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## Do We Know Enough To Prevent Youth Crime?

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**T**he fundamental question undergirding this section of the report is “Do we know enough to prevent juvenile crime?” The response to this question depends on whether we know what leads to juvenile delinquency and whether all juvenile delinquents are the same. More specifically, are youth who commit occasional or nonviolent crimes different from those who commit frequent and violent crimes? Research in the last three decades has increased our understanding of why youth commit different crimes, which leads to the possibility of prevention. Based on this evidence, several prevention programs have emerged with documented success in reducing antisocial behavior in children and delinquency in adolescents. This section of the report reviews selected prevention programs and draws implications for policymakers and prevention programmers.

To clarify the terms used in this report, antisocial behavior and conduct disorder are psychiatric terms while delinquency is a legal term. Antisocial behavior refers to acts intended to inflict harm on someone else or their property such as stealing, lying, fire setting, breaking into someone’s home or car, physical cruelty, and rape. Antisocial behavior may or may not come to the attention of the juvenile justice or mental health system. In the mental health system, 3 or more antisocial behaviors in a 6-month period is known as a conduct disorder (Yoshikawa, 1994). In the legal system, delinquency is breaking the laws written by state legislatures; thus, laws vary across states and over time. Currently in Wisconsin, juvenile delinquency is linked closely to violations of criminal law (Melli, 1994).

### **Are All Juvenile Delinquents the Same?**

Over 80 percent of all adolescents report having committed a chargeable offense at one time or another, but most of these “normal” adolescents do so infrequently (Moffitt & Harrington, in press; Steinberg, 1989). A small proportion of youth are responsible for most juvenile offenses (Hawkins, Lishner, Jenson, & Catalano, 1987). An estimated 5 to 8 percent of youth are responsible for 40 percent of all police contacts and two-thirds to three-fourths of all offenses (Patterson, 1994; Yoshikawa, 1994).

Assuming that all teenagers who commit crimes are psychologically similar is wrong (Moffitt, 1993), and can thwart efforts to develop effective policies and programs. A growing body of studies by such researchers as Teri Moffitt at UW-Madison and Gerald Patterson, Lew Banks, and their colleagues at the Oregon Center for Social Learning reveal that not all delinquents are the same. Some kids straighten out their lives after a few, petty delinquent acts, while others “spiral downward into serious crime” (Moffitt & Harrington, in press).

Instead of one grand explanation for delinquency, it may be more accurate to think of one explanation for those who begin their criminal careers at a later age and one for those who begin their criminal careers earlier (Patterson & Yoerger, 1993).

Youth who begin delinquent activity at age 15 or later are more apt to stop their delinquent behavior as they mature; in fact, by age 28, almost 85 percent of former delinquents have stopped committing crimes (Moffitt, 1993). These late-blooming delinquents may break the law in some settings (shoplift or use drugs), but not in others (continue to obey rules at school).

Those who begin their criminal careers early get started on the wrong foot and are more likely to become frequent offenders, commit violent crimes, and continue criminal activity as adults. Not only is their antisocial behavior consistent over time, but also across settings; for example, early-occurring delinquents “lie at home, steal from shops, cheat at school, fight in bars, and embezzle at work” (Moffitt & Harrington, in press, p. 8). The causes of these two patterns of delinquency are quite different and require different responses from policymakers and practitioners.

### **What Leads to Late-Blooming Delinquency?**

Late bloomers, adolescents who commit their first offense at age 15 or later, comprise the majority of delinquents. These delinquents engage in few delinquent acts, commit few serious crimes, and stop their criminal careers by the time they reach adulthood. Psychologically, this type of delinquent appears to be quite normal: socially skilled, popular with peers, and with no history of previous problems. Late-blooming adolescents can be found in most communities, their families appear to be less disadvantaged than those of early occurring delinquents, and the parents appear more skillful in family management practices (Steinberg, 1987).

While the evidence is not all in, crime that begins after age 15 may be influenced primarily by factors such as knowledge of their friend’s and peer’s delinquent acts; susceptibility to antisocial peer pressure (Steinberg, 1987); and poor parental monitoring or supervision (Steinberg, 1987). Another explanation revolves around the declining age young people reach physical maturity, as early as 9 for some girls and 10 for some boys. Today’s young people go through puberty earlier and stay in school longer; this has resulted in the largest separation in human history between when adolescents are able to reproduce and when they assume adult roles and responsibilities (i.e. voting, drinking, and getting married) (Steinberg, 1991).

Yet adolescents desperately want to engage in adult activities, be treated as adults, and demonstrate their ability to make their own decisions (Moffitt & Harrington, in press).

Delinquency may be one of the only tastes of adulthood available to young people (Steinberg, 1991). According to Moffitt and Harrington (in press), every curfew broken and car stolen is a statement of independence and maturity. Not surprisingly, delinquency drops off as youth enter work and family commitments (Moffitt, 1993).

### **What Leads to Early-Occurring Delinquency?**

Early starters, youngsters who begin their criminal careers before the age of 15, have many problems that can be detected as early as preschool; they are typically aggressive, impulsive, and lacking in social skills and self-control. Factors such as hyperactivity or genetic influences may predispose these youngsters to delinquency, but they don't tell the whole story (Steinberg, 1989). These early delinquents, typically boys, come from families with neglectful, hostile, and antisocial parents who fail to instill self-control and a healthy conscience. Their families tend to be low socioeconomic status, frequently unemployed, and oftentimes divorced (Patterson & Yoerger, 1993; Steinberg, 1987). Not surprisingly, the siblings of early starters often experience trouble with the law as well. As children, many were uninvolved in school and exhibited low verbal ability, poor academic records, and serious reading problems.

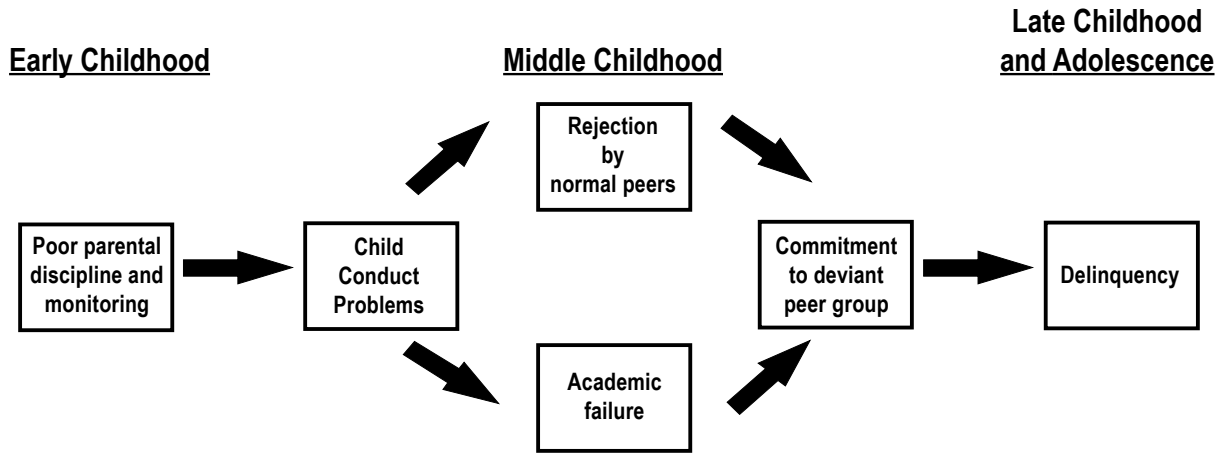
After three decades of research on normal and clinical families, researchers at the Oregon Center for Social Learning have concluded that much of what the child learns about aggressive behavior is acquired in interactions with siblings and parents in the home. According to recent estimates, about 30 to 40 percent of child antisocial behavior can be accounted for by family interaction patterns (Patterson, 1986; Yoshikawa, 1994). In normal families, children use both aggressive and prosocial ways of resolving conflict. In clinical families, conflict occurs more frequently and children are successful in resolving conflict only with whining, yelling, temper tantrums, or physical attacks (Patterson, 1994). Parents of antisocial children threaten, nag, and scold, but seldom follow through (Patterson, 1986). Parents may find themselves giving in to the demands of children rather than setting limits, and withdrawing from their child to limit unpleasant exchanges (Moffitt & Harrington, in press). Thus, the children growing up in these families learn that aggression works. Patterson, Bank, and his colleagues have concluded that a breakdown in parenting practices produces antisocial behavior in children; antisocial behavior, in turn, leads to delinquency in early adolescence (Patterson, 1994).

These antisocial behaviors learned in the family also transfer to the school with teachers and peers responding in much the same way as parents. When faced with troublesome youngsters, teachers respond with negative sanctions about 9 times out of 10 and with support only about 1 time out of 10; in contrast, well-behaved children received support from teachers about 8 times out of 10 and dis-

approval' about 2 times out of 10 (Reid, 1993). School performance also suffers as indicated in Figure 1 below:

**Figure 1**

**A Developmental Progression for Antisocial Behavior**



Source: Patterson, DeBaryshe, & Ramsey, 1989

In a nutshell, these early-occurring delinquents trigger the anger of their parents, alienate peers by their refusal to play by the rules, anger teachers with their disobedient and disruptive behavior, and short-circuit their own ability to master more prosocial skills (Prothrow-Stith & Weissman, 1991). These behaviors appear to be quite stable, beginning during preschool and continuing through old age (Moffitt & Harrington, in press). Overtime, the negative consequences snowball; these early delinquents lack the social skills necessary to find work or marriages that might enable them to drop out of crime (Caspi, Elder, & Bern, 1987; Patterson & Yoerger, 1993). Those who continue to commit crimes at the age of 25 are more apt to become dependent on alcohol and other drugs, abuse their spouse and children, and suffer from psychiatric disorder (Moffit, 1993).

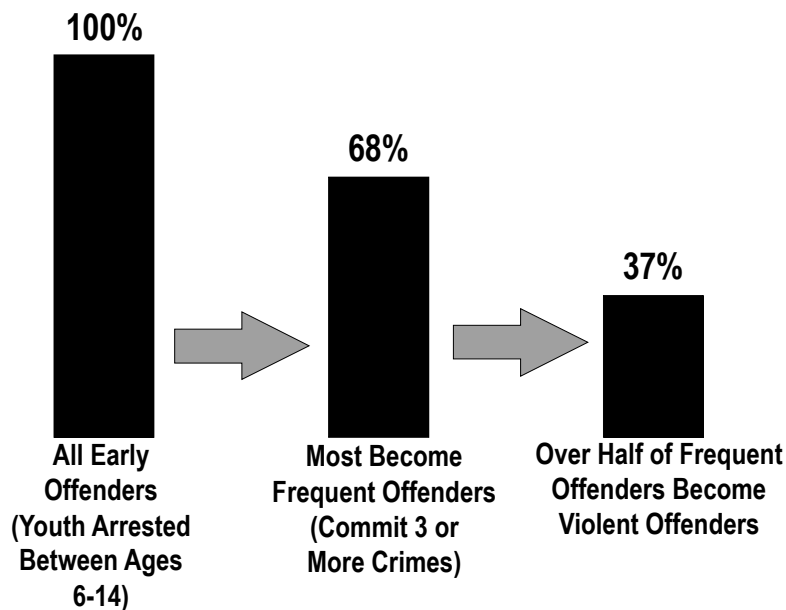
**What Leads to Frequent and Violent Crime?**

The best predictors of who will become violent offenders are youth who commit their first crime at an early age and continue their criminal careers. Boys arrested between the ages of 6 and 14 are at greater risk of becoming frequent and violent offenders than boys arrested after the age of 14 (Patterson & Yoerger, 1993). When crime begins early, more than two-thirds become frequent offenders (arrested 3 or more times) and only one-third do not continue their criminal careers (See Table 1). Just over half of the boys who are frequent offenders also become

violent offenders. Furthermore, 72 percent of violent offenders were frequent offenders compared with 37 percent of nonviolent offenders as shown in Table 2 (Patterson, 1994).

**Table 1**

**The Development of Frequent and Violent Juvenile Offenders**



Source: Patterson, 1994

These findings suggest that no special explanation is needed for how violent crime develops. If you can determine who starts early, you can predict frequent offenders, and frequency appears to predict violent offenses (Patterson, 1994). The sequence of events that lead to violent crime appear to be:

- ❖ Those children who are antisocial at an early age “overwhelm” the tracking efforts of their parents.
- ❖ They are much more likely to be out on the street unsupervised at a much younger age.
- ❖ These early wandering, antisocial boys form a deviant peer group, and are at much greater risk of early police arrest.
- ❖ Those who are arrested early are at much greater risk for repeat offenses.
- ❖ Those who have committed three or more offenses are at much greater risk for committing violent crime (Patterson, 1994).

## Is Prevention Possible?

### Is Preventing Late-Blooming Delinquency Possible?

The chances for preventing late-blooming delinquency are much better than for early-occurring delinquency, because late-blooming adolescents have stable mental health and well-developed social and intellectual skills. They also have internalized moral standards and see some reason for abiding by the rules and expectations of the family, school, and community. The following prevention strategies appear to have a good chance of success:

- ❖ Helping youth learn to resist negative peer pressure may provide youth with the motivation and the skills to avoid committing crimes simply to go along with the crowd (Steinberg, 1989).
- ❖ Training parents to monitor their children more closely can reduce the number of situations where youth must resist negative peer pressure (Steinberg, 1989).
- ❖ Just as the childrearing ability of parents is related to social support (Yoshikawa, 1994), it is likely that parental monitoring may also be influenced by weak social support and other factors such as family poverty, single parenthood, negative life events, and neighborhood disorganization. Improving the conditions in which families operate and reducing stress on families may strengthen their parenting capacity.
- ❖ Treating delinquency seriously when it occurs and providing definite consequences may deter repeat crimes (Steinberg, 1989). Even though we will never be able to legislate away delinquency, laws are important because they communicate the norms and beliefs of society. These strategies only work, however, for those people who are connected to family, school, and community and who feel they have something to lose if they get caught (Hawkins, undated).
- ❖ Treating adolescents who grew up essentially problem-free as “delinquents” may stigmatize them and hurt their ability to resist crime in the future (Moffitt, 1993). We need to be willing to give youth another chance.
- ❖ Communities may provide avenues for youth to demonstrate their increasing maturity such as opportunities to volunteer in hospitals, nursing homes or child care centers; to tutor or mentor younger children; and to participate in positions of responsibility and decision making in the school and community (Steinberg, 1991).

## **Is Preventing Early-Occurring Delinquency Possible?**

According to Patterson, Bank, and their colleagues at the Oregon Center for Social Learning, prevention is also possible with early starters (Patterson, et al., 1989). To prevent early-occurring juvenile delinquency requires starting early to alter harsh and inconsistent parenting. Waiting until youth commit their first crime may be too late for preventing this type of delinquency (Hueseman & Eron, Lefkowitz, & Walder, 1984), since after-the-fact interventions with delinquents, particularly frequent offenders, have largely proven unsuccessful (Rutter & Giller, 1983 cited in Steinberg, 1987).

## **At What Age Should Prevention Programs Begin?**

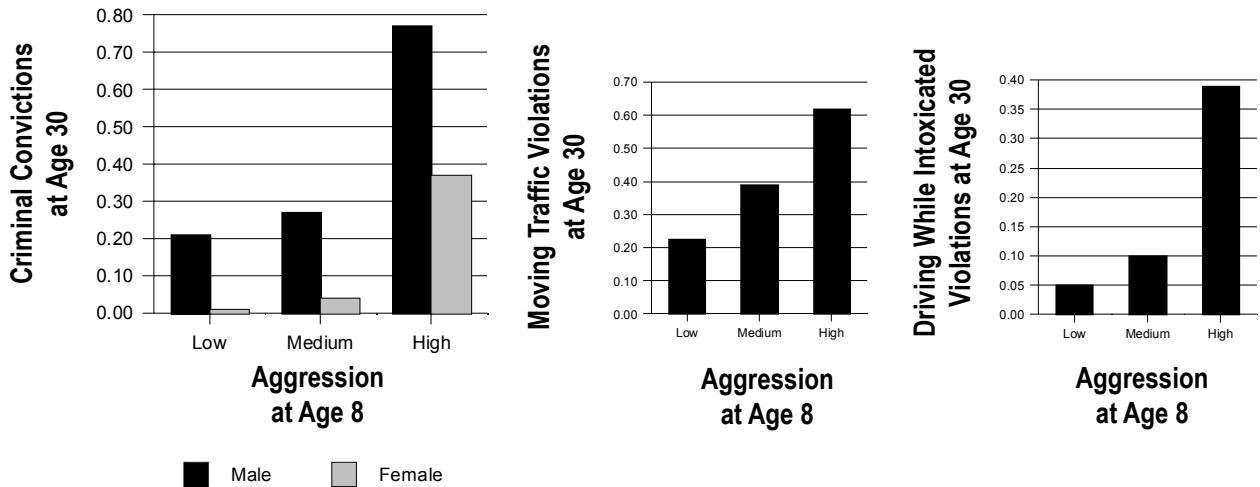
Based on the two types of juvenile delinquency, one set of prevention programs is needed to head off those children at risk of becoming early starters. Another set needs to begin after the age of 10 or 11 to focus on children at risk of becoming late bloomers. Even though many of these late blooming delinquents will stop their offenses over time, they still cause problems for society during their criminal careers; in addition, their delinquency can interfere with their own school performance which has implications throughout their adult lives (Patterson, 1994).

For early starters, programs need to begin early. Aggression appears to be quite stable, much like IQ, and difficult to change by the time it comes to the attention of society (Huesmann, et al., 1984; Patterson, 1986). For example, those children whose classmates said they were the most aggressive in third grade, committed more serious crimes as adults. At age 30, these highly aggressive 8-year-old males were more likely to commit crimes, commit serious crimes, violate traffic laws, drive while drinking, severely punish their children, and view themselves as aggressive. Similarly, females who were highly aggressive at age 8, scored higher at age 30 on criminal convictions, severe punishment of their children, and self-reported aggression (see Table 3). According to recent evidence, there are virtually no antisocial adults who were not antisocial as children (Moffitt & Harrington, in press), yet most antisocial youth do not become antisocial adults (Moffitt, 1993).

Do these findings suggest that aggression is a stable trait that is difficult to budge? Quite to the contrary, these findings suggest that prevention programs provided early, specifically before school entry, hold the greatest promise (Hawkins, et al., 1987; Reid, 1993; Yoshikawa, 1994). For example, studies have shown that parent training reduces child aggression; its success rate, however, is 63 percent for children 3 1/2 to 6 years old and only 27 percent with children 6 1/2 to 12 years-old (Patterson, Dishion, & Chamberlain, 1993). After the child enters school, serious behavior problems become much more difficult to change.

Table 3

**Stability of Aggression  
From Childhood to Adulthood**



Source: Huesmann, Lefkowitz, and Walder, 1984.

Prevention efforts that begin before school entry can focus almost exclusively on parents. After school entry, however, prevention strategies must become much more comprehensive, targeting not only parent training and family support, but also academic failure in the school setting, and social skills training with peers; even if a child's social skills improve, however, it is difficult for prosocial peers to accept a child who was once rejected (Patterson, et al., 1989; Reid, 1993).

**Which Prevention Programs Hold the Most Promise?**

A wide spectrum of prevention programs have been tried. Strategies range from those that focus on the individual to those that target the family or the community. Seven techniques appear particularly promising: parent management training; early childhood

intervention and family support; functional family therapy, teaching problem solving skills; social perspective-taking training; community-based programs; and broad-based interventions (Kazdin, 1987; Ziglet, Taussig, & Black, 1992). Each will be summarized briefly. While this listing is not intended to be exhaustive, it does suggest the breadth and diversity of prevention programs that address juvenile crime.



## **Parent Management Training**

No other program for antisocial children has been investigated as thoroughly as The Oregon Social Learning Center's Parent Management Training, making it one of the most promising treatments for antisocial children (Kazdin, 1987). Parents receive, on average, 20 hours of training on how to interact differently with their children. The results have been impressive. Whether measured by parent and teacher reports or direct observations of the child, children from program families display less antisocial behavior; the changes are large enough to bring deviant children into the range of normal functioning (Kazdin, 1987; Patterson, 1986; Patterson, 1994).

These results have been repeated in several studies with effects lasting as long as four years. The treatment also benefits other child behaviors, sibling behavior, and maternal depression. Better results are obtained with younger children than older children, with treatments lasting 50 to 60 hours, and with mothers who have positive social support networks (Kazdin, 1987; Patterson, 1986; Patterson, 1994). The program is less costly when implemented with younger children, because the problems are less severe and the treatment is shorter. Interestingly, when foster parents received training and intensive follow-up, placement failures in foster care were significantly reduced; this stopped multiple placements which are all too common in the lives of severely disturbed children and adolescents (Chamberlain, Moreland, & Reid, 1992).

While there is less research on delinquency among girls, treatment approaches that incorporate social support from peers and adults seem more important for positive outcomes in girls than boys. Treatment for boys is more effective when they are isolated from their friends, as friends reinforce their deviant behavior. For girls, however, group treatment appears to work better because of the importance of peer support (Patterson, 1994).

## **Early Childhood Intervention and Family Support**

Three early childhood intervention and family support programs for children in poverty intended to prevent school failure, but ended up preventing more than poor report cards. Longitudinal studies of several early childhood intervention programs document that they are effective in reducing future delinquency. These programs were different in scope and purpose but provided comprehensive services including health care, parent involvement, and counseling to parents.

The **High/Scope Perry Preschool** Program followed the lives of 123 children from low socioeconomic status (SES) families. Only about one-fifth of their parents completed high school and nearly half lived in single parent families. About half of the fathers were unemployed and about half received welfare. The program in-

cluded a daily 2-1/2 hour classroom session for children, a weekly 1 1/2 hour home visit to each mother and child, and monthly parent meetings. Most 3 and 4-year-olds attended the program for two years, with some that attended for only one year (Schweinhart, Barnes, & Weikart, 1993).

As indicated in Table 4, participants in the program have been followed up to age 27. At age 27, preschool participants were less apt to be in trouble with the law, on probation, welfare recipients, or enrolled in a program for the educable mentally impaired; at the same time, they were more apt to be married, a high school graduate, and a home owner.

According to recent estimates, an investment in this preschool program returns an estimated \$7.16 for every dollar spent (see Schweinhart et al., 1993). In 1992 dollars, the Perry Preschool Project had an average cost of around \$7,250 per child. Conceivably, the costs could be reduced without affecting quality by increasing the teacher/child ratio; for example, increasing the ratio from 5.7 to 8 children per staff member would reduce the program costs to about \$5,187 per child.

The federal Cost for Head Start was only \$3,720 per child in 1993; adding the local inkind match required by Head Start brings the annual cost to \$5,000 per child. In comparison to the Perry Preschool project, Head Start keeps costs down by having larger class sizes, lower formal qualifications and salaries, limited home visits, fewer family services, and enrolling some children for one year rather than two (Schweinhart, et al., 1993); Head Start does provide some services, however, that Perry Preschool did not offer such as health screening and referral, mental health services, nutrition education and hot meals, and social services for the child and family.

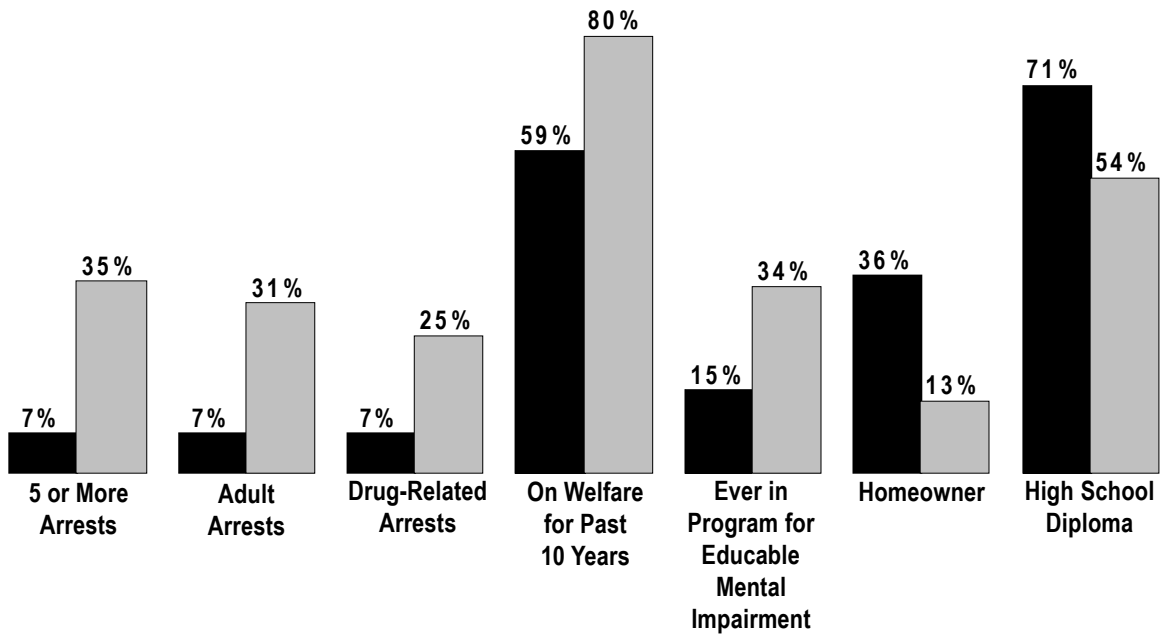
The **Syracuse University Family Development Research Program** attempted to bolster family and child functioning among low SES women, mostly young single parents, with less than a high school education. Many had poor work records and had been in trouble with the law. Children received over 4 years of quality child care and families received weekly home visits which included nutrition and parent education. The home visitors supported the mother, modeled parent and child interaction, and assisted in developing contacts with social service agencies and the school.

Ten years after the completion of the program, when the children were between 13 and 16 years old, only 6 percent had been processed as probation cases compared with 22 percent in the control group. The court costs were \$186 for each child in the program group and \$1,985 for each child in the control group.

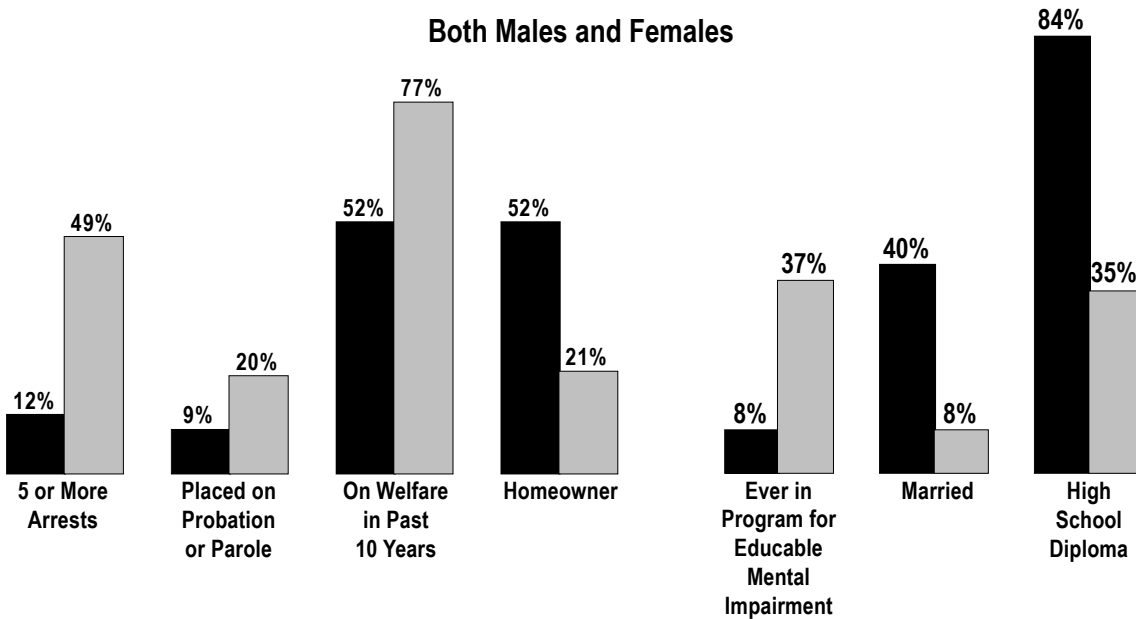
The **Yale Child Welfare Research Program** focused on mothers raising young children in high risk environments. The program aimed to alleviate the stresses of poverty and provide supports so mothers could devote more energy to parenting.

**Table 4**

**Benefits of the Perry Preschool Program at Age 27**

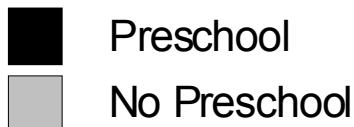


**Both Males and Females**



**Males**

**Females**



Services were provided to 17 mothers until 30 months postpartum. Services included pediatric care, child care, and home visits by health professionals which included counseling on food, housing, education, and career plans.

At the 10-year follow-up, the boys who did not receive the program were more likely to show aggressive, acting-out, predelinquent behavior serious enough to require placement in classrooms for emotionally disturbed children. Mothers of these boys were also more likely to report the child's stealing, cruelty to animals, and aggressive behavior toward parents and siblings. The children of program mothers required fewer remedial and supportive services, including court hearings, than did control groups boys; average savings totaled \$1,120 for each child per academic year.

All the mothers in the program group had obtained significantly more education than control mothers and were self supporting by the time their first borns were 12 1/2 years old. Program mothers had fewer children, were more apt to report that they enjoyed their children, and were more involved in their children's education.

These early childhood programs appear to work because they are comprehensive-providing health services, child care, home visits, linkages to community services, and social support networks (Zigler, et al., 1992). The programs are thought to be successful, not only due to the high quality of the preschool component, but also because they enabled parents to function better and, through parents, their children (Bronfenbrenner, 1986; Zigler, et al., 1992).

### **Functional Family Therapy**

The main goal of functional family therapy is to increase positive reinforcement among family members and to improve communication, negotiation, and problem-solving. In comparison with two other types of therapy, functional family therapy showed greater improvement in family interaction and fewer repeat crimes up to 18 months after the treatment. In follow-up data 2 1/2 years later, siblings in those families who received treatment also showed lower rates of referral to juvenile courts. Functional family therapy shows promise, but needs further study (Kazdin, 1987; Klein, Alexander, & Parsons, 1977).

### **Teaching Cognitive Problem-Solving Skills**

Children are taught to engage in a step-by-step approach to solve interpersonal problems. Children trained for at least a 4-month period were less impulsive; aggressive, impatient, and engaged in fewer temper tantrums. Children also exhibited more concern for each other. These gains were maintained at the one and two year follow-up (Shure & Spivack, 1988).

Gains are small, however, and would not bring children up to normal ranges of functioning (Kazdin, 1987). While the results appear promising, more research is needed.

### **Social Perspective-Taking Training**

In an innovative study by Chandler (1973), serious male offenders met one-half day per week to practice taking the perspective of another person. Compared to two control groups, program youth showed improvements in role-taking ability and reductions in serious delinquent behaviors 18 months later.

### **Community-Based Programs**

In contrast to the above treatments, community-based treatments do not include a specific curriculum. Programs such as Feldman's large scale program in St. Louis, are conducted in the community and use local resources. In a one-year period, antisocial and normal youth attended an average of 22 sessions (1 to 2 hours each) organized around sports, arts, fundraising, and discussion groups. Program youth showed greater reductions in antisocial behavior, but the effects were stronger with trained leaders, mixed groups of antisocial and normal youth, and treatments including behavior modification. Whether such programs better serve high risk or mildly disturbed children is unclear (Kazdin, 1987).

### **Broad-Based Interventions**

A broad-based model for treating juvenile offenders used a family preservation approach that addressed social and cognitive skills of the youth; parent and marital issues; childrearing; and therapy. Treatment was intensive for an average of 13 weeks with 33 hours of direct contact and a therapist available 24 hours-a-day. One year later, program youth had fewer arrests, fewer self-reported offenses, and spent an average of 10 fewer weeks in prison. Program families also reported more closeness and less youth aggression in peer relationships. The cost per client for treatment was \$2,800 in comparison with an average institutional placement of \$16,300 annually in South Carolina (Henggeler, Melton, & Smith, 1992).

### **What are the Implications of these Findings for Policymakers and Programmers?**

- ❖ To do the most good, policies and programs must begin before the youth become involved in the formal criminal justice system, according to the 1967 President's Commission on Law Enforcement and Administration of Justice and its Task Force on Juvenile Delinquency (cited in Hawkins & Weis, 1985).

- ❖ One reason for the success of parent management training is that the program is often initiated before antisocial behavior begins and becomes severe enough to affect behavior in other settings such as the school and the peer group (Patterson, Dishion, & Chamberlain, 1993; Zigler, et al., 1992).
- ❖ One of the hallmarks of the successful early childhood intervention and family support programs is their comprehensiveness. They provided health services, child care, home visits, linkages to community services, and social networks created through formal or informal group meetings (Yoshikawa, 1994; Zigler, et al., 1992). The programs are thought to be successful, not only because of the high quality of the preschool component, but also because they enabled parents to function better and, through parents, their children (Bronfenbrenner, 1986; Zigler, et al., 1992).
- ❖ The family support components of Head Start need to be expanded. Currently, service delivery to families is hampered because most family service workers have caseloads almost double that recommended. Given the strength of family interventions in delinquency prevention, this may explain the relatively weaker effects of Head Start on antisocial behavior than demonstrated in other early education programs (Yoshikawa, 1994).
- ❖ For early-occurring delinquency, the first five years may be a “turning point” when change is more likely (Yoshikawa, 1994) and the program less costly. During the preschool years, parents should be taught less harsh and more consistent discipline tactics. Prevention strategies that reduce stress on families (i.e. poverty, low social support, unemployment, frequent moves, divorce, single parenthood, violent media messages, permissive laws and norms) may also put parents in a better position to be effective (Reid, 1993).
- ❖ For late-blooming delinquency, broad-based programs are needed that address the individual, peer group, family, and community. Adolescents should learn how to resist negative peer pressure, and parents should learn the importance of monitoring their children more closely. Communities need to take steps to provide definite consequences for youth misbehavior, but avoid labeling first-time offenders as “delinquent”. Communities can also take steps to support families, alleviate family stress, and provide opportunities for youth to demonstrate their maturity in ways that benefit society.
- ❖ Expecting any short term program to keep children out of trouble is unrealistic. The early preschool education programs with demonstrated effectiveness lasted at least two years (Zigler, et al., 1992); the parent management programs required a minimum of 20 hours of professional time with better results with 50 to 60 hours of training.

Since results of parent management training can be detected up to 4 years later, booster sessions may be needed at critical transitions such as entry into school and transitions into middle and high school (Banks, 1994).

- ❖ Given the success of early childhood education programs, targeting high-risk populations in high-risk areas appears warranted. The most effective early childhood intervention programs have focused on urban low-income families, precisely those populations who face the most risks and have the least access to the early education and family supports available to more advantaged families. Cultural sensitivity was an important element of their success (Zigler, et al., 1992).
- ❖ We need to avoid trying to identify high-risk individuals and label them “predelinquents,” since many high-risk children will not become delinquents. A better strategy may be focusing on high risk neighborhoods, schools, and communities. Instead of targeting delinquency, programs can focus on factors that lead to delinquency (i.e. family management practices and school failure) (Hawkins, undated).
- ❖ Early intervention in the lives of high-risk families may also lower the likelihood that youth will engage in crime as well as other problems (i.e. alcohol and substance abuse, school failure, welfare dependency, low earnings, and single parenthood).

### **Conclusion**

If the public opinion polls are correct, the political will for addressing juvenile crime exists. What a tragic paradox that the public’s confidence in its ability to do anything to help youth-at-risk has hit bottom just when our scientific understanding of these issues has reached an all-time high (Schorr, 1988). Based on the research amassed in this report, the policy responses need to be varied just as juvenile delinquents vary in the crimes they commit, the age they begin their criminal careers, and the factors that underlie their delinquent behavior.

Even though the job won’t be easy, recent advances in identifying the pathways through which youth embark on juvenile crime, and the prevention programs that have successfully diverted youth from these paths bring hope. Though gaps still remain in our scientific understanding of these issues, preventing juvenile crime is in the realm of the possible. The biggest challenge, for policymakers and practitioners alike, is to translate this research into concrete programs and policies that promote youth development into competent, law-abiding adults.

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