



# The Youngest Offenders: Understanding and Preventing Child Delinquency

Special Report

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Child delinquents are a troubling lot. These children, ranging in age from 7 to 12 years,<sup>1</sup> are at least twice as likely to become chronic criminal offenders than children whose first brush with the law occurs during their teenage years. Greater numbers of them are turning up in juvenile courts. And their crimes are becoming more violent.

These early starters exhibit antisocial behavior around age 7 years on average. By age 14 ½ years – the average age juvenile offenders have their first court contact on a criminal matter – many are well down the path toward becoming career criminals.

Research suggests the foundation for behavior characteristics is laid during the first five years of life. And addressing behavior development early has shown promise as a way to reduce the likelihood of children becoming criminal offenders later in life.

Yet, most programs addressing juvenile crime tend to focus on adolescent offenders or troubled youth in middle school or high school and are designed to remediate problem behaviors after the behaviors emerge. Few integrated initiatives are designed specifically to prevent young children from growing up and becoming the hardened offenders who commit a disproportionate amount of this nation's serious and violent juvenile crime.

Child delinquency is the subject of the latest work of the leading authorities on juvenile offenders, Rolf Loeber, Ph.D., Professor of Psychiatry, Psychology, and Epidemiology at the University of Pittsburgh, and David P. Farrington, Ph.D., Professor of Psychological Criminology, Cambridge University, Cambridge, England. This report is based in large part on a summary of their *Child Delinquents: Development, Intervention, and Service Needs*, published in 2001 by Sage Publications. The volume draws on the work of a number of experts who collectively produced the report, the first of its kind on child delinquents. The study group on child delinquency was convened by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

## The Problem

An estimated 253,000 children ages 12 years or younger were arrested in 1997, representing 9% of all juvenile arrests. At first glance, the numbers do not appear to be

reason for despair: from 1988-1997, child arrests rose 6% compared to a 35% increase in juvenile arrests overall. Child arrests for property crimes, in fact, fell 17%.

Other trends are more troubling. Juvenile courts have seen a dramatic change in the characteristics of child delinquents brought before the bench and in the crimes they are charged with. Only 10% of child arrests in 1997 were for status offenses, such as curfew violations, running away from home, or violating liquor laws. Increasingly, child delinquents brought to court are charged with violent crimes, drug offenses, or weapons violations. From 1988-1997, their arrests for violent crimes increased 45%, mirroring a 49% increase in violence among all juvenile offenders. Drug abuse violations among child offenders soared 156%.

The 33% rise in juvenile court cases involving child offenders from 1988-1997, which far exceeded the increase in child arrests, suggests police referred more child offenders to court in 1997, probably due to the seriousness of their crimes. From 1988-1997, cases that resulted in formal court-ordered probation for child delinquents increased 73% and residential placements rose 49%.

Compared to adolescents who first become involved in crime in their teenage years, child delinquents are two to three times more likely of becoming serious, violent, and chronic offenders. The cost of such a career is measured in ruined lives, lost potential, and dollars. A single criminal career spanning childhood to adulthood is estimated to cost society between \$1.7 million and \$2.3 million.<sup>2</sup>

## Risk Factors

What are the signs that a child is heading toward delinquency? The answer varies from child to child. Research, however, offers a range of factors that are associated with the development of disruptive behavior.

Studies suggest that the more risk factors a child has, the greater the likelihood of early offending.<sup>3</sup> For example, poor parenting is a risk factor, but when coupled with a child's poor academic performance in a school where rules of conduct are lax and teachers are dissatisfied, the chances of the child actually committing a crime increases.

Several factors signal a child may be heading toward delinquency. The warning signs of child behavior problems

include:

- Disruptive behavior that is much more frequent and severe than what is seen among other children of the same age group.
- Aggression, temper tantrums, and other disruptive behavior that last beyond the “terrible twos and threes.”
- A history of aggressive, inattentive, or sensation-seeking behavior during preschool years.

### **Early Childhood & Family**

During the first five years of life, the most important risk factors of child delinquency are related to a child’s individual characteristics and family.

Risk factors at home include antisocial parents, a mother suffering from depression, family poverty, marital strife, large family, history of family violence, and parents who abuse drugs or alcohol, discipline harshly and erratically, and rely on poor parenting practices.

Certain characteristics of a child, such as a difficult temperament as an infant and depressed moods as a child, are risk factors for child delinquency. Having been a victim of violence is a risk factor for early offending, as is being exposed to a steady dose of violence on television, in movies and in video games.

Some factors stand out more than others. Aggression appears to be the best predictor of delinquency up to age 12. One recent study reported the strongest predictors of early onset violence include large family size, poor parenting skills, and antisocial parents.<sup>4</sup>

Juveniles who commit property crimes and violent crimes often have a history of conduct problems in preschool, were hyperactive or impulsive at a young age, and engaged in aggressive and covert problem behaviors such as lying or shoplifting.

### **Outside The Home**

Other risk factors come into play as children get older, attend school, and become integrated into their communities.

Schools and how children relate to them are important influences. Poor academic performance is associated with child behavior problems and delinquency.<sup>5</sup> A weak commitment to school, low educational aspirations, and poor motivation are also factors that put children at risk of becoming juvenile offenders.<sup>6</sup>

Research, although sparse, suggests antisocial behavior in children is associated with several school factors, including low job satisfaction among teachers, poor cooperation among teachers, poor teacher-student relationships, poorly defined rules and expectations for conduct, weak rule enforcement, and norms that tend to support antisocial behavior.

Research also suggests an association between juvenile

offending and having friendships with deviant peers. Children who count deviant peers among their friends are more likely to be arrested than those who do not associate with such youths. A delinquent sibling can also encourage a brother or sister to become delinquent, especially when the siblings are of a similar age and have a close relationship.<sup>7</sup>

Peer rejection is another factor. One study reported that being rejected by peers in the fourth grade predicted antisocial behavior two years later,<sup>8</sup> and another study found aggressive behavior and rejection by peers in the first grade predicted later delinquency.<sup>9</sup>

Not only does peer rejection pose the threat of starting a child down the path toward delinquency, it may also encourage a rejected child to associate with deviant peers and gangs later in childhood and into adolescence.

Finally, neighborhood quality also relates to child delinquency. The level of poverty in disadvantaged neighborhoods tends to promote the development of antisocial behavior, especially in young children. In disorganized neighborhoods in particular, the efforts of adults to control the behavior of children are often weak, and children’s delinquent acts may go unmonitored or even unnoticed.<sup>10</sup>

### **Prevention and Intervention**

The study group on child delinquency recently concluded that prevention is the more effective approach to intervention – an approach contrary to that embraced by most juvenile crime programs, which tend to target problem behavior after it surfaces.

Nearly 71% of the practitioners the study group surveyed thought effective methods were available to address child delinquents and reduce their risk of offending. But only 3-6% of them felt the juvenile justice, mental health, and child welfare programs in place are effective.

Preventing child delinquency is complicated by the numerous risk factors involved and their relations to one another. A comprehensive approach is considered to have the best chance of succeeding. The study group recommends integrating several types of programs, including those that focus on multiple risk factors and address behavior management, social competence, conflict resolution, violence, and bullying, as well as services, such as mentoring and after school recreation.

Well-organized, integrated programs designed to prevent child delinquents are very rare. Those that exist tend to be coordinated efforts among police, prosecutors, courts, schools, and mental health services. These programs have not been evaluated, so their effectiveness is unclear.

Several other interventions, however, have strong records for reducing crime among a more general juvenile population. The Justice Department’s Blueprints for Violence

Prevention Initiative, for example, identifies 11 effective prevention programs, some of which address children under the age of 12.

### **The Incredible Years**

One program identified by the Justice Department, The Incredible Years Parent, Teacher, and Child Training Series, seeks to reduce aggressive behavior among young children and prevent the social problems and negative reputations that often come with it.

The program targets children ages 2 to 8 who have conduct problems or are at risk of developing them. Parent, teacher, and child training curriculums promote skills and strategies for preventing or reducing aggressiveness and other problem behavior.

Parents are taught interactive play, nonviolent discipline techniques, problem-solving strategies, and ways to promote academic and social competence. Depression, marital discord, anger, poor coping skills and other family risk factors are also addressed.

Training for teachers is designed to help them manage their classrooms, encourage and motivate students, promote pro-social behavior and cooperation among students, and teach anger management and problem-solving skills. A children's curriculum emphasizes having empathy with others, making and keeping friends, managing anger, following school rules, and succeeding at school.

Several studies suggest that each component has in some ways been successful in improving student behavior. In six randomized trials, for example, the parent training component led to fewer conduct problems among children and improved parenting interactions – gains that were sustained up to 3 years after the intervention.<sup>11</sup>

### **PATHS**

Promoting Alternative Thinking Strategies (PATHS), a school-based curriculum, seeks to promote social and emotional competence and reduce risk factors associated with maladjustment.

The program is taught three times a week by teachers of students in kindergarten through fifth grade as part of the regular curriculum. Students are given lessons in self-control, emotional understanding, self-esteem, relationships, and interpersonal problem-solving skills, and other topics. Activities such as dialoguing, role-playing, storytelling, and modeling by teachers and peers are included in the lessons.

The curriculum also involves teaching students to identify and label their feelings; express, understand, and regulate their emotions; understand the difference between feelings and behaviors; control impulses; and read and interpret social cues.

PATHS students fared well in studies that compare their

classrooms with a range of control populations, including normally adjusted students and behaviorally at-risk students. PATHS students did significantly better in recognizing and understanding emotions, understanding social problems, and finding non-aggressive solutions to problems. Teachers also reported significant improvements in children's self-control, ability to tolerate frustration, and use of conflict resolution strategies.

### **Multisystemic Therapy**

Multisystemic Therapy (MST) addresses a variety of factors that influence antisocial behavior, recognizing that problems that often lead to crime stem from a complex social network that includes a child's family, community, and schools.

The program was developed as a community-based treatment for youth with serious behavior disorders who are at high risk of out-of-home placement. MST is usually provided in the home, schools, and other locations in the community. Collaboration among therapists and family members is stressed.

Steps to empower families and prevent delinquency include addressing barriers to effective parenting, such as parental drug abuse, promoting the capacity of parents to monitor and discipline their children, helping families build social support networks, discouraging children from becoming involved with deviant peers, and helping them develop relationships with pro-social peers. Treatment, on average, lasts four months.

Studies report reductions ranging from 25% to 70% in long-term rates of repeat arrest among children who completed MST. Families report significant improvements in family functioning and fewer mental health problems among their children.

### **Functional Family Therapy**

A short-term program, Functional Family Therapy, is a well-studied multisystemic intervention that seeks to help diverse populations of under-served and at-risk children and families who, often entering the system angry and hopeless, tend to resist treatment. Although not tailored to a specific age, the program has been successful with a wide range of problem youth and their families.

Children usually attend 12 one-hour sessions over 3 months. Various techniques are used to increase hope, expectations of change, respect for individual differences and values, and to address obstacles to change, such as negative attitudes within the family. Plans to change behavior are developed and implemented for each family member. And clinicians help families apply positive changes to specific problems or situations, link them to resources in the community, and work with them to avoid relapse.

Significant and long-term reductions have been reported

in repeat offending and in the likelihood of siblings engaging in high-risk behaviors. The nation's largest FFT site reported 19.8% of children who completed the program committed an offense in the following year, compared with 36% of youth in the control group.

### Shift Of Focus

Child delinquents represent a serious problem for the nation. They are at high risk of becoming dangerous and violent juvenile offenders and career criminals. And they are voracious consumers of public services including special school programs, child welfare, mental health, and criminal justice programs.

To address the problem, the Justice Department's study group on child delinquency recommended the focus of efforts to reduce serious delinquency be shifted from adolescence and teenage years to earlier in childhood, when most of conditions that lead to serious juvenile offending begin.

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*This Special Report, written by Jeffery Fraser, is based on the publications cited above. It is not intended to be an original work but a summary for the convenience of our readers. References noted in the text follow:*

<sup>1</sup> Child delinquents are not defined uniformly in the U.S. The state-defined minimum age of criminal responsibility ranges from 6 to 10 years old. In this report, child delinquents are defined as children ages 7 to 12 years old who have committed a delinquent act according to law.

<sup>2</sup> Cohen, M.A. (1998). The monetary value of saving a high-risk youth. *Journal of Quantitative Criminology*, *14* (1): 5-33.

<sup>3</sup> Loeber, R., & Farrington, D.P., eds. (1998). *Serious*

*and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. Thousand Oaks, CA: Sage Publications, Inc.

<sup>4</sup> Derzon, J.H., & Lipsey, M.W. (In press). *The Correspondence of Family Features With Problem, Aggressive, Criminal, and Violent Behavior*. Nashville, TN: Vanderbilt University, Vanderbilt Institute for Public Policy Studies.

<sup>5</sup> Maguin, E., & Loeber, R. (1996). Academic performance and delinquency. In *Crime and Justice*, vol. 20, edited by M. Tonry. Chicago, IL: University of Chicago Press, pp. 145-264.

<sup>6</sup> Hawkins, D.F., Herrenkohl, T., Farrington, D.P., Brewer, D., Catalano, R.F., & Harachi, T.W. (1998). A review of predictors of youth violence. In *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*, edited by R. Loeber and D.P. Farrington. Thousand Oaks, CA: Sage Publications, Inc., pp. 106-146.

<sup>7</sup> Reiss, A.J., & Farrington, D.P. (1991). Advancing knowledge about co-offending: Results from a prospective longitudinal survey of London males. *Journal of Criminal Law and Criminology*, *82*:360-395.

<sup>8</sup> Patterson, G.R., & Bank, L. (1989). Some amplifying mechanisms for pathologic processes in families. In *Symposia on Child Psychology*, edited by M. Gunnar and E. Thelen. Hillsdale, NJ: Erlbaum, pp. 167-320.

<sup>9</sup> Miller-Johnson, S., Coie, J.D., Maumary-Greman, A., Bierman, K., & Conduct Problems Prevention Research Group. (1997). Peer rejection and aggression and early starter models of conduct disorder. Paper presented at the meeting of the Society for Research in Child Development, Indianapolis, IN, April 1997.

<sup>10</sup> Sampson, R.J., Raudenbush, S.W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, *277*(5328): 919-924.

<sup>11</sup> Webster-Stratton, C. (1990). Long-term follow-up of families with young conduct-problem children: From pre-school to grade school. *Journal of Clinical Child Psychology* *19*: 144-149.

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