

Understanding
Child Maltreatment
&
Juvenile Delinquency

*From Research to Effective
Program, Practice, and
Systemic Solutions*

Janet Wiig and Cathy Spatz Widom, with John A. Tuell

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Contents

FOREWORD

Shay Bilchik v

INTRODUCTION

John A. Tuell ix

PART 1

Understanding Child Maltreatment and
Juvenile Delinquency: The Research

Cathy Spatz Widom 1

PART 2

Understanding Child Maltreatment and Juvenile
Delinquency: Foundations for Effective Responses

Janet Wiig 11

CONCLUSION

John A. Tuell 47

ABOUT THE AUTHORS

51

Foreword

The abuse and neglect of children is one of this nation's greatest shames—a shame our nation has yet to fully acknowledge and of which it refuses to take ownership. In 2000, there were nearly 879,000 victims of child maltreatment, resulting in an estimated 1,200 deaths. There are approximately 550,000 children in living in foster care as a result of this troubling issue. These children are frozen in time, destined to spend months or years in limbo while waiting for our systems of care to bring permanency to their lives.

In another arena of our justice system, despite the declines in juvenile delinquency rates over the past several years, the level of crime committed by our nation's youth remains high. Regardless of the declines we have seen, there are warning signs we must heed. Females now make up more than 25% of the offenders in the juvenile justice system, more than double their representation 10 years ago. Children of color are disproportionately represented at every point of the juvenile justice system. Juveniles in the system are continuing to experience problems related to substance abuse, mental health diagnoses, and a lack of educational achievement.

Clearly, our nation must do more to nurture and protect its children. Historically, the child welfare and juvenile justice systems have operated separately, frequently driven by mission statements, statutory mandates, funding allocations, and service plans that discourage collaboration. A solid body of research now exists that illustrates the misguided nature of this “silo” mentality. This research confirms the connection between child maltreatment and juvenile delinquency and establishes the necessity of more coordinated and integrated service delivery by the child welfare and juvenile justice systems. Although a child's abuse

and neglect does not lead inevitably to delinquency, such a history is associated with an increased risk of crime and violence. In one prospective investigation looking at this relationship, study findings revealed that people who had been abused or neglected as children had a 59% greater likelihood of arrest as a juvenile. More specifically, those abused or neglected as a child were more likely than nonabused or non-neglected people to be arrested as juveniles (27% versus 17%), adults (42% versus 33%), and for a violent crime (18% versus 14%).

Upon my arrival in February 2000 as President/CEO of the Child Welfare League of America (CWLA), the League renewed its commitment to the well-being of children and families through an ambitious 10-year strategic plan, Making Children a National Priority.

This plan is guiding our efforts through the first decade of the 21st century in achieving our mission and realizing our vision. As part of this renewed commitment, the League expanded the nature and scope of its work by, among other initiatives, creating the Juvenile Justice Division in July 2000 through a grant award from the John D. and Catherine T. MacArthur Foundation. The award supports "the education of CWLA members on the connections between the child welfare and juvenile justice systems and the need for an integrated approach to programs and services." This goal led to the development of this monograph.

CWLA's Juvenile Justice Division has gathered the best research on the connection between child maltreatment and juvenile delinquency. We have combined this research with a description of a wide array of promising responses, from child abuse and neglect prevention and intervention for early onset of delinquency, to more formal juvenile justice system responses and child welfare and juvenile justice system integration and reform efforts. This has been achieved through the considerable expertise of Janet Wiig, JD, MSW, Executive Director, Institute on Criminal Justice,

University of Minnesota Law School, and Cathy Spatz Widom, PhD, Professor of Psychiatry and University Professor in the Department of Psychiatry, New Jersey Medical School. I have no doubt that this document will effectively aid agency and organizational leaders, policymakers, administrators, judges, attorneys, and practitioners in the field of juvenile justice and child welfare in understanding the relationship between abuse and neglect and juvenile delinquency. The real advance, however, will be how this monograph will assist them in developing practical program, practice, and system responses to this important issue.

As CWLA's Juvenile Justice Division continues to focus on the problem of child maltreatment, our hope is that this document will inspire its readers to embrace this challenge to improve outcomes for the victims of child abuse and neglect who are entering the juvenile justice system. It will be through improved coordination and collaboration, as well as effective integration of the child welfare and juvenile justice systems, that we take the critically important first step to better meeting the needs of these children. And it will be through our collective embracing of these children as our own that we will begin to rid ourselves of the shame we have brought on ourselves and this great country.

Shay Bilchik
President/CEO
Child Welfare League of America

Introduction

John A. Tuell, MA

A growing body of research exists regarding the connection between child maltreatment and juvenile delinquency. These studies use a variety of methodologies, but they all lead to a similar conclusion: “In general, people who experience any type of maltreatment in childhood...are more likely than people who were not maltreated to be arrested later in life.”¹

Both encouraging and discouraging trends are reflected in the current statistics on juvenile delinquency and childhood maltreatment. Evidence can be found of a downward turn in virtually every major category of juvenile delinquency. The statistics, however, also reflect increasing numbers of children who are the victims of child abuse and neglect. Although the decrease in delinquency may reflect a greater national focus on the issue and the use of more effective programs to attack the problem, it is clear we must do more. The research has increasingly reaffirmed the connection between child abuse and neglect and juvenile delinquency. If we are to improve the well-being of our nation’s children and see even more substantial and sustained reductions in child maltreatment and juvenile delinquency, then it is imperative that we more effectively integrate the child welfare and juvenile justice systems.

The most recent national data reflect the continuing decline in violent juvenile crime and overall juvenile delinquent activity, while also capturing significant areas of concern. Although from 1987 through 1993 juvenile delinquency increased at an alarming rate, the past seven years have seen encouraging declines with respect to juvenile violence and victimization:

- According to the 2000 FBI Uniform Crime Reports (UCR) data, homicides committed by youth declined 74% from 1994 to 2000.
- The number of juvenile arrests declined in every violent crime category despite an 8% growth in the juvenile population from 1994 to 2000.
- The juvenile population in 2000 was 79% white. In contrast, 42% of juvenile arrests for violent crime involved black youth. Black youth were also overrepresented in juvenile property crime arrests.
- Approximately 4 million youth suffer from a major mental illness resulting in significant impairments at home, at school, and with peers; it is estimated that 1 in every 5 youth in the juvenile justice system has serious mental health problems.
- In 2000, 28% (664,000) of all juveniles arrested were female, more than double the percentage reported in 1990.

The U.S. Department of Health and Human Services, Administration on Children, Youth and Families' *National Child Abuse and Neglect Data System (NCANDS): Summary of Key Findings from Calendar Year 2000* provides accurate and timely statistical data to inform child welfare practitioners and researchers on child maltreatment:

- In 2000, of the estimated nearly 3,000,000 referrals for child maltreatment, 32% resulted in a disposition of substantiated or indicated child maltreatment (total of 879,000 victims nationwide).
- The rate of child victims per 1,000 children in the population had decreased steadily from 15.3 to 11.8 in 1999. The rate increased slightly to 12.2 in 2000.
- In 2000, 84% of all victims were maltreated by at least one parent.
- In 2000, an estimated 1,200 children died of abuse and neglect, a rate of approximately 1.71 deaths per 100,000 chil-

dren in the general population. This reflects a 9% increase from 1999 data.

- Children younger than 1 year old accounted for 44% of child maltreatment fatalities, and 85% were younger than 6 years old.
- As of September 30, 2000, an estimated 565,000 children were in foster care.
- Of all victims, 63% suffered neglect, 19% suffered physical abuse, 10% were sexually abused, and 8% were psychologically abused.

These highlights, as well as other data available in the child welfare and juvenile justice fields that advance trend analysis, offer a snapshot of the issues that confront all child-, youth-, and family-serving agencies and organizations as we move into the 21st century. The numbers illustrate a complex picture of concerns that we must address collaboratively through the formation of strategic partnerships and multisystem approaches.²

The available research confirms that the link between the populations served in the child welfare system and the children who subsequently become involved in the juvenile justice system is significant. When examining the declining delinquency rates, it is important to understand that the current rates still exceed the high rates of delinquency established in the 1980s, before the dramatic increase experienced in the late 1980s and early 1990s.

The data reflect that nearly 879,000 children are victims of abuse and neglect, of which an estimated 1,200 died. These rates are unacceptable. We know that these factors have the potential, if uninterrupted by effective early interventions, to negatively affect the future well-being of children, youth, and families in multiple domains.

In summary, there is reason for optimism and hope in some of the data trends. There is also sufficient evidence, however, to encourage us to redouble our efforts to collaboratively implement

systems integration and form and institutionalize strategic partnerships across all domains to achieve positive outcomes.

Endnotes

1. Widom, C. S. (1995). *Victims of childhood sexual abuse—Later criminal consequences* (Research in Brief).
2. Tuell, J. A. (2002). *Child maltreatment and juvenile delinquency: Raising the level of awareness*. Washington, DC: CWLA Press.

Part 1

Understanding Child Maltreatment and Juvenile Delinquency: The Research

Cathy Spatz Widom, PhD

Over the past 20 years, child maltreatment researchers and practitioners,¹ as well as those in the field of criminal justice, have been increasingly concerned about the long-term negative consequences of child abuse and neglect and the increased likelihood of abused and neglected youth to be involved in the juvenile justice system.² Although no single factor by itself is likely to account for the development of criminal behavior, the importance of childhood victimization as a risk factor for subsequent delinquency and violence has become increasingly recognized.

Research on the Relationship Between Child Maltreatment and Juvenile Delinquency

Several early reviews of studies examining the relationship between child maltreatment and delinquency^{3,4,5} concluded that knowledge about this relationship was limited because of methodological problems inherent in prior studies, including reliance on retrospective designs and lack of control or comparison groups of nonabused and non-neglected children. In addition, early findings on the relationship between child maltreatment and violent criminal behavior were sometimes contradictory. More recent

research has begun to overcome many of the methodological problems of earlier research and shows the importance of childhood victimization as a risk factor for subsequent delinquency and violence.

Childhood Maltreatment and Juvenile Crime

Four prospective investigations in different parts of the United States documented a relationship between childhood victimization and some form of delinquent behavior. In the first study, the researcher followed children who had been abused and/or neglected approximately 25 years earlier through an examination of official criminal records, then compared them with a matched control group of children of the same age, sex, race, and approximate social class.⁶ The author conducted this research in a metropolitan county in the Midwest using cases of child abuse and neglect that came to the attention of the courts from 1967 through 1971. An assessment of criminal behavior when these individuals were approximately 33 years old⁷ found that early child abuse and neglect increased the risk* of arrest as a juvenile by 55% and increased the risk of being arrested for a violent crime as a juvenile by 96% (see Table 1).

The Midwest study⁸ also found that child abuse and neglect was associated with earlier onset of juvenile crime. Abused and neglected children were first arrested about a year earlier than their matched nonabused and non-neglected peers and were more likely to become recidivists and chronic offenders (see Table 2).

As part of the Rochester Youth Development Study, Smith and Thornberry⁹ collected information on child abuse and neglect for their cohort of youth in upstate New York from the Department of Social Services in Rochester (see Table 3). They ex-

* Relative risk in these tables represents the ratio of two probabilities and indicates differences in risk of a certain outcome for different groups of subjects. Here, the *relative risk* refers to the likelihood of arrest for the abuse and neglect group compared with the likelihood of arrest for the control group.

TABLE 1
Childhood Abuse and Neglect and Juvenile Crime (Midwest) (in percentages)

Type of Juvenile Arrest	Abuse/Neglect (<i>n</i> = 908)	Control (<i>n</i> = 667)	Relative Risk
Any Arrest	21.6	13.9***	55
Property	14.6	9.1***	60
Order	7.9	4.6**	72
Violence	5.3	2.7**	96

Source: Adapted from Widom, C. S. (2002). [Arrests before age 18]. Unpublished raw data.

Note: All subjects were at least 18 years old at the time of data collection. Excludes status offenses.

p* < .01. *p* < .001.

tended prior research by comparing official arrest records to youths' self-reports. Despite differences in geographic region, time period, and assessment technique, the findings from the Rochester youth study confirmed a significant relationship between child maltreatment and delinquency (self-reported and official). These youth were approximately 17 years old at the time of the study and, thus, information on adult criminal behavior was not yet available.

A third geographic area provided the basis for another test of the childhood victimization/delinquency relationship. Using maltreated children and two nonmaltreated comparison samples from Mecklenburg County, North Carolina, a 1993 study¹⁰ found that maltreated children (approximately age 15) had higher rates of delinquency complaints than nonmaltreated schoolchildren and impoverished children (see Table 4). Compared with the school sample, the maltreated youth had a higher rate of delinquency complaints for violence as well. Effect size was diminished when the authors controlled for demographic and family structure variables.

The fourth study,¹¹ which was designed as a replication and extension of Widom's original study, was based on a cohort of abused and neglected children from a different geographic re-

TABLE 2
Characteristics of Offending (Midwest)

	<i>Abuse/Neglect Control</i>	
Age of Onset (in Years)	18.1	19.2**
Average Number of Arrests	6.9	4.7**
Recidivists (%) (2–4 Arrests)	17.1	12.7***
Chronic Offenders (%) (5 or More)	19.8	12.3***

** $p < .01$. *** $p < .001$.

gion of the country (the Northwest), different time period (1980–1985), and different ethnic background (including Native Americans in addition to whites and African Americans) (see Table 5). The researchers selected substantiated cases of child abuse and/or neglect from court dependency records in a large urban area of Washington State. They identified a matched control group of children on the basis of age, race/ethnicity, gender, and approximate family social class. The dependent children in the Northwest study represent a subset of abused and neglected children, whose cases were substantiated and for whom there was sufficient evidence to remove the children from the home. Abused and neglected children were 4.8 times more likely to be arrested as juveniles and 11 times more likely to be arrested for a violent crime than the matched controls.¹²

Despite differences in geographic region, time period, youths' ages, definition of child maltreatment, and assessment technique, these four prospective investigations all provide evidence for the connection between child maltreatment and subsequent crime and delinquency. These types of replications provide an opportunity to advance scientific knowledge. When results from studies with different subject samples, time periods, and geographic areas converge, this increases confidence in the generalizability of the findings.

The findings from these four studies also reveal that these relationships are not inevitable or deterministic. Childhood abuse

TABLE 3
Childhood Maltreatment and Adolescent Delinquency (Rochester, New York)

<i>Delinquency</i>	<i>Maltreated</i>		<i>Not Maltreated</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Official	136	45.1	864	31.7*
Self-Report	125		764	
Serious		42.4		32.7*
Moderate		71.3		55.6*
Minor		45.3		37.2*
Violent		69.6		56.0*

Source: Adapted from Smith, C., & Thornberry, T. P. (1995). The relationship between childhood maltreatment and adolescent involvement in delinquency. *Criminology*, 33, 451–481.

* $p < .05$.

and neglect are associated with a demonstrated increased risk of crime and violence, but this relationship is not inevitable. This means that all abused and neglected children do not become delinquent. This result is especially important for policymakers and practitioners so as to avoid damaging self-fulfilling prophecies.

The Cycle of Violence

Another issue addressed by these investigators is the extent to which children who experience violence in childhood (i.e., those physically abused) will progress to become perpetrators of violence when they grow up. According to a strict interpretation of the “cycle of violence” hypothesis,¹³ one would expect that children who were physically abused, in contrast to other forms of child abuse or neglect, would have the highest risk of arrest for violent criminal behavior. That is, being the direct victim of violence as a child is thought to provide a model for the child to learn, imitate, and act in a violent manner when the child grows up.

Both the Midwestern¹⁴ and Northwestern¹⁵ authors analyzed their findings by looking at arrest rates as a function of the type

TABLE 4
Child Maltreatment and Youthful Problem Behaviors (Mecklenburg County, North Carolina) (in percentages by sample)

	<i>Maltreatment (281)</i>	<i>School (177)</i>	<i>Poverty (633)</i>
Any Complaint	13.7	9.0	5.3
Status	8.2	3.4	1.8
Property	6.3	5.1	3.2
Violent	3.3	2.3	0.7

Source: Adapted from Zingraff, M. T., Leiter, J., Myers, K. A., & Johnsen, M. C. (1993). Child maltreatment and youthful problem behavior. *Criminology*, 31, 173–202.

of abuse or neglect. In these studies, physical abuse was associated with the highest risk of arrest for subsequent violence, but neglect was also found to be related to violence.

In the Midwestern study, Widom¹⁶ reported that physical abuse was associated with the highest risk of arrest for violent crime, but neglected children were also at higher risk compared with matched controls. Looking beyond delinquency and into young adulthood, Maxfield and Widom¹⁷ reported that rates of arrest for violent crime were 21% for physically abused children and 20% for neglected children, compared with 14% for matched controls.

The Northwestern findings replicated the earlier work and revealed that children who were physically abused and neglected are at increased risk of arrest for violence. However, these findings also extended the earlier work by examining the risk of arrest for a violent crime for children who had experienced emotional maltreatment. Nearly one-third of the children experiencing physical abuse, neglect, and emotional maltreatment were arrested for a violent crime (30.3%, 31.3%, and 32.1%, respectively). Of the children who experienced multiple types of child maltreatment, 23.9% had an arrest for a violent crime, whereas the comparison group children had the lowest rates of arrest.

TABLE 5**Child Abuse and Neglect and Delinquency (Northwest) (in percentages)**

<i>Type of Juvenile Arrest</i>	<i>Abuse/Neglect</i>	<i>Control</i>	<i>Relative Risk</i>
Any Arrest	19.6	4.1***	4.78
Property	13.6	2.7***	5.04
Order	22.1	8.3	
Violence	8.8	0.8***	11.00

*** $p < .001$.

These two prospective investigations, with different groups of abused and neglected children from different time periods and geographic regions, reveal that experiencing violence as a child leads to increased risk of being arrested for a violent crime. However, these results also make clear that childhood neglect and emotional maltreatment are associated with violence as well.

Other Consequences

Although much attention has been focused on the relationship between child maltreatment and subsequent delinquency and violence, there is also increasing evidence that childhood victimization has the potential to affect multiple domains of functioning.¹⁸ In a series of articles on other aspects of functioning influenced by childhood victimization, Widom and colleagues have reported on other outcomes for which abused and neglected children are at increased risk. Some of these other consequences include: mental health problems, such as posttraumatic stress disorder,¹⁹ suicide attempts,²⁰ and alcohol problems in women²¹; social and behavioral problems, including running away,²² prostitution,²³ and lower rates of employment²⁴; and cognitive and intellectual functioning, including lower reading ability and IQ scores in young adulthood.²⁵

Thus, the consequences of childhood abuse and neglect have the potential to affect a child's ability to interact with the world

across multiple domains of functioning. Although there is a group of abused and neglected children who appear resilient to the negative outcomes discussed in these research findings,²⁶ the clear implication of these findings is that there is a need for early intervention in the lives of abused and neglected children.

Implications

Educators, social workers, health care workers, mental health practitioners, law enforcement officers, and other youth-serving professionals need to recognize the signs of abuse and neglect and intervene early in the lives of these children. Later interventions should not be ignored. The more time that passes without helpful and positive intervention efforts, however, the more difficult the change process becomes.

Although it is important to identify abused and neglected children early, it is also critical to be sensitive to the potential negative effects of increased attention and surveillance. This attention may represent a double-edged sword, in which children become labeled or are expected to become delinquent. Great care must be taken to prevent this early identification from becoming a self-fulfilling prophecy.

Although these findings support the notion of a cycle of violence, they also reinforce the need to pay attention to neglect. That is, these results indicate that children who are neglected, in addition to those who are physically abused, are at high risk for crime and violence. This is especially important given that neglect is far more common than other forms of abuse in nationwide estimates. For example, one source placed 1988 incidence rates at 14.6 per 1,000 children for neglect compared with 4.9 and 2.1 for physical and sexual abuse, respectively.²⁷

In Part 2, this monograph will chronicle an array of programmatic responses, from prevention of child abuse and neglect, to effective interventions in the juvenile justice system, to broader systemic reform, that have been developed to achieve better outcomes in behalf of children, youth, and families in these areas.

Endnotes

1. Cicchetti, D., Toth, S. L., & Lynch, M. (1993). The developmental sequelae of child maltreatment: Implications for war-related trauma. In L. A. Leavitt & N. A. Fox (Eds.), *The psychological effects of war and violence on children*. Hillsdale, NJ: Lawrence Erlbaum.
2. Maxfield, M. G., & Widom, C. S. (1996). The cycle of violence: Revisited six years later. *Archives of Pediatrics and Adolescent Medicine*, *150*, 390–395.
3. Garbarino, J., & Plantz, M. (1986). Child abuse and juvenile delinquency: What are the links? In J. Garbarino, C. Schellenbach, & J. Sebes (Eds.), *Troubled youth, troubled families* (pp. 27–39). New York: Aldine de Gruyter.
4. Gray, E. (1986) *Child abuse: Prelude to delinquency?* (Findings of a research conference conducted by the National Committee for Prevention of Child Abuse). Washington, D.C.: U.S. Government Printing Office.
5. Widom, C. S. (1989). Does violence beget violence? A critical examination of the literature. *Psychological Bulletin*, *106*(1), 3–28.
6. Widom, C. S. (1989). The cycle of violence. *Science*, *244*, 160–166.
7. Maxfield & Widom, 1996.
8. Maxfield & Widom, 1996; Widom, 1989, *The cycle of violence*.
9. Smith, C., & Thornberry, T. P. (1995). The relationship between childhood maltreatment and adolescent involvement in delinquency. *Criminology*, *33*, 451–481.
10. Zingraff, M. T., Leiter, J., Myers, K. A., & Johnsen, M. C. (1993). Child maltreatment and youthful problem behavior. *Criminology*, *31*, 173–202.
11. English, D. J., Widom, C. S., & Brandford, C. (2002). *Childhood victimization and delinquency, adult criminality, and violent criminal behavior: A replication and extension*. Final report presented to the National Institute of Justice, Grant No. 97-IJ-CX-0017.
12. English et al., 2002.
13. Widom, 1989, *Does violence beget violence?*
14. Maxfield & Widom, 1996; Widom, 1989, *The cycle of violence*.
15. English et al., 2002.

16. Maxfield & Widom, 1996; Widom, 1989, *The cycle of violence*.
17. Maxfield & Widom, 1996.
18. Widom, C. S. (2000). Understanding the consequences for childhood victimization. In M. D. Robert & M. Reese (Eds.), *Treatment of child abuse* (pp. 339–361). Baltimore: Johns Hopkins University Press.
19. Widom, C. S. (1999). Posttraumatic stress disorder in abused and neglected children grown up. *American Journal of Psychiatry*, *156*, 1223–1229.
20. Widom, C. S. (1998). Childhood victimization: Early adversity and subsequent psychopathology. In B. P. Dohrenwend (Ed.), *Adversity, stress, and psychopathology* (pp. 81–95). New York: Oxford University Press.
21. Widom, C. S., Ireland, T., & Glynn, P. J. (1995). Alcohol abuse in abused and neglected children followed-up: Are they at increased risk? *Journal of Studies on Alcohol*, *56*, 207–217.
22. Kaufman, J. G., & Widom, C. S. (1999). Childhood victimization, running away, and delinquency. *Journal of Research in Crime and Delinquency*, *36*, 347–370.
23. Widom, C. S., & Kuhns, J. B. (1996). Childhood victimization and subsequent risk for promiscuity, prostitution, and teenage pregnancy: A prospective study. *American Journal of Public Health*, *86*, 1607–1612.
24. Widom, 1998.
25. Perez, C., & Widom, C. S. (1994). Childhood victimization and longterm intellectual and academic outcomes. *Child Abuse & Neglect*, *18*(8), 617–633.
26. McGloin, J. M., & Widom, C. S. (2001). Resilience among abused and neglected children grown up. *Development and Psychopathology*, *13*, 1021–1038.
27. Sedlak, A. J. (1990). Technical amendments to the study findings—National Incidence and Prevalence of Child Abuse and Neglect (NIS-2) 1988. Washington, DC: U. S. Department of Health and Human Services.

Part 2

Understanding Child Maltreatment and Juvenile Delinquency: Foundations for Effective Responses

Janet Wiig, JD, MSW

As the connection between child maltreatment and future crime and delinquency is established, the challenge to policymakers, professionals, and the community at large is to design the most effective responses. The responses can be seated in the various prevention and intervention programs that are familiar to the child welfare and juvenile justice systems, and additional opportunities exist for the development of responses that require these two systems to work in new ways together. Critical to this challenge is the embrace of common goals and common responsibility to interrupt the trajectory of juvenile and criminal offending that seems to be the destiny for at least some of these victims of child abuse and neglect.

This part describes an array of program and system efforts that could serve as a foundation to develop effective responses that address the connection between child maltreatment and juvenile delinquency. First, it reviews particular program efforts and their reported effects, the risk factors used to identify children and families for a particular program or strategy, and the

assessment practices that accompany these efforts. Second, it discusses what these program efforts have in common and what the implications are for the child welfare and juvenile justice systems. Third, it describes the broad systemic reform that needs to take place to prevent delinquency, involving the integration of the child welfare, juvenile justice, and related systems. Finally, it provides examples of policies, procedures, and program efforts to link the child welfare and juvenile justice systems.

Programmatic Responses to Prevent Child Abuse/ Neglect and Delinquency

A continuum of prevention/intervention programs can serve as a foundation on which to build effective responses to prevent crime and delinquency. This continuum begins with child abuse and neglect prevention, continues with early intervention to prevent delinquency, and culminates in intervention programs that respond to incidents of child abuse/neglect, early onset of delinquent behavior, and serious juvenile offending. Because it is difficult to predict with certainty which abused and neglected children will become tomorrow's delinquents, the front line of delinquency prevention should be the prevention of child abuse and neglect itself.

Regardless of the point of intervention, what is needed is a continuous staging of individualized assessments focused on the child's health and behavior and identifying the child's service needs. The triggering of these assessments will be based on identified risks to the child, beginning with the factors that put children at risk of child abuse/neglect and continuing through the occurrence of abuse and neglect and the onset of delinquency. Good individualized assessment of these children will include multiple domains of a child's functioning to address those factors that continue to put children at risk of future delinquency. Two publications, *Serious and Violent Juvenile Offenders: Risk Fac-*

*tors and Successful Interventions*¹ and *Child Delinquents: Development, Intervention, and Service Needs*,² extensively document and categorize these factors. The categorization includes the following risk factors:

- Individual—hyperactivity, early onset of delinquency, discipline problems
- Family—child maltreatment, parental substance abuse, family disruption, parental criminality
- School—poor academic performance, truancy, school transitions
- Community/neighborhood—poverty, community disorganization, exposure to violence
- Peer-related—delinquent siblings and peers, rejection by peers

In addition to providing for good individualized assessment of children through the progressive stages of prevention/intervention programs, it is useful to identify individual programs that report effective results in reducing child abuse/neglect and delinquency. In the sections that follow, examples of these programs and assessment practices are described to illustrate what common elements of effective programs should characterize the continuum of prevention and intervention strategies. It is important to note that these programs and practices have been subject to differing levels of evaluation. Some will require additional evaluation to fully test their effectiveness to bring about the desired outcomes for children, youth, and families.

Prevention of Child Abuse and Neglect

Greater prevention of child abuse and neglect would help reduce delinquency. In its summary of prevention programs, Prevent Child Abuse America notes that “an approach to prevention must respond to a range of needs.”³ The summary recommends that there be a continuum of prevention programs starting with the prenatal period and continuing through the school years. These

programs are categorized as: (a) support for new parents, (b) education for parents, (c) early and regular child and family screening and treatment, (d) child care opportunities, (e) programs for abused children, (f) life skills training for children and young adults, (g) family support services, and (h) public information and education.

Whereas some prevention programs are targeted to the general population (primary prevention) and others to families in which abuse has already occurred (tertiary prevention), many prevention programs are targeted to children and families known to be at higher risk of maltreatment (secondary prevention).⁴ Particular risk factors that have been associated with child maltreatment include parental substance abuse, childhood disability, and domestic violence. Prevention programs that address these risk factors include substance abuse treatment, respite care, and parent education programs.⁵

Home visitation is a good example of a prevention program that has well documented success in preventing child abuse/neglect as well as producing other positive outcomes for the family's and child's well-being. Although the U.S. Advisory Board on Child Abuse and Neglect in 1991 recommended that home visitation be available universally to reduce child maltreatment, home visitation programs such as Hawaii's Healthy Start program are often targeted to families considered to be at higher risk.⁶ An advantage of these programs is that home visitors who develop relationships with the parent not only provide a range of family support services but also can model effective parenting.

One home visitation program, targeted to low-income, at-risk pregnant women bearing their first child, employs nurses to work with the women during their pregnancy and through the first two years of the child's life. The program is designed to help women improve their pregnancy outcomes, the care and development of the child, and the women's own development (i.e.,

educational achievement, participation in the work force, family planning).

This program reports significant improved outcomes for reduced child abuse and neglect, delinquency, and criminality. The program has been tested with both white and African American families, and the results show that the women and children who were visited by a nurse fared better in each of the outcome domains than the control group. A 15-year follow-up study of primarily white families in contrast to those in a comparison group found:

- 79% fewer verified reports of child abuse and neglect,
- 56% fewer arrests on the part of the 15-year-old children,
- 69% fewer maternal arrests,
- 44% fewer behavioral problems due to alcohol and drug abuse,
- 60% fewer instances of running away on the part of the 15-year-old children and,
- 56% fewer days of alcohol consumption on the part of the 15-year-old children.⁷

Early Intervention and Prevention of Delinquency

A number of early intervention programs have been shown to reduce criminality. These programs target the factors known to put children at risk of future delinquency, factors that also put families and children at risk for other poor outcomes. A 1998 RAND research brief focuses specifically on early childhood interventions and their benefits, costs, and savings.⁸ These interventions include programs targeted to children or mothers, those aimed at improving health or educational achievement, and those providing services such as parent skills training, child health screening, child abuse recognition, and social services referral. RAND summarizes findings from nine programs, each of which had control groups.⁹ The effects of these selected early interven-

tion programs on participating children, relative to those in the control group, showed:

- “Gains in emotional or cognitive development for the child, typically in the short run, or improved parent-child relationships.
- Improvements in educational process and outcomes for the child.
- Increased economic self-sufficiency, initially for the parent and later for the child, through greater labor force participation, higher income, and lower welfare usage.
- Reduced levels of criminal activity.
- Improvements in health-related indicators, such as child abuse, maternal reproductive health, and maternal substance abuse.”¹⁰

The Perry Preschool Program, a well-known example of the early intervention programs, illustrates this link between early childhood intervention and adult success, including reduced criminality. Studies^{11,12} of this program examine the lives of 123 African Americans who were born in poverty and at high risk for academic failure. When the participants were ages 3 and 4, they were randomly divided into two groups. One group received a high-quality, active learning preschool program in which teachers made weekly home visits and met with parents in monthly meetings. The control group of students received no preschool program.

Follow-up at age 19 showed that children who attended the preschool had lower rates of placement in special education classes, scored significantly higher on measures of academic achievement and literacy, attained better high school graduation rates, and had lower rates of welfare assistance than those in the control group.

Interviews with 95% of the original study participants at age 27—along with examination of school, social services, and arrest records—indicated that those who participated in the preschool

program had half as many criminal arrests, higher earnings and property wealth, and greater commitment to marriage.

It should be noted that many of the characteristics of child abuse prevention programs are shared with programs deemed valuable in the prevention of delinquency. There is the recognition that programs need to address the entire context of the family's and child's functioning, as in home visitation programs,¹³ and that single focus prevention approaches are limited in their effectiveness. As Wasserman and Miller stated in a review of programs aimed at delinquency prevention, "Recent successful approaches to prevention incorporate multiple components with documented efficacy at the individual, family, and peer level."¹⁴ Furthermore, the family-focused programming centers on a combination of support for the parents, parenting education, and improved interaction between parents and the child.

Intervention in Response to Child Abuse and Neglect

Child protection agencies have struggled with the tension between the child's safety needs and the integrity of the family. Public policy development and program interventions have reflected a kind of seesawing back and forth between out-of-home placement and family reunification, working with an all too malleable standard, the "best interests of the child." Concerns about future delinquency, although increasingly recognized by policymakers and practitioners, traditionally have not been a part of the equation. Agencies have been motivated throughout by the overarching goal of permanency for these children, whether it is with the child's birthparents, relatives, kin, foster parents, or adoptive parents. It is this goal that characterizes most of the intervention activities in the child welfare system. Nonetheless, in the child welfare system, there are specific examples of recently implemented intervention programs that focus on improved child protection outcomes for children but have characteristics that support the additional goal of delinquency prevention. They include

alternative family assessment, the Structured Decision-Making Model, and the CIVITAS/CCCC Core Assessment.

An innovation that has a focus beyond the immediate incident of abuse and neglect and the placement decision is the Family Assessment Approach. This was developed in Missouri and was the foundation for the Alternative Response Program developed in Minnesota. This approach is available to families when the reported maltreatment does not constitute a criminal violation (Missouri) or "substantial child endangerment" (Minnesota). The approach responds to the family's needs, builds on its strengths, and engages the family in the development of a plan to ameliorate the conditions that put the child at risk. The value of this program for reducing not only abuse and neglect, but also delinquency, is that it involves the people and resources of the family's own community so that there may be some enduring support built for both the family and the child. Missouri's 1994 evaluation of the approach showed some promising results, including improved safety for children, a reduction in child abuse and neglect reports, improved cooperation of families, and increased utilization of community resources.¹⁵

The Structured Decision-Making (SDM) model was described in a 2001 OJJDP bulletin¹⁶ as an effort that reduces delinquency through improved child abuse and neglect outcomes. Its premise is that because there is a link between child maltreatment and subsequent offending, the reduction of child maltreatment through the use of this model will result also in the reduction of offending. The OJJDP bulletin points out that the "family risk factors for delinquency and violence are also characteristics typically present in abusive or neglectful families"¹⁷ (i.e., failure to supervise and monitor children; excessively severe, harsh, or inconsistent punishment; domestic violence; and caregiver substance abuse¹⁸). The SDM model is a set of instruments designed to assist with each key decision point in a child protection case. It

is not a substitute for worker judgment, but is “designed to bring greater structure, objectivity, and consistency to child welfare practices.”¹⁹ It includes assessment tools in four areas: (1) response priority, (2) safety, (3) risk, and (4) family strengths and needs. The use of this model has produced some promising results for the protection of children. For example, in Michigan, there were fewer subsequent referrals for maltreatment and fewer subsequent child injuries for high-risk child protection cases handled in counties that used the SDM model than in those counties that did not use the model.²⁰ Evaluation of the SDM model led to the conclusion that “by reducing the extent of maltreatment experienced by children, the SDM model can make a significant contribution to breaking the link between abuse and delinquency.”²¹

An intervention program that is distinguished by its focus on the assessment of children is CIVITAS/CCCC Core Assessment, a joint project of Harris County Texas Child Protective Services (CPS), the Texas Department of Protective and Regulatory Services, and the CIVITAS ChildTrauma Programs.²² This assessment focuses on six domains relating to the child: (1) physical/medical, (2) family/social, (3) life history/traumatic events, (4) emotional/behavioral, (5) cognitive/academic, and (6) developmental. Its goal is to provide for placement and services to children that more closely match their needs than those provided by the traditional approach to assessment. The results of this core assessment process are more rapid decisionmaking, fewer days in CPS care, fewer days in shelter care, and fewer disrupted placements. In addition, it is estimated that “the cost savings from these factors alone could save the CPS system in Texas over 25 million dollars per year.”²³ The value of this process in terms of delinquency prevention is that it identifies the child’s needs directly in areas such as developmental, cognitive/academic, and emotional/behavioral, areas in which services might be targeted to reduce risk factors associated with future delinquency.

Intervention in Response to Early Onset of Delinquency

Concern is increasing about the incidence of delinquent behavior by children between the ages of 7 and 12 and the appropriateness of responses to these children and their families. Although the number of arrests of these very young offenders increased by only 6% between 1988 and 1997, there was a significant change in the nature of crimes charged during this period.²⁴ As Snyder reported in *Child Delinquents*, "Between 1988 and 1997, arrests of very young juveniles for property crimes dropped by 17%, while arrests for violent crimes increased by 45%."²⁵ At the same time, juvenile court cases involving these children increased by 33%, far more than the increase in arrests, indicating that law enforcement agencies are referring more of these very young offenders to juvenile courts.²⁶ One of the challenges, however, in responding to these offenders is inherent in the operation of the legal system itself, in that it does not really contemplate the presence of such young children.²⁷ Nonetheless, attention needs to be focused on these very young offenders. Although they constituted only 9% of all juvenile offenders in 1997, they "present a disproportionate threat to public safety" and will require a significant amount of the juvenile justice system's resources because "child delinquents are substantially more likely to be recidivists, serious offenders, chronic offenders, and violent offenders."²⁸

The characteristics of some very young offenders (under the age of 10), documented in a study in Hennepin County, Minnesota in 1995, illustrate the presence of multiple risk factors for future delinquency. This study found that, of 135 children under the age of 10 referred by law enforcement to the prosecutor during a 19-month period, the majority came from families that had received public assistance (91%), had mothers who were in their teens at the birth of the first child (70%), and had histories of charged crimes or delinquent acts on the part of parents or siblings (70%). The study also found that many of these families had received previous social services from the county for prob-

lems with family functioning (e.g., chemical health, mental health) (85%); of this group that had received previous services, 81% had been the subject of a child protection assessment. Where school information was available, the study found that the subject child was likely to have had attendance (56%), behavior (63%), or learning problems (51%) in school.²⁹

The risk factor domains for delinquency are much the same for very young offenders as they are for the older juveniles (e.g., child, family, peer group, community, and neighborhood). The difference may be that individual factors, such as “birth complications, exposure to lead, difficult temperament, hyperactivity, impulsivity, [and] sensation seeking,” and family factors, such as “parental antisocial or delinquent behavior, parental substance abuse, parents’ poor child-rearing practices, mother’s smoking during pregnancy, [and] teenage motherhood,” will be more important the younger the child.³⁰

“There are some risk factors in the *family* that apply especially, but not exclusively, to child delinquents:

- Family disruption, especially a succession of different caretakers
- Parental antisocial or delinquent behavior
- Parental substance abuse
- Maternal depression
- Child abuse and neglect
- Family members’ carelessness in allowing children access to weapons, especially guns.”³¹

Loeber and Farrington point out that there are a few organized intervention programs for very young offenders, but their effectiveness remains to be evaluated. They stress the importance of primary prevention programs that promote prosocial behavior and prevent disruptive behavior before it involves the juvenile justice system.³² They recommend that interventions for very young offenders and disruptive youth should:

- “Be integrated across services
- Focus on children before age 13 years
- Apply multimodal interventions, addressing more than one domain of risk factors (e.g., the individual child and the family, the family and the school)
- Address multiple problems of the child where necessary.”³³

Hennepin County and, subsequently, Ramsey County, Minnesota,³⁴ elected to target the youngest of these offenders (under the age of 10) to reduce their movement into the juvenile and criminal justice systems. Both counties developed risk assessment instruments based on factors known to place children at higher risk of delinquency in order to determine what the level of intervention should be for these children.³⁵ The highest risk children are placed in a long-term intervention program designed to support the child until the age of 18. The children selected for long-term intervention have multiple risk factors, significantly present in critical areas. For example, in Ramsey County, of the 78 children selected for long-term intervention, 44% had a mental health diagnosis and 37% had prior police contact. They lived in families that had delinquent siblings (52%), criminal parent(s) (91%), parental drug use (76%), domestic violence (63%), or involvement with CPS (81%).³⁶

The programs in Hennepin and Ramsey Counties for high-risk offenders under the age of 10 are called, respectively, Targeted Early Intervention (TEI) and All Children Excel (ACE). Hennepin County developed the TEI program in 1997. Two years later, ACE replicated the TEI model with a number of enhancements. Both programs have strong ongoing evaluation components. This, and the fact that the children are to stay in the program until age 18, holds promise for determining the efficacy of these programs.

TEI is characterized by its emphasis on the assessment and needs of the individual child, family functioning, integration of service delivery systems, and community supports. The program activity is carried out by two entities: (1) the integrated service

delivery team and (2) primary organizations (community-based agencies). The integrated service delivery team consists of a child protection worker, a psychologist, an economic assistance worker, a community health nurse, and a county attorney. The team addresses the multiple service needs of the child and family and ensures coordination of case openings with multiple agencies. The community-based agencies contract with the county to provide individualized attention to the child in coordination with the integrated service delivery team. These agencies employ youth workers who work with small numbers of children (5-10), each of whom has an individual success plan based on individualized assessments of the child's functioning in the home, school, and community. The plan is directed at long-term outcomes for the children, including reduction in delinquent behavior; reduction in exposure to abuse, neglect, and violence in the home; school success; and social competency. Results of a recent evaluation show that children with a minimum of 18 months in the TEI program, when compared with a similar group of delinquent children, had fewer and less severe subsequent offenses, significantly better school attendance, and less involvement with child protection.³⁷

The investment that both TEI and ACE have made in program evaluation will help determine the programs' effectiveness as long-term strategies. Early efforts to evaluate the risk assessment tools used in ACE and TEI have shown positive results in terms of their validation. The use of these tools in a long-term strategy and the commitment to continuing evaluation make these valuable enterprises to follow in terms of their utility for delinquency prevention.

Intervention in Response to Serious Juvenile Offenders

In *Serious and Violent Juvenile Offenders*, (SVJ) Loeber and Farrington summarized considerations regarding interventions and sanctions for these offenders, including a meta-analysis that

offers direction as to which programs are the most effective in reducing recidivism for both non-institutionalized and institutionalized offenders. They pointed out that:

- “In selecting treatment and sanctions in the juvenile justice system, account should be taken of (a) the severity of the presenting offense; (b) the risk of recidivism for serious offenses; and (c) the individual needs of the juvenile offender, such as academic needs and family support.
- Interventions for SVJ offenders often have to be multi-modal to address multiple problems, including law breaking, substance use and abuse, and academic and family problems.
- The administration of multi-modal programs requires the integration of services of the juvenile justice system, mental health, schools, and child welfare agencies.
- Aftercare programs are essential to reduce the likelihood of re-offending by SVJ offenders.”³⁸

The meta-analysis found that, for noninstitutionalized offenders, the most effective programs to reduce recidivism involve interpersonal skills training, behavioral contracting, or individual counseling. For institutionalized offenders, the most effective programs involve interpersonal skills training, cognitive-behavioral treatment, or teaching family homes programs. Furthermore, the effectiveness of programs is enhanced the longer treatment and service are provided.³⁹

Two recognized programs that have documented effectiveness with serious juvenile offenders are Multi-systemic Therapy and Multi-dimensional Treatment Foster Care. Both of these programs are part of the Blueprints for Violence Prevention Initiative.*

* The Blueprints for Violence Prevention Initiative was designed and implemented in 1996 by the University of Colorado at the Boulder Center for the Study and Prevention of Violence. Thus far, the Blueprints Initiative has identified 11 model prevention and intervention programs as meeting a strict scientific standard of program effectiveness in reducing adolescent violent crime, aggression, delinquency, and substance abuse and predelinquent childhood aggression and conduct disorders. See Mihalic, S., Irwin, K., Elliott, D., Fagan, A., & Hansen, D. (2001). *Blueprints for violence prevention* (Juvenile justice bulletin). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Multi-systemic Therapy (MST) is an intensive family- and community-based program that addresses the multiple risk factors for delinquency in individual youth and the various systems that make up the youth's daily experience: family, peers, school, and neighborhood. It targets violent, chronic, or substance-abusing juveniles who are at high risk of out-of-home placement, and their families. The program's primary goals are to assist parents to develop the skills and resources to promote the youth's healthy development, and to help youth cope with family, peer, school, and neighborhood problems. MST is home-based, designed in collaboration with family members, and guided by a therapist. It specifically targets factors in the youth's experience that contribute to antisocial behavior. Three randomized clinical trials of the program have been conducted with violent and chronic juvenile offenders. The results have shown long-term reductions in criminal activity, drug-related arrests, violent offenses, and incarceration.⁴⁰

Multi-dimensional Treatment Foster Care (MTFC), an alternative to group or residential treatment, is targeted to youth with histories of chronic and severe criminal behavior. The youth are provided with a therapeutic living environment with community families who are trained to supervise them in a program of behavior management. This is a multimodal treatment program that emphasizes the development of behavior skills to help the youth succeed at home, at school, and with peers. Youth have an individualized program based on their particular needs and strengths, and the MTFC parents are charged with implementing it. MTFC staff (i.e., case manager, family therapist, individual therapist) and MTFC parents work intensively with youth and act as mentors and role models to them. The youth's parents are also part of the treatment model. They learn effective methods for supervising, disciplining, and encouraging the youth so that they can run the youth's individualized program on home visits and provide a successful home environment when the youth eventually returns home. In contrast to the institutional setting, em-

phasis in this program is on keeping the youth away from deviant peers during the program intervention as well as upon return home. The program's effectiveness has been documented in a study that compared youth in MTFC with youth in Group Care (GC) who had similar delinquent histories. The MTFC boys had less than half the number of arrests as the GC boys, had an 83% higher rate of desistance from arrest, and had spent about twice as many days living with parents or relatives at one year after they left treatment.⁴¹

In determining what is an effective intervention for the serious juvenile offender, it is critical, once again, to provide individualized assessment that accounts for the particular needs of the child. There must be careful review of what criminogenic factors exist with each juvenile in order to match the child with an appropriate intervention. In other words, "'What works' must be fundamentally understood as 'what works for this kid.'"⁴² Although a program may have demonstrated effectiveness generally, a juvenile should be placed in the program based on individual characteristics and needs.

Discussion of Programmatic Responses

A review of the preceding prevention and intervention programs, although only a sampling of existing programs, illustrates that there is much that should assist the child welfare, juvenile justice, and related systems to develop a strong continuum of programming in each community to prevent delinquency. It has been pointed out that many of the risk factors for child abuse and neglect are the same as the risk factors for future delinquency and that factors exist in common between the early onset and older juvenile offenders. Effective programming targets risk factors in multiple domains and includes, whenever possible, a focus on both the child and the family. Elements of effective programming can be summarized as programs that:

- Address the entire context of child and family functioning;
- Provide support for parents;
- Provide parent education;
- Focus on improved parent-child interaction;
- Include good individualized assessment of the child;
- Identify risk factors and needs;
- Target risk factors at the child, family, neighborhood, and peer level;
- Involve a multimodal approach;
- Draw on community support;
- Integrate the services of schools and the juvenile justice, child welfare, and mental health systems;
- Emphasize behavior skills development for both parent and child; and
- Direct activities to long-term outcomes for children (e.g. reduction in exposure to abuse, neglect and violence in the home; reduction in delinquent behavior; school success; social competency).

The need for good individualized assessment of the child cannot be overemphasized. A program with proven effectiveness still needs to be a good match for the particular child, tailored to address the child's needs.

The focus on early onset offenders—using risk factors to determine the level of intervention and placing high-risk offenders in a long-term intervention—has received national attention due to its promise as a delinquency prevention strategy. This strategy raises important considerations. Loeber and Farrington⁴³ note that there is a need for additional screening methods to identify very young offenders who are at risk of becoming serious and violent juvenile offenders. They state that although a few screening methods are available, based on known risk factors, more needs to be done to evaluate their predictive utility. It is also important to remember that it is the accumulation of multiple risk factors across multiple domains that places children at high risk of delinquency,

not the presence of one or two factors in one or two categories. As to targeting children for long-term intervention, it is important to reserve this for the very high-risk offenders, to be conscious of unnecessary labeling, and to deliver a program that presents children with a panoply of positive experiences in school, sports, arts, and other extracurricular activities; with the opportunity to help others; with positive role models; and with skill-building activities, rather than just a focus on their delinquent behavior.

The message should be clear that the earlier the intervention, the better, a message that has important implications for the operation of the child welfare and juvenile justice systems. To reduce the future risk of delinquency, the child welfare system needs to address broader dimensions than protection, removal, and reunification. It should focus some attention on long-term outcomes for the health and well-being of children. Social service agencies need to provide treatment for abused and neglected children to interrupt the intergenerational repetition of violence.⁴⁴ As the system focuses on the child's short-term safety and placement needs, too often the child's individual needs for treatment and support are ignored. These children may have suffered traumatic effects of abuse and neglect that need to be treated. They often need support to improve their functioning in their schools and neighborhoods. Consideration should be given to how some of these children at very high risk for delinquency can be identified and provided with appropriate supports and treatment before they commit delinquent acts. The challenge for the system is to provide more individualized assessments based on the needs of the children for long-term health and well-being. Greater use of child-focused assessments such as the CIVITAS/C CCC Core Assessment and risk assessment tools could aid in that process.

Similarly, the juvenile justice system should work more closely with the child welfare system to identify concurrent involvement with the same family. Shared caseloads when a family has open cases in both the child welfare system and the juvenile justice

system provide opportunities for improved coordination of service delivery and prevention of future delinquency. Too often, when both systems are involved with a family, case plans do not reflect the totality of the children's situations and duplication of efforts results. In the worst case scenario, plans in one system contradict or thwart those of the other system. The juvenile justice system might also identify younger siblings to help ensure that they get necessary attention and support and are offered positive activities to deter them from delinquency; join the child welfare system to develop initiatives that address the early onset of delinquency; and make a greater commitment to garnering prevention and early intervention resources to help stem the progression of children from the child welfare system to the juvenile justice system.

Broader Systems Reform

The programmatic responses to address the prevention of child abuse/neglect and delinquency described in the foregoing sections can serve as part of the foundation for broader systems reform to prevent delinquency. It is critical, however, to expand beyond programmatic responses aimed at discrete populations to systemic responses that address the needs of all children in the child welfare and juvenile justice systems and make more effective use of resources across service delivery systems. This goal can be accomplished through redesign efforts that require extensive policy and system change and cost-benefit work that motivates states to effect these changes. It may also involve smaller efforts that change policy, procedure, or programming to link the child welfare and juvenile justice systems.

System Redesign Efforts

System redesign efforts are characterized by blended funding streams, policy and funding incentives to improve outcomes for

children, audit systems that eliminate overlap in service delivery, and strong use of evaluation. Three examples of system redesign efforts are Iowa's Decategorization Project and Comprehensive Strategy Process, Wraparound Milwaukee, and the National Crime Prevention Council's (NCPC's) Embedding Prevention in State Policy and Practice.

Iowa undertook two now related efforts, the Decategorization Project in its child welfare system and the Comprehensive Strategy Process in its juvenile justice system. The Decategorization Project was designed to provide a single child welfare fund so that families and children would not be limited to services based on the availability of funding in a particular category but, rather, would receive services based on their actual needs. The fund includes all or part of the dollars allocated for family-centered services, family preservation—court ordered services, family foster care, group care, independent living, and adoption purchase of services. This funding flexibility also presents possibilities for the development of new services deemed to be more responsive to clients when savings result from the provision of less costly services. By 1997, this service integration project was operating in 57 counties, including 70% of the state's population. It has exceeded expectations regarding collaboration at the local level and development of alternative services that are more responsive to families and children.⁴⁵

In 1997, six Iowa communities joined with OJJDP's Comprehensive Strategy* training and technical assistance initiative to create a balanced continuum of prevention, intervention, and ju-

* In 1993, the Office of Juvenile Justice and Delinquency Prevention presented the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders. This strategy "incorporates two principle components: (1) preventing youth from becoming delinquent by focusing prevention programs on at-risk youth and (2) improving the juvenile justice system response to delinquent offenders through a system of graduated sanctions and a continuum of treatment alternatives that include immediate intervention, intermediate sanctions, and community-based corrections sanctions, incorporating restitution and community service when appropriate." Howell, J., & Bilchik, S. (Eds.). (1995). *Guide for implementing the comprehensive strategy for serious, violent, and chronic offenders*. Washington, DC: U.S. Department of Justice (p. 9).

venile justice system services. The Iowa Decategorization Boards were designated as the entity to provide leadership and to constitute the steering committee for the six sites. Each community developed a plan that identified priority risk factors, resources, gaps in existing services and resources, and additional resources required. This planning process has provided family- and youth-serving agencies that operate across multiple disciplines the opportunity to move away from operating out of separate “silos.” Communities report benefits from this process, including increased collaboration and, in some cases, funds; “an understanding and focus on community risk and protective factors”; a defined sense of direction; and access to “best practices.”⁴⁶

Wraparound Milwaukee integrates mental health, child welfare, juvenile justice, and education services for youth with mental health needs and their families. The wraparound approach evolved from a number of philosophical tenets including unconditional care, flexible programming, individual planning, cross-system collaboration and funding, and family-focused and community-based services. It includes the following elements in its work with children in the child welfare and juvenile justice systems:

- Strengths-based approach to children and families—Build on the natural supports that exist such as positive relationships a child may have with grandparents, aunts, uncles, peers, and others.
- Family involvement in the treatment process—Engaging families and viewing them as capable in the assessment of the child’s needs.
- Needs-based service planning and delivery—Using the child and family to identify and address their needs as opposed to assuming the “experts” know what is best.
- Individualized service plans—Tailoring treatment plans to address the unique needs of the child and family.
- Outcome-focused approach—Measuring and evaluating clear goals that have been established by the youth, family, and professionals.

Components of the program include the care coordinator who conducts assessments and helps determine needs and identify services; the child and family team, who identify all the supports to the family; a mobile crisis team of social workers and psychologists; and a provider network that responds to multiple needs. The outcomes for this program include a 60% decrease in the use of residential treatment, an 80% decrease in inpatient psychiatric hospitalization, and a drop in the cost of care per child from \$5,000 to \$3,399 per month.⁴⁷

One redesign effort that strikes directly at the prevention of delinquency and future crime is the Embedding Prevention in State Policy and Practice initiative launched by NCPC in 2001. This effort has as its goal “to create self-supporting movements within selected states and their communities that promote and implement prevention as the policy of choice for reducing crime, violence, and drug abuse and build vital communities that do not generate crime.”⁴⁸ Six states are participating in this initiative—Arizona, California, Connecticut, Iowa, Kentucky, and Oregon. NCPC supports the states’ efforts by disseminating “prevention kits,” working with the National Advisory Group, helping states work with the media and use data to promote prevention, and publicizing their accomplishments. The initiative’s accomplishments include:

- In Arizona, the development of 19 community and state civic health indicators and the blending of \$8.6 million from 13 funding sources in nine agencies for a prevention initiative in three selected communities.
- In California, a major data report that recommends reordering state government to focus on embedding prevention, developing new leaders, and conducting more effective evaluations of youth crime programs.
- In Connecticut, creation of the Governor’s Crime Prevention Council with a primary focus on prevention legislation, advocacy for a youth voice in policy development,

and reporting of prevention-focused expenditures throughout state government.

- In Iowa, continued emphasis on its decategorization of funding sources, streamlined prevention and early intervention services for children in several pilot communities, and movement from problem-oriented response to engaging all youth in healthy development.
- In Kentucky, a common definition of prevention and outcome indicators, a comprehensive database of prevention programs, allocated funds with a primary prevention focus, and dozens of county leaders now trained in prevention planning.
- In Oregon, implementing legislation that requires localities to produce one plan across agencies that incorporates all local prevention needs and priorities and requires at least five state agencies to coordinate and help develop the capacity to implement the local plans.⁴⁹

The foregoing are but a few examples of system redesign efforts. These efforts, however, provide tenets that can be replicated by other communities seeking to redesign their service delivery to produce better outcomes for children and families.

Cost-Benefit Work

The potential savings that accrue from prevention efforts can motivate broader systemic reform. Policymakers are increasingly concerned about the value of dollars invested in particular programs in terms of actual reduced costs of crime. Shrinking budgets and failed criminal justice strategies have prompted states to look more carefully at initiatives that show promise to reduce the costs of criminal justice. Numerous research studies have been conducted on the costs of crime.⁵⁰ Also, specialized research has been conducted on the costs and benefits of prevention and early intervention programs, models have been developed for cost-benefit analyses, and initiatives have been developed for entire communities to reduce their costs of crime.

*Diverting Children from a Life of Crime*⁵¹ describes early interventions and their costs compared to incarceration as a means to reduce crime. This work estimates the direct costs and benefits of four types of interventions: (1) early childhood home visits and day care, (2) parent training and social-skills development for youth, (3) programs aimed at improving educational attainment of disadvantaged youth (graduation incentives), and (4) correctional interventions for young juvenile delinquents (delinquent supervision).⁵² The findings from this research show that, in terms of serious crime averted per dollar expended, three of the four (graduation incentives, parent training, and delinquent supervision) compare the most favorably to a high-profile incarceration alternative⁵³ (California's three-strikes law). Although the fourth, home visits and day care, works well with high-risk families during early childhood, the cost per crime prevented is high because of the cost of the intervention and the long delay before it begins to affect serious crimes. The authors point out another benefit, however, in that this kind of intervention "has been shown to reduce rates of child abuse by about 50 percent."⁵⁴

Program costs were compared with general government savings in two early intervention programs, the Perry Preschool program and the Elmira Prenatal Early Infancy Project. For higher-risk families, estimates were \$25,000 in government savings compared with \$12,000 in cost per child in the Perry Preschool program, and \$24,000 in savings compared with \$6,000 in cost per child in the Elmira program.⁵⁵ The report concludes, however, that more work still needs to be done to determine how to target these interventions in terms of criteria that result in the most positive cost-benefit ratios, whether the results would be as positive if these programs were implemented on a large scale, and what the savings would be within the context of the "welfare system."⁵⁶

The Washington State Institute on Public Policy has developed a useful model to determine comparative costs of programs to reduce crime. This model is based on a review of more than

400 research studies conducted in the United States and Canada with a focus on evaluations that used a control or comparison group to determine whether a program reduced criminality. This review included prevention and correctional efforts in four areas: (1) early childhood programs, (2) middle childhood and adolescent (nonjuvenile offender) programs, (3) juvenile offender programs, and (4) adult offender programs. After determining from the literature review which programs work in terms of reducing criminality, the model examines the economics of carrying out a particular program in the state of Washington. It compares the cost of providing the program today to projected benefits in the future due to reduced criminal justice system costs and reduced victim costs.⁵⁷ The findings are reported for some general types of treatment programs such as intensive probation and some “off the shelf” programs such as MST and MTFC. For each program, the net direct cost of the program per participant and the net benefits per participant (i.e., benefits minus costs) are calculated.⁵⁸ In many cases, this calculation is also expressed as a benefit-to-cost ratio, that is, x dollars in benefits for every dollar spent. The benefit-to-cost ratios, in general, are much higher for the programs that address juveniles. The programs that address juveniles have double-digit benefits (e.g., for MST, a benefit-to-cost ratio of \$28.33 for every dollar spent) compared to single-digit benefits of adult programs (e.g., for treatment-oriented intensive supervision, a benefit-to-cost ratio of \$2.45 for every dollar spent).⁵⁹ Although, in general, Washington reports positive benefit-to-cost ratios in a wide range of programs in both the juvenile and adult areas, it should be noted that this model’s utility to other states requires that the programs be considered in the particular state’s context. The findings in this report are based on the model from the perspective of Washington taxpayers and crime victims. Other states would need to account for differences in the operation of their juvenile justice and criminal justice systems, including sentencing practices.⁶⁰

Finally, some states have initiatives to reduce criminal justice costs by investing in youth. In Deschutes County, Oregon, and King County, Washington, there is a deliberate shifting of resources from back-end custodial to front-end prevention services. The Community Youth Investment Project (CYIP) has been under way since 1998 in Deschutes County and the Reinvesting in Youth strategy in King County is in development. In CYIP, the \$48,000 per year that would have been spent to house a youth in state custody services is provided for community placement. Accrued savings from housing and serving the youth in the community are reinvested in prevention services. Both programs are based on the premise that targeting funds for prevention and early intervention based on “best practices” knowledge about which programs work will result in significant savings on the more costly back-end interventions.⁶¹

Getting Started on Systemic Reform

The foregoing discussion has provided examples of systemic reform and has described the use of economics as a motivation for reform. A community needs to develop a foundation for systemic reform, however, before any reform is undertaken. This can involve a number of steps. First, the political will to address the prevention of crime and delinquency must be created. This may be brought about through the presence of capable leaders and the documentation of the problem with solid research data that compel action. Second, an assessment of the culture is needed to determine what barriers and strengths exist. Third, a clear determination should be made as to what are the policy objectives and how the research is going to be used to market the policy and programmatic changes. Fourth, community readiness and community capacity need to be built to commit to and support efforts at every level.

A new effort in Maryland provides some direction for getting started. This effort, Youth Strategies, is an initiative of the Mary-

land Governor's Office of Crime Control and Prevention, working through the State Advisory Board on Juvenile Justice (a group that makes recommendations and decisions on the use of federal juvenile delinquency funds) in partnership with the Maryland Department of Juvenile Justice and the Governor's Office on Children, Youth and Families. Youth Strategies is designed to create a seamless continuum of care to prevent juvenile delinquency and adolescent substance abuse and provide early intervention. It outlines the following steps:

- "Conduct or update a Community Needs Assessment, including resource mapping, identification of service gaps, review of targeted indicators, and community involvement (surveys, focus groups, key informant interviews, team membership, leaders)
- Develop a strategic plan to establish or enhance a seamless 'continuum of care' from prevention through intervention and aftercare
- Identify research-based strategies best suited to the identified need and gap in services
- Develop a result-based accountability plan including performance measures and outcomes measures
- Review data to improve plan through ongoing development of the continuum of services."⁶²

Local management boards will coordinate and lead the planning process, ensure community involvement, and develop a plan with local partners that is based on research, local data, and desired results.⁶³ This planning process could be useful to other state and local jurisdictions that are considering system redesign to provide prevention and early intervention strategies.

Targeted Policies, Procedures, and Program Efforts to Link Child Welfare and Juvenile Justice

Although some jurisdictions may not be poised or able to undertake major redesign efforts that require the participation of multiple players within governments and among their service pro-

viders, examples of smaller efforts exist that involve changes in policy, procedure, or programming to achieve some measure of improvement in linking the child welfare and juvenile justice systems. These include the Project Confirm model, dual jurisdiction, and information sharing and the operation of management information systems.

Project Confirm, a collaborative effort of the Vera Institute and New York's Administration for Children's Services, is designed to address a problem that is all too common in jurisdictions across the country: the "dumping" of child welfare adolescents into the juvenile justice system. This effort was based on findings that children who were in the child welfare system at the time of their arrest often spent unnecessary time in detention because there was no notification of nor action by the child welfare worker in response to the child's arrest. This further resulted in children losing their beds in foster homes, often enduring a lengthy re-placement process and longer periods of incarceration while new placements were being developed. To address this problem, Project Confirm involves four elements to eliminate the detention bias against foster children. First, it provides a mandatory referral and cross-referencing mechanism to determine whether an arrested youth is in foster care. Second, project personnel notify the youth's caseworker, give guidance as to how to proceed, and act as liaison between child welfare and juvenile justice officials. Third, it provides a coordinated response that calls on the child welfare worker to confer with probation officers, prosecutors, and judges regarding the release decision and prevention of future offenses. Finally, to ensure that the child welfare workers understand and assume responsibility when a youth on their caseload is arrested, an official memorandum from the director of the child welfare agency outlines their responsibilities and makes clear that emergency re-placement is not an option. The results of this program show an increased rate of court appearances by caseworkers and a higher release rate for this

population, recognizing that public safety will require secure confinement for some youth.⁶⁴

Dual court jurisdiction involving both juvenile delinquency proceedings and child welfare court proceedings can result in improved outcomes for youth if there is effective coordination between the child welfare and juvenile justice systems. Arguably, “the use of dependency or CHIPS [child in need of protection or services] jurisdiction simultaneous to delinquency jurisdiction is more likely to provide the services to the whole family that address the underlying causes of the child’s behavior.”⁶⁵ Difficulties can arise, however, with the coordination of efforts across the two jurisdictions that may not serve the youth well. To address this concern, the model court initiative in Illinois developed a plan to better coordinate services in dual jurisdiction cases. It included setting up a system to accurately identify children in both the juvenile justice and child welfare populations, developing a coordinated protocol for handling their cases and augmenting its attorney staff to address dual jurisdiction children.⁶⁶ In contrast, California prohibits dual jurisdiction by statute and, instead, compels the coordination of the county probation and CPS departments regarding a minor who appears to fall within the definitions for both dependency and delinquency jurisdictions.⁶⁷ The statute requires that both departments make recommendations to the court that “serve the best interests of the child and the protection of society” and that the court determine which jurisdiction is appropriate. Both departments also are required to develop a joint protocol that ensures coordination in the assessments and recommendations regarding minors who appear to fall within both jurisdictions.

Finally, a basic consideration in improving the link between child welfare and juvenile justice systems lies in information sharing and the operation of management information systems. Minimally, when families are involved with these two systems, mechanisms should be in place to share information. Despite some data

privacy and confidentiality concerns, much can be done to inform the decisions made in one system or the other through developing protocols, linking existing automated systems, and integrating information systems. To accomplish this, there needs to be a thorough review of state and federal laws governing the sharing of records, an inventory of the types of information routinely collected, and a review of the practices and culture regarding the sharing of information. Two efforts provide some direction in this regard. Virginia undertook a comprehensive initiative to improve management of its records and its information-sharing policies.⁶⁸ Also, a Minnesota study reviewed data privacy considerations concerning the operation of a juvenile assessment center.⁶⁹ Both of these efforts resulted in the identification of barriers and solutions that could provide guidance to address the critical issue of information sharing.

Endnotes

1. Loeber, R., & Farrington, D. P. (Eds.). (1998). *Serious and violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage.
2. Loeber, R., & Farrington, D. P. (Eds.). (2001). *Child delinquents: Development, intervention, and service needs*. Thousand Oaks, CA: Sage.
3. Prevent Child Abuse America. (n.d.) *Fact sheet: An approach to preventing child abuse*. Retrieved February 25, 2002, from http://www.preventchildabuse.org/learn_more/research/an_approach_to_prevention.pdf
4. *Prevention pays: The costs of not preventing child abuse and neglect*. (n.d.). Retrieved February 25, 2002, from the U.S. Department of Health and Human Services, National Clearinghouse on Child Abuse and Neglect Information website: <http://www.calib.com/nccanch/pubs/prevenres/pays.cfm>
5. *Prevention pays*, n.d.
6. *Prevention pays*, n.d.
7. *Blueprints for violence prevention: Overview of the prenatal and infancy home visitation by nurses program* (Fact sheet). (n.d.). Retrieved June 25, 2001, from the University of

Colorado at Boulder website: http://www.colorado.edu/cspv/blueprints/model/ten_nurse.htm

8. *Early childhood interventions: Benefits, costs and savings* (RAND research brief). (1998). Retrieved January 23, 2002, from <http://www.RAND.org/publications/RB/RB505014>. See also Karoly, L., Greenwood, P., Everingham, S., Hoube, J., Kilburn, M. R., Rydell, C. P., et al. (1998). *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions*. Santa Monica, CA: RAND.
9. *Early childhood interventions*, 1998. The nine programs were Early Training Project, Perry Preschool, Chicago Child-Parent Center, Houston Parent-Child Development Center, Syracuse Family Development Research Program, Carolina Abecedarian, Project CARE (Carolina Approach to Responsive Education), Infant Health and Development Project, and Prenatal/Early Infancy Project.
10. *Early childhood interventions*, 1998 (pp. 2-3).
11. Berrueta-Clement, J., Schweinhart, L. J., Barnett, W. S., Epstein, A. S., & Weikart, D. P. (1984). *Changed lives: The effects of the Perry pre-school program on youths through age 19* (Monograph 8). Ypsilanti, MI: High Scope Press.
12. *Significant benefits: The High/Scope Perry Preschool Project*. High/Scope Educational Research Foundation. Retrieved March 22, 2002, from: <http://www.highscope.org/research/resper.htm>
13. Prevent Child Abuse America, n.d.
14. Wasserman, G., & Miller, L. (1998). The prevention of serious and violent juvenile offending. In R. Loeber, & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage (p. 207).
15. Missouri Department of Social Services. (2000). *Child abuse and neglect in Missouri: Report for calendar year 1999* (p. 39). Retrieved February 25, 2002, from <http://www.dss.state.mo.us/re/pdf/cancy99.pdf>. See also *Alternative Response Program: Reaching out to support families*. (2001). St. Paul: Minnesota Department of Human Services; *Bulletin #00-68-4: Guidelines for alternative response to reports of child maltreatment*. (2000, April). St. Paul: Minnesota Department of Human Services.
16. Wiebush, R., Freitag, R., & Baird, C. (2001). *Juvenile justice bulletin: Preventing delinquency through improved child protection services*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
17. Wiebush et al., 2001 (p. 3).

18. Howell, J. (Ed.). (1995). *Guide for implementing the comprehensive strategy for serious, violent, and chronic juvenile offenders*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (p. 20).
19. Wiebush et al., 2001 (p. 12).
20. Wiebush et al., 2001.
21. Wiebush et al., 2001 (p. 18).
22. Conrad, D., Dobson, C., Schick, S., Runyan, D., & Perry, B. (1998). *A successful public/private partnership in children's protective services: The Children's Crisis Care Center*. Unpublished paper presented at the Twelfth International Congress on Child Abuse and Neglect, Auckland, New Zealand.
23. Conrad et al., 1998 (p. 5).
24. Loeber & Farrington, 2001 (p. 26).
25. Snyder, N. H. (2001). Epidemiology of official offending. In R. Loeber & D. P. Farrington (Eds.), *Child delinquents: Development, intervention, and service needs* (pp. 25–46). Thousand Oaks, CA: Sage (p. 26).
26. Loeber & Farrington, 2001 (p. 29).
27. Wiig, J. (2001). Legal issues. In R. Loeber & D. P. Farrington (Eds.), *Child delinquents: Development, intervention, and service needs* (pp. 323–338). Thousand Oaks, CA: Sage (p. 335).
28. Loeber & Farrington, 2001 (pp. 26, 41, 40).
29. Wiig, J., & Lahti-Johnson, K. (1995). *Delinquents under 10 in Hennepin County: A statistical analysis and practices and experience of police jurisdictions*. Minneapolis, MN: Hennepin County Attorney's Office.
30. Loeber & Farrington, 2001 (pp. xxv–xxvi).
31. Loeber & Farrington, 2001 (p. xxvi).
32. Loeber & Farrington, 2001 (p. xxviii).
33. Loeber & Farrington, 2001 (pp. xxix–xxx).

34. Beuhring, T., & Melton, H. (2002). *Ramsey County All Children Excel (ACE): Promoting resiliency in children at risk for serious and violent delinquency (Preliminary outcome evaluation study)*. St. Paul, MN: Ramsey County Board of Commissioners.
35. Ramsey County conducted a validation study of its instrument. Beuhring & Melton, 2002 (p. 24, Endnote 13).
36. Beuhring & Melton, 2002 (p. 5, Figure 3).
37. Decker Gerrard, M., & Owen, G. (2000). *Delinquents under 10: Targeted early intervention (Phase 2 evaluation report)*. St. Paul, MN: Amherst H. Wilder Foundation.
38. Loeber & Farrington, 1998 (p. xxiii).
39. Loeber & Farrington, 1998 (p. xxiii).
40. Blueprints for violence prevention: Overview of multisystemic therapy (Fact sheet). (n.d.). Retrieved June 25, 2001, from the University of Colorado at Boulder website: http://www.colorado.edu/cspv/blueprints/model/ten_Multisys.htm. See also Henggeler, S. W., Mihalic, S. F., Rone, L., Thomas, C., & Timmons-Mitchell, J. (1998). *Blueprints for violence prevention, Book 6: Multisystemic therapy*. Boulder, CO: University of Colorado at Boulder Center for the Study and Prevention of Violence.
41. Blueprints for violence prevention: Overview of multidimensional treatment foster care (Fact sheet). (n.d.). Retrieved June 25, 2001, from the University of Colorado at Boulder website: http://www.colorado.edu/cspv/blueprints/model/ten_Multidim.htm. See also Chamberlain, P. & Mihalic, S. F. (1998). *Blueprints for violence prevention, Book 8: Multidimensional treatment foster care*. Boulder: University of Colorado at Boulder Center for the Study and Prevention of Violence.
42. Institute on Criminal Justice, University of Minnesota Law School. (2000). *Serious and chronic juvenile offenders*. St. Paul: Minnesota Department of Corrections (p. 59).
43. Loeber & Farrington, 2001 (p. xxviii).
44. *Prevention pays*, n.d.
45. Child Welfare League of America. (2001). The Iowa example: Decategorization and the comprehensive strategy process. *Link*, 1(3), 3–4. See also Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning. (2000). *Iowa comprehensive strategy for serious, violent and chronic juvenile offenders: 1999-2000 report*. Retrieved February 28, 2002, from <http://www.state.ia.us/government/dhr/cjip/recpub.htm>

46. Iowa Department of Human Rights, 2000 (p. 3).
47. Kamradt, B. (2000). Wraparound Milwaukee: Aiding youth with mental health needs. *Juvenile Justice Journal*, 7(1), 14–23.
48. *Embedding Prevention in State Policy and Practice, mission statement* (n.d.). Retrieved March 21, 2002, from the National Crime Prevention Council website: <http://ncpc.org/embedding/about/mission.htm>
49. National Crime Prevention Council. (2001–2002). Embedding initiative completes banner first year and looks ahead. *State of Prevention*, 1(3), 1–3. See also National Crime Prevention Council. (n.d.). *Embedding prevention rationale*. Washington, DC: Author.
50. Shapiro, E. (1999). *Cost of crime: A review of the research studies* (Information brief). Retrieved March 21, 2002, from the Minnesota House of Representatives website: <http://www.house.leg.state.mn.us/hrd/pubs/costcrime.pdf>
51. Greenwood, P., Model, K., Hydel, C. P., & Chiesa, J. (1998). *Diverting children from a life of crime: Measuring costs and benefits*. Santa Monica, CA: RAND.
52. Greenwood et al., 1998 (p. 15).
53. Greenwood et al., 1998 (p. 37).
54. Greenwood et al., 1998 (pp. 38–39).
55. *Early childhood interventions*, 1998 (p. 4).
56. *Early childhood interventions*, 1998 (p. 5).
57. Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime*. Olympia: Washington State Institute for Public Policy (pp. 1–2).
58. Aos et al., 2001 (p. 8, Table 1).
59. Aos et al., 2001 (pp. 18, 29).
60. Aos et al., 2001 (p. 3).
61. Greenwood, P. (n.d.). *Reinvesting in youth: A strategy for reducing crime and criminal justice system costs*. Unpublished working paper.

62. Maryland Governor's Office of Crime Control and Prevention, Maryland Department of Juvenile Justice, and Maryland Governor's Office on Children, Youth and Families. (n.d.). *Youth strategies 5 year consolidated grant*. Unpublished slide presentation. See also Maryland Governor's Office of Crime Control and Prevention. (n.d.) *Youth strategies initiative*. Retrieved April 11, 2002, from <http://www.goccp.org/goccp/youth.asp>
63. Maryland Governor's Office of Crime Control and Prevention, n.d., *Youth strategies 5 year consolidated grant*.
64. Child Welfare League of America. (2001). Project Confirm of New York City: Bridging the gap between child welfare and juvenile justice. *Link*, 1(4), 5–7. See also Conger, D., & Ross, T. (2001). *Reducing the foster care bias in juvenile detention decisions: The impact of Project Confirm*. New York: Vera Institute. Retrieved March 21, 2002, from http://www.vera.org/publication_pdf/146_182.pdf
65. Wiig, 2001 (p. 327).
66. National Council of Juvenile and Family Court Judges. (2001). *Child Victims Act project model courts status report 2000* (p. 60). Retrieved February 28, 2002, from http://www.pppncjfcj.org/html/status_report_2000.html
67. Calif. Welf. & Inst. Code, sec. 241.1.
68. Frost, L. (2001). *Juvenile records and information sharing: An overview of federal and state law, practice, and procedure in Virginia*. Charlottesville: University of Virginia, Institute of Law, Psychiatry & Public Policy.
69. Institute on Criminal Justice, University of Minnesota Law School. (1999). *Hennepin County juvenile assessment center planning project*. Minneapolis: University of Minnesota (pp. 44–53).

Conclusion

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A shameful number of children and youth are victims of abuse and neglect. This number rose disturbingly in the 1980s and 1990s. In 2000, there were approximately 879,000 substantiated instances of maltreatment. It is estimated that of these instances, more than 1,200 cases resulted in the death of the victim. The research presented in this monograph provides undeniable evidence that victims of childhood maltreatment often enter the juvenile justice system and become tomorrow's serious and violent offenders. Although the earlier research examining this connection between child maltreatment and juvenile delinquency may have suffered from serious methodological problems and contradictory findings, more recent studies reflect the ability of researchers to overcome these problems and incontrovertibly identify the importance of childhood victimization as a risk factor for subsequent delinquency and violence. When examining this valuable knowledge, it is critically important to maintain a balanced perspective on this connection. The research cited in Part 1, reflecting findings from prospective studies from four distinct regions of the United States, reveals that the relationship between child maltreatment, juvenile delinquency, and the other associated negative outcomes is not inevitable or deterministic. We must be vigilant in our efforts to understand the implications of this research, however, so that practitioners, administrators, and policymakers from the child welfare, juvenile justice, and associated systems can develop more effective collaborative and coordinated multisystem approaches. Critical to this effort is developing and delivering more effective preven-

tion and early intervention responses for abused and neglected children and youth, thereby reducing the unnecessary and inappropriate use of out-of-home placement and incarceration.

Historically, the child welfare and juvenile justice systems have operated in separate silos, often with distinct funding allocations for mandates in behalf of the children, youth, families, and communities they serve. Juvenile and dependency court judges, court service practitioners, and child welfare case managers can provide voluminous accounts of this reality and its adverse effect on service delivery. A recent survey of public juvenile justice agencies nationwide,* found that, of the 230 responding agencies and organizations (representing 42 states and a variety of jurisdiction populations), less than 10% had developed any collaborative program or project to address the population of delinquent offenders with previous individual or family histories of child maltreatment. This supports the vitally important assertion that we must do much more to effect sustained reductions in child abuse/neglect and juvenile delinquency. Despite the paucity of program, practice, and system solutions available to accomplish positive outcomes in behalf of this targeted population, this monograph has identified a range of programs and practices as well as system reform efforts, and has also included cost-benefit analysis of several program efforts that have the potential to produce positive outcomes. As these efforts are highlighted, it is critically important that we recognize that many of these programs may not have been subjected to rigorous scientific evaluation. This has historically been true of efforts to prevent delinquency.¹As we try to build on the programs, practices, and system solutions to effectively intervene in behalf of this targeted population of juvenile offenders, it is imperative that we

* The Child Welfare League of America (CWLA) developed a juvenile justice/child welfare survey, which was administered to approximately 1,500 public juvenile justice agencies nationwide to determine the presence of programs or projects addressing this link. The results and findings will be presented at the CWLA Juvenile Justice/Child Welfare Summit in New Orleans, Louisiana, in May 2002. The report will be retrievable at www.cwla.org/programs/juvenile.

develop a greater capacity to evaluate these current and future interventions.

CWLA has created the Research to Practice Initiative (R2P) within its National Center for Research and Data* to address this key element. As CWLA provides leadership in the identification of existing program initiatives, as well as the development and implementation of new programs, practices, policies, and systemic solutions in this area, the CWLA Juvenile Justice Division will coordinate with R2P to ensure this goal is achieved. This will subsequently provide the juvenile justice and child welfare systems with replicable models that have proven effective in achieving positive outcomes for this population of children, youth, and families.

The challenge to address the relationship between child maltreatment and juvenile delinquency sufficiently and effectively is formidable. It is critical to embrace common responsibilities and common goals that require the child welfare, juvenile justice, and other youth-serving agencies to work in new, more effective, collaborative efforts. It is in this manner that we can interrupt the path to criminal offending that is frequently the outcome for childhood victims of abuse and neglect. If we are to realize a common mission and vision for the well-being of our children, youth, and families, and witness substantial, sustained reductions in child abuse/neglect and juvenile delinquency, we must understand the research that establishes the connection between child maltreatment and juvenile delinquency. Then, we must design and implement effective program, practice, and systemic solutions.

CWLA, with and through its members and other juvenile justice agencies and organizations, will lead this effort by continuing to raise the national level of awareness regarding the connec-

* The CWLA Research to Practice Initiative will build the capacity to rigorously evaluate existing programs. It will establish criteria for the completion of rigorous evaluations and support proficient adaptation of the methods to diverse communities. Retrieved from the CWLA website: www.cwla.org/programs/r2p

tion between child maltreatment and juvenile delinquency through (a) an ongoing information dissemination campaign; (b) local and statewide symposiums that bring together practitioners, administrators, and policymakers from the juvenile justice and child welfare systems; and (c) collaboration with other national organizations and state and local agencies to provide workshop presentations and keynote addresses at conferences. In addition, CWLA will further develop its inventory of programs, practices, and policies contributing to more coordinated and collaborative multisystem efforts while developing credible evaluations for current interventions. Finally, CWLA will use the guiding principles articulated in its monograph, *Making Children a National Priority: A Framework for Community Action*, which sets forth a broad and inclusive framework for ensuring the healthy growth and development of all of America's children and youth. CWLA will develop tools and resources that states and communities can use in mobilizing, assessing, planning, and implementing reforms. Through its National Center for Field Consultation, CWLA will enhance support states and communities in site-based efforts to provide better outcomes for this population.

The challenging and exciting work in behalf of children, youth, families, communities, and neighborhoods throughout the country remains ahead for all of us working for the improved integration and enhanced functioning of the juvenile justice and child welfare systems. The scope and nature of the work is far reaching and ambitious. The CWLA Juvenile Justice Division challenges everyone to actively engage in the noble work to realize our mission and achieve our goals.

Endnote

1. McCord, W., Widom, C. S., & Crowell, N. A. (Eds.). *Juvenile crime, juvenile justice*. Washington, DC: National Academy Press; National Research Council and Institute of Medicine Panel on Juvenile Crime: Prevention, Treatment and Control: Committee on Law and Justice and Board of Children, Youth, and Families.

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