



Juvenile offenders with and without disabilities: Risks and patterns of recidivism

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ARTICLE INFO

Article history:

Received 13 August 2010

Received in revised form 1 September 2010

Accepted 9 September 2010

Keywords:

Juvenile delinquency

Recidivism

Juvenile offenders with disabilities

Juvenile justice

ABSTRACT

Youth with disabilities are overrepresented in the juvenile justice system and tend to be repeat offenders. Current intervention strategies have produced differential effects between those with and without disabilities. Yet, little research has been done to examine the differences between these two populations regarding risks for and patterns of recidivism. This study compared patterns of repeated offenses committed by youth with and without disabilities by analyzing data from a large sample consisting of multiple cohorts with birth years from 1981 to 1988. Their average age at first referral was 13.97 and ranged between 5 and 19. The data was obtained from the South Carolina Department of Juvenile Justice (SCDJJ) Management Information System. We used survival/hazards analyses to examine patterns of repeat offending; censoring was considered for age 21, as this ended the potential time for a juvenile offense to occur by definition. It was found that offenders with disabilities had much higher risks for second and third referrals than those without disabilities and had their first contact with the juvenile justice system at an earlier age. The average time it took for an offender with a disability to be referred again was 2.75 years, compared to 7 years for those without disabilities. There is a need to develop intervention strategies that meet the unique needs of offenders with disabilities.

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Juvenile delinquency in the United States has been a persistent concern for decades. In 2006, law enforcement agencies in the United States made an estimated 2.2 million juvenile arrests accounting for 17% of all violent and 26% of property crime arrests (Snyder, 2008). Youth with disabilities present a particular challenge for the juvenile system as they are a particularly vulnerable group for juvenile delinquency and are disproportionally represented. Estimated prevalence rates vary across agencies ranging from single digit percentages to over 90% of the incarcerated juvenile population (Bullis & Yovanoff, 2006; Larson & Turner, 2002; Morris & Morris, 2006). One recent national survey of heads of state departments of juvenile correctional facilities indicated an average of 33.4% of incarcerated youth receiving special education services with prevalence rates in some states as high as 77.5% (Quinn, Rutherford, Leone, Osher, & Poirer, 2005).

One of the most pressing challenges in juvenile delinquency is repeat offending. Repeat offending or recidivism is very common among delinquents. According to Myrner, Santman, Cappelletty, and Perlmutter (1998), about half of the incarcerated youth will return to the juvenile correctional system. A frequently cited assertion is that a small minority of delinquents (usually estimated at about 10%) commit a large percentage (two thirds) of all juvenile crimes (Steinberg, 2008; Yoshikawa, 1994). Recidivists miss the adolescent

developmental process and lack adequate opportunities to practice the skills necessary for transition to adulthood; this results in poor adult outcomes in employment, career, and living options (Unruh, Gau, & Waintrup, 2009). The cost of incarcerating recidivists presents a burden to the justice system, the family, and the medical and social service systems (Cohen, 1998).

Recidivism is associated with a number of factors. One of the strongest predictors of recidivism is age at first arrest, with those who were first arrested at a younger age much more likely to become recidivists (Barrett, Katsiyannis, & Zhang, 2006, 2010). Juvenile offenders with foster care experience are four times more likely to be early starting delinquents than youth with no foster care experience; youth with a family member convicted of a felony are two times more likely to be early starting delinquents than youth with no family felony (Alltucker, Bullis, Close, & Yovanoff, 2006). Family criminal history and family dynamics have also been associated directly with recidivism (Farrington, Jolliffe, Loeber, Stouthamer-Loeber, & Kalb, 2001). Cottle, Lee, and Heilbrun (2001) conducted a meta-analysis of twenty-three published recidivism studies conducted between 1983 and 2000. In their analysis, offense history was the strongest predictor of re-offending. Hoeve et al. (2009) investigated the relationship between parenting practices and trajectories of antisocial behavior through a meta-analysis of 161 manuscripts. They found that neglectful parenting was associated with more serious delinquency. Father absence has also been found to predict repeat offending (Barrett et al., 2010). Child personal and academic variables appear to be related to recidivism. For example,

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Katsiyannis, Zhang, Barrett, and Flaska (2004) found that youth who had a high need for cognitive and environmental structuring were more likely to be recidivists. Academic factors discriminating recidivists from non-recidivists include deficits in basic skills and special education background (Archwamety & Katsiyannis, 1998; Katsiyannis & Archwamety, 1997). Higher rates of recidivism are also found among juvenile offenders who are African Americans (Gavazzi, Yarcheck, Sullivan, Jones, & Khurana, 2008) and males (Barrett et al., 2010). However, African-American young people did not differ significantly when accounting for lower than mean risk levels in accountability and education.

In contrast, improvement in academic achievement during incarceration has resulted in reduced levels of recidivism (Drakeford, 2002; Katsiyannis & Archwamety, 1999). There is evidence that completion of a general equivalency diploma program is associated with longer survival times outside of prison, particularly for women (Brewster & Sharp, 2002). Though there are a limited number of empirical studies examining the effects of academic intervention with incarcerated youth, evidence based practices such as direct instruction have been shown to result in improved academic gains in reading skills (Malmgren & Leone, 2000).

Unfortunately, students with disabilities often receive inadequate academic interventions (Nelson, Leone, & Rutherford, 2004). As pointed out by Leone and Meisel (1997), youth with disabilities in the juvenile justice system often do not receive adequate education that adheres to special education transition policies and regulations. Re-entry outcomes for formerly incarcerated youth with disabilities are very poor compared to those for peers without disabilities (Bullis, Yovanoff, & Havel, 2004). Given the fact that youth with disabilities represent a disproportionate number of youth incarcerated and given the serious consequences associated with juvenile delinquency and recidivism, there is a need to examine the different life-paths of juvenile offenders with disabilities compared to those without disabilities so that effective interventions and educational strategies for this population can be developed and implemented.

The purpose of this study was to compare patterns of repeated offenses committed by youth with and without disabilities by analyzing data from a large sample consisting of multiple cohorts with birth years from 1981 to 1988. Analyses of the multiple years of data advance the current knowledge and understanding of juvenile offenders with disabilities. The present study addressed the following three questions: Is there a pattern of recidivism for juvenile offenders with disabilities; if so, what is the pattern and is this pattern different from that of juvenile offenders without disabilities? What distinct characteristics contribute to the patterns of recidivism? Who is at the greatest risk for recidivism?

1. Method

1.1. Sample

Data for this study were drawn from eight cohorts of juvenile offenders in the South Carolina Department of Juvenile Justice (SCDJJ) Management Information System. These cohorts included 100,955 juvenile offenders with a birth year from 1981 to 1988, each of whom has been referred to the SCDJJ on at least one occasion ("referral"). The SCDJJ is an independent state agency with employees working in 43 of 46 counties in South Carolina. When a juvenile is arrested or referred by a Circuit Solicitor or a school, a SCDJJ county office will perform the family court intake and make a recommendation to the Solicitor's Office with advisory recommendations (e.g., diversion or prosecution). The family court intake involves collecting data from parents or guardians on the child's gender, ethnicity, and date of birth; documenting the nature of the referral offense; and performing risk and needs assessments. Data collection may also involve other social-

demographic variables, including family income, family criminal history, child substance use, educational history, and family structure.

At the statewide level, SCDJJ assigns all offenses a severity rating on a 1–25 scale, with ratings under 2 representing status offenses (e.g., truancy, running away), 2–3 representing misdemeanor offenses (e.g., simple assault and battery, criminal domestic violence), 5–8 representing nonviolent felonies (e.g., grand larceny, carrying a weapon on school grounds), and 8.5–25 representing violent felonies (e.g., assault and battery of a high and aggravated nature, sexual assault, armed robbery). For analysis purposes, we further classified offenses into two severity levels: Level 1 included SCDJJ ratings 1 through 3 (status and misdemeanor offenses) and Level 2 included SCDJJ ratings 5 through 25 (felonies).

The sample used in the present study was drawn from the eight cohorts of 100,955 individuals. Their age at first referral ranged from 5 to 19 ($m = 13.97$). All 5016 juveniles who had disabilities (those who received special education in school) and who were African Americans and European Americans were included in the study. Information about specific types of disabilities was not included in the database. Those from other racial/ethnic groups were not included due to the small number of individuals in these groups (only 1.6% of those without disabilities were from other racial/ethnic groups) and due to the lack of information about what the racial group that each of them belonged to (all other races were included in one category "other"). Information about the juvenile's disability status was obtained by SCDJJ case workers at intake. Information was generally reported to the SCDJJ by parents and/or guardians; when possible confirmation from school records was obtained. In addition, 5,016 juveniles without disabilities were randomly selected to serve as a reference group to individuals with disabilities (i.e., focal group). Demographic information on these two groups is presented in Table 1. As shown in Table 1, there is a significant difference between the numbers of males and females. This is consistent with the gender difference in our database and with other research which indicates that there are more males than females in the juvenile justice system (e.g., Miller, Trapani, Fejes-Mendoza, Eggleston, & Dwiggin, 1995). A comparison of offense severity of these two groups at each of the first three referrals is included in Table 2.

1.2. Analysis plan

The data analysis addressed three general issues. First, we examined how juvenile offenders with disabilities differed from

Table 1
Comparison of demographic characteristics between groups.

	Focal group	Reference group	Phi coefficient
Race			.0746***
African American	2965 (59.11%)	2593 (51.69%)	
European American	2051 (40.89%)	2423 (48.31%)	
Total N	5016	5016	
Gender			.2036***
Male	4097 (81.68%)	3186 (63.52%)	
Female	919 (18.32%)	1830 (36.48%)	
Total N	5016	5016	
Family delinquency			.0691***
Yes	2247 (59.29%)	912 (51.94%)	
No	1543 (40.71%)	844 (48.06%)	
Total N	3790	1756	
Family income			-.1133***
<\$15,000	2487 (55.24%)	1136 (43.49%)	
≥\$15,000	2015 (44.76%)	1476 (56.51%)	
Total N	4502	2612	
Drug use history			.0814***
Yes	2015 (44.76%)	1476 (56.51%)	
No	2487 (55.24%)	1136 (43.49%)	
Total N	4502	2612	

*** $p < .001$.

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