

If you have issues viewing or accessing this file, please contact us at NCJRS.gov.

161302

Final Report to the Office of Juvenile Justice and Delinquency Prevention

**Consortium on Children, Families, and the Law
Grant Number 97-JN-FX-0016**

Gary B. Melton, Principal Investigator

Narrative of Final Report

Appendix A

Appendix B

Appendix C

Appendix D

Final Report to the Office of Juvenile Justice and Delinquency Prevention

**Consortium on Children, Families, and the Law
Grant Number 97-JN-FX-0016**

Gary B. Melton, Principal Investigator

Acknowledgments

We would like to express our sincere gratitude to the administrators and staff at Office of Juvenile Justice and Delinquency Prevention for their support of this project. Specifically, we are indebted to Administrator Shay Bilchik for his vision and commitment to the work of the Consortium, and to our grant managers, Betty Chemers and Charlotte Kerr, for their guidance and patience.

Principal Project Personnel

Gary B. Melton, PhD, Principal Investigator
Institute for Families in Society
University of South Carolina

Susan P. Limber, PhD, Project Director
Institute for Families in Society
University of South Carolina

David Finkelhor, PhD, Principal Investigator of Project #3
Family Research Laboratory
University of New Hampshire

Scott Henggeler, PhD, Principal Investigator of Project #1
Family Services Research Center
Medical University of South Carolina

N. Dickon Reppucci, PhD, Principal Investigator of Project #2
University of Virginia

Consortium on Children, Families, and the Law
Member and Affiliate Centers & Executive Committee Members

Member Centers

Institute for Families in Society
University of South Carolina
Gary B. Melton, PhD
Susan P. Limber, PhD, MLS

Center for Children, Families, & the Law
University of Pittsburgh
Edward P. Mulvey, PhD

Center for the Study of Children's Issues
Creighton University
Catherine Brooks, JD

Center for Children, Families, & the Law
University of Virginia
N. Dickon Reppucci, PhD

Family Research Laboratory
University of New Hampshire
David Finkelhor, PhD

Community Studies Program
University of Hawaii at Manoa
Clifford R. O'Donnell, PhD

National Maternal and Child Health Resource Center
University of Iowa
Josephine Gittler, JD

Family Services Research Center
Medical University of South Carolina
Scott W. Henggeler, PhD

Center on Children, Families, and the Law
University of Nebraska-Lincoln
Brian W. Wilcox, PhD

Research Center for Children and Youth
State University of New York at Buffalo
Murray Levine, JD, PhD

Center for the Study of Youth Policy
University of Pennsylvania
Ira M. Schwartz, MSW

Consortium on Children, Families, and the Law
Member and Affiliate Centers & Executive Committee Members (cont.)

Affiliate Centers

Center on Children and the Law
American Bar Association
Washington, DC
Howard Davidson, JD

Public Policy Office
American Psychological Association
Dan Dodgen, PhD

Youth Law Center
San Francisco/Washington, DC
Mark Soler

Table of Contents

Coordination of the Consortium	1
Background	1
Purposes of the Consortium's Activities Under the OJJDP Grant	5
Activities and Products	7
Project 1. Application of the MST Model	11
Background	11
Purpose of the Project	12
Activities and Products	15
Project 2: Research on Juvenile Waiver	19
Background	19
Purpose of the Project	22
Activities and Products	22
Project 3: Research on Juvenile Crime Victims	25
Background	25
Purpose of the Project	28
Activities and Products	28
References	32
Appendix A: Coordination of Consortium Activities	
Appendix B: Products Developed for Project 1: Application of the MST Model	
Appendix C: Products Developed for Project 2: Research on Juvenile Waiver	
Appendix D: Products Developed for Project 3: Research on Juvenile Crime Victims	

Coordination of the Consortium

(Lead Center: Institute for Families in Society, USC)

Background

The Consortium on Children, Families, and the Law was created in 1987 to facilitate collaborative research, education, and consultation on critical issues in child and family policy. The Consortium consists of 11 university-based interdisciplinary member centers and three affiliated organizations.

The Consortium has three broad purposes. First, by bringing together some of the most productive and thoughtful scholars in the field, the Consortium offers exceptional opportunities to "push the envelope" in analyzing important constructs and issues in laws focusing on children and families. In the same vein, graduate and professional students in Consortium institutions have the rare chance to learn directly from many of the leaders in the field.

To fulfill the first purpose, the Consortium periodically has conducted study groups to synthesize knowledge and concepts for public policy. For example, in 1995 the Consortium analyzed research on treatment programs for abused and neglected children. Recognizing the dearth of research on both treatment of maltreated children (Melton & Flood, 1994) and the effects of the legal context (see Melton, Goodman, Kalichman, Levine, & Koocher, 1995), one of the two lines of research that this group (which included outstanding scholars from outside the Consortium, indeed outside the United States) recommended was to use a "careers" model to examine the natural

history of cases of child maltreatment in jurisdictions with diverse legal structures. We are also pursuing support for a multisite treatment study to test the efficacy of the group's principles for optimal treatment--ideas that also have subsequently been integrated into the forthcoming report of a study group convened at the request of the Edna McConnell Clark Foundation to design a neighborhood-based strategy for protection of children at highest risk. Following a similar theme in 1991, the Consortium convened a study group to examine the implications of a neighborhood-based, child-centered strategy for child protection. The resulting manuscripts, which soon will be published as a book, played an important role in the work of the U.S. Advisory Board on Child Abuse and Neglect (1993; see also Melton & Barry, 1994).

In 1992, the Consortium conducted a study group on the future of the juvenile and family legal system, which provided the foundation for the deliberations of the Committee on Family Relations of the 2020 Vision Project of the Judicial Council of California (Melton, 1993). Generating knowledge for the international community as well as state and federal governments, the Consortium also has sponsored two international study groups on concepts embedded in the Convention on the Rights of the Child: the right to a family environment (see Melton, 1996, and other articles in a special section of *American Psychologist*; see also the special issue of *Law and Policy* edited by Murray Levine) and the right to a standard of living adequate for development (Andrews & Kaufman, 1998).

Second, the Consortium provides extraordinary opportunities for inter-jurisdictional research to determine the effects of various approaches to child and

family law (cf. Melton & Saks, 1985). Such issues typically are primarily matters of state law, but the federal government has the major role in generating the knowledge that the states can use in that regard. The multisite studies necessary to compare the effects of state policies typically are so time-consuming to initiate and expensive to implement, however, that timely comparison of new policies is still a relatively rare endeavor. The Consortium provides a network through which interstate comparisons of programs and policies can be conducted and the impact of diverse contexts (e.g., different organizational structures, political environments, service delivery systems, other resources, and populations) on the implementation of programs examined.

The National Juvenile Justice Action Plan (Coordinating Council on Juvenile Justice and Delinquency Prevention, 1996) provides for promotion of partnerships in research. In determining the impact of laws, policies, and statewide programs, such partnerships are critical, because valid and efficient research implementation requires partners to facilitate entrée and manage data collection in multiple jurisdictions (so that the impact of a policy can be compared against other policies, not simply against time).

Third, through the affiliated organizations (including two major national professional organizations) and the member centers' own relationships with state and private agencies and the academic community, the Consortium has easy access to networks of policymakers and practitioners. With distinguished applied researchers on the cutting edge of policy and practice and continuing involvement in extensive networks in the juvenile justice system, the Consortium offers exceptional structures for diffusion of knowledge about the state of the art in juvenile and family law, policy, and

programs. The Consortium is also adept in using research on use of knowledge in the policy process (see Melton, 1987) to maximize dissemination and application of new findings and analyses.

Since the 1980s, the Consortium has sponsored an annual congressional briefing series (see Melton, 1995, for a description of the series and its impact). In the past several years, most of the briefings have focused on the critical problems of youth violence and victimization. For example, in 1998, briefings focused on alternatives to traditional juvenile and family court proceedings and children exposed to crime and violence.¹ In 1996 briefings were conducted on effective approaches to prevention and treatment of youth violence and on policy questions related to juvenile transfer and the jurisdiction of juvenile courts. Similarly, in 1993-94, the theme of the Consortium's congressional briefing series was Danger to Children: Problems and Solutions. The briefings focused on such topics as school violence, children and guns, children and war, school-based services, and innovations abroad in juvenile justice and child welfare.

In 1992, the Consortium served as advisors to the staff of the Senate Subcommittee on Juvenile Justice during the reauthorization of the Juvenile Justice and Delinquency Prevention Act. As described by Melton (1995) and illuminated by the subcommittee's report, many of the amendments, especially those pertaining to challenge grants, were based on briefings or testimony by Consortium faculty.

¹The briefing series is funded by contributions by several divisions of the American Psychological Association.

Moreover, the 1992 amendments to the JJDPA included an amendment to 42 U.S.C. § 4982 to add paragraph 12 authorizing OJJDP to "support independent and collaborative research on social, psychological, educational, economic, and legal issues affecting children and families." Although there was no report to accompany the reauthorization, a colloquy on the Senate floor between Senator Kohl, then chair of the Juvenile Justice Subcommittee, and Senator Grassley clarified that the intent was to authorize support for the Consortium (see 138 Cong. Rec. S15142).

Further, the member centers of the Consortium all have close working relationships with the major human service and justice agencies in their own states and often in other states as well. Such relationships not only grease the way for conduct of important field research, but they also offer the foundation for systematic diffusion and replication of findings. Accordingly, the Consortium can be a major tool in implementation of the emphasis in the National Juvenile Justice Action Plan (Coordinating Council, 1996, Objectives 7 & 8) on outreach to the public and practitioners.

Purposes of the Consortium's Activities Under the OJJDP Grant

OJJDP's (1997) proposed comprehensive plan for FY 1997 starts from the premise that "[t]his is a critical time for juvenile justice, a time of both opportunity and challenge," with a particular need to "continue to focus our efforts on establishing a continuum of prevention, early intervention, and graduated sanctions programs; strengthening the juvenile justice system; and building stronger, safe communities" (p. 11956). OJJDP has further identified three broad goals, two of which are particularly

germane to the tasks that will be addressed in this grant: "improve[ment of] the juvenile justice system and the response of the system to juvenile delinquents, status offenders, and dependent, neglected, and abused children"; "preserv[ation of] the public safety in a manner that serves the appropriate development and best use of secure detention and corrections options, while at the same time fostering the use of community-based programs for juvenile offenders" (p. 11957). In considering how the juvenile justice system might be improved, OJJDP specifically encouraged emphases on child victims and juvenile transfer authority, and it noted that such a goal "necessitates research and gathering statistical information in order to understand how the juvenile justice system works in serving children and families" (pp. 11957-11958). OJJDP further concluded that the goal of preservation of public safety requires "identifying and promoting effective community-based programs and services for juveniles who have formal contact with the juvenile justice system" (p. 11958).

Toward these general ends, the Consortium used support from OJJDP to build the Consortium's capacity for cooperative research and to disseminate knowledge generated by the Consortium per se and the member centers. Further, the Consortium undertook a multisite research designed to facilitate the large-scale implementation of multisystemic treatment (MST) for juvenile offenders. The Consortium also examined the effects of changes in juvenile waiver laws, with particular attention to the conditions of probation or incarceration that juveniles transferred to the criminal justice system face. The Consortium also engaged developed a research agenda focusing on juvenile victims of crime. Finally, the Consortium took initial steps to identify model alternatives

to traditional juvenile and family court proceedings, with an emphasis on structures and procedures that have promise as means to increase extended-family and neighborhood involvement for youth and family support, and to identify needed research in this field.

Each of these initiatives will be described in detail below.

Activities & Products

Coordination of Activities. Coordination of Consortium activities was the primary responsibility of faculty at the Institute for Families in Society at the University of South Carolina. Consortium members communicated with each other about project activities through several means: (a) several large-group meetings (see below), (b) periodic teleconferences with the entire Executive Committee, (c) teleconferences with smaller groups of Consortium members where (e.g., conference calls among task force members), and (d) through e-mail and an internet listserv.

Initial Meeting of Consortium's Executive Committee. The initial meeting of the Consortium was held September 26-28 on the Isle of Palms in South Carolina (see Appendix A for an itinerary and list of participants). Eighteen participants from 10 member centers and 1 affiliate center (ABA Center on Children) attended the meeting. During this three-day meeting, participants updated each other about research activities at each member center, discussed in detail the current projects funded by the OJJDP grant, made commitments to participate actively in the three research projects, agreed upon means of communicating with Consortium centers, and discussed the dissemination of information from Consortium projects.

Study Group on Multisystemic Therapy. Twelve participants attended the

MST study group meeting, which took place November 14-16 at the Wild Dunes Resort (see Appendix A for the participant list and itinerary). Participants included seven individuals from Consortium centers (USC, MUSC, and Nebraska), and five national experts with expertise in mental health administration, law, juvenile justice, and criminal justice. Discussions at this three-day meeting focused on current research and dissemination efforts and models for wide-scale dissemination of principles of multisystemic therapy.

Meeting of Executive Committee and Study Group on Alternatives to Traditional Juvenile and Family Court Proceedings. The third and final meeting of the Consortium was held April 17-19, 1998, at the Wild Dunes Resort on the Isle of Palms in South Carolina (see Appendix A for a participant list and itinerary). Twenty-one participants from 10 member centers and two affiliate centers were able to attend. The purposes of the meeting were several-fold. Consortium members spent Friday afternoon and Saturday morning discussing current work and research agendas of the Consortium's Juvenile Waiver Project and the Consortium's Task Force on Children Exposed to Violence. Draft literature reviews and research proposals had been distributed to all participants prior to the meeting. Thus, the meetings provided an opportunity for participants to critique the documents, provide input regarding the foci and methods of the proposed research, discuss relevant sources of data, and discuss possible sites for the research.

On Saturday afternoon and Sunday morning, a symposium was held on the topic of "Alternatives to Traditional Juvenile and Family Court Proceedings." The

objectives of this symposium were to synthesize current research and policy trends in the field and begin the development of a research agenda. Six Consortium members from five Consortium sites (the American Bar Association, the University of Iowa, the University of Nebraska, the University of South Carolina, and the State University of New York-Buffalo) prepared and distributed concept papers prior to the meeting. Discussions focused on the state of current research and future directions for study (see Appendix A for copies of papers developed for the study group).

Family Futures issue on Administering Justice: New Alternatives. Under the current grant from OJJDP, the Consortium produced an issue of *Family Futures* magazine on the topic of *Administering Justice: New Alternatives* (see Appendix A for the table of contents and copies of the 13 articles). This issue examines court innovations that go beyond decision making about matters of conflict and use a variety of unconventional court-related strategies to promote personal, family, and community responsibility. The content for the volume was shaped by discussions at the Consortium's study group on Alternatives to Traditional Juvenile and Family Court Proceedings. It features articles by nine faculty and staff at four different Consortium centers, as well as several articles by other nationally-recognized professionals and practitioners. This issue, which will be published in May of 1999, will be distributed nationally to approximately 4,500 subscribers, who include primarily legal and social service practitioners; leaders of juvenile justice, health, mental health, and social service agencies; and policy makers nation-wide. In addition, approximately 2,000 issues will be printed for free public distribution.

Family Futures issue on Juvenile Victims of Crime. The Consortium also is producing an issue of *Family Futures* magazine (Volume 2 (4)) that focuses on *Juvenile Victims of Crime*, the focus of Project # 3 (see below). Consortium members assisted with the identification of topics and authors for the issue, which will feature five articles by Consortium members (see Appendix A for a copy of the table of contents). The articles will be sent to Erlbaum Publishers in May and will be published in the summer of 1999.

Fact sheets. As described below in detail, faculty and staff at the Institute for Families in Society (USC) collaborated with project leaders to produce a series of Consortium fact sheets that summarize state-of-the art research and practice. They are appropriate for both professional and lay audiences (see Appendices B, C, & D). The fact sheets will be posted on the Consortium's web page and other web sites. They will be distributed, as appropriate to interested researchers, practitioners, and policy makers. The fact sheets address the following topics:

- *Multisystemic Therapy: An Overview* (2 versions: one for lay public and one for practitioners)
- *Multisystemic Therapy: How is it Done?* (2 versions)
- *Multisystemic Therapy: A Comparison With Other Treatment Approaches*
- *Multisystemic Therapy: Clinical Outcomes and Cost Savings* (2 versions)
- *Transfer of Juveniles to Criminal Court*
- *Prevalence of Childhood Victimization*
- *Juvenile Crime Victims in the Justice System: A Research Agenda*

Project 1. Application of the MST Model

(Lead Center: Family Services Research Center, MUSC)

Background

Historically, serious antisocial behavior in adolescents has been extremely difficult to change, with numerous reviewers concluding that “nothing works.” Recently, however, a family- and home-based approach has emerged with demonstrated short-term and long-term effectiveness with families of different cultural backgrounds and socioeconomic status. This “multisystemic” approach views individuals as being nested within a complex of interconnected systems that encompass individual, family, and extra familial (peer, school) factors and recognizes that intervention may be necessary in any one or combination of these systems. Multisystemic therapy (MST) also emphasizes the consideration of child development variables and often incorporates interventions that are not necessarily systemic (e.g., cognitive behavioral therapies). Most significantly, the conceptual framework of MST fits closely with the known causes and correlates of delinquency and substance abuse.

The effectiveness of MST has been supported by several controlled evaluations (e.g., Borduin, Henggeler, Blaske, & Stein, 1990; Borduin, Mann, Cove, Henggeler, Fucci, Blaske, & Williams, 1995; Henggeler, Borduin, Melton, Mann, Smith, Hall, Cone, & Fucci, 1991; Henggeler, Melton, & Smith, 1992; Henggeler, Rodick, Borduin, Hanson, Watson, & Urey, 1986). For example, a recent evaluation of multisystemic therapy with 84 serious juvenile offenders in South Carolina (Henggeler et al., 1992) showed that MST was effective in reducing rates of criminal activity and institutionalization.

Compared to youth who received "usual" services, youth in the MST group had significantly fewer rearrests (.87 vs. 1.52) and weeks of incarceration (5.8 vs. 16.2) at a 59-week follow-up.

At posttreatment, youths receiving MST reported significantly less aggression with peers and less involvement in criminal activity than youths receiving usual services (Henggeler et al., 1992). Moreover, families receiving MST reported significantly more cohesion than non-MST families. Importantly, MST was equally effective with youths and families with different strengths and weaknesses and with families of divergent socioeconomic and racial backgrounds. Follow-up with children and families two years after referral to treatment has supported the long-term efficacy of MST (Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993). In addition, despite its intensity, MST was a relatively inexpensive intervention. With a small client to therapist ratio (4:1) and a course of treatment lasting three months, the cost per client for treatment in the MST group was approximately one-fifth the average cost of institutional placement.

Purpose of the Project

With the proven success of the MST model in reducing antisocial behavior among diverse populations of serious and chronic juvenile offenders, there is a compelling need to determine means of widespread dissemination and application of this highly individualized model without sacrificing treatment integrity. Such an approach also is called for in the 1996 National Juvenile Justice Action Plan (Coordinating Council, 1996), which encourages federal support for "efforts to translate the findings of evaluation activities into effective programs and practices" (p. 96).

Effective dissemination of the MST model requires specific guidelines for development of fiscal, legal, and organizational structures (e.g., personnel policies). Thus, the objectives of Project #1 were to develop materials to guide development of supervisory and organizational structures necessary to maintain and evaluate an effective MST program. The effectiveness of these materials will be systematically evaluated in an expansion of the MST program to several new sites.

Development of a supervisory system. Research has demonstrated a clear association between MST treatment fidelity, as measured by parental reports of therapist's adherence to the MST treatment protocol, and reductions in the criminal activity and incarceration of violent and chronic juvenile offenders. Thus, when therapists adhere to the MST treatment protocol, favorable outcomes are more likely. On the other hand, when adherence is low, outcomes are often poor. Thus, a crucial issue in the effective dissemination of MST is the design, specification, and validation of treatment, training, and supervision/consultation protocols that promote MST treatment fidelity. Currently, MST has been specified in a treatment manual and an effective therapist training protocol has been widely used. To maintain treatment fidelity, however, ongoing supervision and consultation are crucial. Yet, corresponding supervisory and consultation protocols have neither been fully delineated nor validated. The objectives of the proposed project, therefore, were to:

1. Develop a well-specified supervisory manual;
2. Develop measurement methods to assess supervisory adherence;
3. Delineate a consultation protocol (i.e., training of supervisors) that promotes

supervisors' capacity to enhance therapists' adherence to MST; and

4. Recruit existing MST training sites to participate in a study designed to validate the supervisory training protocol.

Development of an organizational system. The development of MST programs by local and state authorities is a complex and often difficult task. For example:

1. MST programs that serve youth at high risk of out-of-home placement require the active collaboration of several entities that have legal authority over the youth -- for example, family court, juvenile justice, social welfare, the schools, and often mental health and private provider organizations.

2. At a time when the general public often wants serious juvenile offenders to be removed from the community, decision makers in the community must support the program.

3. New funding must be procured (see e.g., Florida, South Carolina) or existing funding diverted from institution-based services (see e.g., Delaware, Canada, Tennessee) to finance the MST program.

4. A lead agency must house the MST program and provide the types of administrative structure and support needed to facilitate program goals.

5. Competent and hard-working clinicians must be hired to provide MST directly in home, school and neighborhood settings.

The objectives of the proposed project, therefore, are to:

1. Develop "start-up" and organizational manuals that draw on extant

experience in developing and maintaining MST programs (experienced gained in ten states and Canada).

2. Develop measures to index key aspects of program implementation.
3. Begin development of MST programs in at least two new sites.

Activities and Products

Meeting of Consortium Study Group. As noted above, twelve participants attended an MST study group meeting, which took place November 14-16 on the Isle of Palms, SC. Participants included seven individuals from Consortium centers (USC, MUSC, and Nebraska) and five national experts with expertise in mental health administration, law, criminal justice, and juvenile justice. Discussions at this three-day meeting focused on current research and dissemination efforts and models for wide-scale dissemination of the model. (See Appendix A for a listing of meeting participants and itinerary.)

Multisystemic Therapy Supervisory Manual. A manual entitled, *Multisystemic Therapy supervisory Manual: Promoting Quality Assurance at the Clinical Level* was developed, which delineates the MST approach to clinical supervision (see Appendix B). Authors of the manual are Scott Henggeler and Sonja Schoenwald (MUSC). Staff at the Institute for Families in Society (USC) assisted with proofing and formatting of this manual, as well as the consultation and organizational manuals (see below). The printing of the three manuals was not paid for using grant funds.

Multisystemic Therapy Consultation Manual. The *Multisystemic Therapy Consultation Manual* was developed by Sonja Schoenwald (MUSC) (see Appendix B).

This manual describes the role that an MST expert plays as a consultant who teaches clinicians and supervisors how to implement MST effectively and how to identify and address organizational and systemic barriers to program success.

Multisystemic Therapy Organization Manual. A third manual, entitled *Multisystemic Therapy Organizational Manual* was developed by Keller Strother, Marshall Swenson, and Sonja Schoenwald (MUSC). This detailed manual describes organizational conditions and procedures that are conducive to the establishment of a sustainable MST program.

Fact sheets on Multisystemic Therapy. In a collaboration between faculty and staff at MUSC and at the Institute for Families in Society at USC, a series of four fact sheets were developed (see Appendix B):

- (1) *Multisystemic Therapy: An Overview*
- (2) *Multisystemic Therapy: How Is It Done?*
- (3) *Multisystemic Therapy: A Comparison With Other Treatment Approaches*
- (4) *Multisystemic Therapy: Clinical Outcomes and Cost Savings*

Two versions of each fact sheets 1, 2, and 4 were developed--one targeted for a clinical professional audience (e.g., psychologists, social workers, other practitioners), and one targeted at a more general audience (i.e., appropriate for judges, educators, probation officers, policy makers, and the lay public). (Fact sheet number three is suitable for either audience.) The fact sheets are posted on the Consortium's web site and will be distributed widely to individuals who express an interest in MST.

Measures to assess supervisory adherence and to index key aspects of program implementation. Two measures were developed under the current grant: (1) a 43-item MST Supervision Measure, and (2) a 16-item measure to assess organizational information (see Appendix B). The measures will be used with current and future MST sites to assess the supervisory system in place and to assess key organizational aspects of programs.

Recruitment of sites. Directed by Keller Strother (MUSC), substantive efforts during 1997-1998 were devoted to recruiting sites to participate in the MST dissemination project. Numerous communities and sites were contacted by phone and in person. A total of sixteen in-person trips were made to follow-up with the most serious candidate sites (seven trips to Colorado; five trips to Detroit, Michigan; and four trips to Ohio). Plans have been developed and are being implemented at the following sites.

(1) Colorado Department of Human Services. The initial round of recruitment of individual counties to participate in the implementation of MST throughout the state has been completed. MST programs are confirmed in Denver and will likely be added near Grand Junction. The MST dissemination effort continues to be championed by executive managers in the departments of Youth Corrections, Mental Health Services, Child Welfare, Alcohol and Drug Abuse, and Health and Rehabilitation. MST program training has begun for administrative and clinical staff.

(2) Ohio. At the close of the current grant, plans were underway to begin the implementation of MST in Cuyahoga County (Cleveland) and in other communities

across Ohio. The Cuyahoga County Court is moving ahead with plans laid out in the Chinnock Report to dismantle the county's bootcamp program and to implement MST for chronic juvenile offenders. Judge Chinnock continues to lead these efforts within the court. This initiative will include implementation of a new court-based MST program, a new community provider-based MST program, and the expansion of an existing community provider-based MST program that already serves the court. In addition, another new MST program was implemented in Stark County in late June as a collaboration between the Stark County Mental Health Board and the courts. Discussions with the Ohio Department of Youth Services and the Ohio Department of Mental Health regarding a state-sponsored MST initiative are continuing to take place with growing interest in developing a self-sustaining, large-scale MST system in the state. Practitioner training has been provided for several MST programs in Ohio.

(3) Wayne County, Michigan. Under the leadership of the Department of Community Corrections, planning continues for an expansion of the use of MST within Wayne County. Funding for the expansion is anticipated after the November elections. The possible sources of funding are a state-level juvenile justice block grant that would place funds from the recent federal 4E waiver into county control, the Juvenile Accountability Incentive Block Grant, or state Child Care Fund moneys. Funding streams, however, have not yet been finalized in Detroit.

Project 2. Research on Juvenile Waiver

(Lead Center: University of Virginia)

Background

Recent trends in juvenile crime and juvenile processing have triggered statutory changes designed to satisfy societal concerns, increasing the efficiency and impact of the juvenile justice system, and curb growth in juvenile crime rates. Changes in code purpose clauses to emphasize punishment (Sanborn, 1994) have been complemented by changes in transfer statutes which have eased the waiver of jurisdiction to the adult criminal court. Juveniles can be tried as adults in all 50 states through three basic mechanisms - judicial waiver or transfer, prosecutorial direct file, and statutory exclusion (Snyder & Sickmund, 1995). Many states have increased the pool of eligible juveniles by lowering the age requirement and expanding the list of transferable crimes (Sickmund, 1994; Torbet, Gable, Hurst, Montgomery, Szymanski, & Thomas, 1996). These legislative and administrative changes have removed some discretion from the transfer process. Particularly with the increased availability of direct indictment, much of the discretion has moved from the judiciary to the prosecutor.

Much of the research activity in the late 1980's and early 1990's focused on documenting the rapid legislative changes, determining basic processing statistics (e.g., how many juveniles are transferred and convicted), and identifying predictors of the waiver decision (e.g., demographics, case characteristics). This first stage of research on juvenile justice reform has provided valuable information on the nature of legislative and programmatic change. However, as several authors have noted, much

of the legislative reform preceded any systematic inquiry regarding either the impact of such reform on justice system processing or the efficacy of such changes (Singer, 1996; Torbet et al., 1996).

Indeed, the National Juvenile Justice Action Plan (Coordinating Council, 1996) has noted that:

...[I]t is difficult to develop updated policy when the majority of the studies were generated in the 1980's, and it is impossible to determine from the existing research the impact of either criminal or juvenile system handling on subsequent offenses. While much activity is taking place in State legislatures to address mechanisms for the prosecution of juveniles in criminal court, very little evaluative research exists to guide such legislative change. The extent to which these transfer options are being used and the effectiveness of the various policy options are not yet known.

The need for such information is substantial. Unless we fully understand how that body of law shapes the processing of cases as they move--or fail to move--through the juvenile and criminal justice systems, the efficacy of various provisions of State law will remain unknown. Without empirical assessments of the application and impact of various recent adjustments to juvenile law, those who favor or oppose such changes can do little more than speculate or make rough projections based on personal experience or limited research. (p. 24, footnote

omitted)

Several recent studies have begun to address these processing issues. The National Center for Juvenile Justice is conducting a four-state study on case processing and outcome comparisons for juvenile transfer. The use of multiple jurisdictions will facilitate comparison across jurisdictions with several types of transfer mechanisms as a result of various legislative initiatives. An initiative by the Florida Juvenile Justice Advisory Board currently is evaluating the blended sentencing scheme that uses criminal and justice system options for serious and violent juvenile offenders. The Board's study will include data on sentence completion and recidivism. A study of changes in case processing decisions for serious juvenile offenders is currently underway in New York and New Jersey. Fagan and colleagues are replicating and expanding previous work to include decision factors in justice system processing that may predict sentences and outcomes for juveniles in the juvenile and criminal systems.

These studies will provide important, detailed, and accurate information to researchers, policymakers, and practitioners regarding the nature, use, and impact of transfer decisions on case decisions and outcomes. This Consortium project builds on current work by focusing on the processing, programming, and systems interactions resulting from the transfer of serious and violent juvenile offenders.

The next stage of research is critical - examining the results of legislative reform in terms of the actual processing of juvenile offenders. That is, future work must evaluate the impact of redefining the role of the juvenile court and the boundaries between juvenile and criminal justice.

Purpose of the Project

The purpose of project #2 is to focus attention on several aspects of the impact of waiver on juvenile and criminal justice. During the initial year, the project's objective was to examine what, in fact, happens to juveniles who are transferred to the criminal justice system. Specific objectives included:

1. Conducting a literature review of legal, psychological, and behavioral consequences of juvenile offenders in criminal court and adult correctional facilities;
2. Conducting a pilot study to assess trends in processing and programming for juveniles in adult corrections;
3. Conducting a pilot study with incarcerated juveniles regarding their perceptions of the transfer hearing and the pending trial.
4. Developing a proposal for a large-scale research project to examine behavioral and psychological effects of criminal court adjudication and/or incarceration in adult correctional facilities.

Activities and Products

Summary of legal, psychological, and behavioral consequences of juvenile offenders in criminal court and adult correctional facilities. N. Dickon Reppucci and Richard Redding (University of Virginia) conducted a comprehensive review of legal, psychological, and behavioral consequences of juvenile offenders in criminal court and adult correctional facilities (see Appendix C). The report includes a review of laws surrounding the transfer of juveniles to criminal court, legal consequences of transfer, an overview of state transfer laws, issues surrounding conviction and

sentencing in juvenile versus criminal court, the use of juvenile records in criminal court, the effects of transfer on deterrence and recidivism, and the conditions and programming for juveniles in correctional facilities.

State survey of trends in programming for juveniles in adult corrections.

Drs. Reppucci and Redding also conducted a pilot study of trends in programming for juveniles in adult correctional facilities. A telephone survey was conducted of personnel in adult correctional departments in several states (Louisiana, Nevada, Pennsylvania, and Virginia) that have substantial numbers of juveniles incarcerated in adult correctional facilities and/or special programming for young offenders. Personnel were asked to describe their experiences with juvenile offenders and how they have responded to the unique management problems that such offenders pose.

Pilot study with juveniles who have been transferred for trial in criminal court. A pilot study was conducted with juveniles in Virginia who had been transferred for trial in criminal court. The purpose of this small-scale study was to pilot interview questions and to gain information about juveniles' perceptions of their transfer hearing and their incarceration and pending trial (so as to identify the salient issues for further investigation). A summary of this pilot study is included in the attached report (see Appendix C).

Proposal for a large-scale research project. The literature and statutory review, the survey of state practices, and the interviews with juveniles provided the necessary basis for the development of a proposal for a research study to examine behavioral and psychological effects of criminal court adjudication and/or incarceration

in adult correctional facilities. To date, only one relatively small-scale study (Forst, Fagan, & Vivona, 1989) has examined juveniles' experiences in adult correctional facilities, and this study did not directly assess the juveniles' behavioral and psychological adjustment.

Drs. Reppucci and Redding consulted about the proposed research with leading experts in juvenile justice, criminal justice, and Executive Committee Consortium's Task Force on Juvenile Waiver (Catherine Brooks, Creighton University; Edward Mulvey, University of Pittsburgh; Mark Soler, Youth Law Center; and Simon Singer, SUNY-Buffalo) and principal investigators of other OJJDP-funded projects (Donna Bishop, University of Central Florida; Jeffrey Fagan, Columbia University). In addition, the proposed research was the topic of a ½-day meeting of the Executive Committee of the Consortium on Children, Families, and the Law at its April, 1998 annual meeting. The proposal for the research project is included in Appendix C.

Fact sheet on transfer of juveniles to criminal court. In collaboration with faculty and staff at the Institute for Families in Society, a fact sheet was developed that summarizes recent trends in state laws; rates of transfer and incarceration of juveniles in adult facilities; research on the adjudication of juveniles in criminal court and the effects of transfer on deterrence and recidivism; and conditions for juveniles in adult prisons. The fact sheet also briefly highlights additional research that is needed (see Appendix C). This and other Consortium fact sheets will be made available on the Consortium's home page and distributed, as appropriate, to practitioners, policy makers, and professionals within the juvenile justice field.

Project 3. Research on Juvenile Crime Victims

(Lead Center: Family Research Laboratory, University of New Hampshire)

Background

Exposure to violence is increasingly appreciated as one of the most serious risk factors for nearly every conceivable negative childhood outcome including delinquency, school problems, and mental illness (Garbarino, Kostelny & Dubrow, 1991; National Research Council, 1993). The concept covers a broad spectrum of experiences that have tended to be studied separately, including child abuse, witnessing spousal assault, and living in a high crime neighborhood, but that seem to have similar consequences.

A good framework for thinking about the spectrum of violence exposure is shown in Figure 1 (Buka & Birdthistle, 1997). The spectrum includes direct victimization that can take intrafamilial or extrafamilial forms, like physical abuse by a parent or stranger rape. It also includes the witnessing of violence, most notably spouse abuse in the family, and the witnessing of school or gang violence in the neighborhood. It also can take into account the effects of living in a family or community where a child is exposed to others who have been victims of violence, such as a family member who was assaulted at work or hearing about a drive-by shooting in the neighborhood.

Figure 1. Types of Childhood Violence Exposure

	Intrafamily	Extrafamily
Direct Victim	physical abuse	gang assault, stranger rape*
Witnessing	spousal violence	school yard violence, media violence
Hear About	Family member assaulted at work	Neighborhood drive by shooting

*examples

Children who have been exposed to violence in these various forms and settings have a higher risk of involvement in the justice system. This involvement occurs through a variety of avenues. Child victims of violence and witnesses to violence are parties to police investigations and witnesses in criminal trials (Gray, 1993; Whitcomb, et al., 1991). They are subjects in child protection investigations and adjudications. Children from violent households are more likely to be the objects of family abductions and child custody disputes (Greif, 1993; Plass, Finkelhor & Hotaling, in press). Child victims and witnesses are more likely to run away, be truant or get involved in other status offenses that result in police contact (Kendall-Tackett, Williams & Finkelhor, 1993). Prior victimization has been shown to be an important risk factor for subsequent victimization and further involvement in the justice system (Russell, 1986). Last, but not least, of course, exposure to violence dramatically increases the likelihood that a child will become an offender and thus involved in the criminal justice system through arrest and prosecution (Widom, 1991).

In spite of considerable research in this area, there are a host of policy relevant

questions that have not received much attention. For example:

- How can violence exposure be used as a risk marker to minimize the likelihood of justice system involvement? Can communities and agencies do a better job of keeping children away from justice system involvement by more aggressive identification of violence exposed children or more aggressive intervention with them and their families? What are the best methods for identification of such children? What do effective intervention strategies of this sort look like?
- How can knowledge of exposure to violence be used to improve the handling of children within the justice system? For example, should violence traumatized children be treated in special ways in the course of investigations or in the course of providing testimony, in order both to obtain good evidence and also to minimize injury to the children? What are all the implications of violence trauma for the adjudication, treatment and incarceration of juvenile offenders?
- How exactly do various forms of violence exposure operate as risk factors for justice system involvement? How do they tend to be related one to another? What combinations, what developmental considerations and what buffering or exacerbating factors in what sequences tend to result in the most negative outcomes and the highest likelihood of justice system involvement?

Recently, there has been wide-spread recognition of the need to focus research attention on such questions. For example, the National Juvenile Justice Action Plan (Coordinating Council, 1996) defines one of the three research priorities to be "[f]ocused long-term research [that] improves our understanding of the causes and

correlates of juvenile crime and strengthens our ability to develop successful prevention, early intervention, and graduated sanctions programs" (p. 85). The Plan includes a major objective (# 5) to "break the cycle of violence by addressing youth victimization, abuse, and neglect," and it further notes critical needs for (a) enhancement of cross-sector information systems and (b) research that illuminates protective factors that contribute to resiliency of youth in high-stress environments.

Purpose of the Project

The objectives of this Consortium project were to assist OJJDP by identifying resources and charting an agenda, to expedite and facilitate research and policy planning on this topic in the future. The Task Force activities included:

- (1) developing a preliminary research agenda of high priority policy relevant issues in need of empirical resolution;
- (2) identifying a roster of key authorities in relation to these issues and their specific areas of expertise;
- (3) developing a research proposal on this topic; and
- (4) developing a set of fact sheets on the topic of juvenile crime victims in the justice system.

Activities and Products

Activities were led by David Finkelhor, with input from the Consortium's Task Force on Children Exposed to Violence, which included: Lucy Berliner (University of Washington), Howard Davidson (American Bar Association), Howard Doueck (SUNY-Buffalo), Mark Hardin (American Bar Association), Patricia Hashima (University of New

Hampshire), David Kolko (University of Pittsburgh), Murray Levine (SUNY-Buffalo), Susan Limber (University of South Carolina), Mallie Paschall (University of New Hampshire), N. Dickon Reppucci (University of Virginia), Murray Straus (University of New Hampshire), and Neil Weiner (University of Pennsylvania). Task Force members provided input into the direction of the products and feedback on their content. In addition, these projects were the focus of a half-day meeting of the Executive Committee of the Consortium at its April 1998 meeting.

Juvenile Crime Victims in the Justice System: A Research Agenda.

Prepared by David Finkelhor and Mallie J. Paschall, this report summarizes the incidence and characteristics of five groups of juveniles who have contact with the justice system: (1) juvenile crime victims, (2) juvenile victims of child abuse and neglect, (3) children exposed to domestic violence, (4) juvenile crime offenders who also have histories of child maltreatment and crime victimization, and (5) juvenile status offenders who have high rates of crime and abuse victimization. The report also highlights ten task force recommendations for high priority research on juvenile crime victims in the justice system (see Appendix D).

Roster of key authorities. With input from members of the Task Force, Dr. Finkelhor prepared a roster of researchers with expertise on children exposed to violence (see Appendix D). Areas of specialization include:

- Improvement in victimization statistics
- Underreporting and underprosecution of child victimizations
- Utilization of victim services by child victims

- Protection of child victims of domestic violence
- Systems for tracking child victims
- Impact of justice system procedures on juvenile victims
- Specific kinds of child victimization
- Child development and exposure to violence
- International perspectives
- Intervention
- Legal aspects of child victimization
- Medical aspects of child victimization
- Treatment

Research proposal. With input from the Task Force, Dr. Finkelhor identified a policy area ripe for further research and developed a research proposal (see Appendix D). The proposal, entitled, *Barriers to Police Reporting and Help-Seeking by Families in a National Sample of Child Sexual Assault Victims*, is intended to help increase the reporting to police of child crime victims and their likelihood of receiving victim services. Using a national sample of families in which a child experienced a recent crime victimization, the research study will: (a) describe their patterns of police reporting and service seeking, (b) analyze the barriers to police reporting and service seeking, and (c) report on the factors associated with victims' being satisfied or dissatisfied with their law enforcement and victim services contact.

Fact sheets. In a collaboration between faculty and staff at the Institute for Families in Society (USC) and Dr. Finkelhor, two fact sheets were developed: (1)

Prevalence of Child Victimization, and (2) Juvenile Crime Victims in the Justice System:

A Research Agenda. The fact sheets will be posted on the Consortium's web page (and other appropriate web sites) and will be distributed, as appropriate, to practitioners, policy makers, researchers, and others with an interest in the problems associated with juvenile crime victims.

References

Andrews, A. B. & Kaufman, N. H. (1998). *Implementing the U.N. Convention on the Rights of the Child: A standard of living adequate for development*. Greenwood Publishing group: Westport, CT.

Buka, S. L., & Birdthistle, I. (1997). Exposure to violence: Extending the research frontier. *The Chicago Project News* (Vol. 3, 1-4). Chicago, IL: Project on Human Development in Chicago Neighborhoods.

Borduin, C. M., Henggeler, S. W., Blaske, D. M., & Stein, R. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 34, 105-113.

Borduin, C. M., Mann, B. J., Cone, L. T, Henggeler, S. W., Fucci, B. R., Blaske, D. M., & Williams, R. A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology*, 63, 569-578.

Coordinating Council on Juvenile Justice and Delinquency Prevention. (1996). *Combating violence and delinquency: The national juvenile justice action plan*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Garbarino, J., Kostelny, K., & Dubrow, N. (1991). *No place to be a child*. Lexington, MA: Lexington Books.

Gray, E. (1993). *Unequal justice: The prosecution of child sexual abuse*. New York: The Free Press.

- Greif, G. L. (1993). *When parents kidnap: The families behind the headlines*. New York: The Free Press.
- Henggeler, S. W., Borduin, C. M., Melton, G. B., Mann, B. J., Smith, L., Hall, J. A., Cone, L., & Fucci, B. R. (1991). Effects of multisystemic therapy on drug use in serious juvenile offenders: A progress report from two outcome studies. *Family Dynamics of Addiction Quarterly*, 1, 40-51.
- Henggeler, S. W., Melton, G. B., & Smith, L. A. (1992). Family preservation using multisystemic therapy: An effective alternative to incarcerating serious juvenile offenders. *Journal of Consulting and Clinical Psychology*, 60, 953-961.
- Henggeler, S. W., Melton, G. B., Smith, L. A., Schoenwald, S. K., & Hanley, J. H. (1993). Family preservation using multisystemic treatment: Long-term follow-up to a clinical trial with serious juvenile offenders. *Journal of Child and Family Studies*, 2, 283-293.
- Henggeler, S. W., Rodick, J. D., Borduin, C. M., Hanson, C. L., Watson, S. M., & Urey, J. R. (1986). Multisystemic treatment of juvenile offenders: Effects on adolescent behavior and family interactions. *Developmental Psychology*, 22, 132-141.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 164-180.
- Melton, G. B. (1993). Children, families, and the courts in the twenty-first century. *Southern California Law Review*, 66, 1993-2047.
- Melton, G. B. (1996). The child's right to a family environment: Why children's

rights and family values are compatible. *American Psychologist*, 51, 1234-1238.

Melton, G. B. (1995). Bringing psychology to Capitol Hill: Briefings on child and family policy. *American Psychologist*, 50, 766-770.

Melton, G. B. (Ed.). (1987). *Reforming the law: Impact of child development research*. New York: Guilford.

Melton, G. B., & Barry, F. D. (Eds.). (1994). *Protecting children from abuse and neglect: Foundations for a new national strategy*. New York: Guilford.

Melton, G. B., & Flood, M. F. (1994). Research policy and child maltreatment: Developing the scientific foundation for effective protection of children. *Child Abuse and Neglect*, 18(Supp. 1), 1-28.

Melton, G. B., Goodman, G. S., Kalichman, S. C., Levine, M., & Koocher, G. P. (1995). Empirical research on child maltreatment and the law. (Report of the American Psychological Association Working Group on Legal Issues Related to Child Abuse and Neglect). *Journal of Clinical Child Psychology*, 24(Suppl.), 47-77.

National Research Council (1993). *Understanding child abuse and neglect*. Washington, DC: national Academy Press.

Office of Juvenile Justice and Delinquency Prevention. (1997). Proposed comprehensive plan for fiscal year 1997. *Federal Register*, 62, 11955-11980.

Russell, D. E. H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.

Sanborn, J. B. (1994). Certification to criminal court: The important policy questions of how, when, and why. *Crime and Delinquency*, 40, 262-281.

Sickmund, M. (1994). How juveniles get to criminal court, *Juvenile Justice Bulletin*. Washington, DC: Office of juvenile Justice and Delinquency Prevention.

Singer, S. (1996). *Recriminalizing delinquency: Violent juvenile crime and juvenile justice reform*. New York: Cambridge.

Snyder, H. N., & Sickmund, M. (1995). *Juvenile offenders and victims: A national report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Sanborn, J. B. (1994). Certification to criminal court: The important policy questions of how, when, and why. *Crime and Delinquency*, 40, 262-281.

Sickmund, M. (1994). How juveniles get to criminal court, *Juvenile Justice Bulletin*. Washington, DC: Office of juvenile Justice and Delinquency Prevention.

Singer, S. (1996). *Recriminalizing delinquency: Violent juvenile crime and juvenile justice reform*. New York: Cambridge.

Snyder, H. N., & Sickmund, M. (1995). *Juvenile offenders and victims: A national report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Torbet, P., Gable, R., Hurst, H., Montgomery, I., Szymanski, L., & Thomas, D. (1996). *State responses to serious and violent juvenile crime*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

U.S. Advisory Board on Child Abuse and Neglect. (1993). *Neighbors helping neighbors: A new national strategy for the protection of children*. Washington, DC.

Whitcomb, D., Runyan, D. D., De Vos, E., Hunter, W. M., Cross, T., Everson, M.D., Peeler, N. A., Porter, C. Q., Toth, P. A., & Cropper, C. (1991). Final Report: Child Victim as Witness Research and Development Program, Grant Proposal 87-MC-CX-

0026. Education Development Center Inc.

Widom, C. S. (1991). Childhood victimization: Risk factor for delinquency. In M. E. Colten & S. Gore (Eds.), *Adolescent stress: Causes and consequences*. New York: Aldine de Gruyter.

Initial Meeting of the Consortium's Executive Committee:

Itinerary & Participant List

Consortium for Children, Families and the Law
September 26-28, 1997
Meeting Participants

Catherine Brooks, J.D.
Center for the Study of Children's Issues
Creighton University
2133 California St.
Omaha, NE 68178
Phone: (402) 280-5514 Fax: (402) 280-2244
E-Mail: brooks@culaw.creighton.edu

David Finkelhor, Ph.D.
Family Research Laboratory
University of New Hampshire
126 Horton
Durham, NH 03824
Phone: (603) 862-2761 Fax: (603) 862-1122
E-Mail: david.finkelhor@unh.edu

Josephine Gittler, J.D.
National Maternal & Child Resource Center
University of Iowa
Iowa City, IA
Phone: (319) 335-9046 Fax: (319) 335-9098
E-Mail: jgittler@uiowa.edu

Mark Hardin, J.D.
ABA Center on Children and the Law
740 15th St., N.W. 9th Floor
Washington, DC 20005
Phone: (202) 662-1750 Fax: (202) 662-1755
E-Mail: markhardin@staff.abanet.org

Scott Henggeler, Ph.D.
Family Services Research Center - MUSC
171 Ashley Avenue
Charleston, SC 29425-0742
Phone: (803) 792-8003 Fax: (803) 792-7813
E-Mail: henggesw@musc.edu

Robin Kimbrough, J.D.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: (803) 777-9124 Fax: (803) 777-1120
E-Mail: robink@ssl.csd.sc.edu

Maureen Lee, M.Ed.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: (803) 777-5510 Fax: (803) 777-1793
E-Mail: maureend@ssl.csd.sc.edu

Murray Levine, Ph.D., J.D.
Research Center for Children and Youth
SUNY-Buffalo
231 Park Hall
Buffalo, NY 14260
Phone: (716) 645-3650 Fax: (716) 645-3801
E-Mail: psylevin@acsu.buffalo.edu

Susan Limber, Ph.D., M.L.S.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: (803) 737-3186 Fax: (803) 737-3193
E-Mail: slimber@ssl.csd.sc.edu

Gary Melton, Ph.D.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: (803) 777-9124 Fax: (803) 777-1120
E-Mail: gmelton@vm.sc.edu

Edward Mulvey, Ph.D.
Law and Psychiatry Program
University of Pittsburgh
3811 O'Hara St.
Pittsburgh, PA 15213
Phone: (412) 383-2359 Fax: (412) 383-2360
E-Mail: mulveye@msx.upmc.edu

Clifford O'Donnell, Ph.D.
Community Studies Program
University of Hawaii at Manoa
2430 Campus Road
Honolulu, HI 96822
Phone: (808) 956-6271 Fax: (808) 956-4700
E-Mail: cliffo@hawaii.edu

Kathryn Olson, J.D.
Center on Children, Families, and the Law
University of Nebraska-Lincoln
Lincoln Square, Suite 302
Lincoln, NE 68508
Phone: (402) 472-3479 Fax: (402) 472-8412
E-Mail: kolson@unlinfo.unl.edu

Richard Redding, Ph.D., J.D.
Department of Psychology
University of Virginia
Gilmer Hall
Charlottesville, VA 22903
Phone: (804) 982-5052 Fax: (804) 982-4766
E-Mail: rer6e@virginia.edu

N. Dickon Reppucci, Ph.D.
Center for Children, Families & the Law
University of Virginia
Gilmer Hall
Charlottesville, VA 22903
Phone: (804) 924-0662 Fax: (804) 982-4766
E-Mail: ndr@virginia.edu

Murray Straus, Ph.D.
Family Research Laboratory
University of New Hampshire
Durham, NH 03824-3586
Phone: (603) 862-1888 Fax: (603) 862-1122
E-Mail: mas2@christa.unh.edu

Nancy Walker, Ph.D.
Center for the Study of Children's Issues
Creighton University
2133 California Street
Omaha, NE 68178
Phone: (402) 280-3181 Fax: (402) 280-4748
E-Mail: nwalker@creighton.edu

Jennifer Woolard, MA
Department of Psychology
University of Virginia
Gilmer Hall
Charlottesville, VA 22903
Phone: (804) 982-5666 Fax: (804) 982-4766
E-Mail: jlw6d@virginia.edu

Meeting of the Consortium on Children, Families, and the Law

Wild Dunes Resort on the Isle of Palms, SC
September 26, 1997-September 28, 1997

Friday, September 26 - Port O'Call 1

- morning Arrival of participants, lunch on your own
- 2:00 - 3:15 Introductions
 Brief history of the Consortium and its activities
 Funding update
- 3:15 - 3:30 Break
- 3:30 - 5:30 Update of member centers' activities
- 7:00 Dinner @ Edgar's restaurant (Wild Dunes Resort)

Saturday, September 27 - Port O'Call 1

- 8:30 Continental breakfast
- 9:00 - 11:00 Update of member centers' activities (cont.)
- 11 - 12:00 Discussion of the Consortium's mode of operation, other interlocking networks
- 12:00 - 1:00 Box lunches provided
- 1:00 - 3:00 Continue discussion of Consortium's mode of operation; discussion of public information activities, diffusion/dissemination of information
- 3:00 - 3:15 Break
- 3:15 - 5:45 Brief update/brainstorming about current projects under the OJJDP grant
- 6:30 Meet at the Port O'Call to depart for dinner in Charleston

Sunday, September 28

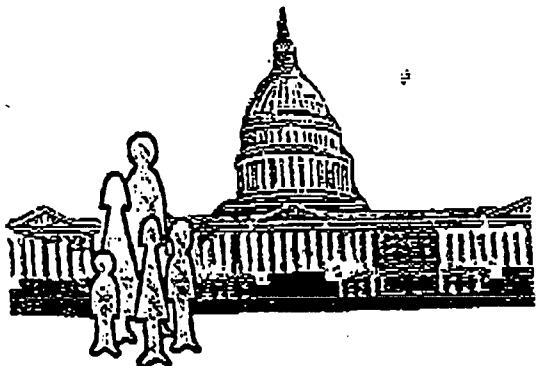
- 8:00 Continental breakfast/checkout at Port-O-Call
- 8:30 - 12 Discussion of future Consortium projects/meetings
- 12:00 Box lunches
- afternoon Participants depart

**Study Group on Multisystemic Therapy:
Itinerary & Participant List**

CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

MEETING PARTICIPANTS NOVEMBER 14 - 16, 1998



Joseph Bevilacqua, Ph.D.
Judge David L. Bazelon Center
for Mental Health Law
1101 15th St., NW, Suite 1212
Washington, DC 20005-5002
Phone: 202 467 5730
Fax: 202 223 0409

Vicki Flerx, Ph.D.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: 803 777-2982
Fax: 803 777-1793
E-Mail: vflerx@ssl.csd.sc.edu

Scott Henggeler, Ph.D.
Family Services Research Center
Medical University of South Carolina
171 Ashley Avenue
Charleston, SC 29425-0742
Phone: 803 792-8003
Fax: 803 792-7813
E-Mail: henggesw@musc.edu

Susan Limber, Ph.D., MLS
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: 803 737-3186
Fax: 803 737-3193
E-Mail: slimber@ssl.csd.sc.edu

Gary Melton, Ph.D.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: 803 777-9124
Fax: 803 777-1120
E-Mail: gmelton@univscvm.csd.sc.edu

Patricia Nichols, Division Director
Prevention and Intervention Services
Florida DJJ
2737 Centerview Drive, Suite 220
Tallahassee, FL 32399-3100
Phone: 904 488-3302
Fax: 904 922-6189

John Petrila, JD, LLM
Mental Health Law and Policy
University of South Florida
13301 Bruce B. Downs Blvd.
Tampa, FL 33612-3899
Phone: 813 974-9301
Fax: 813 974-9327
E-Mail: petrila@hal.fimhi.usf.edu

William Reay
Omni Behavioral Health
4150 S. 87th Street, Suite 100
Omaha, NE 68127
Phone: 402 331-1598
Fax: 402 331-2143
E-Mail: reaywe@aol.com

LOCATIONS OF MEMBER AND AFFILIATED CENTERS

American Bar Association • American Psychological Association • Creighton University • State University of New York at Buffalo
University of Hawaii at Manoa • University of Iowa • Medical University of South Carolina • University of Nebraska-Lincoln • University of New Hampshire
University of Pennsylvania • University of Pittsburgh • University of South Carolina • University of Virginia • Youth Law Center

Sharon Reichard
Ohio Violence Prevention Center
Office of Criminal Justice Services
400 East Tower St., Suite 120
Columbus, OH 43215
Phone: 614 728-5467
Fax: 614 752-7439
E-Mail: reichard@ocjs.state.oh.us

Mario Scalora, Ph.D.
Department of Psychology
University of Nebraska-Lincoln
309 Burnett Hall
Lincoln, NE 68588-0308
Phone: 402 472-3126
Fax: 402 472-4637
E-Mail: mscalora@unl.edu

Sonja Schoenwald, Ph.D.
Family Services Research Center
Department of Psychiatry & Behavioral Sciences
Family Services Research Center
Medical University of South Carolina
Charleston, SC 29425-0472
Phone: 803 792-6955
Fax: 803 792-6944
E-Mail: schoenw@musc.edu

Keller Strother, MS, MBA
Mustisystemic Therapy Services, Inc.
PO Box 21269
Charleston, SC 29413-1269
Phone: 803 853-8300 ext.2301
Fax: 803 853-8303
E-Mail: mst@sprintmail.com

MST Institute

Consortium on Children, Families, and the Law
Multisystemic Therapy (MST) Work Group
Wild Dunes Resort, Isle of Palms, South Carolina
Friday, November 14, 1997

----- Tentative Agenda Topics -----

All meetings will be held in Port O'Call 1 at Wild Dunes

Registration and Retreat Overview	Gary Melton	2:00 pm
Multisystemic Therapy (MST) Materials Overview	Scott Henggeler & Sonja Schoenwald	2:30 pm
<ul style="list-style-type: none">• Brief review and summary of materials included in the advance information packet<ul style="list-style-type: none">• May 1997 OJJDP Juvenile Justice Bulletin• Multisystemic Therapy with Serious Juvenile Offenders and their Families: Program Design, Implementation and Outcomes (8/18/97 draft)• Services Research and Family Based Treatment• Q & A (as needed) regarding the clinical implementation of MST -- how is MST "specified" and practiced?<ul style="list-style-type: none">• Therapist accountability and support• The role of MST Consultation• The Nine MST Treatment Principles	(approx. 1 hour)	
MST Program Design and Implementation	Keller Strother	
<ul style="list-style-type: none">• Our dissemination experiences to date -- What do we believe needs to be done to successfully implement MST?<ul style="list-style-type: none">• Critical elements of program implementation• MST program support and training• Influences within the provider organization• Influences of other stakeholders in the system• Influences within the clinical context/clinical team• Large Scale Replication/Dissemination<ul style="list-style-type: none">• A model for program development	(approx. 1 hour)	
	(approx. 1/2 hour)	
		End 5:00

Dinner will be at 7:00 p.m. at Edgar's restaurant at the resort.

MST Institute

Consortium on Children, Families, and the Law Multisystemic Therapy (MST) Work Group Wild Dunes Resort, Isle of Palms, South Carolina Saturday, November 15, 1997

----- Tentative Agenda Topics -----

Overview of Meeting Objectives (and Continental Breakfast)	8:00
Overview of MST-related Consortium Projects <ul style="list-style-type: none">• Adoption research• Large scale dissemination research<ul style="list-style-type: none">• Supervisory Manual and measure of supervisor adherence• Organizational Manual, implementation checklists and program "start-up" materials	Gary Melton & Scott Henggeler 8:30
Discussion Sessions <ul style="list-style-type: none">• Adoption research<ul style="list-style-type: none">• Primary research questions• Implementation• Consortium members involvement• Large Scale dissemination research<ul style="list-style-type: none">• Primary research questions• Implementation• Consortium members involvement• Opportunities in Florida and Ohio• Identifiable barriers in Florida and Ohio	Gary Melton Scott Henggeler & Sonja Schoenwald
Lunch Break (box lunches will be provided)	Noon
Discussion Sessions (continued)	
Retreat Wrap-up <ul style="list-style-type: none">• Establish review group for Organizational Manual• Next steps	4:00
	End 4:30

Dinner will be at the Library at the Vendue Inn in Charleston.
Those needing rides should meet at Port O'Call 1 at 6:30 p.m.

**Third Meeting of Executive Committee and Study Group on Alternatives
to Traditional Juvenile and Family Court Proceedings:**

Itinerary & Participant List

Consortium for Children, Families and the Law
April 17 - 19, 1998 Study Group
Charleston, South Carolina

Catherine Brooks, J.D.
Center for the Study of Children's Issues
2133 California St.
Omaha, NE 68178
Ph: 402 280-5514 Fax:402 280-2244
brooks@culaw.creighton.edu

Howard Davidson, J.D.
American Bar Association
750 15th St., N.W.
Washington, DC 20005
Ph: 202 662-1740 Fax:202 662-1755

Dan Dodgen, Ph.D.
Senior Legislative & Federal Affairs Officer
Public Policy Office
American Psychological Association
750 First St., N.E.
Washington, DC 20002-4242
Ph: 202 336-6068 Fax:202 336-6063
ddodgen@apa.org

David Finkelhor, Ph.D.
Family Research Laboratory
University of New Hampshire
126 Horton
Durham, NH 03824
Ph: 603 862-2761 Fax:603 862-1122
david.finkelhor@unh.edu

Vicki Flerx, Ph.D.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Ph: 803 777-2982 Fax: 803 777-1793
E-Mail: vflerx@ss1.csd.sc.edu

Josephine Gittler, J.D.
National Maternal & Child Resource Center
University of Iowa
Corner of Byington & Melrose
Iowa City, IA 52242
Ph: 319 335-9046 Fax:319 335-9098
jgittler@uiowa.edu

Scott Henggeler, Ph.D.
Director, Family Services Research Center
Medical University of South Carolina
171 Ashley Avenue
Charleston, SC 29425-0742
Ph: 803 876-1836 Fax: 803 876-1845
henggesw@musc.edu

Robin Kimbrough, J.D.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Ph: 803 777-5514 Fax:803 777-1120
RobinK@ss1.csd.sc.edu

Maureen Lee, M.Ed.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Ph: 803 777-5510 Fax:803 777-1793
E-Mail: maureend@ss1.csd.sc.edu

Murray Levine, J.D., Ph.D.
Research Center for Children and Youth
SUNY-Buffalo
231 Park Hall
Buffalo, NY 14260
Ph: 716 645-3650 Fax:716 645-3801
psylevin@acsu.buffalo.edu

Susan Limber, Ph.D., M.L.S.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Ph: 803 737-3186 Fax:803 737-3193
slimber@ss1.csd.sc.edu

Gary Melton, Ph.D.
Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Ph: 803 777-9124 Fax:803 777-1120
gmelton@vm.sc.edu

Edward Mulvey, Ph.D.
Law and Psychiatry Program
University of Pittsburgh
3811 O'Hara St.
Pittsburgh, PA 15213
Ph: 412 383-2359 Fax: 412 383-2360
mulveye@msx.upmc.edu

Clifford O'Donnell, Ph.D.
Community Studies Program
University of Hawaii at Manoa
2430 Campus Road
Honolulu, HI 96822
Ph: 808 956-6271 Fax: 808 956-4700
cliffo@hawaii.edu

Kathryn Olson, J.D., M.A.
Center on Children, Families, and the Law
University of Nebraska-Lincoln
Lincoln Square, Suite 302
Lincoln, NE 68508
Ph: 402 472-3138 Fax: 402 472-8412
kolson@unlinfo.unl.edu

Richard Redding, J.D., Ph.D.
Department of Psychology
University of Virginia
Gilmer Hall
Charlottesville, VA 22903
Ph: 804 982-5052 Fax: 804 982-4766
E-Mail: rere6e@virginia.edu

N. Dickon Reppucci, Ph.D.
Center for Children, Families & the Law
University of Virginia
Gilmer Hall
Charlottesville, VA 22903
Ph: 804 924-0662 Fax: 804 982-4766
ndr@virginia.edu

Sonja Schoenwald, Ph.D.
Family Services Research Center
Dept of Psychiatry & Behavioral Sciences
Family Services Research Center
Medical University of South Carolina
Charleston, SC 29425-0472
Ph: 803 876-1811 Fax: 803 876-1808
E-Mail: schoensk@musc.edu

Simon Singer, Ph.D.
Department of Sociology
SUNY-Buffalo
430 Park Hall
Buffalo, NY 14260-4140
Ph: 716 645-2417 ext: 409 Fax: 716 645-3801
sisinger@acsu.buffalo.edu

Mark Small, J.D., Ph.D.
Institute for Families in Society
University of South Carolina
Columbia, South Carolina 29208
Ph: 803 777-9124 Fax: 803 777-1120

Brian Wilcox, Ph.D.
Center on Children, Families, and the Law
University of Nebraska-Lincoln
Lincoln Square, Suite 302
Lincoln, NE 68588-0227
Ph: 402 472-3130 Fax: 402 472-8412
bwilcox@unlinfo.unl.edu

Meeting of the Consortium on Children, Families, and the Law

April 17-19, 1998

All meetings will be held in Port-O-Call #1

Friday, April 17

- | | |
|-------------|---|
| morning | Arrival of participants, lunch on your own |
| 2:00 - 3:00 | Introductions
Brief update on current activities, status of funding, status of pending juvenile justice bills, proposed work for next year (Gary Melton, Sue Limber, & Dan Dodgen) |
| 3:00 - 5:30 | Task Force on Juvenile Waiver (Dick Reppucci & Rich Redding) |
| 7:00 | Dinner at Edgar's restaurant (Wild Dunes Resort) |

Saturday, April 18

- | | |
|--------------|---|
| 7:45 | Light breakfast buffet |
| 8:00 - 11:00 | Task Force on the Careers of Children Exposed to Violence:
Discussion of current and future activities (David Finkelhor) |
| 11 - 11:15 | Break |

Symposium on Alternatives to Traditional Juvenile & Family Court Proceedings:
Creating A Research Agenda

Introduction

- | | |
|---------------|--|
| 11:15 - 12:00 | Court involvement in family life: Recent trends (Mark Small) |
| 12:00 - 1:00 | Lunch (box lunches will be available) |
| 1:00 - 1:45 | Overview: Trends in the development of alternatives to family court proceedings in cases of child maltreatment (Howard Davidson) |
| 1:45 - 2:00 | Overview: Trends in the development of alternatives to juvenile court proceedings in cases of status offense and delinquency (Robin Kimbrough) |
| 2:00 - 2:15 | Break |

Alternative Processes & Models

- 2:15 - 3:00 Teen Courts (Brian Wilcox & Kathy Olson)
- 3:00 - 3:45 Juvenile Drug Courts (Robin Kimbrough)
- 3:45 - 4:30 Victim/Offender Mediation Models (Josie Gittler)
- 6:00 Meet at Port-O-Call #1 to depart for dinner
- 6:30 Dinner at Slightly Up the Creek

Sunday, April 19

- 7:30 Continental breakfast available
- 8:00 - 9:00 Family Group Conference Models (Murray Levine)
Videotape
- 9:00 - 9:45 Synthesis of discussion & wrap-up
- 9:45 - noon Small group meetings to plan future Consortium research
- afternoon Box lunches available
Participants depart

**Concept Papers Prepared for Study Group on: Alternatives to
Traditional Juvenile and Family Court Proceedings**

THE STATE OF JUVENILE JUSTICE

Prepared by
Robin J. Kimbrough, JD
Institute for Families in Society
University of South Carolina

for
Consortium on Children, Families, and the Law

April 17-19, 1998

This paper is intended only to highlight significant issues and trends driving policy and program development in the current juvenile justice system. It also summarizes the principal theoretical frameworks underlying program development and notes some of the more common programs that communities are experimenting with and/or implementing.

The Context

- Juvenile arrest rates are down: juvenile arrest rates fell in 1995 and 1996, however the juvenile violent crime arrest rate in 1996 was still about 60 percent higher than the 1987 level (this compares to a 24 percent increase for adults over the same period).
- Offenders under age 15 represent the leading edge of the juvenile crime problem and their numbers are growing. For example, violent crime arrests grew 94% between 1980 and 1995 for youth under age 15, as compared to 47% for older youth (Butts & Snyder, 1997).
- Juvenile drug use violations have increased sharply in recent years but slowed slightly in 1996: Arrests of juveniles for drug abuse violations increased 6 percent from 1995 to 1996, as compared to 18

percent for 1994 to 1995. Between 1992 and 1996, juvenile arrests for drug abuse violations increased 120 percent, as compared to 138 percent between 1991 and 1995. Still, juvenile drug arrests in 1996 accounted for 14 percent of all drug arrests (as compared to 13 percent in 1995).

- Juvenile responsibility for property crime overall fell from 25 percent in 1995 to 23 percent in 1996, the same level as was recorded in 1986.
- The number of juvenile delinquency cases handled by the juvenile court increased by 41% from 1985 to 1994 (Butts, 1997). The single most common type of offense handled by the juvenile court in 1994 was larceny-theft, which represented nearly 23% of all cases. Twenty-two percent of the cases handled were for person offenses; 8% of all delinquency cases handled in 1994 involved a Violent Crime Index offense.
- Between 1985 and 1994, the most significant increases in delinquency cases handled by juvenile courts were for weapons offenses (156%), homicide (144%), and aggravated assault (134%). From 1990 to 1994, growth in delinquency cases handled by the juvenile courts occurred primarily in drug law violations (a 69% increase) and in person offense cases (an increase of 38%) (Howell, 1997).
- Between 1988 and 1994, juvenile courts handled slightly younger offenders, with 13-15 years olds representing the largest increase in delinquency case rates. Between 1985 and 1994, the number of delinquency court cases involving juveniles ages 12 or younger increased by 12%, those involving juveniles age 13 and 14 increased 49%, and cases involving older juveniles grew 39% (Butts & Snyder, 1997).
- The courts also handled more females (case rates for females increased 54% between 1985 and 1994, as compared to a 38% increase in male case rates) and more minority youth. From 1985 to 1994, the number of delinquency cases involving white youth increased 26%, while the number of cases involving black youth and youth of other races increased 78% and 94% respectively (Howell, 1997).
- The juvenile courts also saw an increase in the number of status

offense cases (66%) petitioned to the courts during the period of 1985 and 1994.

□ ISSUES AND TRENDS IN THE JUVENILE JUSTICE SYSTEM

The debate over rehabilitation versus punishment is at the heart of policymaking with respect to the current juvenile justice system. On the one hand, a number of states have redefined the purpose clause or preamble of their juvenile codes in response to the public's perception of juvenile offenders as individuals who act ruthlessly and without remorse. In general, these revisions deemphasize rehabilitation and elevate the importance of public safety, punishment, and individual and juvenile justice system accountability (Feld, 1992). Other states have adopted a balanced approach between prevention and treatment and punishment.

Virtually all states, however, have considered legislation in recent months to enact get-tough policies for a core of delinquent youth, sometimes referred to juvenile "superpredators." While policies and practices are becoming increasingly punitive for a core of serious juvenile offenders, there is also an increased awareness of the need to intervene much earlier with youth who are experiencing difficulties to prevent much more serious behavior. The fact that a growing number of juvenile offenders are younger combined with knowledge about the development of problem behaviors has led to a greater recognition of the need to intervene earlier and more effectively in the lives of troubled youth before they advance to the more serious stages of delinquent and disruptive behaviors.

The principal issues and trends driving juvenile justice policy and practice can be summarized as follows.

► Restricted Juvenile Court Jurisdiction

The mission and function of the juvenile courts have changed dramatically over the years. As with any institution that deals principally with human behavior, the juvenile court has been influenced over the years by social trends and problems. While some have called for the elimination or curtailment of juvenile court jurisdiction, the debate has more often focused on defining the scope and describing the specifics of juvenile court jurisdiction. Juvenile court jurisdiction is increasingly being narrowed.

Status offenses

In the late 70s and 80s, several states totally divested their juvenile courts of status jurisdiction in response to passage of federal and state restrictions deinstitutionalizing status offenses (Feld, 1992). Other states continued to rely on juvenile court intervention but restricted the dispositions available for status offenses. However, in the last two to three years, the policy of "deinstitutionalization" that led many states to decriminalize status offenses is increasingly being challenged by states (Steinhart, 1996). This challenge has arisen from beliefs that deinstitutionalization has not worked, that adequate investment has not occurred in services for status offenders, and therefore many youth have gone unserved. Public concerns about violent juvenile crime and the perceived need for tough responses to all forms of youthful misbehavior have also fueled interest in exercising greater control over status offenders (Steinhart, 1996). The relaxing of the JJDPA status offender provisions began in 1980 when judges successfully convinced Congress to amend the JJDPA by adding the valid court order amendment (VCO). This new provision allowed secure detention of adjudicated status offenders who violated a valid order of the juvenile court (Steinhart, 1996). Between 1980 and 1988, the VCO exclusion was used in 38 states, and in 1988 alone, 5,345 status offenders were detained under the VCO exclusion (General Accounting Office, 1991).

More recently, a few states have urged Congress to relax provisions relating to juvenile court jurisdiction over status offenders. In 1996, the Iowa legislature passed a resolution asking the federal government to repeal the JJDPA provisions prohibiting detention of status offenders (Steinhart, 1996). During that same year, the California legislature considered a bill to permit the use of secure detention for status offenders for up to six months beginning upon apprehension. Also, during 1996, state officials from Iowa, Oklahoma, Virginia, and Wyoming asked Congress to weaken or remove the status offender mandate and allow states broader discretion to spend JJDPA funds without federal controls. To date, Washington State appears to be the only state to have taken action by amending state laws. In 1995, Washington State enacted legislation which permits five days of detention for apprehended runaways in a secure crisis residential center.

While the debate continues about how best to serve status offenders, states are experimenting with a variety of options for dealing with status offenders, including truancy roundups and truancy centers, the use of penalties and prosecution targeted at parents who do not send their children to school, and revocation of driving privileges for truant minors. Another increasingly common strategy for controlling juveniles is the use of curfew laws, the violations of which are generally status offenses since the laws impose restrictions based solely on age. A 1995 survey of 387 cities by the United States Conference of Mayors

revealed that 7 of 10 cities have curfew laws (Steinhart, 1996). Moreover, nearly half of the cities surveyed had modified their curfew law or adopted a new one within the past year.

Waiver

A more common trend has been the widening of circumstances under which serious juvenile offenders can be prosecuted in adult criminal courts. Although juveniles generally can be transferred to criminal court in three ways (e.g., judicial waiver, prosecutorial discretion, and legislative exclusion), legislative exclusion accounts for the majority of transfers by far. In the last few years, 40 states have adopted or modified laws to make it easier to prosecute juveniles in criminal courts (Torbet et. al., 1996). Since 1993, 24 states have added crimes for which juveniles can be criminally prosecuted, and 6 states have lowered the minimum age for transfer to 14 (National Criminal Justice Association, 1997) (hereinafter NCJA, 1997). In 1995 alone, 16 states (Alaska, Arkansas, Delaware, Indiana, Louisiana, Minnesota, North Dakota, Oregon, Tennessee, Utah, and West Virginia) expanded their transfer provisions (NCJA, 1997) . Another five states (Arkansas, Idaho, Iowa, Nevada, and Ohio) enacted various types of once waived, always waived legislation.

Twenty-two states and the District of Columbia have adopted statutes excluding certain offenses from juvenile court jurisdiction and lowering or eliminating the age requirement for transfer to the adult court. The adoption of an automatic or mandatory waiver for certain offenses is based on the belief that the prosecution of these juveniles in adult court will enhance community protection and increase deterrence through the certainty and visibility of consequences. The following is illustrative of the range of legislation being enacted:

- Eleven states now exclude 17 year-olds from the original jurisdiction of the juvenile court.
- New York's 1978 juvenile offender law lowered the eligible age of criminal justice system handling of juveniles to 13 for murder and 14 for other violent offenses (Howell, 1997).
- In 1994, Georgia passed a juvenile crime bill that included a provision to automatically try juveniles charged with specified crimes as adults.
- Several states have enacted legislation excluding violent crimes from juvenile court jurisdiction. For example, West Virginia requires any child who commits a violent criminal act to be prosecuted in adult criminal court. California has lowered the age at which juveniles

convicted of violent crimes can be tried and sentenced as adults from sixteen to fourteen. In 1994, Washington State enacted a law mandating that all 16- and 17-year-olds accused of certain violent crimes be tried as adults.

- In New York any child with a specific prior record of offenses who commits a felony must be prosecuted in adult court, and in Florida, any juvenile who commits auto theft or carjacking resulting in serious injury must be criminally prosecuted.
- Finally, a number of states have enacted transfer provisions for juveniles who commit offenses with firearms.

● Focus on punishment and retribution

As the juvenile court has gradually shifted in emphasis from rehabilitation to punishment of the juvenile offender, sentencing practices and policies have also shifted. In contrast to the criminal court where sentencing is generally related to the severity of the current offense and the offender's criminal history, sentencing in the juvenile court has traditionally been focused on meeting the needs of the juvenile offender. In making sentencing decisions, juvenile court judges traditionally were more likely to consider individual and social factors in structuring dispositions to address the "best interests" of the juvenile.

Sentencing practices have changed in several key ways:

- Although the juvenile court has had a history of indeterminate sentencing, about one-third of the states now use determinate, mandatory minimum sentencing statutes, or administrative guidelines as a means of controlling at least some sentencing decisions. As is the case with sentencing in the criminal courts, determinate sentences are based on the present offense and prior record of the juvenile. Legislation in this area includes:
 - (a) New Jersey's statute which requires juvenile court judges to consider the offense and criminal history when sentencing juveniles. The New Jersey statutes also specify "aggravating and mitigating" circumstances, and provide enhanced sentences for serious or repeat offenders (Feld, 1992).
 - (b) Texas has adopted legislation providing for determinate

sentencing for juveniles charged with serious offenses.

- (c) Several other states (e.g., Colorado, Georgia, New York, Ohio) have adopted mandatory minimum sentences for certain "designated felonies" (Feld, 1992). Some of these mandatory minimum sentencing statutes are discretionary, allowing the judge to decide whether or not to commit a juvenile to state's department of corrections, while others are nondiscretionary.
 - Sixteen states are experimenting with "blended" sentencing structures for cases involving serious and repeat juvenile offenders. Blended sentencing essentially refers to the imposition of either juvenile or adult sentences, or both, in cases involving juveniles. The development of blended sentencing has resulted, at least in part, from the failure of get tough policies to yield the outcome that states had anticipated. So, the move to a blended sentencing structure is seen as a means of holding juveniles accountable while retaining the court's ability to provide the most effective sanctioning options. States enacting blended sentencing structures since 1994 include Connecticut, Kentucky, Missouri, and Minnesota.
- In Minnesota, which has created a concept referred to as "extended jurisdiction of juvenile prosecution" (EJJP), juvenile court judges can impose both a juvenile dispositional order and an adult criminal sentence, with the latter stayed on the condition that the offender not violate the provisions of the juvenile disposition order and not commit a new offense (NCJA, 1997) . If the juvenile progresses, the judge can reduce the adult sentence. EJJP allows the juvenile court to retain jurisdiction of youth up to age 21. Typically, in these schemes, if the juvenile violates the dispositional order, the court can revoke the stay, sometimes without notice, and activate the adult sentence.
- The state of Texas has created "expanded sentencing authority" for the juvenile court. Under this scheme, the juvenile court judge or jury is able to impose a sentence of up to 30 years, depending on the seriousness of the crime. The terms of this statutory arrangement require that a grand jury consider the original petition charging the youth. A 12-person jury is required to determine guilt or innocence. If a sentence is imposed that extends beyond the age of juvenile court system jurisdiction, which is 21, the offender is transferred to an adult correctional facility to serve out the sentence (NCJA, 1997) .
 - Another type of sentencing scheme allows the adult criminal court to

impose a wide array of dispositions, including juvenile sanctions, on juveniles who have been transferred to its jurisdiction. Twelve states have this authority usually for offenders who have committed less serious crime. Florida, for example, can levy both juvenile and adult dispositions on juveniles appearing before the adult criminal court judge. Most often, the criminal court judge receives reports from the Department of Corrections and the Department of Juvenile Justice on the sentencing options for the offender within both systems.

- The state of Colorado has experimented with the creation of youthful offender programs as a way for the adult criminal court to impose juvenile sanctions. The youthful offender strategy is an option for giving juveniles one last chance before being sent to an adult facility. Typically in this scheme, the criminal court judge imposes a regular adult sentence on the youth, which is suspended if the youth successfully completes the YOS sentence. A common sentence is 2 to 6 years in the YOS, with a community placement and aftercare provision for the last 6 to 12 months of the sentence. After successful completion of the program, the adult sentence may be revoked.

The Colorado YOS emphasizes treatment, discipline, and a successful transition back into society with a low staff-to-offender ratio. It has 4 distinct phases. The first is an intake, diagnostic, and an orientation program in which the focus is on changing the anti-authority attitudes common in most YOS youth. The second is a period of institutional confinement which consists of some "core" programs, supplementary activities, and educational and prevocational programs. Phase III occurs during the last 3 months of institutional confinement. During this phase, the Colorado Department of Corrections can transfer the offender to a residential program serving youth. Phase IV is a period of aftercare and community supervision in which the offender, under intensive supervision, is reintegrated into society (NCJA, 1997) .

The Colorado approach to sentencing has been adopted by at least 11 other states since its enactment in 1993.

Another trend involving sentencing centers on the use of firearms in the commission of a felony. At both the federal and state levels, mandatory sentencing laws have been enacted that impose more stringent sentences for offenders who use or carry a firearm during the commission of a felony (Catalano, et.al., 1998).

► Increased focus on prevention and early intervention

Concurrent with efforts to restrict juvenile court jurisdiction and to ensure that offenders are punished is an emphasis on prevention and early intervention of serious and violent juvenile offending. This trend was recently affirmed by President Clinton in his budget proposal which includes funding to support an at-risk child's grant program. The program would encourage the development of initiatives redirecting youthful offenders into crime-free, productive lives. Programs eligible for the funding include efforts in the areas of anti-truancy, school violence, mentoring, and curfews.

Fueling this increased emphasis on prevention and early intervention has been the research on developmental criminology. Research has demonstrated that youth have often exhibited years of behavior problems by the time they are arrested and first appear in court (Loeber & Stouthamer-Loeber, 1993). For example, by age 12, more than 50 percent of youth classified as juvenile offenders had already started delinquency, and by age 14, nine in 10 juveniles had started serious offending. Data collected as part of the Pittsburgh Youth Study has demonstrated that, by the time they reached eighth grade, 24 percent of delinquent boys in the study had a history of problem behaviors dating back to preschool years. On average, at eighth grade, the delinquent boys had demonstrated problem behaviors for six years (Loeber & Stouthamer-Loeber, 1993).

The fact that many youth exhibit problem behaviors (e.g., defiance, authority conflict, stubborn behaviors, truancy, minor property damage) long before they show up in the juvenile court system means that the juvenile court does not have a chance of effectively preventing delinquency. Rather, preventing serious juvenile delinquency requires intervention when behaviors first start to become apparent. Several themes have emerged in policy and programmatic strategies as a result of the focus on prevention and early intervention including:

- Greater attention to interagency collaboration to address the problems experienced by youth and their families.
- Increased recognition of the role of family and community in eliminating or reducing factors that place juveniles at risk of delinquency and victimization.
- More attention to the relationship of delinquency to mental disorders (e.g., conduct disorder, ADHD), child maltreatment, and substance use.

- A focus on accountability for all offenders, including first time, nonviolent offenders.
- Greater emphasis on the victim both in terms of involving the victim in decision making and providing restitution to the victim.

In a 1996 study of OJJDP's Community Prevention Grants program, the General Accounting Office (GAO) documented a variety of prevention programs that are being implemented by communities. They include:

- *Counseling and intervention services* that involve parents, families, and juveniles in managing stress, resolving conflicts, and reducing violent behavior.
- *Programs for parents* that improve their parenting skills, provide support groups, increase parent-child interactions, and reduce child abuse and neglect.
- *Health services.* These programs are providing prenatal care and health education classes for new parents in collocated health and community centers.
- *School-based programs* targeting truancy, school failure, violence, teen pregnancy, antisocial behavior, and drug and alcohol abuse.
- *Economic development and training programs*, including job readiness and skill development, startup and operation of neighborhood and family businesses and neighborhood rehabilitation.
- *Law enforcement-sponsored programs* such as community policing, police liaisons to community schools, arbitration/mediation programs supervised by law enforcement representatives, and gang and gun prevention and intervention.
- *Comprehensive community mobilization activities.* These efforts attempt to streamline available services so that efficient, unduplicated services are provided to the entire community by local youth and family service systems, community forums, and educational activities.

To further illustrate, one community used grant funds to renovate an old high school building to provide family support services; to hire outreach workers to provide one-to-one counseling, academic assistance, family strengthening, and

prosocial and recreational activities; and to train young males to serve as advocates and role models for males students in grades one through six (Bownes & Ingersoll, 1997).

► Use of graduated sanctions

The use of graduated sanctions has gained popularity as a way of holding juvenile offenders accountable through the judicious application of a range of graduated sanctions while providing a full range of intensive treatment and rehabilitation services. The purpose of graduated sanctions is to prevent the juvenile's further penetration into the system by inducing law-abiding behavior as early as possible (Wilson & Howell, 1995).

The interest in graduated sanctions has evolved as a component of the "comprehensive strategy" proposed by the National Council on Crime and Delinquency (and funded by OJJDP) for working with serious, violent, and chronic juvenile offenders. The "comprehensive strategy" has two key components: (i) preventing youths from becoming delinquent by focusing prevention programs on at-risk youth, and (ii) improving the response of the juvenile justice system to serious, violent, and chronic offenders by integrating a continuum of graduated sanctions (or intervention options) that is paralleled by a continuum of treatment alternatives. The continuum should include *immediate sanctions* in the community for first-time (misdemeanors), nonviolent offenders. Sanctions in this category might range from day reporting to community confinement. In conjunction with this, juveniles and family members would have access to a continuum of services such as individual incentives, family problem assessment and intervention services, family preservation and support services, individualized treatment for particular problem behaviors (e.g., mental health, and drug and alcohol abuse), and a wide range of community service opportunities (Krisberg & Howell, 1998).

The second step of the continuum would include *intermediate* sanctions in the community for more serious offenders (e.g., first time serious or violent offenders) or for those who fail to respond successfully to *immediate intervention* as evidenced by reoffending. Krisberg & Howell (1998) suggest a range of sanctions that might include intensive in-home parent development and family support services, home detention, commitment to a secure detention facility for a maximum of 30 days, and commitment to a minimum-security facility. Of course, each level would include intensive supervision. For more serious and violent juvenile offenders, Krisberg & Howell (1998) point to the efficacy of multisystemic therapy (MST).

At the final step of the continuum are secure care programs for the most

violent offenders. Again, even for youth at this level of intensity, treatment and rehabilitation should be a priority.

Wilson and Howell (1995) note several anticipated benefits of a graduated sanctions approach:

- *Greater responsiveness to the needs of juvenile offenders by the juvenile justice system.*
- *Increased accountability for both offenders and the community.* The premise is that by holding juvenile offenders accountable for their behavior regardless of the severity of the behavior, the likelihood of the juvenile further penetrating the system will be reduced. Communities will also be held accountable for providing community-based prevention and treatment resources for juveniles.
- *Reduced costs of juvenile corrections.* The rationale for a reduction in correctional costs is that, if graduated sanctions are applied appropriately, a greater number of youth should be served in community programs (in many communities, programs will need to be developed). It is anticipated that the savings from the high costs of running correctional facilities can be funneled back to community to support the development of programs.
- *Increased responsibility of the juvenile justice system.* It is anticipated that through a graduated sanctions approach that many offenders who are currently being waived or transferred to the criminal justice system could be provided intensive services in secure, community-based settings or long-term treatment in juvenile training schools, camps, and ranches.
- *Increased program effectiveness.* While some knowledge exists about *whom* the serious, chronic, and violent offenders are and about *what* can be done effectively regarding their treatment and rehabilitation, more knowledge is needed with respect to what works best for whom and under what circumstances. The implementation of programs using the graduated sanctions strategy can help provide this knowledge base.

According to Krisberg & Howell (1998), the efficacy of graduated sanctions has been substantiated in a number of studies. Although there is much that is not known yet about "what works" with youthful offenders, according to Krisberg & Howell (1998), there is some evidence that strong justice system sanctions reduce

the rate of subsequent criminal offending. However, there is not much support demonstrating the efficacy of traditional sanctioning policies insofar as reducing the likelihood of subsequent offending or recommitment.

► Efforts to increase parental responsibility

The enactment of "parental responsibility" laws at the state and local levels has gained momentum as a way of combating youth crime by increasing parental supervision and involvement with children. These laws attempt to force parents to be more involved in their children's lives by holding the parents civilly and/or criminally liable for their children's actions. The following statutes are illustrative of the range of parental responsibility measures:

- An Oregon law which authorizes fines of up to \$1,000 or sentences to classes in parenting and alcohol and drug abuse for parents of juveniles who come before the court. (New laws in Arizona, Florida, Indiana, Kansas, Kentucky, North Carolina, North Dakota, and Oregon similarly require parents to attend counseling or other court-ordered treatment programs; legislation in Arkansas, Colorado, Texas, and Wisconsin require adult participation in parent training and responsibility courses.)
- A California statute requires parents of children convicted of graffiti crimes to work (alongside their children) at least half of their children's community service sentence. (Colorado, Florida, Louisiana, Missouri, and Texas also require parents to participate in community service alongside their children).
- New Mexico authorizes counties to collect fees from parents to cover some of the costs of detaining juveniles in detention. (Statutes in Florida, Idaho, Indiana, North Carolina, and Virginia also require parents to reimburse the State for the costs of caring for, supporting, detaining, or treating youth in state facilities.)

Other states, such as Kansas, Michigan, and Texas, have enacted laws requiring parents to attend the hearings of children adjudicated delinquent or face contempt charges, and some states are requiring parents to pay the court costs associated with these proceedings (NCJA, 1997). Still other states (e.g., Idaho, Maryland, Missouri and Oklahoma) are requiring parents to pay restitution to victims when the youth is financially unable to pay.

Although parental responsibility laws are extremely popular with legislators,

the majority of judges surveyed by *The National Law Journal* in 1994 did not support holding parents legally responsible. Only about 25 percent of the judges believed that parents should be liable for their children's criminal acts (Sherman, 1994).

Proponents of parental responsibility measures argue that these statutes are not without precedent. According to proponents, the objective of parental responsibility statutes is to impose affirmative duties on parents to provide necessities for the youth and to ensure that parents do not abuse or abandon their children (NCJA, 1997). As precedent for these statutes, proponents cite other laws mandating minimum standards of parenting, including statutes which establish criminal sanctions against parents who have abused, neglected or abandoned their children, compulsory education laws and criminal nonsupport laws (Davidson, 1996). Yet another way in which states have traditionally held parents accountable for the acts of their children is through tort liability for damages. Currently, all states except New Hampshire and New York permit recovery for civil damages against parents whose children engage in youth criminal activities (NCJA, 1997).

Similarly, at least 42 states and the District of Columbia have statutes holding parents criminally responsible for the delinquent acts of their children (i.e., contributing to the delinquency of a minor). A few of these laws include misdemeanor sanctions against parents who fail "...to exercise reasonable care, supervision, protection and control over their children" (Cal. Penal Code, 1988).

Aside from the lack of research about the efficacy of parental responsibility laws in reducing crime and in improving the parent-child relationship, the laws raise several possible legal issues that have yet to be fully explored. Nonetheless, a challenge to the California law, which is one of the most stringent in the nation, was rejected by the California Supreme Court. The Court determined that the law established a reasonable standard for parents who attempting to guide and control their children and that a statutorily defined notion of perfect parenting would be both inflexible and impractical (Culbreath, 1993).

- Limitations on juveniles' ownership, possession, and use of firearms

A 1996 report on juvenile justice legislative initiatives conducted by the National Conference of State Legislatures revealed that deaths caused by juveniles using guns increased fourfold during the 10-year period from 1984 to 1994. The increased accessibility of juveniles to guns has caused states to enact laws restricting the possession, licensing, storage, and transfer of guns to juveniles.

- Eighteen states restrict possession of handguns by youth under the age of 18; another 14 prohibit the possession of all firearms by persons under age 18 (with some exceptions such as involvement in authorized recreational or educational activities).
- In 22 states, adjudicated delinquents cannot possess firearms. Other states prohibit possession of a firearm for a specific period of time (usually 10 years) after an offender's adjudication or release from detention, while other states require the Governor or the court to restore the right to possess a firearm. Another group of states provides an enhanced penalty for juveniles who have been previously adjudicated delinquent if they are found in possession of a firearm.
- Thirty-five states regulate the age at which a person may obtain a license to carry certain types of firearms and another 43 prohibit the transfer of firearms to minors, with some specific exceptions.
- According to Handgun Control, Inc., 13 states have enacted legislation holding parents of juveniles liable if the juvenile gains access to a family firearm.

Another common strategy for protecting children against firearms has been the enactment of "gun-free schools" and "safety zones at schools". The most common type of statute in place in 33 states prohibits the possession of a weapon on school property or in a safety zone and provides punishments for violations regardless of whether the offender knowingly possesses the weapon in the restricted area (NCJA, 1997). Sanctions for possessing a firearm in violation of a safety zone statute include: (i) suspension or expulsion from school (in some cases, for up to one year), (ii) suspending the driver's permit of a youth who violates the law, and (iii) transfer to criminal court when the gun is used in the commission of certain serious and violent acts (NCJA, 1997).

► Confidentiality of juvenile records and proceedings

As juvenile crime has become more violent, discussion of easing confidentiality practices within the juvenile court has accelerated at both the state and federal levels. At the heart of this trend are the arguments of community protection and the public's right to know about serious criminal activity. Several states have acted to open the court records of juveniles in certain circumstances. For example,

- New Jersey, in 1994, amended its juvenile disclosure law to allow

prosecutors to release a juvenile's name upon conviction and sentencing. Some prosecutors urged that the law be changed again so that the juveniles' names could be released upon arrest.

- In 1995, Arizona opened the court records of juveniles charged with a serious felony.
- Also in 1995, Pennsylvania adopted a new law allowing for the presentation of an adult defendant's juvenile record at trial.
- The Louisiana Legislature has introduced at least four bills affecting the confidentiality of juvenile records.

The increased emphasis on victims' rights and victim participation in the juvenile justice system has also been used by some states as a means of opening records and proceedings. For example, Wyoming permits the court or prosecuting attorney to release the name, offense record, or disposition of a minor in any delinquency proceeding filed in juvenile court to the victim or victim's immediate family. With respect to proceedings, some states are simply notifying victims of juvenile proceedings while others are beginning to allow victims to appear and be heard at any predisposition or disposition proceeding. In addition, at least 21 states have started to open juvenile proceedings to the public if the youth involved is charged with a serious or violent offense or if the youth is a repeat offender. The decision to open the courtroom generally turns on the nature of the offense and the age and maturity of any youth victims involved in the case.

Although there has been considerable legislative activity resulting in greater access to juvenile records and proceedings, substantial legal barriers still exist with respect to sharing of information on juvenile offenders between and among agencies in the absence of some type of enabling legislation (NCJA, 1997) . A variety of Federal and State statutes, rules, regulations and court orders govern the collection and dissemination of records information. A number of states have adopted policies expanding access to juvenile records to youth corrections personnel, other State agencies, and in some cases school officials (NCJA, 1997) .

In *The National Law Journal* poll mentioned previously, a significant number of juvenile court judges surveyed appeared to support loosening confidentiality laws regarding juveniles in some circumstances. Eighty-five percent of the judges supported opening juvenile records to adult law enforcement authorities, however 71 percent of those did not support opening the records to the public. Sixty-eight percent of the judges supported opening hearings of juveniles who are accused of felonies to the public (Sherman, 1994).

THEORETICAL FRAMEWORKS GUIDING PROGRAM DEVELOPMENT

For the most part, the trends (e.g., prevention, early intervention, increased victim participation, focus on accountability, etc.) evident in the current juvenile justice system are being influenced by three theoretical frameworks: (I) social development strategy, (ii) restorative justice, and (iii) community justice.

Social Development Strategy

The Social Development Strategy is an approach to prevention that emphasizes the reduction of risk factors and enhancement of known protective factors against health and behavior problems (Howell, 1997; Hawkins & Catalano, 1992). It has its origins in several criminological theories, including social learning theory, differential association theory, and social control theory (Howell, 1997). The social development model organizes causal factors for onset, maintenance, and desistance of delinquent careers in relation to chronological development of the child (Howell, Krisberg, et.al., 1995). So, for example, before a child enters school, the family is the major socializing unit; once a child enters school, the school joins the family as an important socializing unit. As children move from the elementary grades to middle and high school, peers take on increasing importance.

Hawkins, et. al. (1995) also suggest that three conditions must be met for a child to be adequately bonded to a social unit. First, children must be provided with meaningful, challenging opportunities to contribute to their family, school, peers, and community. These opportunities should help them feel responsible and significant. Second, children must be taught the skills needed to take advantage of the opportunities they are provided. Without the necessary skills, children will experience frustration and/or failure. Finally, children must receive recognition for their efforts, which gives children the motivation to continue to contribute and reinforces their ability to perform (Howell, 1997). The presence of individual protective factors affects the child's ability to perceive opportunities, develop skills, and perceive recognition.

The recognition that it is the convergence of multiple risk factors that contribute to antisocial behavior has led to an emphasis on program development that address these risk factors comprehensively. Such programs include efforts targeted to the family (e.g. family preservation efforts), the individual child (e.g., skills building, social competence initiatives), the school, peer group (e.g., peer mediation, conflict resolution), and the neighborhood.

Restorative Justice

The Restorative Justice (also referred to as the "balanced approach" and "balanced and restorative justice") framework has its roots in several other approaches designed to more effectively intervene with and manage offenders. These approaches include the community corrections movement (e.g., sanctioning within the community through the use of home detention, curfews, halfway houses) which gained increased vitality in the mid-to late 80s as prison populations expanded, the experience with reparative sanctions and processes (e.g., restitution, victim-offender mediation), the rise of informal neighborhood justice and dispute resolution processes and the peace and social justice movements (Bazemore & Schiff, 1996).

The concept of restorative justice borrows from these approaches in its emphasis on accountability, community protection, and competency development. In contrast to the community corrections approach, which focused on the individual offender as the target for intervention and change, restorative justice focuses on the needs of victim, offender, and community. It offers a framework for engaging each party in a collaborative effort to achieve a just response to crime and in integrating sanctioning, rehabilitative and public safety goals and strategies for achieving these goals. Moreover, restorative justice attempts to shift the debate from one of punishment versus treatment to a discussion of meaningful citizen involvement in the justice process. Under restorative justice, the critical questions are not whether to punish or treat offenders, but rather "what is the harm?", "what needs to be done to make it right?" and "who is responsible" (Zehr, 1990).

Restorative justice emphasizes accountability, competency development, and public safety. *Accountability* refers to the notion that offenders must be held responsible for their crimes and the harm caused to their victims. Since the offender's action is defined in the context of the harm caused to victims rather than to the State, imposing sanctions such as a curfew or drug testing is not sufficient. Rather, the restorative justice model focuses on restitution to the victims, restorative community service, participation of the offender in mediation, and participation of the victim in the justice process (Bazemore & Umbreit, 1995). *Community protection*, under the restorative model, refers to more than incapacitation. A restorative model promotes structuring of the offender's time around such activities as work, education, and service, use of natural surveillance and community guardians such as employers, relatives, churches, and mentors to monitor the offender, use of graduated community-based sanctions and surveillance, and prevention and capacity building in schools and other community groups. Finally, the concept of *competency development* refers to the belief that

offenders should leave the juvenile system with more skills than what they entered with. Again, implementation of this piece of the model focuses on the capacity of citizens to involve the offenders in work, service, dispute resolution, community problem solving, and cognitive skills building.

Underlying the restorative justice philosophy is an assumption that the participation of citizens in the justice process creates a sense of responsibility among members of the community that ultimately will enhance the capacity of the community to respond to crime. In the alternative, if community members fail to assume responsibility for decisions affecting the community, community life will be characterized by the absence of a collective sense of caring, a lack of respect for diverse values, and ultimately a lack of any sense of belonging (Bazemore & Day, 1996).

According to some restorative justice advocates, the move to this approach now appears to be an attempt to respond to the crisis in the current retributive system, including factors such as the soaring costs of punishment, conflict between a policy focus on punishment versus rehabilitation, a detachment from communities and the lack of integration with social justice issues, and victim frustration and alienation (Bazemore & Schiff, 1996; Pranis, 1993; Pepinsky & Quinney, 1991).

Specific programs growing out of the restorative justice framework include: victim-offender mediation; the Citizen Dispute Settlement program where police refer some cases to a citizen's group for resolution; family group decisionmaking; neighborhood conference committees, and circle sentencing.

► Community Justice

Another framework that has emerged in recent years is the concept of community justice. Although the terms "restorative justice" and "community justice" are sometimes used interchangeably and many elements of both are similar, community justice is slightly different. Bazemore & Schiff (1996) distinguish the two at the level of intervention. Restorative justice responds to crime at the *micro*-level by addressing the specific harm that has resulted from the commission of an offense. As was stated earlier, it emphasizes sanctioning focused on victim reparation, followed by offender reintegration (Bazemore & Schiff, 1996). Community justice, on the other hand, is focused at the *macro*-level on building safer communities (Bazemore & Schiff, 1996). The community justice model emphasizes new roles for prosecutors (e.g., community prosecution), police officers (e.g., community policing), courts (e.g., community courts) and other justice system personnel that involve assuming a *facilitative* role in

addressing community safety needs and neighborhood fear. Under this scheme, justice system personnel work closely with neighborhoods to identify and resolve problems before they become severe. The community justice concept has its roots in the "broken windows" theory, which focuses on low-level crime and neighborhood disorganization as factors that fuel crime and contribute to a feeling of vulnerability on the part of citizens. The assumption is that swift intervention to address low-level crime (e.g., prostitution, shoplifting, drug crime), which is the criminal activity that is more likely to affect the majority of the population, will reduce citizens' fears and increase the confidence in the justice system overall.

Thus, under this conceptualization, justice system personnel might work with community members to help them plan comprehensive, community-based solutions to crime and to mobilize. This strategy involves building community capacity by expanding social networks and institutions that assist residents in acting collectively to protect the well-being of their neighborhood. Concretely, prosecutors are being assigned to neighborhoods to help residents identify problems early and resolve them, and once crime has been identified, to expedite prosecution. Community police officers are working with neighborhoods to build coalitions and, again, to become familiar enough with the residents that the officer is trusted and therefore better able to prevent crime. And, community courts, such as the Midtown Manhattan Community Court in New York or Red Hook in Brooklyn are opening their doors to a variety of services and programs that can be accessed by the broader community as well as offenders. In addition, sentences are more likely to involve restitution and community service as a means of restoring the victim and the community. Finally, in Austin, Texas, the county is developing the Community Justice Center where over 100 community and private enterprise volunteers are helping to develop successful strategies for transitioning offenders from the Center back into society. The volunteers are focusing on five critical areas: housing, employment, continued substance abuse counseling, life and family skills, and education. They are developing strategies and identifying needed resources to ensure the success of the transition program. In addition, the faith community has come together to develop a spiritual component for the Center.

SPECIFIC PROGRAMMATIC TRENDS

The following programs represent some of the more prevalent trends that are being implemented and/or debated and are illustrative of the theoretical frameworks discussed previously. This list is not intended to be exhaustive.

Prevention/Early Intervention:

- **Teen courts:** Minor delinquency cases are heard by trained youths with the assistance of volunteer attorneys and judges. The goal is to hold youths accountable while emphasizing positive youth development.
- **Conflict Resolution/Peer Mediation:** Conflict resolution and violence prevention curricula are being used by a number of schools as a way of improving students' social, problem-solving, and anger management skills, promote beliefs favorable to nonviolence, and increase knowledge about conflict and violence. Curricula vary in intensity and in the incorporation into the overall curriculum. Peer mediation programs, on the other hand, are designed to involve youth who have a conflict in resolving the conflict with a trained peer mediator. Often, peer mediation programs operate in tandem with conflict resolution curricula.
- **Mentoring:** These programs typically involve nonprofessional volunteers who spend time with individual youth in a supportive, nonjudgmental manner while acting as role models. Mentoring interventions may address several risk factors, including alienation, academic failure, low commitment to school, and association with delinquent and violent peers. Mentoring can also enhance protective factors through opportunities for prosocial involvement, the development of skills for prosocial involvement, recognition of prosocial activities, opportunities to bond to adults, and the development of healthy beliefs and clear standards of behavior (Catalano, et. al. 1998).

Treatment:

- **Multisystemic Therapy:** An approach to treatment that integrates concepts from family therapy and parent management training techniques. The precise set of interventions used with any particular family varies depending on the family's needs. MST is one of the few interventions that actually addresses treatment of serious juvenile offenders.

Alternatives to Juvenile Court:

- ▶ **Juvenile arbitration-mediation:** This program uses trained volunteers to arbitrate low-level disputes involving juveniles and to then mediate a sentence that generally involves community service, possibly restitution. It may also include keeping a journal, writing book reports, attending drug counseling, etc.
- ▶ **Victim-offender mediation:** This is a process closely connected to restitution that is designed to provide victims with a greater voice in the justice process. A third party is used to mediate and facilitate the reconciliation process.
- ▶ **Neighborhood conference committees:** The juvenile and his or her parents meet with a panel of residents from the offending juvenile's neighborhood to discuss problem behavior and enter into a contract with the juvenile that outlines a plan for the juvenile to improve his/her conduct. The juvenile is then monitored by a committee member for completion of the contract requirements. Depending on compliance, the case is closed or referred to the juvenile court for action.
- ▶ **Family group conferences:** Similar to the Neighborhood Conference Committees, this alternative dispute resolution model, developed in New Zealand, encourages family members, including extended family, close friends and other trusted individuals (e.g., the family's minister) to meet together to develop a plan for addressing the family matter that has been brought to the attention of the court. The plan developed as a part of the Family Conference is subject to the approval of the court. A principal goal of this approach is to craft solutions that draw on the resources of the extended family and the community.

Court-based reforms:

- ▶ **Juvenile drug courts:** The goal is to provide treatment along with ongoing supervision to juveniles who require a more intensive intervention.
- ▶ **Unified family courts:** The goal is to serve families more holistically by consolidating all of a family's legal problems in one court. The unified family court would serve as a center for coordinating and providing community services and resources to children and families, including alternatives to court processes such as counseling, mediation, and other nonadversarial strategies.

- ▶ **Youth violence courts and juvenile weapons courts:** Two somewhat different concepts that are being debated. The Youth Violence Courts would create special prosecutorial units for violent youths, streamline the prosecution process, develop new assessments, ensure that youth are properly detained and work on returning rehabilitated youth to the community. The Vera Institute of Justice, in partnership with the New York City Family Court, has been experimenting with the design of a juvenile weapons court. As conceptualized, the juvenile weapons court would be a 1-day, mandatory preadjudicatory program for juveniles arrested on weapons-related offenses. The program is expected to combine cognitive and shock approaches to convince juveniles to relinquish their reliance on deadly weapons.

Sentencing:

- ▶ **Community reparations boards:** This is an effort to involve community members in determining the details of a sentence for first-time offenders. Sentences typically include community service and restitution.
- ▶ **Circle sentencing:** This is a community directed process for developing a consensus on an appropriate sentencing plan which addresses the concerns of all interested parties. Circles typically involve a multi-step procedure which includes application by the offender to the Circle process, a healing circle for the victim, a healing circle for the offender, a sentencing circle to develop a consensus on the elements of the sentencing agreement, and follow-up circles to monitor the progress of the offender.

REFERENCES

- Bazemore, G. & Schiff, M. (1996). Community justice/restorative justice: Prospects for a new social ecology for community corrections. *International Journal of Comparative and Applied Criminal Justice*, 20(2): 311-335.
- Bazemore, G. & Day, S.E. (1996). Restoring the Balance: Juvenile and Community Justice. In *Juvenile Justice*. (Washington, DC: Office of Juvenile Justice and Delinquency Prevention). *Quoting* Judge Barry Stuart, notes from presentation at the annual conference of the Society for Professionals in Dispute Resolution (Toronto, Canada, 1993): 7.
- Bazemore, G. & Umbreit, M. (1995). Rethinking the sanctioning function in juvenile court: Retributive or restorative responses to youth crime. *Crime & Delinquency*, 41(3): 296-316.
- Bownes, D. & Ingersoll, S. (1997). Mobilizing communities to prevent juvenile crime. *Juvenile Justice Bulletin*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Butts, J. (1997). *Juvenile court processing of delinquency cases, 1985-1994*. Fact Sheet #57. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Butts, J.A. & Snyder, H.N. (1997). The youngest delinquents: Offenders under age 15. *Juvenile Justice Bulletin*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Cal. Penal Code, section 272 (West 1988).
- Catalano, R.F., Arthur, M.W., Hawkins, J.D. Berglund, L. & Olson, J.J. (1998). Comprehensive community- and school-based interventions to prevent antisocial behavior. In R. Loeber & D. P. Farrington (Eds.), *Serious & violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage Publications.
- Culbreath, A. (1993). Parental liability law upheld in California. *Youth Law News*, Sept-Oct. at 12.

Davidson, H. (1996). No consequences - re-examining parental responsibility laws. *7 Stan. L. & Pol'y Rev.* 23, 25.

Feld, B.C. (1992). Criminalizing the juvenile court: A research agenda for the 1990s. In I. M. Schwartz (Ed.), *Juvenile Justice and Public Policy*. New York, NY: Lexington.

General Accounting Office, (1996). *Juvenile justice: Status of delinquency prevention program and description of local projects*. Washington, DC: GAO.

General Accounting Office (1991). *Noncriminal juveniles: detentions have been reduced but better monitoring is needed*. Washington, DC: GAO.

Hawkins, J.D., Catalano, R.F. & Brewer, D.D. (1995). Preventing serious, violent, and chronic juvenile offending: Effective strategies from conception to age 6. In J.C. Howell, B. Krisberg, J.D. Hawkins, & J.J. Wilson (Eds.), *A Sourcebook: Serious, violent, & chronic juvenile offenders*. Thousand Oaks: Sage Publications.

Hawkins, J.D. & Catalano, R.F., (1992). *Communities that care*. San Francisco: Jossey-Bass.

Howell, J.C. (1997). *Juvenile justice & youth violence*. Thousand Oaks: Sage Publications.

Howell, J.C., Krisberg, B. & Jones, M. (1995). Trends in juvenile crime and youth violence. In J.C. Howell, B. Krisberg, J.D. Hawkins, & J.J. Wilson (Eds.), *A Sourcebook: Serious, violent, & chronic juvenile offenders*. Thousand Oaks: Sage Publications.

Krisberg, B. & Howell, J.C. (1998). The impact of the juvenile justice system and prospects for graduated sanctions in a comprehensive strategy. In R. Loeber & D.P. Farrington (Eds.), *Serious & violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage Publications.

Loeber, R., & Stouthamer-Loeber, M. (1993). Developmental progressions. In D. Huizinga, R. Loeber, & T. Thornberry (Eds.), *Urban delinquency and substance abuse: Technical report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

National Center for State Courts (1995). *Report on trends in the state courts, 1994-1995 edition*. Alexandria, VA: State Justice Institute.

National Conference of State Legislatures. (1996). *A legislator's guide to comprehensive juvenile justice, interventions for youth at risk*. Denver, CO: National Conference of State Legislatures.

Pepinsky, H.E. & Quinney, R. (Eds.) (1991). *Criminology as peacemaking*. Bloomington: Indiana University Press.

Pranis, K. (1993). *Restorative justice: Back to the future in criminal justice*. Working paper, Minnesota Citizens Council, Minneapolis, MN.

Sherman, R. (1994). Juvenile judges say: Time to get tough. *The National Law Journal*, August 8, 1994, at A1.

Steinhart, D.J. (1996). Status offenses. In R.E. Behrman (Ed.). *The future of children, the juvenile court* 6(3). Los Angeles: Center for the Future of Children.

Torbet, P., Gable, R, Hurst IV, H., Montgomery, I., Szymanski, L., & Thomas, D. (1996). *State responses to serious and violent juvenile crime*. National Center for Juvenile Justice.

Wilson, J.J. & Howell, J.C. (1995). Comprehensive strategy for serious, violent, and chronic juvenile offenders. In J.C. Howell, B. Krisberg, J.D. Hawkins, & J.J. Wilson (Eds.), *A Sourcebook: Serious, violent, & chronic juvenile offenders*. Thousand Oaks, CA: Sage Publications.

Zehr, H. (1990). *Changing Lenses: A new focus for crime and justice*. Scottsdale, PA: Herald Press.

Teen Peer Courts: Background and Research Issues

Vicky Weisz, Kathryn Olson, & Brian Wilcox

University of Nebraska

Center on Children, Families, and the Law

April 1998

Teen Courts: Background and Research Issues

PROBLEM AND BACKGROUND

Teen courts have been developed as a promising approach to addressing the problem of youth crime. Unfortunately, the proliferation of teen courts has not been accompanied by a rigorous evaluation of teen court effectiveness.

The concept of a juvenile court derived from beliefs that adolescents who became involved in law breaking activities 1) would benefit from rehabilitative efforts by the legal system, 2) deserved those rehabilitative efforts rather than punishment because of their status as children/adolescents, and 3) that those rehabilitative efforts were likely to benefit society in general because they would prevent juvenile delinquency behaviors from evolving into adult criminal behaviors (Stevenson et al., 1996).

As crimes committed by youth have become more numerous and more serious (Elliott, 1994; Howell, Krisberg & Jones, 1995), the juvenile courts have come to look increasingly like adult court (Polier, 1989; Howell, 1997). In particular, the workload of the juvenile court has increased such that it is often only the most serious violations that result in prosecution. There simply is not time in many jurisdictions to enlist the potential "rehabilitative" activities of the court to address the less serious offenses by youth. Consequently, many youthful offenders become minimally involved in the legal system because of their infractions, but very little

happens. Thus, the original aim of the juvenile court, to rehabilitate a young person who was at the beginning stages of a potential criminal lifestyle, is rarely achieved in the current juvenile courts as the courts often spend the bulk of their time with more serious or repeat offenders.

The origin of teen courts is open to debate, as several programs in Texas began operating in the late '70s to early '80s. The first teen court to receive national media recognition was the Odessa, Texas Teen Court in the late '80s. The teen court concept evolved as a method of realizing the juvenile court's goal of rehabilitating young people who are early in their delinquency/criminal careers. The developers of the concept believed that because of adolescents' responsiveness to peer influence, a court where other teens would question and confront an errant youth's behavior and attitudes would have a powerful rehabilitative effect. Further, the developers felt that a model that did not heavily involve the juvenile court directly would enable the system to respond more energetically and meaningfully to youth who were either initial or minor offenders. Finally, the developers of the concept believed that the teen court concept would also serve as a powerful socialization tool for the volunteer teens (non-offenders) who would learn about the legal system and about the impact of law breaking.

The number of teen courts has expanded rapidly during the past several years with almost 300 teen courts currently in operation around the nation (Godwin, 1996), and the American Bar Association adopted a resolution in 1995 encouraging state legislatures, courts systems, and bar associations to support and assist in the formation and expansion of "Youth Courts." Interestingly, although many youth-serving programs start as a result of government initiatives and funding, teen courts have become quite popular in spite of very limited governmental support. Only in the last year has funding been made available by the Office of Juvenile Justice

and Delinquency Prevention for a national evaluation of teen courts. Sources of support of the programs have been limited, but fortunately teen courts are relatively inexpensive to operate (averaging \$35,000-\$50,000 per year), and some have secured funding through state agencies in conjunction with juvenile diversion programs and Juvenile Justice Act prevention funds. Most programs operate with funding from a variety sources: Community foundations, fees paid by the offenders, and local government appropriations.

Teen courts typically serve first time, non-violent offenders who have admitted guilt to their charges. Depending on the jurisdiction, youth volunteers serve as attorneys, jurors, and bailiffs. Many courts have attorneys acting as judges but some have youth volunteers as judges. Teen courts vary in whether questioning of the defendant is performed by volunteer attorneys or by volunteer jurors as in a grand jury. What appears to be consistent among teen courts, however, is that the sentencing of the youth offender is done by the youth jury. Teen court advocates believe that peer influence through the sentencing process is a powerful tool in holding teens accountable for their delinquent behavior.

A typical scenario involving the processing of a youth offender through teen court starts after the arrest or citation. The youth may be referred to the teen court by the police, prosecutor, or juvenile court intake personnel depending on whether the youth's age, past criminal history and the nature of the current charges fits the teen court's protocol. For most programs, this means that the offender is at least 12 years old (although children as young as 7 have been allowed), the offense is nonviolent, and the incident is the first time the youth has been formally charged with a crime. If the youth voluntarily accepts the opportunity to be diverted from the juvenile or adult court process to the teen court, he or she must formally admit responsibility for

the criminal behavior. Most courts require a parent to participate in the process and attend the teen court session, otherwise the youth will not be eligible for the program. The offender is then scheduled to appear before a session of the teen court to be sentenced.

Conducting a teen court hearing is approached very seriously by the youth in the community who volunteer to be involved. A formal sequence is followed, whereby the judge introduces the case, recites the basic rules of confidentiality and procedure, and determines whether any of the jurors know the defendant personally, and if so, they are excused. The teen court prosecutor presents the facts of the case and questions the youth offender about the circumstances of the criminal activity. The defense attorney asks questions that emphasize any factors that may mitigate the teen's culpability or show that steps have already been taken by the youth and the parents in order to correct the problem behavior. The teen jurors deliberate to determine the punishment, which has a threefold purpose: accountability, community protection, and skill building. Typical consequences are restitution, apologies, community service, curfew, and essays. A fundamental requirement for all offenders is service on future teen court juries, which stems from the theory that offenders can benefit from a subsequent constructive court experience. The juries have leeway to recommend other innovative consequences that related specifically to the circumstances of the teen's situation (Table 1).

Table 1

EXAMPLES OF TEEN COURT SENTENCES	
For Accountability:	alcohol/drug screening restitution apologies to victims peer court jury duty community service jail visit donation to charity
For Community Protection:	curfew driving restrictions restrictions from entertainment
For Skill Building:	essay writing raise grade point average school attendance attend adult court sentencing and report self-esteem workshop attendance at school programs attendance at community programs participating in a social event counseling sessions

According to Rosalyn Trumm, teen court coordinator in Sarpy County, Nebraska, teens are actually harder on each other than adults might be because the teens cannot fool each other. The offenders seem to respect the sentences imposed by their peers more because they did not come from an adult. However, the power of the "real" court in the background for enforcement is essential in order to ensure that the teen court sentences are completed and made meaningful.

Being before the teen court is different than traditional juvenile court and adult courts in that the teen will not have a criminal record of conviction, as long as the sentence imposed by the teen court is successfully completed.

Some programs that have been operating longer are experimenting by expanding the types of criminal behavior they will deal with to include second offenses and assaults under certain circumstances. Some courts are specializing by handling primarily drug and alcohol-related offenses, and peer courts are being used in school settings to address student misconduct and truancy.

There are numerous anecdotal reports from teen court about the effectiveness of their programs in reducing recidivism rates. Unfortunately, the growth in the development of teen courts has not been accompanied by careful evaluations of their effectiveness or impact (Godwin, Steinhart, & Fulton, 1996). Two systematic, albeit not well controlled, evaluations of particular teen court programs did not demonstrate teen court effectiveness in reducing recidivism, particularly beyond one year (Hissong, 1991, McCullough, Martin, Pope & Esterline, 1995). Two factors, selection biases and the difficulties of accurately measuring re-offending, have limited the utility of the few evaluations conducted to date. Teen courts may be selecting the least-likely-to-recidivate youth for their programs. Thus, lower recidivism rates may be more a reflection of selection processes rather than effectiveness of the program. Secondly, recidivism is a problematic outcome variable. Many programs merely look to whether a youth has been arrested in the same jurisdiction as the teen court within a fairly short period of time. Thus, youth that re-offend in a different jurisdiction, at a later time, or who re-offend without getting caught, would be considered successes. Consequently, a broader approach to assessing

effectiveness is clearly needed.

The following brief discussion of representative work in delinquency risk research, delinquency intervention research, and therapeutic jurisprudence could serve as the conceptual foundation for research on teen courts.

Delinquency Risk

As mentioned above, there are considerable limitations in relying on recidivism figures as the main measure of program effectiveness. We believe it would prove useful to explore the basic research in the delinquency area to determine variables that might be related to reduced delinquency risk. These variables could be used to first predict the risk of further delinquency for particular defendants, and then determine whether that risk has been lessened by their involvement in teen court.

There is a large body of literature that addresses delinquency risk. A variety of factors have been found to be associated with increased risk for delinquency (Howell, 1997). These factors include Attention Deficit Disorder (Moffitt & Silva, 1988), deviant peer groups (Patterson, DeBaryshe, & Ramsey, 1989), early disruptive school behavior (Kupersmidt & Coie, 1990), lack of parental supervision and lack of parent-child involvement (Loeber & Stouthamer-Loeber, 1986), and gender (Maccoby, 1986). Stouthamer-Loeber and colleagues (1993) recently developed an empirically derived model of protective and risk factors for delinquency. They were able to distinguish between variables that were related to the difference between non-delinquency and minor delinquency, variables that were related to the distinction between minor delinquency and serious delinquency, and variables that were related to both distinctions. The second class of variables, those that discriminate between minor delinquency and serious delinquency will be

quite important for an analysis of teen court effectiveness, in that teen courts are intended to prevent offenders of minor delinquent acts from developing to serious delinquent acts. Thus, there are ample research findings upon which to base the development of outcome measures for program effectiveness that will be far more sensitive than recidivism and that can be used in addition to recidivism.

Delinquency Intervention

Teen courts vary along a number of dimensions including, but not limited to, offense types of selected participants, whether repeat offenders are permitted to participate, other criteria used for referral to the teen court, range of dispositions available to be applied, parent involvement, victim involvement, involvement of the Juvenile Court, selection process for non-offending youth and the nature of non-offending youth involvement. Teen courts also vary in the services or programs they provide or have available to them in the community.

Teen courts may also vary along more complex dimensions that have been identified as meaningful in the delinquency intervention literature. For example, Braithwaite (1989) has compared the process of reintegrative shaming with the process of stigmatization. He describes reintegrative shaming as "expressions of community disapproval, which may range from mild rebuke to degradation ceremonies,followed by gestures of reacceptance into the community of law-abiding citizens." (Braithwaite, 1989, p. 55). This is contrasted with stigmatization which, according to Braithwaite, pushes those shamed into criminal subcultures. As Braithwaite argues, "social disapproval is more effective when embedded in relationships overwhelmingly characterized by social approval." (1989, p.68). Many teen courts ask defendants to later serve as jurors for other cases. This process may serve to reintegrate the offender into the community

of non-offending peers. However, it is possible that if that jury time is part of the sentence, and not just an automatic feature of the teen court, offenders may experience their involvement as stigmatizing rather than reintegrating.

Therapeutic Jurisprudence

Wexler and Winick (1996) have proposed that legal procedures, legal rules and the roles of legal actors should be examined in terms of whether they produce therapeutic or antitherapeutic consequences for the involved participants. Therapeutic jurisprudence is the discipline they propose to focus attention on the therapeutic impact of the law. Juvenile law is particularly well suited to a therapeutic jurisprudence analysis. The traditional goals of the juvenile court emphasize a rehabilitative focus. Further, the teen court movement is well suited to a therapeutic jurisprudence analysis. Benefits to defendants in terms of their attitudes about the legal system, legal socialization benefits to volunteers, restorative benefits to victims , and community attitude and education benefits have all been cited as goals of teen courts. Each of these would be considered a therapeutic benefit of teen courts.

Schiff and Wexler (1996) have proposed examining teen courts through a therapeutic jurisprudence lens in order to explore the potential therapeutic versus antitherapeutic impact on defendants and other participants. Proponents of teen courts argue that they should produce more therapeutic and fewer antitherapeutic effects for participants than other options available to youth offenders, the victims, and the community.

Needed Research

We believe that the following research questions reflect the fundamental issues raised by the teen court movement and should serve as the basis for needed research studies examining the

consequences of participation in these courts:

- 1) Do teen courts reduce the risk for behaviors predictive of further delinquency for involved youth?**
- 2) Do teen courts provide a positive general therapeutic impact for defendants, volunteers, victims, and the community?**

The following research question is one that is also important, although less fundamental than questions 1 and 2.

- 3) What teen court variables, including selection criteria for participants, are related to reductions in risk of further delinquency and a positive general therapeutic impact for defendants, volunteers, victims, and the community?**

REFERENCES

Braithwaite, J. (1989). *Crime, shame and reintegration*. Cambridge: Cambridge University Press.

Elliott, D.S. (1994). Serious violent offenders: Onset, developmental course, and termination. *Criminology*, 32, 1-21.

Godwin, T., Steinhart, D., & Fulton, B. (1996). *Peer justice and youth empowerment: An implementation guide for teen court programs*. Washington, D.C.: National Highway Traffic Safety Administration in conjunction with the Office of Juvenile Justice and Delinquency Prevention.

Hissong, R. (1991). Teen court: Is it an effective alternative to traditional sanctions?

Journal for Juvenile Justice and Detention Sanctions, 6, 14-23.

Howell, J.C. (1997). *Juvenile justice and youth violence*. Thousand Oaks, CA: Sage.

Howell, J.C., Krisberg, B., & Jones, M. (1995). Trends in juvenile crime and youth violence. In J.C. Howell, B. Krisberg, J.D. Hawkins, & J.J. Wilson (Eds.), *Serious, violent, and chronic juvenile offenders: A sourcebook*. Thousand Oaks: Sage.

Kupersmidt, J. B., & Coie, J. D. (1990). Preadolescent peer status, aggression, and school adjustment as predictors of externalizing problems in adolescence. *Child Development*, 61, 1350-1362.

Loeber, R., & Stouthamer-Loeber, M. (1986). Family factors as correlates and predictors of juvenile conduct problems and delinquency. In N. Morris & M. Tonry (Eds.), *Crime and justice: An annual review of research* (vol.7, pp. 29-149), Chicago: University of Chicago Press.

Maccoby, E. E. (1986). Social groupings in childhood: Their relationship to prosocial and antisocial behavior in boys and girls. In D. Olweus, J. Block, & M. Radke-Yarrow (Eds.) *Development of antisocial and prosocial behavior: Research, theories, and issues* (pp. 263-284), San Diego, CA: Academic Press.

McCullough, A., Martin, C., Pope, L., & Esterline, G. (1995). Teen court program research project. Unpublished paper.

Moffitt, T. E., & Silva, P. A. (1988). Self-reported delinquency, neuropsychological deficit, and history of attention deficit disorder. *Journal of Abnormal Child Psychology*, 16, 553-569.

Patterson, G. R., DeBaryshe, B.D., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist*, 44, 329 -335.

Polier, J.W. (1989). *Juvenile justice in double jeopardy*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Schiff, A. R. & Wexler, D. B. (1996). Teen court: A therapeutic jurisprudence perspective. In D. B. Wexler & B. S. Winick (Eds.), *Law in a therapeutic key: Developments in therapeutic jurisprudence* (pp. 287-298). Durham, NC: Carolina Academic Press.

Stevenson, C.S., Carter, L.S., Terman, D.L., Larson, C.S., Gomby, D.S., & Behrman, R.E. (1996). The juvenile court: Analysis and recommendations. *The Future of Children*, 6(3), 4-28.

Stouthamer-Loeber, M., Loeber, R., Farrington, D. P., Zhang, Q., Van Kammen, W., & Maguin, E. (1993). The double edge of protective and risk factors for delinquency: Interrelations and developmental patterns. *Development and Psychopathology*, 5, 683-701.

Wexler, D. B. & Winick, B. J. (1996). *Law in a therapeutic key: Developments in therapeutic jurisprudence*

The Application of Drug Court Strategies in Juvenile and Family Courts

Prepared by

Robin J. Kimbrough, JD
Institute for Families in Society
University of South Carolina

for

Consortium on Children, Families, and the Law

April 17-19, 1998

The concept of linking treatment with intensive supervision and monitoring in a drug court approach emerged in the late 1980s as a response to the escalation of drug arrests and drug-related criminal activity. The original adult drug courts were designed to intervene immediately to place substance-addicted offenders in treatment. Drug courts use a carrot and stick approach combined with intensive supervision and judicial monitoring to encourage the offender's progress in treatment.

The search for better outcomes with juvenile populations, and the experience of adult drug courts in reducing the return of drug-involved offenders to the justice system, has fueled the growth of juvenile drug courts. As of March 1, 1998, 38 jurisdictions had implemented treatment drug courts for juvenile populations. The majority of these courts focus on delinquency. However, a couple of courts accept juveniles exhibiting status offending behavior. Another 40 jurisdictions are planning juvenile drug courts. In addition, five jurisdictions have implemented dependency (e.g., child abuse and neglect) drug court programs for families (the majority of which are moms) who are in the child protective services system and who are drug involved. Another six to ten jurisdictions are planning dependency drug courts.

Nationwide, juvenile delinquency represents by far the largest portion of the

juvenile court caseload. In 52% of the cases in 1994, a property offense was the most serious charge, followed by a person offense in 22% of the cases, a public order offense in 19%, and a drug offense in 8% of the cases (Butts, 1996). However, the number of cases involving drug offenses is increasing. Between 1993 and 1994, cases involving drug offenses increased 35%. Moreover, between 1992 and 1996, juvenile arrests for drug abuse violations increased 120% (Snyder, 1997). Criminal activity and substance abuse by juveniles present significant problems for themselves, their families, their victims, and their communities. There is little argument that effective treatment is needed, and that the drug court approach offers promise for improving outcomes for adolescents.

Core elements of treatment drug courts

The mission of adult drug courts is to stop the abuse of alcohol and other drugs and related criminal activity by providing treatment to addicted offenders (National Association of Drug Court Professionals, 1997). The core elements of the treatment drug court include (Goldkamp, 1995):

- ▲ Judicial leadership and judicial role in monitoring and supervision;
- ▲ Custom designed treatment program that responds appropriately to the treatment needs of the court's targeted population of offenders;
- ▲ Collaboration among criminal justice agencies, courts, treatment agencies, and community organizations;
- ▲ A specifically defined target population with which the court intervenes.

The core elements of a juvenile drug court are the same for the adult drug court. The stated goals and objectives of existing juvenile and family drug courts are also very similar to those of adult drug courts. In general, juvenile drug courts have articulated their mission as providing *immediate* intervention in the lives of children using drugs or exposed to substance addiction through their family members (Cooper & Bartlett, 1996). Juvenile drug courts focusing on delinquency cases share two common goals: reducing the substance addiction among participants and reducing their future criminal involvement. Several of these programs (delinquency) are also attempting to address the social and economic problems of the child and family and improve the school performance of the juvenile. Programs that are focused on dependency cases cite the reduction of substance addiction of the parent or guardian and addressing the social and

economic problems of the child and family as their primary goals. The focus on the family as the unit for intervention and the breadth of the intervention distinguish the juvenile and family drug courts from the adult criminal drug court.

Since the drug court concept started in the adult criminal courts, it is not surprising that the core elements, goals and objectives would be so similar. The dilemma facing the juvenile drug court field has been the tendency of jurisdictions to want to impose the adult model on juvenile populations. However, the design of a drug court approach for juveniles has its own unique challenges. Gradually, the field is beginning to recognize that the drug court model must be adapted to work well with juvenile populations. This paper summarizes briefly some of the challenges in designing and implementing a juvenile drug court program.

Challenges in implementing a juvenile drug court program

- Selecting a target population

In the adult drug court, most courts select their target population on the basis of the charge at arrest. Since drug courts are trying to capture a population that is drug addicted, the easiest and quickest way to do so is by selecting offenders from the large numbers of drug possession cases entering the system. While this is the approach that most drug courts use, some courts also consider property offenses in capturing the target population. Once an offender is identified, generally a drug test is administered and an assessment completed to further determine whether the offender is drug addicted.

In the juvenile drug court, however, the charge at arrest is a much less reliable way of selecting a target population. While juvenile drug use violations have increased dramatically in recent years, the percent of cases overall that are drug law violations is still relatively small. In 1992, 57% of juvenile arrests were for property offenses; five percent were for drug law violations. Thus, capturing the target population based on the charge at arrest will not be as efficient in the juvenile drug court as it is in the adult court. Moreover, juveniles tend to be much more diverse in their offending patterns than adults so it is not always easy to determine on the basis of the juvenile's history, if any, whether the juvenile might have a drug problem.

In addition, a drug possession charge for a juvenile is much less indicative of the nature or severity of the juvenile's problems than it might be in an adult setting. Many youth experiment with alcohol and drugs as part of the normal process of growing up, of becoming self-assertive, and of trying out new behaviors (Cox & Ray, 1994). Thus, targeting on the basis of the charge at arrest

or on an initial drug test may widen the net considerably. As McClellan & Dembo (1992) have noted, intervention is needed when an adolescent's substance abuse is at a level where it creates problems in one or more areas of functioning.

Most juvenile drug courts in existence across the country are capturing youth in the 13-16 age range. This age range is common among drug courts for a couple of reasons. First, on the upper end, the age jurisdiction of juvenile courts in delinquency matters influences the court's ability to hold on to the juvenile for a long enough period to complete the drug court program. In 37 states and the District of Columbia, the upper age for delinquency matters is 17; in 10 states, it is 16; and in 3 states, it is 15. At the lower end, the age range appears to be related to when jurisdictions are identifying youth with substance problems. However, in a review of the empirical literature on the co-occurrence of delinquency and substance use in community samples, Huizinga, et.al. (1989) found that involvement in minor and serious forms of delinquency usually preceded use of illicit drugs except alcohol, leading them to conclude that "the most frequent temporal order is minor delinquency, then alcohol use, then more serious offending, then marijuana use, and lastly polydrug use" (pg. 439). If juvenile drug courts are targeting substance abuse as a way of reducing delinquency, this suggests that waiting to intervene at the ages of 13 or 14 may be too late for some youth, or at a minimum make the intervention much more difficult. In contrast to adult drug courts where substance abuse is a way of readily identifying a population in which delinquency might be reduced, substance use in a juvenile population is likely to be only one of many behaviors that would indicate the need for intervention. Other behaviors might surface much earlier. The question is whether juvenile drug courts should rely so heavily on the presence of substance use as opposed to considering a variety of risk factors or behaviors that would indicate the need for treatment intervention.

- Juveniles are not independent of their families

Adult drug courts have generally focused only on the substance abusing offender, although some of the older courts have started to incorporate family therapy into their treatment program. Since juveniles are usually not independent of their families, and since substance abuse in adolescents is related to a variety of cognitive, biological, social, emotional, and contextual factors including family relations (Dryfoos, 1990), the effectiveness of the juvenile drug court will be enhanced if the intervention includes the family. However, most juvenile and family drug courts in delinquency matters do not have jurisdiction over the family. Reaching out to engage families in the absence of jurisdiction is a challenge for the juvenile drug court program, particularly since many treatment programs do not seem to be effective at engaging families.

- Differences in dispositional options available to juvenile court

Drug courts use a range of incentives and sanctions to encourage compliance with the treatment program. Both incentives and sanctions are apt to look different in the juvenile drug court. One major difference will be in the use of incarceration as a sanction. Some adult drug courts use a graduated sanctions approach often ranging from spending time in the jury box to short bursts of incarceration; other drug courts apply sanctions on a case by case basis but with consistency in sanctioning specific types of behavior. In many jurisdictions, adolescent detention facilities may not be available or accessible, thus reducing the feasibility of incarceration as a sanction. Given the developmental needs of youth, the question is whether an array of consistent sanctions can be developed that promote more responsible behavior but that also provide an opportunity for the juvenile to acquire needed skills and competencies. As an example, sanctions for juveniles might include greater use of community service or some form of restitution.

- Lack of appropriate treatment services for juveniles and their families

Without question, the most significant difference between the drug court approach for adult criminal offenders and a juvenile or a family drug court program is the philosophy and structure of the treatment program, including the process of screening and assessment, the use of incentives and sanctions, and the types of relationships established with community and social service agencies.

In most adult drug courts, offenders are targeted because they have an "addiction," a condition which implies a permanence -- a lifelong battle or illness. The disease of "addiction" is characterized by compulsive use, impaired control over using the substance, preoccupation with obtaining and using the drug, and continued use despite adverse consequences (Morse & Flavin, 1992).

However, research does not support the notion that adolescents are "addicted" (Liddle, 1992). Rather, adolescent substance abuse is generally conceptualized as a behavior that is strongly associated with many other contextual factors including family relations, school problems, peer groups and individual characteristics. Thus, treating adolescent substance abuse in isolation of other problems is unlikely to be effective over the long term.

The conceptualization of adolescent substance abuse as a behavior that is multi determined suggests that the structure of treatment services for juveniles and their families must be significantly different from programs designed to treat

the drug-addicted adult. Research indicates that adolescent treatment should be:

- ▶ highly individualized with services that are comprehensive and flexible (Henggeler & Santos, in press).
- ▶ ecologically-based. A social ecological approach to behavior views the individual as functioning within a set of interconnected systems that include the individual, family, peer, school, and neighborhood factors. Thus, the individualistic approach to treatment that is often used with adults runs the risk of missing the interconnectedness of the adolescent's behavior to these other systems (e.g., family, peer, school).
- ▶ structured to identify and address the multiple and often overlapping problems that an individual youth might experience (Dembo, et. al., 1991). Services that treat only one aspect of the adolescent's behavior miss the interrelationship of the biological, cognitive, social, emotional, and contextual factors that create behavior.
- ▶ delivered in the adolescent's and family's home environment. The delivery of services in the natural environment of the adolescent and his or her family increases the likelihood that families will be engaged in services and it enhances the knowledge of the clinician about the individual's ecology.

Structuring an effective adolescent treatment program will be a challenge for most juvenile drug courts. Aside from a lack of understanding about the treatment needs of juveniles, many jurisdictions have only limited or inappropriate services available.

- Access to community-based services

The complexity of problems of adolescents and families (which often are as much social as legal) means that the court will need to have access to a wide array of community-based services and programs to meet the needs of its clients. The services will need to be managed and coordinated to meet the needs of juvenile and families in the program. Moreover, supportive services should be configured in a way that client outcomes are sustained long after the drug court intervention ends. However, juvenile and family courts vary significantly across the country in the level of resources available to the court. Some, for example, do not have basic personnel allocated to the court. So, even if the court agrees to an expanded role to ensure that services are available, large caseloads and few

resources will constrain the court in implementing this program.

Research Questions

1. Florida (like many other states) has passed parental responsibility legislation which gives the juvenile court jurisdiction over the parent or legal guardian of a child when the child has been ordered to pay restitution or perform community service. The court also has jurisdiction over the parent or legal guardian of a child adjudicated delinquent or a child in need of services and may order the parent to "attend a course of instruction in parenting skills, to accept counseling, or to receive other assistance from any agency in the community which notifies the clerk of the court of the availability of its services." Juvenile drug court judges in Florida use this law extensively to gain the participation of the family in the drug court process. What is the impact of this type of law on the family? Do families participate more readily as a result of the law?
2. What options exist for integrating family therapy into the juvenile drug court program? How can the development of appropriate treatment programs be stimulated?
3. Is there an optimal juvenile population that would do well in a drug court setting? Are there populations (e.g. status offenders, young offenders, conduct disorders etc.) that should not be referred into drug court programs?
4. What is the variance in juvenile drug court models across the country? Are there elements that appear to work better with juveniles?
5. What should the role of the court be in stimulating the development of community services to support the drug court clientele?

REFERENCES

- Butts, J.A. (1996). *Offenders in juvenile court, 1994*. (Juvenile Justice Bulletin). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Cooper, C.S. & Bartlett, S.R. (1996). Juvenile Drug Courts: Operational Characteristics and Implementation Issues. Washington, DC: American University.
- Cox, R.B. & Ray, W. A. (1994). The role of theory in treating adolescent substance abuse. *Contemporary Family Therapy, 16*(2), 131-144.
- Dembo, R., Williams, L., Getreu, A., Genung, L., Schmeidler, J., Berry, E., Wish, E.D., & La Voie, L. (1991). A longitudinal study of the relationships among marijuana/hashish use, cocaine use and delinquency in a cohort of high risk youths. *The Journal of Drug Issues, 21*, 272-312.
- Dryfoos, J.G. (1990). *Adolescents at risk: Prevalence and prevention*. New York: Oxford University Press.
- Goldkamp, J. (1995). *Justice and treatment innovation: The drug court movement*. Washington, DC: National Institute of Justice.
- Henggeler, S. W. & Santos, A.B. (In press). Introduction, overview, and commonalities of innovative approaches. In S.W. Henggeler & A.B. Santos (Eds.), *Innovative Services for "Difficult to Treat" Populations*. Washington, DC: American Psychiatric Press.
- Huizinga, D.H., Menard, S., & Elliott, D.S. (1989). The longitudinal relationships among delinquency, alcohol use, marijuana use, and polydrug use. *Justice Quarterly, 6*, 419-455.
- Liddle, H. (1992). A multidimensional model for treating the adolescent who is abusing alcohol and other drugs. In W. Snyder & T. Ooms, (Eds.), *Empowering Families, Helping Adolescents: Family-Centered Treatment of Adolescents with Alcohol, Drug Abuse, and Mental Health Problems*. (Technical Assistance Publication Series No. 6, pp. 13-37). Rockville, MD: U.S. Department of Health & Human Services.

McClellan, T. & Dembo, R. (1992). *Screening and assessment of alcohol-and other drug (AOD)-abusing adolescents* (Treatment Improvement Protocol Series 3). Rockville, MD: Center for Substance Abuse Treatment.

Morse, R.M. & Flavin, D.K. (1992). The definition of alcoholism. *Journal of the American Medical Association*, 268(8), 1012-1014.

National Association of Drug Court Professionals (1997). *Defining drug courts: The key components*. Washington, DC: Office of Justice Programs.

Snyder, H.N. (1997). *Juvenile arrests 1996*. (Juvenile Justice Bulletin). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Consortium Meeting

Wild Dunes, SC

April 17-19, 1998

Family Group Conference

Outline for Research Agenda

Murray Levine

State University of New York at Buffalo

There is widespread interest in the Family Group Conference (FGC). Work is going on in both juvenile offenses and child protection. (Given the sometimes arbitrary distinction between whether a case is considered a status offense with the offender at fault or whether it is a matter of neglect with the parent or caretaker at fault, a research agenda should examine both areas, or research projects should cooperate and coordinate efforts.) In addition to New Zealand and Australia, projects are going on in several provinces in Canada, notably British Columbia and Nova Scotia, in England and Wales, Stockholm Sweden, Trondheim, Norway, and in the US, Oregon has a model similar to the FGC, and other states, notably Vermont and Maine are exploring the model. Other states may well be working in this area. The American Humane Association has sponsored workshops and seminars around the country introducing the concept. The American Bar Association Center on Children and the Law has produced a monograph (Hardin, 1996) recommending cautious trial adoption in child protection cases. The House Committee on Children and Families has heard testimony on the model. In addition some scholars (e.g. Moore, 1993) argue that the FGC has considerable significance for policy for dealing with young offenders, and for issues in criminology, moral philosophy and political theory (p.2).

I. Survey of current interest and plans.

One research problem may simply be to survey states and local counties to determine the level of interest and activity in developing legislation, or in developing informal or formal research or demonstration projects.

II. Taxonomy of models in use.

Assuming sufficient interest and experimentation, it will be useful to develop a descriptive system and taxonomy because the FGC may be adopted in very different ways in different jurisdictions. We cannot compare the effectiveness of various models

until we can say what they are. Some dimensions along which FGCs may differ are:

A. Auspices

1. Legal authority
2. Judicial order
3. Informal adoption by agencies

B. Referral Process

1. Criteria for referral
2. Who can refer?
3. Options for family or youth to accepting referral?
4. Coordinator or agency gatekeeping function

C. Who convenes

1. Coordinator
 - a. Qualifications
 - b. Agency auspices
 - c. Previous relationship to case, if any

D. Wtance?

F. Type of setting

1. Where held?
2. Size, furnishings etc. of room or rooms
3. When held - weekday? weekend? Night?
4. Food or refreshments served
5. Opening ceremony or prayer

G. Who does attend?

1. Proportion invited who attend
2. Which actors attend?
3. Who didnt attend who should have attended?

H. FGC process

1. Any legal privilege to discussion
2. Does youth admit or acknowledge problem (disposition rather than adjudication).
3. How is the problem defined and who defines it?
4. Victim participation
 - a. When in the process does the victim speak?
 - b. Are support persons present and can they speak?
5. Who else speaks, in what order and for what purpose?
6. Is there a separate family deliberation period?
7. Is a plan adopted by consensus?
8. Who has authority to veto the plan? Victim? Youth?
9. What happens if one or more participants veto aspects of the plan?

10. Second or third FGC called?

I. The Remedy

1. Is an apology included? Face to face, or written?
2. Are there reparations?
 - a. How much?
 - b. How monitored?
 - c. What if not paid?
3. Are other typ?)
5. Is other supervision included?
6. Are there curfews or other restrictions imposed?
7. Is counseling or therapy required? For youth? For family?
8. Placement out of home
 - a. Foster care
 - b. Kinship placement?

J. Follow up

1. Is the plan reduced to writing?
2. Who approves the written plan?
3. Who receives it?
4. Who is responsible for monitoring it?
5. How are monitoring data used?
6. What happens if the plan is not implemented in whole or in part?

Research Issues

A. Process of FGC

1. Description along above dimensions
2. Character of discussion and emotional tone
3. Who participates and how?
4. Conflict and resolution of conflict?
5. Apology and reconciliation? (Shaming and reintegration?)
6. Who was influential in decision process?

B. Outcome

1. Satisfaction
 - a. Participants satisfaction
 - b. Other agencies and officials
 - c. Community perception
 - d. Media attention
2. Implementation
 - a. Was accountability criterion met?
 - b. Was remediable plan implemented, wholly or in part
3. Improved family cohesiveness and empowerment?
4. Sense of community enhanced by community participation?
5. Youth feeling of integration?

6. Youth recidivism, especially correlated with implementation of plan

Research Agenda should be carried out in three phases

1. Extent of adoption of FGC and auspices (survey of states and family courts)
2. Process research
3. Outcome research with mature projects

References

Hardin, M. (1996). Family group conferences in child abuse and neglect cases. Learning from the New Zealand experience. Washington, DC:ABA Center on Children and the Law.

Moore, D. B. (1993). Shame, forgiveness, and juvenile justice. *Criminal Justice Ethics*, 12(1) (Winter/Spring) 39pp (<http://www.lib.jjay.cuny.edu/cje/html/sample2.html>)

Family Futures Issue:

Administering Justice: New Alternatives

Table of Contents
Family Futures
Vol. 2, Number 3

Administering Justice: New Alternatives

From the Editor's Desk
Are Doing Justice and Doing Good Compatible?
By Gary Melton

Family Life Today
Family Life Under the Eye of the Court

Although change within the courts and the broader legal system is still in its infancy, promising new models are emerging to address the wide range of issues that families bring to the court system. By Mark Small and Robin Kimbrough

Innovations on the Frontline

The articles in this section highlight examples of programs that use creative alternatives to resolve legal problems affecting children, families, and communities.

Using the Circle to Break Cycle of Crime
By Carl Holman

Family-Focused Parent Drug Court
By John Parnham and Robin Kimbrough

Youth Courts: Teens Judging Teens
By Kathryn A. Olson

Juvenile Arbitration Program Stresses Responsibility, Corrective Action
By Carl Holman

Parent Education in California Courts
By Isolina Ricci

Making It Happen

Restorative Justice in Minnesota

The Minnesota Department of Corrections has been working with local communities to create programs that are modeled after different restorative justice techniques. By Kay Pranis

Action on the Hill

Victim-Offender Mediation and Balanced and Restorative Justice for Juveniles

The federal Office of Juvenile Justice and Delinquency Prevention has created two initiatives—victim-offender mediation and Balanced and Restorative Justice—that have changed how many communities are treating juvenile offenders and their victims. By Josephine Gittler

Courtwatch

Judicial Leadership: Improving Services for Children and Families

A North Carolina district court judge is making juvenile and family courts more responsive to children and families by forming a more collaborative relationship between the legal and the social service systems. By Maureen Lee

Lessons from Abroad

Empowering Families and Communities: The New Zealand Family Group Conference

Based on a method of problem resolution used by the indigenous people of New Zealand, that country has passed a law that treats child protection and delinquency as community problems and empowers families and communities to solve them. By Murray Levine

View From the Other Side

The Tulare County Juvenile Drug Court

California's first juvenile drug court provides a way for youth with substance abuse problems to get clean and sober and to stop committing crimes. By Wanda King

Drug Court Program

At age 15, I was addicted to drugs and alcohol and committing serious crimes. A juvenile drug court program helped me to turn my life around. By Susan L.

From the Editor's Desk

Are Doing Justice and Doing Good Compatible?

by Gary B. Melton

Several years ago David Letterman included "Hug-a-Lawyer Day" on his list of the top 10 holidays in hell.

Undoubtedly that image captures many people's perception of the legal system. To many, the legal system is at best a relatively benign but expensive purveyor of paperwork and a principal stimulus of unnecessary complexity in everyday life. At worst, the legal system is regarded as an arbitrary and inequitable source of heightened conflict and stress—an institution that makes unpleasant matters worse.

Nonetheless, as Mark Small and Robin Kimbrough argue in this issue's *Family Life Today*, the public may be seeking more and more from the legal system. Much too often, increasingly complex family and community problems have been combined with decreasing informal support and increasingly inaccessible and rigid formal services. One result is that many may now perceive courts as the first line of defense against social conflict and the first avenue to help when families and neighborhoods are in distress.

Thus, the innovations described in this issue go beyond "mere" decision making about matters of conflict. Rather, they use a variety of unconventional court-related strategies to promote personal, family, and community responsibility. The trendiness of these approaches is

illustrated by the sites for the projects described; they come from North and South (even way south in New Zealand), East and West, rural and urban. They involve new court forms (drug courts; teen courts), alternatives to courts (circle sentencing; volunteer arbitration; family group conferences), and adjuncts to courts (court-annexed parent education and mediation). Further, although these initiatives have emerged largely in ad hoc fashion, they have been supported by public policy, as Josephine Gittler describes in *Action on the Hill*, and often an overarching perspective of restorative justice, as Kay Pranis discusses in *Making it Happen*.

Whether these innovations actually achieve their social goals is still largely unknown. The establishment of new programs has been substantially more widespread than systematic evaluation research, although some promising results have been obtained (see, e.g., Isolina Ricci's discussion of research in the California court services). Moreover, the research that has been conducted, like the rhetoric supporting the proliferation of programs, commonly has focused on offender rehabilitation and court efficiency.

Much less attention has been given to the effectiveness of the innovative programs in fulfilling the legal system's core functions. Even if it has therapeutic effects or it saves time and money, a court program that does not convince participants and observers that justice is being done arguably fails in the end. In that regard, the desire to do good may blind authorities to the coercive nature of their services, and it may interfere with participants' ability to express their positions freely. No matter how beneficent the administrators' intentions, the parties may believe that the unconventional procedures are unfair restrictions on their having a say and even on the state's obligation to prove its case.

One answer may be suggested in Maureen Lee's interview with Judge William Jones of

Charlotte. Judge Jones argues that moral leadership and judicial involvement as a catalyst in service-system reform are fully compatible. He believes that judges, especially those in juvenile and family courts, have both a special opportunity and an obligation to bring providers together to improve the service system. Further, Judge Jones has taken an active role in developing programs to increase representation and promote other means to ensure that children and parents can best make use of the legal system to resolve disputes among them. At the same time, he recognizes that there must be clear limits to judges' community involvement if they are to maintain their neutrality as fair decision makers.

This conflict of roles is present in some form in virtually all of the innovations discussed in this issue. We present them both to inform readers about novel ways that the legal system may be used to promote family and community well-being and to foster discussion and research about the efficacy and wisdom of these programs.

Family Life Today

Family Life Under the Eye of the Court

by Mark Small and Robin Kimbrough

“I’ve got to get out of the system,” Jim told his attorney. To clients like Jim (not his real name), there is no distinction among the juvenile, family, civil and criminal courts, or associated agencies. There is only “the system,” a vaguely understood collection of social workers, therapists, guardians ad litem, lawyers, and judges who control his life. At first glance, Jim’s desire to get out of the system may appear irrational. After all, the system has been designed specifically to provide Jim with needed services. Yet a closer look at cases like Jim’s and a broader look at the impact of the legal system on families reveal an increasingly common finding: More families are finding their way into the court system, and many courts are ill-equipped to serve those families and meet their needs effectively.

Place of First Resort

Not too long ago, courts were seen as a place of last resort. Disputes between family members, between neighbors, and even between strangers often were handled informally. Extended family members, neighbors, churches, and other community organizations often stepped in to provide support to a family during times of crisis. When families did experience more serious problems, a number of agencies or programs were available to provide more formal

assistance. In those instances when families ended up in court, the issues involved in the case generally were serious and could be resolved only through recourse to formal authority. For the most part, the role of the court focused on resolving legal conflicts. Judges determined whether certain facts were true and disposed of cases based on those facts. When warranted, judges also determined what types of services were needed and either referred families to services for which they were eligible or ordered state agencies to provide services.

Gradually, however, society and families changed. Increased geographic mobility, new roles for women, longer life expectancy, new reproductive technologies, and declining adherence to formal religion have profoundly affected families in the past few decades (Babb, 1997). As everyday life has become more complex and demanding, many families have struggled to find enough time for family. The amount of time that adults can spend with children is affected by the number of resident parents who are employed outside the home; the availability or unavailability of other adults (e.g., extended family) to care for the children; and the time that work (including travel to and from work) consumes for each adult in the family (Melton, 1994).

Although stressors on the family have increased, support for children and families from others has decreased. For many families, isolation is a reality of everyday life. Longer commutes, both parents working longer hours, and the decline of social networks—coffee klatches, churches, neighborhood schools—have contributed to growing feelings of isolation among families of all social classes (Louv, 1991). In addition, increased family mobility, which often results in family members living far apart from the support of one another, adds to that sense of isolation. Greater mobility also has led to higher turnover in neighborhoods, creating fewer opportunities for informal social support systems to emerge. In neighborhoods and communities

characterized by economic and social impoverishment, families may feel even more isolated.

With informal social supports declining, many families have been forced to rely more on the formal service system for help. Unfortunately, the decline in informal social supports within neighborhoods has not been matched by an increase in the availability, accessibility, and responsiveness of the formal service system (Melton, 1994). Thus, increasing numbers of families are finding their way into court.

Not only have individual social and legal problems affected the number of families in the court system, changes in policies governing such issues as domestic violence, child maltreatment, divorce, and child support also have contributed to growing court caseloads. Where juvenile and family courts were once thought of as places of last resort, they have come to play a more prominent role in the lives of many families, and for some families, are now places of first resort.

Old Courts, New Families

Families in court today also look very different from families of 20 or 30 years ago. Fewer families today can be termed nuclear or "traditional," which means that increasingly courts are being called upon to sort out rights and obligations among family members. Although a majority of children still live with two parents, the percentage has declined from 85% in 1970 to 68% in 1996. The most recent census data (1995) revealed that 18.9 million children (27% of all children) under the age of 18 years lived with only one parent. Of these children, 16.4 million live with their mothers. Nearly 4.1 million children (5.6% of all children) live in their grandparents' homes. Although the decline in two-parent families has occurred across all major

racial and ethnic groups, there are significant disparities. In 1996, 75% of White children lived with two parents, compared to 33% of Black children and 62% of Hispanic children.

This shift in the living arrangements of many children reflects a much broader shift in attitudes about family life (Melton, 1995). Americans today are less likely to stay together for the sake of the children; are more accepting of divorce; do not necessarily believe that all couples should have children; and are less likely to perceive marriage as necessary for sexual expression. Why this shift has occurred is not clear, but the impact on courts is enormous. An increasing number of courts are grappling with the very definition of family in trying to ensure that the best interests of children are served.

“Calling All Courts”

The complexity and stress of everyday life combined with decreased access to social support and dramatic changes in family structure have left many families vulnerable to a wide array of problems, including substance abuse, depression, child abuse and neglect, and poverty. Families with multiple, complex problems now appear to be the norm in the legal system and related agencies (Melton, 1994). More often than not, legal issues are intermixed with complex social issues. Child maltreatment cases, for example, often involve a mix of psychological, medical, and socioeconomic factors, including substance abuse, unemployment, family conflict, illiteracy, lack of perinatal care, mental health problems, and social isolation (U.S. Advisory Board on Child Abuse and Neglect, 1990). Similarly, youth appearing in juvenile court on charges of delinquency frequently have problems related to family, educational achievement, peers, socioeconomic status, and individual characteristics such as deficiencies in verbal skills,

moral reasoning, and problem-solving skills. Additionally, families under the greatest stress, such as single mothers, may be least supported in their efforts to cope. Many of these families are poor and often they tend to have fewer supports from other family members.

The multiple social and legal problems of families entering the courts means that judges increasingly are challenged in meeting their needs. Families are likely to appear before the juvenile and family courts in a variety of proceedings over a lengthy period of time. Effectively addressing families' problems requires a highly integrated service-provision approach if the ever-increasing demands on the justice system are to be lessened.

Because judges alone cannot meet the needs of families, other agencies and personnel are involved, thus creating "the system." Although the form differs from one jurisdiction to another, "the system" typically consists of an interrelated web of public and private agencies and personnel that provides services and monitors an ever-increasing number of court orders. A judge may issue an order, but it is the "system" that is responsible for implementing, monitoring, and reporting how the order is carried out.

The substance and breadth of legal and social issues involved in contemporary family law cases place judges in an unenviable position. They must make factual determinations based on assumptions about human behavior in general and the characteristics of the actors before them in particular. Often the research from which to base such assumptions is incomplete and inconclusive. Moreover, judges typically are not well trained to evaluate social science information and may not have adequate access to the latest research. When judges determine that services (e.g., counseling rehabilitation, drug and alcohol treatment, parenting classes, etc.) are needed, the decision about the specific program to be provided is usually the responsibility of an

agency outside the court. These decisions may be made on the basis of available funding and program slots. Under such conditions, the orders of the court may be ineffective in accomplishing the desired outcomes. In some cases, families do not receive appropriate services; in others, they may not fully comply with the services. In the absence of ongoing monitoring, court orders often become meaningless.

The structure and authority of the courts also may complicate providing services to families with multiple problems. Often court involvement is limited to a single jurisdictional issue even though families frequently have multiple problems requiring multiple proceedings before different courts over time. Consequently, judges may be unaware and unable to develop the comprehensive understanding of the family necessary to craft meaningful dispositional orders.

Finally, courts often are unaware of the extent to which particular neighborhoods and community environments affect the likelihood that a dispositional order will be successful. With a growing recognition that individual family problems are best resolved in a family-based, community context, judges need to familiarize themselves with the environments of individuals. Unfortunately, few mechanisms exist for providing judges with needed contextual information.

The Changing Role of the Court

Two emerging trends are gradually changing how courts handle family law issues. The first is a growing recognition of the benefits of permitting and encouraging families to negotiate, bargain, and determine their own dispositional plans or agreements. Increasingly, more people are resolving their disputes outside the courtroom through such processes as court-ordered or

court-supported mediation. This is particularly true in divorce cases. In addition, processes such as family group conferencing are being used in child abuse and neglect cases as a way to engage the family in resolving the issues that brought the family to the court and in crafting the dispositional plan. Even in criminal cases, family group conferencing, arbitration/mediation, and circle sentencing provide avenues for involving the individual in the dispositional process and for holding the individual accountable for his or her actions.

Engaging families in resolving their cases has several benefits. Often the disputants save money by avoiding litigation costs. Some may experience less emotional pain when decisions are made in nonadversarial processes. As for the courts, costs can be saved through the avoidance of protracted court hearings and through reductions in delays when court hearings are necessary. Finally, the greatest benefit may be the achievement of a resolution that is more acceptable to both parties over time than one imposed by the court (Mnookin & Kornhauser, 1979).

The relationship of families to their environment also is influencing how court cases are handled. Because the development of families and children is influenced and nurtured by the individuals and institutions (e.g., friends, neighbors, schools, employers, religious organizations, neighborhoods) in the families' life, courts must fashion remedies that reflect an integrated approach to family legal issues if they are to be effective in changing the behavior of family members (Babb, 1997). Approaching family legal issues from an ecological perspective reveals connections that might otherwise go unnoticed and that can help judges look beyond the immediate and the obvious to identify relationships that might be used to strengthen individual and family development. This means that judges must know the neighborhoods in which families live if they are to understand fully the negative factors that may play a role in creating and

sustaining many juvenile and family problems confronting the justice system (Melton, 1994).

An ecological approach to family issues also requires service providers to coordinate their efforts to assist individuals and families. Judges must develop relationships with an array of agencies, public and private, to assure the delivery of holistic, integrated services. This holistic approach of addressing the legal and social needs of families may be illustrated best by juvenile and family drug courts. Not only do these nonadversarial programs assure the delivery of an array of services and monitor progress on a regular basis, they generally attempt to establish supportive connections between individuals and families and service providers as well as within the broader community.

Finally, the need for the courts to be connected to the community also challenges the judiciary and the courts to become leaders in the community (Melton, 1994; Babb, 1997). To the extent that their role permits, courts should try to establish procedures, dispositions, and structures that foster extended-family and community responsibility (Melton, 1994; Babb, 1997). For example, the use of family group conferencing encourages extended family as well as friends and others trusted by the family to assume responsibility in helping the family to resolve the issues that brought them to the attention of the court. Arbitration/mediation, teen court, and circle sentencing programs all involve community volunteers and leaders in fashioning remedies that encourage broader community responsibility while creating a sense of accountability on the part of the offender.

Jim's Case

To return to Jim's case, his involvement with the system began when police responded to

a domestic dispute call. The family court assumed jurisdiction because a child was indirectly, though nonseriously, injured. Over the course of 3 years, the parents were ordered to complete a variety of individual, marital, and group counseling sessions in both inpatient and outpatient programs; undergo random alcohol and drug screening; receive home visits from a social worker; and participate in a variety of other programs in order for the state to let them out of the system. During this entire time, there was no subsequent report of child maltreatment and only glowing reports of the bond between the child and parents.

The parents often complained of the intrusiveness of state involvement. They noted that complying with various orders (sometimes requiring them to participate in services 3 and 4 days a week in facilities located in neighboring towns) placed a tremendous stress on an already fragile marriage. Because the court was unsatisfied with progress in these programs, the state threatened to initiate parental termination proceedings. In order to get out of the system, and perhaps salvage their marriage without the constant oversight of the court, the couple voluntarily relinquished their daughter for adoption. The system, set up to preserve the family, ultimately failed as the family dissolved.

Conclusion

Although change within the courts and the broader legal system is still in its infancy, promising new models are emerging to address the wide range of issues that families bring to the court system. Effectively changing behavior requires that the courts develop comprehensive plans that often include community, family, peer group, economic support, educational, and vocational components. For many families, services should be provided outside the court system,

thus once again making courts a place of last resort. People should not have to go to court to get help. For families that appropriately end up in court, services should be well coordinated and monitored, and should promote the development of supportive networks to strengthen the ability of families to resolve their problems outside the court system. Lastly, judges can provide leadership in facilitating partnerships for systemic change in services for children and families.

Mark Small, PhD, JD, is a research associate professor in the Family and Neighborhood Life group at Clemson University.

Robin Kimbrough, JD, directs the Rural Justice and Crime Prevention Center at Clemson University. Formerly, she was an associate director of the Institute for Families in Society at the University of South Carolina.

References

- Babb, B. A. (1997). An interdisciplinary approach to family law jurisprudence: Application of an ecological and therapeutic perspective. *Indiana Law Journal*, 72, 775-808.
- Louv, R. (1991). Weaving a new web. *Family Affairs*. (Winter/Spring).
- Melton, G. B. (1994). Children, families, and the courts in the twenty-first century. *Southern California Law Review*, 66, 1993-2047.
- Melton, G. B. (1995). Introduction: Personal satisfaction and the welfare of families, communities, and society. In G. B. Melton (Ed.), *The individual, the family, and social good: Personal fulfillment in times of change* (pp. ix-xxvii). (Nebraska Symposium on Motivation, 42). Lincoln, NE: University of Nebraska Press.
- Mnookin, R. H., & Kornhauser, L. (1979). Bargaining in the shadow of the law: The case of divorce. *Yale Law Journal*, 88, 950-988.
- U.S. Advisory Board on Child Abuse and Neglect. (1990). *Child abuse and neglect: Critical first steps in response to a national emergency*. Washington, DC: U.S. Department of Health and Human Services.

*Innovations on the Frontline***Juvenile Arbitration Program Stresses Responsibility, Corrective Action**

by Carl Holman

In 1983, 11th Judicial Circuit Solicitor Donald Myers launched a juvenile arbitration program in Lexington County, South Carolina, to divert first-time, nonviolent offenders from the juvenile justice system.

Modeled after a youth mediation program in Florida and an adult pre-trial intervention program in Lexington County, the juvenile arbitration program has cleared minor offenses from the dockets so that family court judges can devote time to more serious and violent crimes, Myers said.

Back then, Myers believed that the then state Department of Youth Services (now the Department of Juvenile Justice) was not doing enough to help first-time, nonviolent juvenile offenders. Because DYS was doing little or no follow-up on these particular offenders, Myers felt that they might be more likely to commit another, perhaps more serious, crime. Concurrently, the Lexington County grand jury found that many of the serious and violent criminals that came before it had prior records of minor juvenile offenses. When the grand jury recommended that the county needed a pre-trial intervention program, Myers took action.

The Lexington County Juvenile Arbitration Program began with an initial \$20,000 grant from the governor's office in 1983. Since then it has intervened on behalf of more than 3,600 nonviolent, first-time offenders. In 1986, the program received full funding from the state legislature and today has an estimated \$80,000 budget, which is used to cover daily expenses as

well as salaries for the director, part-time secretary, and part-time case manager.

At a time when state and local governments are looking for more cost-effective ways to fight juvenile crime, this program appears ideal, said Program Director Kathryn Barton. In addition to the low overhead, the per case cost for a first-time offender going through the juvenile arbitration program is about \$1,600, compared to roughly the \$30,000 per year cost to house that same offender in a Department of Juvenile Justice (DJJ) facility, she said.

Furthermore, juvenile arbitrators have smaller case loads than family court prosecutors. Averaging two to three cases each, arbitrators can devote more time to developing creative sentences that are both punitive and rehabilitative to the offender, while being equitable to the needs of everyone involved, said Barton.

Arbitration works faster than the family court system, she said, because it only takes about 98 days to process a case. In addition to assisting family court, the arbitration program has been instrumental in making the local DJJ office more effective. Since 1983, the program has handled about 58% of that office's caseload, giving case workers more time to spend on more serious offenses.

How Does Juvenile Arbitration Work?

Once an officer files an incident report of a nonviolent offense involving a juvenile to the state DJJ, the department refers the case to the juvenile arbitration program. If the case is considered for arbitration, Barton asks the county solicitor's office to consider appointing an arbitrator. If the solicitor approves the request, Barton begins the process of finding an arbitrator.

She calls down a list of 60 volunteer arbitrators until she finds one who is willing to

oversee the case. Arbitrators are not forced to take cases. Barton considers the flexibility of this selection approach an asset to the program because some arbitrators become specialists in certain types of offenses over time. To be an arbitrator, the person must be at least 21 years old, have a high school diploma, and have no prior criminal record. The program pays for the 21 hours of training in criminal law, communication skills, issues of adolescence, juvenile justice procedures, victimization, community resources, and mediation procedures that each arbitrator receives at the S.C. Criminal Justice Academy. Barton said that anyone can become trained. Current arbitrators include teachers, lawyers, retirees, accountants, real estate agents, and homemakers.

Once an arbitrator is located, the juvenile arbitration office notifies all the involved parties: victim, offender, officer, and offender's parent or guardian. With everyone present at the arbitration meeting, the incident report is reviewed, and the reporting officer offers any details that might be helpful. The arbitrator then interviews the juvenile to learn about any mitigating or extenuating circumstances that preceded or precipitated the crime. Barton said that the juveniles tend to be very candid and frequently reveal more than the details on the incident report do.

Next, victims tell the offenders how the crime has affected them. For example, the victim might describe how they have had to file insurance, lost money for taking time off work, or felt as though they had been targeted. Many victims find reassurance when the offenders tell them that they did not specifically target them.

After all sides are heard, the arbitrator determines if the juvenile is guilty, and if so, develops a sentence to meet the concerns of everyone involved. Typical sentences may involve up to 50 hours of community service and up to \$200 in restitution, as well as topical essays, prison tours, written or personal apologies, contributions to local charities, book reports, or home

restrictions. The sanctions must be completed within 90 days or the case is referred back to the Department of Juvenile Justice for prosecution.

Once the sanctions are met, the case is closed and the juvenile is left with a clean record. According to Barton, the program has about an 8% recidivism rate, although long-term success is difficult to track because juvenile records are destroyed when offenders reaches their 18th birthday.

Getting Tough on Juvenile Crime

Too often, people dismiss the seriousness of a juvenile's behavior by saying that "kids will be kids." Myers said that he wanted the juvenile arbitration program to focus on making children accept responsibility for their actions and taking corrective steps.

Some juveniles may engage in "harmless fun"—acts that may be nonviolent and relatively harmless or annoying to other people, such as making prank phone calls to a neighbor. However, others may commit nonviolent offenses that on the surface seem harmless, such as stealing a street sign, but could have a serious consequence like a fatal traffic accident.

At what point do these nonviolent juvenile behaviors lead to more serious adult criminal behaviors? What role has the juvenile justice system played in creating adult criminals, and what can be done to break the cycle?

Some people may criticize juvenile arbitration as being "soft on crime," but Barton believes that a juvenile's experience with the Lexington County program is much tougher than any sentence he or she might receive from a family court judge. "In the family court system, the victim and offender never really come face to face," she said. "But in the arbitration hearing, the juvenile has to sit directly across from the person they have wronged. They have to listen to how

what they have done has affected that person. . . . Sometimes having to say that you are sorry to someone you've hurt is the harshest sentence possible."

Some law enforcement and corrections officials believe that many adult criminals presently in the prison system or on probation have had prior histories of juvenile delinquency, said Barton. They hope that deterring juvenile crime will prevent adult criminal behavior, she said. One DJJ study (Rivers & Trott, 1989) seems to confirm this theory. By studying males born in 1967 who had official delinquency records, the department found that about 13% of the men who had one conviction for delinquency were unlikely to commit another crime as an adult. However, a repeat offender had a 29% chance of committing a crime as an adult and a 56% chance if he had been institutionalized at least once as a teenager.

The Lexington County Juvenile Arbitration Program succeeds because it goes further than most programs to ensure that first-time, nonviolent juvenile offenders never enter into a cycle of criminal behavior or compile a juvenile criminal record. By doing so, the youth can become responsible community members and be free of the stigma of ever being labeled a "juvenile delinquent," Myers said. Although Barton admits that no direct evidence exists that shows juvenile arbitration actually deters adult criminal behavior, she can cite at least 3,600 teenagers for whom arbitration seems to have acted as a deterrent.

Carl Holman, BA, is assistant editor of *Family Futures*.

References

- Rivers, J., & Trott, T. (1989). *South Carolina delinquent males: A follow-up into adult corrections*. Columbia: South Carolina Department of Juvenile Justice.

*Innovations on the Frontline***Family-Focused Parent Drug Court**

by John Parnham and Robin Kimbrough

Each day, courts and social service professionals alike struggle to intervene effectively with substance-addicted parents who have abused or neglected their children. Some judges have estimated conservatively that 70% to 75% of the neglect cases that come before them are related to a parent's addiction to alcohol or controlled substances. Although these cases land on the steps of the courthouse every day, there are no easy answers. The legal tools available to the courts—reunification, placement in foster care, termination of parental rights, adoption—often fall short in resolving the underlying issues that initially brought the family to the attention of the social service system. As a result, permanent reunifications are few despite the best intentions and efforts of all involved. Children languish in foster care and are often moved from home to home, while parents continue the cycle of abstinence and use because they have little motivation to change their lifestyle(s).

Drug courts, a relatively new strategy for treating and monitoring drug-addicted offenders, may offer some hope. The apparent success of these courts in intervening with at least a portion of offenders, has fueled interest in applying the drug court concept to parents accused of child abandonment or neglect.

The family-focused drug court is designed to intervene with a parent or parents who are

addicted to drugs and/or alcohol and who are facing some loss or restriction of parental rights because of their substance use. The ultimate mission of the family drug court program is to achieve permanent lifestyle changes so that parents are less likely to have further involvement with the justice system and more likely to function as productive members of the community. A family drug court may include disputes involving custody and visitation; abuse and neglect; non-support; petitions to terminate parental rights; and guardianship proceedings (Cooper, 1998). Families participating in the drug court are provided with intensive substance abuse treatment and an array of ancillary services (e.g., health care, mental health services, transportation, housing) and are subject to regular and frequent judicial monitoring for compliance. Judicial monitoring also enhances the treatment experience and promotes the protection of children.

In the Escambia County (Pensacola, Florida) Family-Focused Parent Drug Court program, which began in 1996, the drug court gains jurisdiction over the parent or parents through a contempt action. The contempt proceeding is initiated when a parent(s) fails to comply with a specific court order issued subsequent to a finding of dependency. At the contempt proceeding, the parent is provided with legal counsel and offered the opportunity to participate in the family drug court. If the parent agrees to enter the drug court, he or she pleads guilty to the contempt action and is placed on probation with a condition to comply with the terms of the drug court. As with all drug courts, the participant agrees that immediate consequences or sanctions will be imposed if he or she does not abide by the requirements of the drug court program. The average Escambia County drug court participant is single, 32 years old, under educated, poor, has multiple children, and is unemployed when they first start the program. About half of the average 30 participants per year are White and half are African American.

The drug court approach to intervening with parents who are addicted to substances offers several advantages over the traditional court process. The most significant difference is the accessibility to treatment and the level of accountability that is incorporated into the program. In the family drug court, parents in need of treatment are not merely referred to treatment, but rather they are placed immediately in a treatment program and are monitored regularly to enhance the probability of success. The treatment component of the Escambia County Family-Focused Parent Drug Court lasts from 9 to 12 months. During this time, parents participate in three phases of treatment on an outpatient basis.

During the first phase, participants attend a day treatment program 4 hours a day, 4 days each week for a period lasting 4 to 6 weeks. In some cases, participants may need residential treatment rather than an outpatient program. During phase one, participants are subject to two random urine tests each week and must appear in court each week for a judicial status review.

The second phase of treatment lasts from 9 to 16 weeks. Participants must attend a day treatment program 4 hours a day, 2 days each week, and they must submit to at least one random urine test each week.

The final phase of treatment requires that participants attend treatment 3 hours each week for up to 39 weeks and to take at least one random urine test each week.

A major shortcoming of the program is the lack of housing for clients enrolled in this program. Unfortunately, many of the participants have to remain in their drug environment because they have nowhere else to live. This, of course, is counterproductive to treatment.

One of the benefits of the family drug court is the opportunity to address a participant's problems holistically. This focus is possible because of the level of coordination that goes on

between the drug court “team,” which generally includes the judge, treatment provider, child welfare representative, public health representative, and the client’s attorney. Before each court appearance, the drug court team meets to discuss the parent’s or parents’ compliance with the case plan and to identify any issues that may have influenced the parents’ progress in treatment. This staffing enables the team to address possible problems before they escalate into more serious issues. It also allows the team to craft solutions that are tailored specifically to the parent’s needs. In a typical family drug court, the team focuses on activating resources to address such issues as education, employment, child care, child visitation, treatment, health care, child support, and other related components that, taken together, help the parent(s) to secure a more healthy and nurturing lifestyle.

An unanticipated benefit of the family drug court has been the strengthening of the caseworker/parent relationship. Parents in this program, who previously distrusted everyone and were resistant to efforts to assist them, come to realize that caseworkers in the program are genuinely interested in their progress and in trying to help them. Caseworkers, in turn, respond positively to the parents’ efforts to try and change their lifestyle.

Family-focused drug courts are still relatively new. Our experience with this intervention in Escambia County indicates that it can help keep some families together by providing parents with the support and treatment they need to live free of drugs or alcohol.

John T. Parnham, JD, is a Florida circuit court judge, who began an adult drug court in 1993. Today he presides over the family-focused parent drug court and the family-focused juvenile drug court.

Robin Kimbrough, JD, directs the Center on Rural Justice and Crime Prevention at Clemson University.

Formerly she was an associate director of the Institute for Families in Society at the University of South Carolina.

*Innovations on the Frontline***Youth Courts: Teens Judging Teens**

By Kathryn A. Olson

The American legal system guarantees that a person has the right to be tried by a jury of his or her peers. However, that principle has a unique meaning for teenagers when their peers—other teens—become jurors, prosecutors, defense attorneys, bailiffs, clerks, and in some cases, judges. These are not teenagers holding mock trials. The cases presented to these teenagers are *real*, and the decisions that are rendered carry legally binding sentences.

Since the mid-1970s, teenagers have been participating in “teen courts,” also called “youth courts,” “peer courts,” or “peer juries,” as a means of alleviating the problem of juvenile delinquency. A teen court is an alternative method for sanctioning first-time, juvenile offenders in a way that holds them personally accountable of the community.

Teen court hearings are conducted in a number of ways, although the most typical model has an adult volunteer preside over the hearing as judge and youth volunteers serve as jurors, defense attorneys, and prosecutors. Under this type of model, teen jurors are responsible for determining an offender’s sentence. Variations on this model can include having an experienced teen court volunteer serve as judge or several teens serve as a panel of judges. In some courts, rather than having the teen defense and prosecuting attorneys present the case, the teen jurors question the defendant before deciding on a sentence. Most teen courts determine youthful offenders’ sentences rather than their guilt or innocence, although a few programs around the country are using teen courts to adjudicate the guilt of the juvenile offender.

Like a grassroots movement spreading by word of mouth, teen courts now exist in almost

every state. These courts serve a dual purpose: to hold youthful offenders accountable for their crimes and to provide educational and cultural experiences to the offender and teen court volunteers. Although anecdotal evidence suggests that teen courts are successful in reducing recidivism, more research will be necessary before a definitive conclusion can be made about their effectiveness.

Teen Courts in Action

Typically, youthful offenders become involved with teen court after they are cited or arrested. Police, prosecutors, or juvenile court intake personnel may refer a youthful offender to teen court if they determine that the youth's age, criminal history, and current offense fit the teen court's guidelines. For most programs, this means that the offender is at least 12 years old (although children as young as 7 years have been allowed to participate in teen court), that the offense is his or her first, and that the crime is nonviolent. However, some teen court programs that have existed for a number of years have begun to review second offenses and assaults. Others are specializing in drug and alcohol-related cases, student misconduct, and truancy.

If the offender accepts the opportunity to be diverted from the juvenile or adult court process to the teen court, he or she must admit responsibility for the crime. Furthermore, before agreeing to hear a case, most teen courts stipulate that parents must participate in the process and attend court. Once these preconditions have been accepted, the offender is then scheduled to appear before a session of the teen court for disposition.

The teen court follows a formal process in which the judge introduces the case, recites the rules of confidentiality and procedure, and determines whether prospective jurors know the

defendant, and if so, excuses them. It can be difficult in small communities to find jurors who do not know the defendant. Some communities have handled this problem by trading jurors with a nearby community. Others have established a teen court in a central location to serve several communities at one time, thus providing a larger pool of jurors from which to pick.

Once a jury is seated, the teen court prosecutor presents the facts of the case and questions the offender about what happened; the defense attorney, through questioning, tries to show any extenuating circumstances that may mitigate the teen's culpability and demonstrate any steps being taken to correct the offender's behavior. Unlike adult juries, which usually do not determine an offender's sentence, the teen jury deliberates to determine a punishment that will make the offender accountable, protect the community, and build life skills. Typical consequences include restitution, apologies, community service, curfews, and/or essays. All offenders must serve on future teen court juries. This requirement is based on the theory that offenders can benefit subsequently from a constructive court experience. Juries have the leeway to recommend other innovative consequences that relate to a teen's particular situation.

[DESIGNER NOTE: INSERT BOX HERE]

Teenagers may be harder on each other than adults and less willing to accept excuses for certain behaviors because they can usually tell when their peers are shading the truth, said Rosalyn Trumm, the teen court coordinator in Sarpy County, Nebraska. As a result, the offenders seem to have more respect for the sentences because their peers designed them. Because the "real" court system can intercede with stiffer penalties if the teen sentences are not completed, offenders usually follow through with their obligations. Teen courts differ from traditional juvenile and adult courts in that once a teen court sentence is completed, the offender has a clean

criminal record.

Teen Court Spreading Nationwide

Based on the belief that peer pressure can have positive effects, teen courts capitalize on some of the most influential relationships in a youth's life—their peers. Besides realizing that problem behavior will not be tolerated, participants in the teen courts should learn how their behaviors affect others in the community, how they may communicate and resolve problems with their peers, and how the legal system functions, said Tracy Godwin, project manager for the Teen Courts Initiative of the American Probation and Parole Association.

Teen courts have been around at least since the mid-1970s. Although the origin of the first teen court is debated, a teen court in Odessa, Texas, became the first one to gain national media attention in the late 1980s. By 1995, the American Bar Association adopted a resolution to encourage state legislatures, courts, and bar associations to foster the development of "youth courts." Today, over 500 teen courts exist in every state and the District of Columbia.

Although youth programs often start as a result of government initiatives or funding, teen courts have become popular in spite of little or no direct governmental financial support. The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) is currently providing funding for a national evaluation of youth courts, as well as training and technical assistance to support and strengthen current programs. With average budgets between \$35,000 to \$50,000 each, teen courts are relatively inexpensive to operate. Although some courts are funded through state agencies and Juvenile Justice Act prevention funds, most receive monies from local governments, community foundations, and fees paid by the offenders.

The Downside of Teen Courts?

Critics have argued that some first-time, nonviolent offenders would never commit another crime, regardless of whether they had gone before a teen court. Conversely, others argue that the positive prevention component of the teen court volunteer's experience and community involvement helps to discourage teens from engaging in delinquent behavior in the first place.

Presently, measuring the effectiveness of teen courts to curb repeat offenses or prevent delinquent behavior is difficult because no rigorous evaluations have been conducted. Although specific teen courts may boast of recidivism rates below 10%, these claims may be inaccurate.

Despite these obstacles, teen courts hold promise as a meaningful mechanism for handling youthful offenders in a way that respects their individuality and strengths, and requires accountability for their behavior. Teen courts benefit the community by getting teenagers and adults to become involved in a more proactive approach that possibly reduces crime. One of a teen court's greatest strengths is that it can be structured to fit a community's needs and resources. Whether teen courts truly are an effective method to reduce juvenile crime or just a fad designed to make people "feel good" remains to be seen. We must recognize that teen courts are not a panacea to youth delinquency, but just one tool in a continuum of alternatives that need to be available to address the growing complex problem of juvenile justice.

Kathryn A. Olson, JD, is a research assistant professor and assistant director of the Center on Children, Families, and the Law, University of Nebraska-Lincoln. She has been in the private practice of law for 17 years, specializing in juvenile and family law.

For further information:

Peer Justice and Youth Empowerment: An Implementation Guide for Teen Court Programs, jointly published by the National Highway Safety Administration and the Office of Juvenile Justice and Delinquency Prevention, is distributed without charge. Contact Tracy Godwin, American Probation and Parole Association, P.O. Box 11910, Lexington, KY 40578-1910, (606) 244-8215, or the Juvenile Justice Clearinghouse at 1-800-638-8736.

DESIGNER: BOX THIS INFORMATION BELOW AND PLACE IT IN TEXT WHERE INDICATED

Examples of Teen Court Sentences

For Accountability:

- alcohol/drug screening
- restitution
- apologies to the victim
- peer court jury duty
- community service
- jail visit
- donation to charity

For Community Protection:

- curfew
- driving restrictions
- restrictions from entertainment

For Skill Building:

- essay writing
- raise grade point average
- school attendance
- attend adult court sentencing and write a report
- self-esteem workshop
- attendance at school programs
- attendance at community programs
- participating in a social event

counseling sessions

*Innovations on the Frontline***Parent Education in California Family Courts**

By Isolina Ricci

When Michael decided to go to court again over custody of his son, he was unaware that he and his former wife, Maria, would be expected to attend a court-based parent education program before they saw a judge. Although he and Maria attended classes at different times, they each watched two videotapes and listened to presentations by court staff and a psychologist. They heard about some of the key elements of the court's procedures and what was expected of them in court and in the mandatory child custody mediation that they were required to attend. They also heard that the court expected them to set aside their own personal difficulties and develop a "parenting plan" or "parenting agreement" outlining a schedule of times to be with their child and a plan for sharing or dividing parental responsibilities. They also heard that, in most cases, children benefit from having a relationship with both parents and that continuing parental conflict had a particularly negative effect on children.

At the end of their classes, Michael and Maria were less anxious about the court process and appeared to have an improved attitude toward the upcoming negotiations. Their comfort level increased even further when they took resource and reference materials home and reviewed them with family and friends. Both Maria and Michael gave the classes high scores in their evaluations. This is good news for California where, in 1996, more than 102,000 families used family court services to make plans for child custody and visitation, nearly double the number in 1988 (Simon, Depner, & Ricci, in preparation).

Parent education and accompanying orientation programs, such as those that Maria and

Michael attended, are now an established service in nearly all of California's family and conciliation courts. Most of these programs serve parents who are in a dispute over custody and are characterized by several other distinguishing factors. First, the litigants who attend these classes come from ethnically diverse backgrounds. The proportions closely match the ethnic patterns of California's population: About 21% are Hispanic, 7% are African American, 3% are Asian or Pacific Islander, and 2% are Native American, and about two thirds are White. This diversity of family backgrounds requires an education curriculum that is sensitive to the traditions that each culture has about children, family life, and parenting.

Second, domestic violence and substance and alcohol abuse are an all-too-common occurrence. Of the parents who participated in the program, 41% reported that their child had witnessed violence at home. Fifty-three percent of the cases have involved a temporary restraining order and 33% allege substance or alcohol abuse within the family. Third, 32% of parents live at or below the poverty line and 23% are unemployed.

Finally, in 52% of families, at least one parent appeared in court without a lawyer. Therefore, one of the driving forces behind court-connected parent education is the number of litigants negotiating for themselves. Navigating the court system without a lawyer requires accurate, easy-to-understand information and reference materials. Although brief educational programs cannot substitute for representation by a knowledgeable family law attorney, parent education can help litigants without counsel so they can better understand what the court expects and what decisions they are expected to make.

The stereotypic family law case depicts a middle-class couple with sufficient resources to hire assistance to form plans for custody and visitation. The [California] Uniform Statistical Reporting System statistics replace this stereotype with evidence that most [child custody] mediation clients negotiate the complicated family law system alone and with very limited resources. (Depner & Ricci, 1996, p.3)

Early Parent Education Efforts

In the 1970s, only a few pioneering California courts considered a court-based formal education program appropriate. In 1975, Joan Lewis, then director of the family services program for the Shasta County family court, developed a model education program, including audiotapes and booklets. About the same time, Murray Bloom of the San Diego Conciliation Court began afternoon and evening classes for new family law litigants. In 1981, mandatory mediation for child custody disputes, a success in a dozen courts throughout the state, was extended to litigants in all California courts. Each superior court was to provide mediation to all parties disputing custody or visitation before their cases could be heard. Although not foreign to California, mediation still was a relatively untried method of dispute resolution. The sweeping mediation mandate mobilized most family courts to develop a family court services (FCS) department or a conciliation court offering family mediation and related services.

In 1987, the newly formed Statewide Office of Family Court Services, in an effort to

encourage more systematic parent orientation and educational programs, distributed parent education videotapes and video equipment to every court and commissioned a review of current practices (Beinenfeld, 1988). The review described five educational modalities: one-on-one tutoring, educational videos, brochures and educational materials, group orientation sessions with and without counselors or mediators to answer questions, and more formal education programs of two to six meetings (Lehner, 1992; Ricci, 1992). A few courts mandated education programs just for mediation clients, but other courts required attendance by any parent who filed an action in family court. Still others had provisions for 6-week courses for litigants who were either in contempt of court or in danger of being in contempt.

The most significant endorsement of parent education came in 1990 with the adoption of the Judicial Council of California Uniform Standards of Practice for Court-Connected Mediation of Child Custody and Visitation Disputes, as section 26 of the Standards of Judicial Administration. These standards were a substantial expansion of the original statute that mandated mediation. They specified that "each court should develop a premediation education program based on current research and established court mediation practice" (California Rules of Court, 1990, p.321). This strong advisory promoted the importance of parent education programs, and by 1996, the conservative estimate was that nearly 6,000 parent education classes were being conducted annually.

A Statewide Overview of Court-Based Education Programs

Today, California's court-based programs offer a range of educational opportunities for parents, primarily in the area of child custody mediation. Court-based programs are distinguished from community and school-based programs on divorce or child-rearing in that the court has a responsibility to protect the minor child, to encourage informed and factual negotiations and an understanding of the court process, to reduce parental acrimony, to promote parental cooperation, and to obtain the best possible "parenting plan" or "parenting agreement" for the child.

A few of the small courts offer only brief in-session orientation conducted by the mediator at the start of the child custody mediation session. Many California courts offer hour-long orientations with educational overlays followed by in-session tutoring as needed. Fully one-third of courts offer 2 hours of education or more, sometimes with two or more sessions or with group parenting courses spanning up to 8 weeks (Depner, Lyster, Simon, & Ricci, in press).

Teaching methods often feature videotapes, brochures or handouts, worksheets, useful self-help aids, group discussions, and question-and-answer periods. Some jurisdictions provide parents with space to work together after class to think through their draft "parenting plan." FCS counselors and mediators teach almost three-quarters of the classes. Most parents are expected to attend the classes prior to their involvement in a family court service meeting, mediation session, or court hearing. Some courts also may conduct more specialized education programs for the following:

- Families with issues of domestic violence
- People who will be appointed a child's legal guardian

- Parents who will be part of a child custody evaluation or investigation
- Parents seeking information about child support or conservatorship
- Parents or disabled relatives unable to make decisions for themselves.

These programs usually give an overview of the court process related to the specific type of case, provide information to aid parents in decisions they will be expected to make, and explain the responsibilities they will assume.

Parents Value Court-Based Programs

In a statewide representative survey of 653 parents who attended parent orientation and education classes prior to child custody mediation, 70% gave them high marks (Depner, Lyster, Simon, & Ricci, in press). Parents reported that information about the needs of children, the mediation process, working together as parents, and “parenting plans” were the most helpful. Ranked next in importance was information about legal terminology, the court process, and adjusting to a separation or divorce.

When asked to recommend additional topics, parents said that they wanted to learn more about how to parent in situations complicated by separation, divorce, and protracted conflicts. For example, they recommended that the classes cover subjects such as how to work out visitation in blended families, reintroduce visitation when a parent and child have been without contact for a long time, and handle changes to parenting plans. Some parents also suggested topics on the dilemmas of parenting when parents are entrenched in hostilities, setting up

supervised visitation, parenting when there is a history of abuse, and meeting the special needs of children exposed to hostility, abuse, or neglect.

Court-Based Programs: A Closer Look

In 1992, the Statewide Office of Family Court Services began funding a long-term research initiative to examine the effects of group educational programs on the resolution of child custody and visitation disputes. The goals of the initiative were to identify effective group programs that assist families and, if possible, reduce repeated litigation over time (Constantine, 1998). The first research efforts focused on three significantly different educational programs: a 4-hour educational program, an eight-session group mediation and educational program that also included the children, and a six-session education program. Evaluations of two of the programs have been completed.

The San Diego Premediation Program

The San Diego Premediation Program was developed by experienced mediators to provide separated and divorced parents with skills that would help them negotiate a successful parenting plan (Hatcher, Kawahara, Parvini, Leung, Gold, & Millikan, 1995). The program provides 4 hours of training over two sessions prior to the mediation itself. In the first class, parents learn about mediation and effective communication. In the second class, information about the effect of divorce on children is presented. Two hundred and ninety-four couples

involved in child custody disputes scheduled for action in the court participated in an evaluation of this program. Some couples were first time litigants and new to mediation; others were returning to court with requests for modifications of previous court orders. About half of the couples were selected randomly to participate in the education program, and others, serving as a comparison group, did not participate in the program.

Parents who attended the classes gave them high marks. After completing the course, 86% of the participants reported that all parents should be required to attend a parent education class before mediation. In particular, parents valued learning about children's needs and also found the training useful to them as participants in mediation. After their mediation was complete, the parents who had attended the classes were still positive about the educational program: 81% agreed that parents should be required to attend an orientation class before mediation. Only 54% of parents who had not received parent education believed that attendance should be required.

Although both groups of parents found mediation helpful, those who attended classes reported that their training helped them get more out of the process. Trained parents were more likely than nonparticipating parents to find that mediation helped them find useful ways to arrange for the custody and care of their children. They were more willing to compromise to reach agreements, and they were more likely to have had helpful conversations with the other parent in preparing for mediation.

Training, however, did not appear to alter the parents' reports of their overall

communication skills. Mediators in their independent measurement of the parents' behaviors and attitudes did not observe differences between trained and untrained parents in either their communication or level of cooperation. On the other hand, parents who attended education classes were twice as likely to resolve outstanding disputes after mediation had ended. This meant that before a court hearing they either resolved their outstanding issue, or during the court hearing they chose to stipulate to a mediator's recommendation. Although the measures used to evaluate these dimensions did not show a change in communication or openness to compromise within the mediation session, the parents who attended the education class actually did compromise at twice the rate as did the comparison group parents after the mediation concluded.

San Diego's 4-hour program is one that many courts could adopt as their general education program, particularly since a number of courts use a similar curriculum. Therefore, this evaluation study has generated considerable interest. In addition to the parent's satisfaction with the program and the findings of the parents' increased willingness to compromise, the San Diego study also has enhanced an understanding of the complexities of evaluating court-based parent education programs. This understanding can shed light on the direction of needed in-depth study in future evaluation efforts.

The Alameda Program for Parents at Impasse

Intractable disputes between parents are the most troublesome for a child's development, as well as for the parents and the courts that seek to help them. The Alameda County Superior Court designed the Group Mediation Program specifically for parents and their children in high-

conflict custody and visitation disputes. This ongoing program is for parents who have completed child custody mediation but continue to remain at impasse and who frequently use the courts to air their disputes (Johnston, 1998).

Thirty-nine separating and divorced families who were at an impasse with their disputes took part in an evaluation of the program (Johnston, 1998). Parents and children were assessed at the beginning of the program and again 9 months later to determine factors such as parental cooperation, disagreement over child rearing, violence, and overall resolution of their disputes. Litigation rates, usage of family court services, and cost-effectiveness of the group mediation program for these 39 families were compared with another sample of 49 separating and divorced families who were at an impasse and were receiving regular Family Court Services mediation services.

Each group consists of eight families who attend eight weekly 90-minute sessions. For the first four sessions, each couple is separated into two concurrently run groups. Each successive week, parents are expected to describe their children, identify their own contributions to the impasse, consider how the children are affected by the parents' struggles with each other, and set personal goals in preparation for combined group sessions. During these first four weeks, the children between ages 4 and 12 meet together at the same time as their parents.

During the last four sessions, the parents' groups are combined into one group, and the children's group is disbanded. The children's counselors join the parents' group and use the first of these group sessions to provide specific feedback on each child. During the final three

sessions, couples are expected to communicate, solve problems, and negotiate with each other within the group setting. During the group process, all group leaders lend their support, insight, and assistance.

At the 9-month follow-up, men and women who had participated in group mediation were substantially more cooperative, expressed less disagreement with their ex-partners, and were more likely to have resolved the disputed custody issues with their ex-partner. Furthermore, domestic violence between parents diminished significantly. Clients' qualitative evaluations of the group program at follow-up were predominately positive but ranged broadly from enthusiasm and appreciation to negativity and hostility about the experience. Clients assigned considerable value to learning from others in the group (by both positive and negative example), expressed their greater commitment to communicating with the other parent and protecting their children from the conflict, and accepted more responsibility for resolving their impasse. Several clients made a strong plea that the program should be made available earlier in the divorcing process, before extensive litigation and entrenched positions ensue.

Over the 9-month follow-up period, the number of new client-initiated filings regarding custody/visitation and financial matters among the families participating in group intervention were almost one-third the rate of those not receiving education. Also, families who participated in group intervention had almost 50% fewer judicial hearings on custody/visitation than families in the comparison sample. There was no difference between the participating and nonparticipating couples in the number of judicial hearings about financial matters or contempt

actions. Finally, during the 9-month follow-up period, when couples did require individual sessions with a court counselor, participating couples needed less than one-half the number of hours than the comparison group.

Although the outcome of this study is encouraging, it was not possible to randomly assign families to the group mediation and comparison sample because of the court's priorities and schedules. For this reason the findings should be interpreted with caution. For example, allegations of child stealing and domestic violence were somewhat more common in the comparison group sample. On the other hand, at the start of the study the two samples were similar in terms of demographics and litigation rates.

Nevertheless, it is important to remember that parents who participated in the group program had been entrenched in what appeared to be intractable custody and visitation disputes. By the end of the group process, however, these parents showed a striking shift to a more positive, cooperative relationship with the other parent, greater desire to protect their child from the hostilities, and willingness to take responsibility for their actions.

Emerging Trends

The early evaluation studies reported here suggest that both short-term education for those in the general population who are disputing custody and long-term education for more intense interventions for those at impasse are worthwhile but may not be interchangeable. Although much further study is needed to identify the specific components of effective parent

education in a court setting, the success and growing acceptance of these programs and a number of other court-based and community programs continue to encourage further expansion. Three emerging trends are worth special note.

Programs for specific populations. There are more programs specializing in domestic violence, child protection and dependency, child custody evaluation or investigation, conservatorship of the elderly, first-time court users, users returning for modification of an order, people convicted of contempt of court [contemnors] or litigants with high incidents of litigation, and education for litigants without lawyers. In addition, as resources become more available, educational programs and materials for Spanish-speaking litigants, which are available already in some areas, are expected to increase. Translations of materials and videos into other languages also will become more common with greater court funding.

Increased collaboration and coordination with community education programs. The court and the community need appropriate referrals for both generalized parent education and for long-term specialized education (Ricci, 1992). The following programs are some examples of collaborative efforts. In Los Angeles, the Parents and Children Together (PACT) program, which was established in 1992, is an ongoing community-based parent education program serving families both in the court and the community throughout the

Los Angeles County area. By the end of 1999, PACT will be established in all of the county's family courts. Kids Turn, a group program for children of divorce that was available initially in the San Francisco area, is now in a number of other areas. Recently, the Superior Court of Riverside County entered into a collaborative arrangement for parent education with the Board of Education and the University of California at Riverside (UCR) Adult Extension. Both family and juvenile courts can now refer or order litigants to attend any number of specialized classes ranging from parenting to anger management conducted at a number of locations throughout the county's 7,310-square-mile area.

Increased interest by courts and researchers in identifying in greater detail what makes for effective parent education. Despite the cost and disruption to the court in conducting controlled evaluation studies, interest is mounting for more in-depth study to examine what works and why. Understanding what makes for an effective program and then making that program available is especially important to the courts. Many people have grave concerns about the high number of borderline "at-risk" children and family members, especially where there are issues of domestic violence and/or substance or alcohol abuse. In these cases, the court wishes to make referrals to interventions and specialized educational programs, but too often either none are available or the programs cannot demonstrate success in promoting responsible parenting or compliance to court

orders. Increased attention to in-depth evaluation of programs, therefore, is on the rise.

Conclusion

The role of parent education in California's family courts is clearly a positive one. In addition to the consistently good reviews from parents and the encouraging evaluation research findings, the professionals working with litigants also comment on the apparent benefits of these programs. Parents appear to be better prepared, particularly regarding their roles and responsibilities to their child and with the court process. This information may enhance the litigants confidence in the legal process and their ability to make informed decisions. In addition, for some parents, the classes may be their first exposure to parent education, and they clearly find them helpful. As a result of these perceived benefits, court-based parent education has become an established part of the California family court system. It is now seen as far more than an orientation or educational adjunct, but as the necessary initial stage of a complex and sometimes lengthy court process.

Isolina Ricci, PhD, heads the Statewide Office of Family Court Services for the California judicial branch's 82 family courts. She is author of *Mom's House, Dad's House: The Complete Guide for Parents Who Are Separated, Divorced, or Remarried*. The author thanks Andrea Lash, Statewide Office of Family Court Services, and Janet Johnston, The Center for the Family in Transition, for their valuable contributions to this article.

REFERENCES

Beinenfeld, F. (1988). *Parent education practices in California family courts* [Unpublished report]. San Francisco: Statewide Office of Family Court Services, Judicial Council of California, Administrative Office of the Courts.

California Rules of Court (1990). Judicial Council of California, Division 1, Standards of Judicial Administration, Section 26, Uniform Standards of Practice for Court-Connected Mediation of Child Custody and Visitation Disputes.

Constantine, W. (1998). *The research program on the effectiveness of parent education.* Paper presented at Family Court Services Statewide Educational Institute, San Diego, CA.

Depner, C., Lyster, M., Simon, M. & Ricci, I. (in press) *Report 9: Parent evaluation of parent education.* San Francisco: Statewide Office of Family Court Services, Judicial Council of California, Administrative Office of the Courts.

Depner, C. E., & Ricci, I. (1996). *Report 6: Future directions for mandatory child custody mediation services: Considerations from two statewide representative studies of court users.* San Francisco, CA: Statewide Office of Family Court Services, Judicial Council of California, Administrative Office of the Courts.

Hatcher, R., Kawahara, Y., Parvini, S., Leung, C., Gold, R., & Millikan, D. (1995). *Premediation parent education: A research report.* Grant report submitted to the California Statewide Office of Family Court Services. San Diego, CA: San Diego Family Court Services, San Diego Superior Court.

Lehner, L. (1992). Mediation parent education programs in California courts. *Family and Conciliation Courts Review*, 30 (2), 207-216.

Johnston, J. (1998). *Developing and testing a group intervention model for families at impasse.* Corte Madera, CA: Center for the Family in Transition.

Judicial Council of California (1990). *Uniform Standards of Practice for Court-Connected Mediation of Child Custody and Visitation Disputes.* Section 26, California Standards of Judicial Administration.

Ricci, I. (1992). Current and future trends in California Family Court Services. In G. B. Melton (Chair), *Children, families, and the justice system in the 21st century.* Symposium conducted by the California Commission on the Future of the Courts.

Simon, M., Depner, C., & Ricci, I. (in preparation). *Report 12: Future Directions for court-based mediation services.* San Francisco, CA: Statewide Office of Family Court Services, Judicial Council of California, Administrative Office of the Courts.

Making it Happen

Restorative Justice in Minnesota

by Kay Pranis

In Minnesota and elsewhere, advocates of restorative justice—a new way of thinking about crime and punishment—are embracing more creative, effective measures to reduce juvenile crime and delinquency. Young people in trouble, whether living in urban, rural, or suburban settings, are sitting down with their families and those they have hurt, taking responsibility for their actions, and helping to decide how they can best make amends for their behavior.

Under the restorative justice philosophy, a variety of processes are evolving that provide families with an opportunity to be involved in significant decisions that traditionally have been made by justice personnel or the courts. These processes are more democratic; produce plans specific to individual needs and context; encourage the formation of supportive relationships; build on individual, family, and community strengths; place decisions in the hands of those with the greatest stake in the outcome; and enhance the community's ability to work through family and social problems.

What is Restorative Justice?

The concept of restorative justice maintains that someone who commits a crime “incurs an obligation to restore the victim—and by extension the community—to the state of well-being

that existed before the offense" (Freivald, 1996, p. 1). Restorative justice seeks to repair harm to victims and to the community "through processes of negotiation, mediation, victim empowerment, and reparation" (Bazemore & Umbreit, 1994, p. 6). Youths are held accountable for their offenses and must accept responsibility for the harm that they have done.

The principles of restorative justice as they relate to juvenile justice, outlined in OJJDP's 1998 "Guide for Implementing the Balanced and Restorative Justice Model," include the following:

- Crime hurts individual victims, communities, and juvenile offenders and creates an obligation to make things right.
- All parties should be part of the response to the crime, including the victim (if he or she wishes), the community, and the juvenile offender.
- The victim's perspective is central to deciding how to repair the harm caused by the crime.
- Accountability for the juvenile offender means accepting responsibility and acting to repair the harm done.
- The community is responsible for the well-being of all its members, including both the victim and the offender.
- Restoration—repairing the harm and rebuilding relationships in the community—is the primary goal of restorative juvenile justice.
- Results are measured by how much repair was done rather than by how much punishment was inflicted. (Bazemore & Umbreit, 1998, p. 5)

Restorative Justice in Action

Within Minnesota, several types of restorative justice programs are operating, such as victim-offender mediation; family group conferencing; community service projects; and peacemaking circles. Although each type of program differs structurally, all adopt the underlying principles of restorative justice—community involvement, personal accountability and responsibility, and focus on repair of harm.

In collaboration with the Minneapolis Police Department and the YMCA, the Hennepin County Attorney's Office has developed a program for children under 10 years of age whose behavior would be considered delinquent if they were over age 10. A meeting is held at which the YMCA youth worker has the children draw pictures of their offense and discuss who was affected by it. The adults convene in a separate room with a facilitator to consider appropriate expectations for the child to make amends for his or her behavior. At the end of the first session, each child, their parents, and the assigned police officer/prevention worker team agree upon a restitution plan that the child will complete before the second discussion session. Upon completion of the discussion sessions, the police officer/prevention worker teams informally contact their assigned child and the parents for 3 months. The program is designed to support the parents in taking appropriate action to hold the child accountable for the behavior rather than substituting an institutional response. It also provides parents with the opportunity to talk about concerns, experience a peer group struggling with the same problems, and think through with others how they might respond.

Victim-offender mediation programs, which are available in several counties for juvenile offenses, provide an opportunity for the juvenile and his/her parents to play an active part in

resolving the offense by meeting face to face with the victim in the presence of a trained mediator, hearing the victim's story, answering questions, and coming to an acceptable agreement about restitution and other activities to make amends.

All metropolitan counties and a large number of rural counties in Minnesota have programs using the *family group conferencing* process to resolve delinquent offenses (see the article by Murray Levine in this issue for more information about family group conferencing). Family group conferencing is a carefully structured meeting, conducted by a trained facilitator, that brings together offenders, victims, and their respective families, friends, and support systems to identify the harm caused by the offender's behavior and create an agreement that will repair that harm. The process is used by community groups, police, schools, and probation. It explicitly acknowledges the harm to the family *and* the family's responsibility for disapproving the behavior, constructing a way to make amends, and helping the offender fulfill the obligations of the agreement. The family has responsibility and a voice. The process recognizes the impact on siblings as well as parents for both victims and offenders and gives them a voice and an opportunity to work through the emotional effects on them.

The Washington County Victim Offender Conferencing program has developed a process, *large group conferencing*, that deals with conflicts between groups of youth that involve harassment and/or assault. These conflicts often are of a racial nature and usually surface in schools. Rather than engage the court, the process brings together representatives from both sides of the conflict to engage in dialogue about feelings, issues, and possible solutions. The process allows parents and other family members to listen to the representatives from both sides of the conflict talk through the issues and to submit questions for those representatives to answer.

In Forest Lake, a rapidly growing community in the Twin Cities metropolitan area, the Youth Service Bureau learned about restorative justice and redesigned its program based on restorative principles. Emphasizing the importance of youth accountability to the community in the context of family, the program requires that a parent accompany the youth at intake. Parents are required to participate in any classes that the youth attends and to participate in a *community service project* with the youth. The youth's contract with the Bureau typically requires researching what the offense cost the community, including such things as insurance and police time. Toward the end of the contract, the youth meets with a panel of community members to discuss how the offense affected the community and to report on his or her activities to make amends. The panel also expresses support and interest in the youth and facilitates connections to informal community resources related to the youth's needs or interests. While the youth meets with the community panel, the parents participate in a session to learn skills that will help them to develop the youth's assets.

The Faribault County Local Coordinating Council includes key decision makers from education, human services, corrections, private providers, and law enforcement. The *coordinating council* does case planning and case management for juvenile cases from all participating agencies through a process that includes meeting monthly with the juvenile and at least one parent. The parents and child are equal players in the process. Cases range from youth who are having difficulty in school to youth who are returning to the community from an out-of-home placement. The council meets monthly to handle all current cases. Relationships with the family may be confrontational in the beginning, but can and have developed into supportive relationships. Occasionally, parents have asked to have their meetings continued even after the

council was prepared to close the case, because it had become a source of support to them.

A Native American community in the center of the state is using the *peacemaking circle* process to work through critical issues in some juvenile delinquency cases (see the article by Carl Holman in this issue for more information on circle sentencing). The process includes separate healing circles for the victim and the offender, and a circle to determine the disposition of the case. The victim, the offender, family and friends of each, and other community members participate with justice system representatives and other resource professionals to discuss all the effects of the offense and to determine the steps necessary to promote healing and prevent further offenses. The process allows exploration and problem-solving about underlying causes, including family problems which would not be addressed in court. All voices are equal in the circle process, and decisions are made by consensus. Consequently, families are given significant power over their own problems and solutions, but that is done within the context of community support, community reflection on the nature of the problems, and community contributions to the solutions.

Circle sentencing is not limited to use in rural, Native American settings. For example, an African American community in North Minneapolis is conducting circles with juveniles who have committed property offenses. Shortly after taking its first two cases, the circle group was asked if they would like to work with a case involving armed robbery with a gun in which the disposition had already been determined. The group seized the opportunity to try the process with a more serious crime. Although the disposition was already determined and the juvenile was in a juvenile corrections facility, there was a need for both healing and to develop a plan for the juvenile's return to the community upon release.

The case involved a White man who was severely traumatized because the gun had been held to his head, and he believed he would be killed. The victim and his family felt fearful and isolated and planned to move out of the neighborhood. The juvenile's family felt isolated, confused with his behavior, and fearful for his future. Separate healing circles were held for the victim and the juvenile. Then a joint circle brought the victim and his support system and the juvenile and his family together with members of the circle group. The victim described the trauma of the crime and its impact on his life. The juvenile and his family expressed their regret and concern for the victim. Community members expressed support for both families and a hope that the community could come together to strengthen the neighborhood.

About 20 people participated in the circle. After everyone had a chance to speak, the victim asked to speak again. He looked at the juvenile and said, "When you get out of Red Wing, I'd like to take you out to lunch."

When a break was called later, the juvenile approached the victim's son, who was the same age as he, with an outstretched hand. The son rose from his chair and hugged the juvenile. The juvenile then approached the victim and his wife, who also hugged him.

The circle process was able to break the cycle of isolation and fear. It gave participants a sense of hope about their future as a community beyond this individual case. The dialog of the circle also surfaced important perspectives not often heard. The juvenile's father and older brother emphatically denounced guns. The juvenile's older brother spoke eloquently about the struggle of growing up as a young Black male. Giving voice to these perspectives and raising community and system awareness is an important outcome of the circle process.

A separate circle project involving the African American community in North

Minneapolis works with cases of child abuse and neglect referred by Hennepin County Children and Family Services. Families struggling with the problems and responsibilities of child rearing meet with the circle group to identify issues, seek support, and develop a plan to resolve the problems. Circle members have helped mothers and grandmothers in such activities as getting a car from the impound lot, cleaning the house, respite care, finding appropriate counseling, and advocacy in court to avoid out of home placement. The most important service that the circle provides is a place where caregivers can share their problems with people who will listen and care.

Creating Restorative Justice Programs

Hard work, time, commitment, and an open, collaborative attitude are key to creating successful community-based and community-driven restorative justice initiatives. Defining what citizens want must be understood as a work in progress. There is a continual process of adding new information and gathering new information to fill out the picture of what citizens want in their communities. It is difficult to engage an entire community, and in most cases the resources are not available to do a comprehensive community planning process. What is possible is to gather a group of interested people around a particular event or issue, engage them in defining what they would want, share that information broadly so others can respond to it, and keep the process open for debate and refinement so that voices can come in at any point to help shape the community's direction.

This comprehensive set of community-based programs was developed within a setting that was already re-examining the role that communities play within the traditional legal system.

Though guided by a vision, there is no comprehensive plan or systematic planning process for developing these new programs. Minnesota has deliberately encouraged using a value-based approach and providing information about multiple models that exemplify it. Ultimately, implementation depends upon local energy and initiative, which may come from a variety of directions—schools, neighborhood groups, civic organizations, churches, law enforcement, prosecution, judges, defense bar, corrections, or social service providers.

This has not been a linear, directed, or predictable process. This change process is chaotic, has its own energy, and in most places finds its own path, if we do not try to force it into a preconceived path or impose a preconceived order. This kind of change requires space, permission to try new ideas, openness, ongoing dialogue with others who are trying new things, and permission to re-examine and change original plans. Despite the lack of a plan, there are several possible steps that can be taken.

DESIGNER NOTE: BOX THIS AND PLACE HERE

Possible steps in getting community involved in a restorative justice program

- Gather information about restorative justice and possible models.
- Learn about the target community by reading newspapers, attending community gatherings, and talking with residents and identify credible leaders.
- Assess potential support within the criminal justice system, and teach them about restorative justice.
- Work with community leaders to explore community interest in establishing a program. Invite participation by victims' representatives.
- Recruit volunteers who would like to be involved in creating the program.
- Create a task force or steering committee of community members, victims representatives, and key system representatives to explore program options that are appropriate to the community.
- Take time to identify underlying values of the group, and discuss the shared values that will guide the community-based process. Shared values will become the foundation for working together from very different perspectives.
- Identify existing processes or resources that are conducive to restorative justice techniques and could assist new programs, thus preventing them from having to "reinvent the wheel."
- Continue to gather community input and expand the committee until all key stakeholders are represented.
- Provide training to community members on the justice system, restorative justice, conflict resolution, and community building

- Choose strategies or processes that will be piloted in the community, and develop a plan to implement them.
- Share the plan with the community, get feedback, and revise it accordingly.
- Train criminal justice staff and community members in the processes chosen to be implemented.
- Outline the referral process and protocols, and clarify each party's responsibilities.
- Pilot several cases and refine procedures based on what has been learned.
- Share stories with the community.
- Work to reduce conflict between the community and criminal justice system.

Administrative and Political Realities

Because implementing restorative justice programs has generally not required elected bodies to make major policy changes, high profile political debate has been avoided. There have been no specific political opponents. Grassroots political lobbying by community members involved in these processes is increasing legislative awareness of restorative programs in their own districts. Legislators are being educated about restorative justice programs primarily through stories from their own communities rather than through policy papers.

Although politicians have not been key leaders in this effort, state agency support has been critical in moving restorative programs forward in Minnesota. The Department of Corrections created the position of Restorative Justice Planner, devoted entirely to promoting and supporting restorative practice in all arenas, and allowed two full-time people in that position to work across professional and community lines. The Department of Children, Families, and Learning published a booklet promoting the use of a restorative approach to discipline in schools. Several state agencies with grantmaking functions have included restorative justice goals in their existing grant process for community-based intervention and prevention programs related to violence or crime. The State Court Administrator's Office has supported education and information to judges about restorative justice.

The state agency role in this process is an unusual one. State agencies are promoting system- and community-wide changes to address social and family problems without having to use formal authority or statutory power. Instead, they are engaging all stakeholders in a voluntary, respectful process that uses an alternate vision and allows local communities to control how, when, and at what pace specific changes will happen.

The most innovative processes in the restorative justice movement create a radically different relationship between the judicial system and the community. Roles are reversed. The community becomes the primary responder to family and social problems and the judicial system operates in support of the community in its problem-solving efforts. Restorative justice provides a clear conceptual basis and guiding principles for engaging the community and building judicial system activity around a core of community activity.

For the most part, the system changes are being made by risk takers operating within their span of control in quiet ways. The changes are sometimes initiated by line staff and sometimes by administrators. Some changes have been implemented in a single agency in a few months, others have taken a year or more of developmental work with a broad group of participants from various perspectives.

Meeting Community Needs and Responsibilities

When crimes occur, communities want to express their outrage directly to the perpetrator(s), ensure that community members are safe and healthy, reaffirm the community's norms, understand why crime happens in order to prevent future occurrences of it, and help resolve crimes constructively to re-establish a sense of efficacy and control over community life.

The formal legal system has done little to help communities with those needs and responsibilities. For example, communities cannot express their fears, pain, and outrage directly to the offender. Instead, members channel those feelings through opinion polls, talk radio, or politicians.

Because the legal system has so few roles in which community members can act constructively, it heightens the sense of helplessness they feel about crime. The legal process does not offer communities a way to deal with underlying problems. It attempts to confirm community norms, but has little impact because it is technical, abstract, and poorly monitored.

Restorative justice techniques, which can be applied in communities nationwide, are better suited to serve a community's needs and responsibilities because they give members a forum to express their feelings directly to the offender and a chance to participate in identifying the problem, as well as suggest solutions in which they can take part. Furthermore, restorative justice programs grapple with the underlying community problems that contribute to crime by discussing and developing action plans that address them.

Finally, the restorative justice process affirms a community's norms and expectations for behavior. Restorative justice builds stronger connections between people and fosters community consciousness.

Kay Pranis is the restorative justice planner for the Minnesota Department of Corrections. She is a consultant and trainer for the National Institute of Justice, the National Institute of Corrections, and the Balanced and Restorative Justice Project of the Office of Juvenile Justice and Delinquency Prevention.

*Action on the Hill***Balanced and Restorative Justice for Juveniles and Victim-Offender Mediation**

by Josephine Gittler

The Office of Juvenile Justice and Delinquency Prevention (OJJDP), located within the Department of Justice, has administered the Juvenile Justice and Delinquency Prevention Act at the federal level since its passage in 1974. This Act makes federal grant funds available to states to support efforts to control and prevent juvenile crime and to improve the juvenile justice system. It also funds demonstration projects related to juvenile delinquency and a variety of other activities including information and data collection, analysis and dissemination, and research and training.

An OJJDP initiative known as the Balanced and Restorative Justice Project, begun in 1992, is changing the way that many communities are looking at juvenile justice and dealing with juvenile offenders and their victims. A comprehensive conceptual framework for the Balanced and Restorative Justice (BARJ) model is described in several OJJDP publications (Bazemore & Umbreit, 1994; Balanced and Restorative Justice Project, 1997).

The BARJ model is an outgrowth of dissatisfaction with the current juvenile justice system. Historically, juvenile courts were established so that young offenders could be treated differently than adult offenders. Their guiding philosophy has been to rehabilitate rather than to punish juvenile offenders. Traditionally, the juvenile justice system has focused primarily on offenders and has placed little emphasis on the interests and needs of victims and the community.

The BARJ model is based on the idea that the juvenile justice system should address and reconcile the needs and interests not only of juvenile offenders but also of victims and the community.

A juvenile justice system based on the BARJ model has three principal objectives—competency development, community protection, and accountability. First, juvenile offenders who come into the juvenile justice system should develop competencies and skills so they can function productively and responsibly in the community when they leave the system. Second, the juvenile justice system must protect the community from juvenile offenders, thus ensuring community safety. And third, juvenile offenders should develop a sense of accountability to their victims and to their communities. Often juvenile offenders compensate their victims, such as paying restitution and/or performing community service.

INSERT RESTORATIVE JUSTICE GRAPHIC HERE

The purpose of the Balanced and Restorative Justice Project (funded by OJJDP's Restitution, Education, Specialized Training, and Technical Assistance Division) is to foster and facilitate the incorporation of the BARJ model into existing juvenile justice systems. The project selected three pilot demonstration sites (Dakota County, Minnesota; Palm Beach County, Florida; and Allegheny County, Pennsylvania) to receive intensive technical assistance and training in the model.

Although the BARJ project has focused its efforts on these three pilot sites, the project also has provided technical assistance and training to several other jurisdictions throughout the

country. In addition, the project is promoting the BARJ model through a series of activities that disseminate information about the model to a broad national audience. OJJDP has funded, and continues to fund, the BARJ project as a resource for agencies, groups, and individuals that are seeking to implement balanced and restorative justice programs for juveniles.

There is a growing interest in the BARJ model throughout the country. As of 1996, 24 states had adopted or were considering adopting legislation or administrative rules and procedures that incorporate and reflect the BARJ model (Freivald, 1996).

Victim-Offender Mediation

A key element of the BARJ model is victim-offender mediation with its emphasis on accountability. Victim-offender mediation brings the victim of an offense and the juvenile offender together to discuss the circumstances surrounding the commission of an offense and its impact on the victim, and, if appropriate, to work out the amount and type of restitution to be made by the juvenile for damage or loss caused by the offense.

Mediation services for victims and offenders in the juvenile context are a specialized and relatively new application of mediation. Broadly defined, mediation is a process in which a neutral third party—the mediator—assists parties involved in a dispute to reach a mutually acceptable agreement.

Mediation differs from adjudicative dispute resolution processes, such as litigation and arbitration, in several important ways. The mediator, unlike a judge or arbitrator, does not have the authority to impose a resolution of the dispute upon the parties. Rather, the mediator facilitates communication between the parties and helps them to use a problem-solving approach

to negotiation so that they can voluntarily reach an agreement resolving the dispute. The mediation process is usually informal and allows for more creative and satisfying solutions to problems than might be achieved through more traditional means of resolving disputes.

Victim-offender mediation programs also differ from family group conferences. Mediators deal more with resolving victim's issues involved in a case, whereas the facilitator in a family group conference does that as well as empower the youth's family to help resolve issues that may have led to the juvenile's legal problems in the first place (see article by Murray Levine is this issue of *Family Futures*).

Victim-offender mediation programs offer victims and juvenile offenders the opportunity to meet face to face in the presence of a mediator in a safe and controlled environment. Victim participation in mediation is voluntary. In theory, participation by offenders also is voluntary. However, in practice, their participation may be encouraged or required by juvenile court personnel.

Although the procedures that victim-offender mediation programs follow vary considerably, a mediation session typically consists of two stages. During the first stage, the victim asks and the juvenile responds to questions about how and why the offense was committed. Then the victim describes and explains how he or she was affected by the offense. During the second stage, the victim and juvenile offender attempt to work out a restitution agreement that they both view as fair and reasonable. Restitution by the juvenile may take various forms, such as monetary payments to the victim, direct service to the victim, or community service.

Victim-offender mediation programs have become a major vehicle for active involvement

by victims, and, by extension, the community in the juvenile justice system. More specifically, mediation allows victims to obtain information about an offense directly from offenders and to express their thoughts and feelings directly to offenders. This may give victims a sense of closure with respect to the offense. Mediation also allows victims to be involved in setting the amount and type of restitution that offenders must provide.

By participating in victim-offender mediation programs, juvenile offenders can gain a greater understanding of the costs—human as well as financial—of their actions. It lets them take responsibility for their actions and, like victims, have direct input into the type and amount of the restitution they make to victims.

The largest and most rigorous empirical study of victim-offender mediation evaluated programs connected with the juvenile courts in four sites—Minneapolis, Minnesota; Albuquerque, New Mexico; Austin, Texas; and Oakland, California (Umbreit, 1994). The findings of this study indicated a high level of both victim and offender satisfaction with the mediation process. Thus, in a survey of offenders and victims who participated in mediation, 90% of the victims and 91% of the offenders reported being satisfied with the outcome.

The study also revealed that offenders who negotiated restitution agreements as a result of mediation were significantly more likely to fulfill their restitution obligations than a matched comparison group of offenders who had court-ordered restitution obligations. In addition, participation in mediation appeared to have had a positive influence on recidivism rates of juvenile offenders in the study, but the differences in recidivism rates between participants and non-participants were not statistically significant, albeit they approached significance.

Initially, OJJDP activities with respect to victim-offender mediation were undertaken in

connection with the National Juvenile Restitution Initiative and the Restitution Education, Specialized Training, and Technical Assistance Program. These initiatives were directed at encouraging the establishment and expansion of restitution programs in juvenile courts. OJJDP has promoted victim-offender mediation as an important component of such restitution programs (Hughes & Schneider, 1990; Schneider, 1983). After OJJDP funded the Balanced and Restorative Justice Project, victim-offender mediation became an integral part of the project.

When OJJDP's victim-offender mediation initiatives began in the 1980s, there were only a few such programs in the juvenile justice system. However, the use of mediation for victims and juvenile offenders is growing rapidly. According to a 1997 national survey, updated in 1998, there are 308 victim-offender mediation programs in 43 states and the District of Columbia (Umbreit, Greenwood, Fercello, Umbreit, & Schug, 1997).

Josephine Gittler, JD, is a professor of law and director of the Conflict Management Institute at the University of Iowa College of Law. She also directs BRIDGES, a victim-offender mediation program conducted in collaboration with the Juvenile Court Services for the Sixth Judicial District of Iowa. She was formerly chief counsel of the U.S. Senate subcommittee having jurisdiction over the Juvenile Justice and Delinquency Prevention Act.

References

Balanced and Restorative Justice Project. (1997). *Balanced and restorative justice for juveniles, A framework for juvenile justice in the 21st Century*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Bazemore, G., & Umbreit, M. S. (1994). *Balanced and restorative justice, program summary*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Freivald, P. (1996, July). *Balanced and restorative justice project (BARJ)*, Fact Sheet #42. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Hughes, S. P., & Schneider, A. L. (1990). *Victim-offender mediation in the juvenile justice system*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Schneider, A. L. (Ed.). (1983). *Guide to juvenile restitution*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Umbreit, M. S. (1994). *Victim meets offender*. Monsey, NY: Willow Tree Press.

Umbreit, M. S., Greenwood, J., Fercello, C., Umbreit J., & Schug R. (1997). *Directory of victim offender mediation programs in the U.S.* St. Paul, MN: University of Minnesota, Center for Restorative Justice & Mediation.

*Courtwatch***Judicial Leadership: Improving Services for Children and Families**

by Maureen Lee

North Carolina District Court Judge William Jones is one of a growing number of juvenile and family court judges around the country who believe that they should help to enhance the level of services available to the children and families who pass through their courtrooms.

Jones, who served 15 years on the juvenile bench in Charlotte, NC, and is currently serving in domestic relations and domestic violence courts, has a 20-year history of working with fellow judges, lawyers, social services professionals, child and family advocates, educators and other community leaders who are interested in seeing that families and children get the help they need to live healthier, happier, and more productive lives, independent of the legal system.

"I don't think you can practice in juvenile or family court and be effective without being an advocate for enhanced community services and without being an advocate for extensive change not only in the court system but in related agencies as well. The court, in most cases, doesn't function in a vacuum," says Jones.

Jones believes that the court system was not conceived with the problems of children and families in mind. Rather, it was designed for criminal and civil court cases that involve two sides, have a set of clearly defined issues, and conclude when a judge or jury renders a decision. Family

and juvenile cases usually are complex, tend to go on and on, change over time, involve outside agencies, and require services beyond what the court can provide with its own resources. In these types of cases, it is essential for the court to have close working relationships with local school systems, health care providers, therapists, child welfare agencies, the juvenile probation system, substance abuse services, and a host of various treatment facilities.

"We simply can't achieve justice for children and families in juvenile cases or private custody actions without working closely with other services," he says. "I think one of the key roles that a judge plays is to facilitate the communication and collaboration between those agencies in individual cases and systemically."

For Jones, the real benefit of being a judge is not the authority that he has in individual cases but the power that he has to bring all the players to the table to work together to improve the delivery of services for children and families and the efficient and just operation of the courts.

"Generally, if the judge calls a meeting, people will come. Nobody wants to be left out. That's the kind of authority that I think needs to be used to promote positive change," he says.

Jones began getting people to work together to tackle issues affecting children and families in the early 1970s, when he was a juvenile court judge. He credits members of the Junior League for initially prompting his activist efforts. They approached Jones about developing a Guardian Ad Litem (GAL) program in Charlotte for abused and neglected children in juvenile court proceedings, and they persuaded him to work with them to see that it was accomplished. The people interested in developing the GAL program formed a steering committee of local juvenile court practitioners and representatives from volunteer agencies like the Junior League. That group evolved into Advocates for Children in Court (ACC), a nonprofit

corporation. The guardian ad litem program became a reality under the leadership of the ACC and was so successful that it became the model adopted later by the state.

The Advocates for Children in Court continued meeting after the guardian ad litem program became a statewide program. It served as an advisory board to the Charlotte GAL program and began to make other recommendations for reforming the juvenile court system. The ACC included lawyers for agencies, parents and children, volunteer advocates, juvenile court judges, social workers and others concerned with improving the juvenile and family court system. An idea that came from this group led to the development of "ProChild," a program designed to improve how police, social service workers, and mental health professionals investigate and handle cases of alleged child sexual abuse. Another achievement of the multidisciplinary Advocates for Children in Court was prompting the Department of Social Services to create family preservation services. In addition, the Advocates for Children in Court helped to develop rules for abuse, neglect, and dependency cases that were designed to clarify and speed up the legal process and to promote permanency placements for children at the earliest stage possible.

While a member of the ACC, Jones "floated" the idea of a Children's Law Center (CLC). After several years of discussion and the hard work of many members of the Advocates for Children, the CLC became a reality in 1987. Initially, the Children's Law Center provided legal representation to children in mental health commitment hearings, abuse and neglect cases, dependency cases, delinquency cases, and school disciplinary hearings. The Advocates for Children in Court board served as the board of the Children's Law Center. Eventually, the primary function of the Advocates for Children in Court's board was to serve as the board of the

CLC so the ACC board dissolved itself in favor of the CLC. Today, because of state funding cutbacks, the Children's Law Center no longer represents children in abuse and neglect proceedings. With Jones' encouragement, it has, however, added a focus on representing children in contested custody cases because these cases tend to be the most difficult and complicated. The service is called the Custody Advocates Program.

Jones has continued his efforts to improve services to children and families who become involved with the court. Through a collaborative effort, which he initiated, the Charlotte community has a supervised exchange service in cases where parents clash whenever they meet to exchange their children to each other for visitations. Jones says that this service will serve as an intermediary between parents, keeping parents from seeing each other when they exchange their children, preventing children from being exposed to their parents' fighting, and protecting victims of domestic violence.

"It is a way to transition children safely and less traumatically between their parents," Jones says.

Recently, this program was expanded to a supervised visitation service that will ensure supportive, therapeutic visits in special situations, such as in child sexual abuse cases, domestic violence cases, or cases in which children are being reintroduced to a long-absent parent.

Another recent addition to the court is Project 100, a collaborative effort between the court and the Mecklenburg County Bar Association that provides volunteer legal representatives to victims of domestic violence, usually women, who do not have lawyers to represent them during protective order (restraining order) proceedings. Jones says that plaintiffs without legal representation in these types of proceedings do not get what they may be entitled to because they

do not know what to ask for or how to present the evidence. Jones would like to see resources developed to provide legal services to the defendants (usually men) as well because the court process works best when both sides are well represented, he says.

In addition to enhancing services to children and families involved in the court system, Jones favors mediation, use of the Custody Advocates Program, and other alternative dispute resolution models designed to help families resolve disputes without litigation.

“Litigation is not a good way for parents to decide how they are going to share parenting responsibilities for their children. I am a stranger to those people and to their children. And even after a protracted court hearing, I can’t know as much about their situation, their schedule, their children, and their children’s special needs as they do,” Jones says.

Most parents are in the best position to design a parenting plan to accommodate their needs and those of their children, Jones says. He tries to give parents every opportunity to develop a parenting plan before litigation because what is said during a court hearing can be very destructive to a family. People leave angrier than they were before they came, and this level of conflict only makes it more difficult for the children involved.

In his years on the bench, Jones has seen that many families involved in child custody cases decided by the court come back to court again and again to resolve conflicts arising from the visitation order. He has initiated a parent coordinator program to help wean families away from lawyers and the court system by helping them function more effectively on their own for the benefit of their children. The parent coordinator is a mental health professional who facilitates or coordinates the resolution of issues or disputes arising from a custody/visitation order. If conflict continues after the judge enters a visitation order, the court can appoint a parent coordinator to

try to resolve the conflict and to serve as an intermediary between the parents so they are not continually making allegations, going to lawyers, and coming back to court.

Jones speaks proudly of the parent coordinator program and the other services that he and others in the community have developed over the years. He knows that many judges feel that the four canons related to judicial activism in the American Bar Association's code of judicial conduct prohibit or limit their involvement in enhancing community services or reforming systems. Jones, on the other hand, feels that it is his responsibility to be involved and provide leadership. He says that his position is similar to that adopted by the National Council of Juvenile Court Judges.

"We are actively engaged in an effort to loosen the strictures on judicial advocacy in juvenile and family cases, and we are hoping that the American Bar Association will consider doing that. We think that these types of cases are sufficiently different that different rules ought to govern," Jones says.

Jones says there are some things that he would not do because they would clearly violate the canons. For example, while involved in interdisciplinary activities, he would not discuss specific cases that might come before him. Also, he would not raise money, but he says he would provide information about the need for particular services that might be used by someone else raising money.

"There are some fine lines to walk, but my personal feeling is that to be an effective judge in these cases, the services that you depend on have to be effective. That will require, in many instances, your involvement, your leadership, and your initiative," Jones says.

"I think that the kinds of services that I and others have advocated for have greatly

enhanced the quality of justice that people receive in our court.”

Maureen Lee, MEd, is the managing editor of Family Futures magazine.

*Lessons from Abroad***Empowering Families and Communities: The New Zealand Family Group Conference**

By Murray Levine

In 1989, New Zealand adopted the Family Group Conference (FGC) to use in both child protection and juvenile justice cases. The FGC is based on methods of problem resolution originally used by the Maoris, the indigenous people of the land. The law establishing the FGC is particularly interesting because it has explicit social therapeutic purposes. It treats child protection and delinquency as community problems rather than problems to be solved exclusively by government agencies. The law empowers families, including the extended family, to deal with their own problems, and it enhances the sense of community by including community representatives with family members in decision making. Although based on Maori traditions, the procedure was enacted into law to use in all cases, whether or not the families identify as Maori. The procedures are similar whether they are used to resolve child protection or juvenile delinquency cases.

A family group conference can be called in all cases that cannot be resolved informally by child protection social workers or by youth police, who deal with juvenile delinquency. If a case goes to court, the judge may order the FGC. The law directs the department of social services coordinator to include the youth, the nuclear and extended family, tribal representatives

(when appropriate), a Youth Police representative, social workers, and others who have information or resources to offer, such as school officials, lawyers, community workers, and clergy. In juvenile delinquency cases, the victim and the victim's representative have the right to participate in the conference as well. The purpose of the FGC is not to assess blame, but to arrive at a resolution of the problem. The youth in juvenile delinquency cases must take responsibility for their actions and are held accountable, which means that some type of penalty will be levied. In child protection cases, the group resolution is to include a plan that ensures the child's safety.

A coordinator employed by the department of social services facilitates the family group conference. After consulting with the family, the coordinator invites people to the meeting, prepares participants for their roles, and guides the group discussion during the meeting. If the meeting follows the Maori tradition, a tribal leader will bring formal greetings, and the meeting may include prayer and song. The coordinator begins the meeting by explaining the purpose of the FGC. Participants sit in a circle, introduce themselves, and explain their relationship to the offender in delinquency cases, or to the child at risk in child protection cases. In juvenile delinquency cases, the Youth Police officer describes the offense, and the youth is asked to admit to the offense. If the youth denies the offense, the case is sent to the juvenile court for adjudication by a juvenile court judge. After the offense is recounted, the victim describes how the crime affected him or her. In child protection cases, a social worker may describe the events that caused concern. This may be the first time that the whole family becomes aware of the full problem. The FGC will be asked to decide whether the child needs what New Zealanders call "care and protection," and it will try to develop a plan to ensure the child's safety and well-being. If the group cannot agree, the case will go to a court for resolution by a judge.

After the problem is described, other participants provide additional information. However, all participants will consider what an appropriate resolution might be. After everyone in the meeting has spoken, the extended family, as permitted by law, meets on its own, without the coordinator or anyone else. The family seeks to determine an appropriate resolution, which includes reparations or some other form of punishment and a plan for rehabilitation. After the family develops its own plan, the whole group reconvenes and considers the family's plan. The group must reach a consensus. Officials, victims, and family members can veto the plan if they feel it is too lenient or too harsh, or if they feel that a maltreated child's interests are not adequately protected. Once they agree on a plan, the coordinator writes it down and makes copies for participants and other agency officials with an interest in the case. The written plan becomes the basis for follow-up, although follow-up is a weakness in the New Zealand model because the law is unclear about who is responsible for monitoring the plan. However, the law empowers the family by directing the local director of social services to pay serious attention to plans developed by the family in the conference

The New Zealand approach has attracted the attention of the English-speaking world. Several states in Australia, several provinces in Canada (including British Columbia and Nova Scotia), some localities in England and Wales, and the state of Oregon have experimented with versions of the approach. The American Bar Association's Center for Children and the Law published a monograph by Mark Hardin describing how the FGC is used in child protection cases and its applicability in the United States. The American Humane Association has sponsored a series of seminars in different parts of the U.S. to introduce the concept here.

The New Zealand model has an intuitive attraction: It creates the conditions for families and

communities to take responsibility for resolving their own problems. It enhances family participation in decisions affecting their lives. In theory, it broadens the resources available to resolve the problem and to monitor the plans. The model implicitly recognizes the wisdom of the family and community. It asks the professional community to make use of that wisdom rather than to focus only on the dysfunctional elements of families. The law brings families together and puts them and other community representatives into a partnership with formal social agencies. Although it takes many hours of preparation by coordinators to produce an effective meeting, the meetings themselves generally last between 1 to 4 hours, depending on the complexity of the case and the number of participants. Participants in FGCs arrive at a mutually agreeable plan about 90% of the time.

Since 1989 when the law went into effect, it has sharply reduced out-of-home placements in both delinquency and child protection cases. When a child's residence does change, the child will probably go to live with a family member rather than in a professional foster home or an institution. The FGC does not appear to reduce recidivism rates. A substantial number of youth continue to reoffend even after family group conferences, although the problem of follow-up has not been well addressed in the New Zealand model. John Braithwaite, an Australian criminologist, is conducting a random design study of the use of the FGC with young offenders, and he may have some data illuminating this issue in the foreseeable future. There is no evidence at all on the rate of reabuse of children following a family group conference, nor on the quality and effectiveness of the plans to ensure children's safety and well-being.

Systematic research conducted by the New Zealand government and general commentary in the professional literature show that family members are most satisfied with the FGC.

Professionals, including Youth Aid officers, are generally favorable towards it. Many have reported that calling a family group conference has helped bring family members together. Some family group conferences have enhanced cooperation among family members in supervising youth or other family members whose children are at risk. The FGCs also have helped to increase cooperation by community service agencies. On occasion, victims and offenders reconcile. Sometimes victims may offer resources to help rehabilitate the offender. Youth prefer the family group conference over going to court, although many do not feel that they have a strong effect on the outcomes. On the other hand, the degree of youth and family participation in FGCs far exceeds their level of participation in juvenile court.

Victims are the least satisfied of the various FGC participants. Some feel that their voices are not sufficiently heard, that they do not receive the reparations they expected, or that the "punishment" was too lenient. Data shows that victims receive apologies in about 70% of cases and are awarded reparations in about 30% of cases. Youth offenders were assigned a median of 48 hours of community service, and penalties of some sort were assessed in 68% of cases. In 1993, Gabrielle Maxwell and Allison Morris, two New Zealanders who conducted extensive research on the FGC in delinquency cases, concluded that youth were being held even more accountable under this system than when they went to court. Formerly, cases were frequently dismissed, or youth were placed on probation with few demands made on them. With family group conferences, most youth were penalized in some fashion, and all were subject to the shame of having the offense revealed to family members. Braithwaite describes the process as a "shaming and reintegration ceremony."

Much less research is available on the use of the FGC in the child protection context.

Family group conference plans include some form of financial assistance for the family in 77% of the cases. The caregiver was changed in about 44% of cases, but often the placement was with an extended family member. However, family members also may act to monitor situations. They may agree to be a protector to a child who fears being beaten, or may accept responsibility for informing authorities if there is further maltreatment. The neglecting caretaker's failure is exposed to the family with resulting shame, but reintegration may take place when the family rallies around the development of a remedial plan.

There are many implementation problems associated with family group conferences, such as finding a satisfactory time and place to convene a large and diverse group, getting family members to attend, finding a skillful coordinator, and developing a follow-up plan to monitor progress. Family members will participate. Although more Maori family members participate than White European family members, the difference in average attendance is not large. Evidently family feelings and loyalty can be mobilized through the FGC. Clearly, the success of the FGC depends, in part, on the coordinator's skills. The coordinator's case load must be kept within bounds in order to give the coordinator the preparation time necessary to plan a family group conference. The problem of monitoring the FGC plans needs to be resolved. The failure to systematically monitor the plans is a weakness in the New Zealand model, but it is not insurmountable.

At its best, the family group conference produces significant emotional interchange among diverse parties. For many, the process enhances the sense of participation and the sense of community. There is real potential for significantly altering both our child protection and our juvenile justice systems to enhance community responsibility and participation. If the recidivism

rate is no worse than under the previous system, and the community gains the benefits of enhanced participation and reduced alienation from formal institutions, then the method is worth supporting.

In contrast to leaving the problem to distant juvenile justice and child protection systems that receive harsh criticisms for their failures, the FGC may be a significant step forward in achieving a change toward the ideal of neighbors helping neighbors.

Murray Levine, JD, PhD, is a distinguished professor of psychology and an adjunct professor of law at SUNY Buffalo. He is also co-editor of the international journal, Law & Policy. He encountered the Family Group Conference when he spent a semester as visiting scholar at Waikato University, Hamilton, New Zealand.

Resources

Hardin, M., Cole, E., Mickens, J., & Lancour, R. (1996). *Family group conferences in child abuse and neglect cases: Learning from the experience of New Zealand*. Washington, DC: ABA Center on Children and the Law.

This monograph discusses the use of the FGC in the New Zealand child protection program. It is based on extensive interviewing in New Zealand and review of research and other official sources. It also discusses legal issues in implementing the model in the United States.

Hudson, J., Morris, A., Maxwell, G., & Galaway, B. (1996). *Family group conferences:*

Perspectives on policy and practice. Monsey, NY: Willow Tree Press.

This edited volume contains chapters by workers who have experience with the FGC in New Zealand, Australia, Canada, England, and the United States. It contains summaries of research, descriptions of experiences, and analyses of the issues in implementing the FGC in different contexts.

Levine, M. (In press). The New Zealand Children, Young Persons, and Their Families Act of 1989: Review and evaluation. *Psychology, Public Policy, and Law.*

The paper contains an extensive list of references to New Zealand sources and is an effort to evaluate the positive and problematic features of the New Zealand model in both the juvenile delinquency and the child protection context. Until publication, it is available from the author.

Maxwell, G. M., & Morris, A. (1993). *Family, victims, and culture: Youth justice in New Zealand.* Wellington, New Zealand: Social Policy Agency and Institute of Criminology, Victoria University of Wellington.

This is the single most extensive piece of research on all aspects of the FGC in the juvenile delinquency context. It is a model of evaluation research.

Paterson, K., & Harvey, M. (1991). *An evaluation of the organization and operation of care and protection family group conferences*. Wellington, New Zealand: Department of Social Welfare.

Although less comprehensive than the Maxwell and Morris work on juvenile delinquency, it is the single most extensive piece of work evaluating the FGC in the child protection context.

In addition...

Legal Resources Trust, PO Box 11248, Wellington, NZ has produced a series of seven videos illustrating the FGC in use in New Zealand. The videos are dramatizations and are meant to illustrate the FGC process. The videos include one each of a child protection and a juvenile delinquency case for Maori families, White European families, and Samoan families. In addition, there is a video illustrating how victims and family members are prepared to participate in the FGC. Each video runs about 24 minutes.

View From the Other Side

(This is a sidebar to go with story by Susan L.)

The Tulare County Juvenile Drug Court
by Wanda King

In 1995, Tulare County became the first juvenile drug court in the state of California and one of the few in the nation back then. Today, more than 40 juvenile drug courts have been established across the country, with many more in the planning stages.

Juvenile drug courts, many of which are patterned after adult drug courts, allow the court to intervene early with youth, provide treatment and other services to them and their families, and monitor their progress during treatment. At the same time, it assists youthful offenders in taking responsibility for their actions, and it preserves the safety of the community.

Typically, juvenile drug courts work with delinquents (and, in some cases, status offenders) who meet certain eligibility criteria and opt to participate in drug court rather than have their case heard in a traditional court. The youth must have a substance abuse problem and generally his or her offense must be nonviolent. The juvenile drug court judge monitors cases closely. Juveniles and often their parents must attend frequent (often weekly) status hearings before the judge. The juvenile and typically his or her parents must participate in an intensive treatment program. The use of sanctions (such as performing community service or short-term detention) and rewards are used to maintain the youth's progress in treatment. It takes the cooperative effort of the entire drug court team to make this program work.

The Tulare County Juvenile Drug Court is a partnership among law enforcement, the

juvenile court, the county's health and human services agency, treatment programs, schools, and community members. This partnership recognized back in 1995 that 8% of the juveniles in the county's juvenile justice system were using either alcohol or other drugs when they committed their offenses or had a history of substance abuse. With fewer dollars for supervision (incarceration costs for minors can exceed \$32,000 a year), fewer alternative programs where youth can obtain treatment, and not enough detention placements available, juvenile offenders frequently go to court, receive an order to attend drug counseling and school, undergo drug testing, and obey a curfew. But usually these sanctions neither provide close monitoring of the youth's behavior nor involvement by the youth's family, school, and community. The lack of these elements often mean that youth are not held accountable for their actions and do not make meaningful changes in their lives. Officials in Tulare County looked to the adult drug court model as a starting place for developing a drug court for juveniles.

The adult drug court movement began nearly 10 years ago when some judges and other court system professionals around the country wanted to find a better way to deal with repeat, nonviolent adult offenders addicted to drugs or using drugs at the time they commit their crimes.

This model seeks to help addicts get sober, stay that way, and stop breaking the law. Offenders must admit to their crimes before being allowed into the program. Then, rather than having a traditional trial, the adult offenders enter an intensive 12- to 18-month drug treatment program, often make restitution to their victims, submit to frequent urine tests to detect any drug use, and appear before a drug court judge regularly, often every 2 weeks, to tell the judge how they are doing. If they do not comply, they can be put out of the program and held for a traditional trial and sentencing.

Based on this adult model, the Tulare County partnership developed its juvenile drug court, although it recognized that differences exist between adult drug courts and juvenile drug courts. For example, adolescent offenders who use drugs, unlike adult drug-addicted offenders, are not necessarily dependent on drugs, which means that treatment interventions will be different for juvenile offenders. Also, because juveniles are usually under their parent's care, family involvement in treatment is a key element of a juvenile drug court. And, peer influence is another factor that must be addressed when dealing with juvenile offenders who use drugs.

The Tulare County Juvenile Drug Court program has achieved successful outcomes. About 200 juveniles have gone through this court since 1995, and 65% of them have either graduated from the program or are still involved with it. Of those graduates who have been out of the program from 4 months to 1 year, recidivism rates are about 10%. The Tulare County Juvenile Drug Court has received national recognition as a model for juvenile courts across the nation. Participants and graduates have presented at national conferences in Washington, D.C. and Los Angeles, California, and the California State Association of Counties recognized the Tulare Juvenile Drug Court as an outstanding program with its 1997 Challenge Award.

Wanda King, MA, is the juvenile drug court coordinator with the Tulare County Mental Health agency.

Author's note: First impressions are everything in today's world, so I am still very hesitant to tell my story. I am not a bad person: I was just lost for a while. Although I am writing under a pseudonym, this is my true story.

A View from the Other Side

Drug Court Program

by Susan L.

I screamed as best I could at the vice principal, "Suspend me? You can't suspend me!"

Oh no, I thought, I have to call my mom. How could I tell her that her oldest daughter was being suspended from junior high school for smoking pot in the bathroom? Although this was the first that she had heard of my drug use, she had no idea that I already was well on my way to certain destruction because of my drug habit. I was suspended from school for a week and was made to work around the house. She really could not do much about the situation because the decision to suspend me had been made already.

Shortly after my suspension, I began using crank—an inexpensive, very pure, smokeable form of methamphetamine. It is the most addictive drug that I have ever seen anyone use. From the very start, I was hooked. I loved it. As I fell deeper into my new drug, I became associated with a new crank buddy of mine, Jennifer. I withdrew from my family and my usual friends very quickly to dedicate all my time to drugs. Because we had an interest in the same drug, Jennifer and I hit it off. We began spending all of our time together. As the days went by, the drugs became more important. I became moody and very hostile. Our days became very repetitive; we spent all day either doing crank or looking for it. I stole money from my mother and from her

boyfriend to pay for my expensive habit. Jennifer found the combination to her parents' safe, so we stole from them. We pawned our jewelry. We did anything possible to get our drugs. I once estimated that I had spent more than \$90,000 on drugs over a 3-year period, and that does not even include the beer, cocaine, acid, or marijuana that I also was doing. My life was out of control.

Up until the night I ran away from home for the first time, my mother had no idea how severe my drug habit had become. I was about 15 at the time. Jennifer, another friend, and I left for Pismo at 3 a.m. on New Year's Day 1995. We were missing for almost 3 days. We stole Jennifer's parents' car and panhandled for gas money. We spoke to one of Jennifer's old friends, who later called Jennifer's parents and told them where we were. The Pismo Police arrested us at gun point for grand theft auto and took us to the local station. There was a terrible rainstorm that night, and my mother drove 3½ hours to pick me up at the police station.

While I was missing, some of my friends told my mom about my drug use. When I returned, I started attending a drug treatment program, Turning Point, where I met Sally, my drug and alcohol abuse counselor. A judge put me on probation for accepting stolen property. Any idiot can do probation while standing on her head, so I continued to run away and nothing got done. For some reason, though, I still continued to go to Turning Point. Although I kept using just as many drugs as before and it seemed that their quantity increased daily, I never missed an appointment.

During my freshman year in high school, my life began to turn around. I finally was placed on an electronic monitor because I continued to run away. Then I ditched school with a few friends one day, got arrested again for violating my probation, and placed in a juvenile hall. I

spent 6 weeks incarcerated there, and it was probably the first time that I had been sober in more than a year. My life had been so consumed by drugs that I had forgotten what it was like.

Juvenile hall was not that bad. In many ways, it was like home—I got to watch TV, talk to roommates, or use the phone. But, it just wasn't home. I missed my mother. I saw her on visiting day and after my court dates, but it just wasn't enough. I *wanted* to go home. When I was transferred to Kern County Juvenile Hall, a facility that was 90 minutes away, it got harder for my parents to visit, and my stay became more unpleasant. Sometimes I went 2 weeks without seeing her. On visiting days, I would see everyone else with their visitors, and I would cry until my mom showed up. One day, she got the day off and drove all the way out there to see me. I was so happy. Days when I appeared before the court with my mother present were emotionally difficult for me. I stood before everyone, including my mother, dressed in juvenile hall clothes, handcuffs, and shackles. Nobody wants her parent to see them that way.

After my release from the hall I was sent to community school, placed back on a monitor, and agreed to join drug court. I was offered drug court as an alternative to staying in juvenile hall, and I never wanted to go back there. The drug court initially sounded like an easy way out, but I soon found that I had a lot to learn. In the beginning, it was very hard to keep up with all the meetings that I had to attend, but I became used to it very fast. The most helpful part of drug court was the wide variety of meetings. Alcoholics Anonymous meetings are a little different from Narcotics Anonymous meetings, but the principle is the same. It was very valuable to be exposed to people of different ages and lifestyles that all had something very important to say. It was awesome to hear the stories of families losing all trust in their children, of kids dropping out of school, of people losing their jobs, and, particularly, of people who got a better life after

getting off drugs.

I owe a huge part of my success to all the support I got from everyone involved in drug court. Everyone had a positive attitude and believed in me, even when it was hard for me to believe in myself. Louie, my drug court probation officer, was the best. He treated me like a person, not like just another number or drug test. He took the time to find out that I had feelings and interests and that I wanted to be somebody.

I was only in the drug court program for 7 months because I graduated early for doing so well in it. When I started drug court, I got to go back into regular high school, was taken off the electronic monitor because there was no threat of me running away, and even got my driving permit. The best part was that Judge Silveira was almost as proud of me as my mother was. I received tremendous support from everyone involved in drug court.

Peer pressure from other teens can make it hard to try to stop using drugs. I was at community school when I reached my first 100 days of being drug-free. I told my teacher, who was very proud of me. However, a fellow student overheard us, and he started being sarcastic toward me, which I had a very hard time handling. The community school was filled completely with users on probation who had no appreciation of me or what I was doing. Because a recovering addict cannot associate solely with other addicts, I had to find new friends.

I got my big break when Judge Silveira hired me to help him with his paperwork at the courthouse. At the time, I had purple hair, and obviously, no one would hire me. However, the judge said that if I dyed my hair he would give me a job. I started as soon as possible.

This newfound self-respect that I received by participating in the drug court program has made all the difference in how I am perceived and how I see myself. The highest flattery came

when I was asked to speak at a conference about my experiences with the program. Going to Washington D.C., to speak at the conference was very special. I felt that I had accomplished a lot, and got to share my thoughts about drugs and the drug court program. Everyone was very interested in what I had to say. I was proud to have the very adults whom I once thought were ashamed of me because of my drug use applaud my success and ask me more questions after the conference was over. It was very exciting to have judges, lawyers, and probation officers ask me how to improve the system. But who better to ask than a recovering drug addict?

Peer pressure and a lack of support from my friends was very hard to handle, but with enough courage I found that you can tackle the most challenging thing a teenager can face. After completing high school, I enrolled at Kings River Community College, where I tutor college-level math classes. I am planning on going on Long Beach State to study criminal justice and counseling so that I may one day work in some type of live-in rehabilitation facility or maybe even, ironically, become a probation officer. I recently celebrated 3 years of being clean and sober. Because of everyone who believed in me, I have a bigger and brighter future ahead of me. Teenagers struggling with a serious problem such as drugs or bulimia just need a little push from someone who believes in them—even when they do not believe in themselves.

Family Futures Issue: Juvenile Victims of Crime

DRAFT TABLE OF CONTENTS

Juvenile Victims of Crime

*Draft Table of Contents
Family Future, Vol. 2 (4), 1998*

From the Editor's Desk

Juveniles as Victims

Although research on juvenile justice is largely concerned with juveniles as offenders, young people become involved with the justice system in another role—as victims. Child victims may occupy as much time and resources within the justice system as offenders. Many juveniles are both offenders and crime victims. The articles in this issue will explore juvenile victimization issues and discuss why the justice system should focus more attention on juvenile victims.

Family Life Today

Juvenile Victims: A Neglected Dimension of the Crime Problem

Juvenile victims are at high risk for a wide range of personal, social, and justice system related problems in childhood and later on as adults. Based on current knowledge, it is impossible to estimate accurately the aggregate number of juvenile victims who come within the purview of the justice system. However, gross estimates indicate that at least 1 million children are victims of crime, violence, and abuse who will come into contact with the justice system at some point in their lives. This article will examine how juvenile victims are identified, how they come into contact with the justice system, what intervention and treatment programs are available to them, and what services are lacking. By Professor David Finkelhor, co-director of the Family Research Laboratory, University of New Hampshire

An Alternative View

Victim Rights: What Happens When Children are Both Victims and Offenders?

This article will explore the issue of applying victims' rights concepts to the juvenile justice system. It will answer questions such as: Are juvenile victims entitled to compensation when offenders are juveniles? Are they informed of disposition of offenders and change in status? Are there avenues for juvenile victims to be heard as part of sentencing? By Sharon English, deputy director, Office of Prevention and Victim Services, California Youth Authority

Innovations on the Frontline

Low Country Children's Center (SC)

Libby Ralston, the director of the Low Country Children's Center (SC), will write an article about how the center works collaboratively with DSS and the police to ensure

that children who are abused are not revictimized in the process of getting services for them and their families.

Mental Health Services for Juvenile Crime Victims

Professor Joy Osofsky, Department of Psychiatry, Louisiana State University Medical Center, to write an article about her efforts to tie mental health services with juvenile crime victims who are identified by the police. The article will discuss how police are trained to be sensitive to the needs of juvenile victims.

Linking Child Protection and Domestic Violence Systems

Ellen Hamilton, director of the Pee Dee Coalition (SC) will write an article describing the organization's efforts to link the child protection and domestic violence systems. That program is unusual in being both a domestic violence program and an NCPCA affiliate. The article will focus on how the program overcomes the ideological and practical/ethical barriers to work with children who witness domestic violence.

The Child Victim Rapid Response Program

Cynthia Rogers, director of the Florida Office of Attorney General's Child Victim Rapid Response program, will write an article about this innovative program that provides a comprehensive multi-system rapid response to child victims and/or family members. This project, which began 3 years ago in five Florida counties, has proven to be a successful model and one that could be replicated in other states.

Healing Hearts and Mending Minds

The National Office of Victims Assistance has developed a curriculum to train youth leaders how to deal with issues of school and youth violence. The training promotes the use of young people respond to and support youth who are victims. By Cheryl Tyiska, director of this program, NOVA.

Action on the Hill

Federal Efforts Related to Juvenile Victims

Dan Dodgen, with the APA, will write an article that provides an overview of federal funding in this area.

Courtwatch

NEED TITLE

Maureen Lee will interview South Carolina Family Court Judge William Byers about how he considers victimization issues in both juvenile-justice and child-protection dispositional

issues. He believes that there is a link between juvenile justice and child protection.

Lessons From Abroad

Belgium's Confidential Doctor System

Belgium and the Netherlands have instituted a confidential doctor system to deal with children who are abused. This article will describe how these special doctors deal with abused children and their families in Belgium, and it will show how services look different than those in the United States. This program is an example of a program designed to keep some child abuse cases out of the traditional justice system. By Catherine Maneffe

View From the Other Side

NEED TITLE

This article will be written by a youth in the SC Dept. of Juvenile Justice (or Maureen Lee will write the article in an interview format) who was victimized as a child and who went on to do something that got him/her placed in DJJ. The article will explore what services were available (or lacking) for the youth when he/she was victimized and whether he/she availed himself/herself of these services.

Multisystemic Therapy:

**Supervisory Manual
Consultation Manual
Organizational Manual**

(See Pocket and Accompanying Binder)

Multisystemic Therapy:
Fact Sheets for Clinical Professionals



CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: 803/777-9124
Fax: 803/777-1120

FACT SHEET

Multisystemic Therapy: An Overview

Introduction

Multisystemic Therapy (MST) is offering new hope to young people with serious behavioral disorders and their families. Too often, traditional mental health approaches for serious, violent, and chronic juvenile offenders and programs for treating adolescent drug and substance abusers have failed to substantiate their effectiveness to reduce or correct undesirable behaviors. The MST model, developed in response to the lack of scientifically validated, cost-effective treatment options, has proven effective in reducing antisocial behavior among diverse populations of serious and chronic juvenile offenders.

What is MST?

MST is a family- and home-based treatment that strives to change how youth function in their natural settings—home, school, and neighborhood—in ways that promote positive social behavior while decreasing antisocial behavior. This “multisystemic” approach views individuals as being surrounded by a network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors and recognizes that intervention often is necessary in a combination of these systems. Most significantly, the conceptual framework of MST fits closely with the known causes of delinquency and substance abuse. MST addresses these factors in an individualized, comprehensive, and integrated manner.

Based on the philosophy that the most effective and ethical route to help children and youth is through helping their families, MST views parent(s) or guardian(s) as valuable resources, even when they have serious and multiple needs of their own.

The primary goals of MST are to: (a) reduce youth criminal activity; (b) reduce other types of antisocial behavior such as drug abuse; and (c)

achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placement.

Target Population

MST targets chronic, violent, or substance-abusing male and female juvenile offenders at risk of out-of-home-placement. The “typical” MST youth is 14-16 years old: lives in a single-parent home that is characterized by multiple needs and problems; has multiple arrests or is a chronic offender; is deeply involved with delinquent peers; has problems at school or does not attend; and abuses substances (marijuana, alcohol, cocaine).

MST has proven effective in reducing antisocial behavior among diverse populations of serious and chronic juvenile offenders. Research has shown that this approach is effective with youth (and their families) of different ages, socioeconomic status, and cultural backgrounds (i.e., African American and Caucasian). Studies are underway to determine the effectiveness of using the MST model with other populations of youths who have serious clinical problems (e.g., For youths experiencing mental health emergencies MST may be used as an alternative to psychiatric hospitalization.).

How are Services Delivered?

MST typically uses the family preservation model of service delivery, where therapists have small caseloads (4-6 families); are available 24 hours a day, 7 days a week; and provide services in the family’s home at times convenient to them. The average length of treatment is about 60 hours of contact provided during a 4-month period. The family preservation model reduces the barriers that keep families from accessing services.

MST therapists focus on empowering parents by using identified strengths to develop natural support

systems (e.g., extended family, neighbors, friends, and church members) and remove barriers (e.g., parental drug abuse, high stress, and poor relationships with mates) to improve their capacity to function as effective parents. This process is viewed as a collaboration between the family and therapist, with the family taking the lead in setting treatment goals and the therapist suggesting ways to accomplish these goals.

Once engaged, the parent(s) or guardian(s) consult with the MST therapist on the best strategies to, for example, set and enforce curfews and rules in the home, decrease the adolescent's involvement with deviant peers and promote friendships with prosocial peers, improve the adolescent's academic and/or vocational performance, and cope with the criminal subculture that may exist in the neighborhood.

Staffing. Treatment teams typically consist of three master's level counselors who receive clinical supervision from a doctoral level mental health professional. Each treatment team provides services for about 50 families a year.

Training. Training in using the MST model is provided in three ways: (1) Five days of introductory training are provided for all staff who will treat and/or clinically supervise MST cases; (2) Treatment teams and their clinical supervisors receive weekly telephone clinical consultation from trained MST experts; and (3) One-and one-half-day training "booster" sessions are provided quarterly.

How Effective is MST?

The effectiveness of MST has been supported by several controlled evaluations (e.g., Borduin, Henggeler, Blaske, & Stein, 1990; Borduin, Mann, Cove, Henggeler, Fucci, Blaske, & Williams, 1995; Henggeler, Borduin, Melton, Mann, Smith, Hall, Cone, & Fucci, 1991; Henggeler, Melton, Brondino, Sherer, & Hanley (1997); Henggeler, Melton, & Smith, 1992; Henggeler, Rodick, Borduin, Hanson, Watson, & Urey, 1986).

Following treatment, youths who received MST reported significantly less aggression with peers and less involvement in criminal activity than youths receiving usual services (Henggeler et al., 1992). Moreover, families receiving MST reported significantly more cohesion than non-MST families. Impor-

tantly, MST was equally effective with youths and families with different strengths and weaknesses and with families of divergent socioeconomic and racial backgrounds.

Follow-up studies with children and families 2 years after referral (Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993) and 4 years after referral (Borduin et al., 1995) supported the long-term effectiveness of MST. In addition, despite its intensity, MST was a relatively inexpensive intervention. With a small client to therapist ratio (4:1) and a course of treatment lasting 4 months, the cost per client for treatment in the MST group was about one-fifth the average cost of an institutional placement.

The demonstrated success of the MST model has led to several randomized trials and quasi-experimental studies aimed at extending the effectiveness of MST to other populations of youth with serious clinical problems and their families.

Conclusion

MST was developed to address several limitations of existing mental health services for serious juvenile offenders, such as minimal effectiveness, high costs, and low accountability of service providers for outcomes. It has proven effective in reducing long-term rates of criminal offending in serious juvenile offenders and in reducing rates of out-of-home placements for serious juvenile offenders. The model has achieved favorable cost-saving outcomes compared to usual mental health and juvenile justice services. In addition, results are promising in studies of the use of MST with other populations that present complex clinical problems (e.g., youths experiencing psychiatric emergencies; substance-abusing parents of young children).

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has funded the MST Institute through the Consortium on Children, Families, and the Law (through its administrative hub, the Institute for Families in Society at the University of South Carolina) to produce supervisory and organizational manuals and measurement methods that will promote MST treatment fidelity, and will establish MST programs in several new sites. This project will help to provide a means for effective, large-scale dissemination and evaluation of the MST model.

For Further Information

For more information about research-related issues, contact:

Dr. Scott W. Henggeler
Family Services Research Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
67 President Street, Suite CPP
P. O. Box 250861
Charleston, SC 29425
843-876-1800
843-876-1845 (Fax)

For more information about program development, dissemination, and training, contact:

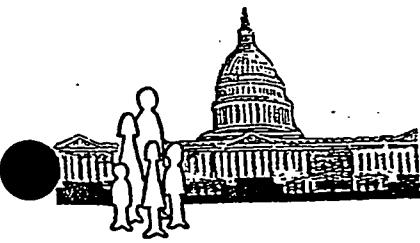
Mr. Keller Strother
MST Services, Inc.
268 West Coleman Boulevard, Suite 2E
Mount Pleasant, SC 29464
843-856-8226 ext. 11
843-856-8227 (Fax)

References

- Borduin, C. M., Henggeler, S. W., Blaske, D. M., & Stein, R. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 34, 105-113.
- Borduin, C. M., Mann, B. J., Cone, L. T., Henggeler, S. W., Fucci, B. R., Blaske, D. M., & Williams, R. A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology*, 63, 569-578.
- Henggeler, S. W., Borduin, C. M., Melton, G. B., Mann, B. J., Smith, L., Hall, J. A., Cone, L., & Fucci, B. R. (1991). Effects of multisystemic therapy on drug use in serious juvenile offenders: A progress report from two outcome studies. *Family Dynamics of Addiction Quarterly*, 1, 40-51.
- Henggeler, S. W., Melton, G. B., Brondino, M. J., Sherer, D. G., & Hanley, J. H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology*, 65, 821-833.
- Henggeler, S. W., Melton, G. B., & Smith, L. A. (1992). Family preservation using multisystemic therapy: An effective alternative to incarcerating serious juvenile offenders. *Journal of Consulting and Clinical Psychology*, 60, 953-961.
- Henggeler, S. W., Melton, G. B., Smith, L. A. Schoenwald, S. K., & Hanley, J. H. (1993). Family preservation using multisystemic treatment: Long-term follow-up to a clinical trial with serious juvenile offenders. *Journal of Child and Family Studies*, 2, 283-293.
- Henggeler, S. W., Rodick, J. D., Borduin, C. M., Hanson, C. L., Watson, S. M., & Urey, J. R. (1986). Multisystemic treatment of juvenile offenders: Effects on adolescent behavior and family interactions. *Developmental Psychology*, 22, 132-141.

MST Treatment Principles

1. The primary purpose of assessment is to understand the fit between the identified problems and their broader systemic context.
2. Therapeutic contacts emphasize the positive and use systemic strengths as levers for change.
3. Interventions are designed to promote responsible behavior and decrease irresponsible behavior among family members.
4. Interventions are present focused and action oriented, targeting specific and well-defined problems.
5. Interventions target sequences of behavior within and between multiple systems that maintain the identified problems.
6. Interventions are developmentally appropriate and fit the developmental needs of the youth.
7. Interventions are designed to require daily or weekly effort by family members.
8. Intervention effectiveness is evaluated continuously from multiple perspectives with providers assuming accountability for overcoming barriers to successful outcomes.
9. Interventions are designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering caregivers to address family members' needs across multiple systemic contexts.



CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: 803/777-9124
Fax: 803/777-1120

FACT SHEET

Multisystemic Therapy: How Is It Done?

Program Overview

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The MST approach views individuals as being surrounded by a 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. In MST, this "ecology" of interconnected systems is viewed as the "client."

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

MST Goals and Treatment Techniques

The ultimate goals of MST are to provide parents with the skills and resources that they need to address independently the difficulties that arise when rearing teenagers and to give youth skills to cope with family, peer, school, and neighborhood problems. This is done, in part, by mobilizing individual, family, and community resources that support and maintain the long-term behavioral changes that occur during MST treatment.

MST is a pragmatic, goal-oriented treatment program that targets factors in a youth's social network that contribute to his or her antisocial behavior. Thus, MST interventions typically aim to:

- improve caregiver discipline practices
- enhance family relations
- decrease a youth's association with deviant peers

- increase a youth's association with prosocial peers
- improve a youth's school or vocational performance
- engage youth in positive recreational outlets
- develop a natural support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes

Specific treatment techniques that facilitate these gains are integrated from therapies with the most empirical support, such as cognitive behavioral, behavioral, and pragmatic family therapies.

The Role of the Therapist and the Family

- MST is delivered in the natural environment (e.g., home, school, community). Family members help therapists to design the treatment plan, which ensures that it will be family driven rather than therapist driven.
- Therapists are responsible for engaging the family and other key participants in the youth's environment (e.g., teachers, school administrators, community members, workers from agencies with mandated involvement). Similarly, therapists and the provider agency are held accountable for achieving change and for positive case outcomes.
- For MST therapists, treatment is an ongoing process of understanding the "fit" between identified problems and their broader systemic context. Therapists view family members' behavior as "making sense" from that individual's perspective of the world. The therapist's job is to understand the "fit" of the targeted behavior and to devise strategies that help caregivers to

address family members' needs.

- Within a context of support and skill building, the therapist places developmentally appropriate demands on the adolescent and family to behave responsibly. Therapists emphasize the positive and use a family's or individual's strengths to bring about change.
- Interventions always target specific, well-defined problems, focus on present conditions, and are action-oriented.
- This "multisystemic" approach views individuals as being surrounded by a network of interconnected systems that encompass individual, family, and extrafamilial (peer, school) factors and recognizes that interventions may be necessary in any one or a combination of these systems to bring about a desired behavior change.

MST Service Delivery

- Therapists work with family members daily or weekly to achieve behavior changes that can be observed and measured. The effectiveness of these therapeutic efforts is evaluated continuously from multiple perspectives (e.g., caregivers, identified youth, school teachers, supervisor, MST consultant).
- MST uses a home-based model to deliver services. This helps to overcome barriers to accessing services, increases the likelihood that families will stay in treatment, provides families with intensive services (i.e., therapists are full-time staff who have low caseloads of four to six families per therapist), and helps to maintain treatment gains.
- MST treatment typically lasts about 4 months, with multiple therapist-family contacts occurring each week. Families usually see therapists less frequently as they get closer to completing from treatment.

MST Treatment Fidelity

Adherence to the MST treatment model is essential for positive results. MST has been proven to be a cost-effective program that reduces rearrests and out-of-home placements for chronic, violent, juvenile offenders. Research conducted on the effectiveness of MST has demonstrated consistently that strong adherence to the model is correlated with strong case outcomes, and poor adherence is associated with substantially poorer outcomes. Training, which is key to the success of the model, is intensive and ongoing. Clinical staff training includes a week of introductory and orientation training, weekly consultation with an expert in MST, and quarterly booster training.

Adherence is the primary focus of the weekly consultation process, and heavy emphasis is placed on establishing on-site supervision practices to ensure that therapists adhere to the MST program.

For Further Information

For more information about research-related issues, contact:

Dr. Scott W. Henggeler
Family Services Research Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
67 President Street, Suite CPP
P. O. Box 250861
Charleston, SC 29425
843-876-1800
843-876-1845 (Fax)

For more information about program development, dissemination, and training, contact:

Mr. Keller Strother
MST Services, Inc.
268 West Coleman Boulevard, Suite 2E
Mount Pleasant, SC 29464
843-856-8226 ext. 11
843-856-8227 (Fax)



CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: 803/777-9124
Fax: 803/777-1120

FACT SHEET

Multisystemic Therapy: A Comparison With Other Treatment Approaches

How is Multisystemic Therapy (MST) different from other treatment approaches?

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. MST addresses the factors associated with delinquency across a youth's key settings, or systems (e.g., family, peers, school, neighborhood). Using the strengths of each system to foster positive change, MST promotes behavior change in the youth's natural environment.

Describing the differences between MST and other treatment approaches is difficult without a clear understanding of the program or treatment with which MST is being compared. Generally however, there are four major points that separate MST from other treatments for antisocial behavior:

- **Research:** Proven long-term effectiveness through rigorous scientific evaluations
- **Treatment theory:** A clearly defined and scientifically grounded treatment theory
- **Implementation:** A focus on provider accountability and adherence to the treatment model
- **Focus on long-term outcomes:** Empowering caregivers to manage future difficulties

Research: Proven long-term effectiveness through rigorous scientific evaluations

- MST is a well-validated treatment model (Kazdin & Weisz, 1998) with eight randomized clinical trials completed and several others underway.
- Studies with violent and chronic juvenile offenders showed that MST reduced long-term rates of rearrest by 25% to 70% compared with control groups.
- Studies with long-term follow-ups showed that MST reduced days in out-of-home placements by 47% to 64% compared with control groups.

Treatment theory: A clearly defined and scientifically grounded treatment theory

- MST, which is described in a treatment manual (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998), is put into operation through adherence to nine treatment principles.
- MST builds on decades of research about the determinants of antisocial behavior. More than 20 research groups have conducted complex, longitudinal studies that show relationships among the key risk and protective factors that contribute to serious behavioral problems in youth.

Implementation: A focus on provider accountability and adherence to the treatment model

- The MST therapist, the MST team, and the host agency are responsible for removing barriers to service accessibility and for achieving outcomes with *every* case (e.g., responsibility of the therapist to engage the family, accountability of the therapist and provider organization to achieve sustainable outcomes that the family can maintain after treatment ends).
- Treatment adherence is optimized by stringent quality assurance mechanisms that include task-oriented, on-site supervision; measurement of adherence to the treatment model using research-validated instruments; and intensive training for all MST staff, including a 5-day orientation training, weekly case consultation with an MST expert, and quarterly booster training.
- In practice, MST is analytical yet pragmatic and task-oriented. MST therapists focus on designing interventions that will have the most immediate and powerful impact on the problem behavior by

building on individual, family, school, and community strengths. To assess the impact of an intervention, MST therapists document anticipated outcomes of each intervention by describing the observable and measurable outcomes that they are aiming for *before* they implement the intervention. This information is used to assess the advances made or the barriers encountered during treatment.

- Specific treatment methodologies that are used as part of MST interventions are empirically based (e.g., cognitive behavior therapies, behavioral parent training, and the pragmatic family therapies, such as structural family therapy and strategic family therapy).

Focus on long-term outcomes: Empowering caregivers to manage future difficulties

- The ultimate goals of MST are to provide the youth's primary caregivers with the skills and resources they need to address independently the difficulties that arise when rearing teenagers with behavioral problems and to give youth the skills to cope with family, peer, school, and neighborhood problems.
- MST focuses on changing the known determinants of offending, including characteristics of the individual youth, the family, peer relations, school functioning, and the neighborhood.
- MST treatment plans are designed jointly with family members and are family driven rather than therapist driven.

How is MST similar to many other community-based programs?

MST uses a home-based, or "family preservation," model of service delivery. Models of service delivery, in and of themselves, are not "treatments." A common misconception in children's services is that all family preservation programs deliver the same treatment.

Typically, the family preservation model of service delivery has these elements (Fraser et al., in press):

- Services are provided to the family, although a variety of activities may be undertaken with or on behalf of individuals.

- Services are targeted to families with children at risk of being placed out of the home in foster care, group homes, residential treatment, or correctional facilities.
- Services are time-limited (1 to 5 months).
- Services are delivered in the home.
- Services are tailored to the needs of family members.
- Services are provided in the context of a family's values, beliefs, and culture.
- Services are available 24 hours a day, 7 days a week.
- Workers have small case loads of between two to six families and may visit families many times a week. In many programs, families are seen between 2 and 15 hours per week. Hence, the term "intensive" is sometimes used to describe family preservation services.

For Further Information

For more information about research-related issues, contact:

Dr. Scott W. Henggeler
Family Services Research Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
67 President Street, Suite CPP
P. O. Box 250861
Charleston, SC 29425
843-876-1800
843-876-1845 (Fax)

For more information about program development, dissemination, and training, contact:

Mr. Keller Strother
MST Services, Inc.
268 West Coleman Boulevard, Suite 2E
Mount Pleasant, SC 29464
843-856-8226 ext. 11
843-856-8227 (Fax)

References

- Fraser, M. W., Nelson, K. E., & Rivard, J. C. (in press). The effectiveness of family preservation services, *Social Work Research*.
- Henggeler, S. W., Schoenwald, S. K., Borudin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York: Guilford Press.
- Kazdin, A. E., & Weisz, J. R. (1998). Identifying and developing empirically supported child and adolescent treatments. *Journal of Consulting and Clinical Psychology*, 66, 19-36.



CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

Institute for Families in Society
University of South Carolina
Columbia, SC 29208
Phone: 803/777-9124
Fax: 803/777-1120

FACT SHEET

Multisystemic Therapy: Clinical Outcomes and Cost Savings

Program Overview

- Multisystemic therapy (MST) is a family- and community-based treatment that addresses the multiple needs of serious juvenile offenders who are at high risk for out-of-home placement and their families.
- MST focuses on changing the known causes and risk factors for offending, including characteristics of the individual youth, the family, peer relations, school functioning, and the neighborhood.
- Concurrently, MST builds protective factors. For example, MST helps families to develop natural support networks (e.g., friends, extended family, church, neighbors).
- MST is provided through a home-based model of service delivery that removes barriers to accessing services, provides families with intensive services, facilitates family involvement in treatment, and promotes the long-term maintenance of favorable changes.
- Specific interventions used within MST are scientifically based, goal-oriented, and problem-focused.
- MST services are individualized to the family's strengths and weaknesses and address their needs comprehensively.
- MST is described fully in a treatment manual (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998) and put into operation through adherence to nine treatment principles.

- MST has stringent quality assurance mechanisms to assure treatment fidelity.

Clinical Outcomes

- MST is a well-validated treatment model (Kazdin & Weisz, 1998), with eight randomized clinical trials completed (including three with violent and chronic juvenile offenders, one with inner-city delinquents, one with substance abusing and dependent juvenile offenders, one with adolescent sexual offenders, one with youth presenting psychiatric emergencies, and one with maltreating families) and several others underway.
- The studies with violent and chronic juvenile offenders showed that MST reduced long-term rates of rearrest by 25% to 70% in comparison with control groups.
- The studies with long-term follow-ups showed that MST reduced the number of days in out-of-home placements by 47% to 64% in comparison with control groups.
- Compared with control groups, MST studies have consistently demonstrated improved family relations and family functioning.
- MST has reduced drug use in juvenile offenders in comparison with control groups.
- Studies have shown that key youth outcomes (i.e., rearrest, out-of-home placement) are significantly associated with a therapist's adherence to the MST principles (hence the emphasis on maintaining quality assurance).

Cost Savings

- Cost savings are achieved by targeting youths who are truly at imminent risk of out-of-home placement and then successfully preventing placement, while preserving community safety.
- The Washington State Institute for Public Policy (1998) concluded that MST was the most cost-effective of a wide variety of treatments designed to reduce serious criminal activity by adolescents. When compared to boot camps, MST provided an average net gain of \$29,000 in decreased program and victim costs.

For Further Information

For more information about research-related issues, contact:

Dr. Scott W. Henggeler
Family Services Research Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
67 President Street, Suite CPP
P. O. Box 250861
Charleston, SC 29425
843-876-1800
843-876-1845 (Fax)

For more information about program development, dissemination, and training, contact:

Mr. Keller Strother
MST Services, Inc.
268 West Coleman Boulevard, Suite 2E
Mount Pleasant, SC 29464
843-856-8226 ext. 11
843-856-8227 (Fax)

References

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York: Guilford Press.

Kazdin A. E., & Weisz, J. R. (1998). Identifying and developing empirically supported child and adolescent treatments. *Journal of Consulting and Clinical Psychology*, 66, 19-36.

Washington State Institute for Public Policy. (1998). *Watching the bottom line: Cost-effective interventions for reducing in Washington*. Olympia, WA: Evergreen State College.

Multisystemic Therapy:
Fact Sheets for Lay Audience

FACT SHEET

Multisystemic Therapy: An Overview



CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

What is Multisystemic Therapy (MST)?

- MST is a family- and home-based treatment that strives to change how youth function in their natural settings—home, school, and neighborhood—in ways that promote positive social behavior while decreasing antisocial behavior.
- The primary goals of MST are to:
 - a) reduce youth criminal activity
 - b) reduce other types of antisocial behavior such as drug abuse
 - c) achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placement.
- The MST approach views individuals as being surrounded by a network of interconnected systems that encompass, individual, family, and extrafamilial (peer, school, neighborhood) factors. The MST approach believes that often it is necessary to intervene in a number of these systems to achieve positive results.
- MST is based on the philosophy that the most effective and ethical way to help children and youth is through helping their families. MST views parent(s) or guardian(s) as valuable resources, even when they have serious and multiple needs of their own.

Target Population

- MST targets chronic, violent, or substance-abusing juvenile offenders who are at risk of out-

of-home placement. The “typical” MST youth is 14–16 years old; lives in a single-parent home that is characterized by multiple needs and problems; has multiple arrests or is a chronic offender; is involved deeply with delinquent peers; has problems at school or does not attend; and abuses substances (marijuana, alcohol, cocaine).

- MST has proven effective in reducing antisocial behavior among diverse populations of serious and chronic juvenile offenders.

How are Services Delivered?

- MST typically uses the family preservation model of service delivery, where therapists have small caseloads (four to six families); are available all day, every day; and provide services in the family’s home at times that are convenient for them. The model reduces the barriers that keep families from accessing services. The average length of treatment is about 60 hours of face-to-face contact over a 4-month period.
- MST provides a youth’s primary caregivers with skills and resources to deal independently with difficulties that arise when rearing teenagers. This is done by using identified strengths to develop natural support systems (e.g., extended family, neighbors, friends) and by removing barriers (e.g., parental drug abuse, high stress, poor relationships with mates) to effective family functioning. Family members help therapists to

- design the treatment plan, which ensures family involvement.

- MST gives youth skills to cope with family, peer, school, and neighborhood problems.

- MST therapists and the host agency are responsible for removing any barriers to accessing services and for achieving outcomes in every case.

- Intensive training and strict quality assurance mechanisms play a key role in the MST treatment model.

- MST therapists build on individual, family, school, and community strengths to design interventions that will have the most immediate and powerful impact on targeted problem behaviors.

- MST adheres to nine treatment principles as described in a treatment manual.

Is MST Effective?

- Eight studies have validated the effectiveness of MST, and other studies are underway.

- Studies with violent and chronic juvenile offenders showed that MST reduced long-term rates of rearrest by 25% to 70% compared with control groups.

- Long-term studies showed that MST reduced days in out-of-home placements by 47% to 64% compared with control groups.

- In 1998, the Washington State Institute for Public Policy concluded that MST was the most cost effective of a wide variety of treatments designed to reduce serious criminal activity by adolescents. For example, when compared to boot camps, MST provided an average net gain of \$29,000 in decreased program and victim costs.

- Results are promising in studies examining the use of MST with other populations that demonstrate complex clinical problems (e.g., youths experiencing psychiatric emergencies; substance-abusing parents of young children).

For Further Information

For more information about program development, dissemination, and training, contact:

Mr. Keller Strother
MST Services, Inc.
268 W. Coleman Blvd.
Suite 2E
Mount Pleasant, SC 29464
843-856-8226 ext. 11
843-856-8227 (Fax)

For more information about research-related issues, contact:

Dr. Scott W. Henggeler
Family Services Research Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
67 President Street, Suite CPP
P. O. Box 250861
Charleston, SC 29425
843-876-1800
843-876-1845 (Fax)



FACT SHEET

Multisystemic Therapy: How Is It Done?

CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

What is MST?

- MST is a family- and home-based treatment that strives to change how youth function in their natural settings—home, school, and neighborhood—in ways that promote positive social behavior and decrease antisocial behavior.
- MST targets chronic, violent, or substance-abusing juvenile offenders who are at risk of out-of-home placement. The “typical” MST youth is 14-16 years old; lives in a single-parent home that is characterized by multiple needs and problems; has multiple arrests or is a chronic offender; is involved deeply with delinquent peers; has problems at school or does not attend; and abuses substances (marijuana, alcohol, cocaine).
- The primary goals of MST are to:
 - a) reduce youth criminal activity
 - b) reduce other types of antisocial behavior such as drug abuse
 - c) achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placement
- The MST approach views individuals as being surrounded by a network of interconnected systems that encompass, individual, family, and extrafamilial (peer, school, neighborhood) factors. The MST approach believes that often it is necessary to intervene in a number of these systems to achieve positive results.

- MST is based on the philosophy that the most effective and ethical way to help children and youth is through helping their families. MST views parent(s) or guardian(s) as valuable resources, even when they have serious and multiple needs of their own.
- MST has proven effective in reducing antisocial behavior among diverse populations of serious and chronic juvenile offenders.

MST Goals and Treatment Techniques

- The ultimate goals of MST are to provide a youth’s primary caregivers with the skills and resources that they need to deal independently with difficulties that arise when rearing teenagers and to give youths skills to cope with family, peer, school, and neighborhood problems.
- MST mobilizes individual, family, and community resources that support and maintain the long-term behavioral changes that occur during MST treatment.
- MST is a pragmatic, goal-oriented treatment program that targets factors in a youth’s social network that contribute to his or her antisocial behavior.
- Typically, MST interventions aim to improve caregiver discipline practices, enhance family relationships, decrease a youth’s association with

deviant peers, improve a youth's school or vocational performance, and develop a natural support network of extended family, neighbors, and friends to help caregivers achieve and maintain such changes.

MST Service Delivery

- MST typically uses the family preservation model of service delivery, where therapists have small caseloads (four to six families); are available all day, every day; and provide services in the family's home at times that are convenient for them. The model reduces the barriers that keep families from accessing services. The average length of treatment is about 60 hours of face-to-face contact over a 4-month period.
- To ensure family involvement, family members help therapists to design the treatment plan.
- MST therapists build on individual, family, school, and community strengths to design interventions that will have the most immediate and powerful impact on targeted problem behaviors.
- MST adheres to nine treatment principles as described in a treatment manual.
- Therapists work with family members daily or weekly to achieve behavior changes that can be observed and measured. Progress is monitored continuously.

- Therapists are responsible for engaging the family and other key participants in the youth's environment. Similarly, MST therapists and the host agency are responsible for removing any barriers to accessing services and for achieving outcomes in every case.
- Adherence to the MST treatment model is essential for positive results. Thus, intensive training and strict quality assurance mechanisms play a key role in the MST treatment model.

For Further Information

For more information about program development, dissemination, and training, contact:

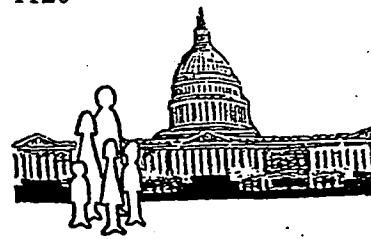
Mr. Keller Strother
MST Services, Inc.
268 W. Coleman Blvd.
Suite 2E
Mount Pleasant, SC 29464
843-856-8226 ext. 11
843-856-8227 (Fax)

For more information about research-related issues, contact:

Dr. Scott W. Henggeler
Family Services Research Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
67 President Street, Suite CPP
P. O. Box 250861
Charleston, SC 29425
843-876-1800
843-876-1845 (Fax)

FACT SHEET

Multisystemic Therapy: Clinical Outcomes and Cost Savings



CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

MST Program Overview

- MST is a family- and home-based treatment that strives to change how youth function in their natural settings—home, school, and neighborhood—in ways that promote positive social behavior and decrease antisocial behavior.
- MST targets chronic, violent, or substance-abusing juvenile offenders who are at risk of out-of-home placement. The “typical” MST youth is 14-16 years old; lives in a single-parent home that is characterized by multiple needs and problems; has multiple arrests or is a chronic offender; is involved deeply with delinquent peers; has problems at school or does not attend; and abuses substances (marijuana, alcohol, cocaine).
- The primary goals of MST are to:
 - a) reduce youth criminal activity
 - b) reduce other types of antisocial behavior such as drug abuse
 - c) achieve these outcomes at a cost savings by decreasing rates of incarceration and out-of-home placement
- The MST approach views individuals as being surrounded by a network of interconnected systems that encompass, individual, family, and extrafamilial (peer, school, neighborhood) factors. The MST approach believes that often it is necessary to intervene in a number of these systems to achieve positive results.

- MST is based on the philosophy that the most effective and ethical way to help children and youth is through helping their families. MST views parent(s) or guardian(s) as valuable resources, even when they have serious and multiple needs of their own.
- MST adheres to nine treatment principles as described in a treatment manual.
- Adherence to the MST treatment model is essential for positive results. Thus, intensive training and strict quality assurance mechanisms play a key role in the model.

Clinical Outcomes

- MST is a well-validated treatment model with eight randomized clinical trials completed and several others underway. Studies completed include three with violent and chronic juvenile offenders, one with inner-city delinquents, one with substance abusing and dependent juvenile offenders, one with adolescent sexual offenders, one with youths undergoing psychiatric emergencies, and one with maltreating families.
- The studies with violent and chronic juvenile offenders showed that MST reduced long-term rates of rearrest by 25% to 70% in comparison with control groups.
- The studies with long-term follow-ups showed that MST reduced the number of days in out-of-home placements by 47% to 64% in comparison

with control groups.

- Compared with control groups, MST studies have demonstrated improved family relations and family functioning.
- MST has reduced drug use in juvenile offenders in comparison with control groups.

Cost Savings

- Cost savings are achieved by targeting youths who are at imminent risk of out-of-home placement and then successfully preventing placement, while preserving community safety.
- In 1998, the Washington State Institute for Public Policy concluded that MST was the most cost effective of a wide variety of treatments designed to reduce serious criminal activity by adolescents. For example, when compared to boot camps, MST provided an average net gain of \$29,000 in decreased program and victim costs.

For Further Information

For more information about program development, dissemination, and training, contact:

Mr. Keller Strother
MST Services, Inc.
268 W. Coleman Blvd.
Suite 2E
Mount Pleasant, SC 29464
843-856-8226 ext. 11
843-856-8227 (Fax)

For more information about research-related issues, contact:

Dr. Scott W. Henggeler
Family Services Research Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
67 President Street, Suite CPP
P. O. Box 250861
Charleston, SC 29425
843-876-1800
843-876-1845 (Fax)

**Multisystemic Therapy:
Supervisory and Organizational Measures**

OJJDP/MST Dissemination Project
MST Institute (843) 856-8226

Administered by: MSTI Research Associate

Completed by: MST program manager or supervisors

Organizational Information (form to be completed by the MST Program Manager (PM) or his/her representative every six months starting from the date of program inception)

Agency name: _____

Today's Date: _____

Respondent's name*: _____

Role (circle one): PM Supervisor Other

*Is the respondent the same person as the one who responded last time? Yes No

Time of Administration (Circle one): Initial administration 6-mo f-up 12-mo f-up
18 mo f-up 24-mo f-up 30 mo-f-up

Does your organization have an MST Program Manager for the MST program? Yes No

How many MST teams at your organization? (circle one) 1 2 3 4 Other _____

How many MST supervisors at your organization? (circle one) 1 2 3 4 Other _____

What is the average amount of time that the supervisor(s) is assigned to the MST program? (circle one)
100% of his/her time 75%-99% 50%-74& 25%-49% less than 25%

Does MST supervisor feedback influence the performance reviews and salary decisions of therapists?
(circle one) Yes No

How many therapists (FTE's) make up each current MST team? (Note: If there is more than one team at your agency, average across teams).(circle one) 1.0 2.0 3.0 4.0 5.0 6.0 or more

Does the average MST therapist's caseload fall between 4 and 6 families at any given time? (circle one)
Yes No* *If no, what is a caseload on average? _____

Are the following policies or practices in place in your organization:

- a policy regarding the use of flex-time or comp-time, allowing therapists to take time off following evening or weekend work? Yes No
- a policy regarding the use of personal vehicles that allows therapists to transport clients? Yes No
- the practice of providing MST therapists with cellular phones? Yes No
- the practice of providing MST therapists with pagers? Yes No

OJJDP/MST Dissemination Project
MST Institute (843) 856-8226

Are you aware of any financial disincentives for referral sources to use MST (e.g., referral source must pay for MST but not for placing the youth in an out-of-home setting? Yes No

Which funding mechanisms are used to pay for MST services in your community? (Please rank the following from MOST UTILIZED to LEAST UTILIZED:)

	Most Utilized			Least Utilized	
Fee for Service	1	2	3	4	5
Case Rate	1	2	3	4	5
Program Funding	1	2	3	4	5

When referral agencies and/or other service providers are involved with cases seen by the MST team, the MST therapist can still "take the lead" for clinical decision-making (i.e., the therapist rather than the representative of another agency can determine what will happen with a youth and his/her family).	Agree	1	2	3	4	Disagree	5
	Agree	1	2	3	4	Disagree	5
Our organization/?/MST program actively collaborates with other community organizations and agencies with whom our MST therapists work.	Agree	1	2	3	4	Disagree	5
This agency has a 24-hour, 7-day on-call system which effectively meets the needs of families in the MST program(s).	Agree	1	2	3	4	Disagree	5
Following MST, after-care referrals target specific, well-defined problems (e.g., psychiatric treatment for psychosis, job-training program for older youth).	Agree	1	2	3	4	Disagree	5
Following MST, families require minimal formal after-care services.	Agree	1	2	3	4	Disagree	5
In the MST program(s), discharge criteria are based upon outcomes achieved rather than length of treatment, referral agency decisions, or reimbursement agency decisions.	Agree	1	2	3	4	Disagree	5

Once form is completed, Program Manager (or his/her representative) should review for completeness and accuracy and then fax to the MST Institute (843) 856-8227 (attention: OJJDP Project). Thank you.

DRAFT: MST SUPERVISION MEASURE
(To be completed by MST therapists)

1

Revised July 1, 1998

ITEM	Never	Rarely	Sometimes	Often	Almost Always
	1	2	3	4	5
1. When the supervisor recommended changes in a clinician's course of action, rationale for the recommendation was described in terms of one or more of the MST principles					
2. You could tell that the supervisor was in charge of the session	yes _____	no _____			
3. Team members took a long time to describe the details of cases before the supervisor spoke	1	2	3	4	5
4. The supervisor asked clinicians for evidence to support their hypotheses about the causes of problems targeted for change or of barriers to intervention success	1	2	3	4	5
5. The supervisor asked clinicians how descriptions and questions about this week's case developments pertained to identification of barriers to success	1	2	3	4	5
6. When clinicians talked about past events, the supervisor recommended that current-day interactions within the family and between family members and others be examined first	1	2	3	4	5
7. When clinicians reported on a variety of interventions tried during the week, the supervisor asked for clarification regarding which intermediary goals the interventions were to address	1	2	3	4	5
8. The supervisor followed up on recommendations made in previous supervision sessions	1	2	3	4	5
9. When interventions were not successful, discussion focused on identifying the barriers to success and actions the clinician should take to overcome them	1	2	3	4	5
10. I am unsure that I have the skills to implement some of the recommendations made in supervision	1	2	3	4	5
11. Interventions discussed targeted sequences of interaction between family members	1	2	3	4	5
12. Clinicians received positive feedback during the session	1	2	3	4	5
13. When interventions were not successful, the supervisor asked clinicians to describe the details of the intervention and steps clinicians took to assure implementation and monitoring	1	2	3	4	5
14. The supervisor asked clinicians how descriptions and questions about this week's case developments pertained to: "fit" assessment	1	2	3	4	5
15. It was easy for team members to acknowledge frustrations, mistakes, and failures	1	2	3	4	5
16. When a clinician presented information about events that transpired during the week, the supervisor asked the clinician and team to clarify the relevance of the information to one or more steps of the analytical process	1	2	3	4	5
17. Case summaries were used during discussion of the cases	1	2	3	4	5

DRAFT: MST SUPERVISION MEASURE
(To be completed by MST therapists)

2

Revised July 1, 1998

ITEM	Never	Rarely	Sometimes	Often	Almost Always
18. Interventions discussed targeted sequences of interaction between family members and individuals at school, in the child's peer group, or in the neighborhood	1	2	3	4	5
19. When an intervention was only partially successful, the supervisor asked questions to determine whether the clinician had adequately and completely implemented the intervention	1	2	3	4	5
20. We spent more time discussing cases in which progress was limited	1	2	3	4	5
21. When an intervention was only partially successful, the supervisor asked questions to determine whether the clinician had provided participants with the understanding, skills, and practice needed to implement the intervention	1	2	3	4	5
22. The supervisor referred to specific MST principles while discussing cases	1	2	3	4	5
23. The supervisor made a note of case-specific recommendations	1	2	3	4	5
24. When new areas were targeted for intervention, the supervisor encouraged the clinician to articulate new intermediary goals accordingly	1	2	3	4	5
25. Outcomes were described in observable and measurable terms	1	2	3	4	5
26. When clinicians reported plans to meet with teachers, neighbors, or officials from other agencies, the supervisor asked what it would take for a caregiver to hold the meeting	1	2	3	4	5
27. When clinicians reported that things were going well in a case, the supervisor focused discussion on factors in the natural ecology that were sustaining progress	1	2	3	4	5
28. When clinicians reported doing things for family members, the supervision focused discussion on what it would take for family members to do these things for themselves	1	2	3	4	5
29. When clinicians reported that they discussed a particular problem with a family, the supervisor asked what plans were put in place to address the problem this week	1	2	3	4	5
30. When clinicians described their ideas about the causes of problems, "fit circles" were developed and discussed in session	1	2	3	4	5
31. When clinicians talked about past events, the supervisor asked for evidence that past events are contributing to a current problem	1	2	3	4	5
32. The supervisor had difficulty managing team discussion	1	2	3	4	5

DRAFT: MST SUPERVISION MEASURE
(To be completed by MST therapists)

3

Revised July 1, 1998

ITEM	Never 1	Once 2	Twice 3	3-5 Times 4	Weekly 5
33. In the past two months, the supervisor and I have discussed the extent to which my case summaries and in-session presentations are consistent with the MST principles and analytic process	Never 1	Once 2	Twice 3	3-5 Times 4	Weekly 5
34. In the past two months, the supervisor and I have set goals for my development of specific competencies in MST	Never 1	Once 2	Twice 3	3-5 Times 4	Weekly 5
35. In the past two months, the supervisor has accompanied me to therapy sessions (i.e., field supervision)	Never 1	Once 2	Twice 3	3-5 Times 4	Weekly 5
36. In the past two months, the supervisor and I have discussed my strengths and needs with respect to adherence to the 9 MST principles	Never 1	Once 2	Twice 3	3-5 Times 4	Weekly 5
37. In the past two months, I left supervision knowing how to carry out recommended actions	Never 1	Once 2	Twice 3	3-5 Times 4	Weekly 5
38. How knowledgeable do you think your supervisor is in the theory of MST?	Not very 1	Somewhat 2	Very 3	Extremely 4	
39. How skilled do you think your supervisor is in treatment modalities used in MST such as Behavioral therapy?	Not very 1	Somewhat 2	Very 3	Extremely 4	
40. How skilled do you think your supervisor is in implementing MST interventions?	Not very 1	Somewhat 2	Very 3	Extremely 4	
41. How skilled do you think your supervisor is in the treatment modalities used in MST such as Cognitive-behavioral therapy?	Not very 1	Somewhat 2	Very 3	Extremely 4	
42. How often does team (group) supervision occur?	Less than once/week 1	Once per week 2	Twice per week 3	Daily 4	
43. How often have you and your supervisor established and monitored a plan to help you develop your knowledge and skill in a particular treatment modality?	Never 1	Once 2	Twice 3	Weekly 4	Daily 5

Therapist's name/"Pseudonym" _____

Date _____

----- complete below only if information has changed since last time -----

Gender (circle one): Male Female

Education (highest degree) _____

Years of experience in mental health _____

Month/year of MST 5-day training _____

Months of experience in MST _____

Supervisor's Name _____

Agency _____

MST Consultant _____

**Juvenile Offenders in Criminal Court and Adult Correctional Facilities:
Legal, Psychological, and Behavioral Consequences**

**Juvenile Offenders in Criminal Court and Adult Correctional Facilities:
Legal, Psychological, and Behavioral Consequences**

University of Virginia

Juvenile Offenders in Criminal Court and Adult Correctional Facilities: Legal, Psychological, and Behavioral Consequences

States have responded to the public's outrage at rising juvenile crime by revising their transfer statutes to make it easier to transfer juvenile offenders for trial and sentencing in criminal court and possible incarceration in adult correctional facilities. This report discusses state transfer laws and the legal consequences of prosecution in adult court, conviction and sentencing in juvenile versus criminal court, and how juvenile records are used in criminal court. It also reviews current research on the deterrence effects of transfer laws, recidivism rates in juvenile versus criminal court, and conditions and programming in juvenile and adult correctional facilities. The key research findings are summarized and areas for future research are identified. Finally, a research agenda is outlined for examining the behavioral and psychological effects of criminal court adjudication and/or incarceration in adult facilities. Such research is urgently needed to inform policy and practice concerning the adjudication and incarceration of serious or violent juvenile offenders.

I. THE LEGAL CONTEXT

A. An Increase in Juvenile Crime

"Never in our history have we seen this phenomenon of youth violence as random and as inexplicable" observes U.S. Attorney General Reno (see Shannon, 1995). Juvenile crime has risen in proportion to the overall crime rate since the mid-1980s, probably due to the guns and violence accompanying the introduction of crack cocaine (McCarthy, 1994) and the increase in neighborhood drug markets (Blumstein, 1995). In 1996, 855,400 juveniles were arrested for the eight serious "index crimes," (murder, non-negligent manslaughter, rape, robbery, aggravated assault, burglary, larceny, theft, and arson), about one out of every 220 juveniles (Snyder, 1997). Increases in the juvenile homicide rate (51%) have surpassed those of adults (20%), as have increases in rates of juvenile aggravated assault (49%, vs. 23% among adults) and juvenile robbery (50% vs. 13% for adults) (Snyder & Sickmund, 1995). The greatest increase in juvenile crime has been among the youngest offenders. Crime by juveniles under the age of 15 increased 94% between 1980 and 1995 (Butts & Snyder, 1997). The increase in the teen population between now and 2010 is likely to bring about as much as a 25% increase in violent juvenile crime (American Psychological Association, 1996). There is some good news recently, however: since 1995 there has been a 9% decrease in the number of juveniles arrested for violent index crimes and a 7% decrease in juveniles arrested for burglary (Snyder, 1997). On the other hand, drug arrests of juveniles have increased

a whopping 120% since 1992 (Snyder, 1997).

The public is demanding a "get tough" approach to this increase in juvenile crime. There is a growing consensus that: (1) juvenile offenders are responsible for their actions and should be punished,¹ (2) many juvenile offenders are beyond rehabilitation, (3) rehabilitation does not work,² (4) greater deterrence is needed, and that (5) violent juveniles must be incarcerated into adulthood (Redding, 1997). The juvenile codes of twenty-eight states now emphasize punishment rather than rehabilitation. At least one-third of the states now have determinate or mandatory minimum sentencing laws for juveniles, usually based on the offense and prior record

1. See, e.g., WASH. REV. CODE ANN., § 13.40.010(2) (West 1993) ("It is the ... intent of the legislature that ... youth ... be held accountable for their offenses."); *Seven Minors v. Juvenile Div.*, 664 P.2d 947, 952-53 (Nev. 1983) (reasoning juvenile transfer decision is based primarily on nature of conduct).

2. See, e.g., Joanna M. Basta & William S. Davidson II, *Treatment of Juvenile Offenders: Study Outcomes Since 1980*, 6 BEHAV. SCI. & L. 355, 374-75 (1988) (summarizing null effects of various deterrent strategies); Alan E. Kazdin, *Treatment of Antisocial Behavior in Children: Current Status and Future Directions*, 102 PSYCHOL. BULL. 187, 187-89, 200 (1987) (discussing poor prognosis for current treatment regimes); Robert Martinson, *What Works? - Questions and Answers About Prison Reform*, in REHABILITATION, RECIDIVISM, AND RESEARCH 7, 32-35 (Robert Martinson et al. eds., 1976) (arguing that nothing works); Gary B. Melton, *Taking Gault Seriously: Toward a New Juvenile Court*, 68 NEB. L. REV. 146, 161-66 (1989) (finding "nothing works" conclusion has not been disproved); Patricia Van Voorhis, *Correctional Effectiveness: The High Cost of Ignoring Success*, 51 FED. PROBATION, Mar. 1987, at 56 (finding system inadequate to serve correctional function); John T. Whitehead & Steven P. Lab, *A Meta-Analysis of Juvenile Correctional Treatment*, 26 J. RES. CRIME & DELINQ. 276, 289-91 (1989) (examining different treatment methods through meta-analysis supporting premise that nothing works).

But see, e.g., Carol J. Garrett, *Effects of Residential Treatment on Adjudicated Delinquents: A Meta-Analysis*, 22 J. RES. CRIME & DELINQ. 287, 303-06 (1985) (finding modest positive effect of certain rehabilitative treatments from meta-analysis of 111 treatment studies that used pre-/post-test design); Jeffrey Fagan, *Social and Legal Policy Dimensions of Violent Juvenile Crime*, 17 CRIM. JUST. & BEHAV. 93, 97-102 (1990) (reporting studies have not found significant positive effects because they have used poor evaluation methodology or because programs evaluated were of poor quality); David C. Tate et al., *Violent Juvenile Delinquents: Treatment Effectiveness and Implications for Future Action*, 50 AM. PSYCHOLOGIST 777, 779-80 (1995) (finding some treatment programs show promise).

In what has become the leading comprehensive analysis of juvenile corrections, a recent and very methodologically sophisticated meta-analytic analysis of over 400 evaluation studies of juvenile program found an average ten percent reduction in recidivism. See Mark W. Lipsey, *Juvenile Delinquency Treatment: A Meta-Analytic Inquiry into the Variability of Effects*, in META-ANALYSIS FOR EXPLANATION 83-126 (T. Cook, et al. eds 1992).

(Redding, 1997). The new consensus has returned the juvenile justice system to its original purpose of providing rehabilitation for minor offenders while punishing serious offenders in the adult criminal justice system (McCarthy, 1994). Increases in juvenile crime have triggered statutory changes designed to satisfy societal concerns, increase the efficiency and impact of the juvenile justice system, and curb further growth in juvenile crime rates.

B. Transfer to Criminal Court

States have responded to the public's outrage at rising juvenile crime by revising their transfer statutes to make it easier to transfer, waive, refer, remand,³ or certify (collectively hereafter "transfer") juveniles for trial and sentencing in criminal court. These laws have increased the pool of eligible juveniles by lowering the age requirement and expanding the list of transferable crimes (Sickmund, 1994; Torbet, Gable, Hurst, Montgomery, Szymanski, & Thomas, 1996), or by eliminating some of the factors that judges must consider before transferring. For example, many states no longer require that to be transferred, the juvenile must first be found "unamenable to treatment" (i.e., not rehabilitatable) in the juvenile system. Virtually all states have set the minimum age for transfer at fourteen or younger, and at least five states now

3. Remand is the term often used for "reverse certification procedures," wherein the juvenile is transferred from the original jurisdiction of the adult court to the juvenile court. See, e.g., FLA. STAT ANN. § 39.02(1) (West Supp. 1997) (stating circuit court has original jurisdiction over juveniles).

allow children of any age to be transferred for any crime.⁴ Many states now require transfer for juveniles who commit violent felonies such as murder, rape, or armed robbery. On the federal level, the 1994 crime bill permits children as young as thirteen who commit certain violent crimes to be prosecuted as adults.⁵

Transfer cases account for only about 2% of the total number of formally processed delinquency cases in juvenile court (Sickmund, 1994), but most juvenile cases are not eligible for transfer. A significant number of eligible cases are transferred (Bonnie, 1989) and the number is steadily increasing as a result of the changes in state laws. From 1988-1992, transfers increased 68%, nearly doubling for almost all offense categories (Sickmund, 1994), and it is estimated that 176,000 juveniles were processed in criminal courts in 1991 (Snyder & Sickmund, 1995). The increase in the number of transferred cases is due to a number of factors in addition to the changes in state laws: increased numbers of violent offenders, greater willingness of juvenile court judges to transfer cases, more juvenile offenders who are less amenable to treatment, and fewer treatment options available in the juvenile system (Howell, 1996). There also is an increase in the number of juveniles incarcerated in adult facilities pending trial and after trial (Howell, 1996). For example, Idaho recently passed a law requiring that unless the judge orders

4. See ALASKA STAT. § 47.10.060 (Michie 1995); NEB. REV. STAT. § 43-276 (1993); N.M. STAT. ANN. § 32A-2-20 (Michie 1996); S.D. CODIFIED LAWS § 26-7A-2 (Michie 1992); WYO. STAT. ANN. § 14-6-237 (Michie 1996).

5. See *Violent Crime Control and Law Enforcement Act of 1994*, 42 U.S.C.A. § 13701, Chap. 136 (1995) (allowing transfer for thirteen-years-olds using firearms).

otherwise, juveniles be detained in adult facilities if they are to be tried as adults (Merlo, Benekos, & Cook, 1997, citing Idaho Session Laws, Section 20-509, 1997).

C. Consequences of Transfer

As the United States Supreme Court found, transfer can have "tremendous consequences for the juvenile,⁶ including lengthy incarceration and abuse in adult prison and execution for capital offenses. As the New Jersey Supreme Court noted, "waiver to the adult court is the single most serious act the juvenile court can perform ... because once waiver of jurisdiction occurs, the child loses all protective and rehabilitative possibilities available"⁷ (In some states, however, the criminal court trying a juvenile can impose either an adult or a juvenile sentence.⁸)

A criminal court felony conviction generally results in the loss of a number of rights and privileges and the possibility of adult sanctions, as shown below.

6. *Kent v. United States*, 383 U.S. 541, 554 (1966).

7. *State v. R.G.D.*, 527 A.2d 834, 835 (N.J. 1987) (quoting PAUL H. HAHN, THE JUVENILE OFFENDER AND THE LAW 180 (3d ed. 1984)).

⁸ See FLA. STAT. ANN. Sect. 39.059(7)(a) (West Supp. 1997); IDAHO CODE Sect. 20.509(3) (Supp. 1996); VA. CODE ANN. Sect. 16.1-272 (Michie 1996).

Legal consequences of a criminal court felony conviction⁹

- * Lose Right to Vote
- * Lose Right to Serve in Military
- * Lose Right to Own Firearm
- * Conviction is Public Record
- * Conviction Must be Reported on Employment Applications
- * Generally Subject to Criminal Court Jurisdiction for All Subsequent Offenses Committed as a Juvenile
- * Conviction Generally Considered in Sentencing for Future Criminal Convictions and in Sentencing Under "Three Strikes" Laws
- * May Receive Adult Sentence
- * May be Incarcerated in Adult Prison
- * Possibility of Receiving Death Penalty for Capital Offenses, if Age 16 At Time of the Offense

Unfortunately, these consequences may actually increase recidivism because they limit the extent to which the offender can become successfully integrated into community life and because they limit the offender's ability to obtain employment and

⁹ Juveniles tried as adults lose the civil rights listed below in all states except Florida, which provides that if the criminal court imposes a juvenile disposition, the finding of guilt is not a criminal conviction but is considered an adjudication of delinquency and that none of the "civil disabilities ordinarily resulting from a conviction" operate. *Florida Statutes Annotated*, Section 985.233(4)(b) (1997). Thus, the criminal court effectively functions as the juvenile court when it exercises its discretion to impose a juvenile sentence.

other life opportunities.

D. OVERVIEW OF STATE TRANSFER LAWS

Several current, comprehensive reviews of state transfer statutes are available. Heilbrun, Leheny, Thomas, and Huneycutt (1997) provide a state-by-state description and classification of state transfer laws, including: the type of transfer law (whether automatic, judicial-discretionary, prosecutorial-discretionary), the minimum age for transfer, the offense types eligible for transfer, the burden and allocation of proof in transfer hearings, risk assessment criteria in transfer decisions, assessment of amenability to treatment in transfer decisions, and whether mental illness or mental retardation is a factor in transfer decisions. Snyder and Sickmund (1995) provide a somewhat more detailed description of the age and offense requirements in state transfer laws, current as of 1994. Finally, Redding (1997) reviews the characteristics and operation of state transfer laws, along with a detailed critique of those laws with regard to current social science research on adolescent competent and maturity; adolescent offending and recidivism patterns; and actuarial approaches for assessing the risk of future offending. Redding (1997) also proposes suggested reforms, including a statutory approach that is derived from current empirical research on juvenile offending and recidivism patterns. Finally, Howell (1996) provides a comprehensive review of research to date on transfer of juveniles to the criminal justice system. Given the availability of these detailed and comprehensive reviews

of transfer laws, we do not provide such a review here, but the following discussion provides a general overview of the characteristics of state transfer laws.

Juveniles can be tried as adults in all 50 states (Snyder & Sickmund, 1995). There are three types of transfer laws: automatic (also called legislative), judicial-discretionary, and prosecutorial-discretionary. "Automatic" transfer laws require transfer for enumerated offenses if certain statutory requirements are met. The offenses generally include violent felonies such as murder, manslaughter, kidnaping, rape, aggravated assault, arson, and crimes committed with a firearm (Snyder & Sickmund, 1995). Some states also require transfer for certain serious drug offenses,¹⁰ and other states for felonies committed in furtherance of gang activities.¹¹ Typically, juveniles above a certain age who commit specified crimes are automatically transferred.¹² Sometimes different age cutoffs are specified, with younger children automatically transferred only for the most serious felonies. For instance, in Maryland sixteen-year-olds are automatically transferred for a variety of felonies, whereas fourteen- and fifteen-year-olds are automatically transferred only

10. *See, e.g.*, IDAHO CODE § 20-509(1) (Supp. 1996) (stating all controlled substance offenses charged as adult violations); 705 ILL. COMP. STAT. ANN. 405/5-4(6)(A) (West 1993).

11. *See, e.g.*, IND. CODE ANN. § 31-6-2-1.1(d)(7)-(8) (Michie Supp. 1996) (granting jurisdiction to adult courts in cases of gang activity or intimidation); 705 ILL. COMP. STAT. ANN. 405/5-4(3.1)(ii) (West Supp. 1996) (forcing juvenile judge to enter order permitting criminal prosecution upon finding of probable cause of gang activities), *see also* Illinois v. P.H., 582 N.E.2d 700, 709 (Ill. 1991) (upholding Illinois' "gang transfer" provision).

12. *See, e.g.*, IDAHO CODE § 20-509(1) (Supp. 1996) (specifying eight classes of crimes which require automatic transfer for juveniles above specified age).

for crimes punishable by death or life imprisonment.¹³

Most statutes give prosecutors the discretion to transfer certain cases, thus combining automatic with discretionary transfer: transfer is mandatory for specified crimes while discretionary for others.¹⁴ The prosecutor files a transfer petition or motion with the juvenile court, and the judge decides whether to transfer.¹⁵ Some states vest discretion in prosecutors, who decide whether to file a case in juvenile or criminal court. This prosecutorial discretion is absolute and non-reviewable except in states with "reverse certification procedures."

The age at which juveniles may be transferred varies across states. State laws can be sorted into groups according to the four broad categories of offenses for which juveniles of a certain age *may* be transferred: (1) any crime, (2) capital crimes and murder, (3) certain violent felonies, and (4) certain crimes plus a prior record (see Redding, 1997).

Statutory factors indicate what judges must consider before ordering transfer. These factors vary from state to state, as does whether the judge must make certain findings or simply consider the factors in making a decision.¹⁶ In *Kent v. United*

13. See MD. CODE ANN. CTS. & JUD. PROC. § 3-804 (1994 & Supp. 1996).

14. See, e.g., IDAHO CODE § 20-509(1) (Supp. 1996) (specifying eight classes of crimes which require automatic transfer for juveniles above specified age).

15. See, e.g., 705 ILL. COMP. STAT. § 405/5-4 3.3(a) (West Supp. 1996) (stating that if State's Attorney files motion to transfer and judge finds probable cause that allegations are true, there is rebuttable presumption that juvenile should be transferred).

16. See, e.g., LA. REV. STAT. ANN. CH. C. art. 862 (citing factors for consideration upon motion for transfer).

States,¹⁷ the United States Supreme Court defined the due process requirements for transfer hearings.¹⁸ The Court included in the appendix the eight criteria that District of Columbia judges considered in making the transfer decision.¹⁹ These criteria have since been adopted by many states with little or no modification,²⁰ and relate generally to the nature of the offense, the characteristics of the child, and the system's rehabilitative capacities.²¹ Three criteria are especially significant: (1) the seriousness of the offense and the need to protect the community, (2) the maturity of the juvenile, and (3) the juvenile's amenability to treatment and rehabilitation

17. 383 U.S. 541 (1966).

18. *See id.* 565–67 (juvenile has right to a hearing, counsel, access to records, and statement of reasons for transfer).

19. *See id.* Kent was prosecuted in the District of Columbia. *See id.* at 543. The transfer criteria were presented in an Appendix containing the transfer policy statement of the District of Columbia's juvenile court. Those eight criteria are:

1. The seriousness of the alleged offense to the community and whether the protection of the community requires waiver.
2. Whether the alleged offense was committed in an aggressive, violent, premeditated or willful manner.
3. Whether the alleged offense was against persons or against property, greater weight being given to offenses against persons especially if personal injury resulted.
4. The prosecutive merit of the complaint, i.e., whether there is evidence upon which a Grand Jury may be expected to return an indictment ...
5. The desirability of trial and disposition of the entire offense in one court when the juvenile's associates in the alleged offense are adults who will be charged with a crime ...
6. The sophistication and maturity of the juvenile as determined by a consideration of his home, environmental situation, emotional attitude and pattern of living.
7. The record and previous history of the juvenile, including previous contacts with the Youth Aid Division, other law enforcement agencies, juvenile courts and other jurisdictions, prior periods of probation to this Court, or prior commitments to juvenile institutions.
8. The prospects for adequate protection of the public and the likelihood of reasonable rehabilitation of the juvenile (if he is found to have committed the alleged offense) by the use of procedures, services and facilities currently available to the Juvenile Court.

20. *See, e.g.*, WYO. STAT. § 14-6-237(b) (1994).

21. *See Kent v. U.S.*, 383 U.S. 541, 565–67 (1965). (discussing sophistication and maturity of child offenders).

through available services (see Redding, 1997). All states require consideration of the seriousness of the offense and the need to protect the community.

Not all states, however, require a consideration of the juvenile's amenability to treatment in the juvenile system. State laws generally provide either that: (1) the juvenile cannot be transferred unless he or she is unamenable to treatment,²² (2) amenability is a key or controlling factor,²³ (3) amenability is one of several or many factors,²⁴ or that (4) amenability is not a factor (see Redding, 1997).²⁵ While Washington's statute, for instance, does not mention amenability to treatment it apparently allows for the consideration of amenability by providing that the court must consider "relevant reports, facts, opinions, and arguments presented by the parties and their counsel."²⁶ The wording in some statutes is similarly vague or ambiguous, but in most states amenability to treatment apparently is just one of many

22. *See, e.g.*, ALASKA STAT. § 47.10.060 (1995)(must find by preponderance of evidence that juvenile not amenable to treatment); IOWA CODE ANN. § 232.45(6)(c) (West 1994) (must determine "there are not reasonable prospects for the child"); PA. CONS. STAT. ANN. § 6355(4)(A) (1982) (must find juvenile not amenable to treatment through available facilities, and consider statutorily enumerated factors).

23. *See, e.g.*, ARK. CODE ANN. § 9-27-318(e) (Michie 1993 & Supp. 1995); DEL. CODE ANN. tit.10, § 1010 (1974 & Supp. 1994).

24. *See, e.g.*, ALA. CODE § 12-15-34(d) (1975); IDAHO CODE § 16-806(1); ILL. REV. STAT. Ch.. 405 para. 5-4(3)(b) (1992 & Supp. 1996); KAN. STAT. ANN. § 38-1636(3) (1993); MICH. COMP. LAWS ANN. § 712A.4(4) (West 1993); MO. ANN. STAT. § 211.071(6) (Vernon 1983 & Supp. 1996); MONT. CODE ANN. § 41-5-206(d)(1995); VA. CODE ANN. § 16.1-269.1(4) (Michie 1996).

25. *See, e.g.*, S.C. CODE ANN. § 20-7-430(4), (5), (9) (Law. Co-op 1985 & Supp. 1995) (considering whether transfer "is contrary to the best interests of the child or the public").

26. WASH. REV. CODE § 13.40.110(2) (West 1993).

factors to be considered.²⁷

Nor do all states require that the juvenile's "competence" or "maturity" be considered.²⁸ While the exact meaning of competence is unclear in many statutes, it probably means competence to stand trial in adult court. Maturity usually refers to judgment, psychosocial development, and/or general cognitive abilities.²⁹ State laws provide either that: (1) the juvenile cannot be transferred unless found competent or mature,³⁰ (2) competence or maturity apparently must be considered as a factor in the decision,³¹ (3) competence or maturity are implicitly included as factors,³² or that (4) competence or maturity are not factors (see Redding, 1997).³³ The wording in many statutes is ambiguous or vague, but apparently about half the states require that

27. *See, e.g.*, LA. REV. STAT. ANN. Ch. C. art. 862 (West 1995) (considering prior acts of delinquency and past efforts of rehabilitation and treatment).

28. *See, e.g.*, 705 ILL. COMP. STAT. 405/5-4(3)(b) (West Supp. 1996) (citing only "best interests" of minor); S.C. CODE ANN. § 20-7-430(4), (5), (9) (Law. Co-Op 1985 & Supp. 1995) (same).

29. *See, e.g.*, *Kent v. U.S.*, 383 U.S. 545, 567 (1965) (discussing sophistication and maturity as including emotional attitude, pattern of living, and living environment).

30. *See* VA. CODE ANN. § 16.1-269.1 (Michie 1996) (competence to stand trial in adult court).

31. *See, e.g.*, ARK. CODE ANN. § 9-27-318(e)(3) (Michie 1993 & Supp. 1995); KAN. STAT. ANN. § 38-1636(e)(6) (1993); MICH. COMP. LAWS ANN. § 712.4(a) (West 1993); MONT. CODE ANN. § 41-5-206(2)(a) (1995); PA. CONS. STAT. ANN. § 6355(4)(A) (1982); WYO. STAT. § 14-6-237(b)(v) (1994).

32. *See, e.g.*, CAL. WELF. & INST. CODE, Chap. 2, Sect. 707 (1) (1993 & Supp., 1995) (consider the juvenile's "degree of criminal sophistication"); D.C. CODE, § 16-2307(e)(3) (1993 & Supp. 1995) (consider juvenile's "mental condition"); MD. CODE, § 3-817(d)(2) (1990 & Supp. 1995) (same); MINN. R. JUV. PROC., R. 32.05 (1992 & Supp. 1996) (may consider juvenile's "sophistication and maturity"); N.Y. CONSOL. LAWS, § 210.43(2)(d) (1979 & Repl. 1993) (consider juvenile's "history, character, & condition"); S.D. COD. LAWS, § 2611-4 (1994 & Supp. 1995) (may consider reports on juvenile's mental condition); WASH. REV. CODE, § 13.40.110(2) (Michie 1977 & Repl. 1993) (consider the "relevant reports, facts, and opinions").

33. *See, e.g.*, GA. CODE ANN. § 15-11-39 (1994); LA. CIV. CODE ANN. Art. 305 (West 1995); OKLA. STAT. ANN. tit. 10, 11042 (1987); S.C. CODE ANN. § 20-7-430 (Law. Co-Op. 1985 & Supp. 1995) (omitting juvenile's maturity, sophistication, or competence as factors).

competency or maturity be considered.

Three states (Alaska, Oklahoma, and Rhode Island) allow children of any age to be transferred without requiring the judge to consider competence or maturity. In these states, very young children may be transferred without any consideration of their competence or maturity.³⁴ In some states, the judge need not consider *any* factors at all. North Carolina allows transfer for children as young as thirteen for any felony, with no specific findings required (the judge need only state the reasons).³⁵

REVIEW AND ANALYSIS OF EXTANT RESEARCH

The increased frequency with which serious or chronic juvenile offenders are tried in criminal court and then incarcerated in adult correctional facilities raises three important questions. To what extent does trial in adult court and/or incarceration in adult facilities promote or retard community protection, juvenile offenders' accountability, and the development of competencies in juvenile offenders (see Bazemore, 1992)? The next sections review research on the effects of state transfer laws and the consequences of prosecution in criminal court, conviction and sentencing in juvenile versus criminal court, and how juvenile records are used in criminal court. It also reviews current research on the deterrence effects of transfer laws, recidivism rates in juvenile versus criminal court, and conditions and

34. *See, e.g.*, R.I. GEN. LAWS § 14-1-7.1 (1994) (omitting age as factor when considering waiver).

35. *See* N.C. GEN. STAT. §§ 7A-608, 610 (Supp. 1995).

programming in juvenile and adult correctional facilities. (Given the many changes that have occurred in juvenile justice policy and practice over the last decade, generally only research studies since 1985 are included in the review.) The key research findings are summarized and areas for future research are identified.

I. LEGAL OUTCOMES AND ISSUES

A. Conviction and Sentencing in Juvenile Versus Criminal Court

It is clear that adjudication in criminal court takes far longer than juvenile court adjudication (Fagan, 1996; Rudman, Harstone, Fagan, & Moore, 1986), with many criminal court cases involving juveniles on pending or unresolved status (see Kinder, Veneziano, Fichter, & Azuma, 1995). However, there is wide variation between and within states in transfer rates, conviction rates, incarceration rates, and sentence length (Howell, 1996), and research on adjudication outcomes is mixed.

Some studies show that transferred juveniles are convicted more often in juvenile court than criminal court, but other studies show that the criminal court conviction rate is comparable to or higher than the juvenile court rate (see Bishop, Frazier, & Henretta, 1989; Howell, 1996; Rudman, Harstone, Fagan, & Moore, 1986). Generally, serious violent juvenile offenders transferred via judicial transfer have the highest conviction rates (Howell, 1996).

There also is no consensus on sentencing outcomes for juveniles in criminal

court. Some studies find that more than half are incarcerated (Bishop, Frazier, & Henretta, 1989; Dawson, 1992; Houghtalin & Mays, 1991), but others find that few face jail or prison (Champion, 1989; Clarke, 1996; Kinder, Veneziano, Fichter, & Azuma, 1995). According to a study of juvenile transfers in four states between 1980 and 1988 (Champion, 1989), only eleven percent of juveniles transferred were incarcerated while fifty-five percent were placed on probation. Another recent small-scale study of transferred cases in St. Louis (Kinder, Veneziano, Fichter, & Azuma, 1995) found that only 6% of the juveniles transferred to criminal court were sentenced to prison and 17% were placed on probation; the remaining cases were pending or dismissed. But a study of transferred cases in several Texas counties found that 58% were sentenced to prison (Dawson, 1992). Recent data on incarceration rates in seven states shows wide variations between states in the percentage of youth incarcerated (General Accounting Office, 1995). For example, incarceration rates for serious violent offenses varied from 4% in Vermont to 88% in California; from 7% in New York to 77% in Minnesota for property offenses; and from 2% in Minnesota to 94% in California for drug offenses.

Some studies have found that criminal courts are more lenient than juvenile courts and are less likely to incarcerate juvenile offenders (Fagan, 1995; Feld, 1987; Podkopacz & Feld, 1996), particularly property offenders (e.g., Bortner, 1986). Commentators have speculated that this may be because the criminal court views the juvenile as a youthful, first-time offender (Dawson, 1992; Fagan, 1996; Jensen, 1994; Kinder, Veneziano, Fichter, & Azuma, 1995). But studies carefully controlling

for prior offenses have not found criminal courts to be more lenient (e.g., Butts & Connors-Beatty, 1992), and the apparent contradictions in juvenile/criminal court sentencing studies appear to be resolved when controlling for the prior offense record of the defendant (Bonnie, 1989). Rudman, Harstone, Fagan, and Moore (1986) found that violent juvenile offenders convicted in criminal court were more likely to be incarcerated and received sentences that were about five times longer than those adjudicated in juvenile court. Fagan, Forst, and Vivona (1987) found that juveniles charged with person offenses received considerably longer sentences in criminal court than in juvenile court. A recent U.S. Justice Department (1996) study found that criminal courts incarcerated thirty-two percent of violent juvenile offenders, whereas juvenile courts incarcerated only twenty-four percent. Probation was the most common disposition in juvenile court for all offense types (General Accounting Office, 1995).

Thus, it seems clear that juvenile offenders, especially serious or violent offenders, generally do receive longer and more severe sentences when convicted in criminal court (see Bishop & Frazier, 1991; Bishop, Frazier, & Henretta, 1989; Bortner, 1986; Dawson, 1992; Fagan, 1990; Fagan, Forst, & Vivona, 1987; Fisher & Teichman, 1986; Gragg, 1986; Podkopacz & Feld, 1996; Rudman, Hartsone, Fagan, & Moore, 1986; Virginia Commission on Youth, 1994). However, only one study examined the actual length of prison time served by juveniles sentenced in criminal court. Fritsch, Caeti, and Hemmens (1996) examined 946 cases transferred in Texas between 1981 and 1993. Seventy-six percent of these cases involved

violent offenses (about half of which were homicide cases), and about 75% of the juveniles were 16 or older. At least 87% of juveniles received longer sentences than they would have received in juvenile court; 35% got sentences of 20 years or more. However, for all offenses except rape, the average prison time actually served was only 3.5 years (an average of about 27% of the sentence imposed), shorter than the possible sentence length in a juvenile facility. These findings highlight the possible discrepancy between sentences imposed by criminal courts and the actual time served. Fritsch, Caeti, and Hemmens (1996) point to the need for more studies which simultaneously examine sentence type, length, and actual time served.

Thus, the research shows that juveniles convicted in criminal court, particularly serious and violent offenders, are more likely to be incarcerated and receive longer sentences than juveniles retained in the juvenile system. But apparently they often serve only a fraction of the sentence imposed, perhaps less time than they would have served in a juvenile facility. As the U.S. Department of Justice (1995) concluded, "[Transfer] does not appreciably increase the certainty or severity of sanctions. While transfer may increase the length of confinement for a minority of the most serious offenders, the majority of transferred juveniles receive sentences that are comparable to sanctions already available in the juvenile justice system. More importantly, there is no evidence that young offenders handled in criminal court are less likely to recidivate than those remaining in juvenile court." Moreover, there is considerable jurisdictional variation in incarceration rates and sentence lengths.

Clearly, more research is needed on the comparability of conviction rates and

sentences in juvenile versus criminal courts. Such research will shed light on the extent to which transfer laws serve their intended purpose of enhancing community protection by ensuring that serious or violent juvenile offenders are incarcerated and receive sufficient sentences.

B. Use of Juvenile Records in Criminal Court

The trend is to make juvenile court records more open to the public and more available for use by criminal courts and prosecutors (Chaiken, 1997; Torbet et al., 1996). When criminal courts consider the juvenile record, it often results in longer sentences and a greater likelihood of incarceration (Miller, 1997). Almost all states authorize the criminal court to consider the defendant's juvenile record in sentencing, with 24 states mandating such consideration (Miller, 1995, 1997). Juvenile offenses are considered under the "three strike" laws of California and Louisiana, for example. Additionally, adult sentences can be increased by adding the unserved portion of a juvenile sentence onto the adult sentence.³⁶ All this is despite the fact that a juvenile court adjudication may lack the same reliability as a criminal court adjudication since most juvenile court proceedings lack the due process protection of a trial by jury, and because pleading guilty to a serious offense in juvenile court does not affect sentencing as it would in adult court (Miller, 1995, 1997).

³⁶ *Ralston v. Robinson*, 454 U.S. 201 (1981).

But only 24 states grant prosecutors access to juvenile court records, and apparently in only 12 of the 19 states requiring that juvenile records be considered at sentencing do prosecutors actually use such information (Miller, 1997). Although 27 states provide for central holding and dissemination of juvenile records, with states increasingly requiring that juvenile records be included in state criminal record systems (Chaiken, 1997), in only 8 of these states do prosecutors routinely use information available from the central repository (Miller, 1997). Moreover, laws directing consideration of the juvenile record are inconsistent with the practice in most states of sealing or expunging juvenile records after a certain time period (particularly for non-violent offenders) or if certain preconditions are met. Only two states reverse a sealing order upon an adult conviction, and when juvenile records are made available, their quality and completeness is often poor (Miller, 1997).

Additionally, as powerfully portrayed in Hubner and Wilson's (1966) recent book about cases and problems in the juvenile justice system, *Somebody Else's Children*, the justice system often cannot get access to information about the juvenile kept by other agencies. Such information often is critical for making informed dispositional, correctional and probation decisions. Legal and social histories on a juvenile often are maintained by police, courts, attorneys, state agencies, schools, and social welfare, medical, and mental health service providers. Yet such information often is unavailable to the juvenile or criminal courts and correctional systems due to intra-agency, inter-agency, and systems barriers (Etten & Petrone, 1994). These barriers include, for example, mistrust between agencies and

uncertainty about how information will be used, misused, or interpreted by other agencies; concern about whether sharing information is in the juvenile's best interest, fears of lawsuits, lack of standard agency policies for information sharing, and poor and spotty recordkeeping (Etten & Petrone, 1994). Most states also have strict confidentiality laws limiting access to agency information (Etten & Petrone, 1994). Also, federal law prohibits access to alcohol and substance abuse diagnosis and treatment records even to prosecutors and court officials, except in emergencies or by court order (*Confidentiality of Alcohol and Drug Abuse Patient Records Act*, 1987). However, Etten and Petrone (1994) found that, because of the exceptions built into such laws, state and federal confidentiality laws rarely limited information sharing. Rather, information sharing was limited by the "information territoriality" practiced by various agencies and the kinds of agency and systems barriers listed above. Etten and Petrone (1994) suggest the establishment of statewide computerized information management systems with confidentiality protections, on-line access, and real-time update and accuracy checking mechanisms. Accurate and available juvenile court records are particularly important in making informed sentencing decisions in criminal court; offending history is one of the best predictors of future criminality (Gottfredson, 1997).

Given the increasing trend of requiring that the juvenile records be considered in criminal court sentencing along with the problems reported in the literature about the unavailability or inadequacy of juvenile court records, research is needed to examine: how records and information move or fail to move between systems (e.g.,

juvenile detention, mental health, schools) and from the juvenile court to the adult court, whether there has been a transfer of existing records management technology from the juvenile to adult system, and why prosecutors often fail to use available records. Such research would provide the data needed to develop proposals for improving policy and practice in records keeping, sharing, and management.

II. PSYCHOLOGICAL AND BEHAVIORAL EFFECTS OF CRIMINAL COURT ADJUDICATION AND/OR INCARCERATION IN ADULT FACILITIES

A. Effects on Deterrence and Recidivism

Deterrence Effects of Transfer Laws. Despite some anecdotal evidence that transfer laws deter crime (see Bortner, 1986), two well designed studies found that automatic transfer laws have no deterrent effect on juvenile crime in the relative short term (up to 8 years after such laws were enacted). Jensen and Metsger (1994) conducted a time-series analysis for five years after the 1981 Idaho automatic transfer statute was passed, and found a 13% increase in arrest rates for violent juvenile crime. A similar time-series analysis found no deterrent effect of the New York state law automatically sending violent juvenile offenders to adult court in the six year period after the law was passed, even though the law was widely used and although the state had made significant efforts through the news media to inform juveniles of the new law (Singer, 1996; Singer & McDowall, 1988).

Thus, the practice of transferring juvenile offenders to criminal court does not appear to deter juvenile crime. It is possible, however, that transfer laws may have a deterrent effect over the longer term if juveniles are deterred by hearing about substantial numbers of juveniles tried and sentenced as adults. Research is needed to examine the long-term deterrent effects of transfer laws and to examine whether such laws produce small, long-term changes in offending rates that would not have been detectable in the above studies. Additionally, research should examine whether inadequate implementation of transfer laws or an insufficient threat of serious punishment explains their apparent failure to deter crime (Singer & McDowall, 1988). Such research is critical for determining whether transfer laws do or could produce their intended effect of reducing and deterring juvenile crime.

Recidivism Rates in Criminal Court. A key purpose of transfer laws is to enhance community protection against serious and violent juvenile offenders, but community protection actually may be reduced over the long-term by transferring juveniles to criminal court. Three recent large-scale studies indicate that juveniles tried in criminal court have greater recidivism rates after release than those tried in juvenile court, perhaps reflecting a social labeling or stigmatizing effect of being tried in criminal court (see Braithwaite, 1989), perhaps because punishment makes offenders feel alienated and as if they have been treated unjustly (Sherman, 1993), and/or perhaps because treatment and rehabilitation efforts by the juvenile justice system are somewhat effective.

In Minnesota, Podkopacz and Feld (1996) found higher recidivism rates for

transferred juveniles as compared to non-transferred juveniles. Controlling for prior record and offense severity, Fagan (1996) examined the eight-year recidivism rate of 800 15- and 16-year-old juvenile offenders charged with robbery or burglary, comparing those charged in juvenile court in New Jersey with matched offenders charged in criminal court under New York's automatic transfer law. (Most of the juvenile arrests in New York were for robbery or burglary and these offenses were largely responsible for the New York Juvenile Offender law.) Robbery offenders sentenced in criminal court re-offended faster and at a higher rate than those tried in juvenile court (90.5% versus 73% re-offending rate for incarcerated youth; 81.2% versus 64.4% for those who received probation), but there was no difference in recidivism for burglary offenders.

Controlling for seven variables (race, gender, age, most serious prior offense, number of referrals to juvenile court, number of charges and most serious charge), Bishop, Frazier, Lanza-Kaduce, and Winner (1996) compared the one-year recidivism rate of 2,738 juvenile offenders transferred to criminal court in Florida with a matched sample of non-transferred juveniles. Recidivism rates and time to re-offending were higher for the transferred juveniles across seven offense types (ranging from violent felonies to minor misdemeanors). Following the same offenders six years after their initial study, Winner, Lanza-Kaduce, Bishop, and Frazier (1997) again found higher recidivism rates for those transferred to criminal court for all offenders except property felons, for whom an interesting pattern emerged. Property offenders transferred to criminal court actually were less likely to re-offend than those tried in

juvenile court, although those transferred that did re-offend did so sooner and more often than those tried in juvenile court.

Finally, an older study (White, 1985, cited in Howell, 1996) found that serious juvenile offenders recidivated 150% more often when handled in the criminal justice system as compared to the juvenile justice system.

Thus, the picture emerging from these studies is that transfer to criminal court results in higher recidivism rates for most types of offenders. But except for the Fagan (1996) study, existing research studies cannot exclude the possibility that the recidivism rates for transferred youth are higher because these youth were less amenable to treatment in the first place. Future research should also examine the role of amenability to treatment in transfer decisions and recidivism. Such research will inform transfer policy and practice regarding the types of offenders for whom transfer to criminal court is most likely to reduce recidivism.

The generally higher recidivism rates in criminal court is perhaps because the rehabilitation efforts of the juvenile justice system are more effective as a result of the emphasis on individualized and non-punitive treatment regimes; perhaps because there is a social labeling or stigmatizing effect of being tried in criminal court (see Braithwaite, 1989); and/or perhaps because punishment in the adult system makes juvenile offenders feel they have been treated unjustly (Sherman, 1993). Bishop, Frazier, Lanza-Kaduce, and White (1998) interviewed 95 serious and chronic juvenile offenders in Florida, half had been adjudicated in juvenile court and were in maximum security juvenile facilities while the other half had been adjudicated in criminal court

and were in state prisons. While most of the juveniles felt that their prior or current experiences in juvenile court and in the juvenile justice system were fair and rehabilitative in nature, most processed in criminal court perceived it to be unfair and punitive.

The greater degree of retributive punishment inherent in criminal court adjudication and adult incarceration may produce a variety of counter-deterrent effects, possibly including: stigmatization, humiliation, loss of self-respect, attenuation of guilt or shame feelings, hardening of the delinquent self-concept, weakened ties to families, peers, and community, and diminished job and educational prospects (see Bazemore & Umbreit, 1995; Braithwaite, 1989). "Ironically, punishment may encourage lawbreakers to focus on themselves rather than on their victims and the community as they learn to 'take the punishment' without taking responsibility for their misbehavior" (Bazemore & Umbreit, 1995, p. 300).

For property offenders, however, criminal court adjudication appears to have no effect on their recidivism or to actually reduce it slightly. Adult criminological research shows that property offenders have higher recidivism rates than those who commit offenses against persons (Gottfredson & Gottfredson, 1986; Petersilia, Turner, Kahan, & Peterson, 1985; Snyder & Sickmund, 1995), who often act impulsively during interpersonal conflict and may not necessarily plan to commit a violent crime (Heilbrun, 1979). Perhaps criminal court adjudication teaches property offenders a lesson about the consequences of their criminal conduct, whereas it has no deterrence effect for violent offenders because often their criminal conduct was

unplanned or unintentional and thus criminal court adjudication only labels and stigmatizes them. Given these findings and the fact that sixty percent of judicially transferred cases involve property offenses (Snyder, Sickmund, & Poe-Yamagata, 1996), future research should evaluate the possible differential effects of transfer on offending patterns (Winner, Lanza-Kaduce, Bishop, & Frazier, 1997).

B. Conditions and Programming in Correctional Facilities

Not all juveniles sentenced in criminal court will serve their sentences in adult correctional facilities. Many will, but a substantial minority will serve at least a portion of their adult sentence in a juvenile facility. For example, in Massachusetts juveniles fourteen and older convicted of first-degree murder are incarcerated in the juvenile system until age twenty-one, and then transferred to the adult correctional system to serve the remainder of their sentence.³⁷ Also, in some states, the criminal court can impose either an adult or a juvenile sentence.³⁸ Additionally, many juveniles are confined in adult jails pending trial in criminal court (Howell, 1996). Thus, we review below the conditions of confinement in juvenile as well as adult facilities.

The U.S. Department of Justice (1994) recently produced a detailed report on the conditions of confinement in juvenile detention and corrections facilities, and has

³⁷ See MASS. ANN. LAWS Ch. 119, Sect. 72 (Law Co-Op. 1994).

³⁸ See FLA. STAT. ANN. Sect. 39.059(7)(a) (West Supp. 1997); IDAHO CODE Sect. 20.509(3) (Supp. 1996); VA. CODE ANN. Sect. 16.1-271 (Michie 1996).

embarked on producing a *Census of Juveniles in Residential Placement* which will provide comprehensive nationwide statistics on juvenile offenders under age 21 in all detention and correctional facilities housing juveniles (see U.S. Dept. of Justice, 1998).

About 690,000 juveniles are confined or detained in juvenile correctional facilities (including detention centers, reception centers, training schools, and ranches, camps, and farms) (U.S. Dept. of Justice, 1994). "The majority of these youngsters received no diagnostic study or evaluation by the state juvenile corrections authority" (Howell, 1996, p. 46). Howell (1996) summarizes the demographic and offending profiles of these juveniles: 95% were male, most were minorities (56% African-American, 21% Hispanic) and the average age at admission was 16. Over half of the juveniles were convicted of drug or property crimes and had never been previously incarcerated. Twenty-one percent had committed serious or violent offenses (40% aggravated assault, 35% robbery, 12% sex crimes, 11% homicide or manslaughter), 27% of whom had been incarcerated previously.

With overcrowding now a problem in seventy-five percent of juvenile facilities, there are "substantial and widespread deficiencies" in living space, security, control of suicidal behavior, and health care" (U.S. Dept. of Justice, 1994). Inmate or staff violence in some juvenile facilities has resulted in lawsuits claiming cruel and unusual punishment (Feld, 1993). In 1993, it was estimated that there were 31,206 incidents of injuries to juveniles caused by staff or inmate violence (U.S. Dept. of Justice, 1994). "The daily reality of juveniles confined in many 'treatment' facilities is one of

violence, predatory behavior, and punitive incarceration" (Feld, 1993, p. 251). Many juvenile correctional facilities provide little rehabilitative treatment (Feld, 1993). There is no evidence that incarceration prevents recidivism (Armstrong & Altschuler, 1982; Feld, 1993) and longer terms of detention produce higher recidivism rates (Wooldredge, 1988).

There has been a 39% increase since 1988 in the number of juveniles in adult facilities (Perkins, 1994), and many states project substantial increases in the number of juveniles committed to their adult correctional system (Lis, Inc., 1995). But relatively little is known about the conditions of confinement for juveniles incarcerated in adult facilities. Seventy-five percent of the juveniles in adult facilities were 17 years-old when committed, 97% were male, about 75% were African-American, about 51% committed a violent person offense and 44% committed a drug or serious property offense (Perkins, 1994).

Beyer (1997) paints a bleak picture of a juvenile's life in adult prison, noting that they are at greater risk for suicide (due to lack of supervision) and physical and sexual abuse from older inmates. They are eight times more likely to commit suicide, 500 time more likely to be sexually assaulted, and 200 times more likely to be beaten by staff than are juveniles in juvenile facilities (Beyer, 1997). It is difficult for juveniles to avoid being raped in prison, where at least 14% of inmates are raped (Beyer, 1997; see also Dumond, 1992). Forst, Fagen, and Vivona (1989) found that juveniles in prisons were five times more likely to be sexually assaulted than those in juvenile facilities. Because these juveniles are exposed to a criminal culture where

inmates commit crimes against each other, these institutions may socialize a wayward juvenile into a true career criminal (see Forst, Fagan, & Vivona, 1989). Juveniles in adult facilities also have higher rates of disciplinary reports (almost twice as many, on average) than adult inmates (Lis, 1996).

In an older study that interviewed violent juvenile offenders about how they cope with prison life, Eisikovits and Baizerman (1983) report that daily survival required finding ways to fit into the inmate culture, that juveniles experienced difficulty with authoritarian relationships with adult inmates, and that adjusting to the institution meant accepting violence as a part of daily life and becoming even more violent youth. "They live in an omnipresent hell" (p. 18). The need to fit in "was associated often with the need to play roles which are beyond the youths [sic] physical and/or intellectual ability. 'Being a kid' is to be suspected of incompetence. Being suspected of incompetence means that one has to prove constantly how competent one it, even if this is beyond his physical ability" (p. 13).

While very little information is available about programming for juveniles in adult prisons, it appears that in many states, juveniles are treated the same way as adult inmates and are provided the same health, educational, and recreational services, though sometimes with enhanced or specialized nutritional or educational services (General Accounting Office, 1995). Juveniles account for less than 2% of all new commitments to adult prisons (see Snyder & Sickmund, 1995). However, given the increasing numbers of juveniles sentenced to adult facilities, some states are implementing special correctional programs for juvenile offenders sentenced as

adults. These include: graduated incarceration, where juveniles are incarcerated in juvenile or separate adult facilities until they reach a certain age; segregated incarceration, where juveniles are housed in separate facilities for younger adults and sometimes provided with specialized programming; and the designation of certain juveniles as "youthful offenders" which often provides them with certain legal protections (e.g., sealing of records) and special programming (Torbet, et al., 1996).

Lis, Inc. (1995) surveyed all state adult correctional departments about their policies and programs for handling juvenile inmates, and provide a state-by-state summary of current practices including a classification of whether juvenile offenders are housed separately, in the adult population, with youthful offenders, etc. States' policies on housing juvenile offenders, as of 1995, are summarized as follows:

- * Many states uses a variety of housing options based on the juvenile's characteristics and available resources.
- * 27 states house juvenile in the general population or in protective custody within adult facilities
- * 12 states house juveniles in facilities or units for "youthful offenders," and often provide special programming
- * 6 states house offenders under age 18 in separate facilities or units
- * 4 state correctional departments have both adult and juvenile divisions, and may house juveniles in separate facilities
- * 12 states place juveniles with other agencies

Torbet et al. (1996) point out that many state adult correctional systems are

ill-equipped to handle juveniles, that they lack funding to build separate juvenile facilities or to provide specialized programming, and that turf battles often ensue between the juvenile and adult correctional systems. Except for states having youthful offender systems, most states do not provide special staff training on handling juvenile offenders nor do they provide special programming for juveniles (Lis, 1995). Notable exceptions include Colorado, Georgia, and Florida, which are developing special treatment, education, and life skills training for juvenile offenders (Lis, 1995).

Forst, Fagan, and Vivona (1989) have conducted the only detailed study to date of the correctional experiences of juveniles. They interviewed 59 chronic juvenile offenders in juvenile facilities and 81 matched (for offense type and history) juveniles housed in adult facilities. Their findings reflect the relative lack of programming and services for juveniles in adult facilities. As compared with juveniles in prison, juveniles in the juvenile facilities rated their staff as more helpful to them in achieving their goals, making them feel good about themselves, teaching them skills, and improving their interpersonal relations. In juvenile facilities counseling was provided as part and parcel of the regular duties of the line-staff, whereas in adult prisons counseling was provided separately for limited time periods. Moreover, staff in juvenile facilities were more likely to be trained and rewarded for helping and counseling residents. Juveniles in the juvenile facilities also rated their case management services as more helpful in obtaining needed services, providing counseling, encouraging their participation in programs, teaching them the

consequences of rule-breaking, and orienting them to facility rules and procedures. Juveniles in the juvenile facilities rated treatment services as more helpful in improving their relationship with family members, improving their understanding of themselves and their problems, and as better meeting their medical needs. Juveniles in the juvenile facilities also rated the social climate of their facility significantly higher than juveniles in prisons. Significantly, juveniles in adult facilities were five times more likely to be sexually assaulted, 50% more likely to be attacked with a weapon, and twice as likely to be beaten by staff.

Forst, Fagan, and Vivona (1989) interpret their findings within the context of the differing roles and climates of juvenile versus adult correctional facilities. As compared with adult prisons, juvenile facilities are more oriented toward rehabilitation and skills development, encourage staff to develop relationships with residents, provide more treatment and counseling services and incorporate such services into daily line-staff duties, provide closer supervision, and have more staff trained in providing these services to juveniles. Regarding juveniles in prison, they conclude that "[d]uring the years when the transition from adolescence to adulthood occurs, when social skills and cues are learned, these youth will know little else other than the institutional world. The social rules and norms learned are those in the institution, including the reciprocal cycle of victimization and retaliation. . . . administrators and policymakers should weigh the risks of future crime and violence from increased exposure to violence in prison, deprivation from the normalizing influences of meaningful contacts with natural social networks, and unmet treatment or remedial

needs" (Forst, Fagen, & Vivona, 1989, p. 11). A recent OJJDP-funded study by Bishop et al. (1998), who interviewed 56 juvenile offenders in juvenile correctional facilities and 49 juvenile offenders in adult facilities, reports very similar findings and discusses the likely criminogenic effects of incarceration in adult facilities.

Thus, the conditions and programming for juveniles leaves much to be desired, in adult as well as in juvenile correctional facilities. The picture is especially bleak, however, for juveniles incarcerated in adult facilities, where they are subject to sexual and physical abuse from inmates and guards and where there are far fewer treatment and educational services available. Most prison staff are not trained to counsel, educate, or case manage juveniles and even the medical care provided apparently is not as good as that in juvenile facilities. Research is needed to evaluate how these and other differences between adult and juvenile correctional facilities impacts juveniles' psychological and behavioral adjustment inside the facility and upon their release. Such research is critical for informing policy and practice concerning whether juveniles should be incarcerated in adult facilities and, if so, how those facilities can best serve the juveniles under their care. Additionally, more information is needed on the programming and services provided for juveniles in state adult correctional facilities.

III. SUMMARY OF KEY RESEARCH FINDINGS

The following summarizes the key research findings reviewed

- * Transfer laws do not deter juvenile crime, at least in the short-term
- * There is wide variation between and within states in transfer rates, conviction rates, incarceration rates, and sentence length
- * Juvenile court records are often poor, and criminal court and corrections officials often do not have access to needed legal and social history information maintained by other agencies and service providers

Criminal Court Adjudication Outcomes:

- * Criminal court adjudication takes far longer than juvenile court adjudication
- * Juvenile offenders convicted in criminal court, particularly those convicted of person offenses, are more likely to be incarcerated and receive longer sentences
- * Most juveniles actually serve only a fraction of the prison sentence imposed by the criminal court, often a shorter sentence than they would have served in a juvenile facility
- * When transferred to criminal court, juvenile offenders who commit person offenses have higher recidivism rates than those in juvenile court
- * When transferred to criminal court, juvenile offenders who commit property offenses have the same or slightly lower recidivism rates than those in juvenile court

Juveniles in Adult Prisons:

- * Conditions and programming for juveniles often leaves much to be desired in adult as well as in juvenile correctional facilities

- * The picture is especially bleak for juveniles incarcerated in adult facilities, where they often are subject to sexual and physical abuse from inmates and guards and where there are far fewer treatment and educational services available
- * Most staff in adult facilities are not trained to counsel, educate, or case manage juveniles

As the key research findings indicate, criminal court adjudication and incarceration in adult prisons appears to offer few penological advantages and many disadvantages. While more research clearly is required to make definitive or even strong policy statements, extant research appears to indicate that criminal court prosecution does not deter juvenile crime in the first place, that criminal court adjudication takes longer, that while juveniles are more likely to receive a longer and more serious sentence in criminal court they may actually end up serving less time than they would in a juvenile facility, and that criminal court adjudication generally produces higher recidivism rates for most offenders. As the U.S. Department of Justice (1995) concluded, "[Transfer] does not appreciably increase the certainty or severity of sanctions. While transfer may increase the length of confinement for a minority of the most serious offenders, the majority of transferred juveniles receive sentences that are comparable to sanctions already available in the juvenile justice system. More importantly, there is no evidence that young offenders handled in criminal court are less likely to recidivate than those remaining in juvenile court." And once juveniles are incarcerated in adult prison, they typically receive far fewer age-

appropriate rehabilitative, medical, mental health, and educational services than they would in a juvenile facility and are at far greater risk for physical abuse, sexual abuse, and suicide..

Much more research is needed on:

- * The long-term deterrent effects of transfer laws and the extent to which such laws are effectively implemented
- * The comparability of conviction rates, sentences imposed, and actual time served for juveniles in juvenile court versus criminal court
- * The possible differential effects of transfer on the recidivism rates of juveniles convicted of person offenses versus juveniles convicted of property offenses
- * Programming and services available for juveniles in adult correctional facilities
- * How differences between the adult and juvenile correctional facilities impacts juveniles' psychological and behavioral adjustment inside the facility and upon their release

IV. RESEARCH AGENDA

Much of the research activity in the late 1980's and early 1990's focused on documenting the rapid legislative changes, determining basic processing statistics (e.g., how many juveniles are transferred and convicted), and identifying predictors of the transfer decision (e.g., demographics, case characteristics). This first stage of research on juvenile justice reform has provided valuable information on the nature of legislative and programmatic change. However, the legislative reform preceded any systematic inquiry regarding the impact of such reform on the psychological and behavioral effects of trying juvenile offenders in criminal court and/or incarcerating them in adult facilities. As noted in the U.S. Department of Justice National Juvenile Action Plan (1996, p. 24), "it is impossible to determine from the existing research the impact of either criminal or juvenile justice system handling . . . The need for such information is substantial." And as noted by James Howell (1996), former Director of the Research and Program Division at the Office of Juvenile Justice and Delinquency Prevention, "It is surprising how little information is available on criminal justice system handling of juvenile offenders . . . Transferred juveniles create new problems for the adult corrections system, including development of treatment and reintegrative services, and protection from predatory inmates" (p. 50, 52).

It still is the case that "[t]he experiences and needs of juveniles in adult correctional facilities have received little attention in research or policy" (Forst, Fagen, & Vivona, 1989, p. 11). As the above review of extant research demonstrates, while there is some research on the effects of transfer on recidivism, there is virtually no research on the other psychological and behavioral effects of adjudication in criminal

court and/or incarceration in adult correctional facilities, and this will be the focus of our research. Such research is critical for informing policy and practice concerning whether juveniles should be incarcerated in adult facilities and, if so, how those facilities can best serve the juveniles under their care and the unique management problems they pose. Additionally, we gathered some information on the programming and services provided for juveniles in the adult correctional facilities in selected states.

A. Preliminary Data Collection: January-July 1998

During the period January through July 1998, we collected some preliminary data which informed the development of the design and methods to be used in the proposed larger research project. The information collected from the interviews with juvenile offenders, the survey of a sampling of states, and the input from the core group of experts, provided a foundation for the selection and refinement of the specific data collection methods to be used in the large scale research project.

Interviews with juvenile offenders. We conducted individual interviews, each lasting about one hour, with 7 juvenile offenders (6 males, 1 female) in Virginia who have been transferred for trial in criminal court. All the juveniles were 16 or 17 at the time of their offense -- offenses included burglary, robbery, or grand larceny and most of the juveniles had prior property, assault and battery, and/or drug offenses. Thus, all the juveniles were currently charged with property offenses. The juveniles were

interviewed at the juvenile detention facility where they were being held pending trial. This allowed us to pilot test our interview questions and to gain information about juveniles' perceptions of their transfer hearing and their incarceration and pending trial in criminal court, so as to identify the salient issues for further investigation. (Our data collection was approved by the University of Virginia Institutional Review Board for the Protection of Human Subjects.)

While we certainly cannot make any conclusions based on a sample size of only 7 juveniles, the following themes consistently emerged from the interviews:

- * *The transfer hearing:* Most juveniles thought their transfer hearing was conducted fairly, but that the judge's decision to transfer them was unfair because they deserved another chance, because all treatment options had not yet been exhausted, and/or because they were not yet "old enough" or "tough enough" to be tried as an adult and possibly incarcerated in an adult correctional facility. Additionally, some juveniles commented that the prosecuting attorney did a very good job and that their attorney failed to do as good a job and/or that the court listened more to the prosecution than to the defense.
- * *Incarceration:* All juveniles expressed anger and fear at the possibility they might be incarcerated in an adult prison. They felt they were "too young," "not big enough," or "not tough enough" to be incarcerated with adults. Although one juvenile who already had served a short time in the local jail, said he would rather be in jail than in detention because

more privileges were available in jail, he also was also angry that he might be sent to an adult prison to serve his sentence -- "I'm only 16, and not that big".

* *Consequences:* Five of the juveniles said that their pending trial as an adult, along with all the possible consequences that might flow from a criminal conviction, served as a "wake-up call" for them that would keep them from re-offending. They commented that they offended previously because the chances of getting caught were slim and the consequences if they did get caught were not that great. Now, they say they realize the serious consequences if they re-offend again and thus feel that they will not do so.³⁹ As one juvenile said, "[Being tried as an adult] showed me it's not a game anymore. Before, I thought that since I'm a juvenile, I could do just about anything and just get 6 months if I got caught. So, I didn't care and thought I could get away with anything." One juvenile was especially upset that the local newspaper reported that he would be tried as an adult -- knowing that the community will now see him as a troublemaker really affected him psychologically.

³⁹ Again, given the small sample size of this interview study, along with the systematic empirical data reviewed above indicating that criminal court processing generally produces higher recidivism rates, one should not conclude from these juveniles' self-reports that the threat of trial in criminal court will, in fact, "teach them a lesson" and deter them from re-offending. It may, however, suggest that *some form* of a "wake up call" is useful.

* *Outlook on the Future:* The juveniles were very optimistic that they would not re-offend. They were pessimistic about the effects a criminal court conviction will have on their future job and educational prospects, and are aware of the civil consequences thereof -- e.g., a felony record, can't vote, must disclose conviction on employment application. One juvenile noted that he would not be able to serve in the military as he had planned.

State survey of trends in programming for juveniles in adult corrections. Very little is known about the programming and services provided for juveniles in adult correctional facilities. Such information is needed both to inform policymakers and our own research on juveniles' experiences in correctional facilities. We conducted a phone survey of adult correctional departments in a select number of states (our state, Virginia; and 8 states having substantial numbers of juveniles incarcerated in adult correctional facilities and/or special programming for young offenders: California, Colorado, Louisiana, Nebraska, Nevada, New York, Pennsylvania, Texas) about their experiences with juvenile offenders and how they have responded to the unique management problems they pose. Unfortunately, after over 100 phone calls to various state officials (e.g., juvenile justice specialists, correctional system officials, offices of state cabinet officials, public information officers), we were unable to obtain information either because we were told that the information requested was not readily available, because officials were prohibited from providing information to

external researchers absent an official directive, and/or because contact people were unavailable after repeated phone calls. In general, state officials were somewhat reticent to provide information on the subject and often they did not know about matters concerning juvenile offenders in their adult facilities and did not know who in their state would have such information.

We were, however, able to obtain some information from officials in 4 states: Louisiana, Nevada, Pennsylvania, and Virginia; and New York provided a copy of a state report on initiatives for young inmates. The information obtained provided useful insights for our analysis of the literature and proposed study design:

- * *Louisiana:* The major difficulty expressed by correctional personnel was trying to distinguish normal adolescent acting-out behaviors from criminal or predatory type behaviors, but correctional personnel report no significant problems with having the juveniles in their facilities, where they are not segregated from the adult inmates. (Most of the juveniles are 17-19 and physically look like adults.) They report that often the juveniles are more violent and act-out more than the adults but that they generally do quite well in the adult population, where the older inmates socialize them appropriately. The juveniles' major concerns revolve around safety and fears about being preyed upon by the adult inmates. They also typically have many family related concerns. Some facilities are developing an interdisciplinary pre-release and aftercare case-management program for the juveniles, and they are planning to develop educational, vocational, and religious programs for the juveniles.

- * *Nevada:* Has about 45 juveniles under the age of 18 in state prisons. Juveniles are treated no differently than adult inmates, the philosophy being "once an adult, always an adult." Juveniles have the same resources and programs as adults, but they are able to tailor services when needed. The juvenile decides whether and when he wants to move from the special unit for juveniles to the general inmate population. Once they are in the general population, they are watched more closely to guard against victimization. However, they feel that often the juvenile offenders are more "vicious" and sociopathic than the adults in the facility and that protecting the juveniles from one-another is more of a problem than protecting them from the adult inmates. In fact, once the juveniles join the adult population, correctional personnel rely on the adult inmates to socialize the juveniles in a more positive direction.
- * *New York:* In 1994, there was 1,822 young offenders in adult facilities: 69% aged 19-20, 31% aged 16-18; 74% convicted of violent felonies (17% for murder or manslaughter), 38% for robbery; only about 50% read at an 8th grade level or above (New York State, 1994). A "shock-incarceration" program for non-violent first-time offenders successfully diverted many youth from incarceration, and the state developed a "Young Inmate Initiative" (New York State, 1994) to address the needs of the most violent and serious offenders who now are incarcerated in adult prisons. Resources for juveniles are maximized by housing them in only 3 facilities. Specialized, intensive programming is provided, with a

particular focus on psychoeducational programming, special education, GED classes, and vocational training. Drug and alcohol treatment, AIDS education, and pre-release programming is also provided. Of particular emphasis is the "aggression replacement program," which is a therapeutic community in the dormitory living units structured around behavior and attitude modification. The program includes a self-government component where community meetings are held five days a week. According to inmate and staff reports, the program has produced a decrease in assaults, enhanced communication between staff and inmates, improved discipline, improved living environments, improved attitudes, and fewer complaints and requests for information.

- * *Pennsylvania:* Has a quasi-therapeutic community for juveniles in the prisons, where they are housed in a separate unit until age 19. The program has worked extraordinarily well -- there have been no incidents of violence or assaults. The kids report feeling very safe, which is the key to managing them effectively. The program is a real resource drainer, however, because the success of the program is due largely to having many well-trained staff and because the juveniles are very unpredictable. Components of the program include a behavior modification program with levels of privileges/responsibilities for the juveniles, compulsory education, extensive psycho-educational programming, a substantial amount of drug/alcohol counseling, and daily group therapy sessions. A psychologist and two counselor are

assigned to each unit, and they keep caseloads small. The juveniles appear to like the program and are concerned mainly about getting privileges, obtaining their GED, and staying safe when they join the adult inmate population.

- * *Virginia:* Regarding juveniles in adult facilities, Virginia monitors the educational services provided (is the compulsory education mandate satisfied, are an appropriate range of special education services provided?), recreational programming, nutrition, critical medical and child abuse incidents, diagnostic services, and medical and mental health services for juveniles.

Overall, several themes emerge from these survey results. First, it seems that safety is the greatest concern of juveniles in adult facilities. Second, however, it seems that the juveniles generally do fairly well in adult facilities, where correctional personnel report they often are more "vicious" and violent than the adult inmates, whom correctional personnel rely on to control or "socialize" the juveniles. Third, many facilities are developing specialized psychoeducational, vocational, anger management, and drug and alcohol programs for juveniles.

Consultation with experts and methods refinement. We selected and refined the specific data collection methods to be used in the planned research study, as informed by the preliminary data collected through interviews with juvenile offenders and the survey of state corrections practices. Additionally, we consulted about our proposed research with leading experts in juvenile justice, criminal justice, and

delinquency. Consultants included members of the Consortium's Task Force on Juvenile Waiver (Catherine Brooks, Creighton University; Edward Mulvey, University of Pittsburgh; Mark Soler, Youth Law Center; and Simon Singer, SUNY-Buffalo), and principal investigators of other OJJDP-funded projects (Donna Bishop, University of Central Florida; Jeffrey Fagan, Columbia University).

B. Proposed Research Study: Behavioral and Psychological Effects of Criminal Court Adjudication and/or Incarceration in Adult Correctional Facilities

The goal of this research is to examine the behavioral and psychological effects of criminal court adjudication and/or incarceration in adult correctional facilities, as compared with juvenile court adjudication and incarceration in juvenile facilities. To date, only one relatively small scale study (Forst, Fagan, & Vivona, 1989) has examined juveniles' experiences in adult correctional facilities, and even this study did not directly assess the juveniles' behavioral and psychological adjustment nor did it assess their perceptions of the procedural justice afforded them. Our proposed research will provide data on these issues. This information is urgently needed by policymakers and facility administrators, to guide policy and practice concerning whether juveniles should be transferred to criminal court and subsequently incarcerated in adult correctional facilities, and if so, how the adult system can best serve juvenile offenders.

I. Design Overview

We will collect data on a large number of juveniles, in four categories: 1) Juveniles adjudicated in criminal court and incarcerated in adult facilities, 2) juveniles adjudicated in criminal court and incarcerated in juvenile facilities, 3) juveniles adjudicated in juvenile court and incarcerated in juvenile facilities, and 4) juveniles adjudicated in criminal court and incarcerated in adult facilities. (Note that some measures -- see below -- will not be used in all categories.) The juveniles will be matched for offense type, prior offending history, and relevant demographic variables (e.g., age, race, gender, socioeconomic status).

The design, which will require data collection in several states (e.g., since not all states allow their juvenile courts to impose adult sentences), will allow us to compare juveniles' perceptions and experiences of juvenile versus criminal court adjudication and of incarceration in juvenile versus adult correctional facilities. Since research suggests important differences in the impact on criminal adjudication between juveniles convicted of property offenses versus those convicted of and person offenses, we also will attempt to compare, within each of the four groups, the perceptions and experiences of property offenders versus person offenders.

Additionally, to obtain data about how juveniles' perceptions and experiences may change, we will use a cross-sectional design, gathering data from juveniles in each of the above four categories at a minimum of three points in the adjudication-incarceration process: 1) immediately after their conviction, 2) while in the

correctional facility, and 3) upon their release.

II. Overview of Measures

We will collect data in four areas:

1. Juveniles' perceptions of the procedural justice afforded them, both at their trial and in their subsequent incarceration.
2. Juveniles' experiences in the correctional facility.
3. Juveniles' behavioral adjustment in the facility.
4. Juveniles' mental health and psychological adjustment, while in the facility and upon their release.

Perceived procedural justice. It has long been suggested that justice system processing may have substantial negative effects on psychological health and reactions to imprisonment, increase the likelihood of having a delinquent self-concept, and produce higher recidivism rates, particularly if the offender feels he or she has been treated unjustly (Matza, 1964; Sherman, 1993). For example, Lanza-Kaduce and Radosevich (1987) found that juveniles who felt they had been treated unjustly by the legal process were more likely to abuse drugs while incarcerated, and argue that negative reactions to arrest and trial can lead to poor reactions to incarceration, which in turn leads to poor compliance with prison norms and poor compliance with treatment programs.

An emerging theoretical and empirical social psychological literature on

procedural justice and "therapeutic jurisprudence," (e.g., Wexler & Winick, 1996; Winick, 1996) suggests that process variables, such as the extent to which a litigant is afforded due process and participatory rights, may have substantial impact on outcomes like compliance with rehabilitation programs (see LaTour, 1978; Tyler, 1984; Walker, LaTour, Lind, & Thibaut, 1974). Winner, Lanza-Kaduce, Bishop, and Frazier (1997) suggest that a possible reason for the higher recidivism rates among transferred juveniles is that they attribute greater injustice to criminal court processing, which causes them to react defiantly through re-offending. Similarly, Tyler (1990) found that adults who believed they had been treated unfairly by courts or police were less compliant with the law than those who felt they had been fairly treated.

We will investigate the effects of differences in juveniles' perceptions of the procedural justice afforded them (in the transfer hearing, the adjudication hearing, and while in incarceration), and its behavioral and psychological effects on juveniles. Thus, perceptions of procedural justice can serve as another independent variable (in addition to participant group) to predict behavioral and psychological outcomes among the juveniles. Juveniles who perceive that they were afforded less procedural justice may, for example, have relatively higher rates of depression, may tend to exhibit more of an external locus of control, and may exhibit more acting-out behaviors in the correctional facility.

Previous research has assessed three aspects of perceived procedural justice: evaluations of experience with a unique procedure (e.g., How fairly were you treated

by the judge?); general evaluations of procedures (e.g., How fair were the procedures used in court?); and evaluations of the degree of process and decision control (e.g., How much control did you have over the decision made in your case?). We will use standard measures to assess perceptions about these three aspects of perceived procedural justice (see Lind & Tyler, 1988; Tyler, 1990). We also will use two measures developed and validated by Lanza-Kaduce and Radosevich (1987) specifically for use with juveniles to assess their sense of injustice about incarceration and their attitudes about incarceration. The first measure includes 42 questions that assess the 5 components of the sense of injustice as defined by Matza (1964): cognizance (were appropriate steps taken to determine guilt or innocence?), competence of police (were rights protected?), commensurability (is the sanction legitimated and the punishment proportional to the crime?), consistency (was I treated the same as others in my situation?), and comparability (were differences between how I was versus how others were treated reasonable? -- e.g., differences between juvenile and adult processing). The attitudinal measure includes 23 questions that assess 5 factors: attitudes about counselors, attitudes about guards, sense of isolation, sense of alienation, and commitment to the institution.

Juveniles' correctional experiences. To examine differences in the experiences of juveniles in juvenile versus adult correctional facilities, and to extend and update the work of Forst, Fagen, and Vivona (1989) on juveniles' correctional facility experiences, we will conduct structured interviews with each juvenile concerning their overall perceptions and experiences of their incarceration. We will prepare a report

summarizing their comments. Additionally, a coding scheme will be developed for the qualitative data obtained from the interviews (see Ericsson & Simon, 1993), which will be coded and analyzed statistically to identify systematic differences in perceptions and experiences between the participant groups. We also will ask each juvenile about their perceptions of staff assistance, case management, treatment services, social climate, and victimization, using the standardized measures refined by Forst, Fagen, and Vivona (1989), along with questions to assess their integration into the institution and how their institutional experiences have affected their values and outlook (see Simpson, Eynon, & Reckless, 1963), their motivation (see Rogers & Williams, 1994), and their attitudes towards rehabilitation and treatment. We will also use some more open-ended questions modeled after those currently being used by Bishop and Frazier (personal communication, 1998) to assess further juveniles' perceptions of the juvenile versus criminal justice systems and their relative effects on them. We will ask juveniles about their perceptions of how their correctional experiences may affect their future attitudes and life prospects and how they have affected their relationships with family and peers.

Behavior in the correctional facility. We will assess each juvenile's behavioral adjustment in the correctional facility in two ways: behavior ratings scales and systematic reviews of juvenile records. Corrections staff will be asked to complete a child behavior checklist for each juvenile, and the juvenile will provide a self-report by completing the same checklist on him/herself. Furthermore, we will review the correctional center records to determine each juvenile's participation in educational

and rehabilitation programs, amount of time spent in programs, incidents of acting out or violent behavior, disciplinary actions, and other relevant data. (We will also obtain any reports of physical or sexual victimization and suicidal behavior.)

Psychological adjustment. While there are a variety of psychological variables that may be relevant to the issue of juvenile offenders' mental health and psychological adjustment, depression, anxiety, self-concept, and locus of control seem especially relevant. We will have the juveniles complete standardized measures of these variables (see Chassin & Stager, 1984; Forehand, et al., 1991; Nowicki & Strickland, 1973; Thomas & Bishop, 1984).

Studies show that juvenile delinquents have elevated levels of depression and anxiety (Kashani, et al., & 1980; Kashani, Henrichs, Reid, & Huff, 1982), both of which are associated with overall psychological and behavioral adjustment, including acting-out behaviors and conduct disorders (Meller & Borchardt, 1996). We will also examine how criminal court adjudication and/or incarceration in adult facilities affects a juvenile's locus of control and self-concept. Based on the literature, we know that juveniles who have internal loci of control adjust better to stressful environments (Blocker & Copeland, 1994), and that juvenile delinquents with an internal locus of control perceive themselves as behaving in more socially acceptable ways and interact more with peers in correctional institutions than those with an external locus of control (Drummond, Barnard, & Mehnert, 1985). Moreover, perceived control has been found to predict treatment compliance (see Swenson & Kennedy, 1995) and involvement in delinquency (see Kelley, 1996). With respect to self-concept, a recent

study which comprehensively assessed the skill and capacity deficits, external pressures or disadvantages, and psychological adjustment of 162 delinquent boys found that self-concept was the factor that correlated the most strongly with recidivism ($r = -.39$) and correctional institutionalization ($r = -.44$), accounting for 16% to 19% of the variance (Rogers & Williams, 1994). It might be hypothesized that juveniles adjudicated in criminal court and/or incarcerated in adult facilities may be more likely to adopt a "criminal" self-concept (see Thomas & Bishop, 1984; Wells & Rankin, 1983). Similarly, juveniles with negative perceptions of the procedural justice afforded them might internalize those feelings, coming to view themselves as stigmatized.

References

- American Psychological Association. (1996). *Is youth violence just another fact of life?* Washington, D.C.: Author.
- Armstrong, T.L., & Altschuler, D.M. (1982). Conflicting trends in juvenile justice sentencing: Divergent strategies in the handling of the serious juvenile offender. *Juvenile & Family Court Journal, 33(4)*, 15-26.
- Bazemore, G., & Umbreit, M. (1995). Rethinking the sanctioning function in juvenile court: Retributive or restorative responses to youth crime. *Crime & Delinquency, 41(3)*, 296-316.
- Beyer, M. (1997). Experts for juveniles at risk of adult sentences. In American Bar Association Juvenile Justice Center, *More than meets the eye: Rethinking assessment, competency and sentencing for a harsher era of juvenile justice*, (pp. 1-22). Washington, D.C.: Author.
- Bishop, D.M., & Frazier, C.E. (1991). Transfer of juveniles to criminal court: A case study and analysis of prosecutorial waiver. *Notre Dame J. of Law, Ethics & Public Policy, 5*, 281-302.
- Bishop, D.M., Frazier, C.E., & Henretta, J.C. (1989). Prosecutorial waiver: Case study of questionable reform. *Crime & Delinquency, 35*, 179-201.
- Bishop, D.M., Frazier, C.E., Lanza-Kaduce, L., & Winner, L. (1996). The transfer of juveniles to criminal court: Does it make a difference? *Crime & Delinquency, 42*, 171-191.

Bishop, D.M., Frazier, C.E., Lanza-Kaduce, L., & White, H.G. (1998).

Juvenile transfers to criminal court study: Phase I report. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

Blocker, L. & Copeland, E. (1994). Determinants of resilience in high stressed youth. *High School Journal*, 77, 286-293.

Bortner, M.A. (1986). Traditional rhetoric, organizational realities: Remand of juveniles to adult court. *Crime & Delinquency*, 32, 53-73.

Blumstein, A. (1995). Youth violence, guns, and the illicit drug industry. *Journal of Criminal Law & Criminology*, 86, 1620.

Bonnie, R.J. (1989). Juvenile homicide: A study in legal ambivalence. In E.P. Benedek & D.G. Cornell (Eds.), *Juvenile homicide*, (pp. 185-217). Washington, D.C.: American Psychiatric Association.

Bortner, M.A. (1986). Traditional rhetoric, organizational realities: Remand of juveniles to adult court. *Crime & Delinquency*, 32, 53-73.

Braithwaite, J. (1989). *Crime, shame and reintegration*. Cambridge, UK: Cambridge University Press.

Butts, J.A., & Connors-Beatty, D.J. (1992). *A comparison of juvenile court's and criminal court's response to violent offenders: 1985-1989*. Washington, D.C.: U.S. Dept. of Justice, Office of Juvenile Justice and Delinquency Prevention.

Butts, J., & Snyder, H.N. (1997). The youngest delinquents: Offenders under age 15. *Juvenile Justice Bulletin*. Washington, D.C.: U.S. Department of

Justice, Office of Juvenile Justice and Delinquency Prevention.

Chaiken, J.M. (1997). Changing laws and policies governing juvenile justice records radically alter balance between confidentiality and public access, and increase importance of record accuracy. In U.S. Department of Justice, *National conference on juvenile justice records: Appropriate criminal and noncriminal justice uses*, (pp. 11-13). Washington, D.C.: Author.

Champion, D.J. (1989). Teenage felons and waiver hearings: Some recent trends, 1980-1988. *Crime & Delinquency*, 35, 577-585.

Chassin, L. & Stager, S. (1984). Determinants of self-esteem among incarcerated delinquents. *Social Psychology Quarterly*, 47, 382-390.

Clarke, E.E. (1996). A case for reinventing juvenile transfer. *Juvenile & Family Court Journal*, 47(1), 3-21.

Coalition for Juvenile Justice. (1995). *No easy answers: Juvenile justice in a climate of fear*. Washington, D.C.: Author.

Confidentiality of Alcohol and Drug Abuse Patient Records. (1987). 42 C.F.R. Sect. 2.1 et seq.

Dawson, R.O. (1992). An empirical study of Kent style juvenile transfers to criminal court. *St. Mary's Law Journal*, 23, 975-1054.

Drummond, R., Barnard, L., & Mehnert, I. (1985). Locus of control and attitudes of juvenile offenders toward self and the correctional environment.

Journal of Offender Counseling, 5(1), 9-15.

Dumond, R.W. (1992). The sexual assault of male inmates in incarcerated

settings. *International J. of the Sociology of Law*, 20, 135-157.

Eisikovits, Z., & Baizeman, M. (1983). "Doin' time": Violent youth in a juvenile facility and in an adult prison. *J. of Offender Counseling, Services, & Rehabilitation*, 6(3), 5-20.

Ericcson, K.A., & Simon, H.A. (1993). *Protocol analysis: Verbal reports as data*. Cambridge, MA: MIT Press.

Etten, T.J., & Petrone, R.F. (1994). Sharing data and information in juvenile justice: Legal, ethical, and practical considerations. *Juvenile & Family Court Journal*, 45(3), 65-87

Fagan, J. (1996). The comparative advantage of juvenile versus criminal court sanctions on recidivism among adolescent felony offenders. *Law & Policy*, 18(1&2), 77-113.

Fagan, J.A. (1995). Separating the men from the boys: The comparative advantage of juvenile versus criminal court sanctions on recidivism among adolescent felony offenders. In J.C. Howell, B. Krisberg, J.D. Hawkins, & J.J. Wilson (Eds.), *Sourcebook on serious, violent, and chronic juvenile offenders*. Thousand Oaks, CA: Sage.

Fagan, J. (1990). Social and legal policy dimensions of violent juvenile crime. *Criminal Justice & Behavior*, 17, 93-133.

Fagan, J., Forst, M., & Vivona, S.T. (1987). Racial determinants of the judicial transfer decision: Prosecuting violent youth in criminal court. *Crime & Delinquency*, 33, 259-286.

Feld, B.C. (1993). Criminalizing the American juvenile court. In *Crime and justice: A review of research*, (v. 17), (pp. 197-280). Chicago, Ill: University of Chicago Press.

Feld, B.C. (1987). The juvenile court meets the principle of the offense: Legislative changes in juvenile waiver statutes. *J. of Criminal Law & Criminology*, 78, 471-533.

Fisher, W.S., & Teichman, L. (1986). Juvenile waivers to adult court: A report to the New Jersey state legislature. *Criminal Justice Quarterly*, 9, 68-103.

Forehand, R., France, C. L., Wierson, M., Armistead, L., & Kempton, T. (1991). Assessment of incarcerated juvenile delinquents: Agreement across raters and approaches to psychopathology. *Journal of Psychopathology and Behavioral Assessment*, 13 (1), 17-25.

Forst, M., Fagan, J., & Vivona, S.T. (1989). Youth in prisons and training schools: Perceptions and consequences of the treatment-custody dichotomy. *Juvenile & Family Court Journal*, 40(1), 1-14.

Fritsch, E.J., Caeti, T.J., & Hemmens, C. (1996). Spare the needle but not the punishment: The incarceration of waived youth in adult prisons. *Crime & Delinquency*, 42(4), 593-609.

General Accounting Office. (1995). *Juveniles processed in criminal court and case dispositions*. Washington, D.C.: Author.

Gillespie, L.K., & Norman, M.D. (1984). Does certification mean prison: Some preliminary findings from Utah. *Juvenile and Family Court Journal*, 35(3),

23-34.

Gottfredson, S.D., & Gottfredson, D.M. (1986). Accuracy of prediction models. In A. Blumstein et al. (Eds.), *Criminal careers and "career criminals"*, (v. 2). Washington, D.C.: National Academy Press.

Gragg, F. (1986). *Juveniles in adult court: A review of transfers at the habitual serious and violent juvenile offender program sites*. Washington, D.C.: U.S. Department of Justice.

Heilbrun, A.B. (1979). Psychopathology and violent crime. *Journal of Consulting and Clinical Psychology*, 47, 509.

Heilbrun, K., Leheny, C., Thomas, L., & Huneycutt, D. (1997). A national survey of U.S. statutes on juvenile transfer: Implications for policy and practice. *Behavioral Sciences & the Law*, 15, 125-149.

Houghtalin, M., & Mays, L.G. (1991). Criminal dispositions of New Mexico juveniles transferred to adult court. *Crime & Delinquency*, 37, 393-407.

Howell, J.C. (1996). Juvenile transfers to the criminal justice system: State of the art. *Law & Policy*, 18(1&2), 17-60.

Hubner, J., & Wolfson, J. (1996). *Somebody else's children: The courts, the kids, and the struggle to save America's troubled families*. New York: Crown.

Jensen, E.L. (1994). The waiver of juveniles to criminal court: Policy goals, empirical realities, and suggestions for change. *Idaho Law Review*, 31, 173-204.

Jensen, E.L., & Metsger, L.K. (1994). A test of the deterrent effect of legislative waiver on violent juvenile crime. *Crime & Delinquency*, 40, 96-104.

Kashani, J. H., Henrichs, T. F., Reid, J. C., & Huff, C. (1982). Depression in diagnostic subtypes of delinquent boys. *Adolescence, 17(68)*, 943-949.

Kashani, J. H., Manning, G. W., McKnew, O. H., Cytryn, L., Simonds, J. F., & Wooderson, P. C. (1980). Depression among incarcerated delinquents. *Psychiatric Research, 3*, 185-191.

Kelley, T.M. (1996). At-risk youth and locus of control: Do they really see a choice? *Juvenile & Family Court Journal, 47(4)*, 39-53.

Kinder, K., Veneziano, C., Fichter, M., & Azuma, H. (1995). A comparison of the dispositions of juvenile offenders certified as adult with juvenile offenders not certified. *Juvenile & Family Court Journal, 46(3)*, 37-42.

Lanza-Kaduce, L., & Radosevich, M. (1987). Negative reactions to processing and substance use among young incarcerated males. *Deviant Behavior, 8*, 137-48.

LaTour, S. (1978). Determinants of participant and observer satisfaction with adversary and inquisitorial modes of adjudication. *Journal of Personality and Social Psychology, 36*, 1531-1545.

Lind, E.A., & Tyler, T.R. (1988). *The social psychology of procedural justice*. New York: Plenum.

Lis, Inc. (1995). Offenders under age 18 in state adult correctional systems: A national picture. *Special Issues in Corrections, 1*. Longmont, CA: U.S. Dept. of Justice, National Institute of Corrections.

MaGuire, K., & Pastore, A.L. (Eds.), (1995). *Sourcebook of criminal justice*

statistics, 1994. Washington, D.C.: U.S. Dept. of Justice, Bureau of Justice Statistics.

Matza, D. (1964). *Delinquency and drift.* New York: John Wiley & Sons.

McCarthy, F.B. (1994). The serious offender and juvenile court reform: The case for prosecutorial waiver of juvenile court jurisdiction. *St. Louis University Law Journal*, 38, 629-671.

Meller, W.H., & Borchardt, C.M. (1996). Comorbidity of major depression and conduct disorder. *Journal of Affective Disorders*, 39(2), 123-126.

Merlo, A.V., Benekos, P.J., & Cook, W.J. (1997). "Getting tough" with youth: Legislative waiver as crime control. *Juvenile & Family Court Journal*, 48(3), 1-15.

Miller, N. (1997). National assessment of criminal court use of defendants' juvenile adjudication records. U.S. Department of Justice, *National conference on juvenile justice records: Appropriate criminal and noncriminal justice uses*, (pp. 27-33). Washington, D.C.: Author.

Miller, N. (1995, Nov.). State laws on prosecutors' and judges' use of juvenile records. *National Institute of Justice Research Brief*. Washington, D.C.: U.S. Dept. of Justice.

Moos, R.H. (1974). *Manual for Correctional Institutions Environment Scale*. Palo Alto, CA: Consulting Psychologists Press.

New York State, Department of Correctional Services. (1994). *Development of the young inmate initiative*. Albany, N.Y.: Author.

Nowicki, S., & Strickland, B. (1973). A locus of control scale for children.

J. of Consulting & Clinical Psychology, 40, 144-154.

Perkins, C. (1994). *National corrections reporting program, 1992*.

Washington, D.C.: U.S. Dept. of Justice, Bureau of Justice Statistics.

Petersilia, J., Turner, S., Kahan, J., & Peterson, J. (1985). Executive summary of Rand's study, "Granting felons probation: Public risks and alternatives". *Crime & Delinquency*, 31, 379-392.

Podkopacz, M.R., & Feld, B.C. (1996). The end of the line: An empirical study of judicial waiver. *Journal of Criminal Law & Criminology*, 86, 449-492.

Redding, R.E. (1997). Juveniles transferred to criminal court: Legal reform proposals based on social science research. *Utah Law Review*, 1997(3), 709-763.

Rogers, J.W., & Williams, J.D. (1994). The predisposition report, decision-making, and juvenile court policy. *Juvenile & Family Court Journal*, 45(4), 47-57.

Rudman, C., Harstone, E., Fagan, J., & Moore, M. (1986). Violent youth in adult court: Process and punishment. *Crime & Delinquency*, 32, 75-96.

Shannon, E. (1995). Crime: Safer streets, yet greater fear. *Time*. (January 30): 63.

Sherman, L.W. (1993). Defiance, deterrence, and irrelevance: A theory of the criminal sanction. *Journal of Research in Crime & Delinquency*, 30, 445-473.

Sickmund, M. (1994). How juveniles get to criminal court. *Juvenile Justice Bulletin*. Washington DC: Office of Juvenile Justice and Delinquency Prevention.

Simpson, J.E., Eynon, T.G., & Recless, W.C. (1963). Institutionalization as perceived by the juvenile offender. *Sociology & Social Research*, 48(1), 13-23.

Singer, S. (1996). *Recriminalizing delinquency: Violent juvenile crime and juvenile justice reform*. New York: Cambridge.

Singer, S.I., & McDowall, D. (1988). Criminalizing delinquency: The deterrent effects of the New York juvenile offender law. *Law & Society Review*, 22(3), 521-535.

Snyder, H.N., & Sickmund, M. (1995). *Juvenile offenders and victims: A national report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Snyder, H.N., & Sickmund, M., & Poe-Yamagata, E. (1996). *Juvenile offenders and victims: 1996 update on violence*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Swenson, C. C., & Kennedy, W. A. (1995). Perceived control and treatment outcome with chronic adolescent offenders. *Adolescence*, 30 (119), 565-578.

Thomas, C.W., & Bishop, D.M. (1984). The impact of legal sanctions on delinquency: A longitudinal comparison of labeling and deterrence theories. *J. of Criminal Law & Criminology*, 75, 1222-1245.

Torbet, P., Gable, R., Hurst, H., Montgomery, I., Szymanski, L., & Thomas, D. (1996). *State responses to serious and violent juvenile crime*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Tyler, T.R. (1984). The role of perceived injustice in defendant's evaluations of their courtroom experience. *Law & Society Review*, 18, 51-74.

Tyler, T.R. (1990). *Why people obey the law*. New Haven: Yale University Press.

U.S. Department of Justice. (1994). *Criminal victimization in the United States, 1992: A national crime victimization survey report*. Washington, D.C.: Author.

U.S. Department of Justice. (1995). *Juvenile offenders and victims: A focus on violence*. Washington, D.C.: Author.

U.S. Department of Justice, Office of Juvenile Justice & Delinquency Prevention. (1996). *Combating violence and delinquency: The national juvenile justice action plan*. Washington, D.C.: Author.

U.S. Department of Justice, Office of Juvenile Justice & Delinquency Prevention. (1988, Jan.). Counting what counts: The census of juveniles in residential placement. *OJJDP Fact Sheet*, #74. Washington, D.C.: Author.

Virginia Commission on Youth. (1994). *Report of the Virginia Commission on Youth on the Study of Serious Juvenile Offenders*. Richmond, VA: General Assembly, House of Delegates.

Walker, L., LaTour, S., Lind, E.A., & Thibaut, J. (1974). Reactions of participants and observers to modes of adjudication. *Journal of Applied Social Psychology*, 4, 295-310.

Wells, L.E., & Rankin, J.H. (1983). Self-concept as a mediating factor in

delinquency. *Social Psychology Quarterly*, 46, 11-22.

Wexler, D.B., & Winick, B.J. (1996). *Law in a therapeutic key: Developments in therapeutic jurisprudence*. Durham, NC: Carolina Academic Press.

White, J. (1985). *The comparative dispositions study*. Report to the U.S. Dept. of Justice, Office of Juvenile Justice and Delinquency Prevention.

Winick, B.J. (1996). *Therapeutic jurisprudence applied: Essays on mental health law*. Durham, NC: Carolina Academic Press.

Winner, L., Lanza-Kaduce, L., Bishop, D.M., & Frazier, C.E. (1997). The transfer of juveniles to criminal court: Reexamining recidivism over the long term. *Crime & Delinquency*, 43(4), 548-563.

Wooldredge, J.D. (1988). Differentiating the effects of juvenile court sentences on eliminating recidivism. *J. of Research in Crime & Delinquency*, 25, 264-300.

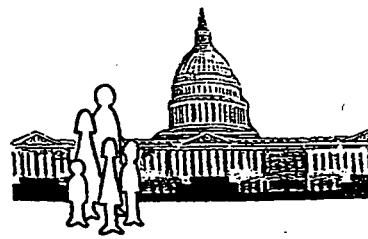
Zimring, F.E. (1991). The treatment of hard cases in American juvenile justice: In defense of discretionary waiver. *Notre Dame Journal of Law, Ethics, & Public Policy*, 5, 267-280.

Transfer of Juveniles to Criminal Court:

Fact Sheet

FACT SHEET

Transfer of Juveniles to Criminal Court



CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

Trends in State Laws

In response to growing public concern about juvenile crime, states have made it easier to transfer juveniles for trial and sentencing in criminal court. Currently, juveniles can be tried as adults in all 50 states (Snyder & Sickmund, 1995). Recent statutory changes have included:

- Lowering the age at which juveniles may be transferred (almost all states have set the minimum age for transfer at 14 or younger);
- Expanding the list of crimes that make a perpetrator eligible for transfer (many states require transfer for juveniles who commit murder, rape, or armed robbery); and
- Eliminating some of the factors that judges must consider before transferring a juvenile (e.g., many states no longer require that a juvenile be found "unamenable to treatment" in order to be transferred to the criminal system).

Rates of Transfer and Incarceration in Adult Facilities

- States vary widely in the rates with which they transfer juveniles to criminal court.
- In 1991, about 176,000 juveniles were transferred to criminal court (Snyder & Sickmund, 1995).
- Overall about 2% of all delinquency cases that are formally processed in juvenile court are

transferred to criminal court (Sickmund, 1994).

- Although most juvenile cases are not eligible for transfer, a significant number of eligible cases are transferred (Bonnie, 1989) and the number is steadily increasing. From 1988 to 1992, transfers to criminal court increased 68% (Sickmund, 1994).
- Several factors contribute to the increase in the number of transferred cases, including an increase in the number of violent juvenile offenders, changes in state laws, a greater willingness of juvenile court judges to transfer cases, an increase in juvenile offenders who are judged to be less amenable to treatment, and fewer treatment options available in the juvenile system (Howell, 1996).
- The number of juveniles who are incarcerated in adult facilities (both before and after trial) also has increased (Howell, 1996).

Research on the Adjudication of Juveniles in Criminal Court

- Adjudication of a juvenile in criminal court takes far longer than adjudication in juvenile court (Fagan, 1996; Rudman et al., 1986).
- Juvenile offenders who are convicted in criminal court (particularly those convicted of offenses against persons) are more likely to be incarcerated and receive longer sentences (Bishop & Frazier, 1991; Bishop et al., 1989; Bortner, 1986; Dawson, 1992; Fagan, 1990;

Fagan et al., 1987; Fisher & Teichman, 1986; Gragg, 1986; Podkopacz & Feld, 1996; Rudman et al., 1986; Virginia Commission on Youth, 1994).

Most juveniles serve only a fraction of the prison sentence imposed by the criminal court and often serve a shorter sentence than they would have served in a juvenile facility (Fritsch et al., 1996).

Effects on Deterrence and Recidivism

- Despite some anecdotal evidence that transfer laws deter crime, two comprehensive studies in Idaho and New York suggests that transfer laws do not deter juvenile crime, at least in the short-term (up to 8 years after the laws were enacted) (Jensen & Metsger, 1994; Singer, 1996; Singer & McDowall, 1988).
- For most types of juvenile offenders, transfer to criminal court appears to result in *higher* recidivism rates (Bishop et al., 1996; Fagan, 1996; Winner et al., 1997). However, one recent study revealed that property offenders who were transferred to criminal court were less likely to re-offend than those tried in juvenile court (although the transferred youth who did re-offend did so sooner and more often than those tried in juvenile court) (Winner et al., 1997).

Juveniles in Adult Prisons

- Conditions and programming for juveniles in both adult and juvenile correctional facilities often is poor.
- Conditions are especially bleak for juveniles incarcerated in adult facilities, where they often are subject to sexual and physical abuse from inmates and guards (Beyer, 1997). One study found that juveniles in prison were five times more likely to be sexually assaulted than those in juvenile facilities (Forst et al., 1989).
- Although very little information is available about programming for juveniles in adult

prisons, it appears that in many states, juveniles are treated the same way as adult inmates and are provided the same health, educational, and recreational services (General Accounting Office, 1995). Compared with juvenile facilities, there are far fewer treatment and educational services available for juveniles in adult correctional facilities (Forst et al., 1989; Lis, 1995).

Research Needed

Additional research is needed to examine:

- The long-term deterrent effects of transfer laws and the extent to which such laws are effectively implemented;
- The comparability of conviction rates, sentences , and actual time served for juveniles in juvenile versus criminal court;
- The possible differential effects of transfer on the recidivism rates of juveniles convicted of person offenses versus juveniles convicted of property offenses;
- Programming and services available for juveniles in adult correctional facilities;
- How differences between the adult and juvenile correctional facilities affect juveniles' psychological and behavioral adjustment inside the facility and upon their release.

References

Beyer, M. (1997). Experts for juveniles at risk of adult sentences. In American Bar Association Juvenile Justice Center, *More than meets the eye: Rethinking assessment, competency and sentencing for a harsher era of juvenile justice* (pp. 1-22). Washington: DC: Author.

Bishop, D. M., & Frazier, C. E. (1991). Transfer of juveniles to criminal court: A case study and analysis of prosecutorial waiver. *Notre Dame Journal of Law, Ethics & Public Policy*, 5, 281-302.

Bishop, D. M., Frazier, C. E., & Henretta, J. C. (1989). Prosecutorial waiver: Case study of questionable reform. *Crime & Delinquency*, 35, 179-201.

Bishop, D. M., Frazier, C. E., Lanza-Kaduce, L., & Winner, L. (1996). The transfer of juveniles to criminal court: Does it make a difference? *Crime & Delinquency*, 35, 179-201.

Bortner, M. A. (1986). Traditional rhetoric, organizational realities: Remand of juveniles to adult court. *Crime & Delinquency*, 32, 53-73.

Dawson, R. O. (1992). An empirical study of Kent style juvenile transfers to criminal court. *St. Mary's Law Journal*, 23, 975-1054.

Fagan, J. (1990). Social and legal policy dimensions of violent juvenile crime. *Criminal Justice & Behavior*, 17, 93-133.

Fagan, J. (1996). The comparative advantage of juvenile versus criminal court sanctions on recidivism among adolescent felony offenders. *Law & Policy*, 18, 77-113.

Fagan, J., Forst, M., & Vivona, S. T. (1987). Racial determinants of the judicial transfer decision: Prosecuting violent youth in criminal court. *Crime & Delinquency*, 33, 259-286.

Fisher, W. S., & Teichman, L. (1986). Juvenile waivers to adult court: A report to the New Jersey state legislature. *Criminal Justice Quarterly*, 9, 68-103.

Fritsch, E. J., Caeti, T. J., & Hemmens, C. (1996). Spare the needle but not the punishment: The incarceration of waived youth in adult prisons. *Crime & Delinquency*, 42, 593-609.

General Accounting Office (1995). *Juveniles processed in criminal court and case dispositions*. Washington, DC: Author.

Gragg, F. (1986). *Juveniles in adult court: A review of transfers at the habitual serious and violent juvenile offender program sites*. Washington, DC:

U.S. Department of Justice.

Howell, J. C. (1996). Juvenile transfers to the criminal justice system: State of the art. *Law & Policy*, 18, 17-60.

Jensen, E. L. & Metsger, L. K. (1994). A test of the deterrent effect of legislative waiver on violent juvenile crime. *Crime & Delinquency*, 40, 96-104.

Lis, Inc. (1995). Offenders under age 18 in state adult correctional system: A national picture. *Special Issues in Corrections*, 1. Longmont, CA: U.S. Department of Justice, National Institute of Corrections.

Podkopacz, M. R., & Feld, B. C. (1996). The end of the line: An empirical study of judicial waiver. *Journal of Criminal Law & Criminology*, 86, 449-492.

Rudman, C., Harstone, E., Fagan, J., & Moore, M. (1986). Violent youth in adult court: Process and punishment. *Crime & Delinquency*, 32, 75-96.

Sickmund, M. (1994). How juveniles get to criminal court. *Juvenile Justice Bulletin*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Singer, S. I., & McDowall, D. (1988). Criminalizing delinquency: The deterrent effects of the New York juvenile offender law. *Law & Society Review*, 22, 521-535.

Snyder, H. N., & Sickmund, M. (1995). *Juvenile offenders and victims: A national report*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Virginia Commission on Youth (1994). *Report of the Virginia Commission on Youth on the Study of Serious Juvenile Offenders*. Richmond, VA: General Assembly, House of Delegates.

Winner, L., Lanza-Kaduce, L., Bishop, D. M., & Frazier, C. E. (1997). The transfer of juveniles to criminal court: Reexamining recidivism over the long term. *Crime & Delinquency*, 43, 548-563.

This fact sheet is based upon a report by N. Dickon Reppucci and Richard Redding entitled, "Juvenile Offenders in Criminal Court and Adult Correctional Facilities: Legal, Psychologicl, and Behavioral Consequences." The work was conducted under grant number 97-JN-FX-0016 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Juvenile Crime Victims in the Justice System: A Research Agenda

Juvenile Crime Victims in the Justice System

A Research Agenda

David Finkelhor and Mallie J. Paschall

The literature on juvenile justice is largely concerned with offenders. But juveniles have contact with justice system in another role, in the role of victims, and this is not an intersection that has been addressed nearly so intensively by research or public policy. Child victimization is a social problem of no less importance than child offending and child victims may occupy as much time and resources within the justice system as offenders.

The justice system has contact with juvenile victims in 5 main contexts, sometimes explicitly in the role of victim and sometime in other roles.

- 1) Juvenile crime victims involved in criminal investigations and prosecutions, including sexually and physically assaulted and abducted children, as well as children who witness crimes.
- 2) Juvenile victims of child abuse and neglect involved in child protection actions..
- 3) Children exposed to domestic violence and custodial abductions, who are encountered primarily when the justice system deals with their parents through arrests, prosecutions and restraining orders.
- 4) Juvenile criminal offenders, who tend to have high rates of crime and abuse victimization in their histories.
- 5) Juvenile status offenses, who also have high rates of crime and abuse victimization in their histories.

Some crude estimates of the size and characteristics of these various populations of juvenile victims are available and are summarized below and in Table 1 and Figure 1.

Incidence and Characteristics

Juvenile Crime Victims

According to the National Crime Victimization Survey, approximately 766,000 violent crimes against juvenile 12-17 were reported to the police in 1994 (Hashima & Finkelhor, in press). These police reported cases were only 29% of the over 2 and a half million violent crimes occurring to these teens, a much lower reporting rate than for adult victims (46%). Unfortunately, the NCVS does not make an estimate of crimes to juveniles below age 12, but police reports in one state (South Carolina) suggests that they constitute about one quarter of the total of all crimes against juveniles (Snyder & Sickmund, 1995). Adjusting the NCVS estimate by this factor yields an estimate of about 1 million crimes against juveniles reported to police in 1994.

According to the NCVS, about half of the police reported violent crimes were simple assaults, 30% aggravated assaults, 13% robberies and 5% sexual assaults. A preponderance of the victims were boys except for sexual assault victims who were almost entirely girls. Sexual assaults reported to police are accepted for prosecution at a fairly high rate (60-70%), but this is a much higher rate than for other kinds of victimizations, about which much less is known.

Little information is available on how many children are involved in criminal investigations and prosecutions as witnesses to crime, or have to testify in criminal cases.

Juvenile Victims of Child Abuse and Neglect

According to the National Child Abuse and Neglect Data System, there were about 2 million reports of alleged child abuse and neglect made to child protection authorities in 1995,

involving 3 million children altogether. Child protection system investigation substantiated or indicated maltreatment for 1.1 million of these children (U.S. Department of Health and Human Services, 1997). The NCANDS statistics are limited to acts committed by caretakers. Over half of this maltreatment was for neglect, 24% for physical abuse and 12% for sexual abuse. Low income persons and minorities are overrepresented in this population. Children under age 6 account for 41% of the cases, children 6-11 36% and children 12-17 23%

Nationally about a third of these cases are turned over to police for criminal investigation and prosecution, but the practices vary a great deal from state to state. Prosecution rates are much higher for sexual abuse and a relatively low for neglect and emotional abuse. It is likely that the overlap between this child maltreatment population and the NVCS crime victim statistics is small because the child abuse cases involve caretaker perpetrators and younger children. Only a relatively small percentage of child maltreatment victims are placed out of the home by courts.

Children Exposed to Domestic Violence

There are an estimated 625,000 arrests of adults each year for domestic assaults. Data from studies in 5 large urban communities suggests that there is a child 70-80% of these households. In 40-48% of the households there was a child under the age of 5 and in 11-12%, the child placed the call to the police (Fantuzzo, Boruch, Beriam, Atkins, & Marcus, 1997). Estimates of the number of children who have been directly abused in these households varies from 25-45% (Wolak & Finkelhor, 1998).

Children exposed to domestic violence also come into the scope of the justice system when their parents seek restraining orders, and file for divorce, but estimates of such children are harder to make. Children are also victimized by family abductions that occur in the course of

custody disputes. While there were an estimated 163,200 children involved in a more serious family abduction in 1988 (Finkelhor, Hotaling, & Sedlak, 1990), it is not known in how many of these police actually made an arrest.

Juvenile Crime Offenders

Nine hundred thousand police arrests were made in 1994 of juvenile criminal offenders, primarily for property offenses but about 150,000 for violent offenses as well (Butts, Snyder, Finnegan, Aughenbaugh, & Poole, 1996; Snyder, Sickmund, & Poe-Yamagata, 1996). Studies have shown a large proportion of such delinquent youth (20-50%) have earlier histories of child maltreatment and crime victimization (Kelley, Thornberry, & Smith, 1997; Widom & Ames, 1994). These juveniles tend to be almost exclusively teens, predominantly male and disproportionately from minority backgrounds. Little is done to assess or track the victimization histories in their backgrounds, so all statistics on this population pertain to the criminal offenders as a whole and not the victim subpopulation, although studies suggest that the victim subpopulation are among the more serious offenders.

Somewhat less than half (43%) of these arrests lead to court cases. In 10% the juveniles are ultimately placed in detention or removed from their homes.

Juvenile Status Offenders

Six hundred thousand police arrests were made in 1994 of juveniles for so-called status offenses. The largest number of these were runaways, and a substantial number for curfew violations and liquor law violations. Like criminal offenders, studies of status offenders show a large proportion (20-50%) have histories of child maltreatment and crime victimization (Greene, Ringwalt, & Kelly, 1995). Child maltreatment is a frequent cause of running away, and crime

victimization is a common consequence of being out on the street as a result of truancy, curfew violation or running away. However, because little is done to formally assess or count the victimization histories of status offenders, there are no statistics on the victim segment of the this population by itself. The status offender population as whole contains more females and fewer minorities than the criminal offender population.

Most arrests for status offenses are simply handled by police and do not proceed to court action. A few thousand of the offenders do end up in out-of-home placement.

Summary

It is impossible on the basis of current knowledge to estimate the aggregate number of juvenile victims who come within the purview of the justice system, broadly speaking. Figures such as those presented in Table 1 are crude and cannot be aggregated, of course, since many of them count the same children through the lens of different justice system processes. However, the numbers clearly portray a justice system with annual access to a million or more childhood victims of crime, violence and abuse. From all we know about such victimization, these are children at high risk for a wide range of additional personal, social and justice system related problems in childhood and later on as adults. Their passage through a justice system context does provide one opportunity for possible identification and intervention. Justice system policy should make it a priority to better identify, assess, count and intervene with such victims.

Research Agenda

What follows are task force recommendations for some high priority research on the situation of child crime victims in these various domains of the justice system.

Improved Child Victimization Statistics

One of the major gaps in crime victim statistics is that data from the NCVS do not cover crimes occurring to children younger than age 12. Nor do the current Uniform Crime Report data from local police agencies break down crime reports according to victim age. However, the new National Incidence Based Reporting System (NIBRS), being implemented in a variety of states, may soon provide the basis for some estimates. Preliminary estimates from one state suggest that, by virtue of not counting victims under 12, NCVS estimates of crime victimization may be missing over half the sexual assaults and a quarter of the other assaults (Snyder & Sickmund, 1995). There is research suggesting that the NCVS could effectively interview children under age 12 about crime victimization (Finkelhor, in press). Moreover, another research priority is to investigate whether proxy interviews can have utility -- even with their known deficiencies -- for crimes against children too young to be interviewed.

Children exposed to domestic violence are among the categories of child victims about whom good statistics are particularly scarce. In the case of domestic violence, since the primary victims or complainants are seen as adults, the involvement of children is not systematically recorded. In the case of family abductions, the relatively recent explosion of this kind of crime has not been accommodated by categories in justice related record systems. A very high priority is for better and more comprehensive statistics on justice system contacts with families where domestic violence or criminal custodial interference has impinged on the lives of children.

Resources:

Researchers with expertise in juveniles self-report crime victimization

David Finkelhor, University of New Hampshire

Mark Singer, Case Western Reserve University

Dean Kilpatrick, Benjamin Saunders, Medical University of South Carolina

John Richters, National Institute of Mental Health

Researchers with expertise analyzing juvenile victimizing with NIBRS data

Howard Snyder, National Center for Juvenile Justice

Researchers with expertise in estimates of exposure of children to domestic violence

John Fantuzzo, University of Pennsylvania

David Finkelhor, University of New Hampshire

Andrea Sedlak, Westat, Inc.

Underreporting and Underprosecution of Child Victimization

Only a fraction of juvenile victimization comes to the attention of the police (Table 2), and this underreporting is more serious than for adult victimizations. Twenty-nine percent of NCVS-reported crime victimizations for 12-17 year olds are reported to the police, a substantially lower rate than the 46% of adult reported victimizations. Moreover, it is recognized that much violent victimization, especially among youth, is not even reported in the NCVS because it may not be perceived as qualifying among the crime type events asked about in that survey.

The prosecution rate for most crimes against children is also low. The one exception is sexual assault. As an indication of the special attention sexual assaults receive, even though according to the NCVS they constitute just under 5% of all youth victimizations coming to the attention to the police, they are clearly the crimes that receive the largest amount of criminal justice activity. This is apparent in the literature on crimes against children and on child victims as witnesses, which deals almost exclusively with sexual abuse and sexual assault (Whitcomb,

Goodman, Runyan, & Hoak, 1994; Whitcomb, Runyan, De Vos, Hunter, Cross, Everson, Peeler, Porter, Toth, & Cropper, 1991). In a 1993 American Bar Association national survey of 600 prosecutors, 80% reported that they prosecute substantially more sexual abuse than physical abuse (Smith & Goretsky, 1992). The disproportionate focus on sexual assault is apparent in figures on incarcerated offenders. Seventy-one percent of those incarcerated for violent crimes against children are in jail for committing a sexual assault (Beck, Gilliard, Greenfeld, Harlow, Hester, Jankowski, Snell, Stephen, & Morton, 1993). This contrasts with the fact that only 10% of all juvenile reports to police for violent crimes perpetrated by adults (and thus vulnerable to prison time) are for sexual assaults. It also contrasts with the fact that among those who offend violently against adults only 17% are incarcerated for sexual assaults.

This raises a key policy issue concerning crimes against children: whether the justice system's special focus on sexual assault -- an overall small proportion of the child victimization picture -- is a rational emphasis or a distortion of priorities in some larger context. It is clear that there is substantial public anxiety about the sexual exploitation of children, which provides popular support for aggressive criminal justice action in this area. Sexual assaults are believed to be particularly frightening and damaging kinds of victimizations for children. The evidence is not so clear, however, that sexual assaults are substantially and uniformly more traumatic than other kinds of violent victimization (Boney-McCoy & Finkelhor, 1995). There is reason to believe that, in spite of their seriousness, physical assaults without a sexual component, and even aggravated assaults by adults against children, do not receive a great deal of police and prosecutorial priority. Part of the problem may be the reluctance of youth and their families to report physical assaults. Another part of the problem may be the degree to which physical

assaults by other youth, because they come within the purview of the juvenile justice system, are not taken as seriously. Finally, a third part of the problem may be that adult physical assaults against children, especially because so many of them occur in a caretaking relationship, are hard to prosecute given the legal protection most states provide to acts claimed to be disciplinary in nature. However, a NIJ study has demonstrated that some select prosecutors, when they give it equal emphasis, can achieve rates of prosecution for physical abuse that actually exceed that of sexual abuse (Smith, 1995). An overall evaluation of justice activity toward physical assaults and abuse against children is an important policy direction (Smith & Goretsky, 1992).

Resources:

Researchers with expertise on the prosecution of crimes against children

Barbara Smith and Sharon Elstein, American Bar Association

Theodore Cross, Brandeis University

Debra Whitcomb, Education Development Center, Newton, MA

Does the Justice System Have a Pro or Anti-Child Bias?

Questions have been raised about whether the criminal justice system operates with a systematic bias when victims are children. A spectrum of concerns have been articulated. At one end are arguments that child victims are badly mistreated by the criminal justice system, that their reports are not taken seriously, that their cases are not prosecuted out of fear that they will make unreliable or easily impeached witnesses and that they will be easy targets for defense attorneys.

At the other end are arguments that child victims are privileged in ways that trample on the accused, including claims that police investigators have been taught to always believe children and that juries are overly swayed by images of child victims. A large number of reforms have been

proposed and implemented (and then subjected to legal challenge) in recent years -- like the use of closed circuit video transmissions of children's testimony -- out of concern that the criminal justice system was not sensitive to children and contained obstacles to their involvement.

Despite this controversy, relatively little research has examined the operation of the criminal justice system in relation to child victims or evaluated the reforms that have been implemented to help them. Most of what has been done concerns cases of sexually abused children exclusively. On the whole the research shows a complex picture.

Like much of the criminal justice system, a large portion of victimizations that get reported to the police do not go much further. Statistics do not appear to be available on what proportion of child victimizations are cleared by arrest. In terms of arrests that are referred for prosecution, estimates from various sources suggest that 60-75% of sexual abuse cases go on to prosecution (Whitcomb et al., 1991). Most of these prosecuted cases involving children (80-90%) are settled by a guilty plea, and 50-70% of convicted offenders against children end up serving some jail time (American Bar Association, 1987; Finkelhor & Williams, 1988). These overall statistics do not differ that much from those associated with the processing of comparable crimes against adults. But few comparisons have been done outside the realm of sex crimes, and given the low level of prosecution for non-sexual assaults against juveniles, the comparative picture may be different in that case.

It does appear that sentences for offenders against children may be on average lower than sentences for offenders against adults. The average sentence for an offender against a child, according to one study, was 132 months compared with 180 for adult victimizers (Beck et al., 1993). The disparity was most conspicuous for the crime of rape and sexual assault, which

included most of the offenders against children. A variety of factors probably account for this disparity including the larger number of family and acquaintances among the child victimizers, the lesser use of firearms and other weapons and the less frequent presence of victim injury.

Overall the picture of the criminal justice system suggests that juvenile victims of sexual crimes are treated in a way that may be distinct from juvenile victims of other violent crimes. But, there is relatively little evidence that the system is biased for or against such victims in comparison to adult sexual assault victims.

Given the importance of these issues, it is disappointing that there is so little statistical information available to evaluate the operation of the criminal justice system in regard to child victims. For example, there is little information on whether reforms result in more prosecutions, more convictions or acquittals, more plea bargains, or fewer cases being dropped because of victim unavailability or non-cooperation. Two particularly important priorities would seem to be gathering justice system data on the full spectrum of child victims, not just those reporting a sex crime, and collecting data in a way that allow a better comparison to the processing of crimes against adults.

Utilization of Victim Services by Child Victims

One of the important purposes in establishing crime victims services and compensation plans was to help vulnerable groups such as children. Anecdotal evidence suggests that children do use such services and apply for compensation more regularly than other crime victims. Little good documentation exists, however, about the pattern of usage of these services. Among services providers, there is an often-repeated concern that the application process is slow, bureaucratic and inflexible, and that child victims and families do not follow through with

treatment services and that there are enormous variability in services and substantial barriers to service provision and receipt (Finkelhor & Berliner, 1995).

There is pressing need for research tracking the degree to which child victims receive services, the types and intensity of services received, and the types of victims and families most likely to avail themselves of services. There is also a need for the evaluation of crime victim experience with services, an assessment of victim needs that may not be currently met by victim service systems, and evaluations of the efficacy of treatment programs.

Resources:

Researchers with expertise on crime victim services to children

Lucy Berliner and Michelle New, Sexual Assault Center, University of Washington

Robert Davis, Victim Services, Inc., New York City

Services for Victims of Child Abuse

Given that child abuse is recognized as a risk factor for later delinquency (Widom & Ames, 1994) as well as other negative life outcomes, it would seem that interventions for maltreated children should be a high policy priority. In spite of this, however, there is a widespread acknowledgment that relatively limited services are provided to these children and their families. (Kolko, in press). A large national study (the National Longitudinal Study of Child Welfare) to track the experiences of children as they pass through the child welfare system is currently in planning and may provide some additional information about this (Administration on Children Youth and Families/ Dept. of Health and Human Services, 1998).

One possible barrier to the provision of more services is the absence of research demonstrating what services work best. There is a substantial and somewhat encouraging

literature on services to abusing families, but much of it has been focussed on what services reduce parents' propensity to abuse and neglect, rather than what results in positive social and psychological outcomes for the children. Daro et al. (1992) found that parental child abuse potential was most likely to decline with the delivery of multiple interventions (play groups, support groups, education classes), delivered intensively (multiple times per week), including aggressive outreach to high risk families.

Services targeted directly at ameliorating the short-term and long-term effects of maltreatment to children themselves have developed more in the domain of sexual abuse (Kolko, in press). In this domain, a professional consensus has developed that "abuse focussed treatment" is a preferred intervention. Such treatment is structured and tries to address the specific fears, misconceptions that are typically engendered by abuse and to empower victims to resist and report future abuse (Finkelhor & Berliner, 1995). Such approaches have proven superior to general supportive therapies in experimentally designed studies (Cohen & Mannarino, 1997).

Some prospective longitudinal studies examine the life course of abused children (Kelley, Thornberry, & Smith, 1997; Widom & Ames, 1994), but what are rare are studies designed to track the impact of justice-system related interventions and innovations to help lessen the trauma for these child victims and decrease the likelihood of their returning to the justice system sometime later in their lives.

Resources:

David Kolko, University of Pittsburgh

Diana English, Washington State Office of Children

John Landsverk, Children's Hospital, San Diego

Victim Rights in Juvenile Offender Cases

Victims' rights and the protection of victims have received some policy attention in recent years. Victims' Rights Amendments and other legal changes have insured that victims receive information about the disposition of offenders and changes in offender status, such as when the offender is paroled or returned to the community. They have also provided for the rights of victims to attend and speak at penalty phases in criminal prosecutions. But because a large proportion of offenders against children are themselves juveniles, an important policy question concerns the degree to which concern about victim rights concepts have been adaptable and applicable to the operation of the juvenile justice system. The juvenile justice system, which is intended to insure a greater degree of confidentiality and flexibility for young offenders, is a challenging venue for the implementation of victim rights principles.

An important research question concerns whether and how victim rights principles have been adapted and incorporated or could be better adapted or incorporated into the operation of the juvenile justice system. Very little is known about the range of practices and the legal and structural obstacles to more consideration for victims rights. The following are some questions that need investigation. Questions: Are juvenile victims of juvenile offenders informed of disposition of offenders and change in status? Are they entitled to compensation when offenders are juveniles? Are there avenues for them being heard as part of sentencing?

Resources:

National Organization for Victim Assistance and Office for Victims of Crime (1996).

Victim Assistance in the Juvenile Justice System: A Resource Manual

Howard Davidson, American Bar Association

Protection of Child Victims of Domestic Violence

As we described earlier, an important class of child victims are those who come within the penumbra of the criminal justice system as a result of domestic violence interventions with their parents. An important policy question concerns the extent to which the justice system is aware of these child victims and their potential needs. Police and criminal courts in most jurisdictions do not, when intervening in domestic violence, take specific actions with regard to children, unless a caretaker initiates something on their behalf. No formal mechanisms exist for inquiry about the situation of children in situations where restraining orders are requested and granted.

In some communities, cooperative arrangements exist to involve child protection workers in order to ensure the safety and interests of children in cases where domestic or custodial violence has been identified. But these policies have engendered substantial controversy (Edelson, 1997). Advocates for battered women have pointed out that child protective investigations focussed narrowly on children's safety can further victimize abused women, who now face, in addition to a violent partner, a hostile state investigation into their capacities as parents, at a time when they may be ill-prepared to defend themselves. A very high priority for public policy is to find out more about the variety of mechanisms that exist in communities for providing assistance, support, representation and protection for children in situations of domestic and custodial violence, and the comparative effectiveness of these mechanisms, both at protecting children and the interests of victimized adults.

An additional general priority in this area should be to add a concern about the child victims to all domestic violence policy research. Although there has been an increasing expansion of policy research in recent years on justice system interventions in marital violence -- such as

mandatory arrest and prosecution policies -- none of that literature has focussed on the impact on children. For example, it is unclear whether and under what circumstances child witnesses are further traumatized or effectively protected from physical and emotional harm when the justice system intervenes to arrest or prosecute their parents and how their interests converge or diverge with those of the abused parent.

Resources:

Researchers with expertise on child witnesses to domestic violence

George Holden, University of Texas

Jeffrey Edleson, University of Minnesota

Sandra Graham-Berman, University of Michigan

4th International Conference on Children Exposed to Family Violence, Oct 21-24, 1998,

San Diego

Assessment of Victimization Histories of Juvenile Criminal and Status

Offenders

The strong evidence that (1) child maltreatment is causally related to juvenile delinquency and adult crime, and (2) juvenile offenders are disproportionate as victims of violent crimes raises important policy questions. First, are the child maltreatment and victimization histories of juvenile offenders being adequately assessed? Given current knowledge about the psychological and social impact of child maltreatment and victimization, such information would be important for courts and others to take into account in trying to develop the best strategy for adjudicating and rehabilitating juvenile offenders. There may be treatment needs that are revealed by such an assessment. For example, many juvenile victims are at high risk for adverse but potentially

treatable psychological outcomes such as posttraumatic stress disorder and depression (e.g., Boney-McCoy & Finkelhor, 1995). This assessment may also reveal protection needs, such as protection from abusive family members, violent gangs, or generally unsafe neighborhoods.

Second, is awareness of juvenile offenders' victimization histories utilized to influence their disposition by courts? According to Feld (1993 p.262), juvenile courts have moved away from examining juvenile offenders' "best interests" and towards "proportional and determinate sentences based on the present offense and prior record." This shift in the court's treatment of juvenile offenders is reflected in the fact that from 1988 to 1992, the number of juvenile offense cases transferred to adult criminal court increased by 68%, from 7,000 to 11,700 (Butts, Snyder, Finnegan, Aughenbaugh, & Poole, 1996). Treating more juvenile offenders as adult criminals will, in all likelihood, lead to increases in victimization as they are incarcerated in adult prisons.

More knowledge of juvenile offenders' victimization histories and research on the effects of victimization could also help to inform judgements about dangerousness and likelihood of recidivism. Few studies have investigated the links between different types of victimization and subsequent delinquency (e.g. Widom & Ames, 1994).

Such assessment could be facilitated by better instruments for ascertaining offenders' victimization history. These instruments could be developed from a growing number of models that have already been tested with samples of youth in a variety of settings, including low-income communities and juvenile detention facilities (e.g., Durant, Cadenhead, Pendergrast, Slavens, & Linder, 1994; Geller & Ford-Somma, 1984; Spaccarelli, Coatsworth, & Bowden, 1995). Coupled with other diagnostic tools, such as instruments to assess psychological disorders, victimization assessments could provide important information regarding the types of treatment and protection

most appropriate for juvenile offenders.

Resources:

Researchers with expertise in the assessment of victimization histories

John Richters, National Institute of Mental Health

Violence Exposure Scale, (Fox & Leavitt, 1995)

My Exposure to Violence Scale, (Selner-O'Hagan, Kindlon, Buka, Raudenbush, & Earls,
in press)

Systems for Tracking Child Victims

A comprehensive system for tracking child victims who enter the justice system would provide an excellent means of filling this important research gap. An important question that could be answered through such a data system is whether the likelihood of recidivism by juvenile offenders is affected by victimization history and/or victimization subsequent to placement by the juvenile or adult courts. If victimization were an important determinant of recidivism, then it would seem to be in the court's best interest to factor both the history and probability of future victimization into its disposition of juvenile offenders.

In addition to victimization histories based on self-reported information, there is a need for better cross-referencing between child protection, police, and delinquency records. Availability of such data across agencies would help social workers, law enforcement officials, and other service providers to conduct a more comprehensive assessment of the needs of juvenile victims and appropriate strategies for their treatment and rehabilitation.

Finally, assessment of victimization should be systematically reported in statistics gathered on delinquency. Although juvenile victimization is prominently featured in recent reports from the

Office of Juvenile Justice and Delinquency Prevention (OJJDP) (Snyder, Sickmund, & Poe-Yamagata, 1996) and in a recent review of the juvenile court system (Lewit & Schuurmann Baker, 1996), there has been no systematic attempt to examine the victimization histories of juvenile offenders themselves. Statistics on victimization in these reports are derived primarily from the National Crime Victimization Survey and are thus not associated with the population of juvenile offenders being processed by the juvenile court system. Therefore, a key issue for OJJDP, the juvenile courts, and other referring agencies is how a system for documenting the victimization histories of juvenile offenders should be put into place as a means of (1) more accurately characterizing juvenile offenders and (2) informing intervention strategies such as counseling of youth and their families and out-of-home placement.

Research and policy issues that arise for status offenders are similar to those discussed in the previous section on juvenile delinquency and crime. In general, little is known about the victimization histories and futures of status offenders, particularly runaway or thrownaway youth who make up the largest proportion of status offenders. This lack of information has resulted, in part, from inadequate assessment, documentation, and reporting by agencies providing services (e.g., shelters) for runaway and homeless youth. Although arrest statistics are available from police departments, these data do not provide information on the circumstances surrounding the arrests nor do they tell us why the vast majority of status offenders never appear in juvenile court. Similarly, juvenile court statistics tell us little about the importance of prior and future victimization in the adjudication of status offenders. Thus it is impossible to determine whether only a small percentage of status offenders are victims of maltreatment or whether a large number of status offenders are being returned to homes and communities where they will be re-victimized.

A better system for documenting and tracking status offenders who enter the broadly defined justice system would help us to know more about these youth and better serve their needs.

Resources:

Researchers with expertise in Juvenile Justice information management

Mark Hardin, American Bar Association

Howard Snyder, National Center for Juvenile Justice

John Fluke, American Humane Association, Denver

Ying Ying Yuan, Walter MacDonald Associates

Impact of Justice System Procedures on Victims

Large controversies have raged about the impact of various justice system procedures, but relatively few of them have been evaluated systematically. For example, concerns have been raised that both police and child protective investigations have grave potential to traumatize children and to expose them to retaliation and public embarrassment, especially when the findings from the investigations are inconclusive. Some follow-up studies with sexually abused children have found more satisfaction than dissatisfaction with their treatment by medical, law enforcement and child protective investigators (Berliner & Conte, 1995; Tedesco & Schnell, 1987). But much remains to be done to understand how the nature and details of these investigations affect children, and what are the actual frequencies of serious iatrogenic outcomes, such as retaliation or suicide attempts, especially on cases with inconclusive investigation.

One justice system procedure that has received research is giving testimony in a criminal court proceeding, judged by many to be one of the most potentially traumatic victim experiences. In studies almost exclusively with victims of sexual abuse, researchers have not found testifying

to impede the general pattern of recovery from the symptoms of abuse and its initial disclosure (Goodman, Taub, Jones, England, Port, Rudy, & Prado, 1992; Runyan, Hunter, Everson, De Vos, Cross, Peeler, & Whitcomb, 1992; Whitcomb, Goodman, Runyan, & Hoak, 1994). But the studies do reveal potential negative effects from testimony, at least under some conditions, such as when children have to testify on multiple occasions (Goodman et al., 1992), and also potential for some positive effects from testimony, such as when they occur in the more supportive environment of dependency court (Runyan et al., 1992; Whitcomb, Goodman, Runyan, & Hoak, 1994). More research is needed on the impact of specific procedural mechanisms as well as on the efficacy of reform efforts aimed at reducing trauma, such as closing the courtroom and alternatives to confrontation.

Interestingly, the impact of many of the ultimate justice system outcomes on victims have not been subject to a great deal of study, at all. So, for example, relatively little is known about the impact of convictions, acquittals or various sentencing outcomes for victims, especially when the offender is a parent or family member. Little is known, although much is presumed, about longer-term effects associated with the release of offenders. Little is known about the short-term removal of children from their homes. Some research has been conducted on the impact on victims when they are placed in long-term foster care as a result of child protection proceedings, but the findings are generally inconclusive, and have been generally insufficiently detailed to guide those charged with making placement and protection decisions. It would seem to be a priority to study how these outcomes affect the lives of child victims.

Resources:

Desmond Runyan, University of North Carolina

Gail Goodman, University of California - Davis

Deborah Whitcomb, Educational Development Center, Cambridge, MA

Conclusion

A comprehensive approach to dealing with child victims within the justice system should perhaps focus on four primary goals, abbreviated by the words recognition, protection, rehabilitation and accountability.

1) Recognition. It should be a goal of the justice system to recognize more fully the presence and extent of victimization among the children who come within its purview by better history taking and assessment, by improved record-keeping and exchange of information among components of the system.

2) Protection. It should be a goal of the justice system to protect child victims of crimes from both continued victimization by their perpetrators and from unnecessary trauma and discomfort associated with the processes and procedures of a system not designed with the needs of children in mind. Child victims should have all the safeguards and opportunities afforded adults in protecting them from further victimization. They should also have special mechanisms and services, to the extent consistent with the constitution, to help mitigate the experience of justice system contact.

3) Rehabilitation. It should be a goal of the justice system to help child victims recover from the effects of victimization. Services and programs should be available so that victimization is less likely to have continuing effects on children's development and less likely to result in further involvement with justice system.

4) Accountability. It should be a goal of the justice system to have information systems

that allow it to fully evaluate its impact on children and the impact of new policies and programs. This should mean being able to track adequately the length of time children are involved in the justice system, the reasons for their involvement and the kinds of interventions and outcomes that result.

A justice system able to implement such goals would certainly be one that brought a much larger measure of justice to the lives of children and youth.

REFERENCES

- Administration on Children Youth and Families/ Dept. of Health and Human Services. (1998). National Longitudinal Study of Children and Families in the Child Welfare System: National Survey of Child and Adolescent Well-Being, Washington, DC: Author.
- American Bar Association. (1987). Child sexual abuse: An analysis of case processing (NIJ Grant 84-IJ-CX-0074).
- Beck, A., Gilliard, D., Greenfeld, L., Harlow, C., Hester, T., Jankowski, L., Snell, T., Stephen, J., & Morton, D. (1993). Survey of state prison inmates, 1991. Washington, DC: Bureau of Justice Statistics.
- Berliner, L., & Conte, J. (1995). The effects of disclosure and intervention on sexually abused children. Child Abuse & Neglect, 19(3), 371-384.
- Boney-McCoy, S., & Finkelhor, D. (1995). The psychosocial impact of violent victimization on a national youth sample. Journal of Consulting and Clinical Psychology, 63(5), 726-736.
- Butts, J. A., Snyder, H. N., Finnegan, T. A., Aughenbaugh, A. L., & Poole, R. S. (1996). Juvenile court statistics 1994 (Statistics Report). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Cohen, J. A., & Mannarino, A. P. (1997). A treatment study for sexually abused preschool children: Outcome during a one-year follow-up. Journal of the American Academy of Child and Adolescent Psychiatry, 36(9), 1228-1235.
- Daro, D., Jones, E., McCurdy, K., George, S., Keeton, K., Downs, B., & Thelen, J.

(1992). Evaluation of the William Penn Foundation child abuse and prevention initiative (Final Report). Chicago, IL: Center on Child Abuse Prevention Research - National Committee for the Prevention of Child Abuse.

Durant, R. H., Cadenhead, C., Pendergrast, R. A., Slavens, G., & Linder, C. W. (1994). Factors associated with the use of violence among urban black adolescents. American Journal of Public Health, 84, 612-617.

Edleson, J. L. (1997). Charging battered mothers with "Failure to Protect" is often wrong. APSAC Advisor, 10(2), 2-3.

Fantuzzo, J., Boruch, R., Beriama, A., Atkins, M., & Marcus, S. (1997). Domestic violence and children: Prevalence and risk in five major U.S. cities. Journal of the American Academy of Child and Adolescent Psychiatry, 36(1), 116-122.

Feld, B. C. (1993). Justice for children: The right to counsel and the juvenile courts. Boston: Northeastern University Press.

Finkelhor, D. (in press). A comparison of the responses of preadolescents and adolescents in a national victimization survey. Journal of Interpersonal Violence.

Finkelhor, D., & Berliner, L. (1995). Research on the treatment of sexually abused children: A review and recommendations. Journal of the American Academy of Child and Adolescent Psychiatry, 34(11), 1408-1423.

Finkelhor, D., Hotaling, G. T., & Sedlak, A. (1990). Missing, abducted, runaway and thrownaway children in America: First report. Washington, DC: Juvenile Justice Clearinghouse.

Finkelhor, D., & Williams, L. M. (1988). Nursery crimes: Sexual abuse in day care. Newbury Park, CA: Sage.

Fox, N. A., & Leavitt, L. A. (1995). Violence Exposure Scale for Children - Revised (VEX-R) . College Park, MD: Institute for Child Study - University of Maryland.

Geller, M., & Ford-Somma, L. (1984). Violent homes, violent children: A study of violence in the families of juvenile offenders (prepared for the National Center on Child Abuse and Neglect) . Trenton, NJ: New Jersey State Department of Corrections, Division of Juvenile Services.

Goodman, G. S., Taub, E. P., Jones, D. P. H., England, P., Port, L. K., Rudy, L., & Prado, L. (1992). Testifying in court. Monographs of the Society for Research in Child Development, 57(229).

Greene, J. M., Ringwalt, C. L., & Kelly, J. E. (1995). Youth with runaway, thrownaway and homeless experience: Prevalence, drug use and other at-risk behaviors, Volume I: Final report. Washington, DC: U.S. Department of Health and Human Services, Administration on Children, Youth and Families.

Hashima, P., & Finkelhor, D. (in press). Violent victimization of youth versus adults in the National Crime Victimization Survey. Journal of Interpersonal Violence.

Kelley, B. T., Thornberry, T. P., & Smith, C. A. (1997). In the wake of childhood maltreatment (Juvenile Justice Bulletin). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Kolko, D. (in press). Treatment and intervention for child victims of violence. In P. Trickett & C. Schellenbach (Eds.), Violence to children in the family and community . Washington, DC: American Psychological Association.

Lewit, E. M., & Schuurmann Baker, L. (1996). Child indicators: Children as victims of

violence. The Future of Children, 6(3), 147-156.

National Organization for Victim Assistance and Office for Victims of Crime. (1996).

Victim assistance in the juvenile justice system: A resource manual (NCJ 164867). Washington, DC: U.S. Department of Justice.

Runyan, D. K., Hunter, W. M., Everson, M. D., De Vos, E., Cross, T., Peeler, N., & Whitcomb, D. (1992). Maternal support for child victims of sexual abuse: Determinants and implications (Grant Proposal 90-CA-1368). Chapel Hill, NC: University of North Carolina @ Chapel Hill and Educational Development Center Inc.

Selner-O'Hagan, M. B., Kindlon, D. J., Buka, S. L., Raudenbush, S. W., & Earls, F. J. (in press). Assessing exposure to violence in urban youth. Journal of Child Psychology and Psychiatry and Allied Professions.

Smith, B., & Goretsky, S. R. (1992). The prosecution of child sexual abuse cases. Juvenile and Child Welfare Law Reporter, 11(5&6), 78-96.

Smith, B. E. (1995). Prosecuting child physical abuse cases: A case study in San Diego. Washington, D.C: National Institute of Justice.

Snyder, H. N., & Sickmund, M. (1995). Juvenile offenders and victims: A national report. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Snyder, H. N., Sickmund, M., & Poe-Yamagata, E. (1996). Juvenile offenders and victims: 1996 update on violence (Statistics Summary). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Spaccarelli, S., Coatsworth, J. D., & Bowden, B. S. (1995). Exposure to serious family violence: Among incarcerated boys: Its association with violent offending and potential mediating

variables. Violence and Victims, 10(3), 163-182.

Tedesco, J. F., & Schnell, S. V. (1987). Children's reactions to sex abuse investigation and litigation. Child Abuse and Neglect, 11(2), 267-272.

U.S. Department of Health and Human Services. (1997). Child maltreatment 1995: Reports from the States to the National Child Abuse and Neglect Data System. Washington, DC: U.S. Government Printing Office.

Whitcomb, D., Goodman, G. S., Runyan, D. K., & Hoak, S. (1994). The emotional effects of testifying on sexually abused children (Research in Brief). Washington, DC: National Institute of Justice.

Whitcomb, D., Runyan, D. K., De Vos, E., Hunter, W. M., Cross, T., Everson, M. D., Peeler, N. A., Porter, C. Q., Toth, P. A., & Cropper, C. (1991). Final report: Child victim as witness research and development program (Grant Proposal 87-MC-CX-0026). The University of North Carolina @ Chapel Hill: Education Development Center Inc.

Widom, C. S., & Ames, M. A. (1994). Criminal consequences of childhood sexual victimization. Child Abuse & Neglect, 18(4), 303-318.

Wolak, J., & Finkelhor, D. (1998). Children exposed to partner violence. In J. L. Jasinski & L. M. Williams (Eds.), Partner violence: A comprehensive review of 20 years of research. Thousand Oaks, CA: Sage Publications, Inc.

Table 1. Juvenile Crime Victims in Contact with Justice System Contexts

		Justice System Contexts	
Criminal Investigations and Prosecutions ¹	Child Protection Actions ²	Domestic Violence ³	Criminal Offenses ⁴
Estimated Number of Contacts	1,000,000 police reports	1,100,000 CPS subst.	900,000 police arrests
% Likely to be victims	100%	100%	20 - 50%
Subcategories	Rape 35,200 Robbery 102,960 Agg. Ass't 231,900 Simp. Ass't 388,800	Phys. Abuse 244,900 Neglect 523,000 Sex. Abuse 126,100 Em. Abuse 44,650 Med. Negled 29,400 Other 144,500	Violent 150,000 Property 750,000
Demographics	60% male 80% white 18% African-Am.	52% female 55% white 27% African-Am.	80% male ⁵ 66% white ⁵ 30% African-Am. ⁵
Higher Level System Involvement	60 -70% of sexual assaults prosecuted	32% prosecuted 13% of victims testify 15% placed out-of-home	43% petitioned 10% placed out- of-home

¹ Based on estimates of police-reporting from 1994 NCVS (12-17 year olds) and NIBRS (0-11 year olds).

² Based on 1995 CPS Investigations (NCANDS, 1997).

³ Based on five city study by Famuzzo et al. (1997).

⁴ Based on 1994 Juvenile Justice Statistics report by Butts et al. (1996).

⁵ Of those in detention.

Table 2. Police-Reported Violent Crime Victimization of Juveniles and Adults

Type of Violent Crime	Juveniles (12-17)			Adults (18+)		
	Total Number of Crimes	% reported	% of all juvenile reports to police	Total Number of Crimes	% reported	% of all adult reports to police
All violent crimes	2,625,600	28.9	—	8,235,900	45.6	—
Rape/sexual assault	76,500	46.4	4.7	356,300	28.5	2.7
rape/attempted	43,300	19.5	2.2	248,700	28.2	1.9
sexual assault	19,300	48.0	1.2	54,200	41.5	0.6
Verbal threat or unwanted contact	13,900	65.5	1.2	53,400	16.9	0.2
Robbery	263,900	38.8	13.5	1,034,900	59.6	16.4
completed	160,900	48.4	10.2	634,200	68.5	11.6
attempted	103,000	23.9	3.2	400,600	45.5	4.8
Assault	2,285,200	27.2	81.8	6,843,900	44.4	80.9
aggravated	594,600	38.9	51.3	1,883,600	55.6	27.9
simple	1,690,600	23.0	30.5	4,960,300	40.1	53.0

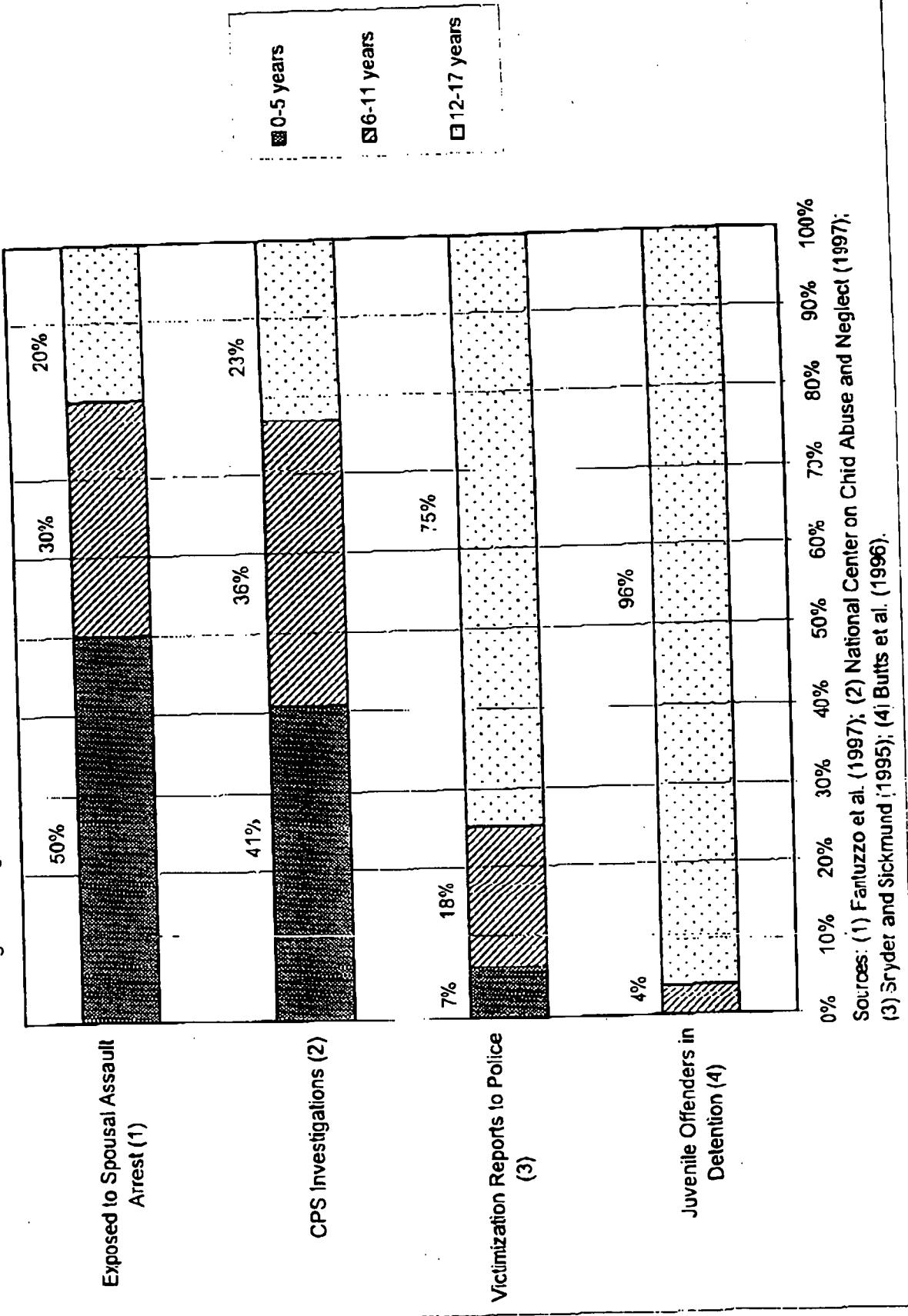
Source: 1994 NCVS and Hashima & Finkelhor, in press.

Juvenile Victims in the Justice System: Policy and Research Issues

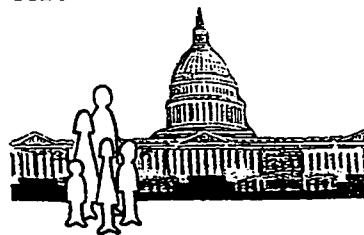
Policy and Research Issues

Justice System Context	Recognition	Protection	Rehabilitation	Accountability
Juvenile victims involved in criminal investigations and prosecutions	Studies of barriers to police reporting Education of police and other authorities to treat offenses against children as crimes Implementation and evaluation of disclosure promotion programs in schools	Victims' rights in juvenile justice system Evaluation of Child Advocacy Centers and Multidisciplinary Investigative Teams Evaluation of other court reform procedures	Expedited victims compensation systems Studies of barriers to service utilization Studies of effectiveness of victim treatment programs	NCVS to include victims < 12 Tracking prosecution of cases involving child victims Tracking service utilization and compensation claims by child victims Use of NIBRS system to track cases involving child victims
Juvenile victims involved in child protection actions	(Has been a big priority)	Study use of protection orders in child welfare	Studies of family reunification and foster care permanency planning Studies of risk assessment and recidivism Studies of impact of justice system/prosecution	Improved CAN statistics Increased focus on service provision, studies of barriers
Juveniles victimized by domestic violence and custodial abductions	Training and protocols for police and other criminal justice authorities	Inventory of various systems of referral to child protection and other authorities Impact of DV justice system interventions on children	Studies of treatment programs Consequences of parental treatment regimes on children	Information on number of children exposed to violence and CJ intervention within NCVS and other police and court data
Juvenile victims involved in criminal and status offenses	Better assessment of victimization histories of youth being arrested and adjudicated	Studies of victims risks for future victimization within CJ system	Victim treatment modalities within CJ system framework	Tracking outcomes

Figure 1. Age Distribution of Juveniles in Various Justice System Contexts



Juvenile Crime Victims:
Fact Sheets



FACT SHEET

Prevalance of Childhood Victimization

CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

The literature on juvenile justice is primarily concerned with juvenile offenders. However, juveniles have contact with the justice system in another role—as victims. Although child victimization is a social problem of no less importance than child offending, and although victimization of children occupies significant time and resources of the justice system, it has received less attention by researchers and public policymakers.

Children in the Justice System

The justice system has contact with juvenile victims in five main contexts, sometimes explicitly in the role of victim and sometimes in other roles:

- **Juvenile crime victims involved in criminal investigations and prosecutions** (including children who are assaulted sexually and/or physically, abducted, or witness crimes);
- **Juvenile victims of child abuse and neglect** involved in child protection actions;
- **Children exposed to domestic violence and custodial abductions** who come into contact with the justice system when their parents are arrested, prosecuted, or issued restraining orders;
- **Juvenile criminal offenders** who also have high rates of crime and abuse victimization in their histories; and
- **Juvenile status offenders** who also have high rates of crime and abuse victimization in their histories.

Crime Victims

- About 766,000 violent crimes against children aged 12-17 were reported to police in 1994 (Hashima & Finkelhor, in press). Figures are not available for victimization of children under age 12.
- Estimates place the number of crimes committed against children aged 0-17 as high as 1 million each year (Finkelhor & Paschall, 1998).
- About half of the violent crimes reported to police were simple assaults, 30% were aggravated assaults, 13% were robberies, and 5% were sexual assaults (1994 National Crime Victimization Survey).
- Most juvenile crime victims were boys, except for sexual assault victims who were almost entirely girls (1994 National Crime Victimization Survey).

Victims of Child Abuse and Neglect

- About 2 million reports of alleged child abuse and neglect were made to child protection authorities in 1995, involving 3 million children (US DHHS, 1997).
- Child protection system investigations substantiated or indicated maltreatment for 1.1 million children (US DHHS, 1997).
- More than half of this maltreatment involved neglect, 24% involved physical abuse, and 12%

Juvenile Crime Victims in Contact with Justice System Contexts

	Criminal Investigations and Prosecutions ¹	Child Protection Actions ²	Domestic Violence ³	Criminal Offenses ⁴	Status Offenses ⁵
Estimated number of contacts	1,000,000 police reports	1,100,000 CPS substantiated	625,000 domestic violence arrests	900,000 police arrests	600,000 police arrests
Percent likely to be victims	100%	100%	70-80%	20-50%	20-50%
Subcategories	Rape: 35,200 Robbery: 102,960 Agg. Asslt: 231,900 Simp. Asslt: 388,800	Phys. abuse: 244,900 Neglect: 523,000 Sex. abuse: 126,100 Emot. abuse: 44,650 Med. neglect: 29,400 Other: 144,500		Violent: 150,000 Property: 750,000	Runaway: 250,000 Curfew: 150,000 Liquor law: 120,000 Vagrancy: 3,500 Truancy: ?
Demographics	60% male 80% White 18% African Am.	52% female 55% White 27% African Am.		80% male ⁵ 66% White ⁵ 30% African Am. ⁵	58% male ⁵ 77% White ⁵ 18% African Am. ⁵
Higher level system involvement	60-70% of sexual assaults prosecuted	32% prosecuted 13% of victims testify 15% out-of-home placements		43% petitioned 10% out-of-home placements	

1. Based on estimates from police reports from 1994 NCUS (12-17 year-olds) and NIBRS (0-11 year-olds).

2. Based on 1995 CRS Investigations (NCANDS, 1997).

3. Based on a five-city study by Fantuzzo et al. (1997).

4. Based on a 1994 report by Butts et al. (1996).

5. Of those in juvenile detention facilities.

involved sexual abuse (US DHHS, 1997).

- 41% of the cases of child abuse and neglect involved children under the age of 11; 36% involved children age 6-11, and 23% involved children age 12-17 (US DHHS, 1997).
- Nationally, about one-third of these cases are turned over to police for criminal investigation and prosecution. Prosecution rates are much higher for sexual abuse and are relatively low for neglect and emotional abuse.

Children Exposed to Domestic Violence

- There are an estimated 625,000 arrests of adults each year for domestic assaults. Data from studies in five large urban communities sug-

gests that a child is present in 70%-80% of these households. In 11%-12% of these households, a child placed the call to the police (Fantuzzo et al., 1997).

- Estimates of the numbers of children who are abused in these households range from 25%-45% (Wolak & Finkelhor, 1998).
- Children who are exposed to domestic violence also come into the scope of the justice system when their parents seek restraining orders and file for divorce, but estimates of such children are difficult to make.

Criminal Offenders

- In 1994, police arrested 900,000 juvenile

offenders. The vast majority of arrests (83%) were for property offenses, but approximately 150,000 were for violent offenses (Butts et al., 1996; Snyder, Sickmund, & Poe-Yamagata, 1996).

- A large proportion of such delinquent youth (20%-50%) have prior histories of child maltreatment and crime victimization (Kelley, Thornberry, & Smith, 1997; Widom & Ames, 1994).
- Little is done to track the victimization histories in the backgrounds of juvenile crime offenders, so descriptive information about juvenile crime offenders pertains to the criminal offenders as a whole and not the subpopulation who have histories of victimization.
- 43% of all arrests of juvenile criminal offenders lead to court cases. In 10%, juveniles are placed out of their homes.

Juvenile Status Offenders

- In 1994, police arrested 600,000 juveniles for status offenses. The largest number of these arrests were for runaways, and a substantial number were for curfew violations and liquor law violations (Butts et al., 1996).
- A large proportion of status offenders (20%-50%) have prior histories of child maltreatment and crime victimization (Greene, Ringwalt, & Kelly, 1995).
- Because little is done to formally assess the victimization histories of status offenders, little is known about the characteristics of these youth.

Summary

Although it is impossible on the basis of current statistics to estimate the total number of children who come in contact with the justice system as victims, it is clear that more than 1 million victimized children each year are touched by the justice system in at least one of the previously discussed

roles. These children are all at high risk for many social and emotional problems during their youth and later adulthood. Their passage through the justice system provides an opportunity for early intervention that is, as yet, not actualized.

References Cited

- Butts, J. A., Snyder, H. N., Finnegan, T. A., Aughenbaugh, A. L., & Poole, R. S. (1996). *Juvenile court statistics 1994* (Statistics Report). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- 1994 National Crime Victimization Survey
- Fantuzzo, J., Boruch, R. Beriama, A., Atkins, M. & Marcus, S. (1997). Domestic violence and children: Prevalence and risk in five major U.S. cities. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 116-122.
- Finkelhor, D. & Paschall, M. J. (1988). *Juvenile crime victims in the justice system: A research agenda*. Unpublished manuscript.
- Kelley, B. T., Thornberry, T.P., & Smith, C. A. (1997). *In the wake of childhood maltreatment* (Juvenile Justice Bulletin). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- Snyder, H. N., Sickmund, M., & Poe-Yamagata, E. (1996). *Juvenile offenders and victims: 1996 update on violence* (Statistics Summary). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
- U.S. Department of Health and Human Services (1997). *Child maltreatment 1995: Reports from the states to the National Child Abuse and Neglect Data System*. Washington, DC: U.S. Government Printing Office.

Wolak, J., & Finkelhor, D. (1998). Children exposed to partner violence. In J. L. Jasinski & L. M. Williams (Eds), *Partner violence: A comprehensive review of 20 years of research* (PP#s). Thousand Oaks, CA: Sage.

This fact sheet is based upon a report prepared by David Finkelhor and Mallie J. Paschall, entitled "Juvenile Crime Victims in the Justice System: A Research Agenda." The work was conducted under grant number 97-JN-FX-0016 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

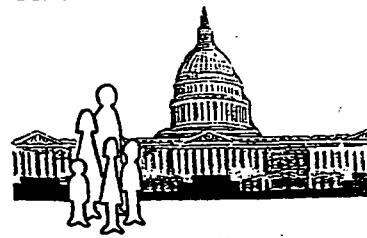
FACT SHEET

Juvenile Crime Victims in the Justice System: A Research Agenda

Although the literature on juvenile justice is largely concerned with offenders, juveniles come into contact with the justice system in another role—as victims. Research and public policy have not addressed child victims as intensively as they have child offenders, yet child victims may occupy as much time and resources within the juvenile justice system as offenders. Juvenile victims converge with the justice system in five main ways (sometimes explicitly as victims and sometimes in other roles).

- **Juvenile crime victims involved in criminal investigations and prosecutions** (including children who are assaulted sexually and/or physically, abducted, or witness crimes).
- **Juvenile victims of child abuse and neglect** involved in child protection actions.
- **Children exposed to domestic violence and custodial abductions** who come into contact with the justice system when their parents are arrested, prosecuted, or issued restraining orders.
- **Juvenile criminal offenders**, who also have high rates of crime and abuse victimization in their histories.
- **Juvenile status offenders**, who also have high rates of crime and abuse victimization in their histories.

Based on current knowledge, it is impossible to estimate accurately the total number of juvenile victims who come within the purview of the justice



CONSORTIUM

ON CHILDREN, FAMILIES, AND THE LAW

system in the five ways listed above. However, existing data indicates that each year 1 million or more children are victims of crime, violence, and abuse. Research has shown that these children are at high risk for a wide range of personal, social, and justice system related problems in their youth and later as adults. Their passage through the justice system may provide an opportunity for identification and intervention. Justice system policy should make it a priority to improve its ability to identify, assess, count, and intervene with such victims. In 1997-98, a task force of the Consortium on Children, Families & The Law (led by David Finkelhor) developed a research agenda to address child crime victims in the various domains of the justice system. Here are the recommendations of the task force.

1. **Improve child victimization statistics.** Major gaps exist in collecting youth crime victim statistics. The National Crime Victimization Survey (NCVS) does not include crimes that occur to children younger than 12 years old, and the Uniform Crime Report data from local police agencies does not break down crime reports according to a victim's age. Statistics about children who are exposed to domestic violence are particularly scarce. Research priorities include: (1) investigating the efficacy of interviewing children younger than 12 using the NCVS, (2) exploring the usefulness of proxy interviews for crimes against children who are too young to be interviewed, and (3) obtaining better and more comprehensive statistics on justice system contacts with families experiencing domestic violence or criminal custodial interference.

- 2. Improve reporting and prosecution of child victimization.** Only a fraction of juvenile victimization incidents comes to the attention of police, and the rates of reporting are much lower for juvenile victimization than for adult victimization. The prosecution rate for most crimes against children (except sexual assault) also is low. Given the justice system's disproportionate focus on sexual assault, an evaluation of justice activity toward physical assaults and physical abuse against children is important.
- 3. Examine whether the justice system is biased in favor of or against child victims.** Questions have been raised by advocates, legal scholars, and social scientists about whether the criminal justice system operates with a systematic bias when victims are children. Some say that child victims are badly mistreated by the criminal justice system, that their reports are not taken seriously, that their cases are not prosecuted out of fear that they will make unreliable or easily impeached witnesses, and that they are easy targets for defense attorneys. Others argue that child victims are privileged in ways that trample on the accused, including claims that police investigators have been taught to believe the children and that juries are overly swayed by images of child victims. Relatively little research (other than research related to cases of sexually abused children) has examined the operation of the criminal justice system in relation to child victims or evaluated the reforms that have been implemented to help them.
- 4. Determine how child victims use victims services.** Research is needed to track the degree to which child victims receive services, the types and intensity of the services that they use, and the types of victims and families who are most likely to seek and use services. In addition, research should be conducted to evaluate crime victims' experiences with services, assess unmet victim needs, and evaluate the efficacy of treatment programs.
- 5. Study the services available for victims of child abuse.** Child abuse is recognized as a risk factor for later delinquency (Widom & Ames, 1994) and other problems in life. However, few studies have tracked whether justice-system related interventions and innovations reduce the trauma for abused children and decrease the likelihood that they will return to the justice system sometime later in their lives. A large national study (the National Longitudinal Study of Child Welfare) will follow the experiences of children as they pass through the child welfare system and may provide some additional information (Research Triangle Institute, 1997). Additional prospective longitudinal research in this area is needed.
- 6. Examine issues related to applying victim rights in juvenile offender cases.** In recent years, some policy attention has been given to the right of victims to receive information about the disposition of offenders and changes in offender status, such as when the offender is paroled or returned to the community. Because a large proportion of offenders against children are juveniles, an important policy question concerns how victim rights are applied to the juvenile justice system. Questions to be answered include: Are victims entitled to compensation when offenders are juveniles? Are victims informed about the disposition of offenders or a change in their status? Are there avenues for being heard as part of sentencing?
- 7. Determine the extent of the justice system's awareness of child victims of domestic violence and their potential needs.** A high priority for public policy is to learn more about the variety of mechanisms that communities have to provide assistance, support, representation, and protection for children subjected to domestic and custodial violence, and to compare the effectiveness of these mechanisms, in terms of protecting both children and the interests of victimized adults. Additionally, concern with child victims should be added to all domestic violence policy research. For example, recent policy research on justice system interventions in marital violence (such as mandatory arrest and prosecution policies) has not focused on the impact on children.

8. Assess victimization histories of juvenile criminal and status offenders. Strong evidence exists that child maltreatment is causally related to juvenile delinquency and adult crime and that juvenile offenders are more likely to have been victims of violent crimes, although few studies have investigated the links between different types of victimization and subsequent delinquency (e.g., Widom & Ames, 1994). This evidence raises several important research and policy questions: (1) Are child maltreatment and victimization histories of juvenile offenders being adequately assessed? Such information would be important for courts and others to consider when they try to develop the best strategy for adjudicating and rehabilitating juvenile offenders. (2) Is awareness of the victimization histories of juvenile offenders used by courts to influence their disposition? More knowledge of juvenile offenders' victimization histories and research on the effects of victimization could help to inform judgments about dangerousness and likelihood of recidivism.

9. Develop a system to track child victims who enter the justice system. A comprehensive system for tracking child victims who enter the justice system should be developed. In addition to recording self-reported victimization histories, there also is a need for better cross-referencing among child protection, police, and delinquency records. This information would help social workers, law enforcement officials, and other service providers to conduct a more comprehensive assessment of the needs of juvenile victims who commit crimes or status offenses and strategies for their treatment and rehabilitation. Assessment of victimization also should be systematically reported in statistics gathered on delinquency.

10. Evaluate the impact of justice system procedures on victims. Additional research is needed to determine how police and child protection investigations affect children who are victims and how testifying in court proceedings impacts child victims. More research is needed on the effect of specific procedural mechanisms and on the efficacy of

reform efforts to reduce trauma (e.g., closing the courtroom). Also, the impact of many justice system outcomes (convictions, acquittals, or specific sentences) on victims has not received much research attention. For example, little is known about the short-term removal of children from their homes.

Conclusion

A comprehensive approach to dealing with child victims within the justice system should focus on four primary goals, which can be abbreviated by the words—recognition, protection, rehabilitation, and accountability.

- *Recognition.* The justice system should seek to recognize more fully the presence and extent of victimization among children who come within its purview by taking more extensive histories, conducting better assessments, improving record-keeping, and exchanging information among various components of the system.
- *Protection.* The justice system should seek to protect child victims of crimes from continued victimization by their perpetrators and from unnecessary trauma and discomfort associated with justice system processes and procedures that do not consider children's needs. Child victims should have all the safeguards and opportunities that adults have in protecting them from further victimization. They also should have special mechanisms and services, to the extent consistent with the United States Constitution, to help mitigate their experience with the justice system.
- *Rehabilitation.* The justice system should seek to help child victims recover from the effects of victimization. Services and programs should be available to reduce the likelihood that children will become involved with the justice system in the future and/or continue to be affected by their victimization.
- *Accountability.* The justice system should seek to encourage the development of information systems that will give the system the capacity to evaluate its impact on children and the effects of new policies and programs. This

information system should be able to track adequately the length of time that children are involved with the justice system, the reasons for their involvement, and the kinds of interventions and outcomes that come from this interaction.

A justice system that is able to implement such goals would certainly be one that brought a much larger measure of justice to the lives of children and youth.

References:

Research Triangle Institute. (1997). *National longitudinal study of child welfare proposal*. Available at: www.rti.org/units/SHSP/projects/nscawl.ctm

Widom, C. S., & Ames, M. A. (1994). Criminal consequences of childhood sexual victimization. *Child Abuse & Neglect*, 18(4), 303-318.

For more information, contact:

David Finkelhor, PhD, co-director
Family Research Laboratory
University of New Hampshire
Durham, NH 03824

This fact sheet is based upon a report prepared by David Finkelhor and Mallie J. Paschall, entitled "Juvenile Crime Victims in the Justice System: A Research Agenda." The work was conducted under grant number 97-JN-FX-0016 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

This fact sheet is based upon a report prepared by David Finkelhor and Mallie J. Paschall, entitled "Juvenile Crime Victims in the Justice System: A Research Agenda." The work was conducted under grant number 97-JN-FX-0016 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

**Children Exposed to Violence:
Researchers With Expertise in Various Policy-Related Domains**

Children Exposed to Violence Researchers with Expertise in Various Policy-Relevant Domains

This list does not include some of the domains in which the greatest amount of research has been done and for which expertise is very widespread, including such things as child sexual abuse, child physical abuse, forensic interviewing approaches, child protection system operation.

IMPROVEMENT IN VICTIMIZATION STATISTICS

Researchers with expertise in self-report juvenile crime victimization

David Finkelhor, Crimes against Children Research Center, University of New Hampshire
Mark Singer, Case Western Reserve University
Dean Kilpatrick and Benjamin Saunders, Medical University of South Carolina

Researchers with expertise analyzing juvenile victimization using NIBRS data

Howard Snyder, National Center for Juvenile Justice
Richard Ormrod, Crimes against Children Research Center, University of New Hampshire

Researchers with expertise in estimates of exposure of children to domestic violence

John Fantuzzo, University of Pennsylvania
David Finkelhor, Crimes against Children Research Center, University of New Hampshire
Andrea Sedlak, Westat, Inc.

Researchers with expertise in juvenile crime victimization questionnaire development

John Richters, NIMH
Nathan Fox, University of Maryland at College Park (VEX)
Lewis Leavitt, University of Wisconsin at Madison (VEX)
Mary Beth Selner-O'Hagan, Harvard School of Public Health
Murray Straus, Family Research Lab, University of New Hampshire
Hope Hill, Howard University (Children's Interview on Community Violence)
C. F. Turner, Research Triangle Institute, Program in Health Behavior & Research (audio-CASI)
Sherry Hamby, Crimes against Children Research Center, University of New Hampshire

UNDERREPORTING AND UNDERPROSECUTION OF CHILD VICTIMIZATIONS

Researchers with expertise on the prosecution of crimes against children

Barbara Smith and Sharon Elshtain, American Bar Association
Theodore Cross, Brandeis University

UTILIZATION OF VICTIM SERVICES BY CHILD VICTIMS

Researchers with expertise about provision of crime victim services to children

Louise Sas, London Family Court Clinic, London, Ontario
Lucy Berliner and Michelle New, Sexual Assault Center, University of Washington
Robert Davis, Vera Institute of Justice

Researchers with expertise about services for victims of child abuse

David Kolko, University of Pittsburgh

Researchers with expertise about victim rights in juvenile offender cases

Howard Davidson, American Bar Association

PROTECTION OF CHILD VICTIMS OF DOMESTIC VIOLENCE

Researchers with expertise about child victims of domestic violence

George Holden, University of Texas
Jeffrey Edelson, University of Minnesota
Sandra Graham-Berman, University of Michigan
Jacqueline Campbell, Johns Hopkins University
Robert Geffner, California School of Professional Psychology, San Diego
Einat Peled, Tel Aviv University, Israel
Robbie Rossman, University of Denver

SYSTEMS FOR TRACKING CHILD VICTIMS

Researchers with expertise in Juvenile Justice information management

Mark Hardin, American Bar Association
Howard Snyder, National Center for Juvenile Justice
John Fluke, American Humane Association, Denver
Ying Ying Yuan, Walter MacDonald Associates

IMPACT OF JUSTICE SYSTEM PROCEDURES ON JUVENILE VICTIMS

Researchers with expertise about the impact of the justice system on juvenile victims

Desmond Runyon, University of North Carolina

Gail Goodman, University of California, Davis

Deborah Whitcomb, Educational Development Center, Cambridge, MA

Peter Jaffe, London Family Court Clinic, London, Ontario

Researchers with expertise about police response to juvenile victims

Joy Osofsky, Tulane University

Steve Marans, Yale Child Development Center

SPECIFIC KINDS OF CHILD VICTIMIZATION

Juvenile homicide victimization

Katherine Kaufer Christoffel, Northwestern University

Family abduction

Rebecca Hegar, University of Maryland

Geoffrey Greif, University of Maryland

Bullying, peer victimization

Sue Limber, University of South Carolina

Kenneth Dodge, Vanderbilt University

David Perry, Florida Atlantic University

Stranger abduction

Andrea Sedlak, Westat, Inc

Wayne Lord, FBI Academy

Dating violence

Glenda Kaufman-Kantor, Family Research Laboratory, University of New Hampshire

Sibling assault

John Caffaro, California School of Professional Psychology, Los Angeles

Vernon Wiehe, University of Kentucky

Children exposed to community violence

Carl Bell, Community Mental Health Council, Chicago

James Garbarino, Family Life Development Center, Cornell University

Steven Marans, Yale Child Development Center

Joy Osofsky, Tulane University

School victimization

Denise Gottfredson, University of Maryland

Conventional crime victimization

Mary Koss, University of Arizona

Howard Snyder and Melissa Sickmund, National Center for Juvenile Justice

CHILD DEVELOPMENT AND EXPOSURE TO VIOLENCE

Dante Cicchetti, University of Rochester

Kathleen Kendal-Tackett, University of New Hampshire

INTERNATIONAL PERSPECTIVES

Lisa Fontes, Perdue University

Einat Peled, University of Tel Aviv

Alberto Godenzi, University of Fribourg

INTERVENTION

Mark Everson, University of North Carolina

Richard Gelles, University of Pennsylvania

Joy D. Osofsky, Tulane University

Desmond Runyon, University of North Carolina

LEGAL ASPECTS OF CHILD VICTIMIZATION

Howard Davidson, American Bar Association

MEDICAL ASPECTS OF CHILD VICTIMIZATION

Katherine Kaufer Christoffel, Northwestern University

Howard Dubowitz, Johns Hopkins University
Desmond Runyon, University of North Carolina

TREATMENT

Lucy Berliner, Sexual Assault Center, University of Washington
Kathleen Faller, University of Maryland
William Friedrich, Mayo Clinic

Research Proposal:

Barriers to Police Reporting and Help-Seeking by Families

Barriers to Police Reporting and Help-Seeking by Families in a National Sample of Child Sexual Assault Victims

Summary. This project is intended to help increase the reporting to police of child crime victims and their likelihood of receiving victim services. Using a national sample of families in which a child experienced a recent crime victimization, the research study will a) describe their patterns of police reporting and service seeking, b) analyze the barriers to police reporting and service seeking, and c) report on the factors associated with victims' being satisfied or dissatisfied with their law enforcement and victim services contact.

This study takes advantage of an unusual research opportunity. The Congressionally mandated National Incidence Study of Missing, Abducted, Runaway and Throwaway Children (NISMART 2) will screen a national sample of 40,000 children ages 0-17 for experiences of assault in the past year through telephone interviews with one adult caretaker in a nationally representative sample of 23,000 households containing children. Based on prior such screenings, this should yield a sample of 760 assaulted children, the first such large sample of recent victims of all ages to be identified through a household survey. As many as half or more of these assaults will not have been reported to the police.

Under the proposed methodology for this new study, the caretaker interviewed in NISMART 2 would be recontacted within a matter of weeks for a second interview about the issues of the present study. Caretaker identifying information including name, age, gender and relationship to the child would confirm that we were speaking with the same respondent. Some preliminary questions would re-establish rapport and confirm the episode reported in the previous interview. Then a much more extensive series of questions about the police reporting, law enforcement contact and victim service utilization would be asked. This interview will take approximately 30 minutes.

Goals and Objectives.

- 1) In a national sample of the families of recent child crime victims, to describe the patterns of reporting to police and other law enforcement authorities, and the patterns of utilizing victim services.
- 2) To identify the main factors that predict or the main obstacles that prevent reporting and service utilization.
- 3) To understand what law enforcement actions and victim service features are associated with greater victim satisfaction.
- 4) To formulate recommendations from these findings and disseminate them to practitioners and policy makers.

Policy implications: These findings from a large national survey will be valuable in planning policies that will increase reporting and service utilization. They will promote public information to address specific fears and concerns or expectations in families of victims, target particular subpopulations that may be particularly reluctant to report or seek help, and help reconfigure procedures so that they can be maximally

supportive to victims and families.

Background.

Research suggests that a substantial percentage of serious assaults against children do not ever get reported to the police. In the 1994 NCVS, only 46% of sexual assaults disclosed to interviewers by adolescents 12-17 were reported to the police (Finkelhor, Paschall, & Hashima, 1997). In a Boston survey, only 41% of sexual assaults to children known to their parents got reported to police (Finkelhor, 1984). Little research has been done on the reporting barriers for crimes against children in particular. Cardarelli (1988) found 62% of parents hesitant to report child sexual victimizations to police for reasons that included not wanting to get the offender (who was often a family member or friend) in trouble, fear of family dissolution, not wanting to think about the abuse, and doubts about whether the abuse had occurred. Concerns about shame, embarrassment, not wanting to be blamed and worries that the child will be further traumatized by police involvement are also cited as factors. The present study plans to dramatically expand the scope and quality of knowledge about barriers to police reporting and help seeking by utilizing 1) a large, nationally representative sample of cases, 2) using the community survey to identify cases which have truly not been reported to police or other authorities, and 3) gathering detailed information about attitudes, perceptions and decision-making that go into the process of reporting and victim service seeking and utilization.

Theoretical framework.

The conceptual basis of this study relies on an adaptation of the Theory of Reasoned Action and Health Belief Model (Glanz, Lewis, & Rimer, 1990), which has been widely used in the field of public health to understand behaviors such as seeking AIDS testing or utilizing other health services. In Figure 1, we present a two-stage conceptual model that is applicable both to police reporting and to victim service utilization in the wake of crime victimization.

In the first stage or Recognition phase, a person or family recognizes the relevance of an experience to either the police or victim services. This recognition requires 1) awareness of police (or victim services) functions and the domain of concern covered by them, and 2) a labeling of a personal episode (in this case a sexual assault) as falling within that domain. The victim must find a match or congruence between their labeling and their awareness of the domain of concern. Recognition can fail (no report made) due to lack of knowledge of the domain of police concern or services, or due to failure to consider that the experience falls within that domain (e.g., it wasn't a crime.). Once recognition occurs, however, another set of considerations enter into the process. In what we term the Cost/Benefit Comparison Phase, victims and families then weigh costs and benefits of making a report or seeking victim services based on their perceptions of likely outcomes, and act only if in their perceptions benefits outweigh costs.

Recognition phase. In the case of reporting a child sexual assault to the police a variety of factors could play a role in the recognition phase. Families will probably know a great deal about general police activity. A key awareness question is the degree to which they see police as being interested in sexual assaults that involve family or intimate or juvenile perpetrators, or that involve nonpenetrative forms of sexual contact. There may be some question about whether police are interested in forms of sexual assault that do not involve violence or in which the child participated willingly to some degree.

Cost/benefit phase. In the cost/benefit phase, caretakers assess and compare possible costs and benefits of a course of action, and the balance of these considerations determine whether action is taken. In the case of police reporting, among the benefits that might be ascribed would be 1) bringing an offender to justice, 2) protecting other children from the offender, 3) getting advice about how to protect a child, and 4) fulfilling duty to the community. Among the costs that might be seen: 1) the possible trauma to the child of being subjected to an interview, 2) the possibility of retaliation from the offender, and 3) the possibility of disrespect and disbelief from the police.

Victim Services Recognition and Cost/benefit. A similar model can be applied to the decision to seek victim services. First there is a recognition phase in which a variety of factors could play a role: 1) whether caretakers were aware that medical, mental health and social services are available for victims of child sexual assault, and 2) whether the caretakers were aware of symptoms or problems that victims were having that might be relevant to these services. In the cost/benefit phase of victim service seeking, among the anticipated benefits may be 1) reassurance about the integrity of the child's health, 2) relief from distress or symptomatology, 3) support in dealing with the criminal justice system, 4) relief from feelings of guilt and self-blame, 5) remuneration for financial costs related to the victimization. Costs that might be considered in the decision-making about victim service utilization concern: 1) time and expense, 2) stigma that may be involved, 3) the possibility that service providers would make police reports or other unwanted actions.

Obviously this model does not provide a framework for considering all aspects of police reporting and service utilization. For example, some police reporting of child sexual assault occurs outside the control of victims and families. Police or other authorities may discover the crime in progress or obtain a direct disclosure from the child before caretakers ever know about it (e.g., as a result of medical exam that reveals genital trauma). However, a variety of studies suggest that most child sexual assault is revealed to family and caretakers before it is revealed to other authorities or the police (Bradley & Wood, 1996; Keary & Fitzpatrick, 1994). Moreover, once disclosed to authorities, family and caretakers are crucial in determining whether victim services are sought and utilized, since they are the ones who have to arrange transportation, permission or solicit the services on behalf of the child. Thus the study

of the caretaker decision-making holds the possibility of dramatically improving the likelihood of reporting and service utilization for child victims.

Design.

Overview. This study will interview a nationally representative sample of caretakers of children 0-17 whose child was sexually assaulted in the last year. Respondents will be identified through random-digit dialing telephone survey methodology. They will be interviewed about the decision to report or not report the assault to law enforcement, the decision to seek help from various resources and about their experiences in contact with law enforcement and other help sources.

Sample design. This study will piggy-back its data collection on to the design of another study: the congressionally-mandated Second National Incidence Study of Missing, Abducted, Runaway and Throwaway Children (NISMART 2). The design of the NISMART 2 involves telephone interviews with caretakers in a nationally representative sample of 23,000 households containing 40,000 children. The NISMART 2, like its predecessor study NISMART 1 (Finkelhor, Hotaling, & Sedlak, 1990), is attempting to estimate the occurrence of abductions, sexual exploitation, running away and other missing child experiences to the children in these households. Interviews with the caretakers will ask (among other things) about the occurrence of physical and sexual assaults to any child resident of that household in the last 12 months. To screen for assaults, NISMART 2 will use questions drawn from the National Crime Victimization Survey, the National Youth Victimization Prevention Study and the previous NISMART 1 study.

The national random telephone sample for NISMART is being drawn and interviewed by the Institute of Survey Research (ISR) at Temple University. ISR is a survey research organization with a great deal of prior experience conducting national surveys about sensitive child welfare and criminal justice related problems (e.g., National Survey of Families and Children). They will utilize a random digit dial methodology to screen for households in which children lived for at least 2 consecutive weeks in the past 12 months. In such households, interviews, lasting about 30 minutes, will be conducted with the adult caretaker who knows the most about the children's activities.

There is not sufficient interview time in the NISMART 2 interview to ask about all the matters of interest to this present proposed study. (Other matters of concern to NISMART include all forms of running away, family and non-family abduction and other missing child experiences.) However, the initial NISMART 2 interview will obtain information about the date of the assault, the identity of the perpetrator, the types of sexual acts committed, and whether police and various help sources were contacted. Permission will be obtained to recontact the family at a subsequent time for further questions about these episodes.

Under the proposed methodology for this new study, the caretaker interviewed in NISMART 2 would be recontacted within a matter of weeks for a second interview

about the issues of the present study. Caretaker identifying information including name, age, gender and relationship to the child would confirm that we were speaking with the same respondent. Some preliminary questions would re-establish rapport and confirm the episode reported in the previous interview. Then a much more extensive series of questions about the police reporting, law enforcement contact and victim service utilization would be asked. This interview will take approximately 30 minutes.

Participation rates. Based on the experience of the first NISMART in which 89% of the eligible households participated, we expect participation rates in NISMART 2 to be excellent. However, the procedure to recontact and reinterview participants for the present project will result in the loss of some of the NISMART 2 participants. Some participants will be reluctant to participate in a second interview. Some participants may be lost because of changes in residence or life circumstances subsequent to the first interview. Our experience with follow-up interviews is that such losses need not be great. In a previous survey about children's victimization experiences, we recontacted and reinterviewed families and their children after a delay averaging 18 months, and the refusals and unable to locate resulted in the loss of 25% of the original sample (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995). In the current study we will be recontacting participants after a much briefer period of time, and expect a much lower attrition rate. We will also take a number of steps to minimize sample loss. We will obtain a name and address, phone number and alternative contact number for the families to be recontacted. We will emphasize in the recruitment statement the importance of the information for helping other children who have had similar experiences. The experience of our previous victimization surveys is that caretakers of victimized children are highly motivated respondents who are eager to try to help researchers improve conditions for child victims and we expect loss to be well under 15%. We will also have a substantial amount of information on those who fail to participate in the follow-up interview and so will be able to examine whether the follow-up sample is biased and correct for those biases if need be.

Sample size. In an earlier national survey of caretakers (Finkelhor, Moore, Hamby, & Straus, 1997), in response to two screening questions, 1.9% (95% CI = 1.0-2.7%) indicated that one specified child in their household had experienced a sexual assault in the previous year. In the NISMART 2 survey, we will be asking caretakers about the experiences of 40,000 children, and thus anticipate that around 760 (or using the confidence interval, a range of 400 to 1080) sexually assaulted children will be identified. Even with a loss of 15% before the subsequent interview, this would leave about 650 (340 to 900) for the current study.

Within the proposed sample, a key issue will be the number of respondents contacting the police and other victim resources. In a previous community survey of 521 caretakers in Boston (Finkelhor, 1984), of the 48 (9.5%) disclosing a child who had suffered a sexual assault (at any time, not just in the last year), 41% had reported it to the police. Studies of reported cases suggest as many as half or more of these

reported children receive mental health services (Tingus, Heger, Foy, & Leskin, 1996), one commonly used type of victim service. Using these crude earlier findings, if we anticipate 650 (340-900) caretakers disclosing a sexual assault to a child in the proposed survey, the Boston results generalized nationally would yield 266 (140 - 370) reporting to the police and perhaps 130 utilizing victim mental health services. These would be samples large enough to draw conclusions about factors differentiating reporters from non-reporters and service seekers from non-service seekers. It would also be large enough to do analyses of the reporting and service-seeking populations to look at issues related to satisfaction.

Power analysis. For example, with a sample size of 650, assuming a power level of .80 and a significance (or Type I error) level of .05, the Fleiss (1981) power tables indicate that we will be able to detect differences as small as 10-15 percentage points in predictor characteristics among caregivers who did and did not report CSA victimizations to the police or seek professional health services. So if 65% of nonreporting caregivers say they were concerned about further traumatization of their child, then we will be able to detect an association between this perceived cost and police reporting even if 50% of reporting caregivers also say they were concerned about further traumatization of their child. In multivariate analysis, for another example, looking at the relative contribution of concern about child traumatization, the importance of protecting other children, the desire for retribution against the offender and so forth to a caretaker's willingness to report, tables developed by Hsieh (1989) indicate that for a sample size of 650 we will be able to detect an odds ratio as small as 1.5. This is certainly a large enough odds ratio to detect most important factors contributing to police reporting.

Instrumentation. A variety of data will already have been gathered from respondents in the original NISMART 2 survey, including information on presence of assaults, family and household composition and demographic information about the family.

Assault. This information will come from the NISMART 2 survey: families will be screened for the presence of a sexually assaulted child using 3 screening questions. Previous research has suggested that using multiple screening questions increases the rate at which episodes are disclosed because it reminds respondents of more contexts that might be associated with the episode, helps specify the definition being used by the study, stresses the interest of the study in that experience and allows respondents time to consider making the disclosure of possibly sensitive information (Peters, Wyatt, & Finkelhor, 1986). One of the screeners is drawn from the National Crime Victimization Survey and is one of the main questions used to screen for assaults in that survey. The two other screeners are drawn from the National Youth Victimization Prevention Study (Finkelhor & Dziuba-Leatherman, 1994a). One asks whether "your child has been forced or coerced to engage in unwanted sexual activity by a) someone

they didn't know before, b) a casual acquaintance or c) someone they knew well?" The second one asks whether "an older person, like an adult, an older teenager, a babysitter deliberately touched or tried to touch your child's private parts or tried to make your child touch or look at their private parts." Respondents indicating that such an episode occurred will receive a set of follow-up questions concerning the nature of the offense, the age and relationship of the perpetrator to the victim. Other information from NISMART 2 identifies age and gender of the victim. Questions also ask about the way in which the assault was disclosed to the caretaker. The operational definition of sexual assault used in this survey will include any sexual contact that occurs a) as a result of force or coercion or lack of consent, or b) involves a substantially older partner or person in a caretaking relationship. Both completed and attempted sexual assaults will be included, but will be broken out separately in many data analyses.

Police-reporting. We will use an adaptation of the National Crime Victimization Survey questions related to police reporting and reasons for police reporting. We will also ask questions about delays, timing of reports, identity of the reporter, how the report was conveyed (by phone or in person, directly or through an intermediary). Questions will also tap who made the decision to report or not, whether other family members, friends, and professional contacts encouraged or disagreed with this decision. Additional questions will cover whether others made reports about the episode, and whether it was anticipated that others would eventually report if the family did not. If the decision to report was out of the control of the caretaker, the caretaker will be asked if he/she would have made a report anyway.

Reporting decision variables. To assess the considerations in the decision to report to police, we will pose a series of statements with a "strongly agree - strongly disagree" (4 category) response format, introducing them with the statement "In thinking about reporting an incident like this to the police, people consider a lot of things. I want you to try to remember your thinking about this incident during the time soon after you found out about it (that is back then, not necessarily what you think now). I will read you some statements that might describe things you thought then, and I want you to tell me whether you would agree or disagree that this was part of your thinking." Approximately 40 statements will follow. Ten will apply to the recognition phase, items like, "I wasn't sure that anything serious had really happened," "I didn't think the police would be concerned about an incident like this," "I thought that what had happened was a crime" The remainder of the statements will concern the various costs and benefits respondents might have perceived with regard to the decision to report. Benefits: "I wanted to make sure the person who did this was punished," "I wanted to make sure the person who did this didn't do this to someone else," "I wanted someone to find out exactly what had happened," "I wanted help in protecting my child," Costs: "I was concerned that police might make my child more upset," "I wanted to keep what happened private," "I didn't want the person who did this to have a criminal record," "I was concerned that the person who did this might harm my child or

my family if I reported it ." In cases where the respondent was not the person who decided to make the report, we will ask the respondent to answer these questions from the point of the person who did.

Law enforcement activities. Respondents who had contact with the justice system will be presented with a list of possible law enforcement activities (adapted from Berliner, 1995) that have occurred surrounding the episode including: taking a report, visiting the home, interviewing the child, interviewing the family, interviewing the offender, making an arrest, referring for medical exam, giving information on victim services, bringing the case to court, bringing the child to testify in court. Respondents will also be asked to rate on a four point scale (very positive to very negative) their satisfaction with this aspect of law enforcement contact. They will also be asked to provide a global satisfaction rating of their contact with law enforcement, as well as an open-ended question about what the most disliked about their law enforcement contact.

Victim services. We will ask questions to ascertain all the various sources that the family might have sought help from after finding out about the assault: family doctor, hospital emergency room, rape crisis center, minister, friends, lawyer, professional counselor, mental health agency. For each help source, we will ask how helpful that source turned out to be. Because public policy is primarily concerned about providing professional mental health, crisis counseling, and formal victim support, we will ask the decision-modeling questions only about such professional help sources. If the victim and family sought or received more than one source of professional help, we will ask decision-modeling questions about the first source only. The help-seeking decision questions for services will follow the same format as the questions about police reporting, a series of agree or disagree items that might have been considerations (e.g. recognition: "I didn't think there was anything wrong with my child" Benefits: "I wanted to make sure that my child was not permanently affected as a result of this experience," Costs: "I wanted to put this incident behind us as soon as possible." For those who received services, we will ask about a list of helping activities that occurred (e.g., individual counseling, transportation, home visits, etc.). We will ask for a satisfaction rating of each activity. We will also ask about costs incurred, whether a compensation claim was filed, and whether the family received any compensation.

Victim distress. Victim distress will be measured with the 48 item Conners Parent Rating Scale (Conners, 1985), a widely used scale to identify distress and behavioral problems in children age 3-17 (we anticipate extremely few victims under age 3). Sex by age norms are available for this scale as well as clinical cut points. Caretakers will be asked to apply these to the child at the time of disclosure and prior to reporting or service seeking.

These instruments will be piloted in two phases: first in role plays with a sample of 10 law enforcement and mental health professionals who have extensive experience with cases of child victims playing the role of the parent respondent, then on the first 10

cases that will be identified in the NISMART 2 interviewing.

Questions and Hypotheses.

Based on the literature reviewed, and the conceptual model formulated, we expect the study to consider the following questions and hypotheses:

Goal 1: Description of patterns of police reporting and victim service seeking.

Question 1: In what proportion of assaults to children is a report made to the police?

Question 2: What are the circumstances and conditions of those reports (who reports; how long after the assault; how is the report filed?)

Question 3: What are the general distribution of law enforcement actions that a representative sample of sexually assaulted children experience?

Question 4: What types of formal and informal services are sought by families in the wake of victimization and in what frequency.

Question 5: How many families will know about the existence of victim compensation plans.

Question 6: How will law enforcement activity affect the likelihood of receiving victim services or victim compensation.

Goal 2: Factors predicting police reporting and victim service utilization.

Hypothesis 1: Police reporting will be greater for episodes that are more stereotypically crime-like, specifically: a) involving force, b) penetration, c) stranger perpetrators, d) adult perpetrators.

Hypothesis 2: Police reporting will be greater when caretakers perceive the following benefits as both important and/or likely outcomes: 1) protection from further victimization, 2) sense of fulfillment of civic responsibility, 3) approval from friends and relatives, 4) positive and respectful reaction from police, and 5) efforts to identify or prosecute the perpetrator.

Hypothesis 3: Police reporting will be lower when caretakers perceive the following costs as both important and/or likely outcomes: 1) retaliation by perpetrator or associates of the perpetrator, 2) additional fear and embarrassment for the child, 3) police unwillingness to investigate or take action, 4) unwanted sanctions against the perpetrator, 5) public exposure of family and child, 6) prolongation of the time before reminders of the episode can be set aside.

Hypothesis 4: Victim service seeking will be more likely when victims have more physical and psychological symptoms and more distress and when caretakers are more concerned about potentially harmful effects of assaults and see their child as susceptible to such effects.

Hypothesis 5: Victim service utilization will be greater when caretakers perceive the following benefits as both important and/or likely outcomes: 1) reduction in symptoms and distress, 2) advice for parent about how to

help the child.

Hypothesis 6: Victim service utilization will be lower when caretakers perceive the following costs as both important and/or likely: 1) service providers will blame or criticize caretakers, 2) others will view child or family as "sick", "troubled" or otherwise stigmatized as a result of the service contact, 3) service contact will result in unwanted expenditures of money and time, 4) service contact will result in police report or other unwanted interventions in the family, 5) service contact will result in conflict among family members.

Goal 3: Factors that predict satisfaction with law enforcement contact and services.

Hypothesis 1: Caretakers will be more satisfied with law enforcement contact when the case was quickly resolved, when there were fewer interviews with the child, when police actions fulfill caretakers expectations, when an arrest is made and when other help-seeking occurs in conjunction with reporting.

Hypothesis 2: Caretakers will be more dissatisfied with law enforcement contact when children are more distressed, there is more family conflict over the episode, the perpetrator is a family member, and police do not fulfill expectations

Hypothesis 3: Caretakers will be more satisfied with victim services when they are close to home, convenient to use, low cost, and provide concrete services like transportation or medical exams.

Hypothesis 4: Caretakers will be more dissatisfied with victim services when there are delays and waits, unanticipated costs.

Data Analysis.

The three goals of the study and their associated hypotheses will be approached with somewhat different analytical strategies. The goals and their respective analytical strategies are described below.

Goal 1: Describe Patterns of Police Reporting and Victim Service Seeking.

These analyses will be used to describe the nature of the reporting and service seeking process, and will use simple frequency distributions and descriptive statistics. They will include distributions concerning: the percentages of caregivers who did and did not report to the police or seek victim services for the children, the time delay in making the police report, the identity of the person making the report, the main reasons given for making the report, the number and nature of the other authorities contacted, the delay in seeking victim services, the various kinds of victim services that were contacted or received, the frequency of service contacts.

Goal 2: Identify Factors That Predict Police Reporting and Victim Service Seeking. Because of the dichotomous measures for our dependent variables, logistic

regression analysis will be used to test all hypotheses under this goal (Kleinbaum, Kupper, & Muller, 1988). Respondents will be divided into those whose families reported and did not report. Families where the decision to report was not under caretaker control will be assigned based on the question of whether the caretaker believes they would have otherwise reported (although a secondary analysis will also be run excluding these cases entirely) We need to distinguish among three classes of independent variables in the prediction model. 1) Demographic variables -- ethnicity, family structure, region, urban-rural and SES, 2) Episode characteristics, and 3) Decision-model variables (e.g., costs, benefits). Our analysis for this goal will proceed in four stages. First, we will examine the bivariate relationship between each decision-model variable and the decision to report. Next, for each of our decision-model variables, we need to pay attention to possible strong associations and interaction effects with episode characteristics. For example, it is possible that the desire to protect the child as a motive to report operates differently for family and close acquaintance perpetrators than for stranger and remote acquaintance perpetrators. So we will examine each decision-model variable for these interactions with three episode dimensions: the relationship to the perpetrator, whether the perpetrator was an adult or juvenile, and whether there was injury and/or penetration. In a third stage, we will build a multivariate model that includes the decision model variables and relevant interaction terms that were significant in the bivariate analyses. In this stage we are interested in the question of which of the decision-model variables or interactions are most important. In a final stage we will examine whether the important decision-model variables are strongly associated with demographic factors, both in bivariate analyses and in a model that includes all significant decision-model variables and demographics. We want to know whether reporting patterns vary by demographic subgroup and whether some of the important decision-model variables are also stronger in some subgroups. Similar analyses will be done for the decision to seek victim services.

Goal 3: Identify Predictors of Satisfaction with Police and Victim Services.

We will use two measures of satisfaction, a global single item rating, and a composite measure, comprised of the mean satisfaction rating for all the individual law enforcement activities that the respondent reported. Because our measures for caregivers' satisfaction with services are continuous, we will use ordinary least squares regression analysis to test hypotheses under this goal. Key predictors of satisfaction will be decision-model variables (e.g. the costs and benefits anticipated in regard to reporting), types of law enforcement activities encountered, and episode characteristics. A similar analysis will be performed for satisfaction with victim services.

Summary of Strengths and Limitations.

This study has a number of clear strengths in the context of policy and prior research on the problem of child victimization.

Strengths. It will describe and analyze the experience of a very large nationally representative sample of recently sexually assaulted children of all ages, the first such sample ever to our knowledge identified through a household survey.

This is a very cost effective study, recruiting a large sample of a small base-rate phenomenon by piggy-backing on an already existing study. The development of such a sample from scratch would be extremely expensive because of initial screening costs. The opportunity for such a recruitment may not come again for a long time.

This study builds on some established methodologies that have tested aspects of its recruitment including the Gallup Survey of Parenting Practices (which previously asked parents about sexually assaulted children within the last year in their household) and the first National Youth Victimization Prevention Study which previously tested following up families concerning children's victimization.

It will look at the police reporting and victim service contacts of a broad representative sample of cases, and is not confined, as most other studies, to cases that have been reported to or are known to some professional or agency. Thus it will give picture of a broader spectrum of cases, including some previously unreported to any authorities. As a result, this study will be very useful in identifying biases that exist in other studies which use samples from police data, child protective service agencies, mental health or victim service agencies, and it will be able to reveal a great deal about the kinds of cases that do not tend to be included in such samples because of non-reporting.

This study will examine the victimization and police reporting and service utilization experiences of the whole age spectrum of children (0-17). It will provide an important supplement to information from the National Crime Victimization Survey which is limited to victims 12-17.

This study uses a strong conceptual framework that is policy relevant. Unlike many studies that look exclusively at predictors of behavior that cannot be changed (how demographic or social predictors or types of assault affect police reporting), this study examines attitudes and perceptions that can be affected by agency policies and public relations. It thus has a great deal of promise for developing policy.

Given that NISMART is congressionally mandated to be periodically repeated, the present study could serve as a baseline to examine in the future whether police reporting and victim service utilization practices changed over time.

Limitations. Several limitations in the design should also be noted. It is likely that some of the most serious forms of child victimization, like parent-child abuse, may be underreported in this study. These are forms of victimization that families are most ashamed about, and it is unlikely that caretakers will tell us them about them if they have not already been officially reported or if they are themselves perpetrators. While these are serious assaults, they comprise a minority of all assaults to children (under 10%, (Finkelhor, 1979), and tend to have uniquely complicated reporting and service dynamics.

While it is not clear that there is any methodology that can identify many

unreported cases like this, there are ways in which we can check to see if our methodology undercounts in any way reported serious cases of this sort. Because it is a national study, we will be able to roughly extrapolate national rates for such assaults and compare them to the national estimates for the incidence of such reported assaults produced by other sources, such as the National Incidence Study of Child Abuse and Neglect (Sedlak & Broadhurst, 1996) and the National Child Abuse and Neglect Data System (U.S. Department of Health and Human Services, 1997).

This study relies on proxy interviews with parents about crime victimizations that have occurred to their children. Research, particularly in relation to the National Crime Victimization Survey, has suggested that proxy interviewing results in an undercount of the number of actual victimizations. This is probably less true for the victimizations of younger children, who probably would not be willing to tell an interviewer directly something they had not told their caretakers. So there may be some adolescent assaults we could get information about by interviewing adolescents too. But interviews with adult proxies have several advantages for the purposes of this study. 1) Prior research suggests that caretaker attitudes and decision-making are crucial factors in service utilization for children and adolescents and their perspective is central in understanding why outside authorities may be involved in family affairs. 2) Caretakers will have in most cases more detailed and more reliable information than children themselves about such matters as what law enforcement did, what were the outcomes of law enforcement activity, and the kinds and frequencies of service that were engaged surrounding the episode. 3) It would not be possible to interview younger children about victimizations and thus, data from the whole sample would be hard to generalize across all ages of children. Thus, some victimizations will be missed by relying on information from caretaker proxies, and the present study will in effect be a study of police reporting and service utilization from a sample of victimizations known to caretakers. But this is nonetheless an important set of cases from a policy point of view.

This study is reliant upon a single respondent for information about police report and service utilization and no validation of these reports will be included based on actual police or agency records. Such validation would be impossible given the national scope of the study. But it does mean that we cannot be certain that a police report was actually made, even though a caretaker says it has. This is a limitation of the police reporting information shared by the NCVS. Future local studies may be able to do more to validate such a methodology. We believe that there is sufficient presumed validity to self-reports of police contact and service utilization that important conclusions can be drawn, even given some invalid reports.

This study relies on a post-hoc cross-sectional design, such that we will not be able to know what the true differences were between reporters and nonreporters at the time prior to the reporters making their report. There is a likelihood that the actual experience with reporting will influence memory about attitudes toward reporting that existed prior to the report. Thus the experience of reporting may allay many of the concerns they had prior to reporting. So differences between reporters and nonreporters may be the result of the experience of the reporters with reporting, not

differences that existed prior to the reporting. This is an important limitation. But it is also not clear that there is any feasible solution to this problem, since the time frame between awareness of an episode and the making of a report is probably very short in most families. A prohibitively large sample would be required to actually assess caretakers who are facing cases in that short time window before reporting and not post-hoc. In this study, we can do two things to allay some of the problem. First, we will emphasize in questions about decision factors to respondents who made reports that we want them to answer questions as much as possible in regard to the dynamics, perceptions and attitudes that they had prior to the making of a report. This will be stressed in our instructions to respondents. Second, we will also try to assess any potential influence of the reporting experience by asking about whether respondents are aware of changes in their attitudes toward reporting on the basis of the experience they had. Third, we will discuss this limitation when we publish our findings and conclusions. But the issue of understanding the decision to report or not report is important enough that, it needs to be studied even given this limitation of post-hoc design.

Dissemination.

There are four important audiences for the conclusions of this study. 1) Police, prosecutors and criminal justice administrators who craft policies regarding police response and the public relations aspects of policing. 2) Staff and administrators for agencies that work with crime victims and their families, including mental health, medical and social service agencies. 3) Victims themselves and their families. 4) Researchers who are concerned about victim issues.

The project will produce a variety of documents and dissemination strategies to reach these audiences. As with any OJJDP project, there will be a final report and a final summary report, and the preparation of a public use data tape. We would seek to publish key findings in the form of an OJJDP report, which would certainly reach many criminal justice and victim service professionals and researchers. We will consult with the Police Foundation for dissemination ideas to reach an even broader audience of police officials. We will consult with the Office of Victims of Crime to see what opportunities and publications there might be for additional dissemination to victim services agencies. For both these audiences we will prepare two documents, "What child victims and their families want from the police" and "What child victims and their families want from victim service agencies." For the research audience, we will plan to publish findings from the study in important relevant research journals. To reach the general audience of victims and their families, we will work with University and NCJRS public relations staff to find ways to interest journalists in the findings of this study. The Principle Investigator has an excellent track record of gaining media coverage for its research, and has good contacts with journalists at the New York Times, USA Today and the AP Wire Service. We fully expect, given the importance of the topic and the unusual national sample, that we will be able to gain national attention for the findings from this study.

Human Subjects Issues

Confidentiality. No information gathered in the study will be released or disclosed to any source outside the staff of the study or reported in any way that will allow the identification of the respondent. Respondents will be told of this. Respondent identifying information, needed for recontacting the participants, will be stored separately from responses to the questions, linked by a code key that only the PI will have access to and will be destroyed once the interview is completed. Respondents confidentiality will be protected by a privacy certificate that will be obtained as part of the NISMART 2 study. An issue that arises in studies of victimization of children concerns whether information would come to light that would be reportable under state mandatory child abuse and neglect reporting laws. Although there is debate about this, many studies (including NISMART 1) have used federal privacy certificates to protect against such requirement and no state challenge to this protection has occurred or been successful.

These considerations, however, do not absolve the study of ethical responsibility for a child who might be endangered, if such a child should come to light in the study. It is our experience from surveys involving thousands of caretakers and children that actively endangered children are almost never revealed in general population studies of this sort (probably to some extent because children and caretakers are reluctant to disclose to interviewers situations that have not been resolved in some way). Moreover, because assistance is being offered respondents after the initial NISMART 2 screening, it is even less likely that previously unidentified endangered children will come to light in this follow-up interview. However, we have established a procedure for such an eventuality. A specific algorithm is devised that would alert interviewers about such a possibly endangered child, and to gain permission to recontact the respondent. A trained child welfare professional associated with the study would then recontact the family to further assess the situation of the child and try to work with the respondent to obtain assistance for the child.

Harm to subjects. There is no specific research suggesting that interviewing a caretaker in a voluntary interview about a crime committed against a child would be a harmful experience. Our experience on the basis of conducting thousands of such interviews is that extremely few participants have a negative reaction. As we have done in other such research, however, we organize the interview and train interviewers carefully in such a way that the experience is sympathetic and respectful. Interviewers are trained about how to detect possible signs of distress or discomfort, and to give options to the respondents for dealing with such discomfort, such as terminating or rescheduling the interview. We debrief all participants with a protocol that allows them to evaluate whether they feel the need for additional help and that provides 800 numbers for services that might be useful to gather more information or assistance.

Consent. Consent will be obtained at the time of the initial interview, at the end of the initial interview and again at the beginning of the follow-up interview. In addition,

interviewers will be trained to remind respondents, if they become distressed or uncooperative, of their right to refuse to answer any question or terminate the interview at any time.

Products

- Document 1: What Child Victims Want from Police (Month 24).*
- Document 2: What Child Victims Want from Service Agencies (Month 26).*
- Document 3: Journal article: Barriers to Police Reporting of Child Victimization (Month 30-31).*
- Document 4: Journal article: Barriers to Help-Seeking Among Juvenile Crime Victims (Month 34-35).*
- Document 5: OJJDP Publication (Month 28).*
- Public Use Data Tape (Month 35).*
- Final Report (Month 36).*

Staffing

This project will involve a collaboration among the Principle Investigator, David Finkelhor, Ph.D, research scientist Janis Wolak, and Lucy Berliner of the University of Washington and Harborview Sexual Assault Center.

Janis Wolak, J.D., M.A. will assist in the questionnaire development, data analysis and manuscript preparation. She is a sociologist with additional legal and policy background in the field of juvenile justice and juvenile victimization. She supervised the analysis of the National Youth Victimization Prevention Study (Wave 2) and contributed to several papers from that dataset.

Lucy Berliner, MSW, will participate in the project conceptualization, review questionnaires and design, and collaborate in the preparation of manuscripts for law enforcement officials and for scholarly publications.. She is one of the leading national authorities on child assault victims and the criminal justice system and victim services. She has conducted one of the few studies of the impact of criminal justice system on child victims, she has written extensively on the subject and spoken nationally and internationally to law enforcement personnel. She is currently engaged in one of the first evaluations of victim service utilization .

The interviewing in this study will be carried out by Schulman, Ronca & Bucuvalas, Inc., (SRBI). SRBI specializes in sensitive interviewing and has conducted numerous telephone surveys with crime victims and survivors of traumatic experiences.

Janis Wolak and David Finkelhor will assume primary responsibility for the development of the questionnaire, the interviewing of the respondents, the data analysis and the writing and disseminating of the final products from the project. Lucy Berliner will review the questionnaire development and participate in the writing of final documents, including those aimed at a law enforcement audience.

The schedule of activities is as follows: 1) Development and Pretesting of the Questionnaire (Months 1-3) ; 2) Interviewing of Respondents (Months 3-12); 3) Cleaning and coding of data (Months 12-14); 4) Analysis of the data (Months 14-28); 5)

Police reporting analysis (Month 12-18); 6) Service utilization analysis (Month 19-22); 7) Police and service utilization satisfaction analysis (Month 23-28); 8) Documents: What child victims want from police (Month 24), What child victims want from service agencies (Month 26), Journal article (Month 29-31), Journal article (Month 31-35), OJJDP publication (Month 28); 9) Preparation of the public use data tape (Month 35-36); Submission of final report (Month 36).

Police reporting analysis (Month 12-18); 6) Service utilization analysis (Month 19-22); 7) Police and service utilization satisfaction analysis (Month 23-28); 8) Documents: What child victims want from police (Month 24), What child victims want from service agencies (Month 26), Journal article (Month 29-31), Journal article (Month 31-35), OJJDP publication (Month 28); 9) Preparation of the public use data tape (Month 35-36); Submission of final report (Month 36).

REFERENCES

- Berliner, L., & Conte, J. (1995). The effects of disclosure and intervention on sexually abused children. Child Abuse & Neglect, 19(3), 371-384.
- Bradley, A. R., & Wood, J. M. (1996). How do children tell? The disclosure process in child sexual abuse. Child Abuse & Neglect, 20(9), 881-891.
- Cardarelli, A. P. (1988). Child sexual abuse: Factors in family reporting (209). Washington, DC: National Institute of Justice.
- Conners, C. K. (1985). The Conners Rating Scales: Instruments for the assessment of childhood psychopathology. Unpublished manuscript, Children's Hospital National Medical Center, Washington, DC.
- Finkelhor, D. (1979). Sexually victimized children. New York: Free Press.
- Finkelhor, D. (1984). Child sexual abuse: New theory and research. New York: Free Press.
- Finkelhor, D., Asdigian, N. L., & Dziuba-Leatherman, J. (1995). Victimization prevention programs for children: A follow-up. American Journal of Public Health, 85(12), 1684-1689.
- Finkelhor, D., Hotaling, G. T., & Sedlak, A. (1990). Missing, abducted, runaway and thrownaway children in America: First report. Washington, DC: Juvenile Justice Clearinghouse.
- Finkelhor, D., Moore, D., Hamby, S., & Straus, M. (1997). Sexually abused children in a national survey of parents: Methodological issues. Child Abuse & Neglect, 21(1), 1-9.
- Finkelhor, D., Paschall, M. J., & Hashima, P. Y. (1997). Juvenile crime victims in the justice system. In S. O. White (Ed.), Law and social science perspectives on youth and justice. New York: Plenum Publishing Corp.
- Fleiss, J. L. (1981). Statistical methods for rates and proportions. (2nd ed.). New York: John Wiley & Sons.
- Glanz, K., Lewis, F. M., & Rimer, B. K. (1990). Health behavior and health education, theory research and practice. San Francisco, CA: Jossey-Bass.
- Hsieh, F. Y. (1989). Sample size tables for logistic regression. Statistics in Medicine, 8, 795-802.
- Keary, K., & Fitzpatrick, C. (1994). Children's disclosure of sexual abuse during formal investigation. Child Abuse & Neglect, 18(7), 543-548.
- Sedlak, A. J., & Broadhurst, D. D. (1996). Third National Incidence Study of Child Abuse and Neglect. Washington, DC: U.S. Department of Health and Human Services.
- Tingus, K. D., Heger, A. H., Foy, D. W., & Leskin, G. A. (1996). Factors associated with entry into therapy in children evaluated for sexual abuse. Child Abuse & Neglect, 20(1), 63-68.
- U.S. Department of Health and Human Services. (1997). Child maltreatment 1995: Reports from the States to the National Child Abuse and Neglect Data System. Washington, DC: U.S. Government Printing Office.