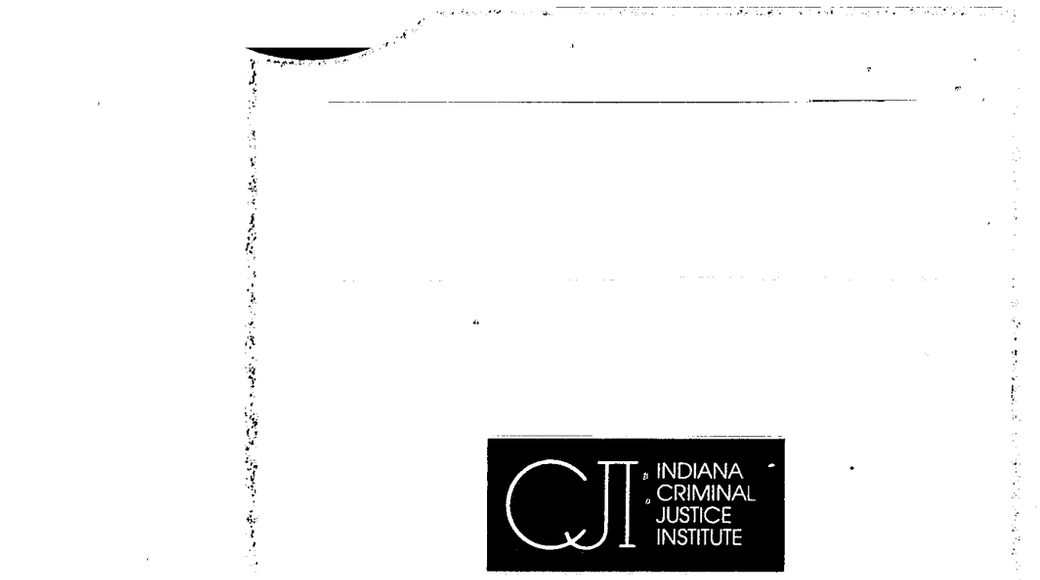

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INDIANA BOYS' SCHOOL TRACKING STUDY:
Recidivism Among Boys Released from 1984-85 through 1988-89

by

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Technical Report

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PREFACE

The **Indiana Boys' School Tracking Study** represents the first systematic attempt to examine recidivism among youth released from state-run juvenile correctional facilities in Indiana. While the primary purpose of the study was to assess the extent of recidivism among boys released from Indiana Boys' School, the study was also conducted to provide a more complete picture of youth committed to the Indiana Department of Correction than is currently available. The authors hope this technical report will support the efforts of policymakers and juvenile justice professionals seeking to improve the management of youth in Indiana's juvenile justice system.

The report and the research on which it is based have been guided by the advice and assistance of members of the Research and Information Consortium of the Institute, Department of Correction officials, as well as other juvenile justice professionals in the State. The authors thank these groups and individuals for their help in facilitating this research.

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EXECUTIVE SUMMARY

At the request of members of the Task Force on Juvenile Institutions, the Center for Criminal Justice Research and Information conducted a tracking study of a sample of delinquents released from the Indiana Boys' School (IBS) between July, 1984 and June, 1989. The study represents the first attempt in Indiana to examine recidivism among boys released from IBS and to analyze differences between boys who recidivate following release and those who don't. The study is based on a ten percent sample of the 3,814 boys released from Indiana Boys' School over five fiscal years.

Specifically, the tracking study was designed (1) to provide statistical information on boys released from IBS and (2) to assess the extent of recidivism among these boys, particularly as measured by subsequent incarceration in the adult institutions of the Indiana Department of Correction. Much of the tracking research was devoted to examining relationships between recidivism and numerous demographic, social history, offense and other variables to identify characteristics of boys that may have an important bearing on recidivism. Knowledge of such characteristics and their relationships to recidivism may offer guidance to policymakers and others seeking ways to reduce recidivism among boys released from Indiana Boys' School.

HIGHLIGHTS

Many of the findings from the tracking study are presented below. They are highlighted in three areas: (1) socio-demographic, offense and other characteristics of boys released from IBS, (2) classification and treatment of boys while at IBS, and (3) recidivism among boys released from IBS. The highlighted findings are followed by a brief description of the study's methodological limitations and a summary of recommendations resulting from the study. Findings and recommendations are discussed in greater detail in the body of the report.

Socio-Demographic, Offense and Other Characteristics of Boys Released from IBS

Data were gathered from official records kept at Indiana Boys' School and other justice agencies to obtain a profile of boys included in the study. Some of the findings based on these sample data include:

Demographics

- Most boys (71 percent) released during 1984-1989 were white; 27 percent were black. Black boys were two to three times more prevalent in the study sample than would be expected given their numbers in the state's youth population.

- Boys ranged in age from 12 to 18 years old when they first arrived at IBS; the average age at admission was 16 years.

- More than half of the boys studied came from six counties: Allen, Elkhart, Lake, Marion, St. Joseph and Vanderburgh; Marion County committed the largest number (23 percent).

Family

- Three quarters of boys released came from family situations in which their natural parents were not living together and 20 percent came from families in which one or more family members were incarcerated.

- Relatively few (6 percent) had been in foster care prior to commitment and 18 percent had been placed in a group home.

Mental Health

- Thirty-seven percent previously had received some form of mental health treatment.

Substance Use/Abuse

- Evidence of drug or alcohol use was found in the files of nearly 70 percent of the sample; 18 percent previously had received alcohol or drug abuse treatment. The data indicated a trend toward more boys being involved with substances in recent years and suggested substance use/abuse is linked to recidivism.

Delinquency

- Seventy-six percent were first time commitments to IBS.

- The ten most frequently cited delinquent acts that led to boys being committed were theft, burglary, battery, criminal mischief, violation of probation, running away, auto theft, truancy, shoplifting and trespassing; about a quarter of the boys studied had committed offenses against persons.

Education

- Many boys suffered from educational deficiencies when they arrived at IBS. At the time of admission, 87 percent of boys reportedly completed the seventh grade or higher; however, when tested at IBS, 51 percent tested at the sixth grade or lower in math ability and 50 percent tested at the sixth grade or lower in reading ability.

Length of Stay and Type of Release

- Most (56 percent) were at IBS six months or less; only 6 percent stayed longer than a year; on average, a boy spent 6.8 months at IBS.

- When released, 64 percent were placed on parole; 35 percent were discharged.

Multiple Problem Delinquents

- The study found that most boys committed to IBS suffered from problems and difficulties in many areas. Ninety-six percent were identified as multiple problem delinquents. These boys faced problems in two or more of the following areas: family, substance use/abuse, mental health, conduct at IBS, and educational attainment.

Classification and Programming

After commitment to IBS, boys are classified for purposes of housing, treatment and programming. The Quay behavioral typology is used to classify boys as BC-1s (immature), BC-2s (neurotic), BC-3s (psychopathic/aggressive), and BC-4s (subcultural followers); this information is used primarily to make housing assignments but also provides the basis for differential group treatment geared to each BC type. Boys are also evaluated by staff who make recommendations concerning academic and vocational programming, as well as recommendations concerning psychological and medical treatment.

- Most boys in the study (68 percent) were classified as BC-3s or BC-4s when admitted. BC-3s are often described as psychopathic and aggressive, and BC-4s are described as subcultural followers in terms of group/gang delinquent activity. Generally, the study data showed an increase in the proportions of boys classified in these two behavioral types during the five fiscal years studied. While BC-3s and BC-4s accounted for 55 percent of boys released from IBS in 1984-85, they accounted for 71 percent of releasees in 1988-89.

- Almost all boys (86 percent) were given an academic assignment while at IBS; nearly half (46 percent) were assigned to school full-time.

- One third was given vocational training assignments; most of these were half-time assignments. The study showed a marked decline in the use of vocational training for boys at IBS over the years; 41 percent of boys released in 1984-85 had vocational assignments compared with 14 percent of boys released in 1988-89.

- Only 17 percent were given some work assignment; these assignments were primarily in the dining hall or laundry.

- Based on assessments conducted during intake at IBS, staff recommended that 30 percent of boys be given some form of psychological counseling and that 30 percent be given substance abuse counseling. Only 12 percent of boys in the study were recommended for alcohol abuse counseling and 7 percent were identified as being in need of medical or dental treatment.

Recidivism Among Boys Released 1984-85 through 1988-89

Recidivism among boys was examined for the sample as a whole, as well as for each of the five cohorts released from 1984-85 to 1988-89. Much of the analysis focused on the

earliest release cohort (1984-85), because data pertaining to recidivism were the most complete for this group. In addition, special analyses were performed to examine relationships between recidivism and numerous demographic, social history, offense, and other characteristics of boys released.

Recidivism was measured as subsequent incarceration in one of three correctional settings: IBS, one of three of the largest Indiana jails, or the adult institutions of the Department of Correction (DOC).

Rates and Patterns of Recidivism

- Large numbers of boys released from Indiana Boys' School were found to be incarcerated again. Forty-one percent of the 382 boys in the study were incarcerated in one of these three correctional settings following release from IBS. This amounted to about 4 out of every 10 boys released from IBS being subsequently incarcerated. Twenty-five percent of all of the boys in the study eventually were incarcerated in an adult facility of the Department of Correction.

  It is certain that these figures underestimate the true extent of recidivism among releasees because of the time frame of the study and differences in the time-opportunity to recidivate among the five release cohorts studied. Some of the boys released in 1988-89 were on the streets for only six months at the time fieldwork ceased; boys in the 1984-85 cohort had been on the streets as long as five and a half years. It is estimated that recidivism among boys in the study sample may eventually exceed 70 percent in the years to come.

- Recidivism was greatest for the earliest release cohort (1984-85 releasees). Taking into account all types of settings, 61 percent, or more than 6 out of every 10 boys released from IBS in 1984-85 were incarcerated again after release. Forty-two percent of 1984-85 releasees were later incarcerated in adult DOC alone.

- Most of the recidivism measured in the study was accounted for by incarceration in the adult Department of Correction. Slightly more than 60 percent of the 155 recidivists were incarcerated in adult DOC after release from IBS; nearly 70 percent of the 45 recidivists in the earliest release cohort were incarcerated in adult DOC after release from IBS.

- Survival analysis showed that after about 18 months, it is unlikely that a boy released from IBS will return to IBS. This was at least partially because many boys age-out of the opportunity to return to IBS within this time period. The average age at release for boys in the study was 16.34 years. Boys cannot be committed to IBS after turning 18 years old, though they can be returned as parole violators.

- Similarly, survival analysis showed that few boys were incarcerated in any correctional setting after 36 months of when they were released from IBS.

Factors Associated with Recidivism

- Analysis showed several characteristics of boys were linked to recidivism. Those exhibiting the strongest linkages were age, delinquency, Quay behavioral classification and race. In general, recidivists tended to be boys who were younger, who committed more delinquent acts and who were classified as psychopathic/aggressive types (BC-3s). Though race by itself did not demonstrate a strong direct relationship to recidivism, it, along with age, was found to be an important defining characteristic of high-risk recidivists.

- Many characteristics examined in the study were not found to be related to recidivism including the length of time a boy was committed to IBS.

Race, Quay Classification and Offense Type

To provide additional information on boys released from IBS, relationships between race, Quay classification, offense type and other variables in the study were examined in some detail.

Race

- Compared with white releasees, blacks were found to perform at lower levels on reading and math tests, to be more likely to be written up for assaults while at IBS, and to be more likely to have committed offenses against persons.

- Whites were more likely to show evidence of alcohol use or drug use and to be recommended for substance abuse counseling once committed to IBS.

- Compared with whites, blacks were found to be disproportionately represented across categories of the classification system. They were substantially overrepresented among BC-3 and BC-4 types and underrepresented among BC-1 and BC-2 types.

Quay Classification

- BC-3s were found to differ greatly from other classification types on a number of characteristics studied. BC-3s were disproportionately black, tended to be younger when first admitted to IBS, were more likely to commit delinquent offenses against persons, were more likely to stay longer at IBS, and performed at lower levels on educational tests.

Offense Type

- Compared with others, boys who committed offenses against persons were found to stay longer at IBS, scored lower on educational tests, and were more likely to be recommended for psychological counseling at IBS. Though most person offenders were white, a disproportionate number of blacks were found among person offenders. Person offenders were more likely to be classified as psychopathic/aggressive types (BC-3s).

METHODOLOGICAL LIMITATIONS

There are several limitations to the study that may affect the ways findings are viewed and interpreted. Among these is that the ten percent sample size may be small for estimating some characteristics of releasees. However, resource constraints ruled out the use of a larger sample size. Also, the data are intended to be representative of boys released from IBS, and not the Boys' School resident population. Even so, in some places in the report we suggest there is no reason to expect there to be differences on most characteristics between the release population and the resident population.

In addition, some estimates of recidivism were based only on data from the earliest release cohort (i.e., the 1984-85 cohort), even though there is some question as to whether more recent release cohorts will eventually experience the same high level of recidivism found in the earliest release cohort. Nonetheless, we are reasonably certain that recidivism measured during the study period underestimates the true extent of recidivism in the sample. No attempt was made to track boys to all possible correctional settings in the State, nor to determine the status of presumed nonrecidivists who, for example, may include deceased boys and boys who left the State.

Finally, differences in juvenile information reporting practices among courts and probation offices are likely to have affected the completeness and quality of some of the data gathered from boys' IBS files.

RECOMMENDATIONS

Based on the study findings and discussions with IBS staff, the following recommendations are suggested.

Monitoring Recidivism

- The Department of Correction should monitor recidivism of juveniles released from DOC facilities so policymakers and correctional administrators can track changes in this problem area over time. While periodic monitoring of recidivism offers little in the way of information that can be used to evaluate specific programming and treatment interventions, it does enable policymakers and others to keep abreast of the magnitude of the problem and to gauge overall success in reintegrating delinquent youth into society.

Juvenile Information System

- The Department of Correction should continue efforts to develop an automated juvenile information system to enhance the capacity of IBS personnel to manage operations. This study offers some guidance as to how the system should be developed and the data elements that should be included in it. Emphasis should be placed on identifying and including data elements in the system that provide policy-useful information about programs and treatment at IBS and their influence on boys' performance following release.

Post-Release Treatment and Supervision

- DOC should consider intensifying programming, treatment and supervision in the post-release period. Given the high rate of recidivism found among boys in the first 6 to 9 months following release, more intensive aftercare and supervision in this timeframe may help to stem recidivism and promote successful reintegration. This might be tried on an experimental basis and then evaluated.

Research

- The findings raise important questions about the processes surrounding the commitment and classification of boys sent to IBS. Research should be conducted to learn more about the reasons disproportionate numbers of black boys appear to be committed to IBS and appear to be disproportionately classified in some categories of the classification system. Such research is needed to ensure that all juveniles are being treated equitably in Indiana's juvenile justice system.

- Because of the prevalence of drug abuse problems found among boys in the study, and the relationship observed between such problems and recidivism, additional research should be conducted on drug abuse among juveniles committed to DOC. Emphasis should be placed on assessing the adequacy of drug abuse treatment resources and services provided to juveniles and on evaluating the effectiveness of drug abuse programming offered at DOC juvenile facilities.

- Research, particularly qualitative research, should be conducted to explore the reasons underlying recidivism among youth released from DOC's juvenile institutions. While this study identified several characteristics of boys that seem to be associated with recidivism, further systematic study is needed to elaborate the reasons and circumstances which lead youth to continue on a path of delinquency. This may provide some of the most programmatically useful information for correctional administrators, community leaders, and others seeking ways to stem recidivism.

- A strategic planning effort should be undertaken to specify the objectives of programming and treatment and the relationship of these objectives to the overall mission of the Indiana Boys' School. Eventually, this will make it possible to conduct more policy-useful evaluations of juvenile treatment and programs provided by DOC and to assess the overall performance of IBS.

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INTRODUCTION

Background to the Indiana Boys' School Tracking Study

The Indiana Boys' School Tracking Study was conducted by the Center for Criminal Justice Research and Information of the Indiana Criminal Justice Institute at the request of the Task Force on Juvenile Institutions. The Task Force on Juvenile Institutions was created in April of 1989 by Commissioner James Aiken to study the five juvenile institutions operated by the Indiana Department of Correction (DOC).

Through the Institute's Trustees, the Task Force requested that the Center conduct research to learn what happens to juveniles after they are released from the Department of Correction and that it examine the need for an information system to monitor juveniles committed to the DOC. Subsequent discussions with Task Force members revealed a general concern about the lack of data on the juvenile offender population, both in terms of the characteristics of incarcerated juveniles and their continued involvement with the justice system. Members indicated they would like to have a better picture of juvenile offenders, the effectiveness of the treatment and programming they received while incarcerated, and the extent to which juveniles return to the criminal justice system after institutional release.

These discussions resulted in numerous modifications to the original request. Among these was that emphasis would be placed on determining the extent of recidivism among children released from DOC juvenile facilities, especially as measured by subsequent incarceration in the adult facilities of the DOC. The study would also be limited to juveniles at the Indiana Boys' School (IBS) because of resource limitations. If DOC desired to do so, it could replicate the study at the Indiana Girls' School and other facilities at a later time. Also, it was decided no attempt would be made to evaluate the impact of treatment and other programming given to boys, both because of the lack of resources and because of difficulties isolating and specifying the interventions that should be evaluated. However, information would be gathered pertaining to programming and treatment services made available to boys during their stay at IBS. Also, it was agreed the research would be based only on data available in records maintained by IBS, the DOC, and Indiana law enforcement agencies. To the extent possible, data would be gathered from these sources pertaining to demographics, social history, delinquent offenses committed, classification and programming, as well as incarceration in Indiana's justice system.

Because this was the first effort in the state to gather representative data on the Boys' School population, DOC staff, particularly those providing psychological services at IBS, were actively involved in the study's design and analysis of results. This resulted in many more data elements being included in the study than was originally planned and several additional analyses being conducted. The analyses requested by staff focused primarily on the relationships between recidivism and demographic, social history, offense and other characteristics of boys. IBS staff was very interested in learning if particular characteristics of boys or their behavior might be good predictors of recidivism. Knowledge of such characteristics and their relationships to recidivism was seen as potentially helpful in designing and targeting services at IBS.

In the end, the study addressed the following five questions:

- To what extent are boys incarcerated again after they are released? In particular, how many of the boys released from IBS are subsequently imprisoned in Indiana's adult facilities?;
- What characteristics of boys and their behavior appear to be related to recidivism?;
- What are the demographic, social, offense and other characteristics of boys committed to Indiana Boys' School?;
- What kinds of programming and treatment have been provided to boys during their stay? and
- What types of data elements should be included in a DOC juvenile offender information system?

Organization of the Report

Following a brief review of the tracking study design, sampling, database and limitations, the report summarizes and discusses the study's results. The results are presented in five sections which generally correspond to the five research questions outlined above.

The first section focuses on the characteristics of boys released from the Indiana Boys' School between 1984 and 1989. Data are presented for boys' age, race, education, family structure, substance use, offenses, as well as other characteristics. The second section presents information about the classification and programming of boys during their stay at IBS. Data in both of these sections are presented for individual release cohorts so that trends can be observed. The third and largest section of the report examines recidivism among the boys released. Here, data on the level of recidivism found in the sample of 382 boys are presented, and estimates of recidivism are provided for all 3,814 boys released from IBS between July, 1984 and June, 1989. Section three also looks at the relationships between recidivism and 27 variables related to demographic, social history, offense and other characteristics of boys. Section four provides statistical breakdowns by race, Quay behavioral classification and offense type for all variables in the study. These breakdowns are included in the report because of the frequent need for information for these particular subgroups. They also enable policymakers and others to examine differences and similarities among subgroups in the offender population (e.g., blacks and whites) and to identify trends and changes in the population over time. The fifth and last section of the report summarizes and discusses the major findings resulting from the research. It also offers recommendations with respect to developing an automated juvenile information system within the Department of Correction, monitoring recidivism, and conducting further research at the Indiana Boys' School.

METHODOLOGY

Study Design and Sampling

The research needs articulated by the Task Force posed some difficulty when it came to designing the Boys' School tracking study, particularly with respect to sampling. Whereas Task Force members wanted to assess the extent of recidivism among boys released from IBS, they also wanted to obtain representative information on characteristics of the IBS population. The first objective was best met by sampling boys released from IBS and the second objective was best met by sampling boys in the stock population, i.e., the boys residing at IBS. For a number of reasons, including the emphasis placed on assessing recidivism by the Task Force and the way institutional records were maintained, sampling was based on the population of releases. Sampling of boys released from IBS extended back five years to permit meaningful tracking. Thus, the data collected and presented in this report are accurately characterized as being representative of juveniles released from IBS.

A random sample of 382 boys was selected from the 3,814 boys released from the Indiana Boys' School between July, 1984 and June, 1989. The sample was stratified by fiscal year (June 30 to July 1) which corresponded to the way chronological listings of juvenile releases were maintained by IBS officials. **Table 1** shows the breakdown of the five release cohorts included in the study.

TABLE 1

Indiana Boys' School Tracking Study Sample

	1984-85	1985-86	1986-87	1987-88	1988-89	Total
Releases from IBS:						
Parole	519	487	480	479	555	2,520
Discharge	219	270	272	248	285	1,294
Total	738	757	752	727	840	3,814
Study Sample:						
(10%)	74	76	75	73	84	382

Recidivism, the major dependent variable of the tracking study, was operationalized as incarceration in IBS, jail, or the adult DOC system after the juvenile's sample release date. Data on recidivism were drawn from IBS official records, adult DOC official records, and the records of jails located in the three counties to which juveniles were most frequently released. From these records data were gathered on dates of incarceration, number of times incarcerated, crimes and delinquent offenses, and sentence lengths. Data were also gathered from the institutional files of each boy in the sample for demographics, social history and offense characteristics, as well as classification and programming.

The data were analyzed in several ways. Recidivism statistics were calculated for the sample as a whole and for individual release cohorts. These were then used to estimate recidivism among all 3,814 releasees. Monthly survival rates were calculated for release cohorts and for the entire sample to observe trends in recidivism. Relationships between recidivism and a host of other variables related to boys' personal characteristics, classification and programming were also analyzed using survival analysis, Chi-square and Chi-square based measures of association. The relationships were analyzed again controlling for age and race to see if relationships involving recidivism were conditioned by these characteristics and to address some of the research questions posed by the Task Force.

Baseline information on characteristics of boys, their incarceration, classification and programming was summarized and presented in tables along with appropriate statistical information (e.g., means, medians, standard error). These characteristics were also crosstabulated with three variables ... race, Quay classification and offense type so that comparisons could be made between subgroups of boys such as blacks and whites and property offenders and person offenders. The crosstabulations by the three variables are displayed in the report.

Most analyses were performed using data from the entire sample. These were then replicated using data from each release cohort so trends and changes could be observed over time. But some analyses, mainly those involving recidivism, used only data from the earliest release cohort (i.e.; 1984-85 releasees). Boys in this cohort had the greatest opportunity to recidivate, and therefore offered the most complete database for analyzing recidivism.

Tracking Study Database

The database for the Indiana Boys' School Tracking study is stored at the Indiana Criminal Justice Institute. It contains over seventy variables related to boys' (1) demographic, social history, and offense characteristics, (2) classification and programming, and (3) recidivism. The principal variables included in the database and the study are listed in **Table 2** below.

TABLE 2

Principal Variables Included in the
Boys' School Tracking Study

Demographic, Social History and Offense Characteristics

birth date	age at release	age at first admission
race	county of residence at commitment	number of times at IBS
number of months at IBS during last stay	person to whom released	release type
grade level completed at first admission	natural parents living together	marital status of natural parents
deaths in family	family member incarcerated	parental contact
prior commitment to group home	prior commitment to foster care	number of delinquent acts committed
assaults at IBS	offense type	evidence of previous alcohol/drug abuse treatment
evidence of previous alcohol/drug use	evidence of previous mental health treatment	

Classification and Programming

IBS academic assignment recommended	IBS vocational assignment recommended	IBS work assignment recommended
substance abuse counseling recommendation	alcohol abuse counseling recommendation	psychological counseling recommendation
medical/dental treatment recommendation	Metropolitan reading level	Metropolitan math level
primary Quay score	secondary Quay score	behavior incidents for which written up

Recidivism

sample release date	date of first subsequent incarceration at IBS	number of times subsequently incarcerated at IBS
incarcerated at IBS at time of study	date of last release from IBS	subsequently incarcerated adult DOC and date
jail time credit (days)	crimes for which convicted and sent	adult DOC: class of crime (e.g., A, B felony)
adult DOC: sentence length (months)	total number of incarcerations in adult DOC	subsequent incarceration in jail and date
crimes leading to jail	jail sentence length	county to which released

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The database is stored in both LOTUS-123 files and Statistical Analysis System (SAS) files. A detailed codebook for the variables and their attributes can be found in the appendix.

Limitations of the Study

There are several limitations or methodological points that one should bear in mind when reading the report and interpreting the data. Among these is that the study sample size had to be kept relatively small (10 percent of all boys released) because of resource constraints. The fieldwork required to locate and gather data from each boys' file was extremely time consuming. In addition, it is unlikely that all recidivists were identified in the study. Only three of Indiana's jails were contacted to track juvenile offenders and no attempt was made to track juveniles outside of the state. While searches were made of IBS and DOC systems by both DOC identification numbers and by names of juveniles, it is possible that some juveniles did not turn up in these searches. This is due to frequent name changes among offenders and occasional errors in issuing new identification numbers to offenders who have already been assigned a DOC number during a previous stay. Thus, estimates of recidivism should be regarded as conservative.

Also, differences in juvenile information reporting practices among courts and probation offices have affected the completeness and availability of the data found in boys' files at IBS. There is no standardized reporting practice at the local level. This has undoubtedly affected the quality of data for variables such as delinquent offenses, contacts with family, deaths in family, and evidence of substance use.

Finally, readers should keep in mind the data are representative for juveniles released from the Indiana Boys' School between July, 1984 and June, 1989. One is tempted to generalize about the Boys' School population when working with the release data. We recognize that several factors may contribute to differences between the statistical profile of those released and the statistical profile of those incarcerated, including changes in release policies and practices of IBS, and changes in commitment practices of the juvenile courts. While we think the release data provide reasonable estimates of the characteristics of boys, classification, and programming at the IBS, we do not know for sure if such factors have made the statistical profile of releasees substantially different from the statistical profile of incarcerates.

DEMOGRAPHIC, SOCIAL HISTORY, OFFENSE, AND OTHER CHARACTERISTICS OF BOYS RELEASED FROM THE INDIANA BOYS' SCHOOL FROM 1984-85 THROUGH 1988-89

This section presents statistical information on demographic, social history, offense and other characteristics of the 382 boys included in the tracking study. Because of the dearth of statistical information on the client population of Indiana Boys' School, a special effort was made to document the characteristics of the sample of boys. To be clear, the data and statistics presented here are based on the sample of boys released from IBS, and not on a sample of the "stock" population. While one may reasonably argue that the sample of releasees is representative of boys committed to, or living at IBS, one should be cautious in this assumption. A number of factors may contribute to differences between the statistical profile of those released and the statistical profile of those incarcerated, including changes in release policies and practices of IBS, as well as changes in commitment practices of the juvenile courts.

Statistical information is presented primarily for three types of characteristics --- **demographic characteristics, social history characteristics and offense characteristics.** Data were analyzed to determine the relative proportions with which various characteristics occurred in the sample of boys and to identify changes and trends over the five years studied. Demographic variables examined include race, age at first commitment, highest grade level completed at first commitment, and county of residence at first commitment. Social history variables included the marital status of natural parents, whether natural parents were living together at the time of commitment, deaths in the immediate family of boys (i.e., immediate family includes parents, siblings, and grandparents), whether any family members had been incarcerated (i.e., parents, siblings, grandparents, aunts, uncles, and cousins), prior group home placements, prior foster care placements, evidence of prior alcohol/drug use, prior alcohol/drug abuse treatment, and prior mental health treatment. Offense variables included the total number of IBS commitments, types of offenses committed, and the number of offenses committed.

In addition, a "multiple problem" index was created to identify boys who experienced various kinds of difficulties in their personal lives. The index measured difficulties associated with the following five areas: (1) family, (2) substance abuse, (3) mental health, (4) behavioral misconduct, and (5) education. It was operationalized by counting whether a boy had experienced problems in each of the five areas. Index values could range from zero to five. The multiple problems index was created at the request of IBS psychologists who wished to have a better perspective on the numbers of boys with multiple problems and the relative occurrence of these problems in the juvenile population.

Demographic Characteristics

Over 70 percent of the boys released during the five years were white. Twenty-seven percent were black. These proportions remained fairly stable over the five years from 1984 through 1989 (see **Table A-1** in appendix). What was perhaps most striking about the racial distribution was the disproportionate numbers of black boys among releasees. While black youth account for approximately 10 percent of youth under 18 years in Indiana, they accounted for 24 percent to 33 percent of boys released from IBS over the five years studied (see endnote 1). Black boys were two to three times more prevalent in the study sample than they are found in the state's youth population. To the extent the racial distribution found among releasees parallels the distribution of commitments to IBS, black boys appeared to be committed to IBS in numbers that are very disproportionate to their numbers in the general population. The same pattern was evident at the county level. In the seven counties that sent most of the boys to IBS, blacks were found to be represented among releasees in numbers which were disproportionate to their numbers in the counties' youth populations. For example, while black males under 18 years made up about 30 percent of the youth population in Lake County, they made up 68 percent of all IBS releasees who came from Lake County. Similarly, black boys accounted for about 27 percent of the youth population in Marion County, but accounted for 56 percent of all IBS releasees who came from Marion County (see endnote 2).

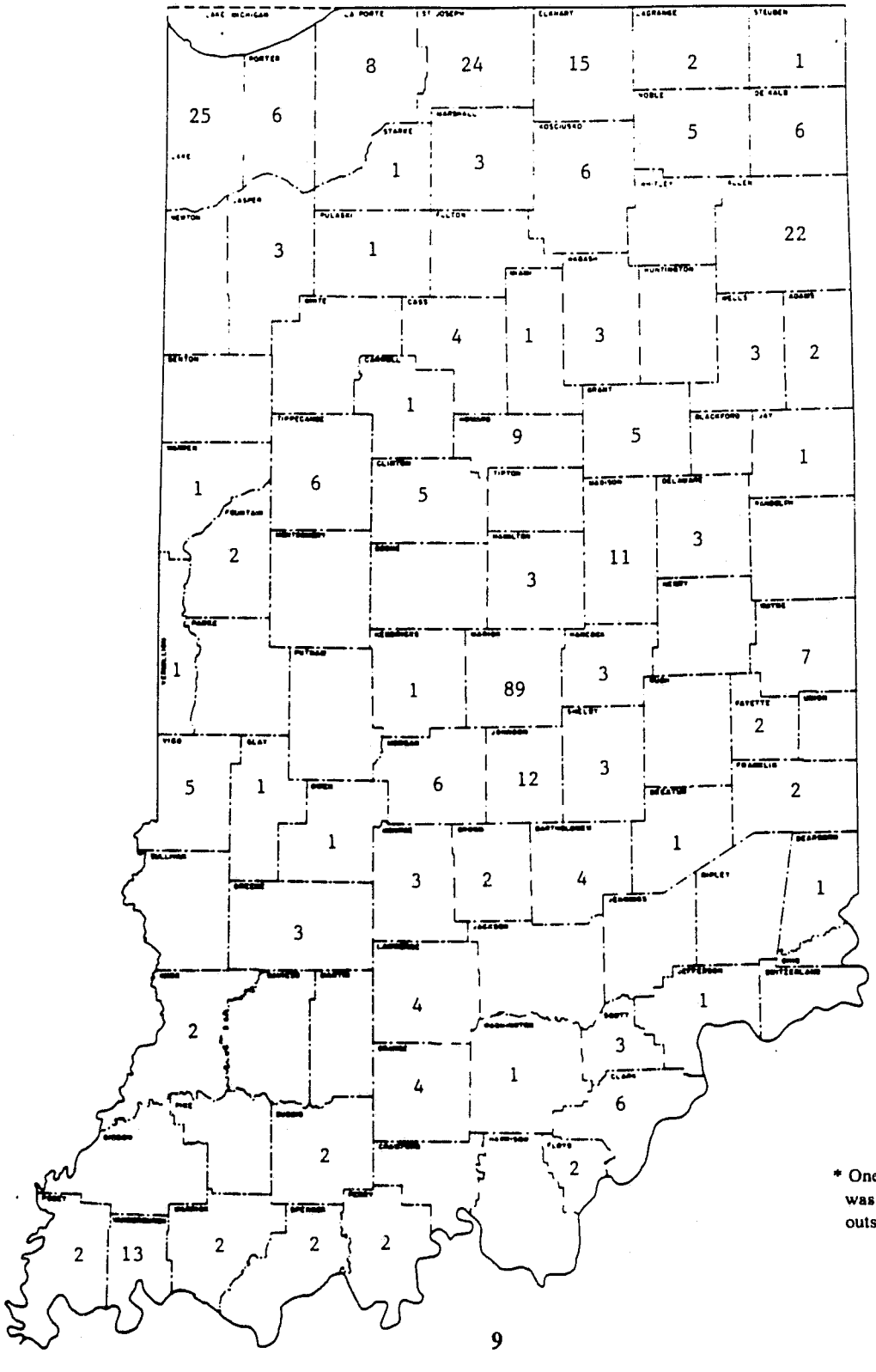
Boys were anywhere from 12 to 18 years old when they were first committed to IBS. Their average age was 16 years. Few 12 or 13 year-olds (4%) were committed to IBS. At least half of the boys committed in every year were 16 or 17 years old. Though there were some fluctuations in the distribution of ages over the years, there was no discernable pattern to them (see **Table A-2** in appendix).

The highest grade completed by boys when first admitted to IBS ranged from 5th grade to 11th grade. The average grade completed was the 8th grade. Seventy-one percent had completed the 8th grade or higher. Again, although there were fluctuations in the distribution of grade levels completed over the five years, there was no discernable or consistent pattern to these fluctuations (see **Table A-3** in appendix). A comparison of the distribution of grade levels completed with the distribution of ages suggested a great disparity between age and educational attainment in the sample. Typically, boys 16 or 17 years old have completed the 9th grade or higher. While 66 percent of the study sample consisted of boys 16 years or older, only 37 percent of the sample had completed the 9th grade or higher.

More than half (55%) of boys studied came from 8 of the 92 counties in the state. As can be seen in **Figure 1**, the largest number (23%) were committed from Marion county. Seven other counties also committed substantial numbers of boys including Lake (7%), Allen (6%), St. Joseph (6%), Elkhart (4%), Johnson (3%), Vanderburgh (3%), and Madison (3%) counties.

Figure 1

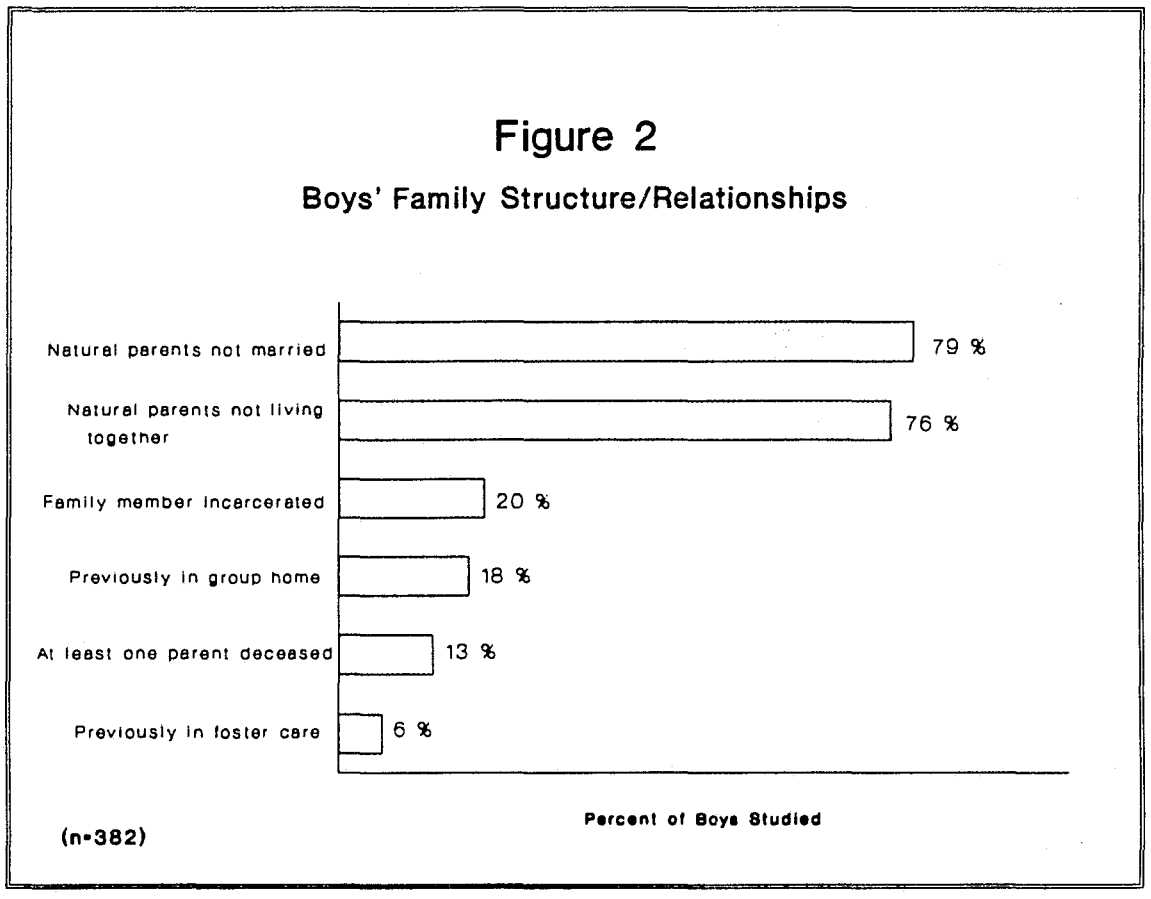
County of Residence of Boys Studied When Admitted to Indiana Boys' School
1984-85 through 1988-89
(n=381)*



* One additional juvenile was from a residence outside of Indiana

Social History Characteristics

Most of the social history variables analyzed in the study pertained to family structure and family relationships. A few dealt with treatment received by boys for mental health problems and substance use or abuse. Taken together, these variables offer some indication of boys' backgrounds prior to their arrival at IBS. Figure 2 shows the percentages of boys with problems or difficulties in their family situations.



The figure shows more than three-quarters of boys came to IBS from non-traditional family settings. Seventy-nine percent came from family situations where the natural parents were divorced, never married, or deceased (see **Table A-4** in appendix). Seventy-six percent came from situations where their natural parents were not living together at the time of commitment (see **Table A-5** in appendix). Thirteen percent had experienced the death of at least one parent, and one percent the death of another significant person in their lives (see **Table A-6** in appendix). According to official records, one-fifth of the boys had family members who also had been incarcerated (i.e., parents, siblings, grandparents, aunts, uncles, or cousins). Eighteen percent had been placed in a group home at least once, and some had been placed in group homes as many as four times (see **Table A-8** in appendix). Only 6 percent of boys had been placed in foster care; a small number had been placed in foster care on as many as five occasions (see **Table A-9** in appendix). In general, there was little deviation in these patterns over the years studied (see endnote 3).

The files of most boys contained some evidence of prior drug or alcohol use. **Table 3** shows the percentages of boys with such evidence generally increased over the years, from 58 percent in 1984-85 to 85 percent in 1988-89.

TABLE 3

Evidence of Drug or Alcohol Use
1984-85 through 1988-89

Evidence of Substance Use	Release Cohort					
	1984-85	1985-86	1986-87	1987-88	1988-89	Combined
Yes	58%	60%	73%	66%	85%	69%
No	42	40	27	34	15	31
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(76)	(75)	(74)	(83)	(380)

Unfortunately, while the data suggest more and more boys are involved with substances, they tell us nothing about the types of substances used or the nature of substance abuse problems. **Table 4** presents data concerning actual treatment for alcohol or drug use received by boys before coming to IBS. Treatment included both inpatient and outpatient treatment, and participation in programs such as Alcoholics Anonymous and Narcotics Anonymous. Overall, about a fifth of the boys in the sample received such treatment. There was little fluctuation in the proportions receiving treatment over the five years.

TABLE 4

Prior Alcohol/Drug Abuse Treatment
1984-85 through 1988-89

Prior Alcohol or Drug Abuse Treatment	Release Cohort					
	1984-85	1985-86	1986-87	1987-88	1988-89	Combined
One time	3%	13%	15%	4%	5%	8%
Two times	14	4	5	11	6	8
Three times	1	–	3	3	5	2
None reported	82	83	77	82	84	82
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(76)	(75)	(74)	(83)	(380)

Previous mental health treatment was also examined. Table 5 summarizes information on the prevalence of such treatment among boys. As the table shows, nearly 40 percent had received some form of mental health treatment prior to commitment to IBS. Some boys had been involved in treatment on as many as three occasions.

TABLE 5

Prior Mental Health Treatment
1984-85 through 1988-89

Prior Treatment	Release Cohort					
	1984-85	1985-86	1986-87	1987-88	1988-89	Combined
One time	17%	28%	21%	26%	29%	24%
Two times	12	7	7	8	7	8
Three times	–	5	5	8	5	5
None reported	71	60	67	58	59	63
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(76)	(75)	(74)	(83)	(380)

The percentages of boys receiving mental health treatment fluctuated slightly over the study years, but demonstrated no obvious trend.

Offense Characteristics

Most of the boys (76%) were first-time commitments to Indiana Boys' School. Twenty percent had been committed twice; five percent had been committed more than twice. As a group, they had committed a wide range of delinquent offenses. On average, each boy committed six delinquent acts; some had committed as many as seventeen (see **Table A-10** in appendix). The ten most frequently committed offenses, in order of their frequency of occurrence in the sample, included theft, burglary, battery, criminal mischief, violation of probation, runaway, vehicle theft, truancy, shoplifting, and trespassing. Two of the top ten included status offenses of running away and truancy. Twenty-six percent had committed offenses against persons including attempted murder, rape, and battery. However, most boys were property offenders and, according to records, had never committed offenses against persons.

Multiple Problem Delinquents

A multiple problem delinquent index was created to estimate the numbers of boys at IBS who had experienced serious problems or difficulties with their families, substance use, mental health, or education, or who exhibited behavioral problems such as fighting while at IBS. Multiple problem delinquency was measured according to whether a boy was found to have any of the following characteristics:

Family variables indicating a problem

- Natural parents not living together at first admission
- Deaths in immediate family
- At least one family member incarcerated (extended family)
- Committed to group home(s)
- Committed to foster home(s)
- Parents not married

Substance abuse variables indicating a problem

- Previous alcohol/drug abuse treatment
- Evidence of alcohol/drug use
- Substance abuse counseling recommendation
- Alcohol abuse counseling recommendation

Mental health variables indicating a problem

- Previous mental health treatment
- Psychological counseling recommendation

Behavioral variable indicating a problem

- Written up for an IBS behavioral incident (e.g., assault, escape)

Education variable indicating a problem

- Grade level does not coincide with the appropriate age

Index values could range from zero to five. A boy was considered to be a multiple problem delinquent if he scored two or higher on the index. Although all six variables under the family dimension might apply to a boy's situation, he would have to score on at least one other dimension before he would be considered a multiple problem delinquent.

Only 4 percent of the 382 boys studied had none, or only one, of the problem dimensions measured by the index. Ninety-six percent of boys were found to be multiple problem delinquents. Fifteen percent had problems on two dimensions; 30 percent had problems on three; 36 percent had problems on four; and 15 percent had problems on all five dimensions. A review of each of the five dimensions revealed that 84 percent of the boys had experienced problem(s) with family, 73 percent had experienced problem(s) with respect to substance use or abuse, 71 percent were involved in misconduct at IBS, 54 percent experienced mental health problems, and somewhere between 62 and 90 percent had problems related to educational achievement.

Summary

The study data showed at the time of commitment, the typical boy was 16 years old and had completed the eighth grade. They also showed 71 percent of boys released from IBS were white and 27 percent were black. Given that black youth account for about 10 percent of youth under 18 years old in Indiana, blacks appear to be overrepresented among releasees. More than half of the boys studied came from eight counties in the State. Twenty-three percent came from Marion county alone.

Most boys came to IBS from non-traditional family settings. Their natural parents were not married, or not living together. Almost a fifth had family members who were incarcerated. Some boys had been living in foster care or group homes prior to arriving at IBS. Official records indicate the majority used or abused drugs including alcohol. The study data suggest there is a trend toward more boys being involved with substances in recent years. Overall, nearly 20 percent had undergone treatment for alcohol/drug related problems. And, nearly 40 percent had undergone treatment for mental health problems.

This was the first commitment to Indiana Boys' School for most boys. Less than a quarter had been to IBS before. On average, boys committed six delinquent offenses before being committed. Among the most frequent offenses were theft, burglary and battery. Two status offenses were among the ten most frequently mentioned in official records --- truancy and running away. Most boys, however, were property offenders; only about a quarter ever committed offenses against persons including attempted murder, rape and battery.

Ninety-six percent of releasees were identified as multiple problem delinquents. These boys faced problems in two or more of the following areas: family, substance use/abuse, mental health, conduct at IBS, or educational attainment. Official records showed more than half of all boys studied had problems in at least four of these areas.

CLASSIFICATION AND PROGRAMMING FOR BOYS RELEASED FROM THE INDIANA BOYS' SCHOOL

This section presents information about the classification and programming of boys at Indiana Boys' School. Although members of the Task Force on Juvenile Institutions expressed interest in evaluating the impact of IBS programming, this was not possible because of resource constraints and because of difficulties specifying components of programs at IBS. Nonetheless, it was possible to gather a limited amount of data on classification, programming and treatment processes in the course of the tracking study. These are presented here to provide much needed baseline information on IBS classification and programming processes. Before presenting the data, however, a general overview of intake, classification and programming is provided to familiarize readers with what happens to boys when they enter Indiana Boys' School, and to acquaint them with some of the changes that have occurred over the years.

Intake, Classification and Programming Processes

Upon admission to the Indiana Boys' School at Plainfield, Indiana, boys are immediately involved in classification processes and procedures. Classification provides administrators with information that helps to determine appropriate institutional assignments for boys and to structure treatment plans for them. A variety of individual and group testing takes place during what is referred to as an orientation phase. The test results, along with other background information, are used to make housing, academic and vocational assignments, as well as to make recommendations about counseling and psychological treatment. Boys who return to Indiana Boys' School, either as parole violators or as court recommitments, do not go through the orientation phase, nor do they generally receive further classification, testing and screening unless their case warrants special attention.

Quay behavioral testing is used to determine appropriate housing assignments (for a detailed description of Quay testing see U.S. Department of Justice, Bureau of Prisons, 1970). Reading and math abilities are tested to assist in identifying the most appropriate academic levels for boys while at the institution. In the end, all various background, testing and classification results are reviewed and a total institutional program is formally approved for each new admittee. Following the completion of all classification testing, each boy is placed in a residential living unit appropriate to his Quay Behavioral Category (BC) type. Programs within the residential living units are designed to deal with the behavioral characteristics of the boys assigned to them.

Indiana Boys' School was established in 1867. For much of the history of the institution, programming for boys was relatively simple. In the early years, boys came predominantly from rural surroundings and farming played a central role in programming. It was in the first half of this century that practical vocational training began to play a major role in programming offered at the institution. By the 1930s, the Boys' School offered a vocational track in agriculture including dairy, livestock and greenhouse operations and a vocational track in trades and industry covering 12 vocational courses including baking, bricklaying, printing, tailoring and woodworking (Hunt, 1942). Generally, boys who stayed at the institution for many months, sometimes years, entered into jobs upon release for which they had been trained while at the institution. More recently, emphasis has shifted to academic programming, especially remedial coursework, and participation in specific types of treatment, particularly drug abuse and psychological treatment offered through the Psychological Services Department of the Boys' School. Vocational programming in agriculture, trades and industry has all but disappeared. Today, there are few vocational instructors at IBS.

Institutional Classification

Classification begins at the time a boy is formally admitted to the Indiana Boys' School. An orientation program acquaints new boys with the institutional regimen and provides the framework within which testing and classification take place. Following the orientation phase, each boy is given an individualized program and enters into the general population.

Boys are assigned to residential living units, historically referred to as "cottages", according to the results of the Quay Behavioral Category (BC) assessment which was developed by the sociologist Herbert Quay. The Quay classification differentiates among boys on the basis of a behavioral typology as follows:

BC-1: Boys who are immature, impulsive and less sophisticated in terms of delinquent involvement
BC-2: Boys who demonstrate neurotic tendencies and tend to act out compulsively to their detriment
BC-3: Boys who are manipulative and demonstrate excessive or uncontrolled aggression and hostility toward others
BC-4: Boys who are essentially subculturally oriented and are followers in terms of group/gang delinquent activities

Each of the living units is designed for one of the behavioral categories and provides structured programs that take into consideration the behavioral characteristics of the type in an effort to limit and redirect the boys' negative behavioral patterns. A cottage team consisting of professional counselors, houseparents, and representatives of academic, vocational and work programs meets on a regular basis to review the progress of boys, to impose positive and negative sanctions and to recommend program adjustments when necessary. **Table 6** shows the distribution of Quay types among the five release cohorts in the study.

TABLE 6

Primary Quay Scores
1984-85 through 1988-89

Primary Quay Classification	Release Cohort					
	1984-85	1985-86	1986-87	1987-88	1988-89	Combined
BC-1	16%	8%	8%	13%	10%	11%
BC-2	29	22	19	13	19	21
BC-3	24	32	19	36	35	29
BC-4	31	38	54	38	36	39
Total	100%	100%	100%	100%	100%	100%
(n)	(68)	(73)	(75)	(72)	(81)	(371)

During the years studied, more boys were classified as BC-4s, subcultural followers (gang member types), then any other Quay type. In terms of percentages, BC-4s were followed by BC-3s (aggressive/manipulative types), BC-2s (neurotics), and BC-1s (immature/impulsives). Over the years, there was a slight trend towards more boys being classified as BC-4s and BC-3s and fewer boys being classified as BC-2s and BC-1s. This trend may reflect the efforts of juvenile court judges to commit only the more threatening or problem juveniles to IBS.

In the course of the study, data were gathered from Metropolitan Reading and Metropolitan Mathematics tests given to newly admitted boys. Since a boy must be twelve years old to be admitted to the Indiana Boys' School, boys who are reading or functioning in mathematics below the sixth grade level can be viewed as academically deficient. **Table 7** shows that 38 percent of boys scored below the sixth grade level on the Metropolitan Reading Test, indicating reading deficiencies are fairly widespread in the institutional population.

TABLE 7

Tested Metropolitan Reading Levels
1984-85 through 1988-89

Reading Level	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	Combined
Grade 2	1%	4%	4%	4%	2%	3%
Grade 3	16	9	11	11	14	12
Grade 4	7	8	8	10	14	9
Grade 5	14	8	15	20	12	14
Grade 6	6	12	19	15	9	12
Grade 7	14	13	11	10	9	11
Grade 8	7	4	11	6	10	8
Grade 9	12	12	4	8	4	8
Grade 10	12	10	4	6	9	8
Grade 11	4	4	1	1	1	3
Grade 12	–	7	3	1	--	2
Over Grade 12	7	9	9	8	16	10
Total	100%	100%	100%	100%	100%	100%
(n)	(70)	(76)	(74)	(73)	(80)	(373)

mean: 6.97
median: 6
range: 2 through 13 (post high school)
std. error: .163

Another way of looking at this, is to consider that about 250 of the boys studied were 16 to 18 years old at the time they arrived at IBS. Typically, boys in this age group should have completed the ninth grade in school. However, the data in **Table 7** indicate that only about 116 boys scored at the ninth grade or higher in reading ability. This means that more than half of these boys could not perform at normal reading levels for their age group.

Table 8 shows testing data for mathematics ability were not found in the files of many boys. The data that were found suggest mathematics deficiencies are widespread among boys. Normally a twelve year old boy should be performing at the sixth grade level in mathematics, yet as **Table 8** shows, about a third of boys tested below the sixth grade level.

TABLE 8

Tested Metropolitan Math Levels
1984-85 through 1988-89

Math Levels	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	Combined
Grade 2	3%	1%	6%	--	--	2%
Grade 3	10	3	12	12	--	8
Grade 4	7	9	--	18	--	8
Grade 5	19	14	12	6	50	15
Grade 6	14	20	12	23	50	18
Grade 7	11	16	35	6	--	15
Grade 8	9	11	6	17	--	10
Grade 9	7	7	11	6	--	7
Grade 10	3	3	--	--	--	2
Grade 11	8	4	--	--	--	5
Grade 12	--	1	6	--	--	1
Over Grade 12	9	11	--	12	--	9
Total	100%	100%	100%	100%	100%	100%
(n)	(70)	(71)	(17)	(17)	(2)	(177)

mean: 6.99
median: 6
range: 2 through 13 (post high school)
std. error: .215

Although the data gathered indicate academic deficiencies are common among boys committed to IBS, they do not provide a clear picture of their severity.

Institutional Programming

Once juveniles are tested and classified, they may be given academic, vocational or work assignments at the institution. Most boys are assigned to the academic school either on a full-time or part-time basis. One reason for the academic emphasis is that many boys are still at an age that requires compulsory school attendance. **Table 9** summarizes information on academic assignments for the five release cohorts. The table shows about three-quarters of boys were assigned to the school, most of these on a full-time basis. The table also shows a slight trend toward more full-time rather than part-time academic assignments.

TABLE 9

Academic Assignments at IBS
1984-85 through 1988-89

Academic Involvement	Release Cohort					Combined
	1984-85	1985-86	1986-87	1987-88	1988-89	
Full-time	42%	38%	43%	47%	59%	46%
Half-day	30	30	32	24	13	26
Remediation	--	--	1	3	--	1
G.E.D.	17	15	11	12	13	13
Not assigned	11	17	13	14	15	14
Total	100%	100%	100%	100%	100%	100%
(n)	(64)	(76)	(75)	(74)	(82)	(371)

Substantially fewer boys were given vocational assignments at IBS. Only about a third of the boys studied were recommended for vocational assignments and almost all of these were part-time. As shown in **Table 10**, vocational assignments declined markedly over the five years of the study. Whereas 41 percent of boys in the earliest release cohort were recommended for vocational assignments, only 14 percent of boys in the most recent release cohort were recommended for vocational assignments.

TABLE 10

Vocational Assignments at IBS
1984-85 through 1988-89

Vocational Assignment	Release Cohort					Combined
	1984-85	1985-86	1986-87	1987-88	1988-89	
Full-time	5%	4%	3%	1%	1%	3%
Half-time	36	43	37	26	13	30
Not assigned	59	53	60	73	86	67
Total	100%	100%	100%	100%	100%	100%
(n)	(63)	(76)	(75)	(74)	(82)	(370)

Relative to school and vocational education, work assignments have played a less prominent role in programming at IBS. Ostensibly, work assignments are reserved for boys who can choose not to be involved in academic and vocational pursuits while at the institution. **Table 11** shows 17 percent of the boys studied were assigned to work over the five years.

TABLE 11

Work Assignments at IBS
1984-85 through 1988-89

IBS Work Assignment	Release Cohort					Combined
	1984-85	1985-86	1986-87	1987-88	1988-89	
Dining Hall	--	7%	6%	18%	8%	8%
Laundry	3	1	4	1	4	2
Dining Hall/ Laundry	--	7	3	8	18	7
Not assigned	97	85	87	73	70	82
Total	100%	100%	100%	100%	100%	100%
(n)	(60)	(76)	(75)	(74)	(83)	(378)

Treatment Recommendations

During classification and throughout boys' stays at IBS, staff routinely make recommendations for specialized treatment. The tracking study gathered information on staff recommendations for alcohol abuse counseling, substance abuse counseling, psychological counseling and medical and dental treatment. **Table 12** shows that relatively few boys in the study were recommended for alcohol abuse counseling. Only 12 percent were recommended for such counseling and the percentages recommended for alcohol abuse counseling remained fairly constant over the years with an abrupt decline in the most recent year.

TABLE 12

Alcohol Abuse Counseling Recommendation
1984-85 through 1988-89

Alcohol Abuse Counseling Recommended	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	Combined
Yes	13%	13%	15%	14%	6%	12%
No	87	87	85	86	94	70
Total	100%	100%	100%	100%	100%	100%
(n)	(62)	(71)	(75)	(74)	(83)	(365)

TABLE 13

Substance Abuse Counseling Recommendation
1984-85 through 1988-89

Substance Abuse Counseling Recommended	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	Combined
Yes	24%	40%	25%	26%	33%	30%
No	76	60	75	74	67	70
Total	100%	100%	100%	100%	100%	100%
(n)	(62)	(71)	(75)	(74)	(83)	(365)

Table 13 shows IBS staff recommended about a third of the boys be given some form of substance abuse counseling during their stay. Substance abuse counseling recommendations were substantially more prevalent than alcohol abuse recommendations, particularly in recent years. Interestingly, the frequency with which both of these types of counseling were recommended does not square well with the high percentages of youth (58% to 85%) for whom evidence of substance use/abuse was found in official records (see **Table 3**).

Table 14 presents information on recommendations for psychological counseling. The table shows IBS staff recommended that nearly a third of the boys in the study be counseled for psychological problems during their stay. These recommendations appear to have grown in frequency over the years. Whereas 20 percent of the boys in the 1984-85 release cohort were recommended for psychological counseling, 37 percent of boys in the 1988-89 cohort received such recommendations.

TABLE 14

Psychological Counseling Recommendation
1984-85 through 1988-89

Psychological Counseling Recommended	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	Combined
Yes	20%	30%	33%	30%	37%	30%
No	80	70	67	70	63	70
Total	100%	100%	100%	100%	100%	100%
(n)	(61)	(71)	(75)	(74)	(83)	(364)

During intake and classification, a physician gives each boy a physical examination and other health professionals may examine them to identify dental and vision problems as well. **Table 15** summarizes medical and dental treatment recommendations made at the time boys entered IBS.

TABLE 15

Medical/Dental Treatment Recommendation at First Admission
1984-85 through 1988-89

Medical/Dental Treatment at First Admission	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	Combined
Yes	18%	10%	8%	1%	2%	7%
No	82	90	92	99	98	93
Total	100%	100%	100%	100%	100%	100%
(n)	(61)	(71)	(75)	(74)	(83)	(364)

The table indicates that relatively few boys (7%) were recommended for medical or dental treatment. It also shows that such recommendations have declined substantially over the years. In the 1984-85 cohort, 18 percent of boys were recommended for treatment, and in the 1988-89 cohort only 2 percent were recommended for treatment.

Serious Behavioral Incidents

Information was also gathered on serious behavioral misconduct occurring at IBS that might precipitate reclassification or programming adjustments. **Table 16** presents data on escapes, attempted escapes, assaults perpetrated on other boys or staff, and property incidents such as theft, larceny or the destruction of property.

TABLE 16

Serious Behavioral Incidents Resulting in Formal Conduct Hearing
1984-85 through 1988-89 *

Recorded Behavioral Incidents	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	Combined
Escape or Attempted Escape	9	9	8	5	17	48
Assault or Physical Force	29	22	26	33	52	162
Other Physical or Property Incidents	84	114	88	102	80	468

* This is a multiple response item. That is, data for up to three behavioral incidents could be collected for each boy in the tracking study sample. Some boys had been involved in fewer than three behavioral incidents during their stay at IBS; others had been involved in more than three behavioral incidents. The numbers in the table represent the number of behavioral incidents recorded (up to three), rather than the number of delinquents involved in behavioral incidents. Therefore, the number of responses can exceed the number of juveniles in each study year.

The data show that the bulk of serious incidents requiring a formal conduct hearing most often involved the theft or destruction of property. Incidents involving fighting or the use of physical force were less prevalent and there were relatively few incidents involving escapes or attempted escapes.

Summary

While no attempt was made to evaluate intake, classification and programming at Indiana Boys' School, a substantial amount of data related to these processes were gathered in the tracking study. These provide a limited, but nonetheless useful perspective on how boys are dealt with upon commitment to IBS.

Most boys studied were classified as subcultural followers (BC-4s), or aggressive/psychopathic types (BC-3s) when admitted to IBS. Sixty-eight percent of all boys were classified as these two types. There was a slight trend towards more of these types being represented among releasees in recent years and fewer neurotic (BC-2) and immature (BC-1) types being represented.

Data from reading and math ability tests given during admission suggest that many boys suffer from educational deficiencies when they arrive at IBS. A boy must be at least 12 years old to be committed to IBS. Typically, a boy of this age should be performing at about the sixth grade level. Among other things, the data show that 38 percent of boys studied tested below the sixth grade level in reading ability, and 33 percent tested below the sixth grade level in mathematical ability.

Boys in the study were given academic, vocational or work assignments at IBS. Most (72%) were assigned to the academic school on a full-time or part-time basis. Fewer (33%) were given vocational assignments. The data indicate vocational assignments declined markedly over the study period. Forty-one percent of boys released in 1984-85 had vocational assignments compared with 14 percent of boys released in 1988-89. By all accounts there has been a steady decline in vocational options available to boys since the 1940s when IBS offered vocational programs in agriculture, as well as building trades and industry. Only 17 percent of the boys were given work assignments while at IBS. However, the trend is toward more boys being given such assignments.

IBS staff recommended that 12 percent of the boys be counseled for alcohol abuse, 30 percent be counseled for substance abuse, and 30 percent be counseled for psychological problems. Health care professionals recommended 7 percent of the boys studied be given medical or dental treatment.

Lastly, the study found most serious behavioral misconduct that occurred among boys during their stay involved the theft or destruction of property, or physical assaults on other boys and staff. In contrast, there were few incidents of escape or attempted escape.

RECIDIVISM AMONG BOYS RELEASED FROM INDIANA BOYS' SCHOOL BETWEEN JULY, 1984 AND JUNE, 1989

This section presents results of the analysis of recidivism data gathered for the sample of 382 boys released from IBS between July, 1984 and June, 1989. The analysis sought to answer two questions: What is the extent of recidivism among boys released over the five year period? and, What demographic, social history, offense and other characteristics of boys are associated with recidivism? Study results are presented for the sample as a whole, as well as for the sample broken down by five release cohorts defined by the five state fiscal years between 1984 and 1989. Specifically, survival analyses are presented for all of the cohort groupings and correlational analyses are presented for relationships between recidivism and variables related to demographic, social history, offense and IBS programming characteristics of boys. The correlational analysis focuses primarily on the oldest release cohort (1984-85). Recidivism data are the most complete for this cohort because of the five-year period that lapsed since boys in this cohort were released.

Before presenting the results, the methods used to track the boys and to measure recidivism are described briefly below. Some background information on the sample of boys released is also provided.

The Tracking Study Methodology and Measurement of Recidivism

As noted in the introductory section of the report, the study sample was selected randomly from lists of releasees provided by IBS officials. The 382 boys in the sample represented 10 percent of all boys released from IBS between fiscal years 1984-85 and 1988-89. Recidivism was measured dichotomously according to whether or not a boy was incarcerated in one of three settings after he was released from IBS: Indiana Boys' School, three selected Indiana jails, or the adult facilities of Indiana DOC. Boys were considered recidivists only if they were recommitted (or their parole was revoked) to the IBS, if they were convicted of a crime for which they were given time to serve in an Indiana jail, or if they were convicted of a crime and sentenced to the adult DOC. Releasees who were convicted of a crime and given a sentence other than jail time or incarceration in Indiana DOC, were not considered recidivists for purposes of the study.

To identify recidivists, searches were made of files and recordkeeping systems at the Indiana Boys' School, the Department of Correction, the Indiana State Police and three county jails. Official records maintained by IBS were examined for each of the 382 boys to determine if they returned to IBS. Department of Correction files in Central Office-Indianapolis and at the State Farm in Putnam County were searched manually to determine if releasees were subsequently convicted of a crime and committed to the adult facilities of DOC. This search was performed two ways: (1) by individual DOC identification numbers, which in theory are supposed to be the same numbers as those issued to youths who were incarcerated at IBS after 1985, and, (2) by individual names. The two-stage search was employed to detect recidivists who may have been erroneously issued a number upon being committed to adult DOC that was different from the number issued to them during their stay at IBS, and to detect recidivists who changed their names since being incarcerated at IBS. A computer search was made of DOC's offender information system at Central Office. A search was also made of Indiana State Police criminal records. Finally, the records of three (3) of Indiana's 92 county jails were searched to identify releasees who were subsequently convicted of a crime and sentenced to jail. These jail systems represented three of the largest ones in the state and are located in counties to which the largest numbers of boys were released from IBS during the five years studied. They included Allen, Lake and Marion county jails. Resource limitations made it impossible to search the records of jail systems of all counties to which boys were released. Searches of the various information systems were conducted until February of 1990.

Boys Included in the Tracking Study

Boys included in the study sample ranged in age from 13 years to 21 years at the time of their release from IBS. Most (70%) were 16 or 17 years old. For more than three-quarters, this was their first and only commitment to the Indiana Boys' School. Only 5 percent had been committed more than twice. About 26 percent had committed offenses against persons including rape, robbery and attempted murder. Most, however, were property offenders. The majority (56%) had been at IBS for less than six months prior to this release. Very few (6%) had been held longer than a year.

Boys were either paroled (64%) or discharged (35%) from Indiana Boys' School. Most were released to their parents, though only about 25 percent were released to the custody of both parents (see **Tables A-11 to A-15 in appendix**). During the five years covered by the study, the sample of 382 boys was released to 83 counties in Indiana (see **Figure 3**). Over 40 percent were released to four counties alone: Allen, Marion, Lake and St. Joseph. The distribution of releases by county for the sample mirrors the distribution of commitments to IBS by county (compare Figure 1 and Figure 3).

Approach to Analyzing the Recidivism Data

Analysis of the recidivism data was guided by two objectives: (1) to provide estimates of the extent of recidivism among boys released from IBS, and (2) to examine the relationships between recidivism and boys' demographic, social history, offense and other characteristics for which data were gathered in the study. Relationships between these characteristics and recidivism were analyzed to provide an informational base that might be helpful in shaping policies for promoting successful reintegration of boys into society.

Recidivism was examined for fixed intervals, that is, between the times sample cohorts were released and the time when the tracking search was concluded. Recidivism was also examined using survival analysis to identify patterns of subsequent incarceration. Whereas, fixed interval estimates of recidivism tell us what proportions of the boys released recidivated over a set period of time (e.g., what percentages were incarcerated at the end of the tracking study), survival analysis tells us what proportions of releasees survived subsequent incarceration over smaller intervals of time (e.g., months, days). Survival analysis makes it possible to observe the timing and pattern of recidivism among boys which can be useful in pinpointing critical junctures or periods when failure in the free society may be more likely to occur. It also permits us to compare recidivism trends among subgroups of releasees. For example, we can examine patterns of subsequent incarceration for groups of boys defined by race, age, or length of incarceration at IBS. Survival analysis was conducted for the entire sample and for the earliest release cohort (1984-85).

Two types of estimates of recidivism were made using the sample data. First, estimates of recidivism that occurred during the tracking period from July, 1984 through February, 1990 were made using data from all 382 boys in the study sample. Then, estimates of recidivism that might ultimately occur among releasees were made using data from both the earliest release cohort and the 382 boys.

Relationships between recidivism and the characteristics of releasees were analyzed first using data from only the cohort released between July 1, 1984 and June 30, 1985. As a group, the 74 boys in this cohort were exposed to the risk of recidivism for the longest period of time ... up to 66 months, and thus, data for recidivism were the most complete for this cohort. The relationships were analyzed using crosstabulations and statistical information on the significance of the distributions and the strength of relationships between variables. All relationships were analyzed again using data from the entire sample of 382 boys. This was done to determine whether the strength and pattern of relationships found in the earliest release cohort were similar to those evident in more recent release cohorts where the time releasees were on the streets was progressively shorter.

Survival displays were constructed for variables found to be related to recidivism to depict graphically patterns and levels of recidivism for subgroups of boys. In addition, analyses of the relationships between recidivism and characteristics of releasees were performed that controlled for race and age of boys.

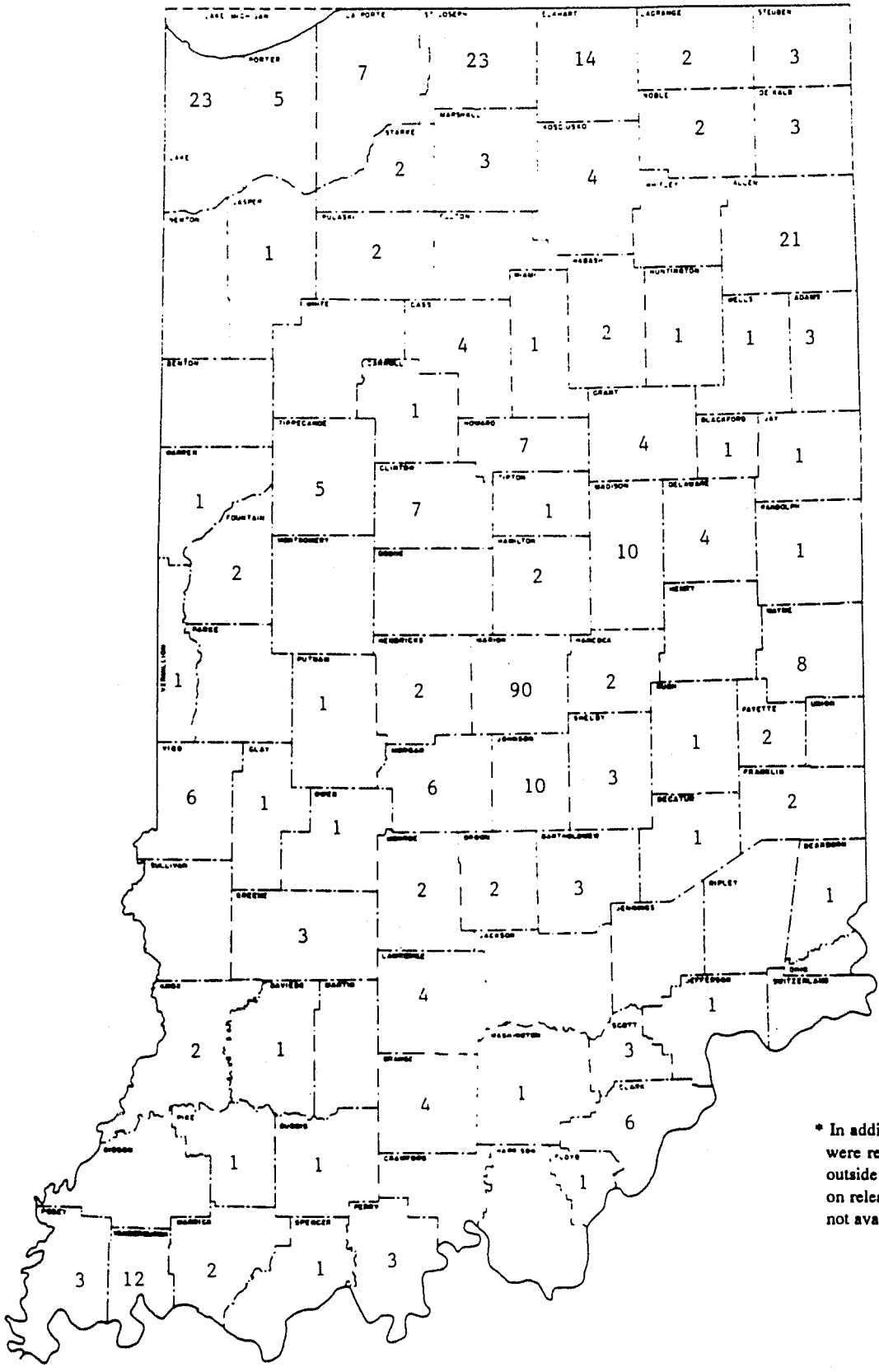
What is the Extent of Recidivism Among the Boys Released During the Five Year Period?

•Fixed Interval Measures of Recidivism

Recidivism among boys was first examined for the entire time interval between release and the end of the tracking effort in February of 1990. The results are displayed in **Table 17** which shows the numbers and percentages of boys incarcerated after release from IBS. Data are broken down by correctional settings and by release cohorts.

Figure 3

Counties to Which Boys in the Study Were Released 1984-85 through 1988-89 (n=368)*



* In addition, 12 juveniles were released to locations outside of Indiana. Data on release location were not available for 2 juveniles.

TABLE 17

Subsequent Incarceration of Boys in Tracking Study
July, 1984 through February, 1990

	Release Cohort					
	1984-85	1985-86	1986-87	1987-88	1988-89	Combined
Boys in Study Cohort	74	76	75	73	84	382
Boys Subsequently Incarcerated in:						
IBS only	8	3	3	13	14	41
Jail only *	6	4	5	1	2	18
DOC only **	27	24	20	10	5	86
IBS and Jail			1			1
IBS and DOC	4	3	1	1		9
Total Subsequently Incarcerated	45	34	30	25	21	155
Percent Subsequently Incarcerated in:						
IBS, Jail or DOC	61%	45%	40%	34%	25%	41%
Jail or DOC	50	41	36	16	8	30
DOC	42	36	28	15	6	25

* Jail record systems of counties receiving large numbers of IBS releasees were searched to identify subjects in the study sample who were subsequently convicted of a crime and incarcerated in jail as their sentence. Searches were made only in Marion, Allen and Lake county jails.

** Most, if not all of these boys were incarcerated in jail before going on to an adult DOC facility. Because their jail time was credited to their DOC sentence, they were counted as "DOC only" incarcerates.

By the end of the study, 155 boys (41%) of the 382 tracked were found to have been incarcerated in one or more of the three types of correctional settings. As one might expect, recidivism was greatest for the earliest release cohort. These boys had the greatest window of opportunity to recidivate because of the length of time since their release. **Taking into account all types of settings, 61 percent or more than 6 out of every 10 boys released from IBS in 1984-85 were eventually incarcerated after release.**

Most of the recidivism measured was accounted for by incarcerations in the adult Department of Correction. This was followed by subsequent incarceration at IBS and then by incarcerations in the three Indiana jails. Ninety-five boys, or nearly 25 percent of the boys in the entire study sample, were eventually incarcerated in the Indiana Department of Correction. Forty percent of these were incarcerated for committing D felony offenses, 31 percent for C felonies, and 27 percent for B felonies (see **Table A-16** in appendix). Twelve percent were incarcerated more than once in DOC following release from the Indiana Boys' School (see **Table A-17** in appendix).

Only 19 boys, or about 5 percent of the 382 studied were tracked to one of the three jail systems contacted. No offense data could be gathered for most of these boys (see **Table A-18** in appendix). Fifty-one boys, or slightly more than 13 percent of the study sample were found to have returned to Indiana Boys' School. Of these, 88 percent were incarcerated at IBS only once after the study release date and 12 percent were incarcerated two or three times (see **Table A-19** in appendix). The majority (76%) of returns to IBS were recommitments for new offenses. About a quarter was returned for parole violations (see **Table A-20** in appendix). Ten of the 51 boys returning to IBS ultimately went on to jail or to adult prison in Indiana.

Table 17 shows a clear pattern of greater numbers of juveniles recidivating with the passage of time for all three correctional settings. For example, going from most recent year of the study to the oldest year we find 25%, 34%, 40%, 45% and finally 61% of juveniles recidivating to IBS, jail or DOC. The pattern is the same for other operationalizations of recidivism in the table.

There are several points worth remembering when reviewing the information in the table. First, the recidivism percentages shown are likely to be conservative estimates of recidivism among boys. The search methodology followed in the study only identified boys who were subsequently convicted of a crime and incarcerated in three of Indiana's jail systems; it could not identify boys who were incarcerated in other states or the federal prison system. Nor could it account for the whereabouts of every releasee, including boys who were deceased. Second, the figures in the table only represent recidivism that occurred during the tracking period. They do not represent recidivism that eventually might materialize in the cohorts. Third, the percentages recidivating to the three correctional settings are progressively higher for earlier release cohorts. This pattern is at least partially accounted for by differences among cohorts in the time-opportunity to recidivate, that is, differences in the time releasees are on the streets. Because of this, the percentages recidivating in the earliest cohort (1984-85) may offer the best estimates of the levels of recidivism that will ultimately occur among boys released from IBS. However, there is really no way of knowing for sure if the pattern and rates of recidivism found in the earliest cohort will materialize over time in the more recent release cohorts. It is possible that changes in IBS commitment and release policies, or changes in rehabilitative programming have taken place that affect the percentages of boys recidivating in the more recent release cohorts.

•Survival Analysis of All Release Cohorts

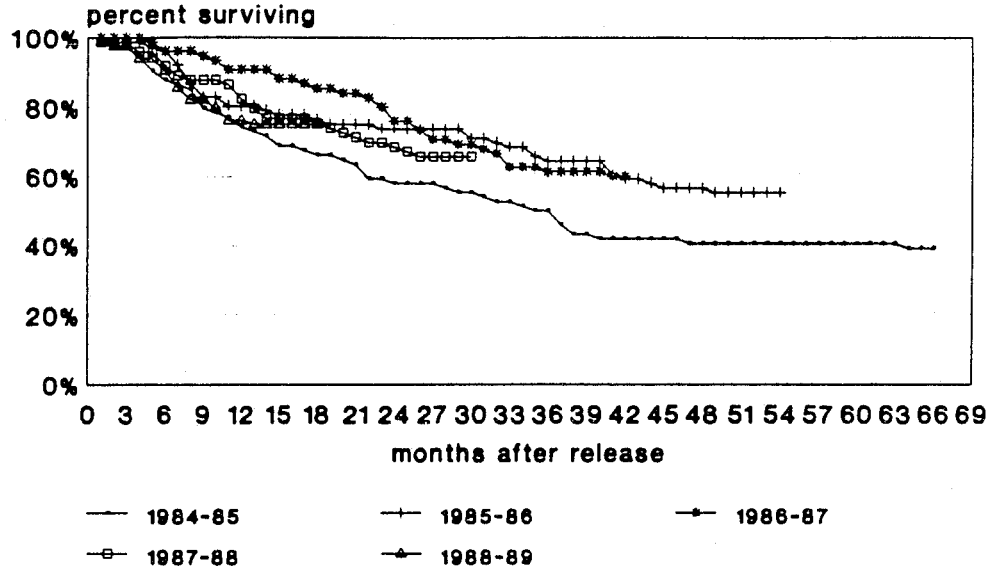
As mentioned before, fixed interval estimates of recidivism as presented in Table 17, mask the rate and pattern of recidivism among boys released from IBS. Therefore, survival displays were constructed for all cohorts in the study. These were used to compare patterns of recidivism among release cohorts and to identify time points when recidivism seemed most pronounced or appeared to subside.

First, survival curves for the various cohorts were compared to determine how closely the recidivism patterns of more recent release cohorts followed the pattern of 1984-85 cohort. While data in Table 17 show a clear pattern of progressively higher rates of recidivism for earlier release cohorts, (the highest rate being for the 1984-85 cohort), there is no way of knowing for sure if more recent release cohorts will reach the 61 percent recidivism rate of the 1984-85 cohort. Comparison of decay patterns offers some idea of whether 1984-85 recidivism experience will be mimicked by other cohorts and whether statistical information from the 1984-85 cohort might provide a reasonable basis for estimating the number of boys in the study group who may eventually recidivate.

Figure 4 graphically presents survival data for all five release cohorts. Overall, the figure shows cohorts decaying in the same general pattern, though there are differences among the five release cohorts in terms of the percentages surviving incarceration. Perhaps the most striking feature of the display is the poor performance and decay pattern of the 1984-85 release cohort relative to other groups. The 1984-85 cohort shows rapid decay in boys surviving incarceration up to about 36 months after release. At this point, half of the cohort has failed to make it on the streets. After 36 months, decay levels off and stabilizes in the cohort; only about 10 percent more of the boys return to a correctional setting beyond 36 months of release.

Figure 4

Survival Rates for 5 Cohorts Incarceration in IBS, Jail or DOC



(n=382)

As can be seen in the figure, the other four release cohorts do not precisely follow the pattern of the 1984-85 cohort. This is especially true for the 1986-87 cohort which, while behaving quite comparably to the 1984-85 cohort between 12 and 42 months, demonstrates a noticeably lower rate of decay within the first 12 months following release. However, the general pattern of decay for other cohorts more closely approximates the 1984-85 pattern in the early months following release, up to about 12 months, and thereupon begins to vary and follow that of the 1986-87 cohort. **Table 18** presents the actual percentages of boys recidivating in each cohort at six month intervals.

TABLE 18

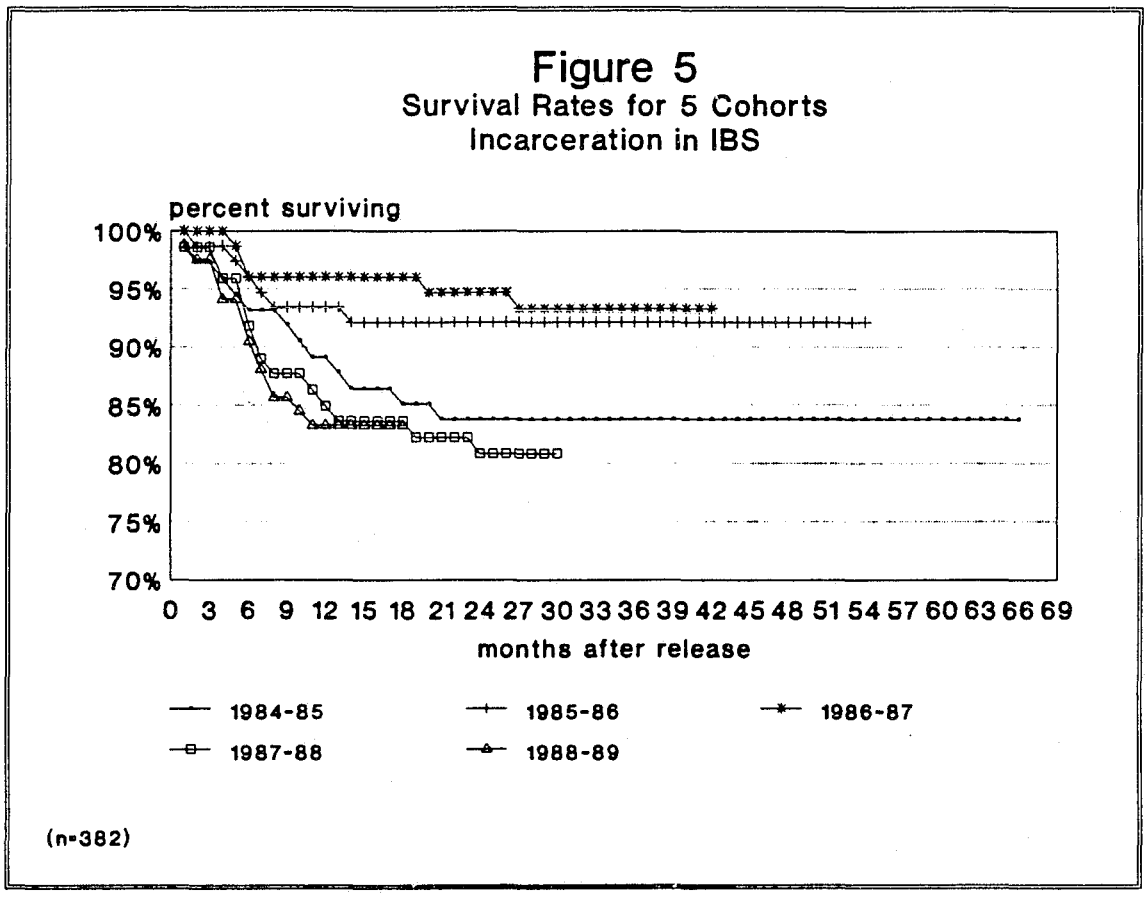
Rates of Subsequent Incarceration in
IBS, Jail, or Adult DOC for Boys Released from Indiana Boys' School

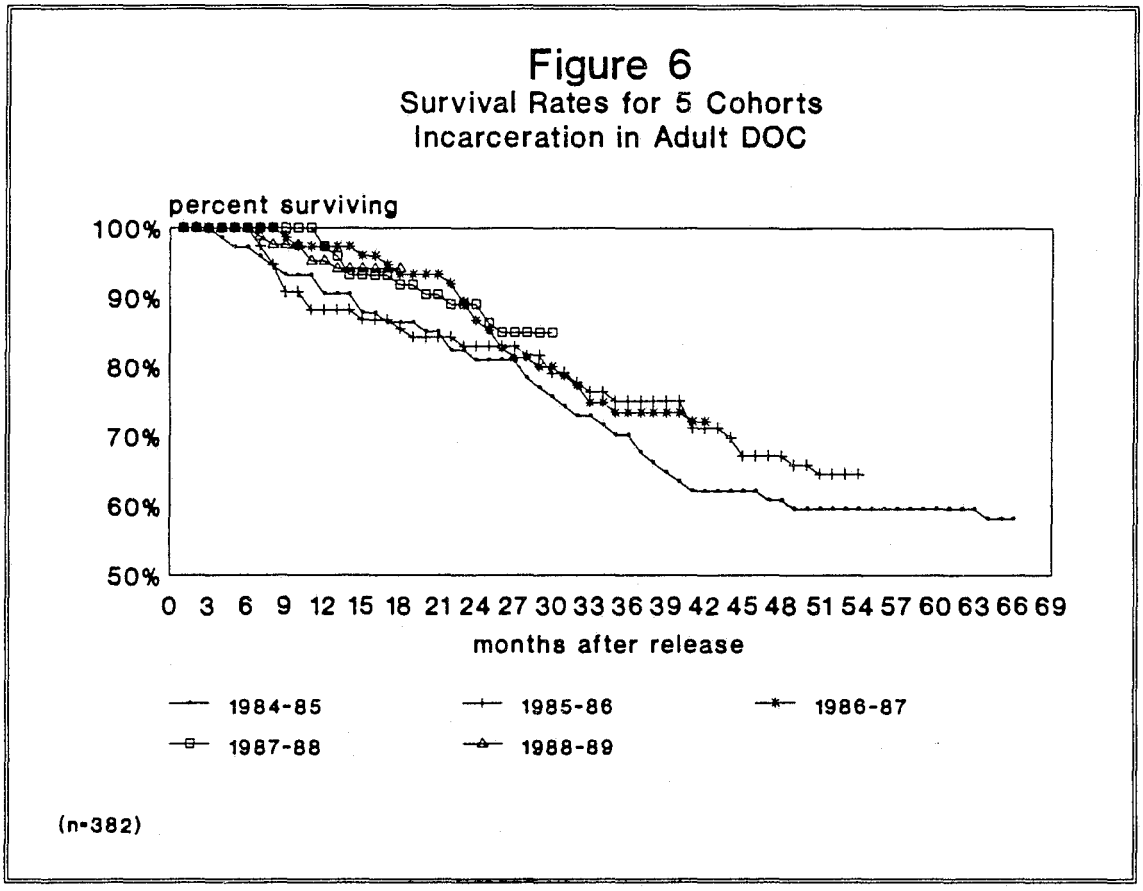
Number of Months Since Release	Percent Surviving in Release Cohort					
	1984-85	1985-86	1986-87	1987-88	1988-89	$\bar{X}$
6 months	87.8%	96.1%	96.0%	91.8%	90.5%	92.4%
12 months	74.3	80.3	90.7	82.7	76.2	80.7
18 months	66.2	76.3	85.3	75.3	75.0	75.6
24 months	58.1	73.7	76.0	68.5	-	69.1
30 months	55.4	71.1	69.3	65.8	-	65.4
36 months	50.0	64.5	61.3	-	-	58.6
42 months	41.8	59.2	60.0	-	-	53.7
48 months	40.5	56.9	-	-	-	48.7
54 months	40.5	55.3	-	-	-	47.9
60 months	40.5	-	-	-	-	-
66 months	39.1	-	-	-	-	-

As the table shows, the percentage of boys surviving subsequent incarceration is lowest for the 1984-85 release cohort for every six month interval.

In general, the comparison of decay patterns in the figure and table indicates variation and in rates of recidivism among boys for the five cohorts. Clearly, survival rates are the worst for the earliest release cohort (1984-85). This is true for all time intervals examined. For some intervals, recidivism is as much as 19 percent higher for the 1984-85 cohort than it is for other release cohorts. Consequently, the 1984-85 cohort may depict the worst case scenario in terms of recidivism and estimates of recidivism that are based on 1984-85 cohort data may tend to overestimate the number of boys who will recidivate in future years.

Survival curves were also constructed for subsequent incarceration in Indiana Boys' School and the adult part of the Indiana Department of Correction. These are presented in Figure 5 and Figure 6. A separate display for jail recidivism was not constructed because of the small number of boys traced to the three jail systems contacted in the tracking effort.





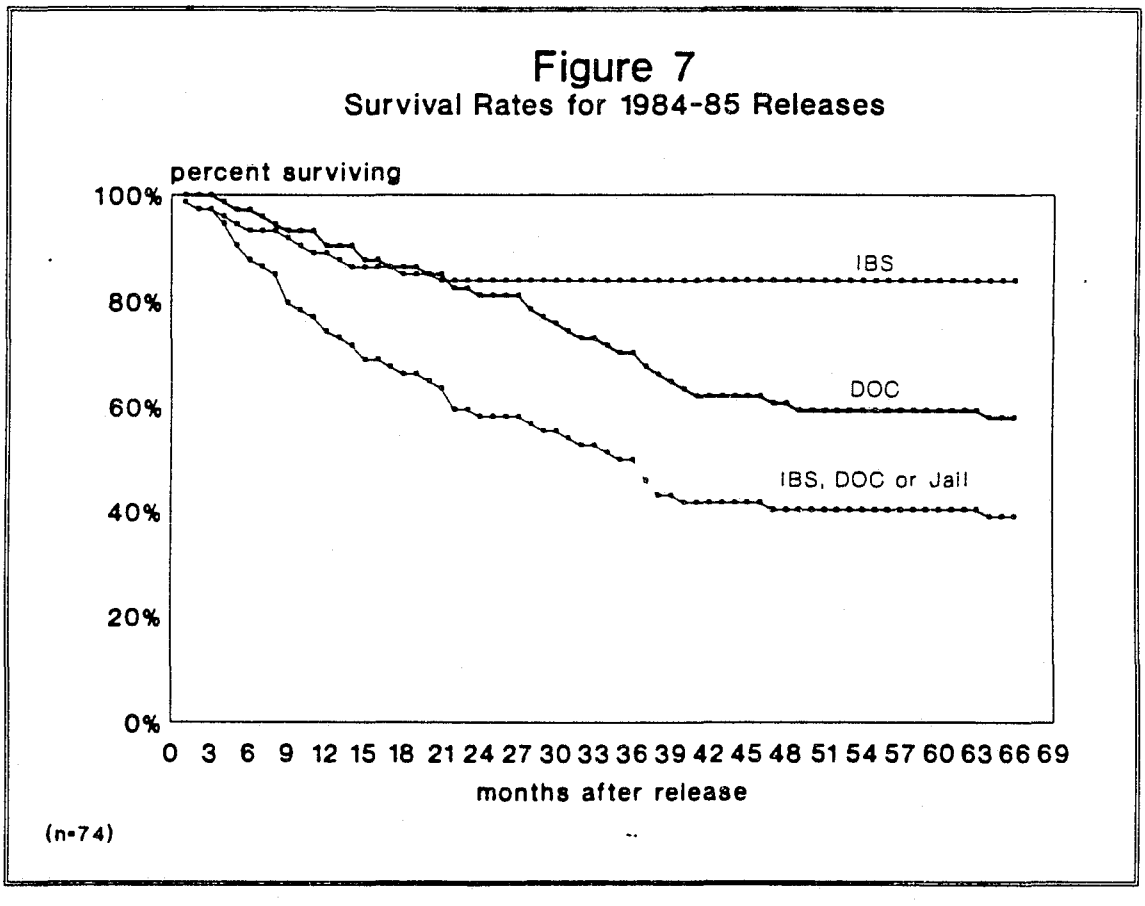
Two things are apparent from Figure 5. First, most recidivism to Indiana Boys' School occurs within 6 to 9 months following release. Thereafter, survival rates level off and stabilize at about 18 months. This pattern is due, at least in part, to boys aging out of the opportunity to return to IBS. Eighty percent of boys included in the study were 16 years or older at the time of their release. Thus, after 18 months, most of the study sample would not be eligible for return to the juvenile institution. Second, there are differences in the patterns of recidivism among the release cohorts. Recidivism in the 1985-86 and 1986-87 cohorts did not occur as rapidly or as extensively as recidivism in the other three cohorts. These groups differed in percentages of boys returning to IBS by as much as 10 percent within the first year following release.

Figure 6 shows survival rates for subsequent incarceration in adult DOC for the five release cohorts. Though the level of decay is greatest for the 1984-85 cohort because of the increased time opportunity to recidivate, the rates of decay among all cohorts are quite similar. If decay in the more recent release cohorts follows the decay pattern of the 1984-85 cohort, then one can generally expect recidivism to DOC to stabilize after about 36 to 42 months following release from IBS. By this time about 4 out of 10 boys released from IBS will be incarcerated in the adult Department of Correction.

•Survival Analysis of the Earliest (1984-85) Release Cohort

A survival analysis of boys released in the earliest study year, 1984-85, was also performed to examine patterns of recidivism over time for (1) IBS, (2) adult DOC, and (3) IBS, jail or DOC. This was the cohort for which the tracking data covered the longest period of time, (i.e., 66 months) and also the cohort with the poorest overall survival rate of the five examined.

Survival rates for the 1984-85 cohort are presented graphically in Figure 7 for (1) IBS, (2) DOC and (3) for IBS, jail or DOC. As in earlier analyses, a separate analysis of jail recidivism was not made because of the small number of boys traced to jails. The IBS survival rates displayed in Figure 7 show that 84 percent of juveniles survived subsequent incarceration in the IBS. Also, the figure shows that those boys who returned to IBS did so steadily over an 18 month period.



The DOC survival rates for the 1984-85 group are also shown in the figure. After one year, nearly 90 percent of releasees survived incarceration in DOC; after two years, nearly 80 percent; after three years about 69 percent; and after four years 60 percent survived. At the end of five and a half years, 58 percent of the sample released in 1984-85 survived incarceration in the DOC. The pattern of survival shows a steady decline over slightly more than a three and a half year period. Thereupon, the population surviving stabilizes around 60 percent.

The third curve in the figure shows survival rates for incarceration in all three settings: IBS, DOC or jail. The curve shows a rapid decay of the 1984-85 release cohort over the same three to three and a half year period. At the end of this time, only two out of every five boys released remained free from incarceration in the Boys' School, jail, or the adult Department of Correction.

•Estimates of Recidivism

Two approaches were used to estimate recidivism among boys released between July, 1984 and June, 1989. The first employed information from the entire sample of 382 boys and estimated recidivism among the 3,814 boys that occurred between July, 1984 and February, 1990 when the tracking effort ended. The second approach used sample information from the 1984-85 release cohort to estimate the level of recidivism that ultimately might be expected among the 3,814 releasees.

Using information from the sample of 382 releasees, it is estimated that 41 percent, or 1,564 of the 3,814 boys released from 1984-85 to 1988-89, returned to a correctional setting by the end of the tracking effort in February, 1990. Assuming a 95 percent confidence interval, it is unlikely that the actual number is less than 1,376 boys or more than 1,752 boys. **It is also estimated that 25 percent of releasees, or 954 boys, were incarcerated subsequently in adult facilities of the Indiana Department of Correction.** Again, assuming a 95 percent confidence interval, it is unlikely the actual number incarcerated in adult DOC was less than 788 boys or more than 1,119 boys.

Clearly, these estimates pertain only to recidivism which materialized during the tracking period and do not represent the levels of recidivism that will eventually occur among the five cohorts. Perhaps the experience of the earliest cohort offers the best clue to what levels of recidivism might ultimately be expected for boys released from IBS. Sample data for the 1984-85 cohort indicate 61 percent of boys in the 1984-85 sample were incarcerated after release in one of the three correctional settings. Given the sample size for the cohort, and assuming a 95 percent confidence interval, it is likely that somewhere between 50 percent and 72 percent of the 738 releasees in the 1984-85 cohort returned to a correctional setting. **If we extrapolate these estimates to all release cohorts in the study, this means that as few as 1,903 and as many as 2,750 boys of the 3,814 released ultimately may find themselves in a correctional setting within 5½ years of their release.** Continuing with this line of reasoning, the sample data indicate 42 percent of releasees in the 1984-85 cohort recidivated to adult DOC. Again, assuming a 95 percent confidence interval, the percent actually recidivating in the 1984-85 cohort could be as low as 31 percent or as high as 53 percent. **Again, if we extrapolate these estimates to all cohorts in the study, this means that as few as 1,182 and as many as 2,021 of the 3,814 boys released may ultimately be incarcerated in adult DOC.**

Obviously, using 1984-85 sample data to estimate recidivism among releasees in all five release years has shortcomings. The sample does not correspond directly to the population for which we are making estimates, and the sample size for the 1984-85 sample is small. In addition, graphic displays of survival for the five cohorts show some variations in the patterns and levels of recidivism between the 1984-85 cohort and the four other cohorts. Further, it is not clear whether more recent release cohorts will eventually demonstrate the same levels of recidivism as found in the earliest cohort. Yet, our knowledge of recidivism is the most complete for the 1984-85 cohort, and it is clear from the study data that recidivism rates are consistently and progressively higher for earlier release cohorts. Moreover, for reasons mentioned earlier, it is certain that all sample data for recidivism underestimate the actual extent of recidivism among releasees in all cohorts.

What Demographic, Social History, Offense and other Characteristics of Boys are Associated with Recidivism?

The previous section examined levels and patterns of recidivism for the sample of boys in order to estimate recidivism among all IBS releasees in the study timeframe. Here the analysis shifts to looking at the relationships between recidivism and demographic, social history, offense and other characteristics of boys for which data were gathered during the tracking study. Linkages between recidivism and these variables may have implications for the identification of high risk delinquents and for the development of policies seeking to increase the likelihood that boys do not return to a correctional setting after leaving IBS.

Analysis of these relationships was performed primarily using data gathered for the earliest release cohort (1984-85). As mentioned earlier, data for recidivism were the most complete for this group, since the opportunity to recidivate extended over a five year period. Bivariate analyses were performed to assess the relationships between recidivism and twenty-seven variables. These variables pertained to demographic characteristics, education, family structure, delinquency, substance use/abuse, psychological/medical treatment and Quay classification. Following this, the same bivariate relationships were analyzed controlling for race and age of boys. This second analysis was limited to the combined measure of recidivism, i.e., subsequent incarceration in IBS, jail or DOC. While all of the analyses described above were conducted using data from the 1984-85 cohort, the trends and patterns were also examined in the larger sample of 382 boys to see if there was consistency in the trends and patterns among all release cohorts.

Table 19 presents basic data from analysis of relationships between recidivism and the twenty-seven variables. The table provides information on the distribution between each variable and recidivism (chi square and the level of significance, p) and on their strength of association (Cramer's v). For this analysis, recidivism was measured three ways: (1) incarceration in IBS, (2) incarceration in adult DOC, and (3) incarceration in IBS, one of three Indiana jails, or adult DOC. As seen in the table, there is weak to moderate association (.01 to .43) between the twenty-seven variables and recidivism. About 10 percent of the 81 relationships were found to be statistically significant, i.e. $p \leq .05$.

The relationship between each presumed independent variable and recidivism was analyzed separately. These analyses are summarized below and grouped according to nine areas of interest: stay and release from IBS, race, age, education, family structure/relationships, delinquency, substance use/abuse, psychological/medical treatment, and Quay classification. Particular attention was given in the analyses to the conventional wisdom and intuition expressed by psychologists and researchers at Indiana Boys' School about the nature of relationships between recidivism and these variables.

•Length of Stay and Release From IBS

Length of Stay

Previous research on adult offenders (e.g., Willstader and Abbott, 1984) has emphasized the importance of looking at the effects of sanctions such as length of stay or time served on recidivism because of problems like institutional overcrowding. If lengths of stay have deterrent value, then one might expect lower rates of recidivism among those persons with longer stays. Also, at Indiana Boys' School there is a perception among psychologists and researchers that length of stay may be an important determinant of recidivism given the amount of time required for boys to complete treatment programs offered at IBS. A concern frequently voiced is that boys with short stays are not able to complete treatment regimes and programming that may be beneficial to them. Longer stays may provide the time needed for these boys to complete programming which, in turn, may have a positive impact on recidivism. Both of these arguments, or perspectives, suggest that boys who stay at IBS longer may, as a group, demonstrate lower levels of recidivism.

Little support for these arguments was found in the data for the 1984-85 cohort. **There was very weak to almost no association between the number of months spent at IBS prior to the sample release date and the three measures of recidivism.** Statistically, there were no differences in rates of recidivism between those with shorter lengths of stay ($\leq$ 6 months) and those with longer lengths of stay ($>$ 6 months). The greatest difference was found for recidivism measured by incarceration in an adult facility of DOC and the relationship operated in the opposite direction of what might be expected given the arguments above.

Boys whose terms were shorter showed a lower rate of recidivism than boys whose terms were longer. Fifty-six percent of boys with lengths of stay of six months or less recidivated compared with 67 percent of boys with lengths of stay of over six months. The same results were found for the entire sample of 382 boys. In general, these findings are consistent with those reported by the Bureau of Justice Statistics in a 1987 study of young parolees between the ages of 17 to 21 (U.S. Department of Justice, 1987).

TABLE 19

Results of Crosstabulations of Demographic, Social History, Offense and Other Variables with Recidivism for Boys Released in the 1984-85 Cohort (n=74)

Variable[1]	Recidivism[2]	Chi Sq.	P	Cramer's V
1. Number of months last stay in IBS	IBS	.05	.82	.03
	DOC	1.07	.30	-.12
	IBS, Jail, DOC	.86	.36	-.11
2. Release type	IBS	1.17	.28	.13
	DOC	.39	.53	.07
	IBS, Jail, DOC	1.54	.22	.14
3. Race	IBS	.36	.55	.07
	DOC	.23	.63	-.06
	IBS, Jail, DOC	3.00	.08	-.20
4. Age at first admission	IBS	12.54	.006	.41
	DOC	4.71	.19	.25
	IBS, Jail, DOC	8.46	.04	.34
5. Age at release	IBS	13.53	.001	.43
	DOC	3.82	.15	.23
	IBS, Jail, DOC	7.06	.03	.31
6. Grade level completed at first admission	IBS	5.31	.15	.27
	DOC	1.15	.77	.13
	IBS, Jail, DOC	1.79	.62	.16
7. Metropolitan reading score	IBS	.43	.51	-.08
	DOC	.93	.34	.11
	IBS, Jail, DOC	1.08	.30	.12
8. Metropolitan math score	IBS	.12	.73	-.04
	DOC	.38	.54	.07
	IBS, Jail, DOC	.94	.33	.11
9. Death of Parent	IBS	.44	.51	.08
	DOC	1.21	.27	-.13
	IBS, Jail, DOC	3.53	.06	-.22
10. Natural parents living together at first admission	IBS	.61	.43	-.09
	DOC	.32	.58	.07
	IBS, Jail, DOC	.71	.40	-.10
11. Marital status of natural parents at first admission	IBS	2.26	.32	.18
	DOC	1.39	.50	.14
	IBS, Jail, DOC	.64	.42	.11

TABLE 19 (continued)

Results of Crosstabulations of Demographic, Social History, Offense and Other Variables with Recidivism for Boys Released in the 1984-85 Cohort (n=74)

Variable[1]	Recidivism[2]	Chi Sq.	P	Cramer's V
12. At least one family member incarcerated	IBS	.05	.83	-.03
	DOC	.007	.94	.01
	IBS, Jail, DOC	.10	.76	.04
13. Parental contacts	IBS	2.69	.26	.19
	DOC	3.13	.21	.21
	IBS, Jail, DOC	.99	.32	-.12
14. Prior commitments to foster care	IBS	1.41	.24	-.14
	DOC	.20	.66	.05
	IBS, Jail, DOC	.09	.76	-.04
15. Prior commitments to group home	IBS	.33	.57	.07
	DOC	.02	.90	.02
	IBS, Jail, DOC	.003	.96	.01
16. Number of times placed in IBS	IBS	6.60	.04	.30
	DOC	1.95	.37	.16
	IBS, Jail, DOC	.40	.81	.07
17. Number of delinquent acts	IBS	.10	.76	.04
	DOC	6.15	.01	-.30
	IBS, Jail, DOC	4.99	.03	-.26
18. Offense type	IBS	1.99	.16	-.16
	DOC	1.82	.18	.16
	IBS, Jail, DOC	1.30	.25	.13
19. Assaults at IBS	IBS	.58	.45	.09
	DOC	2.69	.10	-.19
	IBS, Jail, DOC	3.58	.06	-.22
20. Alcohol abuse counseling recommended	IBS	1.36	.24	-.15
	DOC	.001	.98	-.01
	IBS, Jail, DOC	.09	.77	-.04
21. Substance abuse counseling recommended	IBS	2.86	.09	-.21
	DOC	.03	.86	.02
	IBS, Jail, DOC	.63	.43	-.10
22. Evidence of alcohol/drug use	IBS	2.07	.15	.17
	DOC	1.06	.30	.12
	IBS, Jail, DOC	2.51	.11	.20
23. Previous alcohol/drug treatment	IBS	3.11	.08	-.21
	DOC	.05	.83	-.03
	IBS, Jail, DOC	1.42	.23	-.14
24. Psychological counseling recommended	IBS	.28	.60	-.07
	DOC	3.05	.08	-.22
	IBS, Jail, DOC	3.24	.07	-.23

TABLE 19 (continued)

Results of Crosstabulations of Demographic, Social History, Offense and Other Variables with Recidivism for Boys Released in the 1984-85 Cohort (n=74)

Variable[1]	Recidivism[2]	Chi Sq.	P	Cramer's V
25. Medical/dental treatment recommended	IBS	.19	.66	-.06
	DOC	.34	.56	.08
	IBS, Jail, DOC	.34	.56	.07
26. Previous mental health treatment	IBS	.65	.72	.09
	DOC	.37	.83	.07
	IBS, Jail, DOC	.12	.94	.04
27. Quay primary classification	IBS	2.10	.55	.18
	DOC	2.65	.45	.20
	IBS, Jail, DOC	11.14	.01	.40

[1] To meet cell frequency requirements a number of the interval-level variables were recoded. Often, this was done by eliminating the extreme response categories (#4, 5, 6) or dichotomizing the variable at the median (#1, 17). For some variables (#2, 9, 11, 14, 15) a response category was eliminated because of low frequency of occurrence. The Metropolitan test scores (#7 and 8) were dichotomized: 6th grade or lower, and above 6th grade. After recoding, a few variables still had fewer than 5 cases per table cell in the analysis.

[2] The three measures of recidivism were coded as yes = 1 and no = 2.

Type of Release from IBS

While there is no generally accepted hypothesis about the nature of the relationship between the type of release from IBS and juvenile recidivism, one might argue that boys released on parole from IBS receive greater supervision than those discharged, and therefore may recidivate at a lower rate. One might also argue that greater supervision leads to greater recidivism, or more specifically, parole revocations. Indeed, there is some evidence in adult populations that increased supervision contributes to parole revocations. Neither argument, however, is borne out by the 1984-85 data. **Only weak associations were found between release type and the three measures of recidivism**. Although very weak, they tend to support the revocation argument. Boys released on parole recidivated at slightly higher rates (up to 65 percent) compared with boys discharged from IBS (up to 50 percent). Similar patterns and weak associations were found when the analysis was repeated for all 382 cases, though here the relationship between release type and recidivism (IBS, jail, DOC) was statistically significant (p=.01).

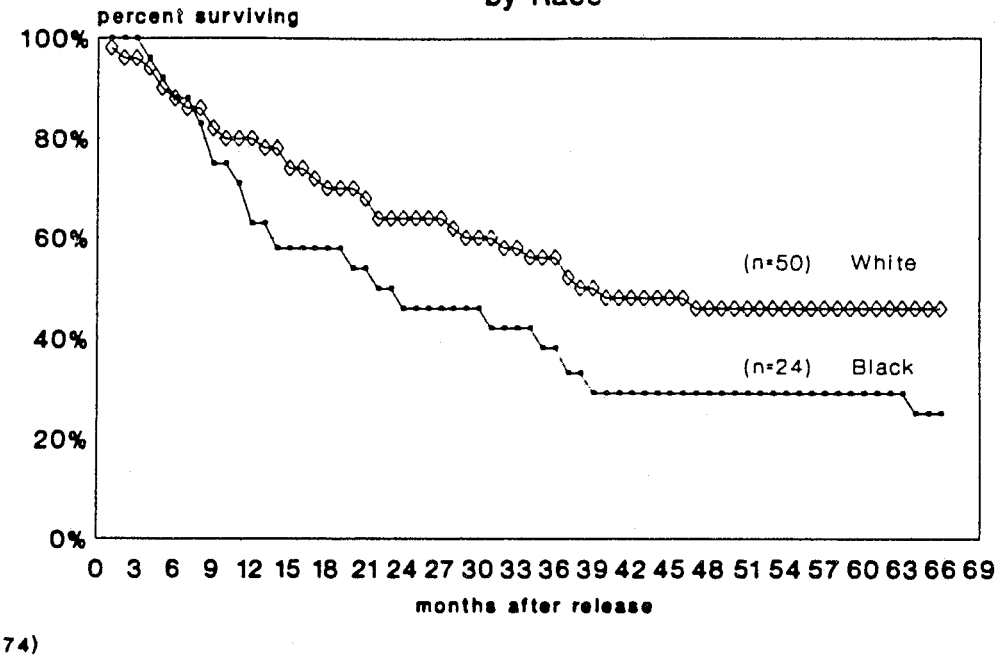
•Race

In numerous other studies, a strong association has been found between race and official criminality (Wolfgang, Thornberry, Figlio, 1987). In the Boys' School study the relationship between race and recidivism was examined and found to be significant at the .08 level for recidivism as measured by subsequent incarceration in any one of the three correctional settings. **Although the association between these variables was weak (-.20), the data showed that blacks, as a group, tended to recidivate in somewhat greater proportions than did whites. Figure 8** graphically displays the proportions of blacks and whites in the 1984-85 cohort surviving incarceration over the sixty-six months they were tracked. While both groups demonstrate steady decay for 3½ to 4 years after release, blacks show more pronounced decay in the early years than do whites. At the end of the tracking period, the figure shows 46 percent of whites surviving and 25 percent of blacks surviving.

Analysis of the relationship between race and recidivism for the entire sample of five cohorts produced similar results. Though chi square was significant (p=.03), the association between race and the third measure of recidivism (i.e., incarceration in IBS, jail or DOC) was weak (-.11). Nonetheless, as in the 1984-85 release cohort, blacks still tended to recidivate in greater proportions than did whites. Fifty percent of blacks recidivated compared with 38 percent of whites.

Figure 8

Percent of 1984-85 Cohort Surviving Incarceration in IBS, Jail or DOC by Race

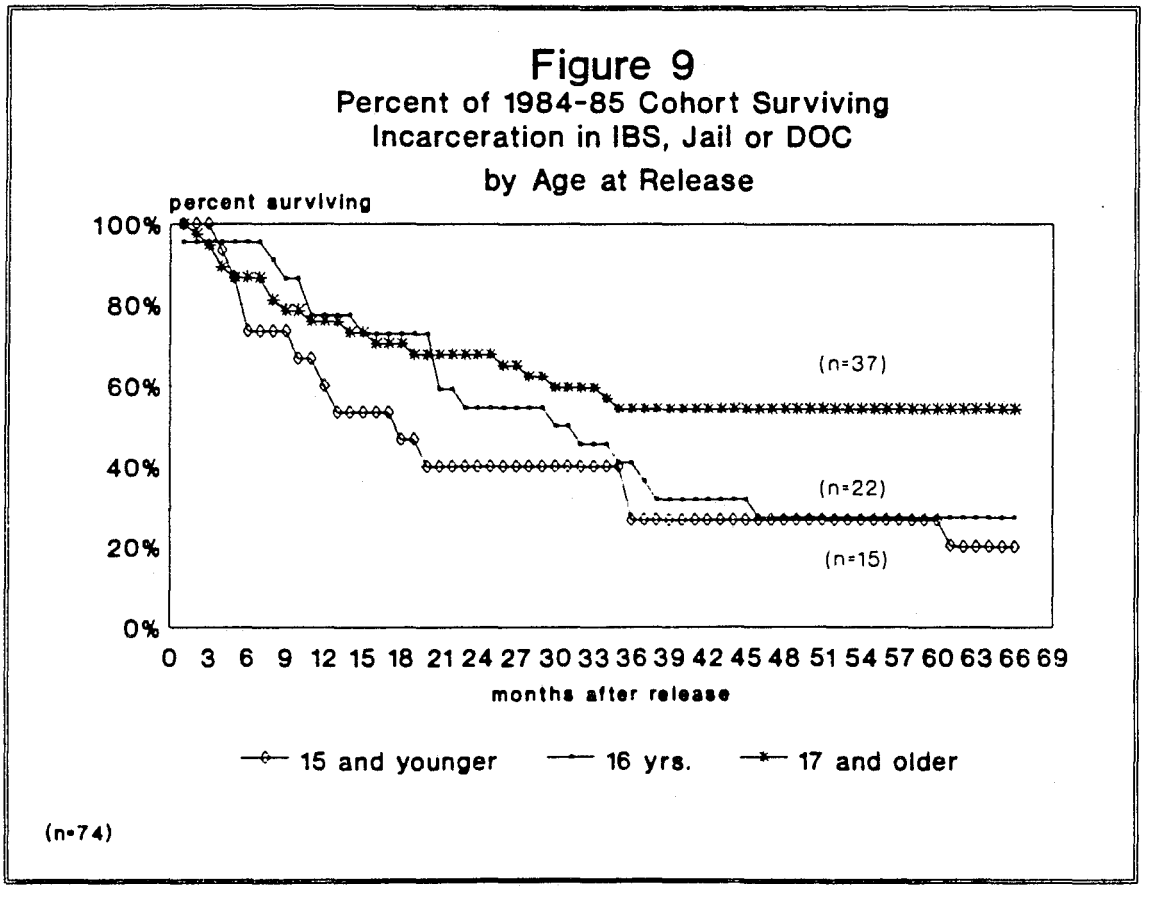


(n=74)

•Age

Many studies cite age as a critical factor affecting juvenile delinquency as well as adult criminal behavior, particularly in terms of the age distribution of offenses, the seriousness of offenses, and recidivism (Ashford and LeCroy, 1990; Bureau of Justice Statistics, 1987; Gruenewald and West, 1989). For juveniles, the age distribution of delinquent acts is remarkably similar among studies. Offense commission tends to increase from age 10 to age 16 years and declines thereafter. The relationship is curvilinear, peaking at the modal point of 16 years. Though the age variable most often examined in such studies is the age of onset of delinquency, which refers to the age when a juvenile is first arrested, data were available in the IBS study for only age at first admission to IBS and for age at release from IBS.

For the oldest cohort, age at release and age at first admission to IBS show weak (.23) to moderately strong (.43) associations with the three recidivism measures. Not surprisingly, distributions between the age variables and recidivism to IBS are statistically significant and show some of the strongest associations found in the tracking study. This is to be expected, given that subsequent commitment to IBS versus other institutions is determined to a great extent by the age of a boy.



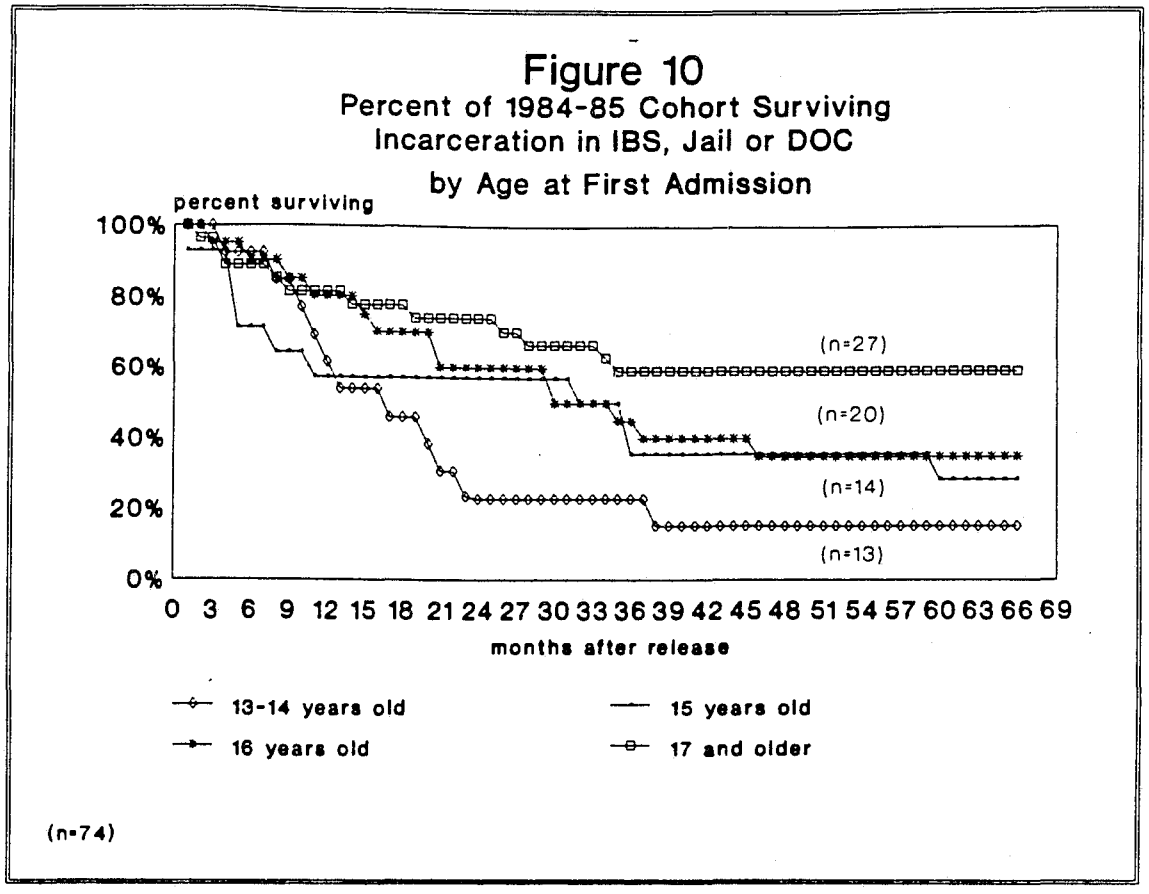


Table 19 shows that the distributions between the age variables and the combined measure of recidivism (IBS, jail, DOC) are significant and that there are moderate associations between them. **Generally, the data show that boys who are older when they are released, recidivate in smaller proportions than do boys who are younger when they are released from IBS. The same pattern holds true for age at first admission to IBS.** In the 1984-85 cohort, boys who were younger at first admission recidivated in greater proportions than did boys who were older. These relationships are displayed graphically in **Figure 9** and **Figure 10.**

Figure 9 presents a survival display of age at release for three groups ... boys 15 years or younger, boys 16 years old, and boys 17 years or older. The display shows eighty percent of the youngest group, 73 percent of 16 year-olds and 46 percent of the oldest group have recidivated by the end of 66 months. The survival display in Figure 10 for age at first admission to Indiana Boys' School follows a similar pattern with 85 percent of 13-14 year-olds, 71 percent of 15 year-olds, 65 percent of 16 year-olds, and 41 percent of those 17 years and older recidivating. In general, the data show children who are younger when admitted to IBS, or when released from IBS, recidivate in greater proportions than do children who are older when admitted or released.

The same relationships and patterns were found between the age variables and recidivism when examined in the entire sample of 382 boys. Relationships were significant ($p \leq .05$) and, again younger boys recidivated in greater proportions than did older boys.

•Education

Several studies have focused on the relationship between education and delinquency. Many of these operationalize education in terms of educational attainment, particularly along the lines of graduation from high school. Others have operationalized education in terms of participation in school as opposed to dropping-out. There is a widespread assumption that the social controls and structure provided by schools contribute to less delinquency, though there are some who challenge this assumption and point to the potential for delinquency creation in the milieu of schools (Elliot and Voss, 1974). There is also some evidence that delinquency/criminality correlates negatively with educational attainment (Rand, 1987).

In the IBS tracking study, data were gathered for three education-related variables: grade level completed at first admission to IBS, tested Metropolitan reading level, and tested Metropolitan math level. In the 1984-85 cohort, weak to somewhat moderate associations were found between these variables and the three measures of recidivism. None of the relationships was statistically significant. The strongest associations (.13 to .27) were between grade level completed at first admission and recidivism. **With the exception of the associations involving recidivism to IBS, lower levels of grade completion and lower Metropolitan scores for reading and math tended to be associated with higher rates of recidivism.**

The patterns and associations between the education-related variables and the combined measure of recidivism found in the 1984-85 cohort were also found in the entire data set. However, unlike the relationships in the 1984-85 cohort, these were statistically significant ($p \leq .05$). Boys demonstrating lower levels of educational attainment recidivated in greater proportions than did boys with higher levels of attainment. For example, 60 percent of boys who tested at the sixth grade or lower on the Metropolitan math test recidivated compared with 37 percent of boys who tested above the sixth grade level on the Metropolitan math test.

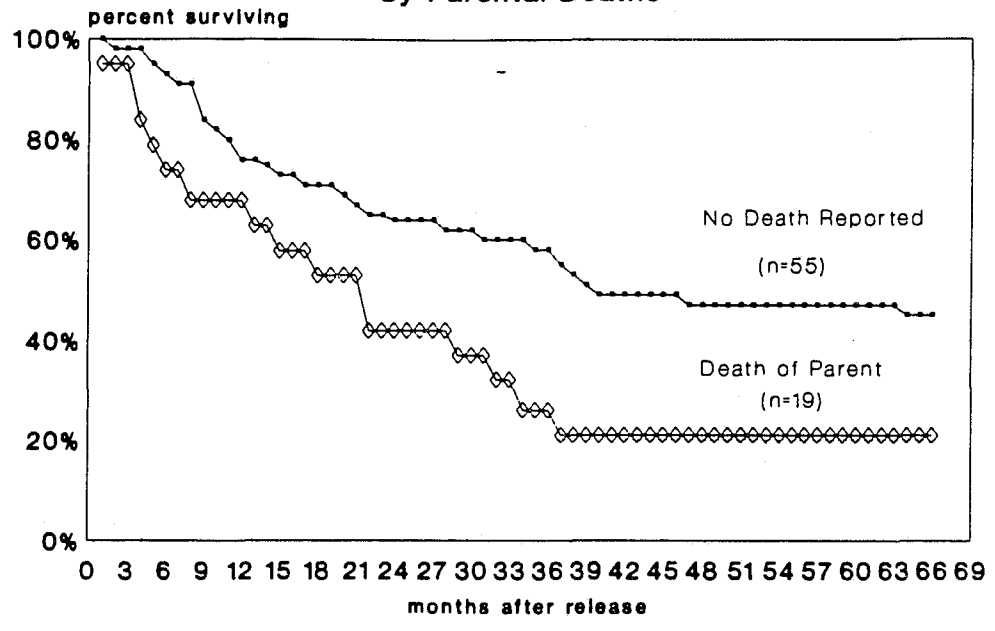
•Family Structure/Relationships

Family life events and family dynamics are viewed as important factors influencing delinquency and as strong predictors of recidivism (Rand, 1987; Ashford and LeCroy, 1990). In the IBS tracking study, data were gathered for seven variables representing aspects of boys' family environment/structure and relationships with family members. These included (1) whether natural parents lived together at the time of a boy's first admission, (2) marital status of natural parents at time of admission, (3) parental deaths, (4) contacts with parents while at IBS, (5) incarceration of family members, (6) prior commitments to group home, and (7) prior commitments to foster care.

None of these variables was found to be strongly correlated with recidivism either in the 1984-85 cohort or in the entire sample. Nor were any significant. The strongest association was for parental deaths (cv=-.22; chi=3.53; p=.06). Twenty-six percent of boys in the 1984-85 release cohort had experienced the death of at least one parent. For recidivists (to IBS, jail, DOC), 33 percent had at least one deceased parent, while only 14 percent of non-recidivists had at least one deceased parent. **Figure 11** shows the survival rates in the 1984-85 cohort for boys with, and without, parental deaths. Nearly 80 percent of those with a deceased parent recidivated compared with 55 percent of those for whom no parental death was reported.

Figure 11

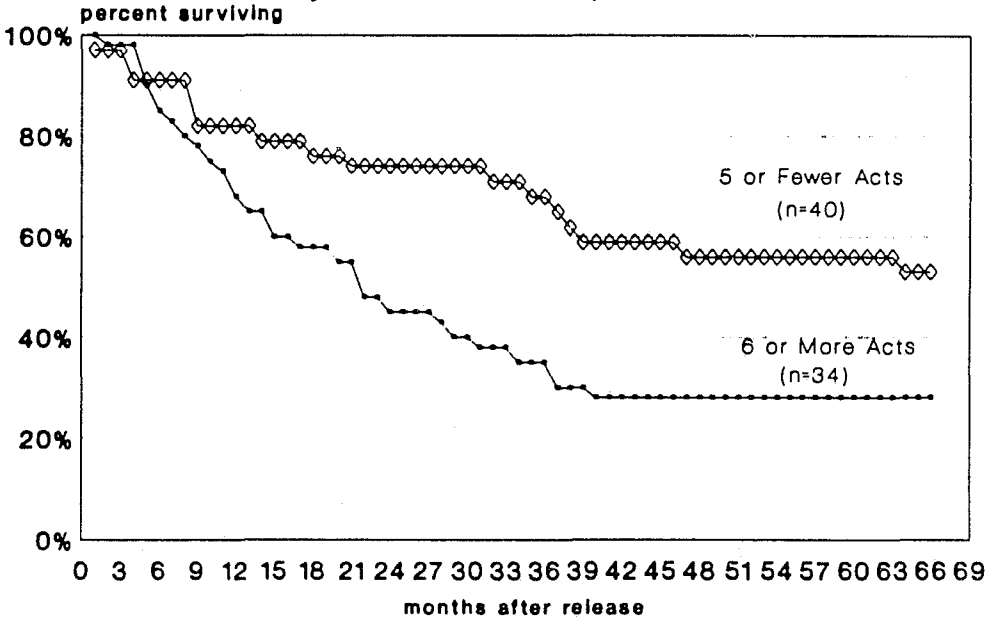
Percent of 1984-85 Cohort Surviving Incarceration in IBS, Jail or DOC by Parental Deaths



(n=74)

Figure 12

Percent of 1984-85 Cohort Surviving Incarceration in IBS, Jail, or DOC by Number of Delinquent Acts



(n=74)

Examination of the relationship between parental deaths and recidivism for all five cohorts (n=382) showed almost no association, although the direction of the relationship was consistent with that found in the 1984-85 data. Boys with parental deaths recidivated in only slightly higher proportions than did boys with no reported parental deaths.

Other family structure/relationship variables demonstrated little, if any, association with recidivism. No statistical or appreciable differences were found between boys who recidivated and those who did not for the variables pertaining to natural parents, contacts with parents, family members incarcerated, prior commitments to group home, or prior commitments to foster care. Analysis of the entire study sample revealed no associations for any of the family structure/relationship variables.

•Delinquent/Assaultive Behavior

Prior delinquency and prior criminality have been found in numerous other studies to be among the strongest correlates and predictors of recidivism. These are often operationalized as prior arrests, or as referrals and prior commitments to a correctional setting. Three variables pertaining to delinquency and one variable pertaining to assaultive behavior were examined in the Indiana Boys' School tracking study: the number of times a boy was placed in IBS, the number of delinquent acts a boy committed prior to commitment, types of delinquent offenses committed (i.e., offenses against persons versus property/status offenses), and whether or not a boy was written-up for an assault while at IBS.

In the 1984-85 cohort, three of the variables demonstrated significant distributions (at $p \leq .06$) with respect to one or more of the measures of recidivism: number of commitments to IBS, number of delinquent acts, and assaults while at IBS. Compared with associations found between recidivism and other variables in the study, these associations were moderate, with several above .25. The association between number times committed to IBS and subsequent commitment to IBS was .30. **The data indicated that boys who were committed to IBS on more than one occasion were more likely to be incarcerated in IBS again, or jail or DOC later on, than were boys who were committed to IBS only once.**

The number of delinquent acts committed prior to most recent commitment to IBS was moderately associated with recidivism to DOC (-.30) and to IBS, jail, DOC (-.26). **Boys committing fewer than six delinquent acts recidivated in smaller proportions (30% to DOC alone and 47% to IBS, jail, DOC) compared with boys committing six or more delinquent acts (71% and 73%, respectively).** **Figure 12** depicts the percentages of boys surviving incarceration (IBS, jail, DOC) by the number of delinquent acts they've committed. As shown, 53% of boys with fewer than six delinquent acts survived subsequent incarceration compared with 28 percent of boys with six or more delinquent acts.

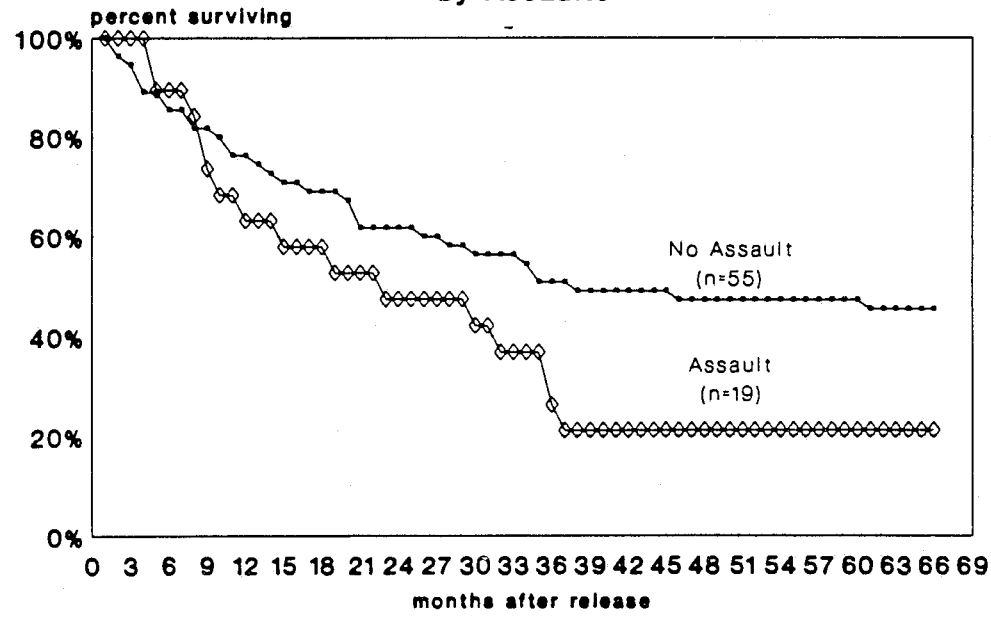
The association between assaultive behavior while at IBS and the combined measure of recidivism was -.22. **Boys who were written-up for assaults while at IBS were more likely to recidivate than boys who were not written-up.** The data showed a full third of recidivists were written up for assaultive behavior, while only 14 percent of non-recidivists were written-up. **Figure 13** displays survival rates to IBS, jail, and DOC for boys with assault records and those without them. In the 1984-85 cohort forty-five percent of boys without assaults records survived incarceration over the sixty-six months of the study, while only 21 percent of boys with assault records survived.

No significant distributions were found between offense type (person offenses v. property/status offenses) and recidivism, and associations were very weak. There were only slight differences in recidivism between boys who had committed offenses against persons and boys who had committed property or status offenses.

These relationships were also examined for all 382 releasees in the sample. The patterns and associations between recidivism and the number of commitments to IBS, the number of delinquent acts committed, and offense type mirrored those found in the 1984-85 data. This was not true for the relationship between assaults and recidivism. The weak associations found in the 1984-85 cohort disappeared altogether when examined in the entire five-cohort sample.

Figure 13

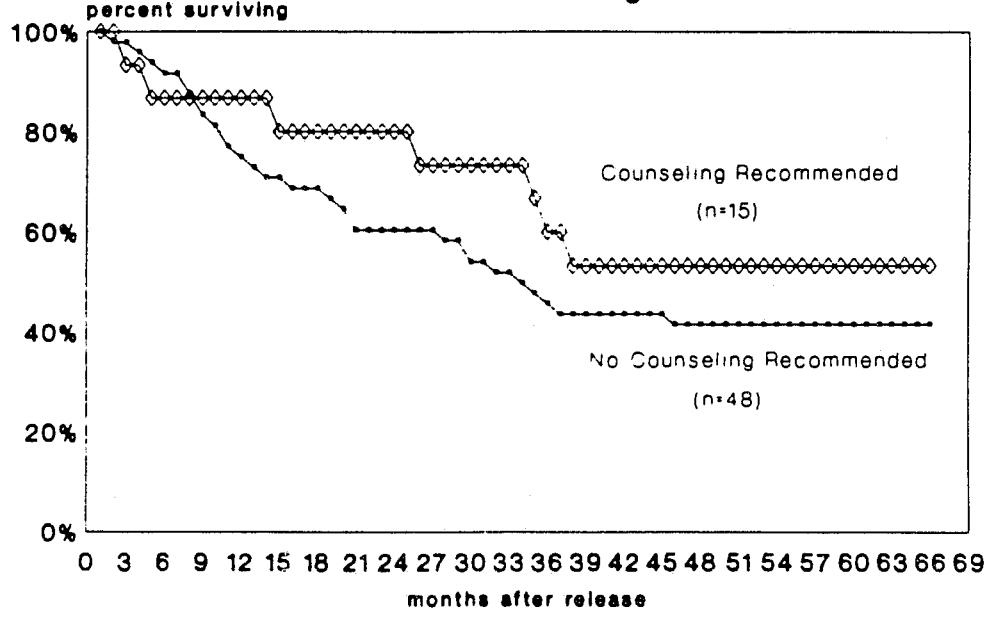
Percent of 1984-85 Cohort Surviving Incarceration in IBS, Jail or DOC by Assaults



(n=74)

Figure 14

Percent of 1984-85 Cohort Surviving Incarceration in IBS, Jail or DOC by Substance Abuse Counseling Recommended



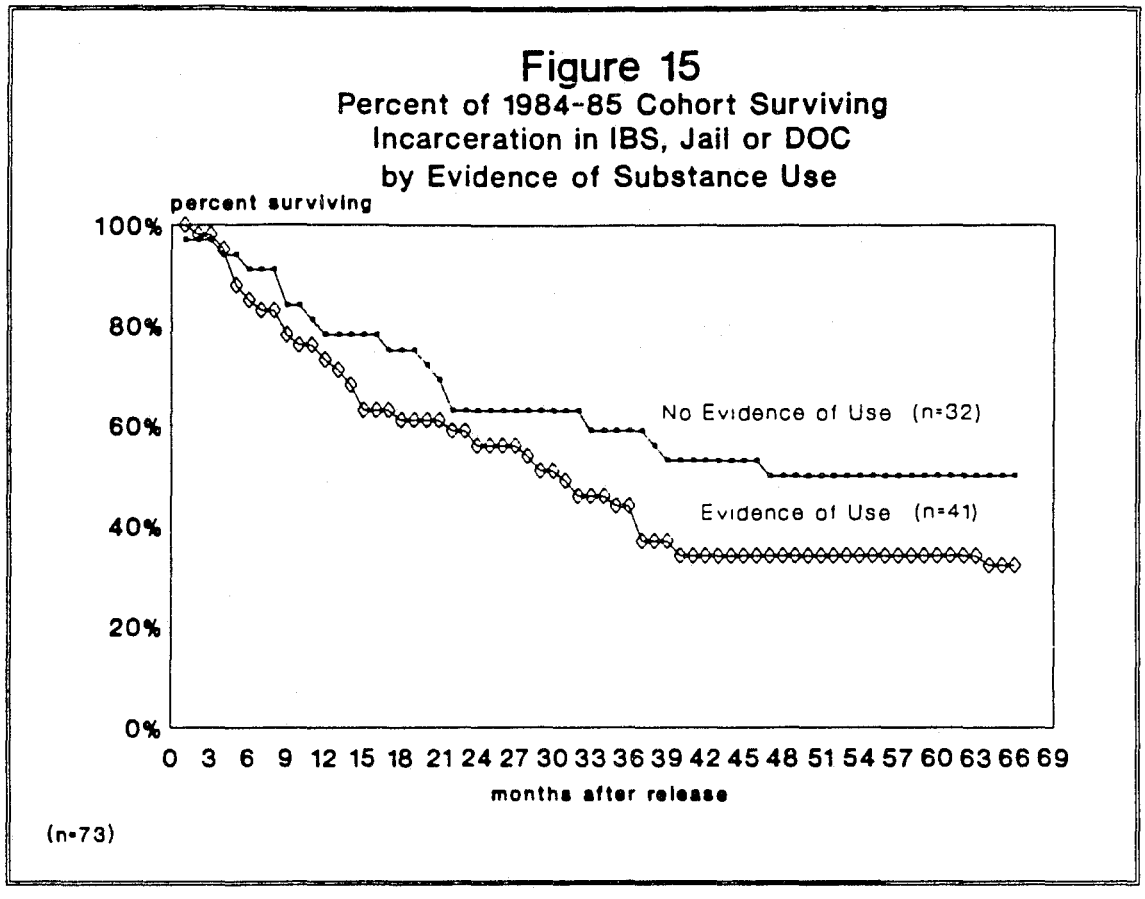
(n=62)

•Substance Use/Abuse

Recent research has linked drug abuse problems to recidivism (U.S. Department of Justice, 1992). Four variables related to the use or abuse of alcohol and other drugs were analyzed. These included one measuring the number of times that boys had previously received alcohol/drug treatment and one measuring whether any evidence of alcohol/drug use was found in boys' files (e.g., in conduct reports among delinquent offenses, or reported in presentence investigation reports). Two other measures focused on whether boys had been recommended by staff for substance abuse counseling or recommended by staff for alcohol abuse counseling at the time of admission to IBS.

In the 1984-85 cohort, correlations between these variables and recidivism were generally weak, with the strongest in the .17 to .21 range. None of the relationships were statistically significant (at $p \leq .05$). Nonetheless, the data show that boys who were recommended for substance abuse counseling or alcohol abuse counseling recidivated in slightly smaller proportions than those boys who were not recommended for counseling. Because recommendation for counseling does not mean that boys actually received any counseling or treatment, a meaningful interpretation of these patterns is difficult. **The data also show that boys whose files contain evidence of alcohol/substance use recidivate in a larger proportion (68%) than do boys whose files contain no such evidence (50%).** The relationship between previous alcohol/drug treatment and recidivism showed that 47 percent of boys who previously had received alcohol/drug treatment recidivated (to IBS, jail, DOC) compared with 64 percent of boys who had not received such treatment.

Figure 14 and **Figure 15** display survival patterns for two of the substance use/abuse variables. Figure 14 presents the survival patterns for boys for whom substance abuse counseling was recommended and for boys for whom substance abuse counseling was not recommended. Fifty-three percent of those for whom counseling was recommended survived subsequent incarceration (IBS, jail, DOC) compared with 42 percent of those boys for whom counseling was not recommended. Figure 15 presents the survival pattern for evidence of alcohol/drug use. Here, 50 percent of boys for whom no evidence of alcohol/drug use was found survived incarceration (IBS, jail or DOC), while only 32 percent of boys for whom evidence of alcohol/drug use was found survived incarceration.

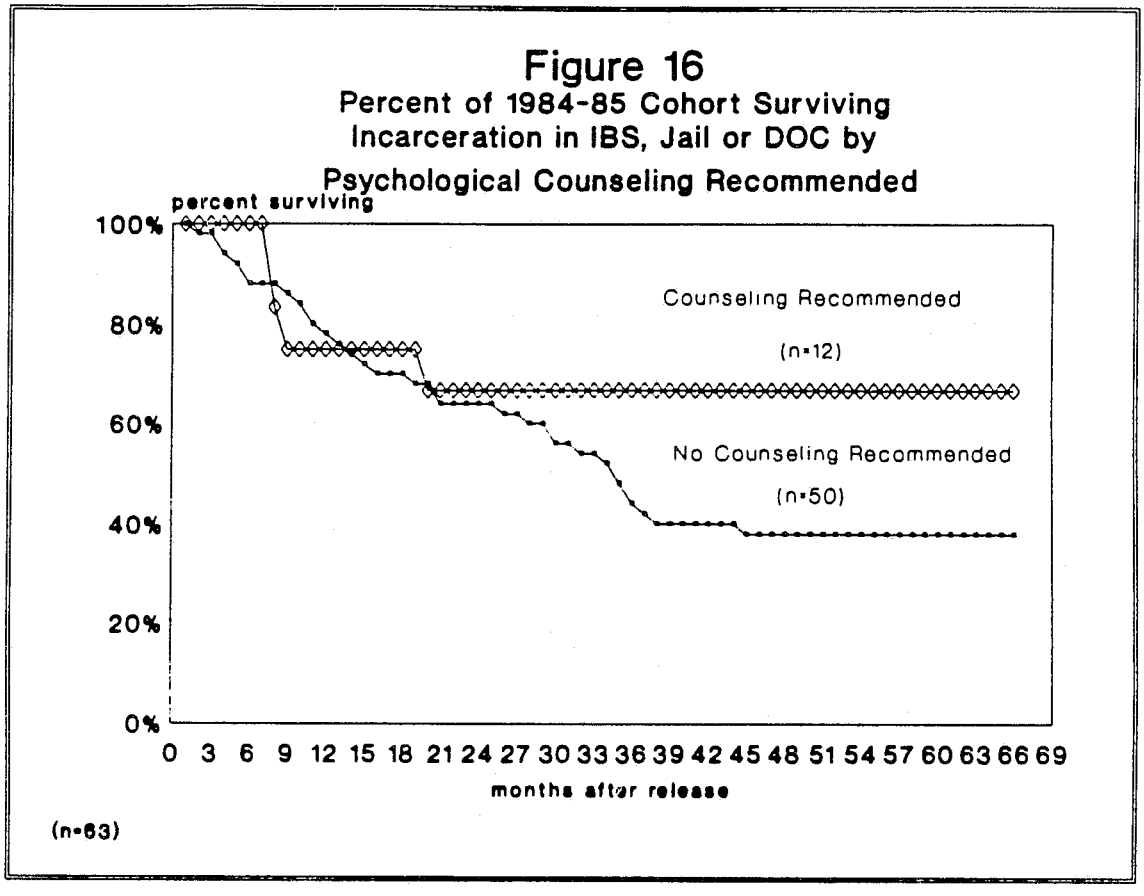


Analysis of these relationships for the entire data set revealed the same general associations and patterns. Again, there were low to no associations, and none of the relationships was statistically significant.

•Psychological/Medical Treatment

Three variables related to other types of treatment were examined with respect to recidivism. These included whether psychological counseling was recommended by IBS staff, whether medical or dental treatment was recommended, and whether boys had received mental health treatment before being committed to IBS. In the 1984-85 cohort, about 18 percent of boys had medical/dental treatment recommended while at IBS; about 30 percent had been previously treated for a mental health problem. About one-fifth were recommended for psychological counseling.

In the 1984-85 cohort there was virtually no association between recidivism and recommendation for medical/dental treatment, and between recidivism and previous mental health treatment. Only recommendation for psychological counseling demonstrated some association with recidivism and these associations were modest (-.07, -.22, -.23). **Figure 16** displays the survival pattern for boys by the psychological counseling recommendation.

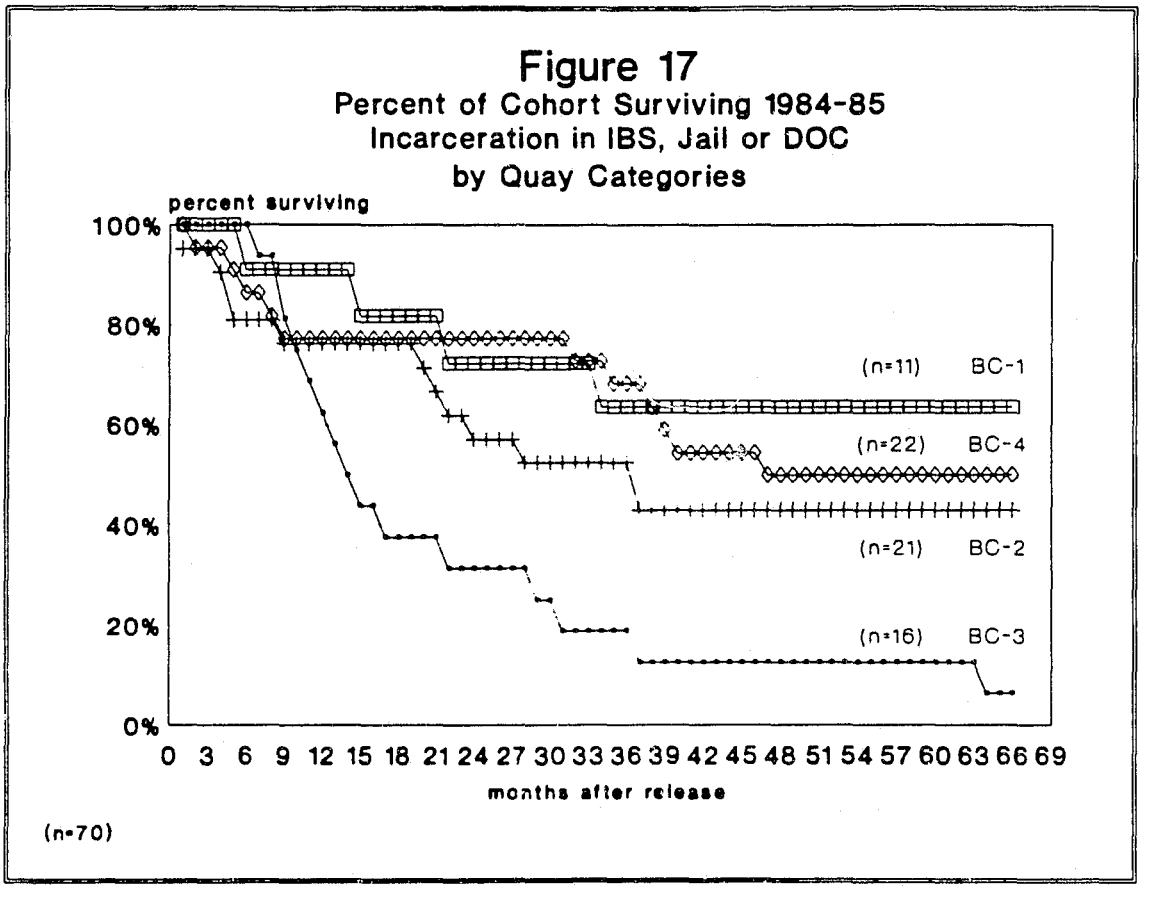


As the figure shows, boys who were recommended for psychological counseling recidivated in a smaller proportion than did boys who were not recommended for psychological counseling. Sixty-seven percent of those recommended for counseling survived subsequent incarceration in IBS, jail or DOC; however, only 38 percent of those not recommended survived subsequent incarceration. Again, because a recommendation for counseling does not necessarily mean that boys actually received counseling, interpretation of the pattern is problematic. If we assume most boys recommended for counseling received it, the figure suggests counseling has a favorable impact on recidivism.

The same patterns for these treatment variables were found in the larger sample of 382 boys. Though in the larger sample, the associations were weaker than those found in the 1984-85 cohort.

•Quay Classification

Quay behavioral classifications were also examined with respect to recidivism for the 1984-85 release cohort. The distribution was significant (p=.01), but only for the relationship between the Quay types and the overall measure of recidivism (i.e., IBS, jail, DOC). Nonetheless, the associations were among the strongest found in all of the bivariate analyses performed; they ranged from .18 to .40. **Most pronounced was the extremely large proportion of boys characterized as BC-3s who recidivated (IBS, jail, DOC). About 94 percent of BC-3s recidivated compared with 57 percent of BC-2s, 50 percent of BC-4s and 36 percent of BC-1s.** **Figure 17** shows the survival pattern for the four types in the 1984-85 cohort. As shown in the figure, BC-3s recidivated in the largest proportion compared with other groups. Only 6 percent of BC-3s survived incarceration over the 66 months of tracking compared with 43 percent of BC-2s, 50 percent of BC-4s and 64 percent of BC-1s.



In the entire sample of 382 boys, the relationship between Quay and recidivism (IBS, jail, DOC) was not significant and association was weaker than that found in the 1984-85 cohort. However, BC-3s and BC-2s still recidivated in greater proportions than did other classification categories. Forty-six percent of BC-3s and 47 percent of BC-2s recidivated compared with 40 percent of BC-1s and 33 percent of BC-4s.

Analysis of Relationships With Recidivism Controlling for Race and Age

The relationships examined in the preceding section were examined again controlling for the influence of race and age. Studies (e.g., Jones and Herrin, 1990) have shown outcomes like recidivism are conditioned by demographic characteristics of youth such as race, sex, and age. Because of the moderately strong relationship between the Quay behavioral classification types and recidivism detected in the preceding analysis, it would have been useful to control for Quay type in analyzing relationships between recidivism and other characteristics. Unfortunately, the sample size of the 1984-85 cohort could not meet the general cell requirements of this particular analysis, so it was not done. Therefore, the purpose of the control analysis was limited to finding out whether the bivariate relationships found between recidivism and social history, offense and other characteristics of boys remained the same for subgroups of boys defined by characteristics of race and age. Such differences might suggest additional action levers or targets of opportunities for policymakers to reduce recidivism.

•Race

Race was found to moderate relationships between recidivism and age, education, death of parent, substance use and Quay type. The zero-order and subgroup associations for these relationships are shown in **Table 20** below.

TABLE 20

Associations Between Recidivism and Selected Demographic, Social History, Offense and Other Characteristics of Boys Controlling for Race 1984-85 Release Cohort (n=74)

	– Cramer's V with Recidivism (IBS, Jail, DOC) –		
Variable	Zero-order	Blacks	Whites
Age at first admission	.34	.46	.32
Grade level completed at first admission	.16	.30	.14
Death of parent	-.22	.11	-.36
Evidence of substance use	.20	.32	.19
Quay type	.40	.59	.29

The association between age at first admission to IBS and recidivism was found to be stronger for blacks than for whites. A greater proportion of young black boys recidivated (100% of those under age 16) than did young white boys (67% of those under age 16). The same pattern was found to hold true for entire sample of 382 boys. Also, as shown in the table, the strength of relationships between recidivism and grade level completed at first admission, evidence of substance use, and Quay type increased for blacks when controlling for race. Eighty percent of blacks who completed the 8th grade or lower recidivated compared with 56 percent of whites. For those in the sample with evidence of substance use, 90 percent of blacks recidivated compared with 61 percent of whites. These patterns, though weaker, were also found in the larger sample of 382. Examination of the associations between Quay type and recidivism for racial subgroups revealed that blacks were classified as BC-3s (psychopathic/aggressives) and BC-4s (subcultural followers) in unusually large proportions compared with whites who tended to be more evenly classified over the four BC types. In the 1984-85 cohort, 82 percent of blacks were classified as BC-3s or BC-4s compared with 41 percent of whites. Recidivism was greatest for BC-3s, particularly black BC-3s. One hundred percent of black BC-3s recidivated compared with 86 percent of white BC-3s. Similar patterns were found in the sample of 382 boys. Here, 84 percent of blacks were classified as BC-3s or BC-4s compared with 62 percent of whites. While the rate of recidivism was highest for BC-3s among blacks, it was highest for BC-2s (neurotics) among whites. Sixty-three percent of black BC-3s recidivated compared with 37 percent of white BC-3s. Forty-seven percent of white BC-2s recidivated compared with 38 percent of black BC-2s.

Examination of the relationship between parental death and recidivism by race revealed a stronger association for white releasees than for black releasees. Eighty-five percent of white boys who had at least one deceased parent recidivated compared with 43 percent of white boys who did not have a deceased parent. The association for blacks was very weak and in the opposite direction. Generally, the patterns in the sample of 382 remained the same for whites, but were weaker, and, differing from the 1984-85 cohort findings, the direction of the relationship for blacks was now the same as it was for whites.

- **Age**

Age was found to moderate relationships between recidivism and educational attainment (math and reading test scores), parental deaths, number of delinquent acts, offense type, and substance use/treatment (evidence of substance use and previous alcohol/drug treatment). The zero-order and subgroup associations for these relationships are shown in **Table 21.**

Associations for educational variables (Metropolitan reading and math test scores) and recidivism were stronger for older boys than for younger boys. Moreover, the associations were in the opposite direction for these two age groups. Seventy-six percent of boys 16 years or younger at release returned to a correctional setting after release, while 46 percent of boys 17 years or older did the same. Of the younger boys, 61 percent of those who scored at the 6th grade or lower level on reading recidivated, and 89 percent of those who scored above the 6th grade level recidivated. For older boys the difference in the percentages recidivating for the two grade groupings was more dramatic, and the relationship between tested grade and recidivism operated in the same direction as in the zero-order association. Seventy-seven percent of older boys scoring at the 6th grade or lower in reading recidivated, while only 29 percent of older boys who scored above the 6th grade in reading recidivated. In short, older boys with higher levels of tested reading ability fared best with respect to recidivism. These patterns were similar for the other operationalization of age and for the entire sample of 382 boys.

Upon controlling for age, the relationship between parental deaths and recidivism was found to be much more pronounced for older boys. In the 1984-85 cohort, all of the boys 17 years or older at the time of release who experienced the death of a parent had recidivated; while only one-third of those who did not experience a parental death had recidivated. The relationship between the number of delinquent acts committed by boys and recidivism was also found to be moderated by age. While boys committing more delinquent acts recidivated in greater proportions than did boys committing fewer delinquent acts, differences in recidivism were more pronounced for older boys than younger boys. For example, 73 percent of boys 16 years or younger at release who committed less than six delinquent acts returned to a correctional setting compared with 77 percent of boys 16 years or younger at release who committed six or more delinquent acts. In contrast, only 26 percent of boys 17 years or older at release who committed less than six delinquent acts recidivated and 67 percent of the same age group who committed six or more acts recidivated. Thus, older boys who committed few delinquent acts fared best with respect to recidivism, while younger boys who committed many delinquent acts fared the worst.

TABLE 21

Associations Between Recidivism and Selected Demographic, Social History, Offense and Other Characteristics of Boys Controlling for Age 1984-85 Release Cohort (n=74)

Variable[1]	Zero-order	– Cramer's V with Recidivism (IBS, Jail, DOC) – 16 yrs. or younger	17 yrs. or older
Metropolitan reading score	.12	-.33	.46
		-.13	.37
Metropolitan math score	.11	-.08	.30
		-.09	.28
Death of parent	-.22	.15	-.52
		-.09	-.38
Number of delinquent acts	-.26	-.05	-.41
		-.14	-.41
Offense type	.13	.18	.11
		.34	-.15
Evidence of substance use	.20	.46	.03
		.34	.11
Previous alcohol/drug treatment	-.14	.11	-.41
		-.06	-.35

[1] For each variable the upper line of coefficients represents associations controlling for age at release from IBS, while the bottom line represents associations controlling for age at first admission to IBS.

The type of delinquent offenses committed by boys was found to be more strongly associated with recidivism when age at admission was controlled. For boys 16 years or younger at admission, 100 percent of those who committed offenses against persons were found to be incarcerated in IBS, jail or adult DOC following their release from IBS. Only 64 percent of boys committing other offenses, primarily property and status offenses, were likewise incarcerated.

Age was also found to moderate relationships between recidivism and evidence of substance use and previous alcohol/drug treatment. The relationship between evidence of substance use and recidivism was much stronger for younger boys (.46 and .34) than for older boys (.03 and .11) in the 1984-85 cohort. Ninety-five percent of boys who were 16 years or younger at release and for whom there was evidence of substance use in their background returned to a correctional setting after release from IBS; whereas, 56 percent of boys the same age, for whom there was no such evidence, returned. For older boys, there was essentially no difference in recidivism for boys with and without evidence of substance use in their backgrounds; about 44 percent of each of these groups recidivated. With respect to previous alcohol/drug treatment, the relationship between treatment and recidivism was found to be stronger among older boys than among younger boys. Older boys who had previously received alcohol/drug treatment recidivated in much smaller proportions than older boys who did not receive treatment. Both groups of older boys, regardless of treatment, fared better than younger boys with respect to recidivism.

In general, the patterns found for the relationships examined in the 1984-85 cohort were also found in the entire sample of 382 boys.

Summary

This section presented the results of the analysis of recidivism data gathered in the Boys' School tracking study. Analysis focused on two areas: estimating recidivism among boys released from Indiana Boys' School and identifying correlates of recidivism that may contribute to the development of policies for reducing recidivism among youths released from IBS.

The sample data indicated that 41 percent of boys released returned to IBS, jail or the adult Department of Correction. Based on the sample statistics and assuming a 95 percent confidence interval, it is estimated that somewhere between 1,376 and 1,752 of the 3,814 boys released from July, 1984 to June, 1989 returned to one or more of these correctional settings. It is also estimated that as many as 2,750 boys of the 3,814 boys released may eventually be incarcerated in one of these settings.

Survival displays showed most recidivism to IBS occurs in the first 6 to 9 months, and that it continues up to 18 months following release. Given the average age of boys when released, most age-out of the opportunity to recidivate to IBS within 18 months. Recidivism to other settings, i.e., jail and adult DOC, occurs over 3 to 3½ years whereupon recidivism appears to level off.

Few of the demographic, social history offense, and other characteristics of boys were found to be correlated with the three operationalizations of recidivism. The strongest associations (.3+) were found for age, delinquency and Quay behavioral type. Sample data showed younger boys recidivated in greater proportions than did older boys. Also, boys who committed relatively more delinquent acts prior to commitment to IBS recidivated in greater proportions than did boys who committed relatively fewer delinquent acts. Boys classified as BC-3 types (psychopathic/aggressives) using the Quay behavioral classification typology were found to recidivate in extremely large proportions compared with other BC types. In addition, these associations were found to be moderated by race or age of releasees. The association between age and recidivism was somewhat stronger for blacks than for whites. A greater proportion of young black boys recidivated than did young white boys. This was also true for the Quay BC-3 type. Blacks were found to be classified disproportionately as BC-3s (psychopathic/aggressives) or as BC-4s (subcultural followers); 82 percent of blacks were classified as BC-3s or BC-4s compared with 42 percent of whites. Recidivism was highest for black BC-3s; 100 percent of black BC-3s recidivated compared with 86 percent of white BC-3s.

Many other variables in the study were found to be correlated with recidivism, but not as strongly as the correlations found for age, number of delinquent acts, and Quay behavioral type. These included race, grade level completed, family structure/relationships (parental deaths and parental contact), prior commitments to IBS, assaults at IBS, substance abuse counseling recommendation, evidence of substance use, previous alcohol drug treatment, and psychological counseling recommendation. Generally, associations between these variables and recidivism fell in the .2 to .3 range.

When race and age of boys were controlled, correlations between recidivism and many of these more weakly associated variables increased substantially (to the .3 to .5 range). Race was found to influence relationships between recidivism and grade level completed, parental deaths, and evidence of substance use. The relationship between recidivism and grade level completed was found to be somewhat stronger for blacks than it was for whites; 80 percent of blacks who completed the eighth grade or lower recidivated compared with 56 percent of whites. The relationship between death of a parent and recidivism was found to be stronger for whites than for blacks, and stronger for older boys than for younger boys. With respect to substance use/ abuse-related variables, the relationship between substance use/abuse and recidivism was found to be stronger among black releasees as well as stronger among younger releasees. Ninety percent of blacks with evidence of substance use/abuse in their records recidivated compared with 61 percent of whites. Ninety-five percent of boys 16 years or younger with evidence of substance use/abuse recidivated compared with 44 percent of older boys with similar evidence.

Age was also found to be an important moderator of relationships between recidivism and a host of characteristics including parental deaths, substance use and treatment, types of delinquent offenses committed by boys, and educational attainment as measured by Metropolitan reading test scores and Metropolitan math test scores. Both Metropolitan reading and Metropolitan math test scores had stronger associations (up to .46) for older boys than for younger boys when age was controlled. For example, 77 percent of older boys scoring at the sixth grade level or lower in reading recidivated, while only 29 percent of older boys scoring above the sixth grade level recidivated.

Many other characteristics examined in the study did not exhibit any statistical association with recidivism even when controlling for race and age of boys. These include the length of time committed to IBS, type of release from IBS, whether a family member was incarcerated, prior commitments to group homes or to foster care, alcohol abuse counseling recommendation, medical/dental treatment recommendation, and previous mental health treatment.

RELATIONSHIPS BETWEEN CHARACTERISTICS OF BOYS AND RACE, QUAY CLASSIFICATION AND OFFENSE TYPE

To provide additional baseline information on boys released from Indiana Boys' School, three variables were examined in greater detail. These were race, Quay behavioral classification and types of delinquent offenses committed. Each of these variables was crosstabulated with all other variables included in the recidivism analysis. The crosstabulations were done for two groups: for all five cohorts combined and for the 1984-85 release cohort alone. Tables 22 through 24 summarize the results of this analysis.

Race and Other Characteristics

Table 22 shows the distributions of blacks and whites on 26 variables for all five release cohorts and for the earliest release cohort. As the table shows, about a third of the distributions between race and the variables were statistically significant (see note at bottom of table). These involved eight variables pertaining to education, delinquent behavior, substance use, and Quay classification.

TABLE 22

Demographic, Social History, Offense and Other Characteristics
by Race for Boys Released in the 1984-85 Cohort and for All Cohorts in the Tracking Study

	1984-85 Cohort			All Cohorts		
	Black (24)	White (50)	Total (74)	Black (103)	White (271)	Total (374)
1. Stay and Release from IBS						
Number of months last stay at IBS						
6 months or less	63%	52%	55%	50%	58%	56%
more than 6 months	37	48	45	50	42	44
Release type						
paroled	71%	70%	70%	60%	66%	64%
discharged	29	30	30	40	34	36
2. Age						
Age at release						
less than 16 years	21%	20%	20%	18%	21%	21%
16 years	38	26	30	36	27	29
more than 16 years	42	54	50	46	52	50
Age at first admission						
less than 16 years	38%	36%	37%	38%	32%	34%
16 years	25	28	27	30	30	30
more than 16 years	37	36	36	32	38	36
3. Education						
Grade level completed at first admission						
7th grade or lower	17%	32%	27%	22%	32%	29%
8th grade	25	36	32	33	33	33
9th grade	37	22	27	25	24	24
10th grade or higher	21	10	14	20	11	14

	1984-85 Cohort			All Cohorts		
	Black (24)	White (50)	Total (74)	Black (103)	White (271)	Total (374)
Tested Metropolitan Reading Level (1,2)						
6th grade or lower	58%	34%	42%	71%	42%	50%
higher than 6th grade	42	66	58	29	58	50
Tested Metropolitan Math Level (2)						
6th grade or lower	46%	34%	38%	23%	13%	16%
higher than 6th grade	54	66	62	77	87	84
4. Family Structure/Relationships						
Natural Parents						
living together	21%	28%	26%	18%	25%	23%
not living together	79	72	74	82	75	77
Marital status of natural parents						
divorced/not married	58%	54%	55%	69%	63%	65%
married	21	24	23	18	21	20
unknown	21	22	22	13	16	15
Parental deaths						
at least one deceased	25%	26%	26%	12%	14%	13%
none reported deceased	75	74	74	88	86	87
Family member incarcerated						
at least one	17%	20%	19%	19%	21%	21%
none reported	83	80	81	81	79	79
Parental contacts at IBS						
contact	96%	96%	96%	96%	99%	98%
no contact	4	4	4	4	1	2
Prior commitments to group home						
none	88%	86%	86%	86%	81%	82%
one or more	12	14	14	14	19	18
Prior commitments to foster care						
none	100%	88%	92%	97%	92%	94%
one or more	-0-	12	8	3	8	6

	1984-85 Cohort			All Cohorts		
	Black (24)	White (50)	Total (74)	Black (103)	White (271)	Total (374)
5. Delinquency/Delinquent Behavior						
Number of times placed in IBS (1)						
once	75%	62%	66%	71%	78%	76%
more than once	25	38	34	29	22	24
Number of delinquent acts committed						
less than 6 acts	42%	48%	46%	44%	46%	46%
6 or more acts	58	52	54	56	54	54
Assaults while at IBS (2)						
yes	38%	20%	26%	42%	21%	27%
no	62	80	74	58	79	73
Offense type (1,2)						
against person	54%	10%	24%	46%	18%	26%
property/status	46	90	76	54	82	74
6. Substance Use/Abuse						
Substance abuse counseling recommended - IBS (2)						
yes	11%	30%	24%	12%	36%	30%
no	89	70	76	88	64	70
Alcohol abuse counseling recommended - IBS						
yes	11%	14%	13%	6%	13%	11%
no	89	86	87	94	87	89
Evidence of previous alcohol/drug use (2)						
yes	43%	62%	56%	53%	75%	69%
no	57	38	44	47	25	31
Evidence of previous alcohol/drug abuse treatment (2)						
yes	21%	16%	18%	9%	22%	18%
no	79	84	82	91	78	82
7. Psychological/Medical Treatment						
Psychological counseling recommended						
yes	17%	20%	19%	30%	31%	31%
no	83	80	81	70	69	69

	1984-85 Cohort			All Cohorts		
	Black (24)	White (50)	Total (74)	Black (103)	White (271)	Total (374)
Medical/dental recommended treatment						
yes	11%	21%	18%	6%	8%	8%
no	89	79	82	94	92	92
Evidence of previous mental health treatment						
none reported	71%	70%	70%	62%	62%	62%
yes	29	30	30	38	38	38
8. Quay Behavioral Classification						
Primary Score (1,2)						
BC-1	4%	21%	16%	8%	12%	11%
BC-2	14	38	30	8	26	21
BC-3	41	14	23	38	25	28
BC-4	41	27	31	46	37	40

(1) $P \leq .05$ for Chi Square for 1984-85 cohort.

(2) $P \leq .05$ for Chi Square for all cohorts.

Differences in tested reading and math levels were found between black and white boys released from IBS. The data show that as a group, black boys did not score as high as white boys did on Metropolitan reading and math tests. Most blacks scored at the 6th grade or lower reading level. In contrast, most whites scored above the 6th grade reading level. Although the majority of boys in both groups scored higher than the 6th grade level in math, blacks, again, did not score as high as whites.

With respect to delinquency and delinquent behavior, racial differences were evident for two variables: assaults committed while at IBS, and the types of delinquent offenses committed by boys. As shown in the table, proportionately more blacks than whites were written up for assaultive behavior while at IBS and proportionately more committed offenses against persons. Considering all release cohorts, 42 percent of blacks were written up for assaults while at IBS and 21 percent of whites were written up for assaults. About a quarter of the boys studied had committed delinquent offenses against persons including murder, rape and robbery. Nearly half (46%) of blacks had committed such offenses compared with about a fifth (18%) of whites.

Differences were also found between blacks and whites for three variables related to substance use/abuse or substance abuse treatment. Although more than half of all blacks and whites studied demonstrated evidence of previous alcohol or drug use, proportionately more whites (75%) showed such evidence compared with blacks (53%). Similarly, greater proportions of white boys were recommended for substance abuse counseling when committed to IBS and had evidence of previous alcohol/drug abuse treatment in their official records.

Finally, differences were found in the distribution of Quay behavioral classifications by race. Proportionately more blacks than whites were classified as BC-3s (psychopathic/aggressives) and BC-4s (subcultural followers). Eighty-four percent of blacks were classified in these categories compared with 62 percent of whites. In the earliest release cohort the differences between these groups were even more pronounced.

Quay Behavioral Classification and Other Characteristics

The relationships between Quay behavioral classifications and six variables were found to be significant when examined in the five cohort sample. These variables included length of stay, age, Metropolitan reading test scores, types of offenses, substance abuse counseling recommendation, and race. **Table 23** summarizes distributional information on the relationships between Quay and the other variables in the study.

TABLE 23

Demographic, Social History, Offense and Other Characteristics
by Quay Behavioral Classification for Boys Released in the 1984-85 Cohort
and for All Cohorts in the Tracking Study

	1984-85 Cohort				All Cohorts			
	BC-1	BC-2	BC-3	BC-4	BC-1	BC-2	BC-3	BC-4
	(11)	(21)	(16)	(22)	(40)	(77)	(107)	(147)
1. Stay and Release from IBS								
Number of months last stay at IBS (2)								
6 months or less	64%	57%	37%	59%	80%	61%	47%	54%
more than 6 months	36	43	63	41	20	39	53	46
Release type								
paroled	55%	71%	75%	73%	55%	64%	68%	64%
discharged	45	29	25	27	45	36	32	36
2. Age								
Age at release								
less than 16 years	18%	9%	37%	14%	17%	14%	26%	20%
16 years	27	24	31	41	25	27	29	33
more than 16 years	55	67	31	45	57	58	45	47
Age at first admission (2)								
less than 16 years	55%	24%	37%	32%	32%	27%	40%	31%
16 years	-	24	44	36	15	29	35	33
more than 16 years	45	52	19	32	52	44	26	37
3. Education								
Grade level completed at first admission								
7th grade or lower	36%	14%	31%	27%	25%	24%	34%	26%
8th grade	18	52	25	27	25	36	33	36
9th grade	27	10	31	41	22	24	24	25
10th grade or higher	18	24	12	5	27	17	9	12
Tested Metropolitan Reading Level (1,2)								
6th grade or lower	55%	14%	69%	45%	37%	44%	60%	49%
higher than 6th grade	45	86	31	55	62	56	40	51

	1984-85 Cohort				All Cohorts			
	BC-1	BC-2	BC-3	BC-4	BC-1	BC-2	BC-3	BC-4
	(11)	(21)	(16)	(22)	(40)	(77)	(107)	(147)
Tested Metropolitan Math Level								
6th grade or lower	36%	19%	50%	45%	17%	9%	21%	14%
higher than 6th grade	64	81	50	55	82	91	79	86
4. Family Structure/Relationships								
Natural parents								
living together	9%	29%	19%	32%	32%	21%	21%	24%
not living together	91	71	81	68	67	79	79	76
Marital status of natural parents								
divorced/not married	45%	57%	75%	55%	47%	65%	73%	63%
married	9	29	12	27	27	17	19	22
unknown	45	14	12	18	25	18	8	15
Parental deaths								
at least one deceased	45%	19%	19%	23%	20%	13%	11%	14%
none reported deceased	55	81	81	77	80	87	89	86
Family member incarcerated								
at least one	36%	10%	25%	18%	17%	23%	17%	23%
none reported	64	90	75	82	82	77	83	77
Parental contact at IBS								
contact	100%	100%	94%	91%	100%	100%	96%	99%
no contact	-	-	6	9	-	-	4	1
Prior commitment to group home (1)								
none	73%	100%	69%	91%	80%	81%	79%	85%
one commitment	27	-	31	9	20	19	21	15
Prior commitment to foster care								
none	91%	90%	87%	100%	92%	90%	94%	96%
one or more	9	10	12	-	7	10	6	4
5. Delinquency/Delinquent Behavior								
Number of times placed in IBS								
one	45%	71%	81%	68%	75%	73%	78%	82%
more than once	55	29	19	32	25	27	22	18
Number of delinquent acts committed								
less than 6 acts	27%	52%	25%	59%	52%	52%	43%	44%
6 or more acts	73	48	75	41	47	48	57	56

	1984-85 Cohort				All Cohorts			
	BC-1	BC-2	BC-3	BC-4	BC-1	BC-2	BC-3	BC-4
	(11)	(21)	(16)	(22)	(40)	(77)	(107)	(147)
Assaults while at IBS				-				
yes	18%	24%	31%	27%	20%	21%	33%	29%
no	82	76	69	73	80	79	67	71
Offense type (2)								
against person	9%	29%	38%	18%	5%	26%	37%	25%
property/status	91	71	62	82	95	74	63	75
6. Substance Use/Abuse								
Substance abuse counseling recommended - IBS (2)								
yes	-	39%	21%	19%	11%	36%	30%	31%
no	100%	61	79	81	89	64	70	69
Alcohol abuse counseling recommended - IBS								
yes	11%	17%	-	19%	16%	11%	6%	15%
no	89	83	100%	81	84	89	94	85
Evidence of previous alcohol/drug use								
yes	55%	62%	62%	48%	70%	69%	68%	71%
no	45	38	37	52	30	31	32	29
Evidence of previous alcohol/drug abuse treatment								
yes	-	33%	19%	14%	22%	25%	13%	16%
no	100%	67	81	86	77	75	87	84
7. Psychological/Medical Treatment								
Psychological counseling recommended								
yes	44%	28%	14%	5%	34%	34%	33%	26%
no	56	72	86	95	66	66	67	74
Medical/dental treatment recommended								
yes	33%	17%	7%	20%	16%	8%	4%	8%
no	67	83	93	80	84	92	96	92
Evidence of previous mental health treatment								
none reported	91%	52%	69%	77%	67%	58%	61%	65%
yes	9	48	31	23	33	42	39	35

	1984-85 Cohort				All Cohorts			
	BC-1	BC-2	BC-3	BC-4	BC-1	BC-2	BC-3	BC-4
	(11)	(21)	(16)	(22)	(40)	(77)	(107)	(147)
8. Race (1,2)								
white	91%	86%	44%	59%	80%	89%	63%	68%
black	9	14	56	41	20	11	37	32

(1) P≤.05 for chi-square for 1984-85 cohort.

(2) P≤.05 for chi-square for all cohorts.

A pattern emerged upon examining the significant distributions. BC-3 types (psychopathic/aggressives) were found to differ greatly from the other three Quay behavioral types. Proportionately more BC-3s were found to be black, younger when first committed to IBS, likely to commit crimes against persons, likely to stay longer at IBS, and likely to perform at lower grade levels. The only significant distribution where BC-3s did not stand out involved substance abuse counseling. Here, BC-2s (neurotics) were most likely to be recommended for substance abuse counseling at IBS.

Offense Type and Other Characteristics

Relationships were also examined between offense type and 26 variables in the study. Offense type was measured according to whether a boy had, or had not committed delinquent offenses against persons including murder, rape and battery. Boys who committed such crimes were classified as "person-offenders", while other boys, who primarily committed property offenses, were classified as "other-offenders". **Table 24** summarizes distributional information on the 26 variables for these two groups of offenders.

TABLE 24

Demographic, Social History, and Other Characteristics
by Offense Type for Boys Released in the 1984-85 Cohort and for All Cohorts in the Tracking Study

	1984-85 Cohort			All Cohorts		
	Person Offense (18)	Other Offense (56)	Total (74)	Person Offense (100)	Other Offense (282)	Total (382)
1. Stay and Release from IBS						
Number of months last stay at IBS (2)						
6 months or less	50%	57%	55%	43%	61%	56%
more than 6 months	50	43	45	57	39	44
Release type						
paroled	61%	73%	70%	61%	66%	64%
discharged	39	27	30	39	34	36
2. Age						
Age at release						
less than 16 years	17%	21%	20%	13%	23%	21%
16 years	33	29	30	34	27	29
more than 16 years	50	50	50	53	50	50
Age at first admission						
less than 16 years	44%	34%	37%	27%	36%	34%
16 years	17	30	27	34	29	30
more than 16 years	39	36	36	39	35	36
3. Education						
Grade level completed at first admission (1,2)						
7th grade or lower	11%	32%	27%	17%	33%	29%
8th grade	28	34	32	35	33	33
9th grade	28	27	27	31	22	24
10th grade or higher	33	7	14	17	12	14
Tested Metropolitan Reading Level (2)						
6th grade or lower	50%	39%	42%	60%	46%	49%
higher than 6th grade	50	61	58	40	54	51

	1984-85 Cohort			All Cohorts		
	Person Offense (18)	Other Offense (56)	Total (74)	Person Offense (100)	Other Offense (282)	Total (382)
Tested Metropolitan Math Level (1)						
6th grade or lower	56%	32%	38%	16%	15%	15%
higher than 6th grade	44	68	62	84	85	85
4. Family Structure/Relationships						
Natural Parents						
living together	22%	27%	26%	18%	26%	24%
not living together	78	73	74	82	74	76
Marital status of natural parents						
divorced/ not married	61%	54%	55%	72%	62%	64%
married	22	23	23	16	22	21
unknown	17	23	22	12	16	15
Parental deaths						
at least one deceased	22%	27%	26%	12%	14%	14%
none reported deceased	78	73	74	88	86	86
Family member incarcerated						
at least one	11%	21%	19%	20%	21%	20%
none reported	89	79	81	80	79	80
Parental contacts at IBS						
contact	94%	96%	96%	97%	99%	98%
no contact	6	4	4	3	1	2
Prior commitments to group home						
none	83%	88%	86%	81%	83%	82%
one or more	17	12	14	19	17	18
Prior commitments to foster care						
none	100%	89%	92%	92%	94%	94%
one or more	-0-	11	8	8	6	6
5. Delinquent/Delinquent Behavior						
Number of times placed in IBS (1)						
once	61%	68%	66%	80%	76%	77%
more than once	39	32	34	20	24	23

	1984-85 Cohort			All Cohorts		
	Person Offense (18)	Other Offense (56)	Total (74)	Person Offense (100)	Other Offense (282)	Total (382)
Number of delinquent acts committed						
less than 6 acts	28%	52%	46%	45%	46%	46%
6 or more acts	72	48	54	55	54	54
Assaults while at IBS						
yes	33%	23%	26%	32%	26%	27%
no	67	77	74	68	74	73
6. Substance Use/Abuse						
Substance abuse counseling recommended - IBS						
yes	14%	27%	24%	27%	31%	30%
no	86	73	76	73	69	70
Alcohol abuse counseling recommended - IBS						
yes	14%	12%	13%	9%	13%	12%
no	86	88	87	91	87	88
Evidence of previous alcohol/drug use						
yes	53%	57%	56%	70%	69%	69%
no	47	43	44	30	31	31
Evidence of previous alcohol/drug abuse treatment (2)						
yes	22%	16%	18%	9%	21%	18%
no	78	84	82	91	79	82
7. Psychological/Medical Treatment						
Psychological counseling recommended (2)						
yes	31%	16%	19%	38%	28%	30%
no	69	84	81	62	72	70
Medical/dental recommended treatment						
yes	8%	20%	18%	5%	8%	7%
no	92	80	82	95	92	93
Evidence of previous mental health treatment						
none reported	72%	70%	70%	62%	63%	63%
yes	28	30	30	38	37	37

	1984-85 Cohort			All Cohorts		
	Person Offense (18)	Other Offense (56)	Total (74)	Person Offense (100)	Other Offense (282)	Total (382)
8. Race (1,2)						
White	28%	80%	68%	52%	80%	72%
Black	72	20	32	48	20	28
9. Quay Behavioral Classification						
Primary Score (2)						
BC-1	6%	19%	16%	2%	14%	11%
BC-2	35	28	30	20	21	21
BC-3	35	19	23	41	25	28
BC-4	24	34	31	37	40	40

1. P≤.05 for chi-square for 1984-85 cohort.
2. P≤.05 for chi-square for all cohorts.

As the table shows, significant differences between person-offenders and other-offenders were found for seven of the study variables. These consisted of length of stay at IBS, grade level completed, Metropolitan reading test scores, evidence of previous alcohol/drug abuse treatment, psychological counseling recommendation, race, and Quay behavioral classification.

As a group, boys who committed offenses against persons were likely to stay longer at IBS than boys committing other types of delinquent offenses. More than half (57%) stayed at IBS longer than six months, compared with just more than a third (39%) of other offenders. Slightly larger proportions of person-offenders completed higher grade levels than did other-offenders, but tended to score lower on achievement tests like the Metropolitan reading test. Other-offenders were more likely to have received alcohol/drug abuse treatment before being committed to IBS. Evidence of treatment was found for 21 percent of other-offenders compared with only 9 percent of person-offenders. However, proportionately more person-offenders were recommended for psychological counseling upon arriving at IBS compared with other-offenders. Blacks were found to be disproportionately represented among boys who committed offenses against persons. While blacks made up 27 percent of the entire study sample, nearly half (48%) of person-offenders were black.

With respect to Quay behavioral classifications, person-offenders and other-offenders were equally represented in BC-2 (neurotic type) and BC-4 (subcultural followers) categories. However, proportionately more person-offenders were classified as BC-3s (psychopathic/aggressives) than were other-offenders; and proportionately fewer person-offenders were classified as BC-1s (immature/impulsives) than were other-offenders.

Summary

To provide additional baseline information on releasees, this section examined three variables, race, Quay classification and offense type, and their relationships to other variables in the study. Significant distributions were found among these three variables, as well as between these three variables and many others included in the tracking study. About a third of all distributions examined were significant; most involved variables pertaining to education and substance use or substance abuse treatment.

Examination of the distributions involving race revealed that black releasees tended not to perform as well as white releasees on reading and math tests. Black releasees were also found to be more likely to be written up for assaults while at IBS and more likely to have committed offenses against persons. With regard to substance use and treatment, the data indicated whites were more likely than blacks to show evidence of alcohol or drug use, to have been treated for alcohol use or drug use prior to being committed to IBS, and to be recommended for substance abuse counseling once committed to IBS. Lastly, proportionately more blacks than whites were found to be classified as BC-3s (psychopathic/aggressives) and BC-4s (subcultural followers).

Examination of Quay classifications by other study variables showed BC-3s (psychopathic/aggressives) differed greatly from other Quay types on a number of characteristics analyzed in the study. The data revealed that BC-3s were disproportionately black, tended to be younger when first admitted to IBS, were more likely to have committed delinquent offenses against persons, were likely to stay longer at IBS, and performed at lower levels than other types on educational tests.

Analysis of delinquent offense types by other variables showed boys who committed offenses against persons (e.g., attempted homicide, rape, assault) as opposed to other types of offenses (primarily property or status offenders) were likely to stay longer at IBS, to complete higher grade levels (but score lower on math and reading tests), and were more likely to be recommended for psychological counseling at IBS. Though the majority are white, a disproportionate number of blacks were found among person-offenders. And, person-offenders were more likely to be classified as BC-3s (psychopathic/aggressives) than other types of offenders committed to IBS.

DISCUSSION OF FINDINGS AND RECOMMENDATIONS

In this section, the major findings of the tracking study are summarized and discussed. Most pertain to recidivism, youths who are likely to recidivate, and racial disparities found in the study. Findings with respect to substance use/abuse, classification and programming are also presented. Recommendations are offered with respect to the development of an automated juvenile information system at IBS, the monitoring of recidivism, programming and treatment, and future research on the clients of Indiana Boys' School.

Discussion of Findings

Who goes to Indiana Boys' School?: The study found boys committed to Indiana Boys' School were typically first-time commitments who, on average had committed about six delinquent offenses before being sent to IBS. Their offenses were most likely to include theft, burglary, or battery. Most of these boys were white, about 16 years old and had completed the eighth grade, though many were likely to possess knowledge and skills well below the grade they had reportedly completed. Most came from urban settings and from families where their natural parents were not married or not living together. About a fifth had family members who had been incarcerated. The majority of boys had some evidence of drug use/abuse in their background and there was a one in five chance they had been treated for drug abuse problems prior to arriving at IBS. Nearly 40 percent had been treated for mental health problems.

Upon arriving at Indiana Boys' School, most boys were classified as subcultural followers/gang member types (BC-4s) or psychopathic/aggressive types (BC-3s). Classification testing revealed that many suffered from educational deficiencies in reading and mathematics. Nearly three quarters were assigned to the academic school, at least on a part-time basis. Few were recommended for vocational or work assignments. IBS staff recommended that about a third of the boys be placed in drug abuse counseling and that about a third be given some form of psychological counseling.

Further analysis of the data demonstrated clearly the multiplicity and complexity of problems boys bring with them to IBS. Most boys suffered from problems and difficulties in several areas including family, substance use/abuse, mental health, and education. Ninety-six percent were identified as multiple problem youths, that is youths who had problems in two or more of these areas. The variety and number of problems experienced by boys suggest the need for a range of programmatic and treatment interventions that, given the relatively short stays at IBS (on average, less than six months), are well designed and focussed. While the study did not examine programming and treatment at IBS in any great detail, it would appear that the multitude of problems being experienced by boys and the short timeframe for addressing them are likely to undermine the effectiveness of any of the programming and treatment currently provided.

Recidivism: The study showed that large numbers of boys released from Indiana Boys' School were being incarcerated again. More than 40 percent of the boys in the study sample were traced to some part of Indiana's correctional system following discharge or parole from IBS. For reasons explained in the body of the report, this figure is certain to be an underestimate of the true extent of recidivism among IBS releasees. Recidivism may eventually exceed 70 percent in the study sample in the years to come. The study indicates that the majority of these recidivists ... as many as 2,021 of the 3,814 boys released in the five years studied ... will become clients of Indiana's adult correctional system.

It is difficult to characterize the seriousness of recidivism found among youth released from Indiana Boys' School because there are no standards or historical data with which to compare the IBS experience. Detailed studies of recidivism are not widely available for juveniles in the U.S. Those that are available, typically differ in the length of time juveniles are tracked, the subgroups studied (e.g., status offenders, chronic juvenile offenders), and the measures of recidivism employed (e.g., arrested, charged, adjudicated). **Nonetheless, observers who are familiar with the recidivism rates found in the IBS tracking study agree that they are high, and that the impact of IBS recidivists on the adult facilities of DOC is significant, particularly in light of continued growth and overcrowding in Indiana's prison population.**

The recidivism data suggest that neither confinement nor the programs and treatment offered at IBS stop many boys from becoming more deeply involved in Indiana's justice system. However, several points should be kept in mind when contemplating the levels of recidivism found and judging the programming and treatment offered at IBS. Among these is that recidivism, as measured here, is a gross indicator that points to the existence of an important public policy problem, but contributes little toward understanding its complexity. It does not take into account the more narrowly defined objectives of IBS's programming and treatment nor does it measure the successes and achievements of boys released from IBS such as staying in school, anger control, substance abuse cessation, and sustained gainful employment. Also, boys committed to IBS are not typical of Indiana youth. IBS incarcerates generally have a history of delinquent behavior and suffer from a variety of deficiencies or problems including low levels of educational attainment, broken home environments, low self-esteem and substance use or abuse. In most cases, they have been committed to Indiana Boys' School because their families, communities and the justice system have not been able to curb their delinquent behavior or effectively deal with the problems they face in their lives. They represent one of the most deeply troubled and difficult-to-help segments of Indiana's youth population.

More research needs to be undertaken that helps to define and structure the problems underlying recidivism among boys released from IBS. Only then will policymakers and correctional administrators have the level of information needed to set meaningful rehabilitative objectives at Indiana Boys' School and to shape programming and treatment interventions that are responsive to these objectives.

Apart from the magnitude of recidivism, the study also examined the timing of recidivism. Analysis showed most recidivism to IBS occurred in the first 6 to 9 months following release and that it continued for up to 18 months. Recidivism to other correctional settings occurred over a 3 to 3 1/2 year period. Upon reviewing these and other findings, particularly with regard to the problem-ridden backgrounds of boys, IBS staff believed there is a high need to provide more aftercare and intensive supervision to boys once they leave IBS and that these services should be provided using a case management approach.

High-Risk Recidivists: Besides providing concrete data on recidivism among boys released from IBS, a central purpose of the research was to provide a better understanding of the characteristics of delinquent boys who recidivated and the characteristics of boys who didn't. Specifically, the research sought to answer the question: Are there subgroups of boys who are more at risk to recidivate? Identifying subgroups of high-risk boys may enable IBS to target prospective recidivists earlier, and through programming and treatment divert them from greater involvement in the justice system.

Analysis showed several characteristics of boys were linked to recidivism. Those exhibiting the strongest linkages were age, delinquency, Quay behavioral classification, and race. **In general, recidivists tended to be boys who were younger, who committed more delinquent acts and who were classified as BC-3s (psychopathic/aggressives) using the Quay behavioral typology.** Though race by itself did not demonstrate a strong direct relationship with recidivism, it, along with age, was found to be an important defining characteristic of high-risk boys. Results of the study suggested the following groups of boys were likely to recidivate in greater proportions than other groupings of boys:

Younger boys (16 years or younger), but in particular:

- Younger boys who are black
- Younger boys who have committed many delinquent acts
- Younger boys who have committed delinquent offenses against persons
- Younger boys who have shown evidence of substance use or abuse

Boys who have committed numerous delinquent acts (6 or more delinquent acts), in particular:

- Boys who have committed numerous delinquent acts and are 16 years or younger

Boys classified as psychopathic or aggressive (BC-3s) using the Quay behavioral classification, in particular:

- BC-3s who are black

Blacks were found to recidivate in somewhat greater proportions than whites, but in particular:

- Black boys with lower levels of educational attainment
- Black boys who have shown evidence of substance use or abuse
- Black boys who are classified as psychopathic/aggressive (BC-3s)

While other characteristics of boys included in the study were linked to recidivism, none distinguished between those who recidivated and those who didn't as markedly as the characteristics outlined above. These should be taken into consideration in efforts to identify boys who are likely to be persistent offenders and in efforts to design programs that will reduce recidivism among boys released from IBS.

Racial Disparities: The study revealed differences between black and white youths in several areas including educational attainment, delinquent behavior, substance abuse/use and recidivism. Compared with whites, proportionately more blacks scored low on educational tests at admission, committed assaults while at IBS, and committed delinquent acts against persons prior to arriving at IBS. On the other hand, proportionately more whites showed evidence of substance use/abuse, as well as evidence of prior treatment for substance abuse problems. Though not statistically significant, the study also showed blacks tended to recidivate in greater proportions than did whites. Most striking however, were the distributions of blacks and whites among releasees and among categories of the classification system used at IBS. In short, these differences raise questions about the objectivity of processes that lead to the commitment of delinquents to IBS and their classification at IBS. Black boys were represented in the study in numbers that are disproportionate to their numbers in the youth population and, compared with whites, were disproportionately represented across the categories of the IBS classification system.

In 1990, black youths accounted for approximately 10 percent of youths under 18 years in Indiana, yet they accounted for 24 percent to 33 percent of boys released from IBS over the five years studied. While the study focused on releasees from, rather than commitments to IBS, there is little reason to expect the racial distribution of releasees to be substantially different from the racial distribution of commitments. To the extent these distributions are indeed similar, it appears that black boys are overrepresented among boys committed to IBS. This is true for the state as a whole as well as for the counties committing the largest numbers of boys to the Indiana Boys' School. **Black boys were two to three times more likely to be committed to IBS than would be expected given their numbers in Indiana's youth population.**

This overrepresentation needs to be explained. Unfortunately, one can only speculate about the factors or processes that may have contributed to these differences such as family background, community conditions, police apprehension practices, and court referral and disposition practices. The study offers few clues as to the reasons for the disproportionate representation. When various characteristics of juveniles were examined by race, black and white boys were found to be comparable in most respects including family background and relationships. One notable difference was apparent in the types of offenses committed by black versus white boys. Disproportionately large numbers of black boys were found to have committed offenses against persons compared with white boys. Records showed that nearly half (46%) of black youths had committed offenses against persons while only about a fifth of white youths had committed such offenses. Looking at it by type of offense, nearly half (48%) of all the boys who committed an offense against persons were black. The data also showed that black boys were more likely to be written up for assaultive behavior while at Indiana Boys' School. Whether these differences are linked to the reasons why black youth appear to be committed in disproportionate numbers remains unclear. The data do not suggest that black youths are more likely than whites to offend. But they do suggest they are more likely to be charged and adjudicated for offenses against persons and written up for assaultive behavior (see endnote 4). Nonetheless, it is unclear whether the disparities observed are due to real differences in behavior or are due to biases in the processes that lead boys to IBS.

Substantial differences in the distributions of blacks and whites were also found in the area of classification. As described in the body of the report, the IBS classification system relies on a behavioral typology that groups boys for purposes of housing and sets the stage for subsequent programming and treatment. The study data indicated there were substantial differences in the proportions of blacks and whites classified in the four behavioral categories of the classification system. Compared with whites, proportionately more blacks were classified as BC-3s (aggressives/psychopathics) and BC-4s (subcultural followers/gang member types), and proportionately fewer blacks were classified as BC-1s (immature/impulsives) and BC-2s (neurotics). BC-3s and

BC-4s are viewed by many IBS staff persons as being the more threatening or problem juveniles. Eighty-four percent of blacks were classified as these two types, and 16 percent classified as BC-1s and BC-2s. About 60 percent of whites were classified as BC-3s and BC-4s. More than 25 percent of whites were classified as BC-2s (neurotics) while only 8 percent of blacks were so classified. One consequence of the classification process appears to be that it produces concentrations of blacks and whites in housing cottages at the Indiana Boys' School. It is not clear what the implications of this situation are for boys and for programming and treatment services. Nor is it clear exactly what accounts for the differences observed in classification.

One possible explanation for the racial differences in classification is that they are due to differences in the types of offenses for which blacks and whites have been charged and adjudicated rather than due to race. Offense history is taken into consideration in determining classification scores at IBS; and the study data showed that nearly 80 percent of person-offenders were classified as BC-3s and BC-4s. Because the study data also showed disproportionate numbers of blacks were charged and adjudicated for offenses against persons, it may not be surprising that they were disproportionately represented in the BC-3 and BC-4 classification categories. However, analysis of the research data does not support this explanation. When the relationship between race and classification type was examined controlling for offense type, race was found to have an even stronger relationship with classification type among boys who had committed offenses against persons. Nearly 92 percent of black person-offenders were found to be classified as BC-3s and BC-4s, whereas only 66 percent of white person-offenders were found to be classified as BC-3s and BC-4s. Further analysis revealed the race-classification relationship was not explained by differences in the urban/rural residences of boys either.

The disparities found with respect to commitments and classification raise questions about the nature and causes of delinquent behavior among black and white juveniles, as well as questions about possible biases within juvenile justice processing. Both areas should be examined in greater depth to find out more about what accounts for these differences and to ensure that juveniles are being treated equitably in Indiana's juvenile justice system.

Substance Use/Abuse: The study provided a substantial amount of information about drug use/abuse among boys and its relationship to recidivism. **The data indicated a trend toward more boys being involved with substances in recent years.** Whereas, 58 percent of boys released in 1984-85 showed evidence of substance use/abuse in their records, 85 percent of those released in 1988-89 showed similar evidence. Also, drug use/abuse was found to be more prevalent among white boys. Higher percentages of whites showed evidence of previous alcohol/drug use and prior treatment for alcohol/drug abuse. Consistent with these findings, more whites were recommended for substance abuse counseling or alcohol abuse counseling while at IBS. **Apart from this, the data suggested substance use/abuse may contribute to recidivism.** Boys with a history of substance use/abuse were slightly more likely to return to a correctional setting following release. This was particularly true for younger boys who were drug involved and for black boys who were drug involved. In the earliest release cohort, the study showed that almost all black boys involved with substances recidivated, compared with about half of white boys involved with substances.

Based on their experiences dealing with substance use/abuse among boys at IBS, staff believe substance use/abuse problems are actually more widespread than is suggested by the study. This, they maintain, would be reflected in data gathered from files of more recent releasees because of changes in intake reporting practices that occurred in 1991.

In view of the trends in substance use/abuse among boys and the comments of staff, DOC may wish to review the adequacy of substance use/abuse treatment resources and services provided to boys at IBS. In addition, future research should be conducted on the relationship between substance use/abuse problems and recidivism among boys, and, on the effectiveness of substance abuse treatment and programming provided by IBS.

Vocational Programming: The study data showed a marked decline in the use of vocational training for boys at IBS over the five fiscal years examined. Where 41 percent of boys released in 1984-85 had been assigned to vocational training at least on a part-time basis, only 14 percent of boys released in 1988-89 were assigned to vocational training. This decline appears to be part of a longer term trend. In the 1930's there were numerous vocational courses offered in agriculture, and at least a dozen in the building trades. Today, courses are only offered in printing, horticulture and auto service. Based on our discussions with IBS personnel, the trend observed is consistent with policies and actions implemented by IBS over the years. The trend is mentioned here because of the marked change that occurred in vocational training in the relatively short timeframe of the study.

In reviewing the findings, DOC staff expressed concern about the decline of vocational programming at IBS and the increased reliance on traditional academic programming. The study findings indicate a good number of IBS boys performed poorly in schools in their home communities. DOC staff suggested many of these boys, because of their problems, would continue to experience difficulties in an academic setting, but might benefit greatly from vocational programming if it were available at Indiana Boys' School.

Recommendations

1. Monitoring Recidivism at IBS

Recidivism levels for juveniles released from DOC facilities should be monitored periodically so that policymakers and correctional administrators can identify changes in this problem area over time. Such monitoring can be accomplished through periodic studies like this one, or by expanding the range of data elements in DOC's offender information system. However, while measures of recidivism provide a general indication of the magnitude of the problem and a crude assessment of the impact of IBS on youth, they offer virtually no information that aids in assessing the performance of programming and treatment at IBS. More emphasis needs to be placed on defining the problematic situations underlying recidivism among youth and linking measurable objectives of IBS treatment and programming to these situations. The activities and outcomes of treatment and programming should then be monitored on a regular basis. This is likely to provide the most useful information to policymakers and correctional managers. It will enable them to evaluate in a more meaningful way the performance of IBS interventions. It will also enable them to manage and direct resources more effectively to accomplish the mission of the Indiana Boys' School.

2. Developing an Automated Juvenile Information System

IBS should continue its efforts to develop an automated juvenile information system that gathers and maintains data on juveniles in its care. This study offers some guidance as to the data elements which might be included in such a system and database. Most of the data elements in the study were drawn from files kept at IBS or other facilities of the Department of Correction. Many were drawn from standardized reporting forms (e.g., intake form) employed in interview and other processes. In any case, a rationale should be developed for selecting data elements to be included in the system. Apart from basic elements related to demographic, social and offense history characteristics of juveniles, the database should include elements that were found to be linked to recidivism in this study and elements that pertain to the processing (e.g., classification), programming and treatment of juveniles at IBS. Particular emphasis should be placed on identifying and including data elements that provide more policy-useful information about juvenile participation in and completion of programs.

Efforts should be stepped up to design a relational database in this system that can be used for both management and research purposes. While a relational database is currently under development at IBS, it is being developed on an ad hoc basis and with few resources. Adequate resources should be made available to design and program the database, and to acquire hardware to support the data entry, maintenance and retrieval system. It may be cost-effective to establish a personal computer network at juvenile institutions for entering data and maintaining the database. The network should be capable of being linked to the offender information system maintained by the Information Management Services Division of DOC.

3. IBS Programming and Treatment

The study provides little basis for specific recommendations concerning new and existing programs it IBS. The evidence and views of staff on the decline of vocational programming suggest it might be worthwhile to reassess the need for a more extensive vocational curriculum than is presently available. The increased reliance on academic school for a clientele that has a poor history of academic performance may exacerbate, rather than ameliorate the problem of recidivism. DOC should also consider expanding the treatment and programming function to the post-release period. Given the high rate of recidivism

in the first six to nine months following release, intensive supervision or aftercare may ameliorate recidivism and promote successful reintegration of juveniles. DOC should consider trying this approach on an experimental basis.

Apart from this, efforts to modify or develop programming and treatment should consider the characteristics that identified boys in the study who were more likely to recidivate -- age, delinquent history, and classification type. Knowledge of these characteristics may be helpful in targeting programming and treatment at IBS.

4. **Future Research**

Recidivism: Qualitative research should be conducted to explore the reasons underlying recidivism among youth released from DOC's juvenile institutions. While this study identified several characteristics of boys that seem to be associated with recidivism, further systematic research is needed to elaborate the reasons and circumstances which lead youth to continue on a path of delinquency. This may be accomplished best through interviews with youth who return to correctional settings and with those who don't, as well as through interviews with professionals who deal with these youths and their problems. Such research is likely to be of great use to policymakers and program administrators in their efforts to divert juveniles from further involvement in the justice system.

Strategic Planning for Programming and Treatment: A strategic planning effort should be undertaken to specify the objectives of programming and treatment and their relationship to the overall mission of the Indiana Boys' School. While programming and treatment were not specifically assessed in this study, it became apparent during the research that it would be hard, if not impossible, to evaluate the performance of such programs because of difficulty in specifying their objectives and the processes they employ. Once the objectives and program processes are clarified, it will be possible to conduct meaningful performance evaluations of these programs.

Racial Disparities: The study findings raise questions about the processes surrounding the commitment and classification of boys sent to IBS. Research should be conducted to learn more the reasons disproportionate numbers of black boys appear to be committed to IBS. Such research should focus on the environment where delinquency occurs, differences in delinquency between blacks and whites, and the arrest, charging and adjudication processes leading to commitment. Research should also be conducted to determine the reasons black and white boys are represented in substantially different proportions in the classification system's behavioral categories. Further research is needed in both of these areas to ensure that all juveniles are being treated equitably in Indiana's juvenile justice system.

Substance Use/Abuse: Lastly, additional research should be conducted on substance use/abuse by juveniles committed to IBS and the relationship of substance use/abuse to recidivism. Information on the nature of substance involvement (e.g., consumption, dealing) and the types of substances with which IBS juveniles are involved should be helpful in shaping and directing substance abuse programming in the juvenile institutions. Also, research should be conducted that further examines the influence substance use/abuse has on recidivism and the effect that the substance use/abuse programming has on the attitudes and behaviors of juveniles released from DOC institutions.

APPENDICES

APPENDIX A

Tables Related to Demographic, Social, Offense,
and Recidivism Characteristics of the Study Sample

TABLE A-1

Race of Boys in Tracking Study
1984-85 through 1988-89

Race	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
White	67%	73%	75%	70%	70%	71%
Black	33	26	24	26	27	27
Other	--	1	1	4	3	2
Total	100%	100%	100%	100%	100%	100%
(n)	(73)	(76)	(75)	(73)	(83)	(380)

TABLE A-2

Age at First Admission to Indiana Boys' School
1984-85 through 1988-89

Age at First Admission	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
12	--	--	1%	--	--	1%
13	4%	1%	1	4%	5%	3
14	14	12	8	8	12	11
15	17	17	24	14	21	19
16	28	32	28	41	25	30
17	28	34	22	25	22	25
18*	9	4	16	8	15	11
Total	100%	100%	100%	100%	100%	100%
(n)	(73)	(76)	(75)	(73)	(83)	(380)

mean: 15.96 yrs.
median: 16 yrs.
range: 12 to 18 yrs.
std. error: .065

* Occasionally it happens that boys are committed by the courts to IBS when they are 17 years old, but then turn 18 years prior to actually arriving at IBS.

TABLE A-3

Highest Grade Level Completed at First Admission
1984-85 through 1988-89

Highest Grade Level Completed	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
5th	1%	3%	--	3%	2%	2%
6th	14	5	8%	10	16	11
7th	12	14	15	23	17	16
8th	32	34	42	29	30	34
9th	28	30	26	20	20	24
10th	12	11	5	4	10	10
11th	1	4	4	1	5	3
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(74)	(74)	(72)	(82)	(374)

mean: 8.11
median: 8th grade
range: 5th through 11th grade
std. error: .067

TABLE A-4

Marital Status of Natural Parents
1984-85 through 1988-89

Marital Status of Natural Parents	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
Married	23%	22%	21%	23%	15%	21%
Divorced	46	61	59	60	73	60
Never Married	10	1	9	1	1	4
Other *	21	16	11	16	11	15
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(76)	(75)	(74)	(83)	(380)

* Other situations affecting the marital status of the natural parents include a variety of circumstances such as death of a spouse, adoptive arrangements or other such situations.

TABLE A-5

Natural Parents Living Together at First Admission
1984-85 through 1988-89

Natural Parents Living Together	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
Yes	25%	24%	29%	25%	16%	24%
No	75	76	71	75	84	76
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(76)	(75)	(73)	(83)	(379)

TABLE A-6

Deaths in Immediate Family *
1984-85 through 1988-89

Deaths in Immediate Family	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
One parent	25%	16%	8%	7%	7%	13%
One significant other	--	--	1	--	4	1
None	75	84	91	93	89	86
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(76)	(75)	(74)	(83)	(380)

* Immediate family and significant others include grandparents, parents, siblings.

TABLE A-7

At Least One Family Member Incarcerated *
1984-85 through 1988-89

At Least One Family Member Incar-cerated	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
Yes	19%	20%	24%	14%	24%	20%
No	81	80	76	86	76	80
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(76)	(75)	(74)	(83)	(380)

* Family member includes only parents, grandparents, siblings, uncles, aunts, and cousins.

TABLE A-8

Number of Prior Placements in Group Home
1984-85 through 1988-89

Number Times Committed To Group Home	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
One time	10%	9%	13%	15%	16%	13%
Two times	1	3	9	1	2	3
Three times	--	--	3	1	2	1
Four times	3	--	--	--	--	1
None reported	86	88	75	83	80	82
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(76)	(75)	(74)	(83)	(380)

TABLE A-9

Number of Prior Placements in Foster Care
1984-85 through 1988-89

Number Times Committed to Foster Care	Release Cohort					
	1984-85	1985-86	1986-87	1987-88	1988-89	All
One time	6%	3%	2%	3%	5%	3%
Two times	--	1	3	1	1	1
Three times	1	--	1	3	--	1
More than three times	--	--	1	--	--	1
None reported	93	96	93	93	94	94
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(76)	(75)	(74)	(83)	(380)

TABLE A-10

Total Number of Delinquent Acts
1984-85 through 1988-89

Delinquent Acts	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
1	3%	--	4%	1%	1%	2%
2-3	15	12%	12	17	13	14
4-5	27	31	24	31	39	30
6-7	19	32	27	23	19	24
8-9	21	16	15	15	15	16
10-11	13	4	13	10	12	10
12-13	1	3	1	3	--	2
More than 13 acts	1	2	4	--	1	2
Total	100%	100%	100%	100%	100%	100%
(n)	(72)	(76)	(75)	(74)	(83)	(380)

mean: 6.22 acts
median: 6 acts
range: 1 through 17 acts
std. error: .144

TABLE A-11

Age at Release
1984-85 through 1988-89

Age at Release	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
13	2%	--	1%	--	2%	1%
14	7	1	24	4	8	5
15	11	17	16	11	15	14
16	29	24	31	38	24	29
17	40	51	36	40	40	41
18	11	7	12	41	1	9
21	--	--	--	3	--	1
Total	100%	100%	100%	100%	100%	100%
(n)	(73)	(76)	(75)	(73)	(83)	(380)

mean: 16.34 years
median: 17 years
range: 13 through 21 years
std. error: .057

TABLE A-12

Number of Times Incarcerated at IBS Before Sample Release Date
1984-85 through 1988-89

Number of Commitments	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
One time	66%	74%	83%	85%	76%	76%
Two times	28	18%	13	14	20	19
Three times	6	8	3	1	4	4
Four times	--	--	1	--	--	1
Total	100%	100%	100%	100%	100%	100%
(n)	(73)	(76)	(75)	(74)	(83)	(381)

mean: 1.28 times
median: 1 time
range: 1 through 4 times
std. error: .028

TABLE A-13

Number of Months Incarcerated During Sample Commitment
1984-85 through 1988-89

	Release Cohort					
Commitment	1984-85	1985-86	1986-87	1987-88	1988-89	All
3 or fewer months	26%	15%	15%	7%	15%	15%
4-6 months	29	45%	46	45	38	41
7-9 months	22	23	18	30	29	25
10-12 months	16	12	21	8	7	13
More than 12 months	7	5	--	10	11	6
Total	100%	100%	100%	100%	100%	100%
(n)	(73)	(76)	(75)	(73)	(83)	(380)

mean: 6.78 mos.
median: 6 mos.
range: 1 through 36 mos.
std. error: .197

TABLE A-14

Type of Release
1984-85 through 1988-89

Release Type/ Most Recent Commitment	Release Cohort					
	1984-85	1985-86	1986-87	1987-88	1988-89	All
Parole	70%	67%	65%	66%	55%	64%
Discharge	29	33	35	34	45	35
Other	1	--	--	--	--	1
Total	100%	100%	100%	100%	100%	100%
(n)	(73)	(76)	(75)	(73)	(83)	(380)

TABLE A-15

Persons to Whom Released at Sample Release
1984-85 through 1988-89

Persons To Whom Released	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
Both Parents	19%	28%	36%	19%	22%	25%
One Parent	67	58	53	75	57	62
Sibling	3	3	--	1	1	2
Grandparents	3	4	6	--	7	4
Other	8	7	5	5	13	7
Total	100%	100%	100%	100%	100%	100%
(n)	(73)	(76)	(75)	(72)	(83)	(379)

TABLE A-16

Crimes Resulting in DOC Incarceration
1984-85 through 1988-89

Crimes Resulting in Subsequent DOC Incarceration	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
A Felony	--	--	--	--	--	--
B Felony	18%	43%	22%	17%	40%	27%
C Felony	39	22	45	25	--	31
D Felony	35	35	33	58	60	40
A Misdemeanor	4	--	--	--	--	1
B Misdemeanor	4	--	--	--	--	1
C Misdemeanor	--	--	--	--	--	--
Total	100%	100%	100%	100%	100%	100%
(n)	(28)	(23)	(18)	(12)	(5)	(86)

TABLE A-17

Total Times Incarcerated as Adult in DOC
1984-85 through 1988-89

Total Times Incarcerated as Adult	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
One time	80%	85%	95%	100%	100%	88%
Two times	20	15	5	--	--	12
Total	100%	100%	100%	100%	100%	100%
(n)	(30)	(27)	(21)	(12)	(5)	(95)

mean: 1.12 times
median: 1 time
range: 1 through 2 times
std. error: .033

TABLE A-18

Crimes Resulting in County Jail Incarceration
1984-85 through 1988-89

County Jail Incarceration by Type of Crime	Release Cohort					
	1984-85	1985-86	1986-87	1987-88	1988-89	All
A Felony	--	--	--	--	--	--
B Felony	--	--	--	--	--	--
C Felony	100%	--	--	--	--	50%
D Felony	--	50	--	--	--	25
A Misdemeanor	--	--	--	--	--	--
B Misdemeanor	--	50	--	--	--	25
C Misdemeanor	--	--	--	--	--	--
Total	100%	100%	100%	100%	100%	100%
(n)	(1)	(2)	(--)	(--)	(--)	(3)

TABLE A-19

Number of Times Incarcerated at IBS After Sample Release Date
1984-85 through 1988-89*

Number of Times Incarcerated	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
One time	82%	66%	80%	100%	92%	88%
Two times	18	17	20	--	8	10
Three times	--	17	--	--	--	2
Total	100%	100%	100%	100%	100%	100%
(n)	(11)	(6)	(5)	(14)	(13)	(49)

* Fifty-one boys were incarcerated in IBS again. Data were not available for two of these boys.

mean: 1.14 times
median: 1 time
range: 1 through 3 times
std. error: .056

TABLE A-20

Parole Violators and Recommitments to IBS
1984-85 through 1988-89*

Parole Violators and Recommitments to IBS	Release Cohort 1984-85	1985-86	1986-87	1987-88	1988-89	All
Parole Violators	27%	17%	--	8	46%	24%
Recommitments	73	83	100%	92	54	76
Total	100%	100%	100%	100%	100%	100%
(n)	(11)	(6)	(5)	(13)	(13)	(48)

* Fifty-one juveniles were incarcerated in IBS again. Data for two juveniles are incomplete for this variable.

APPENDIX B

Codebook for the Indiana Boys' School Tracking Study

BOYS' SCHOOL STUDY
12-20-91

CODEBOOK

Variable	Lotus Column	Range of Attributes	Description
V1	A	Unique	Case ID
V2	B	Alphanumeric	Last name
V3	C	Alphanumeric	First name
V4	D	30,000-900,000	DOC ID Number
V5	E	0-8	Number of times placed in Boys' School
V6	F	0-98	Number of months at Boys' School during last stay
V7	G	1-3	Race
			White 1
			Black 2
			Other (Hispanic, Asian) 3
			missing 9
V8	H	12-21	Age at release
V9	I	--	Release type
			paroled 1
			discharged 2
			court ordered 3
			court ordered-discharged 4
			missing 9

V10	J	--	Person to whom released
			parents . . . . . 1 (natural/adoptive/step)
			(natural/step) mother 2
			(natural/step) father 3
			brother/sister 4
			in-laws 5
			aunt/uncle 6
			foster parents 7
			grandparents 8
			others 9
			county juvenile home 10
			group home 11
			missing 9
V11	K	--	County of residence (see Attachment A)
			Indiana counties 1-92
			out of state 97
			other . . . . . 98 (out of country)
			missing 9
V12	L	--	Social security number
V13	M	1-98	County to which released (see Attachment A)
			Indiana counties 1-92
			out of state 97
			missing 99

V14	N	Mo./Day/Yr.	Birth date
V15	O	12-18	Age at first admission
V16	P	1-12	Grade level completed at first admission
			missing 99
V17	Q	1-2	Natural parents living together at first admission
			Yes 1
			No 2
			missing 99
V18	R	1-72	Delinquent act (1) (see Attachment B)
V19	S	1-72	Delinquent act (2) (see Attachment B)
V20	T	1-72	Delinquent act (3) (see Attachment B)
V21	U	1-72	Delinquent act (4) (see Attachment B)
V22	V	1-72	Delinquent act (5) (see Attachment B)
V23	W	0-98	Total number of delinquent acts
V24	X	1-5	Academic assignment
			full time school 1
			half day 2
			remediation 3
			GED 4
			not assigned 5
			missing 9

V25	Y	1-3	Vocational assignment full time . . . . . 1 half day . . . . . 2 not assigned . . . . . 3 missing 9
V26	Z	1-5	Work assignment dining hall . . . . . 1 laundry . . . . . 2 not assigned . . . . . 3 both dining hall and laundry . . . . . 4 maintenance . . . . . 5 missing 9
V27	AA	1-2	Substance abuse counseling recommended Yes . . . . . 1 No . . . . . 2 missing 9
V28	AB	1-2	Alcohol abuse counseling recommended Yes . . . . . 1 No . . . . . 2 missing 9
V29	AC	1-2	Psychological counseling recommended Yes . . . . . 1 No . . . . . 2 missing 9

V30	AD	1-2	Additional medical/dental treatment recommended at first admission Yes . . . . . 1 No . . . . . 2 missing 9
V31	AE	1-2	Evidence of alcohol/ drug use Yes . . . . . 1 No evidence found in record 2
V32	AF	1-4	Behavioral incident #1 at Boys' School escape/attempted . . . . . 1 assault/physical force . . . . . 2 other . . . . . 3 (see Attachment C) no incident found 4
V33	AG	1-4	Behavioral incident #2 at Boys' School escape/attempted . . . . . 1 assault/physical force . . . . . 2 other . . . . . 3 no incident found 4
V34	AH	1-4	Behavioral incident #3 at Boys' School escape/attempted . . . . . 1 assault/physical force 2

			other 3
			no incident found 4
V35	AI	1-4	Marital status of natural parents
			divorced 1
			married 2
			never married 3
			unknown 4
V36	AJ	1-5	Deaths in family (family means parents, siblings and grandparents)
			one parent 1
			both parents 2
			one significant other 3
			two significant others 4
			no deaths found in record 5
V37	AK	1-4	Parental contact(s)
			contact with one parent 1
			no contact with both parents 2
			contact with both parents 3
			missing 9
V38	AL	1-2	At least one family member incarcerated (here, family means parents, grandparents, siblings, aunts, uncles and cousins)

			Yes 1
			none found in record 2
V39	AM		Assigned to group home
			Yes 1
			No 2
V40	AN	0-8	Number of prior commitments to group home
V41	AO	--	Assigned to foster care
			Yes 1
			No 2
V42	AP	0-8	Number of prior commitments to foster care
V43	AQ		Other living arrangements
			not applicable 1
			living with sister 2
			living with grandfather 3
			living with aunt 4
V44	AR	1-4	Previous mental health treatment
			once 1
			twice 2
			three times 3
			none reported 4
V45	AS	1-4	Previous alcohol/drug abuse treatment
			once 1

			twice 2
			three times 3
			none reported 4
V46	AT	1-13	Metropolitan Reading Level during sample release stay
			1st grade level 1
			2nd grade level 2
			3rd grade level 3
			4th grade level 4
			5th grade level 5
			6th grade level 6
			7th grade level 7
			8th grade level 8
			9th grade level 9
			10th grade level 10
			11th grade level 11
			12th grade level 12
			13 post high school level 13
			missing 99
V47	AU	1-13	Metropolitan Math Level during sample release stay
			1st grade level 1
			2nd grade level 2
			3rd grade level 3
			4th grade level 4
			5th grade level 5

			6th grade level 6
			7th grade level 7
			8th grade level 8
			9th grade level 9
			10th grade level 10
			11th grade level 11
			12th grade level 12
			13 post high school level 13
			missing 99
V48	AV	--	Revised beta score
V49	AW	1-4	Primary Quay score
			behavior category 1 1
			behavior category 2 2
			behavior category 3 3
			behavior category 4 4
			missing 9
V50	AX	1-4	Secondary Quay score
V51	AY	50-130	Henmon-Nelson score
V52	AZ	50-140	WISC-R Score Full Scale (Wechsler Intelligence Scale for Children-Revised)
V53	BA		Subsequently admitted to Boys' School
			Yes 1
			No 2

V54	BB		Subsequent contact with the criminal justice system
			Yes 1
			No 2
V55	BC		Nature of contact
			DOC State of Indiana 1
			DOC other state 2
			Parole State of Indiana 3
			Paroled from other state 4
			No contact 5
			Probation from another state 6
			Ohio Juvenile Inst 7
V56	BC		Comments
V57	BE	1-2	Subsequently incarcerated at Boys' School
			Yes 1
			No 2
V58	BF	Mo./Day/Yr.	First date for subsequent incarceration to Boys' School
V59	BG	0-8	Total number of times reincarcerated (from sample release date) to Boys' School includes reported for V57 above

V60	BH	1-2	Still in Boys' School
			Yes 1
			No 2
V61	BI	Mo./Day/Yr.	Last release date from Boys' School
V62	BJ	1-2	Subsequently incarceration at Department of Correction
			Yes 1
			Unknown 2
V63	BK	Mo./Day/Yr.	DOC Incarceration date
V64	BL	0-9998	Jail time credit (in days)
V65	BM	1-31	Crime 1 Department of Correction (see Attachment D)
V66	BN	1-31	Crime 2 Department of Correction (see Attachment D)
V67	BO	1-31	Crime 3 Department of Correction (see Attachment D)
V68	BP	1-7	Class of the most serious of DOC crimes 1, 2, and 3
			Class A Felony 1
			Class B Felony 2
			Class C Felony 3
			Class D Felony 4
			Class A Misdem 5
			Class B Misdem 6
			Class C Misdem 7
			missing 9

V69	BQ	0-998	Sentence length for crimes 1, 2, and 3 above Department of Correction (in months) *Note* V65, V66, and V67 refer to a different cause number than V70, V71, and V72, therefore, they have a different class and sentence length associated with them.
V70	BR	1-31	Crime 4 Department of Correction
V71	BS	1-31	Crime 5 Department of Correction
V72	BT	1-31	Crime 6 Department of Correction
V73	BU	1-7	Class of the most serious of DOC crimes 4, 5, and 6

Class A Felony 1

Class B Felony 2

Class C Felony 3

Class D Felony 4

Class A Misdem 5

Class B Misdem 6

Class C Misdem 7

missing 9

V74	BV	0-998	Sentence length for crime 4, 5, and 6 Department of Correction (in months)
			missing 999
V75	BW	0-8	Total number of incarcerations at DOC (includes incarceration for V62)
V76	BX	1-2	Returned or recommitted to Boys' School
			returned 1
			recommitted 2
			missing 9
V77	BY	Mo./Day/Yr.	Sample release date (from Boys' School)
V78	BZ	1-2	Subsequently incarcerated at county jail
			Yes 1
			Unknown 2
V79	CA	Mo./Day/Yr.	Incarceration date to county jail
V80	CB	1-31	Crime 1 county jail (see Attachment D)
V81	CC	1-31	Crime 2 county jail (see Attachment D)

V82	CD	1-7	Class of the most serious of jail crimes 1 and 2
			Class A Felony 1
			Class B Felony 2
			Class C Felony 3
			Class D Felony 4
			Class A Misdem 5
			Class B Misdem 6
			Class C Misdem 7
			missing 9
V83	CE	0-998	Sentence length for crimes 1 and 2 above

Attachment A

County Identification Numbers

1 Adams
2 Allen
3 Bartholomew
4 Benton
5 Blackford
6 Boone
7 Brown
8 Carroll
9 Cass
10 Clark
11 Clay
12 Clinton
13 Crawford
14 Daviess
15 Dearborn
16 Decatur
17 DeKalb
18 Delaware
19 Dubois
20 Elkhart
21 Fayette
22 Floyd
23 Fountain
24 Franklin
25 Fulton
26 Gibson
27 Grant
28 Greene
29 Hamilton
30 Hancock
31 Harrison
32 Hendricks
33 Henry
34 Howard
35 Huntington
36 Jackson
37 Jasper
38 Jay
39 Jefferson
40 Jennings
41 Johnson
42 Knox
43 Kosciusko
44 LaGrange
45 Lake
46 LaPorte
47 Lawrence
48 Madison
49 Marion
50 Marshall
51 Martin
52 Miami
53 Monroe
54 Montgomery
55 Morgan
56 Newton
57 Noble
58 Ohio
59 Orange
60 Owen
61 Parke
62 Perry
63 Pike
64 Porter
65 Posey
66 Pulaski
67 Putnam
68 Randolph
69 Ripley
70 Rush
71 St. Joseph
72 Scott
73 Shelby
74 Spencer
75 Starke
76 Steuben
77 Sullivan
78 Switzerland
79 Tippecanoe
80 Tipton
81 Union
82 Vanderburgh
83 Vermillion
84 Vigo
85 Wabash
86 Warren
87 Warrick
88 Washington
89 Wayne
90 Wells
91 White
92 Whitley

Attachment B

Indiana Boys' School Criminal Offense Codes

1	Delinquency
2 or 4	Public intoxication
3	Theft
5 or 57	Incorrigible
6	Shoplifting
7	Battery
8	Disorderly conduct
9	Violation of probation
10	Placement failure
11	Curfew violation
12	Runaway
13	Breaking and entering
14	Burglary
15	Sexual battery
16 or 41	Violation of suspended commitment to IBS
17	Trespassing
18	Rape
19	Auto theft
20	Resisting law enforcement
21	Criminal mischief
22	Truancy
23	Possession of marijuana
24	Criminal conversion
25	Strong arm robbery
26	Vandalism
27	Arson
28	Robbery
29	Possession of switchblade knife
30	Bicycle theft
31	Minor consuming alcohol
32	Forgery
33	Attempted theft
34	Deviate sexual conduct
35	Child molesting
36	Extortion
37	Criminal recklessness
38	Possession of stolen property
39	Assault
40	Obscenity
42	Escape from jail
43	Fleeing scene of accident
44	Receiving stolen property
45	Harassment
46	Possession of drugs
47	Contempt of court
48	Illegal possession of fireworks
49	Carrying a handgun without permit
50	Property damage
51	Possession of alcohol
52	Check deception
53	Fleeing law enforcement
54	Reckless driving
55	No operator's license
56	Possession of paraphernalia
58	Violation of court order
59	False reporting
60	Littering
61	Dealing a controlled substance
62	Driving while intoxicated
63	Intimidation
64	Prostitution
65	Criminal confinement
66	Attempted murder
67	Kidnapping
68	Fraud
69	Deer poaching
70	Possession of deadly weapon
71	Larceny
72	Glue sniffing

Attachment C

Other Behavioral Incidents at
Indiana Boys' School

Drug use
Trafficking drugs
Slow work progress
Intimidation
Destruction of state property
Self-mutilation
Safekeeping-suicidal
Incorrigible
Sexual misconduct
Theft of state property
Theft
Failure to follow Cottage rules

Attachment D

Indiana Department of Correction and
County Jail Criminal Offense Codes

1 Safekeeper
2 Burglary
3 Attempted theft
4 Receiving stolen property
5 Auto theft
6 Battery
7 Theft
8 Possession of cocaine
9 Child molesting
10 Confinement
11 Recklessness with deadly weapon
12 Receiving stolen auto parts
13 Forgery
14 Attempted robbery
15 Conspiracy to commit theft
16 Dealing in Schedule I controlled substance
17 Recklessness
18 Robbery
19 Arson
20 Possession of controlled substance
21 Attempted burglary
22 Attempted voluntary manslaughter
23 Dealing in marijuana
24 Murder
25 Criminal mischief
26 Public intoxication
27 Resisting law enforcement
28 Attempted rape
29 Assault
30 Intimidation
31 Escape

ENDNOTES

1. The percentages of black youth in the state and counties were computed from 1990 census data reported by the Indiana Business Research Center of Indiana University (1991).

2. Two-thirds of boys came from urban areas in the state, that is, from counties in Metropolitan Statistical Areas with cities of 25,000 or more population. However, almost all blacks (91%) came from urban areas; only about half of whites (56%) came from urban areas.

3. As a point of comparison, a 1987 nationwide survey of youth in custody in long-term state run juvenile facilities found that 70 percent of youths grew up in a household without both parents, and that more than 50 percent had immediate family members who had been incarcerated (U.S. Department of Justice, 1987).

4. Discussions with IBS staff concerning the relatively high proportion of blacks written-up for assaultive behavior suggest that this situation may partially result from differences in the ways black youth respond to white correctional officer authority figures. Some staff thought black youths were more likely than white youths to be combative when correctional personnel touched or handled them.

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