



Serious and Violent Juvenile Offenders

Serious and violent juvenile (SVJ) offenders comprise a troubled and often dangerous population. Although their numbers are small, they are responsible for a disproportionate amount of crime. To know what to do about this difficult problem and to garner the necessary financial, political, and public support to deal with it effectively, policymakers need a solid research foundation. To build this research base, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) convened the Study Group on Serious and Violent Juvenile Offenders. The findings of this distinguished panel of researchers are quite hopeful and compelling. They conclude that it is never too early to begin efforts to prevent SVJ offending, and it is never too late to intervene with known serious and violent juvenile offenders.

Expanding upon OJJDP's formative work on the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders (Wilson and Howell, 1993), the Study Group carefully documented what is known about SVJ offenders, what programs have been tried, how these programs have performed, what lessons can be drawn from them, and what research and evaluation efforts are needed to advance knowledge about preventing and controlling SVJ offending. One of the primary goals of the Study Group was to provide further guidance to jurisdictions across the country that are implementing OJJDP's Comprehensive Strategy. This strategy, originally developed from research on general delinquency, emphasizes strengthening the family and other

core socializing institutions, implementing prevention programs targeting key risk factors, identifying potential offenders at a young age, and employing graduated sanctions based on assessments of risks and needs. The Study Group used this framework to guide its efforts.

Over a period of 2 years, the Study Group of 22 researchers worked collaboratively under the direction of Rolf Loeber, Ph.D., Professor of Psychiatry, Psychology, and Epidemiology at the University of Pittsburgh, and David P. Farrington, Ph.D., Professor of Psychological Criminology at the University of Cambridge, England. The final product, Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions (Loeber and Farrington, 1998), analyzes current research on risk and protective factors and the development of SVJ offending careers, integrating it with information on the effectiveness of prevention and intervention programs. The interventions examined range from those targeting children to those focused on adults, and from programs in the juvenile justice system to programs involving homes and schools. By highlighting the link between risk and protective factors and programming, the Study Group has provided a comprehensive synthesis of available literature and specially commissioned data analyses to focus specifically on serious and violent juvenile offenders. This Bulletin summarizes the latest, most comprehensive research on SVJ offenders and is intended to stimulate interest in and discussion of the findings and issues raised by the Study Group's report.

From the Administrator

A recent report by the Office of Juvenile Justice and Delinguency Prevention's (OJJDP's) Study Group on Serious and Violent Juvenile Offenders provides valuable insights into the pathways to serious and violent juvenile offending. Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions uses OJJDP's Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders as a foundation to construct an analysis of risk and protective factors that will enable communities to build effective prevention and intervention programs for serious and violent juvenile offenders.

The Study Group of distinguished experts chaired by Drs. Rolf Loeber and David Farrington presents empirical evidence that the key to reducing serious and violent offending lies with early prevention efforts aimed at high-risk youth and interventions with serious and violent juvenile offenders.

This Bulletin and the report it summarizes provide critical guidance toward both ends by examining a broad range of prevention and intervention programs, from those that focus on early childhood to those focusing on late adolescence. It is my hope that the information the Bulletin provides will renew our commitment to tackling what has for too long seemed an overwhelming problem—serious and violent juvenile offending.

Shay Bilchik Administrator

SVJ Offenders— A Distinct Group

The first major conclusion the Study Group drew was that the SVJ offender is substantially different from the typical juvenile involved in delinquent conduct. The majority of SVJ offenders are male and usually display early minor behavior problems that lead to more serious delinquent acts. Figure 1 shows three pathways that can help to explain males' progression to SVJ offending: the authority conflict pathway (before age 12), the overt pathway, and the covert pathway. Those who reach the last step in each pathway usually have gone through the preceding steps. When these youth begin to commit more serious delinquent acts, they typically also continue to commit less serious delinquent acts. Youth who become SVJ offenders tend to escalate to serious and violent offending either via the authority conflict pathway and the covert pathway (property offenders) or via the authority conflict pathway, the covert pathway, and the overt pathway (violent and property offenders). The majority of SVJ offenders also tend to have multiple problems such as substance abuse and mental health difficulties in addition to truancy, suspension, expulsion, and dropping out of school. Furthermore, SVJ offenders are disproportionately victims of violence.

An analysis of how early SVJ offending begins revealed that the actual delinquency careers of SVJ offenders are quite different from what is officially recorded. Table 1 shows that, on average, the first contact with the juvenile court for male Crime Index offenders was at age 14.5. The actual delinquency careers of these offenders (judging from their own statements and those of their mothers) started much earlier. Viewed in relation to the pathway model (figure 1), youth who were brought to court for Index offenses at age 14.5 typically began to have minor behavior problems at age 7.0, progressed

Definition of Serious and Violent Offenses

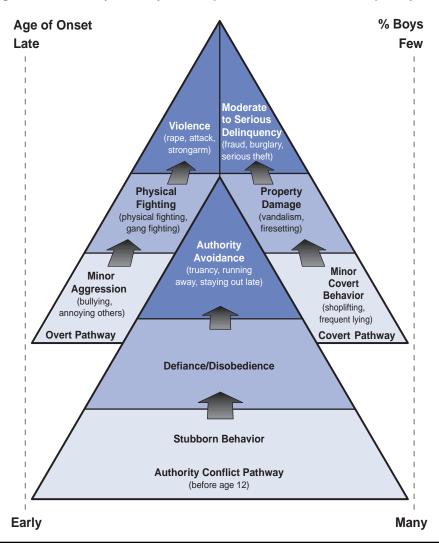
Serious violent offenses

include homicide, rape, robbery, aggravated assault, and kidnaping.

Serious nonviolent offenses

include burglary, motor vehicle theft, theft of more than \$100, arson, drug trafficking, and extortion.

Figure 1: Pathways to Boys' Disruptive Behavior and Delinquency



to moderately serious behavior problems at age 9.5, and committed serious delinquent offenses at age 11.9. Thus, on average, more than 7 years elapsed between the earliest minor problem behaviors and the first court appearance for a Crime Index offense.

SVJ offenders differ from non-SVJ offenders in the following ways:

- ◆ The majority of SVJ offenders tend to start offending early and continue longer than non-SVJ offenders. Also, the age of onset of nondelinquent behavioral problems is much earlier in SVJ offenders.
- ◆ Chronic offenders account for more than half of all serious crimes committed by juveniles; the vast majority of them are SVJ offenders (see figure 2).

- ◆ SVJ offending is more prevalent among African-American youth than among whites, but this may be due to significant community factors such as living in poor, socially disorganized neighborhoods.
- From childhood to adolescence, SVJ offenders tend to develop behavior problems such as aggression, dishonesty, property offenses, and conflict with authority figures.
- SVJ offenders typically advance simultaneously in each problem behavior area, beginning with minor problem behaviors and progressing to increasingly more serious forms of delinquency.

Table 1: Average Age of Onset of Problem Behaviors and Delinquency in Male Juveniles*

	Minor Problem Behavior	Moderately Serious Problem Behavior	Serious Delinquency	First Court Contact for Index Offenses
Age	7.0 	9.5 	11.9 	14.5

^{*} Data based on the statements of the oldest sample in the Pittsburgh Youth Study and on statements made by their mothers.

Predictors of SVJ Offending

In general, violent behavior results from an interaction of individual, contextual (family, school, and peers), situational, and community factors. The Study Group report yields further knowledge about the predictors of serious and violent offending and how they can inform and guide the interventions of the juvenile justice system, child welfare system, mental health system, and schools. The importance of predictor variables is underscored by the fact that those juveniles with the most risk factors are 5 to 20 times more likely to engage in subsequent SVJ offending than other youth.

There are many other identified predictors of SVJ offending. These include:

- Persistent precocious behavior problems (e.g., sexual behavior and experimentation with illegal substances) during the elementary school-age years.
- ◆ For children between the ages of 6 and 11, nonserious delinquent acts, aggression, substance use, low family socioeconomic status, and antisocial parents.
- For youth between the ages of 12 and 14, weak social ties, antisocial peers, nonserious delinquent behavior, poor school attitude and performance, and psychological conditions such as impulsivity.
- For adolescents, joining delinquent gangs. Rates of SVJ offending increase after joining a gang and decrease after leaving a gang.
- Drug dealing.

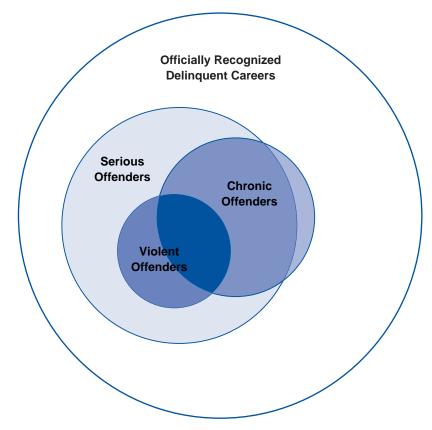
Table 2 (see page 4) illustrates the approximate ordering of risk factors associated with SVJ offending and how the developmental sequencing of life experiences and behaviors needs to be considered in developing effective, timely prevention and intervention programs.

Interventions to Prevent SVJ Offending

Because several factors put children at risk of becoming SVJ offenders, it is unlikely that intervention efforts directed only toward a single source of influence (e.g., individual, family, school, or peers) will be successful. Multiple-component programs are needed, and priority should be given to preventive actions that reduce risk factors in multiple domains. Because many of the same risk factors that predict adolescent delinquency and violence also predict substance abuse, school dropout, early sexual involvement, and teen pregnancy, the benefits of such early intervention programs can be wide ranging (see table 3 on page 5).

The most successful early intervention programs involve simultaneous interventions in the home and in the school. Community interventions—particularly public health approaches that target risk or protective factors—are also important. The success of this approach depends on the development of data collection methods that specify when, where, and how offenses occur as well as how offenders develop. Wide-ranging community-based programs are required in which

Figure 2: Officially Recognized Delinquent Careers: Overlap of Serious, Violent, and Chronic Offender Careers



Note: The outer circle represents all officially recognized delinquent careers. The portion of the large circle not covered by the chronic, serious, and violent offenders' circles represents careers with fewer than four referrals and no referrals for a serious offense. Overlaps represent careers with multiple attributes. The circles and their overlaps are drawn proportional to the number of careers with those attributes.

Table 2: Approximate Order of Risk Factors Relevant to the Development of Disruptive and Serious Delinquent Behavior

Prenatal/Infancy Toddler/Preschool Middle Childhood/ Mid-Adolescence/ Early Adolescence Early Adulthood

Risk Factors Emerging During Pregnancy and From Infancy Onward

Child Difficult temperament

Hyperactivity/impulsivity/attention problems

Low intelligence Male gender

Neurotoxin/neurological insult

Pregnancy and delivery complications

Family Young mother

Maternal depression

Parental substance abuse/antisocial or criminal behavior

Poor parent-child communication Poverty/low socioeconomic status

Serious marital discord

Risk Factors Emerging From the Toddler Years Onward

Child Aggressive/disruptive behavior

Lying

Family

Risk taking and sensation seeking Lack of guilt, lack of empathy Harsh and erratic discipline practices

Maltreatment or neglect

Community Television violence

Risk Factors Emerging From Mid-Childhood Onward

Child Stealing and general delinquency

Depression

Precocious behavior: sex and substance use Positive attitude toward problem behavior Victimization and exposure to violence

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Family Poor parental supervision School Poor academic achievement

Truancy

Negative attitude toward school

Peer Delinquent peers/siblings

Peer rejection

Community Residence in a poor neighborhood

Risk Factors Emerging From Mid-Adolescence Onward

Child Gun ownership

Drug dealing

Unemployment

Family School dropout

Peer Gang membership

risk and protective factors are measured, intervention techniques targeting these factors are implemented, and the impact of these techniques is assessed.

The public health approach can be effective with SVJ offenders because preventive actions often work best when

implemented at the community level. For example, centrally mobilized police officers who use community policing strategies and coordinate their efforts with school nurses and other social service and mental health workers in the community can be effective in involving the community

in identifying and targeting SVJ offenders. School-based strategies are also useful, especially those focused on school organization or on classroom-based curriculums emphasizing the reinforcement of prosocial and academic skills. The community can also intervene by reducing

the availability of firearms and drugs and encouraging norms and laws favorable to prosocial behaviors. Most of these approaches have been incorporated in OJJDP's Comprehensive Strategy.

To be effective, the prevention of SVJ offending must involve:

- ◆ Effective screening for children who are exposed to adverse circumstances
- or who exhibit behaviors that place them at high risk of becoming SVJ offenders.
- Access by families, children, and adolescents to early intervention services, programs, and opportunities that have been determined to be effective in preventing or reducing the likelihood of SVJ offending or in mediating associ-
- ated risk factors. Effective interventions include home visitation of pregnant teenagers, parent training, preschool intellectual enrichment programs, interpersonal skills training, and medication for neurological disorders or mental illness.
- Preventive interventions based on public health approaches and implemented within a comprehensive, community-based program that targets risk factors in disadvantaged neighborhoods.
- ◆ Integration of services, including those provided by the juvenile justice system, mental health system, medical system, schools, and child protection agencies.
- Prevention of gang formation and involvement, drug dealing, drug markets, and violent victimization.

The Importance of Infrastructure and Accountability

Based on its review of the literature, the Study Group concluded that the necessary infrastructure for prevention and accountability for its effectiveness is lacking in most American communities. An analysis of SVJ offender careers and the organization of existing social services agencies revealed significant challenges to formulating effective prevention strategies:

- ◆ According to self-reports, many SVJ offenders are never arrested, and the majority of violent youth have only one officially recorded violent crime as a juvenile.
- ◆ Juvenile courts do not routinely deal with young offenders below the age of 12 because these youth are either not detected or not referred to court through the police, the child welfare system, or other referral sources.
- Potential SVJ offenders are often not identified as such at their first appearance before the juvenile court because their first arrest is typically for a less serious offense.

Very young offenders—particularly those who have committed a serious offense—are the most likely to be identified later as SVJ offenders. Currently, youth who exhibit these early behaviors and risk factors associated with SVJ offending are not systematically identified for early intervention, and there are no mechanisms for routine screening and

Table 3: Effective Early Intervention Programs To Mediate Risk Factors Known To Predict Serious and Violent Juvenile Offending

Involving parents:

- **♦** Parent management training
- **♦** Functional family therapy
- **♦** Family preservation

Involving children:

- ♦ Home visitation of pregnant teenagers
- Social competence training
- ◆ Peer mediation and conflict resolution
- ♦ Medication for neurological disorders and mental illness

Involving schools:

- ◆ Early intellectual enrichment (preschools)
- **♦** School organization interventions

Involving the community:

- **♦** Comprehensive community mobilization
- ◆ Situational crime prevention
- ◆ Intensive police patrolling, especially crime "hot spots"
- Legal and policy changes restricting availability and use of guns, drugs, and alcohol
- **♦** Mandatory laws for crimes involving firearms

Because gang membership is related to higher levels of SVJ offending, the Study Group identified a number of promising prevention and intervention programs to reduce gang involvement and gang violence. Three such programs are highlighted below:

- ◆ The Little Village Gang Violence Reduction Program, operated by the Chicago Police Department, employed targeted control of violent gang members through increased surveillance by probation and law enforcement agents along with a wide range of social services and opportunities for targeted gang members to transition out of gangs.
- The Gang Resistance Education and Training (G.R.E.A.T.) Program, developed by the Bureau of Alcohol, Tobacco and Firearms, is a prevention program being tested and evaluated in 42 schools across the country with very promising results. It uses a structured curriculum provided by trained law enforcement officers to discourage adolescents from joining gangs.
- A third promising strategy under way in Boston and Chicago involves a multiplecomponent program to target youth gang homicides. This program maintains an online, geocoded information system to track gang violence, restricts access to firearms, enhances prosecution of gang crimes, and provides increased multiagency sanctioning and hospital emergency room intervention.

referral of children and youth with serious behavioral problems. Furthermore, the underpinnings of public accountability, including basic information systems for monitoring the delivery and effectiveness of intervention services, do not exist.

The roles and functions of the juvenile justice system, mental health system, and child welfare services in the prevention of SVJ offending are often undefined or unclear and sometimes overlap. Since each agency typically is reactive rather than proactive, none has a mandate for preventing SVJ offending in the community. Thus, the prevention resources and services that exist are often fragmented and/or underutilized. Integration of services is often lacking, and there are no firm guidelines for identifying those who should receive intervention and/or sanctions.

The challenge to American communities is to either assign the responsibility for prevention education, screening, and early intervention to an existing agency or coalition of agencies or establish a new entity for this purpose. Although the Study Group did not recommend a specific forum or organizational structure for these functions, there was a strong consensus that adequate resources and specific mandates must be given to a public entity to focus on the prevention of SVJ offending, the coordination and integration of services, and accountability for success.

Treatment and Sanctions for SVJ Offenders

The literature notes that effective treatments exist for institutionalized and noninstitutionalized delinquent juveniles (see table 4). A meta-analysis of experimental and quasi-experimental intervention programs for reducing the recidivism of SVJ offenders showed that the most effective programs for noninstitutionalized offenders involve interpersonal skills training, behavioral contracting, or individual counseling. The most effective programs for institutional offenders involve interpersonal skills training, cognitive-behavioral treatment, or teaching family homes. The effect of intervention is greater when the duration of treatment is longer.

Most SVJ offenders slow down their rate of offending after correctional interventions. However, alternatives to secure confinement are at least as effective as incarceration in suppressing recidivism and are far less costly. Juveniles who

Table 4: Effectiveness of Interventions for Serious and Violent Juvenile Offenders

Treatment Type: Noninstitutionalized Offenders Treatment Type: Institutionalized Offenders

Positive effects, consistent evidence

Individual counseling Interpersonal skills Behavioral contracting Interpersonal skills Teaching family home

Positive effects, less consistent evidence

Multiple services Restitution, probation/parole Cognitive-behavioral treatment Community residential programs Multiple services

Mixed but generally positive effects, inconsistent evidence

Employment-related programs Academic programs Advocacy/casework Family counseling Group counseling Individual counseling Guided group Group counseling

Weak or no effects, inconsistent evidence

Reduced caseload, probation/parole

Employment-related programs
Drug abstinence
Wilderness/challenge

Weak or no effects, consistent evidence

Wilderness/challenge Early release, probation/parole Deterrence programs Vocational programs Milieu therapy

Note: Interventions were conducted primarily as single-component rather than multimodal programs. Results from multiple-services programs suggest that some of the interventions that showed less than consistent positive effects individually may have more significant effects when combined.

are transferred to the adult court are more likely to be incarcerated but also more likely to reoffend. However, because of the inadequacy of research designs, the relative effectiveness of juvenile and adult court dispositions is unclear.

Existing research on intermediate sanctions such as electronic monitoring and community tracking suggests that availability of and participation in treatment are associated with lower recidivism. Unfortunately, many offenders never receive treatment.

When considering appropriate treatment and sanctions for SVJ offenders, the severity of the presenting offense, the risk of recidivism for serious offenses, and the individual needs of the juvenile offender must be taken into account along with the following factors:

- SVJ offenders constitute a minority of identified offenders in the juvenile court system.
- ◆ Reoffending can be reduced by the use of appropriate interventions, especially interpersonal skills training and cognitive-behavioral treatment.
- Interventions should be multimodal to address multiple problems and integrated across the juvenile justice system, mental health system, schools, and child welfare agencies.
- ◆ Aftercare programs are essential to reduce the likelihood of reoffending.

Research Priorities

Research on risk and protective factors with regard to SVJ offending should focus more on developmental issues,

document how risk factors emerge and change in different contexts, and explore the relationship between risk and protective factors and the onset, persistence, escalation, and cessation of offending. The current literature lacks theories that focus solely on SVJ offending; development of such theories is critical to drive new research and expand knowledge in this area. New longitudinal studies that measure a wide range of risk and protective factors would be a positive step in theory development. Such studies should be based on high-risk samples and should incorporate screening methods that increase the chance of studying subjects who are likely to become SVJ offenders.

In determining what works to prevent SVJ offending, the evaluation of intervention programs is critical. Experimental studies involving multiple-component interventions are needed. The different intervention components should target various age ranges and be applied to high-risk youth or high-risk communities. Evaluations can also yield important information about which programs are cost effective and which are simply costly. It may be desirable to include interventions in a longitudinal study or to follow up on cohorts in an intervention study.

A Federal program of integrated and coordinated data collection, intervention, and research on SVJ offenders based on input from an interdisciplinary panel of researchers, scholars, and practitioners should pursue the following priorities:

- Annual or biannual surveys, especially in large metropolitan areas, to measure the prevalence of SVJ offenders and of youth at risk for SVJ offending.
- ◆ Longitudinal studies in which multiple cohorts are followed in order to draw conclusions about development from birth through the teenage years and into early adulthood.
- ◆ Studies that integrate information on important community contexts into the study of SVJ offending and delinquent careers. Specifically needed are studies to identify protective factors in disadvantaged neighborhoods.
- ◆ Studies that examine female SVJ offenders and SVJ offenders in rural areas.
- Evaluations (e.g., using randomized experiments) that yield knowledge about effective programs specific to SVJ offenders.

- **♦** Studies of program cost effectiveness.
- Studies to determine the impact of transfer of SVJ offenders to criminal court on their subsequent offending and their treatment in the criminal justice system.
- Evaluations of communitywide programs, such as OJJDP's Comprehensive Strategy, that assess their efficacy in reducing community levels of delinquency, SVJ offending, and associated risk factors.

Conclusion

Only recently have there been hopeful signs that the national levels of youth violence and victimization have peaked and are beginning to decline. However, new generations of children in cities and towns across America are at increased risk of becoming SVJ offenders, mainly because policymakers do not have the information, resources, or motivation to change these odds. The findings of the Study Group on Serious and Violent Juvenile Offenders provide the evidence to back their claim that it is never too early to prevent SVJ offending and never too late to intervene to stop SVJ offending. It is now up to each community to use this information-not only to garner the necessary resources, but also to motivate the community's collective will to change the odds for these children.

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Suggested Priorities for Communities

- First, communities need to be organized to reduce risk factors for delinquency and increase protective factors. Parents, schools, and neighborhoods are the primary socializing agents for children and therefore constitute the prime resources for preventing juveniles' escalation to serious and/or violent offending. The juvenile justice system enters the picture only when the efforts of these primary socializing agents fail to produce law-abiding youth.
- Second, early intervention in at-risk families will reduce serious and violent offending. Families plagued by violence, abuse, and neglect can be helped by nurse home visitation (before and after childbirth), parent training, and early childhood care and education.
- Third, better screening of court-referred youth to identify those with multiple problems can provide a basis for early intervention and prevent their progression to more serious and violent behavior. Multiple-problem youth—those experiencing a combination of mental health and school problems along with abuse, neglect, and family violence—are at greatest risk for continued and escalating offending.
- ◆ Fourth, the effectiveness of the juvenile justice system would be greatly enhanced by providing intake officers with better tools to distinguish between SVJ offenders apprehended for less serious offenses and truly less serious offenders, and between occasional and frequent offenders, at the time of their first referral. The use of graduated sanctions in tandem with rehabilitation programs that match offender behavior problems with suitable treatments should produce lower rates of juvenile reoffending.

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