

# background

Report # 113

Improving Juvenile Justice Policy And Practice

April 2009

## Juvenile Justice: Rethinking Punitive Reforms

## Closing Science-Policy Gap

*Studies identify effective juvenile justice practices*

Although many of the punitive juvenile justice reforms that swept the nation in the 1990s remain in place, a growing body of scientific evidence suggests there are ways of dealing with young offenders that are more effective and less costly than prosecuting them as adults and imposing harsh prison sentences.

Achieving effective policy reform, however, will require bridging a wide gap existing between science and juvenile justice policy and practice that researchers suggest is one of the major reasons why more punitive approaches to adolescent offenders have failed to meet expected outcomes of reducing juvenile crime and recidivism.

A spike in juvenile crime beginning in the late 1980s led to a profound shift toward a more punitive approach to dealing with young offenders. A common response among states was to enact laws that make it easier or mandatory to try young offenders in adult criminal courts.

Almost immediately, the nation saw a significant increase in the number of juvenile offenders tried in criminal courts. And the number of young offenders incarcerated in adult prisons rose nearly five-fold during the 1990s.

Recent research has raised concerns about fairness and effectiveness of the tougher measures and other aspects of the juvenile justice system. Juvenile justice professionals, for example, rely mostly on intuition rather than evidence-based processes to decide issues that affect a juvenile's outcomes. There is a high prevalence of mental disorders among young offenders in the system.

And most general deterrence studies have reported that more punitive reforms have not themselves led to significantly lower rates of juvenile crime and recidivism as expected.

### Reversing Transfer Trend

Some states are taking action to reverse the trend begun in the 1990s that resulted in lowering the age boundary between juvenile and criminal court to adolescents as young as 16 years old. Connecticut recently passed legislation that moved that boundary from 16 years back to age 18. Missouri, Illinois, New Hampshire and North Carolina have begun debating similar legislation.

Pennsylvania is one of 25 states which offer reverse waivers – a mechanism that allows attorneys for juveniles charged in adult criminal court to petition to have returned the juvenile's case transferred back to juvenile court.

The alternative to the wholesale transfer of offenders under the age of 18

### Related Reports

Nearly two decades after states across the country began to enact juvenile justice policies focused more on punishment than on rehabilitation, there is growing concern about their fairness and effectiveness.

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to criminal court is to rely on case-by-case assessments, which was an approach adopted by early juvenile courts to determine which young offenders warrant expulsion from the juvenile court.

### Better Decision-Making Tools

Among the practices ripe for reform is the way decisions are made related to the risk adolescent offenders pose to the community and how amenable they are to treatment. Today, juvenile justice practitioners largely base those decisions on intuition rather than available data.

Several instruments are available for structuring judgment based on data that are more consistent and equitable than relying on intuition. They include actuarial methods and combined actuarial and clinical judgment methods.

The actuarial approach, similar to what actuaries do in setting insurance rates, uses a consistent and systematic method for gathering and combining data

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to rate and group individuals to predict the likelihood of a certain outcome, such as a juvenile offender being arrested again. The clinical approach attempts to predict an outcome, such as rearrest, by assessing characteristics of individuals and their situations. Such characteristics might include a history of fighting, whether an adolescent is being reunited with a dysfunctional parents and a family history of violence.

**Addressing Mental Disorders**

Youth with mental disorders in the juvenile justice system are a heterogeneous population whose illnesses placed them at risk for a variety of reasons. Some mental illnesses, particularly those that diminish the ability to regulate emotions and impulses, raise the risk of criminal behavior. Others have causes that contribute to offending, such as maltreatment, which is associated with conduct problems and depression.

During the 1990s, many communities began using the juvenile justice system to offset a shortage of public mental health services for children. But research suggests that treating delinquent youth with mental disorders should be a responsibility shared with the broader community. The research indicates that the most successful methods of treatment for this population involves collaborations with community-based programs that help them in the context of their everyday social interactions within the community. In such collaborations, the primary role of the juvenile justice system is to identify young offenders with mental disorders, including those who are a risk to themselves or others and require emergency mental health services, those in need long-term treatment that can be safely delivered outside the justice system, and those with severe problems that warrant confinement designed to treat violent,

mentally ill offenders.

**Promising Interventions**

Preventing juvenile delinquency offers benefits in addition to sparing youth from the consequences of committing crimes. Cost-benefit studies, for example, suggest taxpayers save \$7 to \$10 in such costs for every \$1 invested in effective delinquency-prevention programs.<sup>1</sup>

The good news is that research identifies several interventions effective at preventing delinquency and diverting juvenile offenders from rearrest. These include community-based programs, such as the 25-year-old Functional Family Therapy, which helps 11-18-year-old youth overcome delinquency, substance abuse and

problems with violence. Other effective programs include alternatives to group homes or other institutional settings. Multidimensional Treatment Foster Care, which places juveniles with specially trained foster parents, has proven effective at reducing arrest rates among troubled youth.<sup>2</sup>

For longer than a decade, research has shown that these and other available interventions can be used effectively to prevent delinquency and reduce the likelihood of juvenile offenders committing further crimes. However, studies suggest that as few as 5% of eligible youth participate in such programs across the nation.

**references***This article was largely based on the following publications:*

- Fagan, J. (2008). Juvenile crime and criminal justice: Resolving border disputes. *The Future of Children*, 18(2), 81-109. [www.futureofchildren.org/pubs-info2825/pubs-info\\_show.htm?doc\\_id=708717](http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=708717)
- Greenwood, P. (2008). Prevention and intervention programs for juvenile offenders. *The Future of Children*, 18(2), 185-206. [www.futureofchildren.org/pubs-info2825/pubs-info\\_show.htm?doc\\_id=708717](http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=708717)
- Mulvey, E.P., & Iselin, A.R. (2008). Improving professional judgment of risk and amenability in juvenile justice. *The Future of Children*, 18(2), 35-51. [www.futureofchildren.org/pubs-info2825/pubs-info\\_show.htm?doc\\_id=708717](http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=708717)
- Grisso, T. (2008). Adolescent offenders with mental disorders. *The Future of Children*, 18(2), 143-159. [www.futureofchildren.org/pubs-info2825/pubs-info\\_show.htm?doc\\_id=708717](http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=708717)

*References noted in the text follow:*

<sup>1</sup>Aos, S., Miller, M., & Drake, E. (2006). *Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates*. Olympia, Wash.: Washington State Institute for Public Policy.

<sup>2</sup>Chamberlain, P. Multidimensional treatment foster care. In D. S. Elliot (ed.), *Blueprints for Violence Prevention*. Boulder, Colo.: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado, 1998.

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