:

(1) 7.1% of IPS youth compared to 25.9% of the control group were referred to juvenile court for delinquency during the period of supervision.
(2) 65% of IPS youth compared to 45.3% of control group youth were judged to have successfully completed treatment.
(3) One year after case closing, 14.3% of IPS youth compared to 35.2% of the control group were referred to juvenile court for delinquency.
(4) **Where has it been tried?** Raleigh, NC.

G. **Limitations of traditional approaches to reducing juvenile delinquency**

1. Cognitive-Behavioral Interventions. Cognitive-behavioral skills training approaches assume that juvenile offenders lack cognitive and interpersonal skills for managing challenges in family, peer, and school situations. These intervention programs tend

to focus on skill building, social skill training, anger management, and problem solving. (Borduin & Schaffer, p. 160; Stanton & Meyer, p. 212)

a. Relative to youths in control conditions, those who received cognitive and behavioral skills training showed (a) greater improvements on instrumental outcomes (e.g., social problem-solving measures), (b) modest changes in behavioral problems, and (c) no difference in aggressive behavior outside the institution at a 24-month follow-up. (Broduin & Schaeffer, p. 160)

b. Based on research findings, reviewers have noted that the effectiveness of cognitive-behavior skills training and moral reasoning have not been demonstrated with samples of serious adolescent offenders, such as violent offenders. (Borduin & Schaeffer, p.160)

c. Although cognitive-behavioral treatment programs have been moderately effective, treatment gains appear to be more promising in those programs that combine a strong environmental (ecological) approach with cognitive-behavioral training, individualized contacts, and family therapy. (Stanton & Meyer, p. 213)

2. **Social System Treatment Interventions**

a. **Peer Group Interventions.**

(1) Guided-group interaction (GGI) and its derivatives (e.g., positive peer culture, peer group counseling, and peer culture development) have been widely used in school and residential settings to prevent or decrease delinquent behavior. (Stanton & Meyer, p. 214) Unfortunately, GGI approaches have proliferated in spite of little support for their effectiveness. (Borduin & Schaffer, p. 161) In fact, group association with other delinquents may exacerbate their problems.

(2) These programs have been ineffective probably because they work primarily with artificially-created peer groups rather than the offenders' actual friendship network. (Henggeler, 1989)

(3) Broad-based interventions that emphasize change in adolescents' natural environment, including peer relations in community, have been shown to be more effective -- namely, the context of each child's life-experiences must be a part of treatment. (Stanton & Meyer, p. 214)

b. **Restitution and Meditation**

(1) Restitution is a community-based treatment approach that requires the juvenile offender to pay the victim directly to compensate his/her loss, perform a useful service to the victim, and/or perform a comparable amount of public service. In addition, mediation between the offender and the victim can be a component of the restitution program.

(2) Research shows that restitution may have a small but important impact on recidivism. In two of four studies, the juveniles in restitution programs had fewer recontacts with the court during a 2-3 year follow-up. The study concluded that the mechanism of the positive effect might be attributed to processes such as reduced stigmatization, greater understanding of the effects of the crime on the victim, deterrence, and more intense supervision.

(3) However, restitution alone has not proven to be an effective treatment -- it must be coupled with other modes of treatment to be successful. (Stanton & Meyer, pp. 214-215) Example: The New Mexico Center for Dispute Resolution has developed a service continuum of mediation and conflict resolution programs for children, youth, and family. This program has demonstrated that mediation and resolution interventions can be effective in responding to *some* needs of at-risk juveniles and their families. The underlying goal of the program is to equip youth and their families with basic communication and conflict resolution skills; model alternatives to violence; and improve youth functioning in the environments of home, school, and community. (Stanton & Meyer, p. 215)

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APPENDIX A

Research on the Relationship Between the Accumulation of Risk Factors and Violence

1. A 1991 study, conducted by psychologist Paul Zagar et al., found that a boy's chances of committing murder are twice as high if he has the four following risk factors:
   a. He comes from a family with a history of criminal violence.
   b. He has a history of being abused.
   c. He belongs to a gang.
   d. He abuses alcohol or drugs.

   The same study by Zagar showed that the odds a boy commits murder triple when, in addition to the aforementioned risk factors, the following also apply:
   e. He uses a weapon.
   f. He has been arrested.
   g. He has a neurological problem that impairs thinking and feeling (i.e., the development of cognitive and emotional processing).
   h. He has difficulties at school and has a poor attendance record.

(Garbarino, p. 10)

2. There is a link between risk accumulation, intellectual development, and resilience (the ability to bounce back from highly stressful or traumatic situations). Sameroff has investigated the impact of risk accumulation – including poverty, abusive parent, mental illness, substance abuse problem, absent parent, neglect, low educational attainment, and large family size -- on intellectual development.
   a. His research showed the following on the relationship of risk factors and IQ:
      i. Average IQ of an adolescent with no risk factors: 119
      ii. Average IQ of an adolescent with 1 risk factor: 116
      iii. Average IQ of an adolescent with 2 risk factors: 113
      iv. Average IQ of an adolescent with 4 or more: 93.
   b. The same study also found that having at least average level of intellectual functioning is a predictor of resilience.
3. Research shows that the presence of three (3) or more risk factors increases the chances a child's emotional and cognitive defense mechanisms will be overwhelmed. As "threats accumulate without a parallel accumulation of compensatory 'opportunity' factors a child becomes emotionally and cognitively overwhelmed." (Garbarino, p. 75-6)

APPENDIX B

Selection Criteria for Blueprint Programs

This set of selection criteria establishes a very high standard—one that proved difficult to meet. But this standard reflects the level of confidence needed to build a violence prevention initiative, for the objective is to allow communities to implement these programs with confidence that they will be effective in deterring violence if they are implemented with integrity. Not all of the ten programs selected meet all of the four individual standards, but as a group they come the closest to meeting these standards that the Blueprints project could find. With one exception, they have all demonstrated deterrent effects with experimental evaluation designs using random assignment to experimental and control groups (the Bullying Prevention Program involved a quasi-experimental design). All involve multiple sites and thus have information on replications and implementation integrity, but not all replication sites have been evaluated as independent sites, i.e., the Big Brothers Big Sisters program was implemented at eight sites, but the evaluation was a single aggregated evaluation involving all eight sites. With one exception, all selected programs have demonstrated sustained effects for at least one year post-treatment.

1. **Strong Research Design.** Experimental designs with random assignment provide the greatest level of confidence in evaluation findings, and this is the type of design required to fully meet this standard. Two other design elements are also considered essential for the judgment that the evaluation employed a strong research design: low rates of participant attrition and adequate measurement. Attrition may be indicative of problems in program implementation; it can compromise the integrity of the randomization process and the claim of experimental-control group equivalence. Measurement issues include the reliability and validity of study measures, including the outcome measure, and the quality, consistency, and timing of their administration to program participants.

2. **Evidence of Significant Prevention or Deterrent Effects**. This is an obvious minimal criterion for claiming program effectiveness. Relatively few programs have demonstrated effectiveness in reducing the onset, prevalence or individual offending rates of violent behavior. We have accepted evidence of deterrent effects for delinquency, drug use, and/or violence as evidence of program effectiveness. We also accepted program evaluations using arrests as the outcome measure. Evidence for a deterrent effect on violent behavior is certainly preferable, and programs demonstrating this effect will be given preference in selection, all other criteria being equal. However, this has not proved to be a determining factor in the selection of the first ten model Blueprint Programs. Both primary and secondary prevention effects, i.e., reductions in the *onset* of violence, delinquency or drug use compared to control groups and pre-post reductions in these *offending rates* compared to control groups meet this criteria. Demonstrated changes in the targeted risk and protective factors, in the absence of any evidence of changes in delinquency, drug use or violence was not considered adequate to meet this criterion.

3. **Multiple Site Replication.** Replication is an important element in establishing program effectiveness. It establishes the robustness of the program and its prevention effects and its exportability to new sites. This criterion is particularly relevant for selecting model programs for a national prevention initiative where it is no longer possible for a single

program designer to maintain personal control over the implementation of his or her program. Adequate procedures for monitoring the integrity of implementation must be in place, and this can be established only through actual experience with replications.

4. **Sustained Effects.** A number of programs have demonstrated initial success in deterring delinquency, drug use, and violence during the course of treatment or over the period during which the intervention was being delivered and reinforcements controlled. This selection criterion requires that these short-term effects be sustained beyond treatment or participation in the designed intervention. For example, if a preschool program designed to offset the effects of poverty on school performance (which in turn effects school bonding, present and future opportunities, and later peer group choice/selection, which in turn predicts delinquency, drug use and violence) demonstrates its effectiveness when children start school, but these effects are quickly lost during the first two to three years of school, there is little reason to expect this program will prevent the onset of violence during the junior or senior high school years when the risk of onset is at its peak. Unfortunately, there is clear evidence that the deterrent effects of most programs deteriorate quickly once youth leave the program and return to their original neighborhoods, families, and peer groups (e.g., gangs).

APPENDIX C

Contact information for Blueprint and Promising Programs

FUNCTIONAL FAMILY THERAPY
James F. Alexander, Ph.D.
Department of Psychology
University of Utah
390 S 1530 E, Room 502
Salt Lake City, UT 84112
(801) 581-6538 Office

Kathleen Shafer, Project Coordinator
(801) 585-1807

MULTISYSTEMIC THERAPY
For information on research related questions: Scott W. Henggeler, Ph.D.
Family Services Research Center
Department of Psychiatry & Behavioral Sciences
Medical University of South Carolina
171 Ashley Avenue, Annex III
Charleston, SC 29425-0742
(843) 876-1800

For information on training related questions: Keller Strother
MST Inc.
268 West Coleman Blvd, Suite 2E
Mount Pleasant, SC 29464
(803) 856-8226 x11
URL: www.mstservices.org
E-mail: mst@sprintmail.com

MULTIDIMENSIONAL TREATMENT FOSTER CARE
URL: www.oslc.org/tfc/tfcoslc.html
Patricia Chamberlain, Ph. D., Clinic Director
Oregon Social Learning Center
160 E 4th Street
Eugene, OR 97401
(541) 485-2711

INTENSIVE PROTECTIVE SUPERVISION PROJECT
Kathy Dudley, Juvenile Services Division
Administrative Offices of the Courts
P.O. Box 2448
Raleigh, NC 27602
(919) 662-4738

You may also contact the Blueprint website at http://www.colorado.educ/cspv/blueprints

APPENDIX D

Order form for Blueprints for Violence Prevention Video

APPENDIX E

Overhead

Mean Gains in Self-Reported Delinquency Frequency Scores by Levels of Family and School Bonding and Delinquent or Prosocial Friends

APPENDIX F

Overhead

Lifestyle Violent Offender Types

APPENDIX G

Overhead

Onset of Serious Violent DLQ

APPENDIX H

Overhead

Prevalence of Serious Violence

APPENDIX I

Asset List from Search Institute

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EXTERNAL ASSETS

Support

Family support	Family life provides high levels of love and support.
Positive family communication	Young person and his/her parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).
Other adult relationships	Young person receives support from three or more non-parent adults.
Caring neighborhood	Young person experiences caring neighbors.
Caring school climate	School provides a caring, encouraging environment.
Parent involvement in schooling	Parent(s) are actively involved in helping young person succeed in school.

Empowerment

Community values youth	Young person perceives that adults in the community value youth.
Youth as resources	Young people are given useful roles in the community.
Service to others	Young person serves in the community one hour or more per week.
Safety	Young person feels safe at home, at school, and in the neighborhood.

EXTERNAL ASSETS

Boundaries and Expectations

Family boundaries	Family has clear rules and consequences, and monitors the young person's whereabouts.
School boundaries	School provides clear rules and consequences.
Neighborhood boundaries	Neighbors take responsibility for monitoring young people's behavior.
Adult role models	Parent(s) and other adults model positive, responsible behavior.
Positive peer influence	Young person's best friends model responsible behavior.
High expectations	Both parent(s) and teachers encourage the young person to do well.

Constructive Use of Time

Creative activities	Young person spends three or more hours per week in lessons or practice in music, theater or other arts.
Youth programs	Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
Religious community	Young person spends one hour or more per week in activities in a religious institution.
Time at home	Young person is out with friends "with nothing special to do" two or fewer nights per week.

INTERNAL ASSETS

Commitment to Learning

Achievement motivation	Young person is motivated to do well in school.
School engagement	Young person is actively engaged in learning.
Homework	Young person reports doing at least one hour of homework every school day.
Bonding to school	Young person cares about his/her school.
Reading for pleasure	Young person reads for pleasure three of more hours per week.

Positive Values

Caring	Young person places high value on helping other people.
Equality and justice	Young person places high value on promoting equality and reducing hunger and poverty.
Integrity	Young person acts on convictions and stands up for his/her beliefs.
Honesty	Young person tells the truth even when it is not easy.
Responsibility	Young person accepts and takes personal responsibility.
Restraint	Young person believes it is important not to be sexually active or to use alcohol or other drugs.

INTERNAL ASSETS

Social Competencies

Planning and decision-making	Young person knows how to plan ahead and make choices.
Interpersonal competence	Young person has empathy, sensitivity, and friendship skills.
Cultural competence	Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
Resistance skills	Young person can resist negative peer pressure and dangerous situations.
Peaceful conflict resolution	Young person seeks to resolve conflict non-violently.

Positive Identity

Personal power	Young person feels s/he has control over things that happen to him/her.
Self-esteem	Young person reports having a high self-esteem.
Sense of purpose	Young person reports that "my life has a purpose."
Positive view of personal future	Young person is optimistic about his/her personal future.