EARLY PREVENTION AND INTERVENTION
EQUALS DELINQUENCY PREVENTION

Created in 1974, the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP) focused its delinquency prevention efforts primarily on middle and high school age youth for more than 15 years (U.S. Dept. of OJJDP, 1976). OJJDP did not consider early prevention or intervention to be unimportant; it simply considered early prevention and intervention efforts to fall within the purview of other Federal agencies. In the early 1990’s, as OJJDP became increasingly aware of research establishing the early origins or pathways to delinquency, OJJDP began to expand its prevention efforts to include evidence based programs that intervened early in the lives of children, including prenatal programs. What follows is an examination primarily of some of the delinquency literature relating to the causes of delinquency, the pathways youth take on their trajectory toward delinquency and what has been learned about delinquency prevention. Although, there is also some discussion of related issues with regard to mental health problems among youth, the discussion emphasizes that the noted research findings point to the need for early prevention and intervention.

Howell summarizes a number of studies that show that there are risk factors in several domains of a child’s life that may lead to delinquency and substance abuse (Howell 1995, p. 18). These research efforts have enhanced the understanding of the precursors of delinquency. Children are not born delinquent. Most children and youth do not engage in serious delinquency because they have various protective factors in their lives that enable them avoid serious delinquency and substance abuse. Unfortunately, a significant proportion of youth in the United States do engage in serious and violent delinquency. This is largely because some youth are most likely more vulnerable and the risk factors in the various domains of their lives are so extensive that these youth engage in a number of negative and risky behaviors, including delinquency or substance abuse, despite the presence of some protective factors.

In developing its approaches to delinquency prevention, OJJDP has been aided by research on risk and protective factors conducted by Dr.’s David Hawkins and Richard Catalano (Hawkins, Catalano, & Miller 1992b). Although their research focused on risk factors for substance abuse, subsequent research by them and the others noted in the previous paragraph has demonstrated that these risks factors are virtually identical with the risk factors for delinquency. In their research, funded initially by OJJDP and later by the Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Administration (SAMHSA), Hawkins and Catalano took a public health approach to substance abuse and delinquency. Just as there were well known risk factors for heart disease, they reasoned that there must be risk factors for delinquency. Their work led them to identify risk factors in several domains of a child’s life: individual, family, school and community. Examples of such risk factors for delinquency include the following (Hawkins, Catalano & Miller 1992a):

♦ Individual/Peer—a difficult temperament, early initiation of behavior problems, and friends who engage in problem behavior.

♦ Family—excessive punishment, inconsistent or ineffective child management practices, family conflict, and parental involvement in drug abuse.

♦ School—academic failure starting in elementary school, early and persistent antisocial behavior.

♦ Community—community disintegration, community norms that support drug abuse or crime, and poverty.

Hawkins and Catalano also identified several protective factors that enable many youth, despite a myriad of risk factors, to avoid delinquency and substance abuse. These include the following (Hawkins, Catalano and Miller 1992a):

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Funded by OJJDP, a longitudinal study, the follow distinctive pathways in their delinquency careers.

Comprehensive Strategy is taking place in eight States and several communities. Hawkins and Catalano’s work has become an important part of OJJDP’s “Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders” (Howell, 1995). The “Comprehensive Strategy” is an overarching strategy, based on current delinquency theory, that demonstrates the importance of creating a continuum of services and sanctions to prevent delinquency and effectively intervene with delinquent offenders. Training on the Comprehensive Strategy is taking place in eight States and several communities. Other significant research has shown that youth follow distinctive pathways in their delinquency careers. Funded by OJJDP, a longitudinal study, the Causes and Correlates of Violent Delinquency conducted by Loeber, Huizinga and Thornberry was initiated in 1987. It encompasses three separate but coordinated studies: the Denver Youth Survey, the Pittsburgh Youth Study, and the Rochester Youth Development Study (Loeber, et al., 1999). The published papers from these studies provide a wealth of information on serious and violent delinquency and the pathways youth take in becoming delinquent. The researchers found that children and youth generally take one of three pathways to delinquency: overt authority conflict, overt aggression, or covert pathways (Loeber, et al., 1999). These pathways are characterized by different responses (Loeber, et al., 1999). In the overt aggression pathway, the child tends to act out aggressively, engaging in fighting and progressing to crimes against persons. The overt authority conflict pathway is characterized by stubborn behavior, defiance and disobedience, eventual truancy and running away, and serious property crime. In the covert pathway, a child is withdrawn and secretive, progressing through thefts to burglary and more serious crimes (Loeber, et al., 1999).

In response to their findings, Hawkins and Catalano have argued for a Social Development Strategy to delinquency prevention called “Communities that Care” (Hawkins, Catalano & Miller 1992a). They argue that the key to delinquency prevention is understanding the risk factors a child or youth faces, developing effective programming to overcome them, and building on the protective factors that are present in the child’s life. Hawkins and Catalano’s work has become an important part of OJJDP’s “Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders” (Howell, 1995). The “Comprehensive Strategy” is an overarching strategy, based on current delinquency theory, that demonstrates the importance of creating a continuum of services and sanctions to prevent delinquency and effectively intervene with delinquent offenders. Training on the Comprehensive Strategy is taking place in eight States and several communities.

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These studies also suggest that certain early indicators of a troubled childhood and high stressed family and community environments can be significant contributors to later delinquency. Thus, the studies support the need for early intervention with services and supports that address risk and protective factors present in a child’s life. Further evidence of the value of early intervention can be found in many other studies in a variety of disciplines.

In addition to delinquency and substance abuse, mental health problems, find their origins in early childhood. The Surgeon General’s Report Mental Health: A Report of the Surgeon General (U.S. Department of Health and Human Services, 1999) provides a thorough discussion of the risk factors for the development of serious mental health problems among children and youth. “There is now good evidence that both biological factors and adverse psychosocial experiences during childhood influence—but do not necessarily “cause”—the mental disorders of childhood…. Although children are influenced by their psychosocial environment, most are inherently resilient and can deal with some degree of adversity. However, some children, possibly those with an inherent biological vulnerability (e.g. genes that convey susceptibility to an illness), are more likely to be harmed by an adverse environment, and there are some environmental adversities, especially those that are longstanding or repeated, that seem likely to induce a mental disorder in all but the hardiest of children” (U.S. Dept. of HHS, 1999, p.129). The environmental risks for mental disorders are in many cases the same as the risks for delinquency and substance abuse. The report identifies and discusses in some detail risk factors for developing a mental disorder or experiencing problems in social
The Surgeon General’s Report highlights the critical importance of addressing risk factors for children and youth at the earliest possible point in their development. “Childhood is an important time to prevent mental disorders and to promote healthy development, because many adult mental disorders have related antecedents in problems in childhood” (U.S. Dept. of HHS, 1999, p.132). The report further notes “Policymakers and service providers in health, education, social services, and juvenile justice have become invested in intervening early in children’s lives: they have come to appreciate that mental health is inexorably linked with general health, child care, and success in the classroom and inversely related to involvement in the juvenile justice system” (U.S. Dept. of HHS, 1999, p.133).

Early intervention strategies are critical to the prevention of many of the negative outcomes that youth in our society experience: drug abuse, teenage pregnancy, school failure and school dropout, and delinquency. Several early prevention and intervention programs have been shown to work effectively for children with multiple problems and their families. Over the past few years OJJDP has devoted an increasing proportion of its resources to fund early prevention and intervention.

In 1996, OJJDP began funding, Safe Futures: Partnership to Reduce Youth Violence and Delinquency (Kracke, 1996). This five-year program is designed to support the efforts of local jurisdictions to develop and implement a system of care for at risk and delinquent youth. Nine funding sources, from the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, are being used to underwrite this initiative. Awards were made to Boston, Massachusetts; Contra Costa County, California; Fort Belknap College, Montana (American Indian Reservation); Imperial County, California (rural site); St. Louis, Missouri; and Seattle, Washington. Sites were encouraged to use current assessments or conduct additional assessments to determine the risk factors prevalent in their communities, available community resources and services to address those risk factors and the gaps between needs and resources. The program design calls for the sites to use the Federal funds provided to fill these service gaps. These funds can be used for early intervention services and supports through aftercare programming. A number of the sites have developed early intervention efforts, such as a mentoring program with elementary school children and after-school programs for this same population. An evaluation is being conducted by the Urban Institute that focuses on, 1) process outcomes, 2) systems change outcomes and 3) analysis component effectiveness.

Observing the potential of the Yale/New Haven Child Oriented Community Policing program for preventing delinquency by providing effective services to children exposed to violence, OJJDP funded the Yale Child Study Center and the New Haven Police to provide training and technical assistance to other jurisdictions. This model incorporates training for law enforcement personnel on the mental health needs of children exposed to violence and uses joint teams of law enforcement and mental health specialists to respond to situations involving children’s exposure to violence. Children receive follow up mental health services from community agencies (Marens and Berkman, 1997).

The most recent early prevention and intervention initiative, Safe Start, for which OJJDP announced funding on February 29, 2000, is designed to prevent and reduce the impact of family and community violence on young children, primarily from birth to 6 years of age. The Safe Start demonstration project originated as an expansion of the successful Child Development Community Oriented Policing Program (CDCP) that OJJDP has supported. The program expands the CDCP concept by including a comprehensive service delivery system for young children exposed to violence or at risk of exposure to violence, and their families and caregivers. Safe Start communities will enhance existing partnerships among service providers in the fields of law enforcement, mental health, child welfare, domestic violence, early childhood education and development, courts, family support and strengthening, substance abuse
Prevention and treatment, crises intervention, health and legal services to create a more comprehensive service system. Nine sites will be funded under this program. In addition, an American Indian Tribal site will be funded later in fiscal year 2000.

Del Elliot and his colleagues at the Center for the Study of Prevention of Violence, at the University of Colorado, have identified a number of evidence based delinquency prevention and intervention programs. Under the resulting evidence-based “Blueprints” program, OJJDP is supporting several early intervention efforts. One such program is the Nurse Home Visitation Program developed by David Olds, which provides intensive in-home services to pregnant teenage mothers. The program helps participating mothers develop parenting skills and other life skills and provides referral to other services. A 15-year longitudinal study demonstrated that there were fewer incidents of child abuse among program participants than nonparticipants. Children had fewer behavioral and parental coping problems. Participating mothers were more involved with their children and juvenile delinquency among the participating youth was greatly reduced as compared to the control group. (Olds, D. 1998). Recently, the Robert Wood Johnson Foundation has funded a Center on Nurse Home Visitation which will be directed by Dr. David Olds.

Another early intervention program identified under the “Blueprints” program is Promoting Alternative Thinking Strategies (PATH). (Greenberg, Kusche & Mihalic 1998) A school-based intervention designed to promote emotional competence, including the expression, understanding, and regulation of emotions; the program is implemented by teachers after receiving three days of training. The program is applied to all children in grades kindergarten through fifth grade. The curriculum includes a feelings unit (with a self-control and initial problem solving skills program within the unit) and an interpersonal cognitive problem solving unit. The program also helps the children use what they have learned in their everyday lives.

There have been four clinical trials of PATHS. Two have involved [students with special needs] and two involved [students in typical education settings]. Across these trials, PATHS has been shown to improve protective factors (social cognition, social and emotional competency) and reduce behavioral risk (aggression and depression) across a wide variety of elementary school aged children. Effects have also been found on some cognitive skills. In addition, these findings have shown cross-rater validity, as they have been reflected in teacher ratings, self reports, child testing/interviewing, and independent ratings by classroom observers (Elliot, Greenberg & Kusche, 1998).

In addition, OJJDP funded the Court Appointed Special Advocates (CASA) program efforts for several years. National CASA provides training and technical assistance and pass through funding for local CASA chapters. CASA volunteers provide advocacy and referral services to children who are in the abuse and neglect system whose cases are before the juvenile or family court. CASA volunteers also advocate in court for the best interests of the child.

In the mental health area, OJJDP has had a long standing partnership with the Center for Mental Health Services (CMHS), SAMHSA and currently jointly funds two major efforts initiated by CMHS. For three years, OJJDP has transferred funds to CMHS to support the technical assistance and training for the Comprehensive Community Mental Health Service for Children and Families Program sites. OJJDP, also, transferred funds to CMHS to support the Circles of Care program. The program provides resources to American Indian reservations and Alaskan Native villages to assist them in planning for and developing a system of care for at risk and delinquent youth.

There is one other initiative that OJJDP has just launched that OJJDP hopes will have far reaching benefits for juvenile offenders who need mental health services. On February 9, 2000, OJJDP published an announcement for the Mental Health and Juvenile Justice: Building a Model for Effective Service Delivery in the Federal Register. This five-year research and program development effort will examine the prevalence of mental health and substance abuse problems among juvenile offenders, and the development of an evidence-based or promising program model that can be implemented and tested in several jurisdictions.

Delinquency, substance abuse, and mental health problems among the youth of the United States are taking a terrible toll. This toll is reflected in the unacceptable levels of chronic, serious and violent juvenile offending, the victimization of the innocent, the growing numbers of lives disrupted by substance abuse and mental health disorders, and the increasingly burdensome costs imposed on society, including those entailed in detaining and incarcerating juvenile offenders. Moreover, our communities are permeated with fear, despite the fact that juvenile crime, in particular violent juvenile crime, has markedly decreased over the past five years. Because of
this fear, we often fail to recognize that, in large measure, these problems are preventable. Much more is known at this time about the causes of delinquency and substance abuse and the kinds of programs that are highly effective in preventing these problems. Despite this evidence, this nation devotes far too little of its resources to early prevention and intervention. Rather, we often wait until destructive behaviors erupt and then apply costly retributive and incapacitative responses to address them. The politics of being “tough on crime” often prevails us from taking a more informed approach to the early prevention of the causes of delinquency and crime. It seems that to the lists of “war on poverty” and “war on drugs,” we have added a “war on delinquency” in which children and youth are seen as the enemy. This is born out in the increased incarceration of juveniles despite the decline in serious and violent juvenile crime and the substantial increase in transfer to criminal adult courts of juveniles at younger ages for an increasing array of crimes. Many in juvenile justice have come to the view that waging “war on delinquency;” should not be the primary strategy to address juvenile crime and related problems. Instead this country should, building on what we currently know, devote its resources and creativity to a campaign for healthy families, children and youth. If this is done, the result will be healthier families, children and youth, more productive youth and families, and safer communities at far less cost to society.

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