JUVENILE OFFENDING

OVERVIEW

The juvenile brain is not fully mature. Adolescents are still developing socially, emotionally, and cognitively. For this reason, young people are less able to use good judgment and are more prone to influences from family, school, peers, and the community. In addition, stress, peer pressure, and immediate reward are more likely to influence juveniles' behavior than adults'. This can result in offending behaviors that bring youth in contact with the juvenile justice system.

KEY POINTS

- **50 to 75 percent of juvenile offenders have one or more mental health disorders, which frequently go undetected.**
- **Offenders who receive appropriate mental health & (if appropriate) substance abuse treatment are less likely to re-offend.**
- **Evidence-based treatments include multisystemic therapy, functional family therapy, and Treatment Foster Care Oregon.**

Although most youth who have a mental health disorder do not become involved in the juvenile justice system, youth who do become involved often have a mental health disorder. Studies indicate that 50 to 75 percent of the two million U.S. youth who encounter the juvenile justice system meet criteria for a mental health disorder.[1] In Virginia, more than 92 percent of juveniles committed to the Department of Juvenile Justice have significant symptoms of attention-deficit/hyperactivity disorder (ADHD), conduct disorder (CD), oppositional defiant disorder (ODD), or a substance use disorder, and 77 percent of admitted juveniles had significant symptoms of other mental health disorders.[2] Such numbers are particularly troubling when compared to the general youth population, of which only about 20 percent of youth suffer from a diagnosable mental health disorder.

Some behaviors that lead to justice system involvement are directly influenced by symptoms of mental health disorders, including impulsivity, anger, and cognitive misperceptions. In other cases, mental health problems lead to problems like substance use or social isolation, which may increase the likelihood of rule-violating behaviors. Limited mental health screening and referrals mean that such problems frequently go undetected in juvenile offenders, increasing the likelihood that these juveniles will have persistent difficulties. Screening and assessment of juvenile offenders helps determine how the juvenile justice system can address their treatment needs, and treating these disorders may help youth overcome other causes of juvenile delinquency. Common mental health disorders seen among juvenile offenders include:

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[1] Underwood, L. A., & Washington, A. (2016). Mental illness and juvenile offenders. *International Journal of Environmental Research and Public Health, 13*(2), 228.

[2] Virginia Department of Juvenile Justice (VDJJ). (2022). *Data resource guide for fiscal year 2022.* Retrieved from https://www.djj.virginia.gov/documents/about-djj/drg/FY2022_DRG.pdf.

- Conduct disorder (CD)
- Oppositional defiant disorder (ODD)
- Major depressive disorder and persistent depressive (dysthymic) disorder
- Anxiety disorders
- Bipolar disorder
- Attention-deficit/hyperactivity disorder (ADHD)
- Posttraumatic stress disorder (PTSD)
- Substance use disorders

RISK AND PROTECTIVE FACTORS

Figure 1 outlines factors that may make it more or less likely that youth will enter the juvenile justice system. No single risk or protective factor can predict whether a youth will become a juvenile offender, but the more risk factors and fewer protective factors present, the greater the likelihood of delinquent behavior. For this reason, reducing risk factors and promoting protective factors may help keep youth out of the juvenile justice system.

Figure 1
Risk and Protective Factors Affecting Entrance into the Juvenile Justice System

Protective Factors	• High self esteem • High expectations • Structure and rules at home • Positive attitudes about school • Access to adults with whom the child can discuss problems • Involvement in learning • Secure attachment to caregivers • Sense of belonging • Social support • Healthy adult attachments • The presence of a stable adult mentoring figure	
Early Disruptions in Parenting/Caregiving	• Impulsiveness • Substance use • Antisocial or aggressive beliefs and attitudes • Aggressive responses to shame • Poor behavior controls • High emotional distress • Weak connection to school • Chronic school truancy • Learning difficulties or low school achievement • Involvement with delinquent peers or gangs • Lack of involved adults in community	• Experiencing child abuse and neglect; trauma • Disengaged family, or family members engaged in delinquent or criminal behavior • Parental substance abuse • Parental or caregiver use of harsh or inconsistent discipline • Exposure to violence in the home or community • Lack of appropriate supervision • Having one or more mental health disorders

EVIDENCE-BASED TREATMENTS

Heightened awareness of mental health disorders has led to increased research and new treatment practices in the juvenile justice system. Among delinquent juveniles who receive structured, meaningful, and sensitive treatment, recidivism rates are 25 percent lower than those in untreated control groups, and highly successful programs reduce rates of recidivism by as much as 80 percent.[3] Treatment should be gender responsive and should integrate recent advances in trauma-based care. Mental health treatment should also involve families as fully as possible in the treatment of their children. Mental health treatment and reduction of delinquency overlap within the juvenile justice system; however, mental health treatments should be sought as early interventions in of themselves, where applicable. Treatments are outlined in Table 1.

It is important to note that delinquent behaviors have many causes, and just as there is no one way to understand these behaviors, there is not one ideal treatment approach. Reducing delinquent behaviors is most likely when the context of the behavior is understood and when the youth's specific risk and protective factors are addressed.

Although several of the following treatment approaches may be applied and utilized in an institutional setting, this discussion refers to the application of these approaches in a community setting.

Both Multisystemic Therapy (MST) and Functional Family Therapy (FFT) are family-based approaches that integrate behavioral approaches to care. They differ in the number of systems they address. MST addresses family, peers, school, and neighborhood support, while FFT is focused primarily on the family. MST is more often assigned for serious offenders, but both approaches are equally effective.[4]

Multisystemic Therapy

Multisystemic therapy (MST) is an integrative, family-based treatment that focuses on improving psychosocial functioning in youth and families with the goal of reducing or eliminating the need for out-of-home placements. MST addresses the numerous factors that shape serious antisocial behaviors in juvenile offenders while focusing on the youth and his or her family, peers, school, and neighborhood/community support. The underlying premise of MST is that the behavioral problems in children and adolescents can be improved through the interaction with or between two or more of these systems.

MST has an extensive body of research to support its effectiveness in juveniles who have emotional and behavioral problems. It is considered to be an effective, intensive, community-based treatment for justice-involved youth. Evaluations have shown reductions of up to 70 percent in long-term rates of re-arrest, reductions of up to 64 percent in out-of-home placements, improvements in family functioning, and decreased mental health problems.[5]

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[3] Coalition for Juvenile Justice. (2000). Handle with care: Serving the mental health needs of young offenders coalition for juvenile justice. 2000 Annual Report.

[4] Eeren, Goossens, Scholte, et al. (2008). MST and FFT Compared on their Effectiveness Using the Propensity Score Method. *Journal of Abnormal Child Psychology*. 46(5): 10037-1050.

[5] National Mental Health Association (NMHA). (2004). Mental health treatment for youth in the juvenile justice system: A compendium of promising practices. Chicago, IL: MacArthur Foundation.

Functional Family Therapy

Functional family therapy (FFT) is a family-based prevention and intervention program that integrates established clinical therapy, empirically supported principles, and extensive clinical experience. FFT is often used for youth ages 11 to 18 who are at risk for and/or presenting with delinquency, violence, substance use, conduct disorder (CD), oppositional defiant disorder (ODD), or disruptive behavior disorders. This model allows for intervention in complex problems through clinical practice that is flexibly structured, culturally sensitive, and accountable to families. FFT focuses on treating youth who exhibit delinquency and maladaptive "acting out" behaviors by seeking to reduce them through identifying obtainable changes.

Table 1
Summary of Treatments for Juvenile Offenders

What Works	
Multisystemic therapy (MST)	An integrative, family-based treatment with a focus on improving psychosocial functioning for youth and families.
Functional family therapy (FFT)	A family-based program that focuses on delinquency, treating maladaptive and "acting out" behaviors, and identifying obtainable changes.
Treatment Foster Care Oregon (TFCO)	As an alternative to corrections or residential treatment, TFCO places juvenile offenders with carefully trained foster families who provide youth with close supervision, fair and consistent limits, consequences, and a supportive relationship with an adult. The program includes family therapy for biological parents, skills training and supportive therapy for youth, and school-based behavioral interventions and academic support.
What Seems to Work	
Family centered treatment (FCT)	FCT seeks to address the causes of parental system breakdown while integrating behavioral change. FCT provides intensive in-home services and is structured into four phases: joining and assessment, restructuring, value change, and generalization.
Brief strategic family therapy (BSFT)	A short-term, family-focused therapy that focuses on changing family interactions and contextual factors that lead to behavior problems.
Aggression replacement training (ART)	A short-term, educational program that focuses on anger management and provides youth with the skills to demonstrate non-aggressive behaviors, decrease antisocial behaviors, and utilize prosocial behaviors.
Cognitive behavioral therapy (CBT)	A structured, therapeutic approach that involves teaching youth about the thought-behavior link and working with them to modify their thinking patterns in a way that will lead to more adaptive behavior in challenging situations.
Dialectical behavior therapy (DBT)	A therapeutic approach that includes individual and group therapy components and specifically aims to increase self-esteem and decrease self-injurious behaviors and behaviors that interfere with therapy.

Treatment Foster Care Oregon

Treatment Foster Care Oregon (TFCO) (formerly Multidimensional Treatment Foster Care) recruits, trains, and supervises foster families to provide youth with close supervision, fair and consistent limits and consequences, and a supportive relationship with an adult. As an alternative to corrections, this treatment model places juvenile offenders who require residential treatment with these carefully trained foster families. TFCO also provides individual and family therapy, educational programming, and psychiatric care. It is effective in reducing delinquent behaviors, justice system contacts, substance use, depression, and teen pregnancy. TFCO prioritizes both rehabilitation and public safety. During the placement timeframe, the youth's biological or adoptive family also receives family therapy to further the goal of returning the youth to that family.

RESOURCES AND ORGANIZATIONS

American Academy of Child & Adolescent Psychiatry (AACAP)
https://www.aacap.org/

Association for Behavioral and Cognitive Therapies (ABCT)
http://www.abct.org/Home/

National Center for Juvenile Justice (NCJJ)
http://www.ncjj.org/

National Center for Youth Opportunity and Justice (NCYOJ)
https://ncyoj.policyresearchinc.org/

National Child Traumatic Stress Network (NCTSN)
https://www.nctsn.org/

National Council of Juvenile and Family Court Judges (NCJFCJ)
https://www.ncjfcj.org/

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
https://www.ojjdp.gov

Society of Clinical Child and Adolescent Psychology
https://sccap53.org/

VIRGINIA RESOURCES AND ORGANIZATIONS

Virginia Department of Behavioral Health and Developmental Services (DBHDS)
http://www.dbhds.virginia.gov/

Virginia Department of Criminal Justice Services (DCJS)
http://www.dcjs.virginia.gov/

Virginia Department of Juvenile Justice (DJJ)
http://www.djj.virginia.gov/

Virginia Tech

Child Study Center
http://childstudycenter.wixsite.com/childstudycenter

Psychological Services Center
https://support.psyc.vt.edu/centers/psc

ARTICLE

Lipsey, M. (2009). The primary factors that characterize effective interventions with juvenile offenders: a meta-analytic overview. *Victims and Offenders,* 4(4):124–147. https://www.researchgate.net/publication/228662112_The_Primary_Factors_that_Characterize_Effective_Interventions_with_Juvenile_Offenders_A_Meta-Analytic_Overview

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