



**FLORIDA STATE UNIVERSITY
FAMILY INSTITUTE**



FLORIDA'S YOUNG CHRONIC OFFENDERS

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YOUNG CHRONIC OFFENDERS STUDY

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Participating Universities

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Summary

Introduction

Parents, professionals and policymakers alike are troubled over today's youth – particularly youth in trouble. Juvenile crime, along with adolescent substance abuse, school failure and teen pregnancy, has risen. As Florida's juvenile population increased by 39% from 1985 to 1995, juvenile arrests skyrocketed during that decade:

- murder increased 122%;
- robbery increased 97%;
- aggravated assaults increased 109%; and
- motor vehicle thefts increased 85%.

(Florida Department of Juvenile Justice, 1997)

Everyone pays the price for juvenile crime – directly or indirectly. Studies illustrating the costs to victims, families, communities and society abound. Chronic juvenile offending is especially costly.

- Vehicle theft costs over \$37 million annually.
- Robbery costs Florida about \$7.6 million annually.

(National Institute of Justice, 1996)

A small number of youth are most likely responsible for a disproportionate amount of property damage, pain and suffering, and medical care costs caused by youth crimes in Florida. Whether considered in losses of human capital, a dollar amount, or a compromise to our country's future, the costs of juvenile offending are enormous.

Taxpayers and lawmakers are frustrated by the apparent lack of solutions for the juvenile crime problem. In fact, questions are being raised about the value of current interventions for juvenile offenders. In response to these concerns, researchers and practitioners are re-examining current strategies and proposing new researched-based intervention to address concerns about the costs and consequences of juvenile crime in Florida.

The purpose of the *Young Chronic Offenders Study* was to: (a) develop a multidimensional description of the young chronic offender; and (b) develop an understanding of individual, family, community, and juvenile justice factors that are associated with positive and negative responses of the young chronic offender to different treatments. This research project provides an initial understanding of the factors and

circumstances needed to detect early warning signs of initial as well as chronic youthful offending behavior. Presented here is an examination of the characteristics and behaviors of Florida's juvenile offenders, along with a solid empirical base for developing interventions, programs and policy for addressing juvenile crime.

The Young Chronic Offenders Study

The *Young Chronic Offenders Study* provides an initial understanding of the factors and circumstances needed to detect early warning signs of initial as well as chronic youthful offending behavior. Study findings on 1) the social costs associated with young chronic offending, 2) the characteristics and behaviors of Florida's juvenile offenders, and 3) research-based strategies, and recommendations for interventions, programs and policy for addressing juvenile crime are presented. The *Young Chronic Offenders Study* was guided by two assumptions.

1. Interventions should be based on a research-informed understanding of how juvenile offending develops and on how social and cultural factors are involved in the development of juvenile offending.
2. Effective programs must use theory-based intervention strategies that have been demonstrated to effectively ameliorate juvenile offending.

For this study, the Florida Juvenile Justice Accountability Board developed the following criteria for identifying young chronic offenders:

- youth 11 years old and younger who had committed 10 offenses in a 12-month period, or
- youth 12 to 15 years old who had committed 15 offenses in an 18-month period.

Developmental-ecological framework. The current policy debate among juvenile justice experts centers on the subject of youth who repeatedly commit crimes. While chronic offenders constitute a minority of all juvenile offenders, these youth account for the majority of juvenile crimes. When chronic offending begins in early adolescence it tends to persist and worsens over time. The developmental-ecological or *holistic approach* offers practitioners and policymakers ways to understand, predict, prevent and treat adolescent antisocial behavior.

For years, research has shown that family and environment play a role in whether youth become chronic offenders. Bronfenbrenner's ecological theory of development, integrating both developmental and contextual issues when viewing human growth (Bronfenbrenner, 1979), was the foundation in developing the holistic framework used in this study. The holistic framework views the youth's experiences and behaviors within the context of their family, community, educational experiences, and involvement in the juvenile system. Serious offending does not materialize quickly but over a period of years. With a

holistic framework, we can more easily identify critical developmental stages during which intervention can modify or prevent future young chronic offending. This model permits examination of problem behaviors over time, while emphasizing how contextual factors, such as family disruption, parent-child relations, adult and peer rejection, school problems, poverty or mental health and substance abuse influence the course of anti-social and criminal behavior. The Literature Review and Analysis in Appendix A offers an in-depth explanation of this theoretical framework, along with an extensive research review and presentation of intervention strategies.

Practical applications. Because serious delinquency is multidimensional, it is critical to consider all risk and protective factors for offending behavior within the context of the child and his/her environment. Past intervention programs have typically targeted a single risk factor or level of development and dysfunction rather than looking at multiple problems in many settings. Antisocial behavior is remarkably stable over time and distressingly persistent, particularly from middle childhood to adolescence. The youth who become chronic offenders show problems early in life. These individuals show remarkable continuity of antisocial acts over their life spans, and longitudinal evidence shows that the best predictors of life-course persistent delinquency are early childhood behavioral problems (White et al, 1990).

Knowledge base. Critical to the development of young chronic offending is the age at which the youth is first arrested. In Florida, chronic offenders are first arrested between the ages of 10 and 14 (mean age = 11.95; Florida Department of Juvenile Justice, 1997). Longitudinal studies show that youth whose first arrest occurred between the ages of 12 and 14 were more likely to be chronic offenders in adulthood when compared to youth whose first arrest occurred between 15 and 18 (Farrington, 1995; Howell, et al, 1995). Indeed, the early onset of delinquent activity has been identified as one of the most significant predictors of poor outcomes and serious delinquent activity (Patterson & Yoerger, 1993).

Who are Florida's Young Chronic Offenders?

Based on the holistic research on juvenile crime and its related factors and the *Young Chronic Offenders Study*, the following key predictors for chronic offending have been identified.

Age of onset. Based on the youth examined in this study, we found that earlier involvement in offending produced greater risk. Initial involvement of young chronic offenders was found to have occurred at a younger age than was the case for juvenile offenders, on average. Young chronic offenders examined in this study had on average their first arrest 2 years younger than their juvenile offending counterparts (12.1 years old and 14.4 years old, respectively).

Variety of problem behaviors. Youth with a variety of problem behaviors which occurred in more than one setting (home, school, and community) were found to be at elevated risk. The greatest risk for chronic offender status was found in youth who developed

a more varied set of delinquent behaviors, contrasted with those who developed a smaller set of less serious offenses.

Level of progression down the path of anti-social behavior. The rate of involvement in serious delinquency or the order of involvement (more and more serious acts, in greater frequency over shorter periods of time) helps distinguish risk.

While chronic juvenile offending is defined differently in research, law and policy, practitioners and policymakers must keep in mind an important distinction. Some youth *occasionally* commit an antisocial act, while a smaller group of chronic offenders *habitually* commit a *variety* of antisocial acts such as stealing, setting fires, breaking into houses or cars, destroying property, physical cruelty, frequent fighting and rape.

Chronic offenders are responsible for most juvenile crime committed and may be likely to continue their criminal activity in adulthood. Youth who were aggressive or got into trouble when they were younger by lying, being truant, stealing or doing poorly in school may be more likely than other youngsters to become chronic juvenile offenders. The nature, volume and chronicity of juvenile offending makes it unlikely that these youth will outgrow these behavior patterns without effective intervention. This research analysis examines this costly and troubling social problem.

Key Study Findings and Recommendations

The young chronic offender population is diverse. The developmental paths of the youth studied varied. Data indicated that young chronic offenders do not follow a single path subsequent to their first offense, and that the responses of their families, the community and the educational and juvenile justice systems varied. Youth who entered the juvenile justice system were found to: (a) commit a large number of offenses at a young age but not re-offend for a considerable period of time; (b) follow a pattern of continuous criminal activity; or (c) “detour” out of the system without re-offending.

The following study findings and recommendations were generated from the *Young Chronic Offenders Study*.

Age. Young chronic offenders are arrested on average two years earlier than juvenile offenders. **Recommendations:** Prevention and intervention programs should target youth 13 years and younger with first-time offenders in mind. Comprehensive intervention services should accompany first-time offenders.

Arrests. The threshold in chronic offending for number of arrests is five. Therefore, youth arrested for the sixth time are extremely likely to later become young chronic offenders. **Recommendation:** Multiple intervention services should be directed to youth who are arrested as first through fifth time offenders in order to divert youth from chronic offending.

Young chronic offenders are more likely to have multiple offenses at first arrest than their juvenile offender counterparts. **Recommendation:** Youth brought in on first arrest with multiple charges may need to receive more intervention services and a more severe consequence.

Young chronic offenders are more likely to have a felony charge at first arrest than are juvenile offenders. **Recommendation:** A felony charge at first arrest should signal that intervention services and appropriate consequences are needed.

Youth who have more than one arrest do not seem to be receiving an appropriate disposition. **Recommendation:** After the first arrest, youth who continue to re-offend must have some consequence attached to their offenses.

Consequences. Communities may not be providing the appropriate interventions and consequences for the youth. **Recommendation:** The research clearly points to the need for individualized attention and structured programs that engage these youth in building their own skills and in contributing to their community in a meaningful way.

At first arrest most youth are not adjudicated. **Recommendation:** Adjudication may be an important process for youth to understand and to experience as a more concrete consequence for their action.

Placement location. It is unclear whether the Department has clear guidelines regarding case managers' responsibilities with youth who are placed more than a 50-mile distance from home. Communication between youth and case manager often deteriorates or completely stops once the youth is detained. **Recommendation:** This policy should be consistent across districts so commitment programs can have reliable and realistic expectations of DJJ case managers. An ideal situation would allow for youth/caregiver visitation and comprehensive treatment planning, (which includes the caregiver), to occur during case manager visitation. The facility assumes responsibility of the youth, however, the case manager must be made aware of the youth's progress at least on a weekly basis if only by telephone.

Family involvement. Family involvement in the assessment, treatment planning, and decision-making regarding the care of youth needs to be improved. At present, all caregivers do not receive monthly updates from commitment placements. Few caregivers indicated that they have been given a copy of the treatment plan from which services are driven. Two rules were mentioned that may or may not be within the control of the Department. The first seems to be a rumored regulation that does not allow for youth in commitment to communicate with youth in other placements. The second appears to be an agency-level rule that does not allow for visitation by youth under the age of 18. **Recommendations:** Families should be provided regular updates on the progress of their youth. Families should also be involved in the planning of the treatment plan. Youth should be able to have contact with their siblings while in commitment programs.

Cultural sensitivity. As part of each youth's assessment, an assessment of his/her cultural preferences and values is much needed. Few placements asked the youth questions regarding religious, racial or ethnic practices, values or beliefs. **Recommendation:** Improved cultural awareness could benefit the youth, families, and the juvenile justice system at all levels.

Continuity of care. District systems that have community units, commitment units, and aftercare units result in unnecessary disruptions in the continuity of care. **Recommendation:** While it is inevitable and unavoidable that some youth will experience changes in case managers, guidelines should be offered to help limit the number of transitions.

Education. Education is often left out of treatment planning, resulting in disjointed and possibly duplicative services. **Recommendation:** Commitment programs need to work toward integration of all their service components.

Although many of the facilities had adequate resources and curriculum materials, grade specific or grade level materials were not always available to the youth, particularly those working considerably below their grade level. Not all programs had certified special education teachers. **Recommendation:** Youth receiving special education services within a commitment program need to be assured equitable services to their community-based counterparts.

Mental health. Several programs have "special needs beds" and special programs, but this does not recognize the need that most of these youth have for basic services to address their criminality, their separation from home, and their future planning. **Recommendation:** Youth in commitment placements should have access to a basic level of mental health care at a minimum.

Definitional issues. Offenses may cause one to overestimate young chronic offenders because a youth can receive multiple offenses within one arrest. **Recommendation:** The use of arrests seems to be a more appropriate measure of "chronicity."

Data limitations and integrity. The databases used by Department of Children and Families (DCF), Department of Juvenile Justice (DJJ) and Department of Education (DOE) were not compatible. **Recommendation:** By using a compatible database system the process of converting from one format to another would be more efficient. Consistent reporting of youth identifiers (e.g., birth dates, names and social security numbers) would be beneficial for agencies in order to facilitate the sharing of data between agencies.

Future studies. The current study supported views of professionals in the field. **Recommendation:** Additional studies should be long term and in-depth to discriminate between those who continue to offend and those who desist.

These key study findings regarding the age and arrest history of juvenile and young chronic offenders lead us to recommend prevention programs that target youth under 13 years old. Multiple intervention services and appropriate consequences must be provided when youth are first arrested. A cumulative indicator assessment device for identifying youth who are at great risk of becoming young chronic offenders is needed. Many youth committed, and were charged, with more than one offense at the time of arrest. Therefore, using numbers of arrests rather than numbers of offenses for identifying young chronic offenders provides a more appropriate measure of “chronic.” Improving the compatibility of data used by state agencies by implementing a common format for storing information and using a uniform data system will improve research, interventions and policy making. Our case study interviews identified several factors that hinder interventions for youth offenders and their families. Improvements are sorely needed in the assessment and treatment process. Currently, family involvement and cultural sensitivity and continuity of care seem to be lacking. Commitment programs need to integrate and improve all of their components – particularly education and mental health services.

Future Research

The developmental course of chronic youth offending is quite costly to individuals, families, communities and American society generally. It is critical to identify youth who are at high risk for re-offending in order to track and assess how well the system is meeting the needs of these youth and how different factors in the system are effecting youth outcomes. By increasing our understanding of how offending unfolds and develops across the life span, successful interventions can be designed. Building on the work of the *Young Chronic Offender Study*, further research is required to identify and examine the paths of development and criminal activities of first-time juvenile offenders under age thirteen. This report includes proposals for short-term and long-term research to assess holistic factors and responses of families, school, and the juvenile justice system and other intervention systems to first-time juvenile offending by younger youth.

Although the challenges facing researchers, practitioners, and policymakers by young chronic offenders are great, new research and frameworks provide reason for optimism. Holistic research, such as the *Young Chronic Offender Study*, has enormous practical relevance and has guided the intervention and prevention research programs. This new era of research-informed policy can guide resource allocation and program decision making as never before.

**Final Report of the Quantitative and Qualitative and
Case Study Analyses**

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Introduction

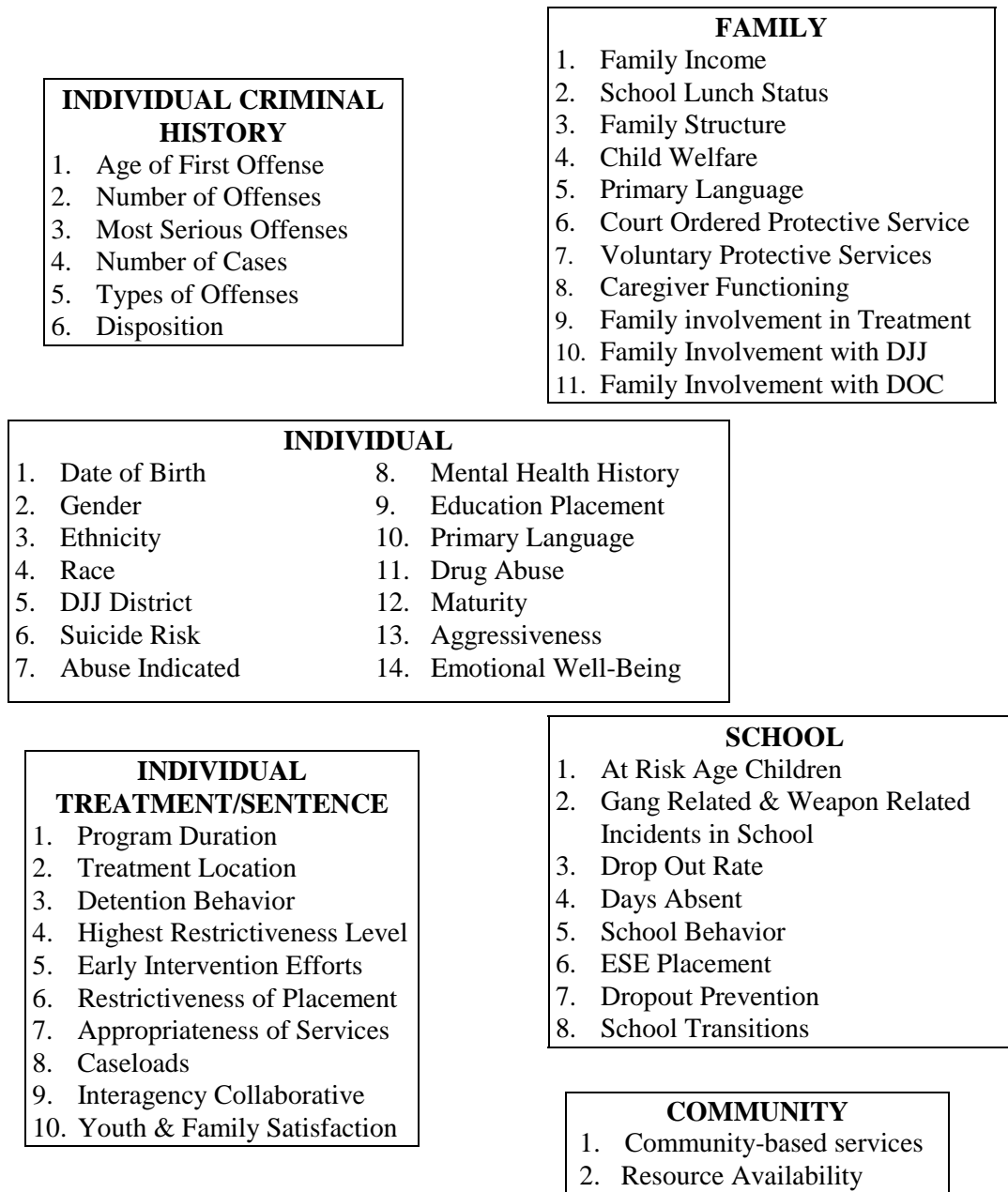
The *Young Chronic Offender Study* is a collaborative applied research endeavor of members of Florida Inter-University Consortium for Child, Family and Community Studies (Type II Center). This report is an integration of three components: 1) the findings from the earlier reports of this study; 2) new analyses with the quantitative data that includes Departments of Juvenile Justice (DJJ), Education (DOE) and Children and Families (DCF) databases; and 3) analyses of the qualitative data collected in case study format. Together the three components provide a comprehensive semblance of data on young chronic offenders in Florida that enable this study to address important and complex questions. This report is divided into seven major sections with information from the aggregated databases preceding information from the case study analyses for each section. First, the framework that this study employed is presented. The methods of data collection are then presented, followed by demographics and the multi-dimensional characteristics as defined by the holistic model of young chronic offenders. These levels include the individual level, the family level, the school level, the community level, and the treatment level.

Holistic Model

Using a holistic model, this investigation identified characteristics that are linked with youth becoming young chronic offenders. Presented in Figure 1 are the characteristics that were examined at multiple levels of each youth's ecology (e.g., individual, individual-treatment/sentence, individual-criminal history, familial, school, peer group, and community). Within the overall individual level there were sub-levels of individual characteristics that were examined, for instance, treatment/sentence, criminal history, and general individual variables. Family characteristics included such variables as family income and family functioning. The school characteristics included such variables as drop out rate within that school. Community characteristics included such variables as the median household income; however, it was not possible to examine these variables due to restrictions in the available data.

Also provided in Figure 1 is a complete listing of characteristics related to young chronic offenders that were studied in the quantitative part of this investigation. There were certain categories in the model where only a few characteristics could be examined because of limitations in employing secondary data sets. For example, we were unable to access information about parental criminal behavior. In addition, some of these characteristics may not be available in the current data system. Nonetheless, this study, in concert with the case studies, afforded a more comprehensive examination of young chronic offenders.

Figure 1. Variables of Interest Employed in this Study



Methods

Quantitative and Qualitative Methods

Databases. The data for the quantitative analyses were drawn from three of Florida's major databases: 1) DJJ, 2) DOE, and 3) DCF. Data sets from community-based agencies were excluded for two reasons. First, there was a lack of consistent identifiers among the databases. Second, given the difficulty in obtaining IRB approval of state owned databases, the time frame prohibited the research team from identifying, contacting, and formalizing data agreements with non-state, local agencies. Despite these limitations, comprehensive comparative analyses of young chronic offenders is provided.

Target Population. For this study, the Juvenile Justice Accountability Board (JJAB) developed criteria for young chronic offenders. Young chronic offenders (YCOs) were defined as: youth ages 11 and under who have committed 10 offenses in a twelve-month period, or youth ages 12 to 15 who have committed 15 offenses in an eighteen-month period. Juvenile offenders (JO) were used as a comparison group to gain a better understanding of young chronic offenders. Juvenile offenders refer to youth (ages 7 to 17) who have committed an offense or multiple offenses in fiscal year 1995 but are not young chronic offenders. The quantitative section of this report examines the differences and similarities between young chronic offenders and juvenile offenders. However, it is important to note that program information was only available on the young chronic offenders.

A specific time frame was required to identify a target population based on the definition of this study population. Because of the time-bound definition of young chronic offenders, young chronic offenders and juvenile offenders were identified from the fiscal year 1995-96 Delinquency and Dependency Referral database. Fiscal year 1995-96 was employed as the base year because it allowed for a retrospective and prospective examination of the data. Young chronic offenders in this study are defined as (1) youth ages 11 and under who have committed 10 offenses between July 1, 1995 and July 1, 1996; or (2) youth ages 12 to 15 who committed 15 offenses between July 1, 1995 and January 1, 1996.

The DJJ database includes information from 1982 through December 1997. The DCF data also includes multiple years of data – from 1979 through August 1998. Although multiple years of data were not available from DOE, there was a great deal of information that was available and useful for this study (DOE data was only available from school year 1995).

The DCF and DOE databases were matched with the DJJ databases by an identifier. Depending on the database, the success rate for matching between DOE and DJJ ranged from 69% to 100%. The matching rate between DCF and DJJ databases was 100%. However, DCF only had records for those individuals who had been involved in their system, making data available for only a subset of offenders.

Sample Size. The total number of young chronic offenders as defined by JJAB in fiscal year 1995-96 was 1,389. The number of juvenile offenders in the comparison sample was 5,319. These juvenile offenders were drawn from a random sample that was weighted by district. This stratified sampling scheme was undertaken for the juvenile offenders to ensure that an adequate comparison group existed, even when information is unavailable.

Random sampling was used to increase data flexibility to address the questions and goals of this research. Table 1 presents the required random sample sizes by district. These numbers are based on estimating a population proportion within “.05 with 95% certainty” (Thompson, 1992). For example, consider estimating the proportion of juvenile offenders who committed violent crimes in their first offense. A sample of 339 out of the 2,129 juvenile offenders in District 1 allowed for an estimation at the 95% confidence interval with a length of .1 or less. As Table 1 indicates, a sample of less than 400 in each district is required for this inference. In basing our sample size on a univariate analysis of a nominal variable, we have prepared for a worse case scenario - one in which the data is at the least informative measurement level. Thus, we have increased our ability to capture information that would otherwise be lost without an adequate sample size.

Table 1. Sample Sizes by District

District	1995 Population Size of Juvenile Offenders	Random Sample Size of Juvenile Offenders
District 1	2,129	339
District 2	2,485	345
District 3	1,971	333
District 4	4,455	367
District 5	4,693	369
District 6	5,537	373
District 7	7,177	379
District 8	3,371	358
District 9	3,058	354
District 10	4,950	370
District 11	6,922	378
District 12	2,225	339
District 13	2,465	344
District 14	2,782	350
District 15	1,631	321

In sum, using fiscal year 1995-96 data allowed us to look at variables both retrospectively and prospectively. Therefore, we were able to examine factors associated with whether a youth did or did not become a young chronic offender. We were also able to look forward to examine what variables continued to be associated with re-offending.

Case Study Methods

Target Population. The case study target population was the same as for the secondary data analysis portion of this study. The JJAB's criteria for young chronic offenders was used by the DJJ to determine the population in May of 1998. That population consisted on 365 youth who met criteria and who were, at that time, committed to the Department.

Sample Size. The total sample size is 63 case studies. That is approximately 17% of the total Young Chronic Offender population as defined above. The research team had originally anticipated the completion of 65 case studies. The list of potential participants was exhausted and the research team did not believe there would be any appreciable differences between the completion of 63 case studies and 65 case studies.

Each case study involved a series of interviews conducted with key informants, most often the youth, caregiver, provider(s), DJJ caseworker, and teacher. Additional informants have included foster care caseworkers and foster parents. In total, 275 individual interviews were conducted. On average that is four interviews per case with a range from three to seven interviews for an individual case.

Case Study Protocol. The Young Chronic Offender Case Study Protocol is a series of semi-structured interviews that were designed to assess multiple aspects of the status of the youth and families interviewed, as well as areas that assess the performance of "the system" in meeting the identified needs. Similar questions are asked to each of the multiple informants (i.e., youth, caregiver, provider(s), DJJ caseworker, and teacher). Questions were designed to explore content rather than gather historical information. Historical information was gathered by reviewing administrative data provided by the DJJ for each youth, and by reviewing records either on-site at the youth's placement program or in their local DJJ office.

The design team for the protocol development consisted of the research team faculty from each of the participating universities. This allowed for input from multiple players with varying areas of expertise. After three rounds of revisions from the research team members, a pilot protocol was designed. Following the first five case studies, minor revisions were made to the protocol.

The case study portion of this research study consists of 63 case studies using the Young Chronic Offender Case Study Protocol. Each case study included interviews with the youth, a caregiver (relative and/or non-relative), the DJJ case manager, a juvenile justice program provider (i.e., residential case manager/clinical coordinator or aftercare case manager) and a teacher. Some cases included all of these informants whereas some include

only a subset due to lack of availability or agreement to participate. Caregiver consent was acquired prior to interviews, and the youth signed an agreement to participate at the time of his/her interview. Caregiver consent was sometimes difficult to obtain because the whereabouts of the parents or guardians were unknown. In several cases, the youth served as the conduit to the family to obtain consent. Other special circumstances involving consent arose with the youth who were in foster care. There were sometimes disputes about who had “the right” to sign on behalf of the youth, the DJJ of the DCF. In some instances, these youth were not allowed to participate in the study because this issue could not be resolved.

Case studies were scheduled so that all of the interviews occurred on the same day. To accommodate schedules some rare exceptions were made, but interviews were not more than a week apart. Interviews were done in person when possible (including in family’s homes), and on the phone only when distance prohibited face-to-face contact. Relative caregivers were offered a \$10.00 stipend in exchange for participation in the research study.

The protocol was designed to reflect status within 12 different areas of inquiry (six reflecting youth and family status, and six reflecting system performance).

Youth and family status. Interview questions addressed the following six areas of youth and family status:

1. ***Restrictiveness of Placement*** - Placement of youth should be made in the least restrictive (of liberty and opportunity) and most appropriate setting for the youth taking into account his/her age, ability, and level of need for assistance, supervision, or support.
2. ***Appropriateness of Services*** - Services received by the youth and/or family should be chosen after conducting the appropriate and necessary assessments. Such services should be consistent with the level of need of the youth and/or family and the ability of family members.
3. ***Caregiver Functioning*** - The primary caregiver is expected to provide essential parenting functions necessary for the youth’s physical, mental, social and moral development.
4. ***Emotional Well-being*** - The youth is either (a) free of major emotional problems, behavioral disorders, and high risk behaviors; or (b) the presence of such behaviors or emotional problems is addressed with a commensurate level of assistance, support, supervision, and/or treatment necessary.
5. ***Youth/Family Satisfaction*** - The degree to which youth and family receiving services believe that those services are appropriate for their needs, respectful of their views and privacy, convenient to receive, tolerable (when imposed), and ultimately beneficial in effect. If interventions are intended to be rehabilitative as well as punitive, this principle impacts both involvement and success.

6. **Education** - Youth should be consistently attending school in a program appropriate for their age, needs, and academic performance. For youth with special learning needs, appropriate accommodations should be made.

System performance. Six areas related to system performance were selected for inquiry. Questions were designed to determine:

1. **Family Involvement** - Services are provided in a manner that allows for the involvement of the youth and other family members to assist in assessments and service planning. By involving families, the responsibility for the youth can be shifted back to the family or, at least, shared with the state.
2. **Community-based Services** - Services are provided to the youth and/or family in their own community when appropriate, and are accessible and available to the family.
3. **Interagency Collaboration/Coordination** - Services respond to an interrelated array of issues and concerns for the youth and family and are delivered in a coordinated manner across disciplines and agencies.
4. **Cultural Competence** - Service providers and agencies work with the youth and family in a manner which demonstrates a value of diversity, acknowledges and works with the underlying cultural dynamics of the youth and family, and adapts to meet the needs of culturally and ethnically diverse youth and families.
5. **Early Intervention** - Services are provided to the youth and families through effective early identification and intervention.
6. **Resource Availability** - Necessary resources are available to the youth and family when needed at the level of intensity needed. Provision of services should be based on need as opposed to space or program availability.

Case study interviewers were trained to make ratings in each of these areas of inquiry. Making these ratings required the interviewer to integrate information from the various sources (interviews, observations, records, and administrative data) and to answer three different types of questions.

1. Interviewers were asked to answer a number of summary questions specific to each area of inquiry.
2. Based on those responses, the interviewer was then asked to make a rating between 1 and 5 (1 = Unacceptable, 3 = Acceptable, and 5 = Excellent). Anchors for examples of 1, 3, and 5 ratings were offered to help guide the interviewer.

3. Finally, the interviewer wrote a brief paragraph explaining the factors that were taken into consideration when making numerical ratings.

Table 2 displays the average ratings for all twelve areas of inquiry. Please note that the number of cases considered in the averages vary. At times, the interviewer lacked information to make a confident rating.

Table 2. Average Ratings for the 12 Areas of Inquiry

Area of inquiry	Average rating *	Number
Restrictiveness of Placement	2.94	63
Appropriateness of Services	2.32	63
Caregiver Functioning	2.71	56
Emotional Well-Being	2.49	63
Youth/Family Satisfaction	2.77	62
Education	2.93	59
Overall Youth & Family Status	2.71	63
Family Involvement	2.05	62
Community-based Services	2.48	61
Interagency Collaboration	2.14	63
Cultural Competence	2.58	62
Early Intervention	2.00	58
Resource Availability	2.23	61
Overall System Performance	2.25	63

* 1 = Unacceptable, 3 = Acceptable, and 5 = Excellent

Primarily, average ratings rank between 2 and 3, suggesting status or performance is somewhat less than acceptable, but efforts are being made to address the needs of the youth and/or family. In many cases Education was believed to be the strongest component of the youth's treatment (average rating of 2.93). Early intervention was rated lowest (average rating of 2.00). There were, however, some exemplary practices where ratings of "5-Excellent" were made in individual areas of inquiry. Each of these areas of inquiry will be discussed and specific case examples will be provided.

Demographic Information

Florida's Population of Young Chronic Offenders

In 1995, there were 1,451,493 non-offending youth (ages 7-15) in Florida . A total of 58,279 or 3.9% of Florida youth (ages 7-15) were juvenile offenders. Young chronic offenders comprised 1,389 of 58,279 juvenile offenders (approximately 2.4% of all juvenile offenders and .1% of all youth aged 7-15 in Florida). While the number of young chronic offenders as defined here appears to be small, they may account for a larger percentage of the

offenses committed. One research question is, “What is the percentage of offenses committed by young chronic offenders as a whole compared to juvenile offenders who are not chronic?”

Age and gender. The majority of young chronic offenders and juvenile offenders are between the ages of 12 to 15. Approximately 93% of young chronic offenders are ages 12 to 15 while 95% of juvenile offenders are ages 12 to 15. However young chronic offenders are likely to be older than their juvenile offender counterparts, more than half of the young chronic offenders were age 15 compared to 16% of juvenile offenders. The early onset of delinquent activity appears to be one of the most significant predictors of poor outcomes and serious later delinquent activity (Patterson & Yoeger, 1993).

Offenders, in general, are male, and this is especially true for young chronic offenders. Regardless of age, an overwhelming majority of young chronic offenders are males (91%). Although juvenile offenders are also mostly males (69%), females (31%) are a sizable percentage of the juvenile offender population in Florida. According to census estimates for Florida, the youth population is nearly evenly split (51% male, 49% female).

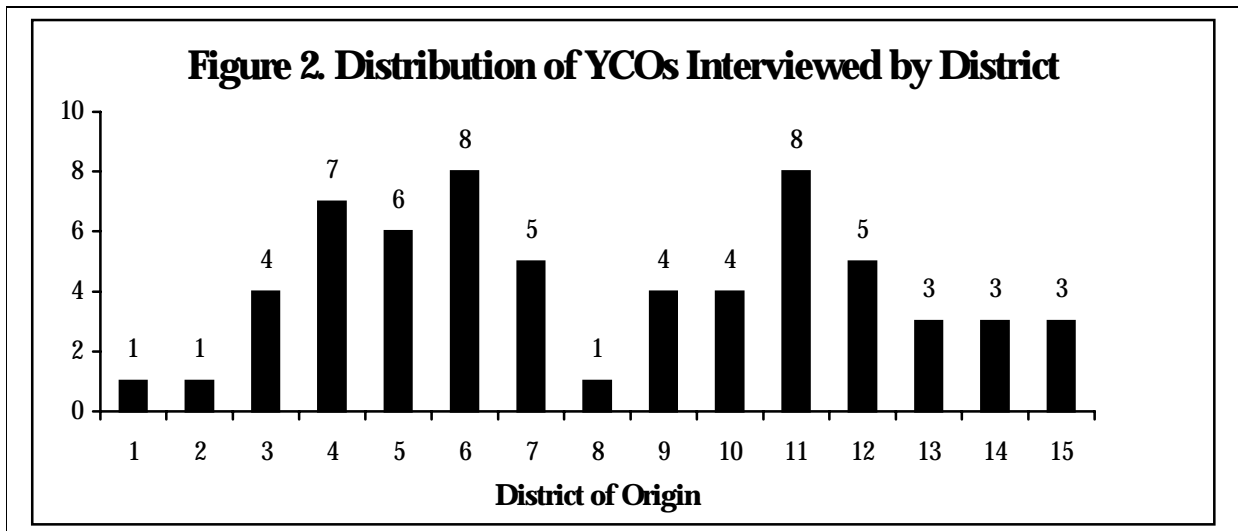
The majority of young chronic offenders in the case study sample were male (87%, n=55), and the average age was 14.65 years of age at the time of interview. The population that was drawn in May of 1998 was 92% male with an average age of 14.25 years. It is interesting to note that the target population of young chronic offenders is not particularly “young”. It is likely that this is due to the fact that youth are frequently not committed to placement at the time of their early offenses.

Ethnicity. Young chronic offenders tended to be non-white while a majority of juvenile offenders were white. Younger young chronic offenders were slightly more likely to be non-white than were older young chronic offenders. For example, 59% of young chronic offenders age 11 and under were non-white. Of young chronic offenders, 55% of those aged 12 to 15 were non-white. The majority of juvenile offenders were white (65%). Non-white youth were over-represented in the young chronic offender population compared to the juvenile offender population. It is important to note that this grouping falsely represents ethnic groups. For example, it is unclear what ethnic group Hispanics were in. In a state as diverse as Florida, a more descriptive ethnic composition measure is needed to provide a thorough understanding of the ethnic composition of young chronic offenders.

The DJJ database that was made available when the population was drawn categorized individuals as either White or Black. Given that breakdown, according to May 1998 data used to select the sample for the case study portion, 56% of the youth were Black. The case studies allowed the research team to gain further information regarding race and ethnicity of these youth. Based on self-identified race of the 63 youth, the sample was primarily African-American (44%), followed by Euro-American (32%). A significant percentage (14%) was Hispanic of varied ethnicities including Cuban, Mexican, Chilean, Colombian, Uruguan, and Puerto Rican. There were three youth (5%) who self-identified as “Other”, reporting themselves as Haitian and not included in any of the traditional racial categories. An additional 3% were biracial, and 2% were of Native American descent.

District of origin. Slightly less than half of young chronic offenders (47.7%) lived in three districts which included a large metropolitan area. District 11 (Dade County - Miami) had the highest percentage of young chronic offenders (16.6%) followed by District 6 (Hillsborough and Manatee Counties -Tampa; 15.6%), and District 7 (Orange County - Orlando, 15.5%). These same three districts comprised 21.2% of the juvenile offenders in Florida with the highest number of juvenile offenders coming from Orange County (12.6%). The high numbers of juvenile offenders from those three districts are not surprising given that 36.7% of Florida’s youth population between the ages of 7 and 15 live in these three districts. However, the percentage of young chronic offenders from those three districts was over ten percentage points higher than the state’s youth and juvenile offender populations. The natural follow-up question to this finding is “Are there some underlying contextual variables related to high frequency of young chronic offenders in these three districts as compared to youth population as well as the juvenile offender population?” Because of the limitation of secondary data, this question was not addressed here; but will be included in the proposed longitudinal follow-up study.

Youth in the case study sample came from around the state (see Figure 2). The majority of the youth interviewed came from District 6 (Tampa area) and District 11 (Miami area) who were indicated as the two districts yielding the most young chronic offenders in the secondary data analysis. The secondary data analysis also noted that District 4 had a high number of juvenile offenders but a relatively low number of young chronic offenders. In an effort to examine that issue we over-sampled for District 4. However, we were unable to conduct any explanatory analysis regarding this observation due to the small sample size.

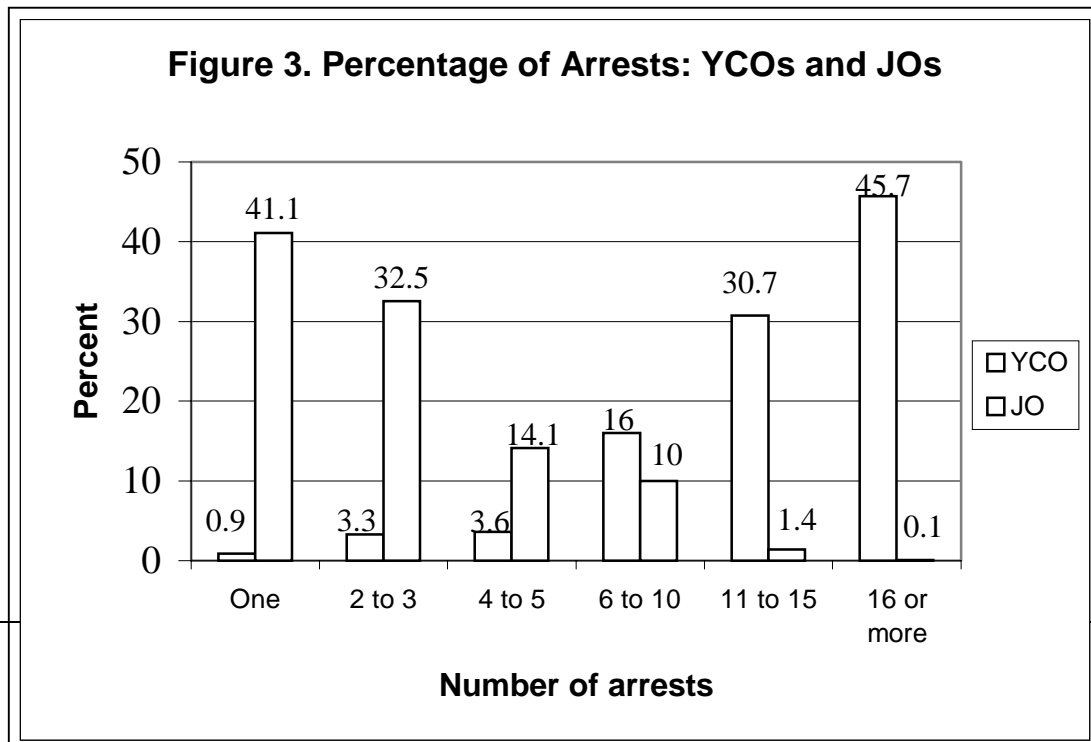


Individual Level Information

Arrest History

Age at first arrest. Research shows that age of onset of delinquency and violence is predictive of a continuance of such behavior during adolescence and young adulthood (Dryfoos, 1990, 1998; Hawkins & Catalano, 1992; Huizinga, Loeber, & Thornberry, 1994). Young chronic offenders were significantly more likely to be arrested for the first time at an earlier age (12.1 years old) than juvenile offenders (14.4 years old). Young chronic offenders have their first arrest on average two years earlier than their juvenile offender counterparts. Clearly, efforts to decrease the likelihood of a youth becoming a young chronic offender should target young (under age 13) first-time offenders.

Number of arrests. Young chronic offenders had a significantly higher number of arrests than their juvenile offender counterparts. This evidence supports using the JJAB definition of young chronic offenders. Figure 3 shows that a staggering number of young chronic offenders are likely to be arrested six or more times (92%), While, the majority of juvenile offenders (74%) are arrested between one and three times.



This preliminary finding indicates that the threshold (tipping point) between being a juvenile offender and young chronic offender is approximately five arrests. Thus, intervention efforts should be provided as a consequence of earlier arrests, to decrease the likelihood of future arrests and movement into chronic offender status.

Arrest activities for the first year. Using both young chronic and juvenile offenders' first arrest as a starting point, we blocked off time segments of one year and aggregated the offenders' activity for the year. Therefore, the offenders' age of introduction into the judicial system is used to mark the first year of activity in the system. Because some offenders' ages at the first arrest appeared questionable the analysis did not include offenders whose age at first arrest was less than seven years.

As shown in Table 3, the mean number of offenses for juvenile offenders is constant and low over the years. On the contrary, the mean number of offenses for young chronic offenders lacks consistency and is higher. Indeed, these numbers suggest that young chronic offenders commit more crimes than juvenile offenders do at all ages, but especially at ages 12 to 15. The mean number of offenses declined at age 17 and 18, possibly due to offenders moving into adult court.

Table 3. Average Total Number of Offenses by Age Cohort for YCOs and JOs

Age at first arrest	Mean number of total offenses	
	<u>YCO</u>	<u>JO</u>
7	3.9	1.4
8	2.8	0.9
9	2.8	1.1
10	4.1	1.2
11	4.0	1.3
12	5.9	1.4
13	8.5	1.5
14	9.7	1.6
15	7.8	1.6
16	6.6	1.6
17	1.4	1.4
18	0.05	0.5

Next, we compared the mean number of total offenses for first year of activity with subsequent years. After the first year of activity the mean number of total offenses decreased for both young chronic offenders and juvenile offenders (see Table 4). This difference is

particularly striking at the later ages when there were a higher number of offenses. This may be due in part to the offenders' ability to elude law enforcement. Whatever the reason, it appears that following the first arrest, having a record aided in subsequent arrests, indicating that the offender was caught sooner after committing an offense. Regardless of age of first year of activity, young chronic offenders had more offenses than did juvenile offenders.

This finding has direct implications for defining young chronic offenders. First, the definition of young chronic offender used here does not identify as many 8, 9 and 10 year olds as 14 and 15 year olds because the number of offenses needed to be considered a young chronic offender was constant across ages. Therefore, juvenile offenders in the top 5% of 8 year olds for the number of offenses may not have been 'labeled' a young chronic offender for that year. In addition, this definition identified many 'first-year' offenders among each age group as young chronic offenders. In fact, using the young chronic offenders and a sample of juvenile offenders, an estimate was calculated of the percentage of all offenders in the DJJ files that would have been identified as young chronic offenders when they were at that age (see Table 5).

Table 4. Mean Number of Total Offenses for the First Year for YCOs and JOs

Age at first arrest	Mean number of total offenses			
	First year		Second year and beyond	
	<u>YCO</u>	<u>JO</u>	<u>YCO</u>	<u>JO</u>
7	3.9	1.4	N/A	N/A
8	3.7	1.4	0.9	0.1
9	3.6	1.8	1.5	0.3
10	4.9	1.8	3.3	0.4
11	5.3	2.1	3.0	0.4
12	7.4	2.0	4.9	0.7
13	10.3	2.1	7.6	0.8
14	13.6	2.2	8.3	1.0
15	18.6	2.4	6.6	1.0
16	22.7	2.5	3.3	1.1
17	N/A	2.2	1.4	1.0
18	N/A	1.8	0.5	0.3

Table 5. Estimated Percentage of Youth Defined to be YCOs by Age

Age	Estimated % of Youths Defined to be YCO's
7	0.9%
8	1.3%
9	1.3%
10	3.4%
11	4.2%
12	4.7%
13	6.2%

14	6.9%
15	4.3%

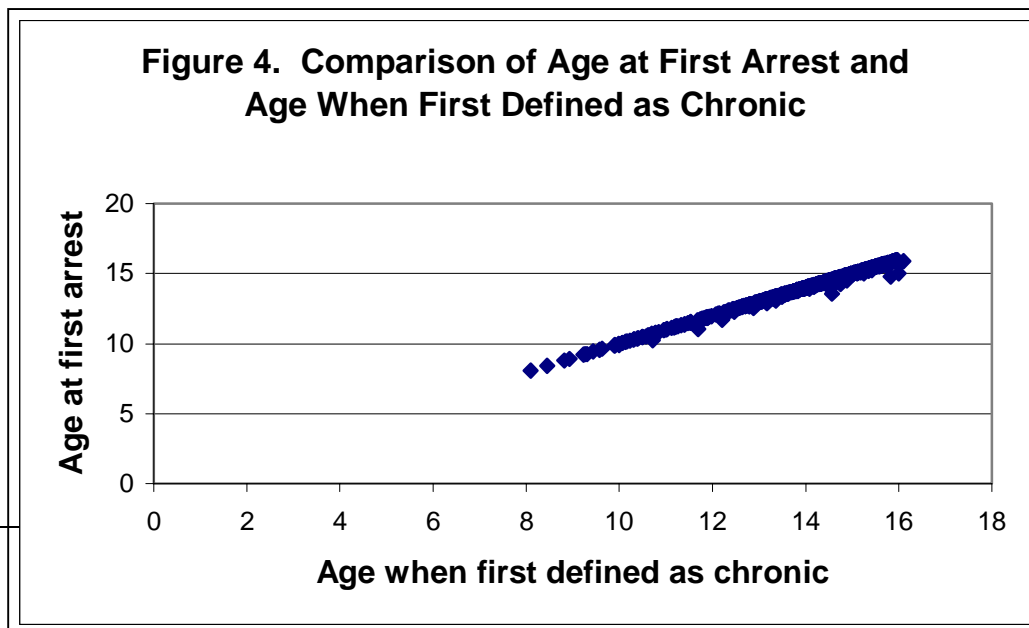
Although not obvious, this finding has important implications for understanding the phenomenon of young chronic offending. The current definition of young chronic offenders ‘captures’ between 0.3% and 6.9% of all offenders, depending on the age. However, the current definition of young chronic offender identifies a larger percentage of the older age young chronic offenders. It seems that a definition is needed to identify a larger percentage of the younger aged offenders given how young chronic offenders are. This type of definition would maximize the identification of young chronic offenders earlier and increase the likelihood of earlier intervention.

Additionally, it appears from Table 6 that the current definition of young chronic offenders may be misidentifying young chronic offenders at older ages. Indeed, Table 6 presents the percentage of young chronic offenders at a particular age who were in their first year in the system. The high percentages among 7 and 8 year olds seem appropriate; however, one would not expect the percentages to remain as high as it did for the older ages.

Table 6. Estimated Percentage of YCOs Who Were in Their First Year of Arrest by Age

Age	Percentage of YCO’s Who Were in First Year of Arrest
7	100%
8	100%
9	88%
10	93%
11	65%
12	54%
13	42%
14	58%
15	36%

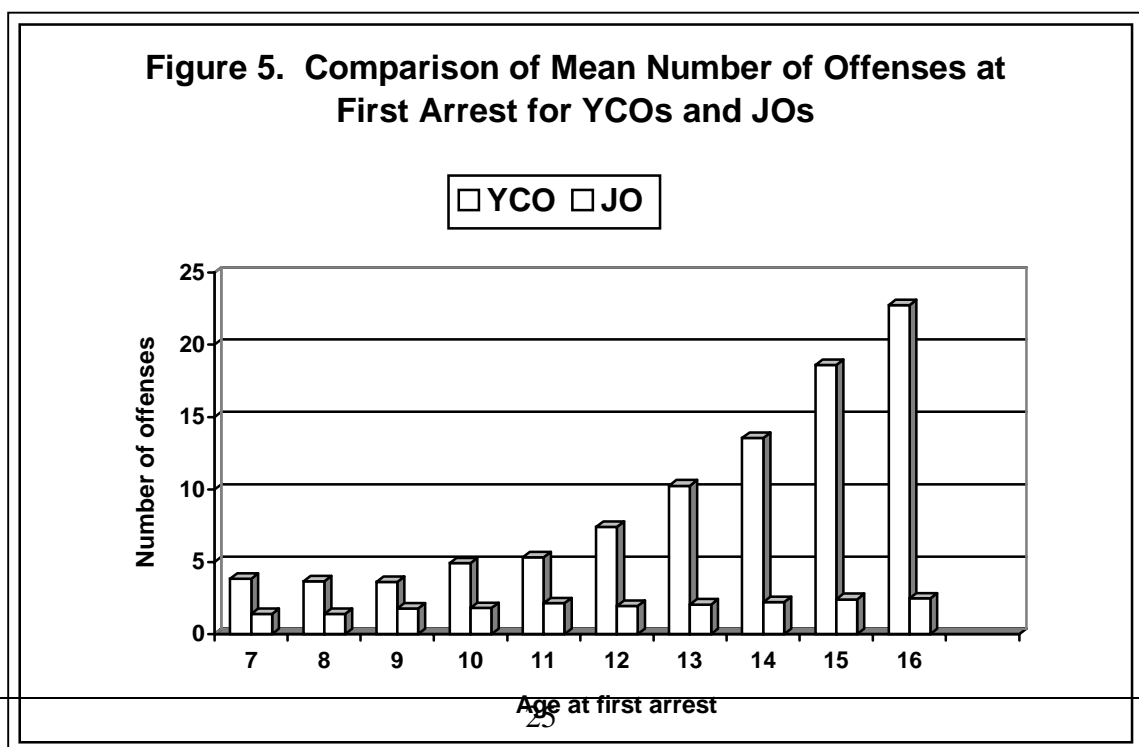
The definition of young chronic offenders is identifying many first-year offenders in the older age brackets as young chronic offenders (see Figure 4). The meaning of the word



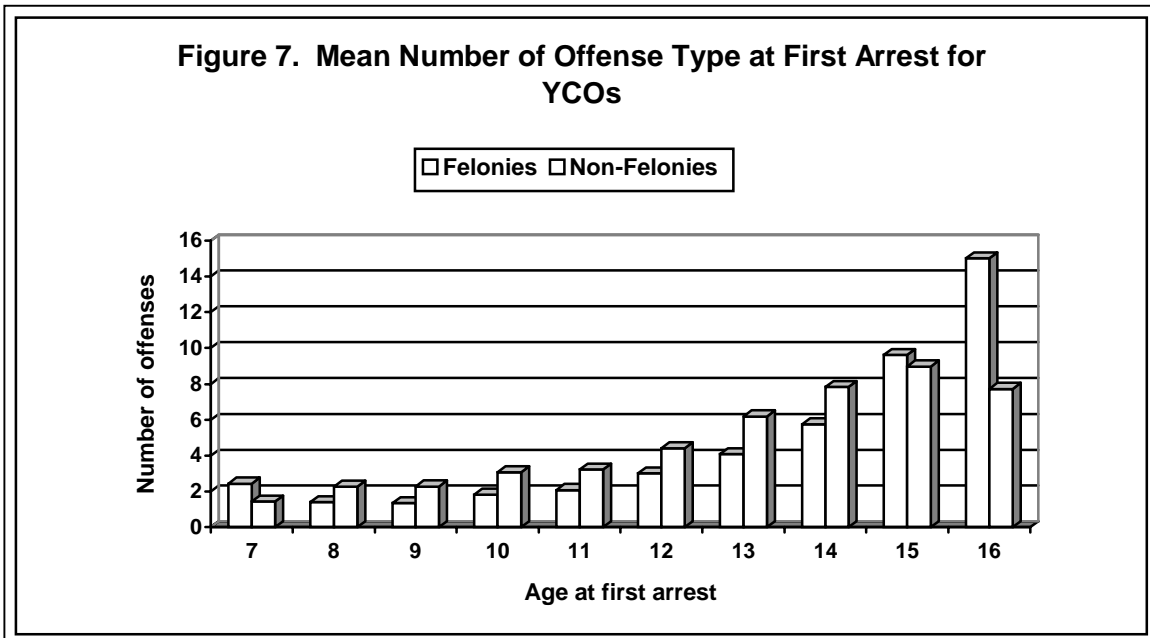
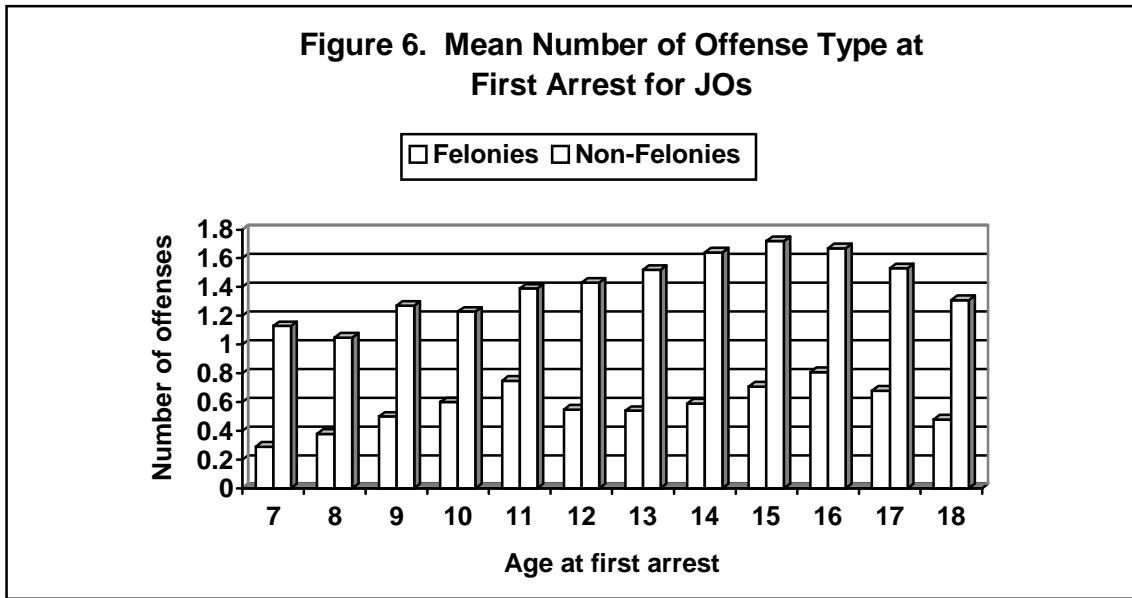
“chronic” in identifying a “young chronic offender” is a youth who committed repeated offenses, continuous offenses, and arrests over time. Yet, the numbers suggest an over estimation of young chronic offenders in the older youth population who are in their first year arrest who can hardly be considered chronic offenders. Therefore, an alternative criterion for identifying young chronic offenders is needed. Perhaps an age-dependent rate between number of offenses and number of arrests could be calculated. This would increase the likelihood of early identification of young chronic offenders and decrease the number of misidentified older offenders. While the data from this study does not afford such examinations, an analysis is proposed in the longitudinal study.

As previously noted, age of first year of arrest information provides a deeper understanding of young chronic offenders. For example, this provides evidence to suggest that a formula for an age-dependent rate between number of offenses and number of arrests might provide a more accurate way to identify young chronic offenders earlier. Moreover, investigators hope to conduct future analyses to test models of predicting young chronic offending. By developing early warning signs of the impending spiral into chronic offending. The information from this future analyses will be included with the plan for the longitudinal study.

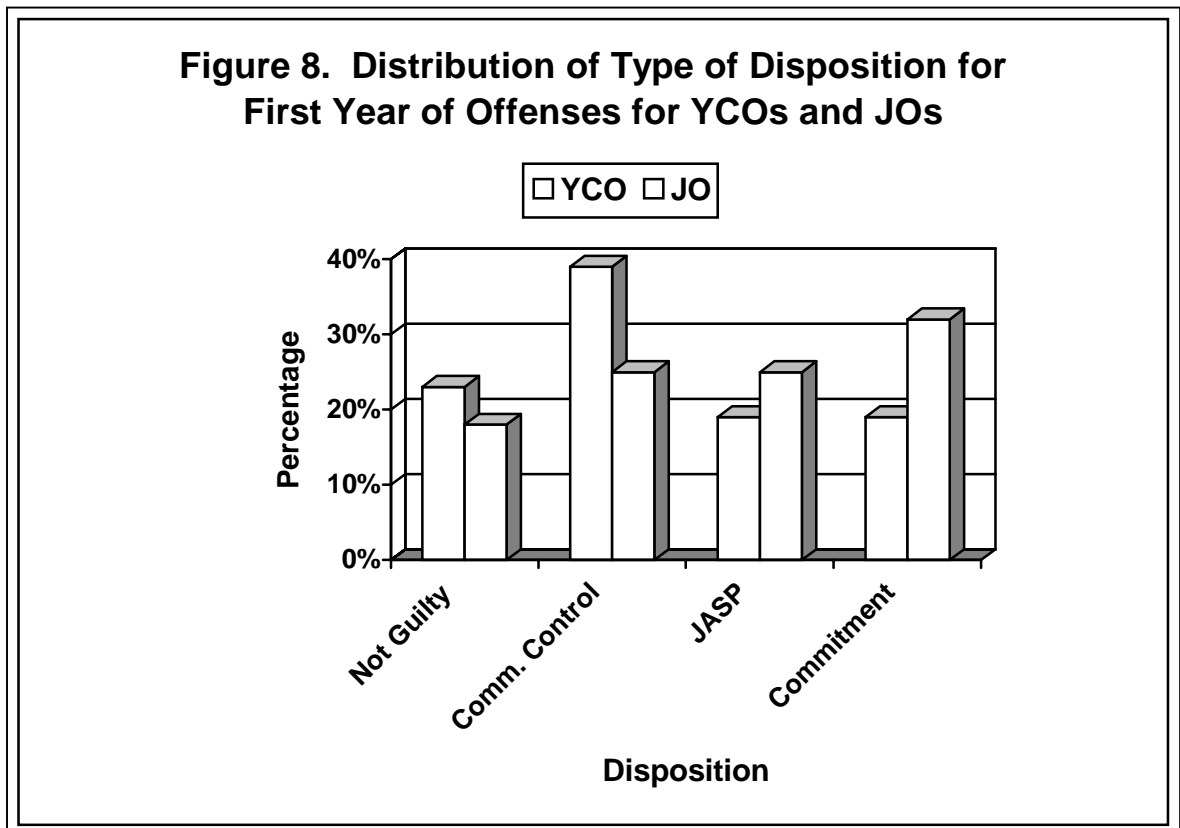
Mean number of offenses for first arrest. As shown in Figure 5, young chronic offenders have a higher number of mean offenses for first arrest at every age. For example, 13 year old young chronic offenders have, on average, 10 offenses in the first arrest compared to two offenses in first arrest for 13 year old juvenile offenders. This pattern remains constant across gender and ethnicity.



Figures 6 and 7 present, for juvenile and young chronic offenders respectively, the mean number of offenses that were felonies and non-felonies for age at first arrest. Young chronic offenders were more likely to have committed felonies than their juvenile offender counterparts. For instance, juvenile offenders committed more non-felony offenses than felonies for their first arrest. In contrast, young chronic offenders were more likely to commit felonies than non-felonies for their first arrest.



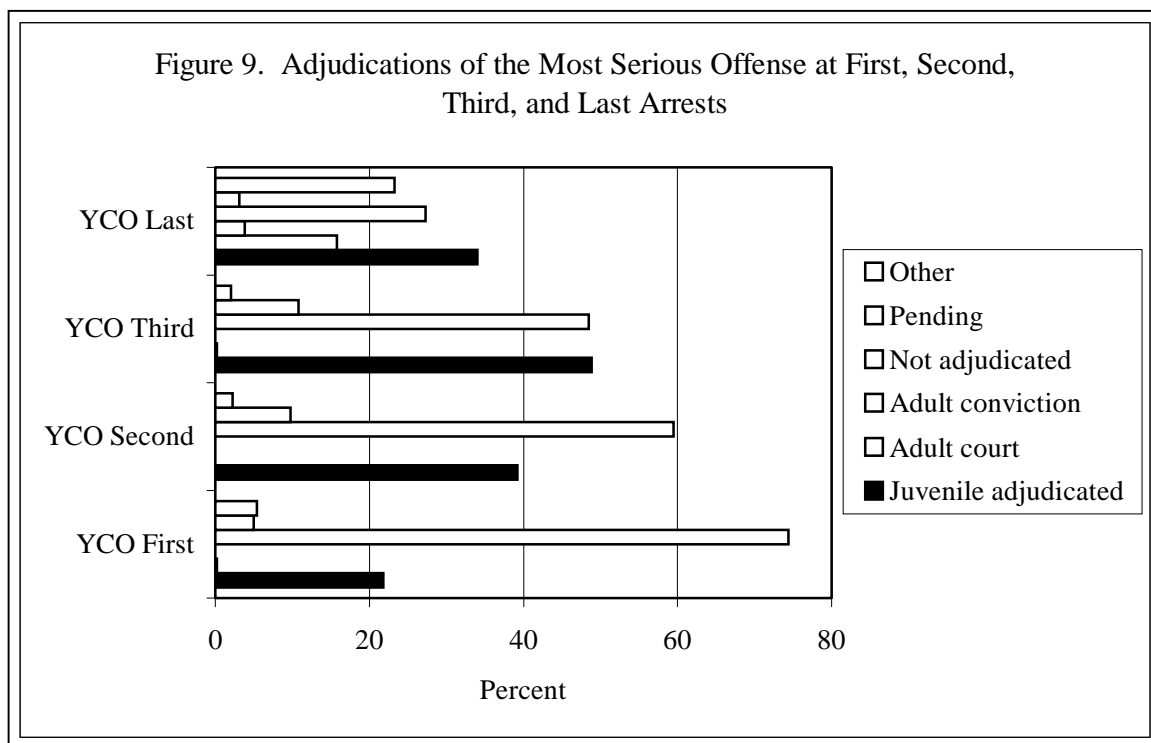
Disposition by first year activity. To examine dispositions for first year of activity in the juvenile justice system, the disposition variable was categorized into four types of outcomes: 1) Not Guilty, 2) some type of Community Control, 3) Juvenile Alternative Services Program (JASP), and 4) Commitment (e.g., residential or non-residential). As shown in Figure 8, young chronic offenders were more likely to receive a disposition of “Not Guilty” or “Community Control” for their first year of activity than juvenile offenders. In contrast, juvenile offenders were more likely to receive, for their first year of activity in the juvenile justice system, a disposition of Commitment or JASP than young chronic offenders were. Thus, within the first year of activity in the juvenile justice system, a larger percentage of juvenile offenders received the disposition of commitment than young chronic offenders. The consequence of juvenile offenders’ first arrest resulted more often in a severe disposition of commitment than other dispositions. This consequence may, in part, account for why juvenile offenders are less likely to re-offend than young chronic offenders.



Adjudication for the most serious offense at first, second, third and last arrest. This subsection examines what happened in terms of adjudication for the most serious offenses at first, second, third, and last arrests for young chronic offenders. Third

arrest was chosen as the major cut off before examining last arrest because most juvenile offenders do not have more than 3 arrests. Because a youth can have multiple offenses at the same level of seriousness under each arrest, the categories are not mutually exclusive. Therefore, a youth who had two felonies for the first arrest could be “Not Adjudicated” for one offense and “Juvenile Adjudicated” for another offense.

The adjudication variable included the number of cases that were: Juvenile Adjudicated, Sent to Adult Court, Convicted in Adult Court, Not Adjudicated, Pending, and Other. The majority of the most serious offenses at first arrest were “Not Adjudicated” for young chronic offenders (74%), and decreased for each subsequent arrest (Figure 9). This percentage of “Not Adjudicated” decreased for second, third, and last arrest (60%, 49%, and 27%, respectively). The percentage of young chronic offenders who were “Juvenile Adjudicated” at first arrest was approximately 22% and increased for each subsequent arrest but not last arrest (39%, 49% and 34%, respectively). The lower percentage rate for last arrest in terms of “Juvenile Adjudicated” was probably due to the increase in cases transferred to adult court.



At last arrest, approximately 16% of young chronic offenders were transferred to Adult Court compared to .2%, 0%, .2% at first, second, and third arrests, respectively. The data suggest that after the first arrest, young chronic offenders were much more likely to be processed through the juvenile justice system.

The average age at the time of first referral was 11.60 years, with the youngest being six years of age and the oldest being 14, for the youth participating in the case studies.

Although the majority of youth (73%, n=46) had only one referral reason at first arrest, one youth had ten (Table 7).

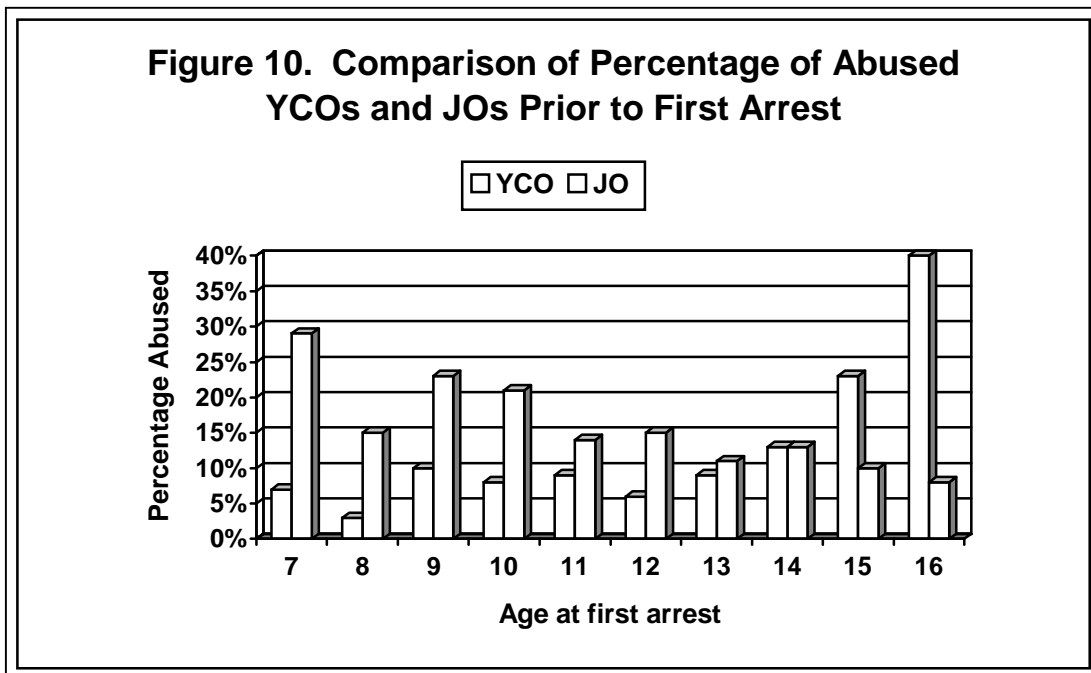
Table 7. Number of Offenses at Time of First Referral

Number of Offenses	Frequency	Percentage
1	46	73%
2	9	14%
3	2	3%
4	3	5%
5	1	2%
9	1	2%
10	1	2%

The most common referral reason was Assault and/or Battery, occurring, in 15 (24%) of the cases. Alarmingly, almost one-third of the youth interviewed (32%, n=20) had some act of aggression as one of the reasons listed upon first referral. Rounding out the “Top 5” list for first referral are: Burglary (n=11), Retail Theft (n=11), Petit Larceny (n=7) and Auto Theft (n=6).

Abuse History

Abuse history data from DCF was matched with young chronic offender and juvenile offender data from DJJ. Approximately 25% of the young chronic offenders (n = 350) and 11% of juvenile offenders (n = 566) were involved with DCF. First, age at first recorded abuse is plotted against age at first arrest (see Figure 10). The pattern found in Figure 10



suggests that first arrest comes before first abuse for young chronic but not for juvenile offenders. Although counter intuitive, young chronic offenders’ first year of activity in the

juvenile justice system appears unrelated with previous abuse history. On the other hand, juvenile offenders' first year of activity in the juvenile justice system appears to be related with previous abuse history. Given this data, it appears that earlier abuse is linked to juvenile offenders' initial engagement with the juvenile justice system but not to that of young chronic offenders.

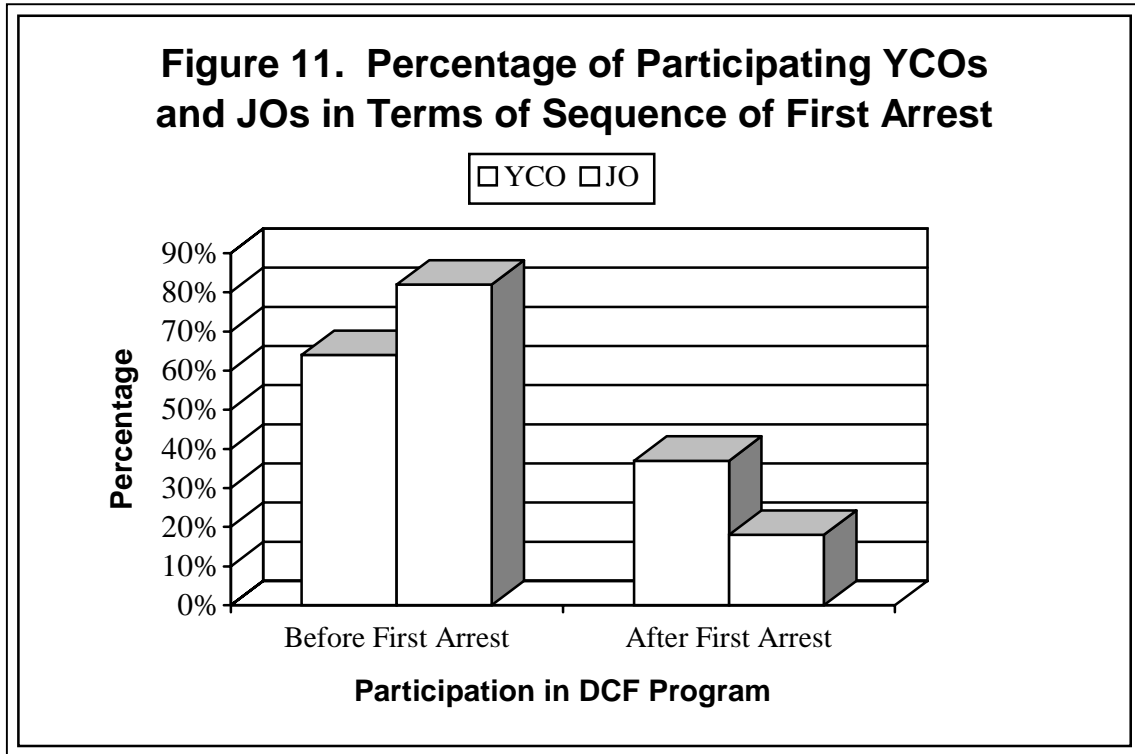
Contrary to findings from the secondary data analysis (presented in Figure 10), first abuse was more likely to precede first referral for the youth in the case study sample. Almost a third of the youth interviewed have a history of child abuse and/or neglect that pre-dated their first referral. The unfortunate reality is that this is an underestimate of abuse in the home. Several youth and families reported that there was abuse in the home that never made it to the attention of DCF. By the time of their first referral, twenty (32%) of the youth interviewed had been named as the "victim" on a child abuse and/or neglect report on at least one occasion. Six of them had been named as the victim within the month prior to their first referral. Some youth (n=2) had been the victim as many as four times prior to involvement with DJJ. On the other hand, only 12 youth (19%) were named as "victim" for the first time on a date that followed their first referral.

Child Welfare History

There was direct data about the child's participation in DCF programs from the DCF database. This information included young chronic offenders and juvenile offenders in various DCF programs (e.g., voluntary family programs, child protective services, intensive crisis counseling, substitute care, post placement supervision, adoptive home supervision). Young chronic offenders were more likely to participate in one of these programs than are juvenile offenders. Approximately 20% of young chronic offenders participated in a DCF program compared to 12% of the juvenile offenders.

The subset of young chronic offenders and juvenile offenders who did participate in these programs were examined. Figure 11 shows the percentage of young chronic offenders and juvenile offenders that participated in one of DCF's programs either before or after first arrest. Almost two-thirds of the participating young chronic offenders had participated in a DCF program prior to their first arrest. The same relationship was found for juvenile offenders; however, the relationship was stronger in that an overwhelming majority of participating juvenile offenders (82%) had participated in the DCF program prior to their first arrest. Thus, most offenders who participated in DCF programs, especially juvenile offenders, received their first arrest after participating in the program.

Five of the youth interviewed had a known history of out-of-home child welfare placements (either foster care or group home placements) due to abuse and/or neglect in the home. Three of those youth had been removed from their home and subsequently adopted prior to the time of their first referral. Information is not presented regarding protective services because there was, in some cases, conflicting information provided by caregivers and administrative data sets.



Emotional well-being. Based on case study interviews, the majority of youth were provided adequate supervision and structure to prevent harm to themselves or others, or from participating in high-risk activities (e.g., substance use, runaway, or unprotected sexual activity). On the contrary, their behavioral health treatment needs were not always addressed. This area of inquiry was approached from the angle of identified need, rather than by diagnostic category. Most of the interviewed youth were diagnosed, at one time or another, with Oppositional Defiant Disorder or Attention Deficit Disorder (with or without Hyperactivity). Neither diagnosis is particularly helpful in designing a treatment package for these youth. Many of the youth interviewed could benefit from individual counseling that addresses their separation from their home, family, and community. Many others could greatly benefit from family counseling to better prepare the family for their return home.

This area of inquiry is closely linked to appropriateness of services and adequacy of assessments. The interview process revealed the lack of commitment placements available to treat the mental health and substance abuse issues facing these youth. There was, however, only one example where an outside contract provider was used to augment the services provided by the program. This may be a practice worth considering by other programs.

Family Level Information

Family Structure and Living Arrangements

While no adequate measure of living arrangements exists within the DJJ and DOE databases, the DCF database included information about the most current living arrangements of the young chronic offenders and juvenile offenders under their purview. Remember, however, that only a percentage of the young chronic offenders (25%, $N = 350$) and juvenile offenders (11%; $N = 566$) were involved with DCF. Over half of the young chronic offenders (55%) and juvenile offenders (61%) in this sub-sample live with either both or one parent. Approximately 21% of young chronic offenders lived with a relative and 20% of juvenile offenders lived with a relative. Moreover, 3% of young chronic offenders and 2% of juvenile offenders were runaways. Finally, 21% of young chronic offenders and 17% of juvenile offenders were in other settings (e.g., shelters, group homes, adoptive homes).

Efforts were made to better understand the family structure of the youth within the case study sample. Over half of the youth (54%, $n=34$) had an individual caregiver responsible for them (see Table 8). A common issue raised during interviews was that, while working the caregiver had to leave the youth (and possibly other siblings) with inadequate supervision. One mother noted that problems began because she could not “keep him [her son] in and others out” while she was at work. Gathering information about siblings and other relatives living in the home was more difficult than originally anticipated because many of the families interviewed had “fluid” families that frequently moved in and out of the home.

Table 8. Family Structure and Living Arrangements ($n=63$)

Caregiver Arrangement	Frequency	Percentage
Individual Caregivers	34	54%
Mother Only	21	
Father Only	4	
Step-Father Only	1	
Grandmother Only	6	
Aunt Only	2	
Pair of Caregivers	29	46%
Biological Mother & Father	13	
Mother & “Surrogate” Father	9	
Father & “Surrogate” Mother	1	
Mother & Grandmother	2	
Brother & Sister-In-Law	1	
Foster Parents	3	

Caregiver functioning. Caregiver functioning was another area of inquiry that varied greatly among case study participants. It is important to note that some self-selection occurred in project participation. Consent was obtained from caregivers prior to any interviews. Therefore, the possibility exists that caregivers who chose not to participate altered the findings in one direction or another. It may be that our results reflect caregivers who are less involved in the treatment and rehabilitation of their youth, or these findings might suggest caregivers who are very involved and supportive of their youth. A couple of

caregivers declined to participate because they felt it would not be beneficial to their son or daughter. The youth were already facing too many changes and they did not need to have another person introduced into their life for a one-shot interview.

Three caregivers were rated as functioning at an “excellent” level. These caregivers had actively advocated for services and treatment for their youth, even prior to placement. Each of them, however, voiced frustration over their inability to get the services they needed. To help address classroom behavioral problems, one caregiver volunteered to accompany her son to school everyday but was prohibited to attend class by the school district. Another caregiver, along with the youth’s psychiatrist, had unsuccessfully lobbied for a placement close to home so her son could continue his current treatment. While in placement, these same youth received frequent supportive letters, phone calls, and packages from their caregivers.

Many parents demonstrated commitment to the well-being of their youth while case study interviews were being arranged. One mother called to request the interview questions to determine their appropriateness for her son. Another mother would not consent to participate until her daughter had agreed it was all right. Still another mother rode a bus for 3 and a half hours for a face-to-face interview and an unexpected visit with her son. Several other caregivers asked for copies of the completed report to help them work more closely with their DJJ office.

Family involvement. Case study interviews revealed that meaningful family involvement presents multiple problems for both family members and service providers. Our treatment systems have long operated under a model where providers offer recommendations and instructions and recipients of services comply. Both families and facilities may be reluctant to make changes – particularly when placement and treatment are court-ordered. Family involvement is crucial if responsibility for the youth is to be shifted back to the family following commitment.

When asked whether the youth and their families were involved in needs assessment, decision-making about service options, or developing treatment plans, it was found that: providers asked for caregiver’s opinions about the youth’s needs; the youth attended treatment planning meetings on site; and program staff separately developed treatment plans that were later signed by the youth. These efforts do not represent family involvement when caregivers and youth are not included in the decision making process. In many cases, caregivers reported that they did not even know what was in the treatment plan. Particularly noteworthy is that treatment plans primarily reflected the service needs for the youth. Rarely were family goals or services included. One program, described as having a strong family component, conducted parent meetings and held youth “gripe sessions.” However, youth and caregivers were never included in the same discussions.

Distance often exacerbates difficulties with family involvement. Almost three-quarters (73%, n=46) of the youth were in commitment placements at the time of interview (as opposed to being on Aftercare or community control, or awaiting placement at home or in

detention). Of those youth, more than half (52%, n=24) were being served outside of their home district. This made it virtually impossible for caregivers to attend treatment-planning meetings, participate in family counseling sessions, or to visit with their youth. To fill this gap, some programs rely heavily on the telephone. In one case, the DJJ case manager personally drove a caregiver back and forth between districts to ensure family visits.

Socioeconomic Status

There was no direct data about the family’s socioeconomic status in any of the three databases utilized in this study. However, the DOE database did have information that could be used as a proxy for socioeconomic status; eligibility for participation in a free or reduced price lunch program (see Table 9). Information was available only for a subset of young chronic offenders and juvenile offenders because of missing data. Information regarding eligibility for participation in a free or reduced price lunch program was available for approximately 30% of young chronic offenders and 26% juvenile offenders. There was information about participation in the Chapter One programs. The sub-sample was too small, however, to examine for patterns. Less than ten percent of the data existed for this variable across the young chronic offender population and juvenile offender sample. Nevertheless, the information available on lunch status was useful for understanding the young chronic offender.

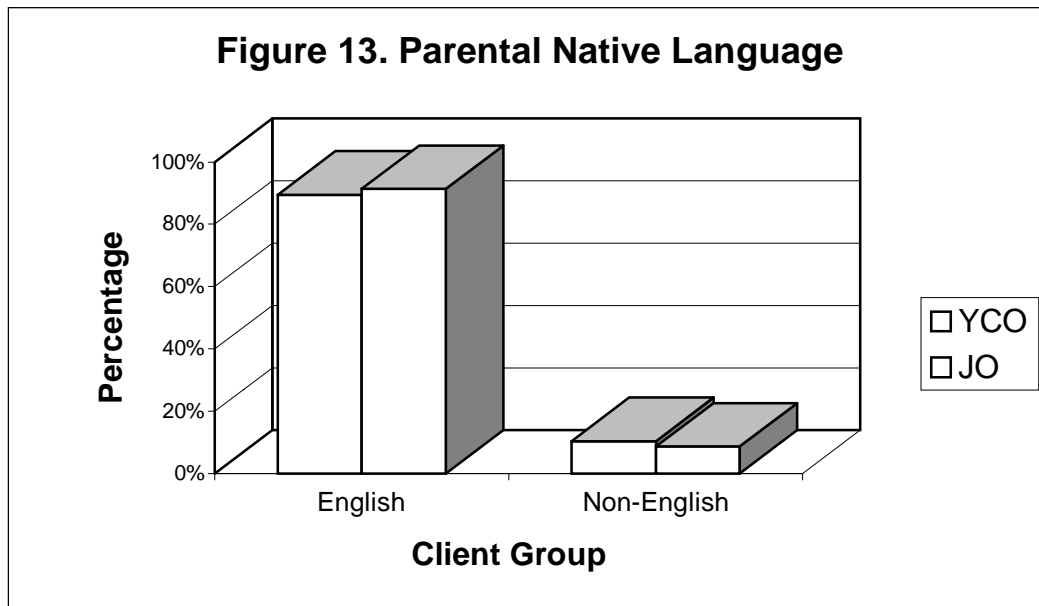
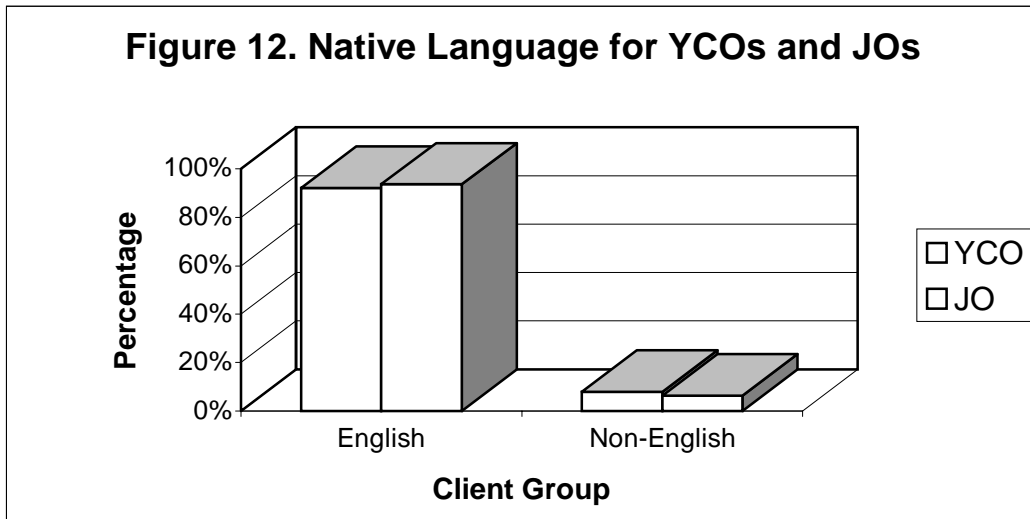
Table 9. Percentage of YCOs and JOs Who were Eligible for Free and Reduced Price Lunch

Lunch Status	Young Chronic Offenders Percent (N)	Juvenile Offenders Percent (N)
Not Eligible	.5% (2)	2.3% (32)
Eligible	99.5% (420)	97.7% (1,359)
Total	100% (422)	100% (1,391)
Percent of Overall Sample	30.4% (422/1,389)	26.2% (1,391/5,319)

An overwhelming majority of offenders, whether young chronic or juvenile, are eligible for free or reduced price lunch. When using eligibility for free or reduced lunch as the indicator, it appeared as though poverty did not distinguish between young chronic offenders and juvenile offenders. This finding must be tempered by the fact that this information was only available for one third of the participants. Nonetheless, it suggests that poverty by itself is not a determinant of whether or not a youth will become a young chronic offender. Similarly, Patterson et. al (1992) noted that all children living in poverty or who reside in high crime neighborhoods do not become young chronic offenders. Children who are from violent neighborhoods, but whose parents effectively discipline and supervise them, are more likely to resist future offending than their counterparts whose parents poorly manage them (Schmidt et. al, 1995; Steinberg et. al, 1994). Therefore, other contextual variables in a youth’s ecology must play a role.

Primary Language of the Offender and Caregiver

An overwhelming majority of offenders' and their parents' primary language is English (see Figures 12 and 13). Issues of cultural differences in terms of language did not seem to increase the likelihood of engagement in the juvenile justice system.



The clear majority of the youth in the case study sample (n=62) claim English as their primary language. The remaining youth, while having strong English skills, prefers to speak his native language of Spanish. Five of the caregivers have an alternative primary language (three spoke Creole, and two spoke Spanish). This was important for the case study process because interviews were conducted in their language of choice.

Cultural competence. The majority of families interviewed in case studies reported

no particular values or practices that need to be considered when working with them. There were, however, a couple of examples that raised some concern among interviewers. In one case, a youth who requested to attend Catholic mass was told “no,” although other denominational church services were made available to residents. Another youth and his family were strongly encouraged by their DJJ case manager to attend church services. However, the case manager was unaware that the family practices Santeria and it was unclear whether he knew that when making his recommendations. One youth reported that he preferred to speak his native language of Spanish, but that no one had ever honored that request. His family, also Spanish speaking, received all documents in English. Four of the caregiver interviews completed during the case study component were done in a language other than English. Questions were raised on how often that was accommodated in communication with the family. It was also noted that at one facility youth were not permitted to speak Spanish to each other due to the fear of gang formation.

Very few programs visited included questions about religious and cultural preferences in their intake package. This is not a part of standard assessments conducted by the Department. The average rating for Cultural Competence is believed to be an overestimation of this performance area of inquiry as many families and individuals are not accustomed to even thinking about their preferences. There is often a misconception that cultural competence is only of relevance with members of minority racial and ethnic groups.

Family Involvement with Juvenile Justice or Corrections

While looking at the family level, the research team was interested in knowing if any other family members were currently or had been involved with DJJ or adult corrections. While unable to gather information at the secondary data level, case studies provided some information. Nine of the youth have caregivers (8 fathers and 1 mother) who were currently in jail or prison. This finding was consistent with other research indirectly linking parental criminality with delinquency in youth because of inconsistent and/or harsh parenting practices placed on youth (Patterson et. al, 1992; West & Farrington, 1997).

Twenty-one of the 63 (33%) youth interviewed had one or more siblings who were also involved with DJJ. Again this information was unavailable from secondary data sets. In one family, there were four sisters, all of whom had been or currently are involved with DJJ. In another family, there were 4 brothers currently involved with DJJ. Interestingly these siblings did not always have the same DJJ case manager, leading to some confusion at home about what to expect and from whom. In addition, if siblings were in different residential commitment programs (as they typically are), there was a rumored DJJ rule that prohibited program residents from communicating with each other.

School Level Information

The analysis of the school level was comprised of quantitative and qualitative information. The quantitative information from this analysis was drawn from 1995 DOE

databases. Given that this data is from the 1995 school year, it may not have provided an assessment of the school context at the time of the first arrest.

School Attendance

Data was available for approximately 66% of the young chronic offenders and 49% of juvenile offenders - warranting an examination of the numbers. However, reporting problems within DOE databases as well as the other databases must be addressed if this information is going to assist in our understanding about such important issues for policymaking as well as research. A significance test, a T-test, was conducted to assess whether juvenile offenders attended school during the 1995 school year more than young chronic offenders. Juvenile offenders were found to be significantly more likely to attend school than young chronic offenders. Juvenile offenders were present at school approximately 74% of the time compared with a 61% attendance rate for young chronic offenders. The database did not include reasons for missing school making it difficult to make any explanations about the offenders' poor attendance rates. They may have either been in a commitment program or skipping school. Despite the reason, because offenders, both young chronic and juvenile, are not engaged in academic learning they are at an increased risk for continued criminal activities.

Data was drawn from the Client Information System (CIS) for each of the youth interviewed. Information about school attendance by the youths prior to placement was available for the majority of the youth. More than half of the youth (60%, n=38) were described as truant (see Table 10). This implies that while youth were not receiving educational components there was more time available for delinquent activities. School attendance dramatically increased when a youth was placed in a commitment program due to the structure and requirements of the program. For many of the youth interviewed it was the first time in years they had regularly attended school.

Table 10. School Attendance Prior to Placement (n=63)

Attendance	Frequency	Percentage
Attends School Regularly	14	22%
Expelled or Suspended	2	3%
Frequently Tardy	1	2%
Truant	38	60%
Unknown	8	13%

School Disciplinary Action

Approximately 33% of the young chronic offenders and 32% of juvenile offenders were involved in disciplinary action at school. While small, these percentages identify data patterns about offenders involved in disciplinary actions at school. Young chronic offenders were significantly more likely to be suspended than juvenile offenders. In addition, young chronic offenders were suspended for significantly more days than juvenile offenders were (15 days and 12 days, respectively). The reasons for suspension were not available. These

significant differences may not appear because less than a third of both types of offenders were involved in disciplinary actions at school. However, the lack of distinction may provide credence to the need for a different definition of young chronic offenders that more accurately captures the “chronic” aspect of the offending.

School Transitions

During the course of the case studies, relative caregivers were asked to respond to the question “How many schools has he/she [the youth] attended?” Responses were available for 47 of the youth (75%). Of those youth, over half (53%, n=25) had attended four or more schools prior to their current educational setting. This is consistent with other research indicating that frequent school transitions place youth at high risk for substance abuse and delinquency given the difficulties inherent in adjusting to new environments with unfamiliar teachers and peers (Steinberg, 1991).

Primary Exceptionality in School

Almost half (48%, n=30) of the 63 youth interviewed were receiving Exceptional Student Education (ESE) at the time of the case study interview. The majority of young chronic offenders assessed as exceptional students were due to a combination of emotional and behavioral concerns, twelve (19% of the sample) were labeled with an Emotional Handicap (EH) and six (9%) with a Severe Emotional Disturbance (SED). An additional six youth (10%) had a diagnosable Specific Learning Disability (SLD), five (8%) were assigned to “remedial” classrooms, and one youth (2%) was placed in a Gifted classroom. The remaining 33 youth were either in regular classrooms or enrolled in GED courses. As a matter of fact, one youth had recently completed his GED while on Aftercare and was planning to begin his college studies in the coming Fall.

The majority of the 520 exceptional young chronic offenders were labeled as behaviorally impaired (86%), followed by mentally handicap (7%), and other (4%). Three percent of the exceptional young chronic offenders were recorded as not applicable. Similarly, the majority of the 704 exceptional juvenile offenders were labeled as behaviorally impaired (78%), followed by mentally handicapped (11%), and other (7%). Four percent were recorded as not applicable.

Over half (n=27, 63%) of the 63 youth interviewed were receiving Exceptional Student Education (ESE) at the time of the case study interview. For some youth, multiple exceptionalities were listed (e.g., emotional handicap and specific learning disability). The majority of Young Chronic Offenders assessed as exceptional students were due to a combination of emotional and behavioral concerns, 13 (30%) were labeled with an Emotional Handicap (EH) and 6 (14%) with a Severe Emotional Disturbance. Five youth (12%) had diagnosable Specific Learning Disabilities, and 1 youth (2%) was described as having an Educable Mental Handicap. An additional 6 youth were in “Other” placements such as remedial classes and a mixed disorders classroom.

Dropout Prevention Program Participation

Young chronic offenders were significantly more likely to be participating in dropout prevention programs in school than juvenile offenders. Fifty-four percent ($N = 748$) of young chronic offenders participated in dropout prevention programs at school. In contrast, only 19% ($N = 1,028$) of juvenile offenders participated in dropout prevention programs at school. In addition, young chronic offenders were more likely to be in the program longer than juvenile offenders were (86 days compared to 62 days, respectively).

Education. For almost two-thirds ($n=40$) of the youth interviewed, the educational component of their commitment placement was viewed as positive by the case study interviewers. A couple of these youth had been expelled from public schools (or were about to be) and they were now being given the opportunity to earn their GED or high school diploma and/or gain vocational skills. Earlier in their DJJ involvement, 60% of these same youth were described as truant. The majority of them, with the exception of some of the youth on Aftercare status are now attending school regularly (with the exception of one youth on aftercare). Not only were these youth attending classes, but several reported feeling successful in school and expressed interest in education for the first time. Teachers noted increases in reading scores. One educator cited an example of a youth, virtually illiterate upon commitment, who is now learning basic reading skills. Teachers were grateful for the structure of the placement programs because it allowed a focus on teaching rather than behavioral management.

This does not suggest that problems were not identified with the educational components. This study identified some facilities that assign youth to classes not based on their academic abilities but rather their residential units. These youth do not receive any specialized services - even youth eligible for special education services. One school, described as a “second chance” school, lacked (and apparently is not required to have) certified special education teachers. Perhaps the most frequent complaint voiced by teachers in commitment programs was the difficulty in obtaining school records from school districts. Sometimes records never arrived and several places were forced to improvise. They conducted their own educational placement assessments and developed Individualized Education Plans (IEPs) when appropriate. Other programs simply placed the youth in “regular” classes while they waited for school records to arrive.

COMMUNITY LEVEL INFORMATION

The following are based on the case study analysis only. No aggregate data were available in the employed data sets.

District of Service

Of the 63 case studies, 38 (60%) of the youth were being served in their home district. Seventeen of those youth, however, were on Aftercare status at the time of their interview. When discussing district of service, we were primarily interested in knowing how many youth were placed in commitment programs in their home community. After taking the

Aftercare youth out of the sample, it was found that more than half (52%, 24 of the 46) of the youth in commitment placements were placed outside their home district. Half of those youth were placed in adjacent districts. The remaining 12 youth were in commitment placements at some distance from their home and community. For example, there was a youth from Pensacola in the Palm Beach area, and a Palm Beach youth in the Tallahassee area. It is often the case that the services needed by the youth are not readily available in the home community or in adjacent communities and it becomes necessary for the youth to be placed elsewhere in the state. In some cases, however, it was suggested that youth were placed away from their homes and families because that is where space became available. This creates a host of new problems. It interferes with the family's ability to be involved in the youth's treatment in a meaningful manner. In addition, it sometimes results in a youth being assigned to a DJJ case manager who has little to no contact with the youth. Policies regarding visiting of the youth in out-of-district placements seems to differ across districts. Finally, it creates new concerns when aftercare begins and the youth is transferred to an agency or person who has no history with the youth.

Community-based services. Many youth are not served in their home communities due to a lack of commitment placements (see resource availability). Consequently, we took this into consideration when rating this area of inquiry. When this study began, we hoped that youth who were not served in their home community would be afforded services in adjacent districts. As previously noted, this was not always the case. What brought this rating down further than out-of-district placements was the lack of services provided to the family while the youth was in placement. There were mixed responses from DJJ case managers as to whether that was the responsibility of the Department. Many caregivers reported that they would like to be getting some assistance (e.g., parenting support or counseling) while their son/daughter was away.

Resource availability. Many communities lack even the most basic of services for families and youth. As such, they are required to travel if they are going to receive services at all. This is not only a problem for DJJ, but for all child-serving agencies. DJJ is faced with the struggle of placing youth in court-ordered commitment programs when there are limited programs available. The clear majority of youth in the case study sample have been placed on a waiting list at one time or another. Some youth spent 4 to 6 months in a detention center awaiting space availability. DJJ case managers voiced frustrations about youth going to "the next available bed" rather than being able to match their needs to a particular program.

Families and youth separated by great distances were clearly the most dissatisfied. Consequently, visitation was infrequent if ever, and communication was difficult. Given that a change in placement often meant an increase in restrictiveness level, youth tended to prefer their last placement over their current placement. Youth specifically complained about their inability to visit with younger siblings (under the age of 18), long placements, and lack of attention by staff.

Treatment Level Information

Duration of Time Between First Arrest and First Placement

According to the analyses of the aggregate data, youth were often placed in a program 7 months and often times longer from the time of first arrest. Only five percent of the young chronic offenders were placed within six months after their first arrest. Another 31% were placed seven to twelve months following arrest. In addition, 15% of the young chronic offenders were in their placement between months 13 through 24, followed by 23% and 25% of the young chronic offenders for 2 to 3 years and for over 3 years, respectively.

Juveniles may not be receiving their first placement from their first arrest, but from a subsequent arrest. It appears that young chronic offenders were not immediately experiencing the consequences for their offending behavior. In order for placement to be meaningful and effective, every effort should be made to place offenders into a program within the first year, if not within the first six months.

Maturity, Agressiveness, Ability to Live at Home, Risk for Running Away, and Behavior at School

Within the Florida DJJ Florida Assessment and Classification Tracking System (FACTS) data set several assessments of the young chronic offender were available. However, how these assessments were determined and by whom is unclear, limiting reliability or validity of these assessments. Therefore, this information should be viewed with caution. Nonetheless, the assessment information does provide some insight into the problems facing young chronic offenders.

For example, the majority of young chronic offenders were rated below the age maturity level (54%). Forty-one percent (41%) were assessed at appropriate age maturity level. Five percent (5%) were above age maturity level.

The majority of young chronic offenders were assessed aggressive (55%). Twenty-four percent (24%) of the young chronic offenders were assessed as physically aggressive, followed by damages property (17%), multi-modal aggression (7%), and verbally aggressive (7%). According to the assessment 45% of the young chronic offenders were considered non-aggressive.

For an overwhelming majority (69%) of the young chronic offenders it was reported as not appropriate to live at home. This information, coupled with the finding about the long time between first arrest and placement, suggests that these youth were likely to run away. In fact, according to the assessment, 52% of the young chronic offenders were considered likely to run away from home and 35% were not consider likely to do so. Thirteen percent (13%) of this subsample lacked information for this variable.

Finally, young chronic offenders are more disruptive at school (58%) than they are aggressive (19%), or relating well to others (23%). Young chronic offenders appear much more likely to relate well to others at school.

Early Intervention Efforts

Early intervention. This area of inquiry received the lowest average rating and perhaps deserves the most attention as a result. Almost half of the youth interviewed had behavioral problems that pre-dated their first referral to DJJ. These problems were occurring in a number of settings including both home and school. Frequent problem behaviors included running away, fighting, stealing, substance use, truancy, and early sexual behavior. Many of these youth (29%, n=18) were placed in either SED or EH classrooms in the schools, recognizing that their behavior had been of concern. Early services offered to these youth, such as special education placements, reportedly addressed concerns in one setting but not in others. Programs such as drop-out prevention and substance abuse prevention were often viewed by youth and caregivers as “baby-sitting” or recreational activities rather than as a deterrent.

Early services provided by DJJ and contracted providers, such as JASP, were often viewed in the same light. While restitution is a logical consequence, it was viewed by some caregivers as a consequence for them rather than for their youth. The youth would be required to write a few letters and their parents would incur the debt while the youth went on to further delinquent activity.

Many caregivers did not know where to go for help when they first noticed problems. When they called the police they were told that there is nothing that can be done until a law was broken. Other parents reported pleading with judges to give stiffer penalties when their youth became involved in delinquent activity. Parents often shared that they felt as though they were being blamed for their youth’s behavior even though they were the ones admitting that they needed help.

The case study interview format specifically asked relative caregivers (i.e., mother, father, aunt, or grandmother) two questions to ascertain potential early “warning signs.” The importance of understanding early warning signs is that they mark opportunities for intervention. It was common that caregivers did not pursue outside support or assistance until after problems had escalated.

“How old was he/she when you first noticed problems with his/her behavior?”
“What were those behaviors?”

In 31 (49%) of the completed case studies, there was indication of some behavioral problems prior to the youth’s first referral to DJJ. In several other cases, the caregiver was unable to recall the chronology of events. Early behavior problems occurred in both school and home environments. Some early indications of problems in school included “acting up” in the classroom, refusing to do homework, apathy towards school, and most frequently, truancy. School problems have been linked to antisocial behavior and delinquency within adolescence by numerous researchers (Jessor & Jessor, 1977; and Elliott et al, 1985,1989). Home-related behaviors included disobedience to parental authority, talking back, and

fighting with siblings. Other specific behaviors that cross settings included: running away, stealing, fighting, substance abuse, and early sexual activity. The interrelationship of such problem behaviors within adolescence is well documented within the empirical literature (see Jessor & Jessor, 1977, 1995; Perkins, 1995; Elliott et. al 1985, 1989; Hawkins & Catalano, 1992).

“Looking back, what do you think was influencing ___’s behavior at that time?”

The most frequent response was that the youth had begun hanging out with the “wrong crowd,” often with much older youth or with adults. It was believed by the caregivers that it was their influence that led the youth into trouble. In two cases, the caregivers specifically mentioned an older sibling as the negative influence. In a related question, caregivers were asked to “Please describe _____’s friends - those having a positive influence on his/her behavior.” In many cases they were unable to identify any peers with a positive influence. Indeed, associations with antisocial peers have been found to significantly predict antisocial behavior during adolescence (Dishion & Andrews, 1995; Parker & Asher, 1997; Perkins, 1995). For example, youth who spend time with antisocial peers increase their opportunities to be involved in crime, substance abuse, and truancy (Elliott, Huzinga & Minard, 1989).

Issues within the home were also cited as influential events for the youth. Two caregivers believed that behavior problems immediately followed abuse in the home (physical and mental abuse by father in one case, and sexual abuse by an uncle in another). Another four believed it was a decrease in contact with their father that altered the youth’s behavior. Decreased contact was related either to separation of parents or incarceration of father. In yet two more cases it was tragic events that seem to have precipitated the change (in one case the murder of a family friend, and in another the tragic death of the youth’s mother in a car accident).

Even after the first time the youth had come to the attention of DJJ, there were multiple opportunities for intervention. According to data provided by the Department for the case study youth, each youth had entered into the juvenile justice system an average of 10 times (mean=9.76, ranging from 3 to 22) before our interview. Each entry into the system was indicated by a separate disposition date. In actuality, this may be an underestimate due to some of the youth re-offending since May, 1998 when the data was generated, or due to having a disposition pending at the time of the interview.

Restrictiveness of placement. Placements were most often found to be appropriate in terms of restrictiveness when taking into account the youth’s juvenile offenses and the need for public safety. A couple of examples were found, however, where all parties involved (i.e., youth, caregiver, DJJ case manager, and provider) or some subset of those parties, believed the youth would benefit from a more restrictive setting. One example is of a 15-year-old male who has been on aftercare for more than a year. During that time he has continued to re-offend (assault and/or battery charges pending). He even expressed that he needed to go back into placement, away from his brothers and friends, until he could sort

some things out for himself. In his community, he was posing continuing threat to both himself and public safety. Other examples were found where the issue of over-restrictiveness was raised. Four of the youth in the case study sample were placed in a Level 6 program housed in a facility originally designed and built for a Level 10 program. One parent raised the concern that her son was already seeing the worst that could happen, asking what would deter him from further delinquent involvement.

On the more positive side, we found a youth who was placed back into his community on aftercare status and was, to the surprise of many, functioning well with minimal restrictions. In this case, there was a DJJ aftercare counselor assigned to the youth and family who had a maximum caseload of 15. As such, she was able to visit the youth at school weekly, check his attendance and discipline records, and visit and/or speak with the caregivers several times a week. The youth was attending school regularly (which he had not done in years), improving his grades, abiding by curfew, and generally staying out of legal trouble.

Appropriateness of services. In offering a rating for this area of inquiry, the following anchors were provided to the interviewers:

- 1 = Needs have not been assessed OR they have been assessed but not addressed.
- 3 = Needs have been assessed and addressed for youth, but not for the family.
- 5 = Needs have been assessed and addressed for youth and for family.

It was rare (in only 5 cases) that a rating beyond a 3 was made. Needs of the family seemed to have been rarely assessed. When they were, it was in anticipation of the youth's discharge, and often did not provide enough time for services to impact the family. The DJJ mission statement states that "The mission of the DJJ is to provide a full range of programs and services to prevent and reduce juvenile delinquency in partnership with families, school, communities, law enforcement and other agencies . . ." One case manager interviewed claimed that it was embarrassing to have this on his wall (for Quality Assurance purposes) because standard practice does not involve partnership with families.

Assessments for the youth varied. In many cases, the records lacked evidence of routine screenings (e.g., SAMH-1) required by the Department. In other cases, there were full psychological evaluations that included aptitude and interest inventories to guide individualized treatment for the youth. Appropriate services were more likely offered when assessments were completed. There were, however, some examples of where the youth's needs had been identified, but he/she was on a waiting list within their commitment program for individual or group therapy services.

Caseload Information

A common disappointment voiced by DJJ case managers was that they do not have enough time to truly address the treatment needs of the youth and families because of caseload size. The average caseload size for DJJ case managers interviewed was 52 (range 13

to 100). While high, this is believed to be an underestimate because some case managers carry a “partial” caseload along with administrative responsibilities. On the other hand, case managers within commitment programs (e.g., aftercare counselors or program case managers) had an average caseload size of 21 youth (range 1 to 55). This allows them more time to devote to the needs of the youth they are serving.

Interagency collaboration/coordination. Two major issues were raised in examining this area of inquiry. The first relates to how well disciplines coordinate services and treatment within a commitment placement program. A common concern was that education was not included in the treatment team. In one setting, teachers are not allowed access to resident records nor are they invited to attend treatment team meetings. In fact, when a teacher accidentally wandered into a meeting, the meeting was halted until he left the room. A related concern was that therapy staff would take youth out of class for sessions and return them when they were agitated. Teachers were not privy to information about what had transpired unless it was volunteered by the youth. On a more positive note, there were some programs that recognized the value of integrating all of the components.

The second issue is the collaboration between and among varying agencies (e.g., DJJ and the DCF). In some cases, conflicting treatment plans existed. In one example, DJJ planned to return a youth to her aunt with whom she had been living. The program staff also believed this to be an appropriate placement. However, the DCF caseworker planned for foster care placement because the youth had allegedly been sexually molested by her aunt’s boyfriend in that home. All three agencies reported to the interviewer that it was the other agency’s responsibility for placement following release from the commitment program. Rather than conflicting plans, lack of communication between agencies seemed the most problematic. This also held true for DJJ and the commitment programs in some instances. DJJ case managers, in some cases, stated that they did not need to be involved with the youth until it was time for discharge.

Caregivers were the most frequently left out partner of a collaborative process. There were reports of caregivers who did not know whom to call for information, and others who recognized that information differed depending on who was called. Too often, information was only shared when asked for by the caregiver.

Youth/Family satisfaction. The youth and family satisfaction area of inquiry ratings were relatively high in the case study interviews. Caregivers and youth primarily believed that DJJ case managers and program staff were working in their best interest. A clear majority of families reported that the court process was clearly explained and that they were well-informed about the commitment and treatment process. Complaints surfaced over a lack of information from commitment programs. While some parents were regularly receiving the mandatory monthly updates, others claimed they received nothing. Many caregivers reported not even knowing whom to call at the program. In some cases, this was due to staff turnover, a problem that was also suggested with DJJ.

Proposed Design and Methodology for Future Research

Rationale and Purpose

A seven-year study is proposed to build on our previous work. This research would examine significant factors that contribute to the differential paths of first-time juvenile offenders and would take a closer look at the different system responses to first-time offenders. Cohorts of young first-time juvenile offenders (12 years old and younger) will be identified along with their paths of development and criminal activities. In addition, the response of families, school, juvenile justice, and other intervention systems to those activities will be studied. Moreover, factors that discriminate between those who continue their involvement in criminal activities and those who desist will be assessed. An examination of the experiences and behaviors of these youth will be conducted using a holistic perspective—one that examines the youths' experiences and behaviors within the context of their family, community, educational experiences, and involvement in the juvenile justice system. Information about the differential background and experiences of first-time offenders and any ongoing involvement in criminal activities would also be obtained.

The merit of such a study is that it would allow for further clarification of the information obtained in the *Young Chronic Offenders Project*. The *Young Chronic Offenders Project* found that, on average, initial involvement of young chronic offenders in the juvenile justice system occurs at a younger age than for most juvenile offenders. The findings also indicate an absence of a homogeneous young chronic offender population. The young chronic offender does not appear to follow a monolithic path subsequent to a first offense. Their developmental paths varied and the manner in which the juvenile justice system responds to their behavior differs as well. Some youth commit a large number of offenses at a young age but do not re-offend for a period of time. Others follow a pattern of continuous criminal activities. Yet others “detour” out of the system and do not re-offend.

The question of how these youth differ and what distinguishes those who follow one pattern from another surfaces. A disconcerting pattern is noted by the findings of the *Young Chronic Offenders Project*. Most chronic offenders have multiple offenses present at their first arrest and are more likely charged with a felony at first arrest. There is little evidence of effective intervention during the years preceding the first arrest. The response of the juvenile justice system as well as that of family members and the educational system to the first offense, and later, to chronic offending, contrasts with what one might expect. Immediate, comprehensive interventions --- appropriate as a form of secondary prevention -- are not evident. The study found strong evidence that youthful offenders who committed multiple offenses were not consistently immersed or enveloped in comprehensive intervention services; often they were not even adjudicated.

The fact that those prone to chronic offending continued offending suggests that system responses were of limited utility and impact. Given the concern in the state of Florida with the presence of cadres of chronic offenders, the importance of early, swift responses to first-time offenders and to chronic offending is needed. The study being proposed would closely examine the variation in the responses to the first offense, addressing the following questions:

- How, and why, do responses differ?
- Do the responses vary in different parts of the state? What are the possible reasons for such variation?
- Which responses are consistently practiced, and why?
- What seems to be the impact of differential responses?

Such information will provide information needed to tailor policy perogatives. It would allow us to recognize and reward those parts of the intervention systems that are in place and operating. It would also allow us to recognize those that are absent or seem to be less effective, and address the inherent problems.

Other areas of concern are noted in the findings of the *Young Chronic Offenders Study*. The screening of youth in juvenile justice programs is designed to serve as a central means of identifying and assessing educational, behavioral and family difficulties and as a means of determining and prompting appropriate intervention responses. The *Young Chronic Offenders Project* found these to be incomplete. Often necessary information was not obtained; often, identified problems were not addressed. The level of care was not necessarily appropriate or warranted.

In addition, family involvement was found to be minimal, and often absent. This is particularly troublesome given the fact that large portions of juvenile offenders return to their homes at points before and after periods of detention. It has been well established in all practice fields that effective remediaton of delinquent youth is rooted in remediating the family context within which a youth lives. In addition, most youth placed in any type of out-of-home care opt to maintain some forms of contact with their families during their lifetime—their families continue to have significant meaning to them in their lives. Thus, there are numerous reasons for the addressing and ameliorating family-contextual problems that both stimulate and foster the problems that surround the first-time offender, and that are integral to the patterns of chronic offending that may ensue.

Research Design

A cohort-sequential design is proposed. Four cohorts of youth will be identified -- one at the beginning of each of the five years of a data collection period. Each cohort will be a random sample, stratified on variables such as the diverse regions of the state, gender and age. Each sample will represent 10% of the first-time offenders who are 12 years old or younger. The use of this cohort- sequential design will acknowledge the contextual and chronological differences that accompany changing community and political climates over time.

The design has “built in” comparison groups. Each cohort serves as a comparison group for the others, and those who persist in criminal activities serve as a comparison with those who desist completely as well as those who desist for a period of time and then re-offend. Each cohort will be tracked from the time they become part of the study sample until

the end of the five-year data collection period. Using the information provided by other studies of juvenile offenders¹, it is estimated that each cohort will consist of a stratified random sample of about 1100-1200 first-time juvenile offenders.

All first-time juvenile offenders will be eligible to be part of the study and representative samples will be followed. The design neither precludes any first-time juvenile offenders from inclusion nor limits our ability to objectively observe and document the patterns of their behavior and the role of others in their environment.

Research Questions

The study would examine the following overarching questions:

1. To what extent do individual, family, community and system attributes serve as important contextual factors that mitigate or intensify the involvement of first-time juvenile offenders in later criminal involvement? What are the relations between the risk and protective factors that are present, and the persistence of criminal offending?
2. What are the differential patterns of individual, family, community, education, and intervention system responses to youths' initial and subsequent offenses? Are there relations between these patterns and the manner in which youth persist or desist from ongoing criminal activities, and does this vary with the nature, severity and number of offenses?

Recommendations for Research

The *Young Chronic Offenders Project* used a methodology that allowed for a retrospective and prospective examination of the variables associated with youths' chronic offending. The proposed study will follow a series of cohorts over a period of years. The design called "cohort-sequential," will provide for the collection of information that is retrospective, looking back and examining variables that preceded and perhaps predicted the nature and presence of a first-time offense. These youths will also be subject to a prospective examination. They will be monitored over a period of years allowing for an examination of the factors that contribute to any continuation of offending behavior and activities.

There are two types of studies that can be considered. One examines and analyzes the information available in existing automated secondary databases. Secondary data on four cohorts of youth would be collected from the DJJ, Department of Child and Family Services,

¹ A three-year longitudinal study by DJJ (1998) of a cohort of juvenile offenders found that during the 1992-1993 fiscal year about 50,000 youths were referred for their first delinquency charge. About 8,500 (17.2%) of these youth were 12 years and younger. The study also found that during the three years of the study, 11.3% became young chronic offenders (using the OJJDP definition), and that during the same time period, 55% of the initial cohort received no more charges. Data collected for the *Young Chronic Offender Project* found that in 1995, the number of first-time juvenile offenders had increased to 58,279; 16.2% (about 10,000) were 12 years old or younger.

and DOE. Such data would include information about the criminal history of juvenile offenders and the type of juvenile justice detention and service programs in which they have been involved, as well as information about the interface of the youths and their families, with the social services and education systems. Such a study would be relatively inexpensive and can be initiated relatively quickly, building upon the effective collaborative relationship that the Florida Inter-University Center for Child, Family and Community Studies has developed with state agencies. This relationship has served as an effective vehicle for determining ways in which the optimal amount of information in existing databases can be accessed and used in a timely fashion.

Expanded Quantitative and Qualitative Study

A more extensive and comprehensive study is, however, being recommended. Because limited information is available in existing automated databases, an expanded study would allow for developing a more comprehensive understanding of the different trajectories of first-time juvenile offenders. An expanded methodology is being proposed which would incorporate the collection of information from several sources -- existing automated secondary databases as well as telephone and face-to-face interviews and surveys with the youths in each cohort, their teachers, parents and/or caretakers, and counselors. It is anticipated that the Florida Inter-University Center for Child, Family and Community Studies, the Florida JJ, and the Juvenile Justice Accountability Board, in partnership, would seek funds from federal and private sources. The Florida Inter-University Center for Child, Family and Community Studies Center, as noted earlier is a multi-disciplinary, multi-university consortium of professionals from four public and two private universities covering the Northern, Central and Southern regions of the state. The expertise and skills of its members would facilitate the effectiveness and efficiency of an expanded study.

In an expanded study, information about a wider range of the factors that contribute to differential paths taken by first-time juvenile offenders can be collected. The developmental experiences that precede and follow the first offense would be examined. The role played by the multiple levels of the youth's environment -- in particular their extended family, friends, school, community, and juvenile justice system would be closely reviewed as well. A better understanding of the circumstances that signal initial and advancing risk for persistent criminal activities among first-time juvenile offenders would be obtained. The responses of families, community, schools, and intervention systems that mediate or exaggerate youths' continued involvement in criminal behaviors would be identified and examined.

Research Benefits

The successful implementation and completion of either study being proposed would prove invaluable to Florida's leaders, policymakers, human service agency representatives, child and family educators as well as members of the scientific community. The information would be vital in its ability to inform policy makers and practitioners about the relative benefits of various approaches and responses to first-time juvenile offenders, pointing out those that are the most promising in their ability to prevent or mediate criminal activities

among juveniles.

What is perhaps most exciting about the anticipated outcomes of the research is that it would arm us with the kind of knowledge and information that would allow us to detect early warning signs of initial as well as chronic youthful offending behavior. This is particularly important in light of the concern that anticipated increases in the numbers of young children and adolescents, in the state of Florida over the next several years, will be accompanied by an increase in the numbers of youths committing criminal offenses. The proposed research reflects the ambitious and scientifically rigorous study of the patterns of youth-offending behaviors. The scientifically-valid data that the research initiative would generate would enhance our ability to better delineate the long-term prospects of first-time juvenile offenders, and make decisions about policies that show promise of preventing continued involvement in criminal activities.

The *Young Chronic Offenders Project* noted both that secondary data about juvenile offenders does not indicate cultural or ethnic characteristics, and that the role and meaning of cultural and ethnic affiliation are not integral to screening or intervention. Given the central role that culture and ethnicity play in a large proportion of households in the state of Florida, this is a serious omission. The proposed expanded study is designed to track and monitor the family's role as well as involvement in the lives of youths, following their first offense. This will allow for examining differential responses and involvement of families, recognizing the impact of cultural values and history. The *Young Chronic Offenders Project* was limited in its ability to examine the rich tapestry of cultural variation within the state of Florida. The proposed study will offer an opportunity to go beyond the inherent limitations.

Summary

Increasing numbers of youths are becoming involved in crime and substance abuse and experiencing failure in school. These issues need to be examined more fully in order to determine how to divert high-risk youths from chronic offending. This is a problem that is costly to all members of society. It is important to identify which youths are at highest risk for becoming chronic offenders and to track and assess how well the system, and changes in the system, are working to meet their needs. The preliminary information presented in this study point out the need for long-term studies that can more comprehensively examine and explain the behaviors of young chronic offenders, in order to better predict if juvenile offenders will become young chronic offenders.

How chronic offending youths differ and what distinguishes those who follow one pattern from another surfaces. A disconcerting pattern is noted by the findings of the *Young Chronic Offenders Project*. At first arrest, most chronic offenders have multiple offenses and are more likely charged with a felony. There is little evidence of effective intervention during the years preceding the first arrest. The responses of the juvenile justice system as well as that of family members and the educational system to the first offense, and later, to chronic offending contrasts with what one might expect. Immediate, comprehensive interventions, appropriate as a form of secondary prevention, were evident. The study found strong

evidence that youthful offenders who committed multiple offenses were not consistently immersed or enveloped in comprehensive intervention services; often they were not even adjudicated.

Appendix A
Literature Review and Analysis

Literature Review and Analysis

Introduction

Parents, professionals and policymakers alike worry about today's youth – particularly adolescents in trouble. Juvenile crime, along with adolescent substance abuse, school failure and teen pregnancy, is rising at alarming rates. Research confirms that the overall health and well-being of our nation's youth is declining (Dryfoos, 1990; Prosser & McArdle, 1996). Laypersons and lawmakers are frustrated by the apparent lack of solutions for the juvenile crime problem, and questions are being raised about the value of current interventions for juvenile offenders.

In response to these concerns, researchers and practitioners are re-examining current strategies. Among current debate is the subject of youth who repeatedly commit crimes. While chronic offenders constitute a minority of all juvenile offenders, these youth account for the majority of juvenile crimes. We now know that when chronic offending starts in early adolescence offending persists and worsens over time. As such, this literature review focuses on characteristics and behaviors of the chronic young offender and examines current research for potential models and strategies to address concerns about the costs and consequences of juvenile crime in Florida.

The holistic approach is discussed as a framework for understanding, predicting, preventing and treating adolescent antisocial behavior. Research has shown that family and environment play a role in whether or not youth become chronic offenders. Current perspectives on delinquency and drug use emphasize the influence and interdependence of multiple factors and contexts on an individual's behavior, including individual temperament, specific behavioral settings, interpersonal relationships, and the community (Dishion et al, 1996; Hawkins et al, 1992; Liddle, 1996). The most severe juvenile delinquents (those who are chronic and/or violent) are likely to have deficits in many areas, and antisocial behavior in this specific sub-population of delinquents has been shown to be extremely consistent across settings (Dishion et al, 1996). A multiple pathways model toward chronic offending is presented to identify and explain the genesis, unfolding and acceleration of problem behavior in different developmental periods.

The developmental course of chronic youth offending is quite costly to individuals, families, communities and American society generally. By increasing our understanding how offending unfolds and develops across the life span, successful interventions can be designed. It is believed that programs which target symptoms at one age may prevent development of symptoms that would otherwise develop at a later stage - making the problem even more difficult to ameliorate (Tolan et al 1995). Although the challenges facing researchers, practitioners, and policy makers by young chronic offenders are great, new research and

frameworks provide reason for optimism. This research has enormous practical relevance and has guided the intervention and prevention research programs supported by NIJ/OJJDP, and other federal agencies concerned with juvenile justice involved youths (Loeber & Farrington, 1998). Given the recent proliferation of ground-breaking research results in the area of chronic juvenile offending, and the status of intervention and program development, if continued support at all funding levels persists, more advances in knowledge are likely (Howell & Wilson, 1995). These scientific breakthroughs, as part of the new era of research-informed policy, can then guide resource allocation and program decision making as never before.

Purpose and Basic Premises of the Literature Review

The purpose of this literature review and analysis is to highlight important research trends and findings about the economic and social costs associated with young chronic offending and advocate the use of a solid empirical base for developing interventions, programs and policy for addressing juvenile crime. Three premises guide this report:

- (1) Breakthroughs in research provide a better understanding of youthful chronic offenders;
- (2) Research-based interventions for these youth are lacking; and
- (3) Research advances and new knowledge should guide policy and program decisions.

First, research advances in a variety of professional fields now offer information about what influences young people to engage in or refrain from antisocial behavior, and what determines whether or not a juvenile offender will grow up to be a hardened criminal. Researchers have identified critical dimensions of youthful chronic offending; its developmental course, the relationships and interaction of multiple risks and protective factors and variations among these youth. Secondly, we not only know more about young chronic offenders, interventionists are using this research to design programs. These new interventions assess and target the developmental factors and processes identified by researchers and are currently under evaluation to determine how young people respond to different treatment. Finally, research offers policymakers and program planners a place to hang their hats. Program accountability and effectiveness are key watchwords in today's political and economic climate. Many experts and organizations concur that accountability, reliable results and quality evaluation must be incorporated into all aspects of the juvenile justice system and should drive funding and policy decisions.

Scope of the Problem

According to the Council on Crime in America (cited by the FSAC, 1996) "all the best and most recent data make plain, America is a ticking violent time bomb, and there is little time remaining to prepare for the blast." Florida is no exception. For more than a decade, Florida has led the nation in murder, burglary, strong-armed robbery, aggravated assaults, and motor vehicle theft (Florida Statistical Analysis Center [FSAC], 1996).

Nationally, Florida's juveniles ranked second in the nation in violent crime arrests in 1994 (FSAC, 1996).

As the state's juvenile population increased by 39% from 1985 to 1995, juvenile arrests increased at alarming rates (FSAC, 1996). During this decade juvenile arrests for:

- murder increased by 122%,
 - robbery increased by 97%,
 - aggravated assaults increased by 109%, and
 - motor vehicle thefts increased by 85%.
- (Florida Department of Juvenile Justice, 1997)

These ominous trends continue, as over the past year:

- general delinquency rates rose 30%,
 - drug-involved delinquency rates increased 63%,
 - White female delinquency cases increased by 61%, and
 - Black female delinquency cases increased by 45%.
- (Florida Department of Juvenile Justice, 1997)

Young Chronic Offenders

While chronic juvenile offending is defined differently in research, law and policy, practitioners and policymakers must keep in mind an important distinction. Some youth occasionally commit an antisocial act. A smaller group of chronic (repeat) offenders *habitually* commit a *variety* of antisocial acts such as stealing, setting fires, breaking into houses or cars, destroying property, physical cruelty, frequent fighting and rape. Chronic juvenile offenders are responsible for most juvenile crime and are most likely to continue their criminal activity in adulthood. Adolescents who were aggressive or got into trouble when they were younger lying, being truant, stealing or doing poorly in school are more likely than other youngsters to become chronic juvenile offenders. The nature, volume and chronicity of juvenile offending makes it unlikely that these youth will outgrow these behavior patterns with time. Patterned, stable, and predictable over time, their behaviors are resistant to intervention. This research analysis examines this costly and troubling social problem.

The Florida Juvenile Justice Accountability Board, in partnership with the Family Institute, developed the following criteria for young chronic offenders:

- youths younger than 12 years old who have been arrested 10 or more times in the past 12 months, or
- youths 12 years or older who have been arrested 15 or more times in the past 18 months.

Because this definition is more restrictive than the populations defined in other research, the

number of young chronic offenders will be smaller. However, the statistics remain staggering. Approximately .04% of all Florida youths seem to be responsible for 12% of all juvenile arrests. If youths who were arrested three, four, five, or six times in their lifetimes were counted, it is very likely that a small percentage (i.e., 5 to 14%) of all Florida youths would be responsible for most of the crime committed by juveniles. According to Loeber (1988) young chronic offenders begin with property crimes then broaden their repertoire to include crimes against persons. Using data from the DJJ for fiscal years 94-95 and 95-96, Florida's young chronic offenders were 2.4 percent of all youths arrested, but they accounted for more than 12 percent of all arrests.

While Florida accounts for 5% of all juveniles arrested in the United States, 25% of our juveniles are transferred to adult courts for felonies (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 1995). Similar to national trends, a disproportionate number of crimes committed by very few juveniles in Florida. National studies on youth who repeatedly, habitually, and chronically commit crimes offer compelling evidence of a serious problem - even crisis. Research in several cities suggests that about 5% to 7% of the delinquent males account for 51% to 61% of all juvenile arrests (Snyder, 1988; Wolfgang et al, 1972). These youths account for an even greater proportion of juvenile felony arrests. Some studies reveal that when felony arrests are considered, about the same small percentage of teenagers account for even higher (75%) proportions of juvenile *felony* arrests. Youths arrested three or more times over their lifetime constitute more than half of all juvenile arrests in the U.S.

The fact that young chronic offenders are responsible for person-related as well as property offenses is significant for Florida (Chaiken & Chaiken, 1984; Elliott et al, 1989; LeBlanc & Frechette, 1989; Loeber, 1988; McCord, 1980; West & Farrington, 1977). Given the growing juvenile population, the continuing increase in juvenile arrests in Florida and elsewhere, societal focus and allocation of resources to address these problems are warranted (FSAC, 1996).

Costs and Consequences

Everyone pays the price for juvenile crime – directly or indirectly. Studies illustrating the costs to victims, families, communities and society abound. Chronic juvenile offending is especially costly. A small number of youths who commit the majority of youth crimes in Florida are most likely responsible for a proportionate amount of property damage, pain and suffering, and medical care costs caused by juveniles.

According to estimates from the National Institute on Justice (NIJ) (1996) and the National Research Council (NRC) (Reiss & Roth, 1994):

- Vehicle theft costs each victim \$3,300 or over \$37 million overall because juvenile offenders are responsible for 42% (11,408) of all motor vehicle thefts in Florida.

- Robbery costs \$750 per victim or \$7.6 million as Florida juvenile offenders are responsible for one-third of all robberies.
- Arson, murder, police and fire services cost about \$1,400 per incident.
- Private insurers pay approximately \$45 billion annually in crime costs, which amounts to \$265 per American adult (NIJ, 1996).
- The cost of supervising delinquent youths is approximately \$10,000 per youth per year (Greenwood et al, 1996).

Whether considered in losses of human capital, a dollar amount, or a compromise to our country's future, the costs of juvenile offending are enormous. Given the growing juvenile population, the continuing increase in juvenile arrests in Florida and elsewhere, societal focus and allocation of resources to address these problems are warranted (FSAC, 1996).

A Holistic Framework

Researchers in many professional fields have designed a holistic framework to understand and explain the health and well-being of adolescents, including delinquency (Tolan et al, 1995), drug abuse (Liddle, 1995), medicine (Dryfoos, 1990), and prevention and treatment of antisocial behaviors. To bridge disciplinary boundaries, some developmental criminologists (Loeber & Leblanc, 1990) advocate using this perspective to examine and address juvenile offending. New ways of considering old problems can help in the prediction and intervention of antisocial behavior.

Those concerned with problems of delinquency, including chronic offending and violence, have used holistic research and theory to form the foundation for studies and policy statements (Reiss & Roth, 1994) and recommendations (American Psychological Association Task Force on Violence [1993]; Carnegie Foundation [Dryfoos, 1990]; Centers for Disease Control and Prevention [1993]; Department of Justice [Sherman, et al, 1996]; Office of Juvenile Justice and Delinquency Prevention [Howell, et al, 1995; Loeber & Farrington, 1998]; National Council on Crime and Delinquency Prevention [Krisberg, et al, 1995]; National Research Council [1993]).

A holistic framework illustrates the full picture of the young offender. By understanding the circumstances and antecedents of adolescent antisocial behavior, we can more easily identify critical developmental stages during which intervention could modify the developmental trajectory of young chronic offending (Tolan et al, 1995). It will point out that the behaviors which precede young chronic offending are identifiable across different developmental stages, and will show how these behaviors develop within the context of individual youth characteristics as well as family, school, and community factors.

The Developmental Perspective

Focusing on ages and stages of normal development, the *developmental perspective* examines tasks, the interaction of causal factors that vary by age, the identification and mapping of risk, and cumulative risk across development. It emphasizes sequences of behaviors and circumstances that signal advancing risk for chronic and serious antisocial behaviors (LeBlanc & Frechette, 1989; Lerner & Spanier, 1987; Loeber & Hay, 1994). This framework enables researchers to more accurately predict, prevent, and treat youthful offenders rather than examining a given behavior at one point in time.

The Holistic Perspective

Chronic offending in juveniles is established over many years, and serious offending does not spring up unannounced. Considerable evidence confirms that serious and chronic juvenile offending develops in an orderly fashion (Caspi et al, 1987; Gottfredson & Hirschi, 1986; Moffitt, 1993). Because problem development must be understood within multiple levels of society, the *ecological or holistic perspective* emphasizes simultaneous and multiple levels of influences on development (Bronfenbrenner, 1979; Garbarino, 1985; Szapocznik & Coatsworth, in press). Continuous, simultaneous, and reciprocal influence of different systems on each other are emphasized (see Thornberry et al, 1995). Developmental pathways have been specified through which children and families move in the progression to chronic delinquent status (Loeber & Hay, 1994). These stage models not only organize the progression of problem behaviors over time, but also emphasize how contextual variables and processes influence the course of offending.

Risk Factors

Related to the developmental perspective are ideas about *risk*. Risk factors are predictors of problem behaviors, judged in terms of either symptoms or competence. Risk generally refers to elevated probabilities of undesired outcomes. Empirically identified risk factors for serious antisocial behavior include:

- **individual-level characteristics** such as impaired cognitive functioning and low academic achievement (Moffitt, 1993), biases and deficits in cognitive processing (Dodge, 1986; Slaby & Guerra, 1988), poor peer relations skills (Parker & Asher, 1987; Selman, 1992),
- **characteristics of poor family functioning** such as poor parenting skills (Loeber & Stouthamer-Loeber, 1987; Patterson & Stouthamer-Loeber, 1984), low emotional cohesion (Henggeler et al, 1988), and peer influences such as associations with deviant peers (Elliott et al, 1985; Dishion et al, 1996).

In addition, there appear to be community and societal influences that are mediated through family characteristics or affect the likelihood of individual, family, and peer influences

leading to violence (Sampson & Laub, 1993).

Protective Factors.

Many people overcome risks, or do not develop antisocial behavior patterns despite their exposure to high levels of risk. *Protective factors* in this context refer to individual or environmental characteristics that reduce the possibility of juvenile offending, while *resilience* refers to thriving in spite of significant challenges faced by the child or youth. Protective factors and resilience work to ameliorate, counteract, or preclude the ill effects predicted by risks (Hawkins, et al, 1992; Loeber & Dishion, 1983; Tolan & Loeber, 1993). Some protective factors or characteristics of resilient youths are:

- **stimulating environments**, emotional support, structure, and safety from their environment (Bradley, Whiteside, Casey, Kelleher & Pope, 1994);
- **ability to gain positive attention** (Werner, 1984, 1994), stable caretaking (Herrenkohl, Herrenkohl & Egolf, 1994), a quality relationship with at least one caregiver (Werner 1984, 1994), or having reference persons outside the core family and with larger available social networks (Losel & Bliesener, 1994);
- **ability to perceive experiences constructively** (Werner, 1984), confidence, and optimism (Brooks, 1994);
- **sense of self-esteem** (Rutter, 1984; Bradley et al., 1994, Brooks, 1994), self-efficacy (Rutter, 1984; Bradley et al., 1994), a positive self-concept (Werner, 1994; Herrenkohl et al., 1994), and a sense of autonomy (Brooks, 1994; Werner, 1994).

Many factors contribute to serious antisocial behavior. For such behavior to occur there must be individual risk as well as social and environmental risk (Elliott, et al, 1989). Serious offending does not materialize quickly but over a period of years. Therefore, valid understanding of youthful offending comes from examining behaviors over time, and appreciating the contextual influences and effects of such behaviors. Three scientific breakthroughs have contributed to a new perspective on adolescent problem behavior:

- 1) Identifying basic behavioral dimensions or parameters of development that relate directly to antisocial behavior development;
- 2) Specifying the steps or sequences in developmental pathways toward violent, serious, and chronic delinquency; and
- 3) Identifying the predisposing or precipitating contributors to such development, including their relative predictive power, accuracy and utility.

Within these parameters, the following section outlines the risk factors at various developmental periods, the life circumstances, and their processes of interaction related to the development and progression of antisocial behavior.

Developmental Pathways Model of Antisocial Behavior

Developmental and epidemiological research methods are applicable to the juvenile offending population. Several teams of researchers suggest that early identification of high risk for chronic offending is possible, based not a specific behavior but on a sequence of behaviors that are age atypical (i.e., if these behaviors occur, they commence in later adolescence). Researchers have revealed the following set of predictors of chronic offending:

- age of onset (earlier produces more risk),
- presence of aggressiveness, presence of a variety of problem behaviors which occur in more than one setting (home, school, community),and
- extent of progression down the path of deviance (more and more serious acts, in greater frequency over shorter periods of time).

Understanding the developmental trajectories and criminal careers of juvenile offenders has been done by charting natural histories of antisocial behavior that patterns of development over time could be differentiated in many ways. (Loeber & Schmaling, 1985). This framework has been characterized as the most advanced and best supported developmental pathways theory yet articulated (Tolan & Gorman-Smith, 1998), and has yielded important information for researchers, practitioners, and policy makers. From this research, we now know:

- the timing of aggressive and other criminal behaviors distinguish risk and predict long-term problems.
- the rate of involvement of serious delinquency or the order of involvement helps distinguish risk.
- a wider variety of involvement suggests greater long-term risk.
- Children who develop a more varied set of delinquent behaviors are at the most risk for chronic offender status, contrasted with those who develop only a smaller set of usually less serious offenses.

Loeber and colleagues have demonstrated that a developmental pathways model seems to explain the involvement of most delinquents over time. This model also extends to elementary school ages by focusing on pre-delinquent behaviors as well. These longitudinal studies were analyses of the natural histories of aggression and the common clusters of aggressive, antisocial, and delinquent behavior. Loeber's pathways framework articulates the

following three pathways of development toward delinquency:

- The ***overt pathway*** begins with minor aggressive behaviors (e.g., bullying, annoying others) and progresses to physical fighting (including fighting in gangs), before it evolves to violence (e.g., rape, strong-arm attacks on others).
- The ***covert pathway*** begins with minor behaviors such as shoplifting and frequent lying, moves to property damage including vandalism and fire setting before progressing to moderate or serious delinquency, such as fraud, burglary, or serious theft.
- The ***authority conflict pathway*** begins before age 12, and progresses to defiant and disobedient behavior before it takes the form of authority avoidance (e.g., truancy, running away, chronically staying out late). (Loeber & Hay, 1994).

The model illustrates a core principle in the literature - the relation between involvement in several types of antisocial behavior and more serious offending. Loeber's and additional research reveals that as involvements in serious behaviors within a given pathway occur, involvement in the other pathways is also more likely (Jessor & Jessor, 1977). Loeber's developmental pathway model and the pathway models of others (Elliott, et al 1989; Kellam et al, 1983; Moffitt, 1993) identifies orderly sets of behaviors marked by increasing seriousness and violent offending, and chronicity of involvement. For example, Elliott and colleagues (Elliott et al, 1985) demonstrated that rape and other violent sexual assaults are almost always preceded by a sequence of increasingly violent and harmful acts. Thus, sexual violence represents a developmental end point or apex of serious criminality that serves as a marker of high probability of involvement in other acts of similar serious magnitude and risk.

Multiple Pathways Toward Chronic Offending: The Genesis, Unfolding, and Acceleration of Problem Behavior in Different Developmental Periods

Ages Zero to Four

Studies following children and families over many years show that familial and community factors contribute significantly to the context from which young chronic offending develops. The family factors include family disruption, parental stress and depression, and parental criminality while the community factors include poverty, disorganization, and family-child disruptions.

- ❑ **Family disruption.** When there is marital separation or instability, a conflictual divorce, or unstable remarriage there are elevated risk levels for problem behaviors (Farrington, 1995).
- ❑ **Parental stress and depression.** A parent's personal functioning impacts a

child's development. The mental health, particularly in cases of parental depression, disrupts caregiving and family management practices. When present over time, these circumstances create considerable family stress. The elevated stress influences a disruption of family management, parenting practices, and relationship harmonies, creating elevated levels of chronic intra-family stress indirectly linked to delinquency in children (Patterson et al, 1992).

- ❑ **Parental criminality.** Parental criminality predicts family stability and difficulties in disciplining and supervising their children. Inconsistent and or harsh parenting practices place children at greater risk for juvenile delinquency (Patterson et al, 1992; West & Farrington, 1977).
- ❑ **Poverty.** Children from urban communities characterized by extreme poverty and disorganization are more likely to become delinquent than youths from other communities. Multiple and chronic exposure to poverty-related factors significantly increases the likelihood of behavior problems which form the foundation for more patterned and chronic problems later (APA, 1993; Reiss & Roth, 1994). It is important to note however, that all children living in poverty or who reside in high crime neighborhoods do not become young chronic offenders (Patterson et al., 1992). For example, children who are from violent neighborhoods, but whose parents effectively discipline and supervise them are more likely to resist future offending than their counterparts whose parents poorly manage their children. Family relations and parenting are capable of reversing an adolescent's deepening affiliation with deviant peers (Diamond & Liddle, 1996; Schmidt et al, 1995; Steinberg et al, 1994).
- ❑ **Disorganization.** Children from neighborhoods with high population densities, housing, and residential mobility are at increased risk to become juvenile offenders (Farrington, 1995; Hawkins, Catalano, & Brewer, 1995; Yoshikawa, 1994).
- ❑ **Family-child disruptions.** At the beginning stages, the child has a much less active role in shaping his own future. For example, from infancy to preschool age, the ineffective parenting strategies that emerged from the previously discussed family and community factors play a large role in how a young child develops his patterns of difficult behavior in the home. While the child may have been born with a natural tendency to be difficult to comfort and soothe (Werner & Smith, 1982), this difficult trait becomes more of a problem when interacting with ineffective parenting skills (Patterson, 1982). In these circumstances, difficult child behavior can escalate into excessive whining, yelling, or hitting more quickly than it might with skilled parents. The child learns that this kind of behavior reduces parental nagging and scolding and actually produces a "reward" from the parent - the parent gives up making demands and withdraws from the situation.

The parent is rewarded in a sense as well, since the parent is temporarily relieved from the stress created by a non-compliant child. Parents in this situation tend to experience an even more serious breakdown in their ability to effectively discipline the young child. This then fosters further difficult behavior and eventually, escalation of the child's negative behavior. Subsequently, without appropriate intervention, this circular pattern of parental stress, difficult individual child characteristics, ineffective parenting, and child behavior problems severely affects the relationship or attachment between the child and his parents (Patterson et al, 1992). This early disruption in parent-child attachment has been consistently linked with future juvenile offending (Perry et al, 1990). These behavioral sequences are key early stage components that form the foundation in which behavior problems, and in some cases, chronic delinquency, is formed.

Ages Five through Seven

In the families referred to in the previous section, at ages five to seven, parents continue to have difficulties with effective discipline, and the negative behavior of the difficult child continues to escalate. During this new developmental stage, however, the child's increasing involvement with his peers and school complicates the picture.

- **Identification and labeling.** Initially, at home, the child's escalating difficult behavior and ineffective parental responses yields more unsupervised time. Significant unsupervised time provides more access to different peer groups, some of which will influence antisocial attitudes and behaviors. When non-compliance, disobedience, or aggressiveness occurs at school, the process of identifying or labeling of the child as a behavior problem begins. Teachers and parents begin to recognize the youth's ineffective style of interacting with peers and perhaps with adults as well. The resulting rejection by peers and adults can be subtly communicated and this rejection can contribute to recurring bouts of sadness in the child. Frequently, these children then search for ways to avoid difficult or non-reinforcing tasks and interventions by refusing to complete household chores, homework, or attending school.
- **Negative school cycles.** Academic achievement is severely affected (particularly with youths who may have learning challenges to begin with), and problems connecting to or remaining connected to school increase. School bonding, a sense of belongingness in the school environment, declines resulting in greater risk for delinquency particularly in aggressive boys (O'Donnell et al, 1995). Along with quality family relations, school bonding represents one strong protective factor against affiliation with deviant peers. Conversely, a lack of commitment to school and a belief that academic success is unimportant (and reinforcement of these beliefs by the child's parents) contributes significantly to the chronic offending.
- **Antisocial tendencies.** Not surprisingly, antisocial children with antisocial

tendencies have difficulty following rules at school. These children may alienate themselves from teachers and prosocial peers - people who might otherwise serve as protective factors and sources of support in their lives (Dishion & Andrews, 1995). Once this alienation occurs, the budding academic problems continue to grow as the child's severe behavior problems lead to more time in the principal's office and less classroom learning time. Frequently, as an attempt to find solutions for severe behavior problems, children are transferred from school to school. The likelihood of school bonding and involvement in prosocial school activities also decreases with these multiple transitions (Steinberg, 1991). Frequent school transitions places youths at high risk for substance abuse and delinquency given the difficulties inherent in adjusting to new environments with unfamiliar teachers and peers.

- **School environment.** Finally in this stage, the school environment plays an important role independently of individuals' potential for problem behaviors. Schools characterized by inadequate supervision, limited structure, and insufficient resources tend to be associated with higher levels of delinquency among students (these schools are most likely to be found in communities with highest risk in terms of low SES and unemployment as well, Dishion & Andrews, 1995). Interventions with serious chronic offenders tend to be too limited in scope, because of their multiple impairments in different life areas of inquiry, but school based prevention efforts that target improving school management and that utilize behavior management programs in the classroom have had positive results in reducing problem behaviors (Gottfredson, 1987).

Ages Eight through Ten

Loeber's research indicates that the extent of progression into an offending career is a good predictor of who will become a chronic offender during adolescence. The age of onset at which behavioral problems become apparent and persistent and the extent of progression along one of the pathways to deviance serve as two of the most robust predictive markers of chronic offending in adolescence. Some research indicates that the developmental period starting at approximately age 10 is a critical period in the expansion and momentum gathering of antisocial behaviors.

- **Adult and peer rejection.** During these years, the future young chronic offender continues to alienate himself from parents and teachers. It is also during this stage of development that peer rejection of the future chronic offender becomes painfully obvious. Children who are rejected by peers tend to be more aggressive, and tend to seek out other rejected children. In fact, the most powerful effects of peer rejection on later adjustment are school drop out and criminality particularly among aggressive rejected boys (Parker & Asher, 1987).
- **Teacher, parent and peer identified characteristics.** In a well known

longitudinal study of juvenile offenders, researchers found that between the ages of 8 and 10, before any of the youths in the study were ever convicted of a crime, the future serious juvenile delinquents differed significantly from non-delinquents in many respects (Farrington, 1995). Youths within this age group who were rated by teachers as troublesome and dishonest were five times more likely than others to become juvenile offenders. Teachers also more often described the future juvenile offenders to be hyperactive and to have poor concentration at ages 8, 9, and 10 as compared to the non-offenders. Other school-related variables distinguishing the future offenders from the non-offenders included low intelligence, low school achievement, and having parents who devalued the child's education. In addition, youths who became offenders had parents and peers who rated them as more daring than youths who remained non-offenders. Also, at ages 8 through 10, youths who were subsequently juvenile offenders were more likely than non-offenders to be from larger sized families (where supervision was a problem), receive public social services, and have siblings with a criminal conviction (Farrington, 1995).

- **Parenting deficits.** In addition to all of the parenting deficits mentioned in the previous stages, parents of 8 to 10 year old future juvenile offenders were also more likely to have poor parenting skills that included harsh or inconsistent discipline, physical neglect, emotional distance (i.e., cold, hostile, neglectful emotional bonding), and erratic displays of control (Farrington, 1995). Again, the power of parenting practices, in the context of difficult children, to shape antisocial behaviors is important to re-emphasize (Patterson, 1982; Patterson, 1986; Patterson & Bank, 1989; Patterson et al, 1992). Given the longitudinal and multi-sourced nature of these data, these results should be considered strong.

Ages Eleven through Fourteen

Critical to the development of young chronic offending is the age at which the adolescent is first arrested. In Florida, chronic offenders are first arrested between ages of 10 and 14 (mean age = 11.95; Florida DJJ). Longitudinal studies show that youths whose first arrest occurred between the ages of 12 and 14 were more likely to be chronic offenders in adulthood as compared to youths whose first arrest occurred between 15 and 18 (Farrington, 1995; Howell, et al, 1995). Indeed, the early onset of delinquent activity has been identified as one of the most significant predictors of poor outcomes and serious delinquent activity (Patterson & Yoerger, 1993).

- **Parent-child conflict.** Young adolescents who feel that their parents are not accommodating their new demands for autonomy are more likely to gravitate toward antisocial peers (Fuligni & Eccles, 1993). Stronger bonds with antisocial peers further disrupts connections to school figures and family members (Mason et al, 1994; Elliott et al, 1989). Adolescents and parents who

have consistently high rates of overt conflict or at the other end of the continuum, who are extremely emotionally disengaged, are vulnerable to associations with deviant peers and their influences. Contrary to traditional models of adolescent development, serious conflict between adolescents and parents is not typical.

- ❑ **Antisocial peer influences.** Associations with antisocial peers significantly predict and maintain antisocial behaviors during adolescence (Dishion & Andrews, 1995; Parker & Asher, 1987). Youths who spend time with antisocial peers increase their opportunities to be involved in crime, substance abuse, and truancy (Elliott, Huizinga, & Menard, 1989). These like-minded friends share and further influence unhappy family relationships, rejections by prosocial peers, and antisocial beliefs.

Ages Fifteen through Seventeen

Serious delinquency is a multidimensional disorder. Research on the origins and factors that contribute to the stability of problem behaviors over time pertains to internal traits or characteristics. It is important to remember that all risk factors for serious delinquent behavior must be seen in context. Intervention programs of the past have typically targeted a single risk factor or level of development and dysfunction. Contemporary views on delinquency formation emphasize the development and ecology of behavior problem formation and inherent in this framework are notions of the synergistic interplay and reciprocally influencing relationship of single risk factors (Thornberry et al, 1995). During late adolescence, adolescents who meet the criteria of young chronic offending exhibit multiple problems in multiple settings (Hawkins et al, 1995; OJJDP, 1995).

- ❑ **Mental health issues.** Although frequently overlooked, some early and mid-adolescence delinquents exhibit signs of depression, which may in fact be the result of chronic problems with parents and peers related to their non-compliant or aggressive tendencies (Capaldi, 1992). When compared with non-offending adolescents, incarcerated juvenile delinquents exhibit alarming rates of externalizing problems, internalizing problems, as well as psychotic behaviors (Armistead et al, 1992). Attention Deficit and Hyperactivity Disorder (ADHD) is associated with delinquency, and individuals with comorbid conduct disorder and ADHD tend to have more negative outcomes than those with either diagnosis alone (Dishion & Andrews, 1995).
- ❑ **Consistency of behavior.** Antisocial behavior has also been shown to be remarkably stable over time and distressingly persistent, particularly from middle childhood to adolescence (Dishion et al, 1996). Research by Moffitt (1993) illustrates the heterogeneity of delinquency in terms of its presentation and course. The most severe group, those who become chronic offenders, show problems early in life and these continue into adulthood. These "life-course-persistent" delinquents are thought to be characteristically and

neuropsychologically predisposed to engage in antisocial activities throughout their lives. These individuals show remarkable continuity of antisocial acts over the life span, and longitudinal evidence shows that the best predictor of life-course persistent delinquency is early childhood behavior problems (White et al, 1990).

- **Youth characteristics.** An individual's temperament characterized by inflexibility, aggressiveness, and high activity level may play a role in the development of delinquency (Windle, 1992). Additionally, low intelligence tends to interact with environmental characteristics in determining delinquency, and in combination with poor problem solving skills and impulsivity, they create elevated risk for antisocial behavior (Tolan & Loeber, 1993). Individuals with social cognition deficits or difficulties in interpreting and understanding interpersonal exchanges (i.e., a bias to attribute interpersonal exchanges as intentionally negative or hostile when they are not) may also be at increased risk for problem behaviors (Dodge, 1991).

- **Deterioration of family relationships and gang involvement.** The contemporary perspectives appreciates peer group influence in relation to complimentary factors and systems of influence, such as parents and parent-adolescent relations. Under-functioning in one realm (i.e., family) creates opportunities for negative influences in another (i.e., deviant peer culture). A deteriorating quality of relationships in the family and of the adolescent with other important institutions of potential prosocial influence (e.g., the school) often coincides with deviant peer culture's influence during mid and late adolescence (once antisocial behavior has taken root). These may lead to participation in gangs, which is known as a strong predictor of chronic offending (Thornberry et al, 1993).

- **Substance abuse.** Among gang-involved adolescents, substance use was reported to be the second most common activity (Fagan, 1989; Mieczowski, 1986) and gang violence was often linked to drug use and dealing. The extensiveness of use within a given teenager's peer group has been a strong predictor of the severity of adolescent drug use (Steinberg et al, 1994). In addition, antisocial behavior has been associated with alcohol and drug use, early and risky sexual activity, and school problems, all of which have been taken together to form a coherent problem behavior syndrome (Jessor & Jessor, 1977). The relationship between delinquency and drug use is particularly strong (Elliott et al 1985; 1989). About half of all juveniles in custody for serious crimes in 1987 reported that they were under the influence of alcohol or drugs during their alleged offense (Bureau of Juvenile Statistics, 1989), and an average of 1 out of every 3 male juveniles held in detention centers across the country tested positive for illicit drug use (National Institute of Justice, 1994).

- **Drug-related delinquency.** This is on the rise in Florida and across the country (Florida Department of Juvenile Justice, 1997). Nationally, almost 83% of youths in long-term, state-operated juvenile facilities in 1987 reported use of an illegal drug in the past, and 63% had used an illegal drug on a regular basis. The most commonly used drugs were marijuana, cocaine, and amphetamines. Among drug-using youths in long-term state operated juvenile facilities, 19% said they first used drugs before age 10 and 38% reported their first use was before age 12, according to the Office of Juvenile Justice and Delinquency Prevention, as presented in the 1993 BJS Sourcebook of Criminal Justice Statistics. Although juvenile drug abuse arrests declined significantly between 1975 and 1985, drug abuse arrests for African American adolescents tripled in the late 1980's largely due to huge increases in cocaine and heroine arrests (Federal Bureau of Investigations, 1994). Adolescents accounted for 8% of all drug-related arrests in the United States in 1992 (Federal Bureau of Investigation, 1993). Greenbaum and colleagues (1991) found that among emotionally and behaviorally disturbed adolescents in residential and outpatient programs, conduct disorder was the most prevalent (about 70%) and substance abuse or dependency was the second most prevalent (about 20%).

Research-Based Strategies for Chronic Juvenile Offending

Comprehensive Strategy for Serious Violent and Chronic Offenders

Commissioning focused literature analyses and syntheses, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) offered a breakthrough in leadership and conceptualization of a pressing national challenge. In 1993, OJJDP presented its "Comprehensive Strategy for Serious, Violent, and Chronic Offenders: Program Summary (Wilson & Howell, 1995). Five research-derived principles comprise the OJJDP Comprehensive Strategy.

- **Strengthen the family.** This principle focuses on the fostering of the family's primary responsibility to instill moral values and provide guidance and support for children. This principle derives from the solid and considerable research that underscores the continued importance of families throughout the second decade of a child's life, and the role that family and parental relationships play in the creation and resistance of antisocial behavior.
- **Support core social institutions.** Supporting schools, religious institutions, and other community organizations in their roles of developing capable, mature and responsible youths. Support for this principle comes from the research that indicates the relationship between losing connection to important institutions of socialization at critical developmental periods.

- **Promote delinquency prevention.** Regarding this as the most cost-effective approach to dealing with juvenile delinquency. When children engage in antisocial or delinquent behavior, such as status offenses, the family and community, in concert with child welfare services, must take primary responsibility for responding with appropriate treatment and support services. Communities must take the lead in designing and building comprehensive prevention approaches that address known risk factors and target youths at risk of delinquency. Several research-based knowledge development advances are referenced in this principle.
 - **Intervention works.** Research evidence is now available that begins to define the circumstances, population specifics, and intervention program characteristics that determine prevention and intervention success on dimensions such as recidivism reduction, positive changes in family functioning, and increase in prosocial functioning and life skills.
 - **Accountability and responsibility-taking.** Families and communities are charged with taking the lead in accessing the needed resources and in the case of communities, in organizing appropriate research based (risk-protective factor related) programs. These programs would contain as a matter of course, strong evaluation components.

- **Intervene immediately and effectively.** This needs to be done when delinquent behavior occurs to prevent delinquent offenders from becoming chronic offenders or progressively committing more serious and violent crimes. Initial intervention attempts should be centered on the family and other core social institutions. This principle relates to the research based knowledge that early intervention, not only in terms of costs to individuals, families and communities, as well as to society, is preferable. While it is true the chronic offending in juveniles signifies a powerful predictor of an adult criminal career, a new generation of interventions, which target known characteristics and processes, have demonstrated the capacity to slow progression on and deter movement altogether on the pathways to serious offending.

- **Identify and control the small group of serious, violent, and chronic juvenile offenders.** This principle rests on the advances in the complex kinds of assessments that are now possible with multi-problem adolescents. It also relates to advances in intervention science. As more quality evaluation studies can accumulate, we will increase our knowledge of program impact not in terms of generic effectiveness, but rather in terms of differential effectiveness. Today's studies determine program impact according to the match or fit between the program's specific features (intensity, focus, components, location) relative to the offender's and family's characteristics. Knowledge generated in these studies can serve as a rational and valid basis for programs and allocation of resources and services.

Communities that Care Strategy

A good illustration of the kind of programming recommended by the OJJDP is the Communities That Care (CTC) strategy (Hawkins & Catalano, 1992). This approach has been supported by the Florida DJJ as part of its strategy to prevent chronic offending among early adolescents (JJAB, 1997). CTC is based upon 16 years of research with high risk youths. It is comprehensive, long term, and community wide. It allows communities to tailor early intervention efforts to respond to research evidence that enumerates risk and protective factors particular to a given community. The strategy recognizes and builds on existing community resources and programs to develop a comprehensive system for risk reduction and enhancement of protective factors. A multiple system focused intervention is built to cover as many levels and areas of inquiry of functioning as possible, given the target group's developmental needs, and the relevant risk and protective factors that will be targeted. Within each of the following three major areas of inquiry of intervention, illustrative sample interventions are specified.

1. ***School Interventions:*** Target classroom organization, management, and instructional strategies, school behavior management strategies, conflict resolution and violence prevention curricula, peer mediation, peer counseling, and school organization.
2. ***Children, Youth, and Families in Settings Outside of School:*** Parent training, intensive family preservation services, marital and family therapy, mentoring, after-school recreation, gang prevention, and vocational training and employment.
3. ***Community Level Interventions:*** Community laws and policies related to weapons, community policing strategies, and community mobilization.

The APA Commission Report On Violence and Youth

Consistent with OJJDP, Communities that Care, and the Florida DJJ, the Report of the American Psychological Association Commission on Violence and Youth (APA, 1993) offered findings that are relevant to our understanding of young chronic offenders in Florida. Given the research evidence supporting the strong relationship of childhood aggressiveness and adolescent violence and progression on the chronic offender path. The APA Commission's findings have particular salience for the present report. The APA Commission concluded that effective programs at reducing youth violence shared two important characteristics.

1. ***They are based on a research-informed understanding of how juvenile offending develops and on how social and cultural factors are involved in the development of juvenile offending.*** This observation is consistent with the current literature review's emphasis on the importance of understanding the developmental progression of young chronic offending.
2. ***Effective programs use theory-based intervention strategies that have***

been demonstrated to effectively ameliorate juvenile offending. This observation is consistent with the OJJDP perspective that interventions should address, in a comprehensive, systemic manner, known risk and protective factors, rather than factors that lack rigorous scientific support or single dimensions presumed to have importance in certain communities or with particular adolescents.

The APA Commission also determined that effective programs:

- ❑ begin as early as possible to interrupt the trajectory toward juvenile offending,
- ❑ address aggression as part of a constellation of antisocial behaviors in the child or
- ❑ youth,
- ❑ include multiple components that reinforce each other across the child's everyday contexts: family, school, peer groups, media, and community, and
- ❑ take advantage of developmental "windows of opportunity" (i.e., points at which interventions are especially needed or especially likely to make a difference (APA Commission on Violence and Youth, 1993).

These recommendations are consistent with the current literature review which suggests that early behavior and family problems occur, but can be interrupted and improved. Also, these recommendations are consistent with the present report in that youth behavior problems and juvenile offending are known to be one part of a constellation of problems. Considerable research evidence reveals serious juvenile offenders to evidence multiple impairments. Over 90% have at least one other significant problem and about 75% have two or more areas of significant functional impairment. As suggested by the JJAB (1997) outcome evaluation report and consistent with the APA Commission report, interventions must address the multiple interconnected problems in as many contexts - individual, family, school, community - as feasible.

Prevention Strategies

The 1996 Rand Corporation study "Diverting Children from a Life of Crime: Measuring Costs and Benefits" by Greenwood and colleagues (1996) makes a strong case for the short and long term benefits of early prevention of young chronic offending. This report assesses the cost-effectiveness of several crime-prevention strategies that involve early intervention in the lives of people at risk of pursuing a criminal career. Four different approaches to intervening early in the lives of children at risk of eventual trouble with the law are reviewed and discussed in terms of their cost effectiveness benefits. The four approaches examined are as follows:

1. *Home visits by child-care professionals* beginning before birth and

extending through the first two years of childhood, followed, by four years of day care. The visits are intended to provide guidance in perinatal and infant care and ward off the likelihood of abuse or neglect, both of which are associated with troubled childhoods. Day care permits a higher family income than might be possible without it, and children seeing a higher income may find activities other than crime more attractive.

2. ***Training for parents and therapy for families*** with very young school-age children who have shown aggressive behavior or otherwise begun to evidence behavior problems in school.
3. ***Four years of cash and other incentives*** to induce disadvantaged high school students to graduate.
4. ***Monitoring and supervising high-school-age youths*** who have already exhibited delinquent behavior.

Each of these approaches is a well articulated intervention, has been tested, and has demonstrated efficacy in terms of reductions in arrest or rearrest rates. These reductions are likely to be smaller for larger, less-intensive programs and are also likely to decay with the passage of time, especially with respect to any effects on behavior beyond the juvenile years. However, the report illustrates how prevention programs can show significant cost savings over the long term. Other examples of highly effective early intervention programs which target children at risk for delinquency and chronic offending were reviewed by Yoshikawa (1994). These four prevention programs targeted children between the ages of zero and five years old:

1. **The Perry Preschool Project** (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984)
2. **Houston Parent Child Development Center Program** (Johnson & Walker, 1987)
3. **Syracuse Family Development Research Project** (Lally, Mangione, & Honig, 1988; Lally, Mangione, Honig, Winner, 1988)
4. **Yale Child Welfare Project** (Seitz, Rosenbaum, & Apfel, 1985).

The programs provided support in family and peer group settings, and achieved long term effects for children (cognitive and social competence) and their families (parenting and socioeconomic indicators). Home visitors provided emotional support and informational support focused on child development, parenting, and the parent's own educational and vocational goals. Visits occurred weekly to monthly, depending on the program. Educational day care, preschool, or both were provided across programs.

Although intervening for the entire first five years is not a prerequisite for achieving significant long term reductions in behavior problems, it is important that interventions occur during this very critical developmental period (see Belsky, Steinberg, & Draper, 1991;

Werner & Smith, 1982). The first years of a child's life is a time when a trajectory toward young chronic offending can be identified and changed in a positive direction with the better possibility of an adaptive outcome (Rutter, 1980). Prevention is clearly the best approach to address young chronic offending. However, the emergence of young chronic offenders is a reality today, and problems of this magnitude will continue for the foreseeable future. Therefore, it is important to have interventions to ameliorate the problems related to this population.

Child, Youth, and Family Interventions

Consistent with the OJJDP and Florida DJJ goal to strengthen families while comprehensively addressing the factors related to chronic offending, several family based intervention research programs have developed over the years. These include Alexander and colleagues at the University of Utah (Alexander et al, 1993), Dishion (Dishion & Andrews, 1995) at the Oregon Social Learning Center, Liddle (Liddle & Dakof, 1995a,b) and Szapocznik (Szapocznik & Coatsworth, 1997) at the University of Miami, Henggeler and colleagues at the Medical University of South Carolina in collaboration with Borduin at the University of Missouri (Borduin, 1994; Borduin et al, 1995; Henggeler & Borduin, 1990; Henggeler et al, 1992 Henggeler & Borduin, 1990), Patterson and colleagues at the Oregon Social Learning Center (Patterson et al, 1992), and Tolan and colleagues at the University of Illinois (Tolan & Guerra, 1994).

All of these research programs are developing and testing interventions for high risk and for serious delinquent and drug abusing adolescents. They have been reviewed in various publications discussing the state of the science of family based interventions (Alexander et al, 1993; Lebow & Gurman, 1995; Nichols & Schwartz, 1998; Waldron, 1997). The review of intervention research for chronic offending is beyond the scope of the present report, but the topic's importance and indeed urgency relative to the need for empirically-based program decisions is clear. The several programs of intervention research cited above, and others, are yielding positive results with interventions for delinquency, chronic offending and related problems such as adolescent drug problems (Hazelrigg et al, 1987; Lipsey, 1988; Mulvey et al, 1993).

Discussion

There are several early psychosocial factors that increase the risk of a child following a trajectory to chronic offending. Individual characteristics include difficult child temperament including frequent negative moods and temper tantrums (Patterson et al., 1992), aggressive behavior towards family and peers (Eron & Huesmann, 1990; Farrington, 1987; Pulkkinen, 1983), and poor academic performance (Hawkins et al, 1992). Parent-child characteristics include ineffective parental discipline strategies (e.g., physical punishment). Parents unwittingly, but positively reinforce child behavior problems. Parents of delinquent youth also tend to show poor problem-solving skills in social situations (Patterson et al, 1992). Early psychosocial factors are thought to act synergistically to influence the occurrence of antisocial behavior. For example, a child who has a difficult temperament may

elicit ineffective punishment (e.g., scolding or physical punishment) from his or her mother, which may result in a cycle of arguments without any appropriate resolution.

When the child begins school, he or she may extend the aggressive home training to peer interactions, which may result in peer rejection and an unsupportive school teacher (Patterson et al, 1992). Childhood aggression at ages 10-13 years old is especially related to young chronic offending (Loeber & Dishion, 1983; Loeber & Stouthamer-Loeber, 1987; Magnusson et al, 1982). Also, recurring academic failure and rebuffs by parents, teachers, and normal peers induce unskilled children to seek out peers who are mirror images of themselves (Patterson et al, 1992). Young chronic offenders usually begin their criminal careers at an early age (prior to age 15) and continue to increasingly become involved in more serious forms of crime (Loeber & Schmalting, 1985). The age at which a youth is convicted of a crime can help to identify those youths who might become chronic offenders. About 1/3 of youth offenders who were first convicted between age 10 and 15 years old were later convicted six or more times by age 18 years old. In contrast, none of the youth offenders who were first convicted of a crime after the age of 15 years had committed six or more offenses by age 18 years old (Loeber & Schmalting, 1985).

Current perspectives on delinquency and drug use emphasize the influence and interdependence of multiple factors and contexts on an individual's behavior, including individual temperament, specific behavioral settings, interpersonal relationships, and the community (Dishion et al, 1996; Hawkins et al, 1992; Liddle, 1996). The most severe juvenile delinquents (those who are chronic and/or violent) are likely to have deficits in many areas, and antisocial behavior in this specific sub-population of delinquents has been shown to be extremely consistent across settings (Dishion et al, 1996).

Finally, the seriously antisocial youth becomes a career antisocial adult. Longitudinal studies (Huessman et al, 1984; West & Farrington, 1977) clearly document how antisocial children lead very marginal lives as adults (Patterson et al, 1992). Their employment histories are erratic, they have a higher risk of divorce, they continue to be arrested repeatedly, and they are at higher risk for alcohol and drug problems.

Summary

The developmental course of this chronic youth offending is quite costly to individuals, families, communities and American society generally. By increasing our understanding how offending unfolds and develops across the life span, successful interventions can be designed. It is believed that programs which target symptoms at one age may prevent development of symptoms that would otherwise develop at a later stage - making the problem even more difficult to ameliorate (Tolan et al 1995). Although the challenges facing researchers, practitioners, and policy makers by young chronic offenders are great, new research and frameworks provide reasons for optimism. This research has enormous practical relevance. Indeed, the intervention and prevention research programs supported by NIJ/OJJDP, and other federal agencies concerned with juvenile justice involved youths use the basic research to guide their intervention and prevention program efforts

(Loeber & Farrington, 1998). Given the recent proliferation of ground-breaking research results in the area of chronic juvenile offending, and the status of intervention and program development, if continued support at all funding levels can persist, more advances in knowledge are likely (Howell & Wilson, 1995). These scientific breakthroughs, as part of the new era of research-informed policy, can then guide resource allocation and program decision making as never before.

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Appendix B

Proposed Design and Methodology for Future Research

Proposed Design and Methodology for Further Research

Introduction and Overview

A seven-year study is proposed to examine the significant factors that contribute to the differential paths of first-time juvenile offenders. The proposed study will follow cohorts of juvenile offenders after their first offense, assessing the factors that discriminate between those who continue their involvement in criminal activities and those who desist. An examination of the experiences and behaviors of these youth will be conducted using a holistic perspective that views the youth's experiences and behaviors within the context of their family, community, educational experiences, and involvement in the juvenile justice system.

A cohort-sequential design is proposed. This design involves the selection of cohorts for a number of successive years and the tracking of each of these cohorts over a period of years. The design is both prospective and retrospective, allowing the tracking and documentation of data and outcomes over the long term. The cohort-sequential design being proposed will involve a five-year data collection period. *Four* cohorts of youth will be identified -- one at the beginning of each of the five years of the data collection period. At the beginning of each year, a random stratified sample of 10% of the first-time offenders who are 12 years old or younger will be selected to serve as a cohort. The members of each cohort will be tracked from the time they become part of the study sample until the end of the five-year data collection period. Thus, following the first year of the data collection period, more than one cohort is being monitored.

This proposal first describes a study that examines and analyzes information available in existing automated secondary databases. This study, which will be referred to as the "Automated Secondary Database Study" is relatively inexpensive and can be initiated relatively quickly. Using the cohort-sequential design described earlier, the Automated Secondary Database Study would involve the collection and analysis of secondary data on four cohorts of youth from the DJJ, Department of Child and Family Services, and DOE. A new cohort would be identified at the beginning of four of the five years of the data collection period and would be tracked until the end of the data collection period. Data obtained from the DJJ would include information about the criminal history of juvenile offenders and the type of juvenile justice detention and service programs in which they have been involved.

In addition, information about the interface of the youths in each of the five cohorts, and their families, with the social services and education systems would be obtained from the automated databases of the DCF and the DOE. Information about out-of-home placements and school attendance history would be obtained.

The Automated Secondary Database Study would build on the collaborative relationships that the Florida Inter-University Center for Child, Family and Community Studies has developed with these state agencies. While the Automated Secondary Database Study promises to provide a wealth of information about differential background and experiences of first-time youthful offenders and any ongoing involvement in criminal activities, there is a need for a more comprehensive study. This stems from recognition that existing automated databases have formidable limitations. There is often considerable amount of missing data in these databases and it is often difficult to match databases among the various systems. This limits access to information that is considered to be central to this study's ability to fully respond to the research questions that are later posited in this proposal.

An expanded version of the Automated Secondary Database Study is thus also being proposed, one that would be more far-reaching in its ability to obtain and analyze information about first-time offenders than can be obtained from the existing automated databases. Since such an endeavor would prove to be more costly, it is anticipated that the Florida Inter-University Center for Child, Family and Community Studies, the Florida DJJ, and the Juvenile Justice Accountability Board, in partnership, would seek funds from federal and private sources.

Expanded Study

The expanded study would involve the collection and analysis of automated secondary databases as described for the Automated Secondary Database Study but *also* calls for telephone and face-to-face interviews with the youths in each cohort as well their teachers, parents, and/or caretakers, and counselors. This will allow us to go beyond the parameters of what can be provided by analyzing secondary databases. Information about a wider range of the factors that contribute to differential paths taken by first-time juvenile offenders can be collected. An Extended Study would provide a greater understanding of the experiences of those who continue their involvement in criminal involvement as well as those who desist. The proposed Extended Study would examine the influence of the varied holistic dimensions of the lives of the youths being studied. A close look will be taken at the experiences that precede, and follow the first offense. The role played by the multiple levels of the youth's environment -- in particular their extended family, friends, school, community, and juvenile justice system will be examined.

Benefits of Proposed Research

The successful implementation and completion of either of the studies being proposed would prove invaluable to Florida's leaders and policymakers, human service agency representatives, child and family educators, and members of the scientific community. The information obtained will provide knowledge vital to our ability to differentiate among the paths taken by the youth who enter the juvenile justice system as first-time offenders. A deeper understanding of their developmental experiences and the role of the family, school, community and the educational and intervention systems affecting them would be obtained.

The data will inform policy makers and practitioners about the relative benefits of various approaches and responses to first-time juvenile offenders, pointing to the most promising strategies for preventing or mediating juvenile criminal activities. Anticipated outcomes would provide us with knowledge and information to help detect early warning signs of initial as well as chronic youthful offending behavior. The scientifically-valid data will enhance policy-making decisions for intervention strategies for these youth. Florida will witness large increases in young children and adolescents over the next several years, accompanied by more youths committing criminal offenses. In light of these trends, the proposed research reflects the ambitious and scientifically rigorous study of the patterns of youth-offending behaviors. The study would examine the type of data needed to better delineate the long-term prospects of first-time juvenile offenders, and suggest means of preventing continued involvement in criminal activities.

Collaboration of Florida Inter-University Consortium, DJJ and Juvenile Justice Accountability Board

Both of the studies being described and proposed – the Automated Secondary Database Study and the Extended Study -- will be conducted as a collaborative effort of the Florida DJJ, the Florida Inter-University Center for Child, Family and Community Studies and the Juvenile Justice Accountability Board. A collaborative relationship between these three organizations was initiated during the *Young Chronic Offenders Project*, a study conducted by the Florida Inter-University Center for Child, Family and Community Studies and funded by Florida's Juvenile Justice Accountability Board. This *Final Report of the Young Chronic Offender Project* presents the problems associated with its research project and those of other past research efforts devoted to the study of young offenders. There are difficulties inherent in conducting research with this population and in using automated databases. The proposed research reflects an understanding and appreciation of the nature and intent of research on young offenders and proposes a design and methodology that circumvents many of the problems experienced in earlier research.

Collaboration between the Inter-University Center and the Florida DJJ and the DJJ was essential to this effort. Secondary data were obtained for the analysis of statewide juvenile justice, education and social service system data, and for a sample of youth for case studies. An effective collaborative partnership has developed, serving as an effective vehicle for determining ways in which the optimal amount of information in existing databases can be accessed and used in a timely fashion. Problems that presented themselves in earlier research such as time delays in accessing databases and developing an understanding of the methods and protocols used for different databases have been addressed. It is anticipated that this will facilitate the ease of data collection and analysis procedures for the proposed research initiative.

The *Young Chronic Offenders Project* studied the population of young chronic offenders in Florida. The study found that the initial involvement of the young chronic offenders occurred at a younger age than was the case for the population of juvenile offenders, on average. Young chronic offenders had their first arrest 2 years younger than the

population of juvenile offenders, with the former arrested on average at the age of 12.1 and the latter at age 14.4.

The findings also indicated an absence of a homogeneous young chronic offender population. The developmental paths of the youths studied varied. Utilizing the definition of the Juvenile Justice Accountably Board², the data indicated that young chronic offenders do not follow a monolithic path subsequent to their first offense, and that the responses of their families, the community and the educational and juvenile justice systems vary. Some youth entered the juvenile justice system, committed a large number of offenses at a young age but did not re-offend for a considerable period of time. Others were found to follow a pattern of continuous criminal activities. Yet others “detoured” out of the system and did not re-offend again. The types of programs that young chronic offenders and juvenile offenders, in general, were placed in varied noticeably as well. In contrast, juvenile offenders who can be classified as “young chronic offenders,” committed far more offenses but were less persistent.

The proposed research will build upon the knowledge obtained as a result of the *Young Chronic Offenders Project* and studies discussed earlier in the literature review. As noted in the literature review, the early onset of delinquency and criminal behaviors has been found to serve as a gateway. Such behavior at a young age is a common predictor of involvement in criminal activities later, during one’s childhood and adolescence, and young adulthood. Criminal has roots in offending at younger age. Clearly, efforts to decrease the likelihood of juvenile offenders becoming chronic offenders must target young first-time offenders. The proposed study will delineate and clarify the multiple patterns of development that ensue following first offense, and the relationship between the ecology of the youths’ lives and these patterns. Cohorts of young first-time juvenile offenders (12 years old and younger) will be identified and their paths of development and criminal activities, as well as the response of families, school, juvenile justice and other intervention systems to those activities will be studied.

Research Design - Automated Secondary Database Study and Extended Study

The intent of the proposed study is to develop a fuller understanding of the circumstances that signal initial and advancing risk for persistent criminal activities among first-time juvenile offenders. Clearly the comprehensiveness with which these questions will be addressed will be greater if the Extended Study is conducted than if the Automated Secondary Database Study is conducted. Both provide a design for examining significant factors that ultimately effect the behavior of first-time juvenile offenders, and their decisions about repeat offenses.

The characteristics and experiences of first-time juvenile offenders with a propensity

² The young chronic offenders (1997 Annual Report and Juvenile Justice Fact Book) are those youth, younger than 12 years old, who have committed 10 offenses in a twelve-month period and those youth who are 12 to 15 years old who have committed 15 offenses in an eighteen-month period.

to become chronic offenders will be obtained. The responses of families, community, schools and intervention systems that mediate or exaggerate youths' continued involvement in criminal behaviors will be identified and examined. Thus developmental experiences that precede the juvenile offender's offense will be examined in an effort to understand the factors that significantly contributed to the youth's decision to commit that first offense. At the same time, the study will concern itself with the experiences that follow the first offense and the nature and extent to which individual, family and system responses shape subsequent behavior. The overarching questions that the proposed study will address are noted, as follows.

- To what extent do individual, family, community and system attributes serve as important contextual factors that mitigate or intensify the involvement of first-time juvenile offenders in later criminal involvement? What are the relations between the risk and protective factors that are present, and the persistence of criminal offending?
- What are the differential patterns of individual, family, community, education, and intervention system responses to youths' initial and subsequent offenses? Are there relations between these patterns and the manner in which youth persist or desist from ongoing criminal activities, and does this vary with the nature, severity and number of offenses?

Sampling Methodology - Automated Secondary Database Study and Extended Study

The purpose of the proposed studies is to develop as comprehensive an understanding of the different trajectories of first-time juvenile offenders as is possible by examining and assessing their experiences over time within the context of multiple, multi-level variables that constitute the holistic systems of their lives. Both the Automated Secondary Database Study and the Extended Study will employ the same sampling methodology for identifying members of each of the cohorts to be studied.

All first-time juvenile offenders will be eligible to be part of the study and representative samples will be followed. The design neither precludes any first-time juvenile offenders from inclusion nor limits our ability to objectively observe and document the patterns of their behavior and the role of others in their environment. The focus is collecting evidence of factors that likely contributed to their initial involvement in criminal activities as well as to their persistence in committing offenses. This information can be used to categorize chronic offenders within the parameters of any definition preferred. Pre-determined definitions "chronicity" or "chronic offender" can hamper the inclusiveness and the generalizability of a study.

A cohort-sequential design will be used. Four cohorts will be selected sequentially at the beginning of each of successive years. The selection of cohorts will involve a series of four random samples of first-time offenders, stratified on variables such as the diverse regions of the state, gender and age. Four sequential cohorts representing 10% of the first-

time juvenile offender population each year who are 12 years old and younger will be studied. As will be described later in the timeline included in this proposal, the first cohort will be studied for a period of five years and subsequent cohorts will be studied for fewer years.

Using the information provided by other studies of juvenile offenders³, it is estimated that the population of first-time offenders from which this study will obtain its samples will be about 70,000-75,000, of whom 11,000-12,000 will be 12 years old and younger. Each cohort will consist of a stratified random sample of about 1100-1200 first-time juvenile offenders. It is anticipated that over the time period of the project, 600 of each sample group may re-offend.

The use of this cohort- sequential design will acknowledge and control for the contextual and chronological differences that accompany changing community and political climates over time. In effect, the comparison group for the first cohort will be the subsequent cohort groups, allowing for the analysis of the experiences of youth in successive years. The design has “built in” comparison groups: each cohort serves as a comparison group for the others, and those who persist in criminal activities serve as a comparison with those who desist completely as well as those who desist for a period of time and then re-offend.

This design thus allows one to look at the developmental stages of youth, their changes over time, and to compare groups of youth in terms of their developmental stages and experiences. Finally, the cohort-sequential design is a useful design in that it allows for formative evaluation, enabling the researchers to review and refine the design and methodology employed.

Domains to be examined and areas of inquiry. The analysis of the data will examine how those who persist in criminal activities differ from those whose ongoing criminal involvement is minimal or absent. Predictive factors such as gender age at first offense and geographic location as well as contextual variables that may explain these variations will be examined. In both the Automated Secondary Database Study and the Extended Study, secondary data from existing automated databases will be obtained from the DJJ, DCF, and DOE. The multiple areas of inquiry that provide the holistic context of the lives and experiences of the first-time juvenile offenders being studied. Clearly, more extensive information will be obtained about each of the areas of inquiry noted in this proposal from the planned activities of the Extended Study than the Automated Secondary Database Study described earlier. In both, information in each of the areas of inquiry discussed below will be obtained. In the former, a more comprehensive picture of these areas of inquiry is possible, and therefore, a fuller picture of the holistic patterns that are involved in the behavior of first-time youthful offenders following the first offense.

³ A three-year longitudinal study by DJJ (1998) of a cohort of juvenile offenders found that during the 1992-1993 fiscal year about 50,000 youths were referred for their first delinquency charge. About 8,500 (17.2%) of these youth were 12 years and younger. The study also found that during the three years of the study, 11.3% became young chronic offenders (utilizing the OJJDP definition), and that during the same time period, 55% of the initial cohort received no more charges. Data collected for the *Young Chronic Offender Project* found that in 1995, the number of first-time juvenile offenders had increased to 58,279; 16.2% (about 10,000) were 12 years old or younger.

The impact of the interplay of the familial, school, community and juvenile justice system on individual youths will be examined. The multiple patterns that present themselves will be examined, offering insight into the relations between different types of intervention, family, school and peer experiences and youths' criminal behaviors. The four areas of inquiry that will be studied are the following:

- the individual,
- the family,
- the school and
- the juvenile justice system

The intent is to develop a social network mapping that identifies the structure, functions and impact of the juvenile offender's social network.

The individual domain. Information will be collected on youths' criminal and treatment history, and their academic performance, with a focus on culling information about experiences that preceded their first offenses as well as those that ensue subsequently. Criminal history will be tracked, attending to the nature and frequency of their offenses.

The Extended Study will be able to collect further information. A central component will be an examination of the juvenile offender's perceptions of the factors that contribute to their initial and continued involvement in criminal activities. Several aspects and dimensions of the realm and nature of their moral decision making will be examined as well. Their perception of the discipline and other consequences that followed their initial offense, noting their interpretation of the reason for these and their impact will be sought as well. Their perceptions of the extent/type/nature and extent to which their families, their schools, their peer group and any intervention and detention programs in which they have been involved have functioned as mediating or moderating influences will be sought.

The family domain. The Automated Secondary Database Study will collect information about the youth's child's behavioral and developmental history from existing databases as well as the context within which these occurred. Demographic information will be obtained noting family composition and history, wherever possible, as well as varied dimensions of family functioning and family's legal history. The Extended Study will incorporate the varied data collection methods noted above to obtain more comprehensive information in these realms.

The Extended Study would obtain additional information, examining the presence and impact of changes in family structure, family composition, and living conditions as well as family mobility as well as information on the impact of these on the family's ability to include its youth as integral members. Other areas of particular interest include parent-child relationships and the type of discipline strategies used by parents and caretakers as well as the availability of some consistency by the presence of one or more caring adults during the youth's development.

The Extended Study will engage parents, caretakers, and, where appropriate, other family members to examine the varied dimensions of the families' capacity to deter its youth from criminal activities. This central area of study will include an examination of family members' perceptions of their youths' involvement in such activities. A developmental perspective will be used to explore the capacity of parents and other caretakers to intercede in youths' continued involvement in criminal activities. The degree of involvement, if any, of parents and other caretakers in the different spheres of the lives of the youths will be examined in order to determine what type of role parents and caretakers play in reducing the likelihood of youths' sustaining involvement in criminal activities. Particular attention will be paid to whether family members sought assistance at the time the youth's problems were first noticed or identified, and the type of assistance sought. Assessment will be conducted of the extent to which family members were, and are, familiar with means of support and intervention, knowledgeable about methods of accessing these, and comfortable with seeking them out. These features of family involvement in the youth's lives and in intervention efforts, subsequent to the youths' initial offense, will be followed during the period of the study.

The school domain. Information will be collected from existing secondary databases about the nature of the educational experience of the juvenile offenders being studied. The youth's academic history will be explored, where the data is available. Evidence of grade repetition, mobility, standardized test scores, and enrollment in special classes or alternative settings will be collected. Information from school records and other reports documenting the incidence of in-school, out-of-school suspensions and truancy will be examined as well.

To understand the youths' performance and capabilities the Extended Study will, in addition, obtain information about the youths' behavior in educational settings. The relationship between academic achievement, extracurricular activities both in and out of the school setting, and the youths' attitudes towards and attendance will be reviewed. The ways in which he interacted with significant persons in school settings, and the ways in which the educational system and its players perceived him, and responded to him will be explored as well. Areas of inquiry will include examining the school's role in assessing academic and social needs, documenting areas of deficit and determining placement needs, and, in general, implementing plans to address identified deficit areas. Teachers will be queried about the youth's academic and social skills, and about behavior management issues that arise in the classroom. The teacher's perceptions of the classroom and overall school climate as well as the degree and nature of the teacher's contacts with parents will serve as the context within which this inquiry ensues.

An important competent of this area of inquiry will be the degree to which the youths being studied were engaged in constructive, prosocial types of activities in their schools and communities. Several sources of information will be used to determine their level of involvement in school, and the nature and type of in-school and after-school activities in which they were involved.

The intervention domain. An investigation of the variety of situations in which youth find themselves will be examined. The amount of juvenile justice system involvement and types of interventions in which each youth has been involved will be studied. This will include when the youth is first detained as well as when a youth is leaving a program. Thus, attention will be paid to youths' experiences with reintegration and aftercare. Close attention will be paid to the ways in which services are provided for families, and level of participation and contact that parents and other caretakers have with service providers. Other factors that will be considered include the appropriateness of the level of services being provided and the characteristics and service profile of providers with which each youth is involved. While limited, additional information about other service providers will be obtained by examining the information available from the DCF.

Collection of data using the multiple methods proposed for the Extended Study allows for a more intrusive, comprehensive examination of the role and perceived impact of involvement in the juvenile justice system as well as the involvement of the human services and educational systems. Interviews with parents and caretakers, for example, would provide historical information about the intervention systems with which the youth and the family were involved, and the outcomes of that system involvement. Perceptions of the impact of those experiences would be shared as well.

Data Collection.

Two types of studies are being discussed in this proposal: the Automated Secondary Database Study and the Expanded Study. Both will involve identifying cohorts of first-time youthful offenders and obtaining information about the members of these cohorts from the existing automated databases of the DJJ, DCF, DOE. On an annual basis, information will be obtained regarding these youth from the automated databases as a method of following the members of the cohorts over a period of time. The information sought will include the type and nature of the first-time offense and subsequent offenses, and the consequences that result. Information will be obtained will include the youths' criminal justice history, intervention history, identification as being at-risk in terms of school performance and attendance.

The Extended Study is more comprehensive. Telephone and face-to-face interviews will be conducted, and questionnaires administered to a random subset of each cohort. The following procedures will be used:

Telephone calls. Telephone contacts will be made initially to parents or the child's caretaker, caseworkers and teachers for the purpose of engagement. The project will be explained and appropriate consent forms will be mailed and returned. These telephone calls will also serve as an interview with family, caseworkers and teachers. These contexts will provide an initial means of obtaining preliminary information about the areas of inquiry discussed earlier. Information would, for example, be obtained about family history.

Face-to-face interviews and questionnaires. Face-to-face interviews will be

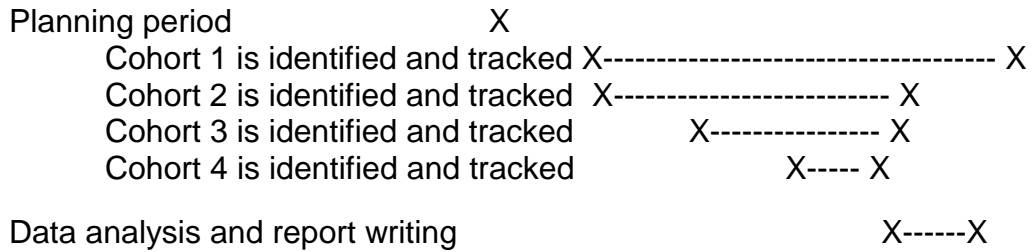
conducted and questionnaires will be administered to youth, their teachers, caregivers, caseworkers, and counselors. Each will be presented with questions that inquire about the reasons for the youths' initial involvement in criminal activities and the fact that they have continued or desisted from continuing their involvement. The youth will be queried about their experiences with, and perceptions of the family, school and intervention areas of inquiry. They will be questioned, for example, about their experiences with, and perceptions of the different treatment regimens. Case managers will be interviewed about their understanding of the youths' expectations and understanding of their criminal involvement, and the caseworkers' ability to provide services needed. The teacher will be queried about their perceptions of the youth, his or her potential, school history, and level of involvement in in-school and after-school activities. The teacher will also be queried about the extent/type/nature and extent to which they feel they were able to have a positive impact on the youth. Children's Behavior Checklist (CBCL) will be administered to the caregivers and teachers. The Self-Perception Profile for Children (Harter) will be administered to the youth being studied. A social desirability such as Marlowe-Crowne's may be administered as well.

Data collection timeline. Our plan involves the selection of cohorts of stratified random samples of first-time juvenile offenders under the age of 12. The project will be seven years in duration. The timeline for the data collection activities of the Automated Secondary Database Study and the Extended Study will differ somewhat. For the former, the early part of the first year will be focused on establishing the procedures for obtaining necessary information from the databases of local school boards and the Departments of Juvenile Justice, Education and Children and Families. Identification of the first cohort and the initial phases of data collection will begin during the latter part of that first year. For the Extended Study, the first year would be a period of more intensive planning and instrument development, as well as establishing procedures with state agencies and local school board for data collection.

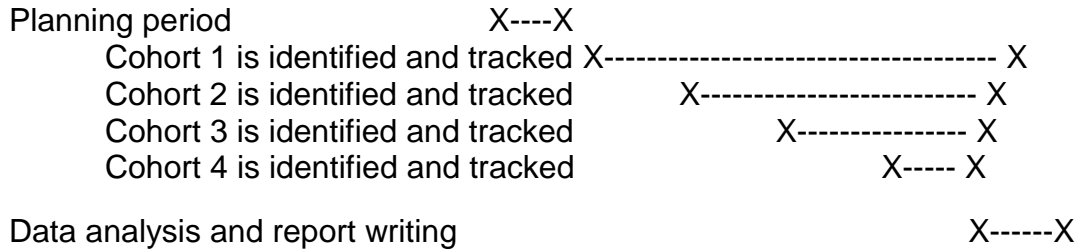
As noted in Figure 1, in both the Automated Secondary Database Study and the Extended Study, a five-year data collection period would follow. In both, four cohorts will be studied. The first cohort will be tracked for a period of five years, and a second cohort will be identified and tracked for a period of four years. Similarly, a third cohort, identified as they enter the system, will be tracked for three years. Finally, a fourth cohort will be identified and tracked for two years. This, in turn, would be followed by a period dedicated to data analysis and report writing.

Figure 1. Overall Timetable

	Year of Project						
	1	2	3	4	5	6	7
Automated Secondary Database Study							



Extended Study



As presented in Figure 2, sequential cohorts of first-time juvenile offenders will be identified after they have entered the juvenile justice system, and will be monitored for a period of years. Each year a stratified random sample will be identified for participation. Information will be collected about these youth on a quarterly basis, according to the following schedule. While the process of obtaining information will be ongoing, the data collection methods and procedures followed and instruments used will vary during the various periods.

Figure 2. Data Collection Schedule for Each Cohort

Annual Schedule for Each Cohort				
	1 st quarter	2 nd quarter	3 rd quarter	4th quarter
Cohort is identified	X			
Initial engagement period (phone interviews)	X			
Face-to-face interviews		X		
Questionnaires			X	
Records review				X

The year for each cohort will, in effect, be divided into quarters. During each quarter the focus will be on obtaining different types of information through different modalities in an effort to monitor the youth and the areas of inquiry in which he or is involved. Face-to-face interviews, the administration of questionnaires and records review will be repeated.

Data Analysis

The sample size will allow for multivariate analysis, allowing, for example, for the use of hierarchical regression to examine predictability as well as discriminate analysis to differentiate between chronic and non-young chronic offenders. Path analysis may be used to reflect the differential paths of development presented by the youth involved in the project. Such statistical techniques allows one to simultaneously or sequentially control for a number of the factors that may be correlates of various outcomes such as chronicity.

Data Access Issues and Confidentiality Plans

Discussion with state agencies. During the course of the *Young Chronic Offenders Project*, members of the Florida Inter-University Center have met and worked extensively with state agency representatives and developed procedures for the collection of data for that project. It is anticipated that these relationships will be built upon and expanded to facilitate access to data resources and partnership in interpreting and analyzing the data obtained.

Internal Procedures to Maintain Confidentiality

A structured process will be in place to ensure that all members of the research team maintain a strict code of confidentiality with regard to the data collected as part of this project, specifically during the data collection, inputting, refinement, and analysis phases of the project.

The confidentiality of persons in the study will be preserved as follows:

1. Access to data will be restricted. Procedures will be established that preclude anyone other than a member of the research team having access to the data;
2. Overall clearance for all participating researchers will be obtained from the DJJ;
3. Files will be secured;
4. Identifiers will only be released, under prescribed conditions for matching. Names will be used only for the purpose of merging data-sets from different secondary data sources such as the DOE and the DCF;
5. Data will be accessible only to members of the research team who have signed and had notarized an agreement to this effect; and
6. At no time will the identity of persons, families or schools be disclosed in any reports, presentations or specific publications.

In the event that the Extended Study is conducted, individual clearance will be obtained from the DJJ prior to contact with juveniles, members of their families, juvenile justice agencies and institutions, school personnel, or other persons who need to be contacted for interviews or questionnaire administration

Organizational Capacity

The proposed project will be conducted as a partnership of the State of Florida DJJ, the Juvenile Justice Accountability Board and the Florida Inter-University Consortium for Child, Family and Community Studies. This partnership was initiated in a project recently completed, the *Young Chronic Offenders Project*.

The Florida Inter-University Consortium for Child, Family and Community Studies Center is a multi-disciplinary, multi-university consortium of professionals from four public and two private universities covering the Northern, Central and Southern regions of the state. The members of the Inter-University Consortium include faculty who teach and conduct research in a wide range of fields including medical sociology, law, psychology, health education, social work, and special education.

The Inter-University Consortium brings to the partnership being described in this proposal, the capabilities and skills of a large interdisciplinary group of faculty from universities across the state. The Consortium has worked effectively on numerous projects to date that have addressed issues germane to the entire state. The configuration of the Consortium has provided for extensive cross-fertilization and sharing of ideas, techniques and knowledge bases. The geographic spread of the membership of the Consortium have facilitated the implementation of research endeavors that require an understanding of the diverse of the issues across the state, and the ability to readily collect data from diverse regions of the state.

Budget – Automated Secondary Database Study

Year 1- Planning	Years 2-6: Data Collection	Year 7: Data analysis, Report-writing
Personnel	Personnel	Personnel
Coordinator @. 25 FTE 15,000	Coordinator @ .10 FTE 6,000	Coordinator @ .25 15,000
Data Manager @ .25 FTE 10,000	DJJ Staff @ .50 FTE 20,000	DJJ Staff @ .25 FTE 10,000
Clerical/ desktop publishing @ .50 FTE 12,500	Data Manager @ .50 FTE 20,000	Data Manager @ .50 FTE 20,000
Fringe @ 28% 10,500	Clerical/desktop publishing @ 1.00 FTE 25,000	Clerical/desktop publishing @ 1.00 FTE 30,000
2 Graduate Students @ .50 FTE (6 months) 10,000	Fringe @ 28% 19,880	Fringe @ 28% 21,000
Fringe @10% 1,000	2 graduate students @.50 FTE 20,000	2 graduate students @ .50 FTE 20,000
Total Personnel 59,000	Fringe @10% 2,000	Fringe @10% 2,000
	Total Personnel 112,880	Total Personnel 118,000
Operating	Operating	Operating
Travel for meetings 12,000	Travel for meetings 10,000	Travel for meetings 10,000
Telephone 500	Telephone 1,500	Telephone 1,500
Postage 500	Postage 1,000	Postage 1,000
Supplies 1,600	Supplies 1,600	Supplies 500
Equipment 10,000	Total Operating 14,100	Final Report (reproduction and dissemination) 1,500
Total Operating 24,600	Total	Total Operating 14,500
Total	Indirect @.05 6,349	Total
Indirect @.05 4,180	Annual Total 133,329	Indirect @.05 6,625
TOTAL (year 1) 87,780	TOTAL (years 2-6) 666,645	TOTAL (year 7) 139,125
		TOTAL PROJECT EXPENSES 893,550

Budget – Expanded Study

Year 1- Planning	Years 2-6: Data Collection	Year 7: Data analysis, Report-writing
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Personnel	Personnel	Personnel
Coordinator @ .50 FTE 30,000	Coordinator @ 1.00 FTE 60,000	Coordinator @ 1.00 FTE 60,000
Data Manager @ .50 FTE 20,000	DJJ Staff @ .50 FTE 20,000	DJJ Staff @ .25 FTE 12,500
Clerical/desktop publishing @ 1.00 FTE 25,000	Data Manager @ .50 FTE 40,000	Data Manager @ 1.00 FTE 40,000
Site Coordination ⁴ 20,000	Clerical/desktop publishing @ 1.00 FTE 25,000	Clerical/desktop publishing @ 1.00 FTE 25,000
Fringe @ 28% 26,600	Site Coordination at 4 sites 20,000	Site coordination 20,000
6 Graduate Students 20,000	Fringe @ 28% 46,200	Fringe @ 28% 44,100
2 @ .50 FTE	14 graduate students 140,000	6 graduate students @ .50 FTE 60,000
4 @ .25 FTE	Fringe @10% 14,000	Fringe @10% 6,000
Fringe @10% 2,000	Total Personnel 365,200	Total Personnel 267,600
Total Personnel 143,600		
Operating	Operating	Operating
Travel for meetings 12,000	Travel for meetings 12,000	Travel for meetings 10,000
Telephone 500	Travel for interviews 18,000	Telephone 1,000
Postage 500	Telephone 7,500	Postage 2,000
Supplies 1,600	Postage 2,500	Supplies 2,000
Equipment 30,000	Supplies 5,000	Final Report 1,500
6 computers @\$5,000	Cell phone leases 5,000	Total Operating 16,500
Total Operating 44,600	Total Operating 50,000	Total 284,100
		Indirect @.05 14,205
Total 188,200		Total (year 7) 298,305
Indirect @.05 9,410		
TOTAL (year 1) 197,610	Total 415,710	TOTAL PROJECT EXPENSES 2,678,393
	Indirect @.05 20,786	
	Annual total 436,496	
	Total (years 2-6) 2,182,478	

⁴ NOTE: There will be 5 research teams. The Engagement Team, Interview Team, Questionnaire Team, and Records Review Team will consist of 12 graduate students supervised by 3 supervisors. The Data Management Team will consist of 2 graduate students and will be supervised by the Data Manager

