

Advancing Responsible Adolescent Development

Kristin C. Thompson
Richard J. Morris

Juvenile Delinquency and Disability

 Springer

Advancing Responsible Adolescent Development

Series Editor

Roger J.R. Levesque

Indiana University, Bloomington, IN, USA

More information about this series at <http://www.springer.com/series/7284>

Kristin C. Thompson • Richard J. Morris

Juvenile Delinquency and Disability

 Springer

Kristin C. Thompson
University of Arizona
Tuscon, AZ, USA

Richard J. Morris
University of Arizona
Tuscon, AZ, USA

ISSN 2195-089X ISSN 2195-0903 (electronic)
Advancing Responsible Adolescent Development
ISBN 978-3-319-29341-7 ISBN 978-3-319-29343-1 (eBook)
DOI 10.1007/978-3-319-29343-1

Library of Congress Control Number: 2016931437

© Springer International Publishing Switzerland 2016

This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made.

Printed on acid-free paper

This Springer imprint is published by Springer Nature
The registered company is Springer International Publishing AG Switzerland

*In memory of Jacqueline Anne Morris
and her interests in juvenile delinquency
and related public policy issues*

Preface

Over the last century, society has made considerable progress in how it responds to juvenile offenders. Prior to the twentieth century, children and adolescents who committed illegal acts were punished in a manner similar to that of adults, with little regard given to how their age or developmental immaturity may be impacting their misbehaviors. However, as child advocates and various professionals became increasingly vocal in the mid- to late 1800s regarding the need to separate juvenile offenders from adult criminals, policy-makers began to understand that children and adolescents were emotionally, developmentally, and cognitively different from that of adults. The most obvious result of this understanding was the establishment in 1899 of the first juvenile court in Cook County, Illinois, with this juvenile justice system being a distinctly different judicial entity from the adult criminal justice system. This new judicial system was so different that it did not even use the word “criminal” when describing children and adolescents who committed illegal acts, preferring instead to use the term “juvenile delinquent” or “juvenile offender.” This new judicial system also differed from the adult criminal justice system in that it emphasized a “rehabilitation” approach versus the “punishment” approach that was used in the adult correctional system.

Although the juvenile justice system began as an entity focused on rehabilitating youth offenders, the degree or emphasis on rehabilitative practices has fluctuated over the last century, with juvenile courts instituting at times a more punitive approach based largely on society’s frustration with the significant increases in juvenile offending and increases in the rates of re-offending. As a result of this societal frustration, as well as the increased interest on the part of social and behavioral scientists, research has steadily increased over the years as researchers and practitioners have tried to better understand the factors associated with juvenile offending and re-offending. The result has been the publication of thousands of studies, scholarly writings, books, and position papers that have focused on incidence and prevalence, assessment and diagnosis, education, vocational training,

and risk assessment in the area of juvenile delinquency. In addition to research, a substantial number of theories have been published regarding the etiology of juvenile delinquency, and several laws have been enacted and lawsuits filed that have focused on protecting the rights of juvenile delinquents.

Many professionals and researchers who work directly with or have studied adjudicated delinquents have also begun focusing their efforts on developing effective treatment and prevention programs for reducing recidivism in these youth. In this regard, research findings have identified several commonalities among these youth. For example, one area of commonality that has emerged over the past 25–30 years of empirical research and is the focus of this book is the unmistakable positive relationship between youth who engage in illegal acts and the presence of cognitive, developmental, educational, and mental health disabilities. In fact, emerging research has suggested that if particular youth manifest certain types of disability plus present with certain demographic characteristics, then they are at a higher risk for becoming juvenile offenders and/or re-offending once they have been released from custody. In this regard, we will describe in this book the particular disabilities that have been found to be associated with juvenile delinquency, as well as present some case studies that are illustrative of the types of disabilities and difficulties that youth experience both before and after they become involved in the juvenile justice system. We report not only the findings and theoretical perspectives regarding the relationship between various types of disability and juvenile delinquency but also provide some recommendations and guidelines for mental health professionals, educators, and juvenile justice personnel to consider in their respective work with juvenile offenders.

The book provides an overview of the relationship between disability and delinquency, but more importantly it discusses the various impacts that a disability can have on offending and the processing of a youth through the juvenile justice system. It is intended for individuals who have entered or plan to enter the field of juvenile justice or who will be working with juvenile delinquents in some capacity. It will be especially useful to those who are or will be providing mental health services, special education, or vocational and rehabilitation training to these youth.

Preparation for this book began 15 years ago with a foundation grant from Drs. Lee Meyerson and Nancy Kerr to the second author (RJM) and the University of Arizona's School Psychology Program. The grant supported disability-focused research and public policy and advocacy work, and funds enabled the second author to begin collaboration with local juvenile court personnel and others to plan an organized and systematic program of research and work that centered on understanding the high prevalence of intellectual, cognitive, developmental, learning, emotional, and language disabilities among juvenile delinquents. The funds also permitted the sponsoring of dissertation research and the hiring of graduate students over the years to assist in these research, public policy, and advocacy endeavors. In this regard, we would like to acknowledge the work of the following current and former school psychology doctoral students on the various projects: Priscilla Bade-White, Ph.D.; Julie Duvall, J.D., Ph.D.; Roxanne Edwinson, Ph.D.; Sara Glennon, Ph.D.; Toby Laird, Ph.D.; Emery Mahoney, Ph.D.; Erin Aldrich, Ed.S.; Kimberly Morris, Ph.D.; Katie

Stoll, M.A.; Gretchen Schoenfield, Ph.D.; and Christina Vasquez, Ph.D. In addition, the first author (KCT) was a doctoral student during the early to later phases of the project, and her participation led to ongoing research, policy work, and psychological practice in the area of juvenile delinquency and disability.

We would also like to acknowledge and thank Garth Haller at Springer, for showing interest in our work and for his support in the preparation of this book, and Roger Levesque, J.D., Ph.D., series editor of *Advancing Responsible Adolescent Development*, for his very helpful feedback on an earlier draft of this book. We also wish to acknowledge the indexing work of Ms. Megan Beardmore, who is a doctoral student in the School Psychology Program at the University of Arizona.

Finally, the first author (KCT) wants to thank the second author (RJM) for his guidance and mentoring both during graduate school and as she has begun to establish herself in her career. She would also like to thank her parents for their support and encouragement throughout the years. And to her dear friend Nelson, thank you for the fire. The second author (RJM) wants to acknowledge the support of his wife, Yvonne, who has always been a great friend, confidant, and professional colleague, and thank his children and their respective spouses, Stephanie (Michael) and Michael (Lindsay), for their support over the years.

Tucson, AZ, USA

Kristin C. Thompson
Richard J. Morris

About the Authors

Kristin C. Thompson, Ph.D. is an assistant professor of practice in the School Psychology Program at the University of Arizona. She received her Ph.D. in school psychology from the University of Arizona after completing an APA-accredited psychology internship within the Wisconsin Department of Corrections (Ethan Allen School for delinquent youth). Dr. Thompson has worked with the juvenile court system in Arizona, and she also maintains a private practice that focuses on assessment, diagnosis, and treatment of child and adolescents with learning, emotional, and behavioral problems. She is a member of the American Psychological Association and the National Association of School Psychologists and is a licensed psychologist and a nationally certified school psychologist. Dr. Thompson has published several research articles and book chapters, as well as presented many professional papers and workshops, in the areas of juvenile delinquency and child and adolescent mental health. Her current research interests include the relationship between juvenile delinquency and disability, juvenile justice policy, and interventions for students with emotional and behavioral disorders.

Richard J. Morris, Ph.D. is the Meyerson Foundation distinguished professor emeritus of disability and rehabilitation and professor emeritus of school psychology in the Department of Disability and Psychoeducational Studies, College of Education, the University of Arizona. He has been elected a fellow of the American Psychological Association (APA), charter fellow of the Association for Psychological Science, and a fellow of the American Association on Intellectual and Developmental Disabilities. He has authored or edited 14 books, written more than 120 journal articles and book chapters, and made more than 150 professional presentations in the areas of child and adolescent psychotherapy, child and adult psychopathology, juvenile delinquency, school-based mental health services, professional and ethical issues in the delivery of psychological services to children and adults, and disability policy issues. His books include *The Practice of Child Therapy, 4th edition* (with Thomas R. Kratochwill), *Evidenced-Based Interventions for Students with Learning and Emotional Difficulties* (with Nancy Mather), *Disability Research and Policy: Current Perspectives*, *Handbook of Psychotherapy with Children and Adolescents*

(with Thomas R. Kratochwill), and *Treating Children's Fears and Phobias: A Behavioral Approach* (with Thomas R. Kratochwill). His current research interests include the relationship between disability and juvenile delinquency, managing childhood aggressive and disruptive behaviors in the classroom, and legal and ethical issues associated with the delivery of children's mental health services. Dr. Morris is a former chair and board member of the State of Arizona, Board of Psychologist Examiners; past member of the APA Ethics Committee; past chair of the APA Membership Committee; and past board trustee of the American Insurance Trust (formerly, the "American Psychological Association Insurance Trust"). At present, Dr. Morris serves as a member of the board of directors of the Potomac National Security Reinsurance Company, Ltd., focusing on professional liability insurance.

Contents

Part I Introduction to Juvenile Delinquency

1 Introduction and Overview of Book	3
Impact of Disabilities in the Juvenile Justice System.....	5
Purpose and Overview of Book	6
References.....	8
2 Characteristics of Juvenile Delinquents	9
Characteristics and Risk Factors of Juvenile Delinquency	11
Sex.....	12
Ethnicity	13
Socioeconomic Status	14
Family Background and Childhood Abuse and Neglect.....	15
School Achievement	16
Cognitive Functioning.....	17
Risk Factors of Recidivism	21
Offense History	22
Academic Achievement	23
Sex.....	23
Conclusion	24
References.....	24
3 Juvenile Delinquency and Disability	31
What Is a Disability?.....	32
Prevalence and Incidence of Juveniles with Disabilities	33
Conclusion	37
References.....	37
4 Theories of Juvenile Delinquency	41
Theories of Juvenile Delinquency.....	42
Classical Theories	42
Psychological Theories	43
Sociological Theories.....	45

- Control Theories 47
- Biological Theory 48
- Conclusion 49
- References 50
- 5 History of the Juvenile Justice System 55**
 - Development of the Juvenile Justice System 56
 - Relevant Case Law and Statutes 58
 - Processing of Youth and Adults Within the Justice System 63
 - Processing of a Youth Within the Juvenile Justice System 63
 - Processing of an Adult Within the Criminal Justice System 66
 - Impact of Having a Disability in the Processing of Youth
Within the Juvenile Justice System 67
 - Risk Assessment 68
 - Competency 69
 - Conclusion 70
 - References 71
- 6 Disability Law 73**
 - Disability Law 74
 - Individuals with Disabilities Education Improvement Act 76
 - Section 504 of the Rehabilitation Act 81
 - Americans with Disabilities Act 82
 - Section 504 and ADA in Juvenile Correctional Settings 82
 - Conclusion 83
 - References 84

Part II Developmental and Educational Disabilities

- 7 Developmental Disabilities 87**
 - Intellectual Disability 88
 - Impact on Functioning 89
 - Etiology and Treatment 90
 - Juvenile Delinquents with Intellectual Disabilities 91
 - Autism Spectrum Disorder 94
 - The Case of Andrew 94
 - Diagnostic Symptoms and Characteristics of Autism
Spectrum Disorder 96
 - Etiology 99
 - Impact on Cognitive Functioning 100
 - Diagnosis and Treatment of ASD 102
 - Juvenile Delinquents with ASD 102
 - Communication Disorders 107
 - Types of Communication Disorders 108
 - Etiology and Treatment 109
 - Implications on Functioning 110
 - Communication Disorders and Juvenile Delinquency 112
 - References 115

8 Learning and Emotional Disabilities..... 121

- Specific Learning Disability 122
- Reading Disabilities 123
- Math Disabilities 126
- Writing Disabilities 128
- Impact of Specific Learning Disability on Functioning..... 132
- Emotional Disabilities..... 133
- Impact on Functioning 135
- School-Based Interventions for Emotional Disabilities..... 138
- Learning and Emotional Disabilities and Juvenile Delinquency 140
- Impact on Risk and Risk Assessment 142
- Competency 144
- References..... 144

Part III Mental Health Disabilities

9 Mental Health Disorders 153

- What Is a Mental Health Disorder? 154
 - Commonly Used Terms 154
- Mental Health Disorders in the Juvenile Justice System 156
- References..... 160

10 Mood Disorders..... 163

- Depressive Disorders 163
 - Etiology and Treatment..... 165
 - Implications on Functioning 167
- Mood Dysregulation Disorder 168
 - Diagnosis and Treatment 170
 - Implications on Functioning 170
- Bipolar Disorder..... 171
 - Diagnosis and Treatment 173
 - Implications on Functioning 174
- Mood Disorders in the Juvenile Justice System 176
 - Impact on Offending and Risk Assessment 178
 - Competency 180
- References..... 181

11 Anxiety and Trauma-Related Disorders..... 187

- Generalized Anxiety Disorder 187
 - Generalized Anxiety Disorder and Juvenile Delinquency 189
- Trauma and Stressor-Related Mental Health Disorders..... 191
 - The Case of Brianna..... 191
 - Post-Traumatic Stress Disorder 192
 - Adjustment Disorder..... 196
 - Reactive Attachment Disorder 197

Trauma and Stressor-Related Disorders in the Juvenile Justice System..... 200

 Impact on Risk and Risk Assessment 202

 Competency 203

References..... 203

12 Externalizing Disorders..... 209

 Attention Deficit Hyperactivity Disorder..... 209

 Etiology..... 211

 Implications on Functioning 212

 Treatment of ADHD 214

 Disruptive Behavior Disorders..... 216

 Oppositional Defiant Disorder 216

 Conduct Disorder 217

 Etiology of Disruptive Behavior Disorders..... 218

 Implications on Functioning 220

 Treatment of Disruptive Behavior Disorders 221

 Intermittent Explosive Disorder..... 223

 Etiology and Treatment..... 223

 Implications on Functioning 224

 Externalizing Disorders and Juvenile Delinquency 225

 Impact on Risk and Risk Assessment 226

 Competency 227

References..... 228

Part IV Conclusion

13 Conclusion 239

 Impact of Disability in the Juvenile Justice System 240

 Initial Contact with Law Enforcement..... 240

 Diversion..... 241

 Hearing and Trial Reviews..... 242

 Adjudication and Placement 244

 Coordinating Services for Youth Offenders Having a Disability..... 245

References..... 247

Index..... 249

List of Figures

Fig. 5.1	Processing of a youth through the juvenile justice system	64
Fig. 5.2	Processing of an adult in the criminal justice system	65
Fig. 8.1	Writing sample of a 14-year-old boy with dysgraphia. “I do not like to write”	129
Fig. 8.2	Writing sample of a 10-year-old girl with attention deficit hyperactivity disorder and a SLD in written expression. “The boy is skating”	129
Fig. 8.3	Writing sample from a 13-year-old boy who was diagnosed with attention deficit hyperactivity disorder and a reading disability. “A flashlight provides a single beam of light in the dark”	129
Fig. 9.1	Causal model for mental health in delinquents (Defoe et al., 2013)	159

List of Tables

Table 1.1	Prevalence (in percentages) of common disabilities in the juvenile justice system.....	4
-----------	---	---

Part I
Introduction to Juvenile Delinquency

Chapter 1

Introduction and Overview of Book

Since the inception of the juvenile justice system in 1899, the process of adjudicating youth offenders has evolved into a series of procedures that endeavor to provide juveniles with many of the same basic rights under the US Constitution that are provided to adult offenders. These procedures are carried out formally while also trying to respect and understand the developmental immaturity of children and adolescents. The juvenile justice system has worked for more than a century to provide a rehabilitative approach to adjudicating juvenile offender cases rather than emphasizing only an approach that is punitive in nature (Zimring, 2005). Protecting the rights of juvenile offenders has emerged as a result of changes in federal laws (e.g., *Juvenile Justice and Delinquency Prevention Act*, 1974) and various court decisions (e.g., *Kent v. United States*, 1966; *Miller v. Alabama*, 2012), particularly court decisions that take into consideration the immature brain development of children and adolescents and how this immaturity may affect youth behaviors (e.g., *Roper v. Simmons*, 2005).

This development in how the juvenile justice system responds to juveniles has also occurred as researchers and professionals working with these youth have begun to better understand the common characteristics and risk factors associated with juvenile delinquency. For example, research has demonstrated that these youth are largely characterized as being from low-income families, are more likely to be from a minority group, and are more likely to have a history of abuse or neglect, poor academic achievement, and low verbal skills (e.g., Hong, Huang, Golden, Patton, & Washington, 2014; Sickmund & Puzanchera, 2014; Thompson & Morris, 2013). Subsequently, the justice system has begun to integrate this knowledge into prevention and intervention programs that aim to address at-risk youth, such as federal acts focused on reducing police officer's disproportionate minority contact (i.e., *Juvenile Justice and Delinquency Prevention Act*, 2002).

In addition to the characteristics listed above, recent research has also indicated that there is a high prevalence of cognitive, developmental, educational, and/or mental health disabilities in youth being processed through the juvenile justice system. Specifically, as can be seen in Table 1.1, the research literature has shown that

Table 1.1 Prevalence (in percentages) of common disabilities in the juvenile justice system

Type of disability	General population ^a	Juvenile offenders
Intellectual disability	1	8–10 ^b
Autism spectrum disorder	1–2	Unknown
Communication disorder	3–6	14–50 ^c
Educational disability (e.g., learning disability and emotional disability)	10	26–75 ^d
Major depressive disorder	5	10–30 ^e
Bipolar disorder	1	3–7 ^f
Post-traumatic stress disorder	4–9	32–52 ^g
Attention deficit/hyperactivity disorder	5–10	40–50 ^h
Oppositional defiant disorder	1–11	50–75 ^h
Conduct disorder	2–10	50–75 ^h

^aAmerican Psychiatric Association [APA] (2013)

^bStahlberg, Anckarsater, and Nilsson (2010)

^cBryan, Freer, and Furlong (2007)

^dMorris and Morris (2006)

^eFazel, Doll, and Langstrom (2008)

^fMallett, Stoddard-Dare, and Seck (2009)

^gWilson, Berent, Donenberg, Emerson, Rodriguez, and Sandesara (2013)

^hTeplin, Abram, McClelland, Dulcan, and Mericle (2002)

there is an overrepresentation of disabilities among delinquents as compared to the general population of youth.

Although the research literature has demonstrated that there is an overrepresentation of juveniles with disabilities, related prevention and intervention programs are scarce. While the exact reasons for this are unclear, many factors may contribute to the court's limited responsiveness. First, while evidence suggests disabilities are overrepresented, it is unknown whether the relationship is causal versus correlational, as the majority of youth with disabilities do *not* become involved with the juvenile justice system. For example, while statistics suggest that upward of 50 % of juvenile delinquents meet the criteria for an attention deficit/hyperactivity disorder (e.g., Teplin et al., 2002), only a small percentage of those with an attention deficit disorder actually become involved with the legal system (APA, 2013). Second, resources that help the juvenile justice system understand the impact a disability may have on a youth's processing through the juvenile justice system are scarce, and therefore, many professionals do not fully understand the mitigating factors a disability can have on one's behavior. Finally, there is limited evidence regarding what empirically based interventions may help decrease the probability that a juvenile offender with a disability will reoffend, likely making it difficult for court systems to justify spending on such programs. Therefore, while it is understood that disabilities are common among the juvenile offender population, the exact implications of this need further exploration and critical discussion, as thus far court responsiveness to the issues appears minimal.

Impact of Disabilities in the Juvenile Justice System

While empirical evidence is limited regarding the specific implications that disabilities may have on the juvenile justice system, our knowledge of the difficulties related to various disabilities is not. Therefore, having an understanding of the cognitive, social, and behavioral characteristics of various disabilities can help professionals begin to understand the profound impact that the overrepresentation of disabilities may have on the juvenile justice system. For example, this high prevalence has an impact on the laws that focus on the juvenile justice system and on the manner in which juveniles having a disability are processed by police and within the court system. Specifically, a youth's disability may impact common practices within the court system such as risk assessment, competency to stand trial, and court-required sanctions such as placing a youth on probation.

The presence of a disability in a youth may also impact the manner in which police investigate and arrest the youth. Moreover, given the high prevalence of disabilities in youth within the juvenile justice system, this may create greater stress on court personnel since, in addition to their typical workload, they need to receive further training and understanding regarding the nature of specific disabilities in youth. Finally, the high prevalence of disabilities among juvenile offenders has considerable implications on intervention and treatment programs commonly utilized by mental health professionals, educators, and rehabilitation counselors, since many of the "typical procedures" used for nondisabled youth may not be appropriate for individuals having particular types of disability.

Given the above implications, we believe that the juvenile justice system's responsiveness to and understanding of issues related to the presence of a disability in many youth offenders are critical to the manner in which these youth are processed through the system and to the subsequent educational, mental health, rehabilitative, and social services provided to these youth. An example of the possible problems and difficulties that may occur when a youth having a disability may encounter in the juvenile justice system involves the case of Alex¹. He was arrested over 20 times since his first arrest at 9 years of age. In addition to several domestic violence charges, Alex had two arrests for sex-related offenses. At 15 years of age, he was placed in a long-term correctional facility, since he was found guilty of molestation of a minor and had a history of failing to respond to court-ordered interventions such as individual therapy, family therapy, and sex offender group therapy. In addition, Alex failed to complete most court-required programs for reasons such as "refusing to talk," "being noncompliant with activities," or "pretending not to understand."

During Alex's adjudication hearing, his attorney requested a psychological evaluation because of her concerns regarding Alex's cognitive capacity to participate

¹ The case descriptions presented throughout this book are based on real cases and events; however, the names and details of the cases have been changed substantially to protect the confidentiality of the youth and families involved.

and understand matters relating to his trial and the adjudication process. As a result of the psychological evaluation, Alex was identified as having a mild intellectual disability (previously referred to in the psychological literature as “mild mental retardation”), with the psychologist concluding that Alex did not have the intellectual capacity to learn or understand to the same degree as his same-age peers. The court was informed that Alex had an intellectual disability and that his repeated failure in therapeutic and restoration programs was likely not due mainly to poor motivation, but to his severe learning and communication impairments. The court was also informed that if the goal was to help Alex have a chance at long-term success, a long-term correctional facility would be an inappropriate placement as Alex’s intellectual disability meant that he would have a difficult time adapting to, functioning in, and learning from an environment having few personnel trained in providing services to individuals with disabilities. Instead, it was recommended that Alex would best be served by placing him in a secure facility that would protect the public from him while also providing him with appropriate mental health and educational and vocational counseling that is appropriate for his level of cognitive functioning.

Unfortunately for Alex, there were no local placements available that could offer the services recommended by the psychologist, and financial limitations within the juvenile court system also prevented him from being placed in an appropriate out-of-state setting. Therefore, he was placed in a local long-term correctional setting that did not include the level of services that were recommended, since it was deemed by court staff that what was most important in terms of public safety was that Alex needed intensive supervision until he turned 18 years old. By making this decision, it was understood that Alex would likely not receive the level of mental health and vocational services that were recommended, although he would certainly receive some of those services plus educational services. Protecting the public was of utmost importance given Alex’s offense history.

Purpose and Overview of Book

Complex cases like that of Alex are not unusual given the high prevalence of disability in youth in the juvenile justice system. In addition, the negative outcome experienced by Alex is not unusual given the fact that, in our opinion, the juvenile court system across the United States does not yet understand and/or have not responded to the findings from the social and behavioral sciences and cognitive neuroscience regarding the various cognitive, social, and behavioral implications of disabilities. In this regard, this book explores the research surrounding the most common types of disabilities presented by youth within the juvenile justice system. In addition, the book explores the concomitant issues related to juvenile delinquency and disability, including how the current system responds to (or fails to respond to) these individuals and how various disabilities may impact a juvenile’s ability to participate in his or her court trial or respond to standard treatments and interventions.

In the case of Alex, for example, the system provided a number of services for him, including case management for both him and his family, psychiatric and counseling services, family therapy, therapeutic day programming, in-home services, respite care, and placement in group homes. However, little improvement was observed as a result of these services, since most of the services were not tailored to Alex's unique cognitive, learning, and communication deficits. Had his severe deficits been given more serious consideration when determining intervention programs or if his intellectual disability had been identified earlier than during his adjudication hearing, sex offender therapy or other programs could have been tailored more appropriately to his level of functioning. In addition, the professional staff interacting with him would have known that his "noncompliance" and "low motivation" were probably not due to behavioral problems or to "antisocial thinking," but more likely related to his significant cognitive impairments.

Part I of this book provides a basis for our current understanding of the relationship between disability and delinquency. Characteristics of juvenile delinquents are provided, as well as characteristics of delinquents with disabilities and theories related to the etiology of delinquency. This section also provides an overview of the history of the juvenile justice system, including a general discussion of how a disability may impact a youth's processing within the juvenile justice system, as well as a chapter related to disability law and its relevance to juvenile delinquents.

Parts II and III of this book provide information on the most common disabilities reported within the juvenile justice system, including diagnostic characteristics of each disability and how they may affect an individual's cognitive, developmental, social, academic, emotional, and/or behavioral functioning. In discussing the various disabilities, this book provides a discussion of the thinking and behavioral impairments related to these disabilities, as well as a critical analysis of how these impairments may impact a juvenile's real or perceived level of risk to himself or herself or the community, their competency and ability to participate in a trial, and their ability to comply with or benefit from typical educational, mental health, and rehabilitative intervention programs.

Part IV provides the reader with concluding comments and our perspectives on the relationship between juvenile delinquency and disability. It is important to note here that although structural or functional neurological impairments have been found to be related to many disabilities in youth, and many disabilities have been found to cause impairments in the behavioral and cognitive functioning of youth, it cannot be concluded that all youth having a disability will commit illegal acts. In fact, most youth having a disability *do not* engage in illegal behavior.

In this regard, there is no implied argument being advanced in this book that disability is a *cause* of juvenile delinquency, particularly since determining factors associated with juvenile delinquency is a complex, difficult process. Rather, it is hoped that by helping professionals who work with youth offenders understand the relationship between disability and delinquency, these professionals will be able to provide youth having a disability with effective and individualized intervention programs that will decrease the probability they will reoffend and, therefore, give them a better chance of becoming productive citizens and living a successful life with less likelihood of future involvement in the juvenile justice or adult criminal court systems.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual for mental disorders (DSM-5)*. Washington, DC: Author.
- Bryan, K., Freer, J., & Furlong, C. (2007). Language and communication difficulties in juvenile offenders. *International Journal of Language and Communication Disorders, 42*(5), 505–520. doi:[10.1080/13682820601053977](https://doi.org/10.1080/13682820601053977).
- Hong, J. S., Huang, H., Golden, M., Patton, D. U., & Washington, T. (2014). Are community violence-exposed youth at risk of engaging in delinquent behavior? A review and implications for residential treatment research and practice. *Residential Treatment for Children and Youth, 31*, 266–283. doi:[10.1080/0886571X.2014.958343](https://doi.org/10.1080/0886571X.2014.958343).
- Juvenile Justice and Delinquency Prevention Act. (1974). Pub. L. No. 93-415. Washington, DC: Coalition for Juvenile Justice.
- Kent v. United States*, 383 U.S. 541 (1966).
- Mallett, C. A., Stoddard-Dare, P. A., & Seck, M. M. (2009). Predicting juvenile delinquency: The nexus of childhood maltreatment, depression, and bipolar disorder. *Criminal Behavior and Mental Health, 19*(4), 235–246. doi:[10.1002/cbm.737](https://doi.org/10.1002/cbm.737).
- Miller v. Alabama*, 567 U.S. (2012)
- Morris, K., & Morris, R. J. (2006). Disability and juvenile delinquency: Issues and trends. *Disability and Society, 21*(6), 613–627. doi:[10.1080/09687590600918339](https://doi.org/10.1080/09687590600918339).
- Roper v. Simmons*, 543 U.S. 551 (2005).
- Sickmund, M., & Puzanchera, C. (2014). *Juvenile offenders and victims: 2014 national report*. Pittsburgh, PA: National Center for Juvenile Justice.
- Stahlberg, O., Anckarsater, H., & Nilsson, T. (2010). Mental health problems in youth committed to juvenile institutions: Prevalence and treatment needs. *European Child & Adolescent Psychiatry, 19*(12), 893–903. doi:[10.1007/s00787-010-0137-1](https://doi.org/10.1007/s00787-010-0137-1).
- Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry, 59*(12), 1133–1143. doi:[10.1001/archpsyc.59.12.1133](https://doi.org/10.1001/archpsyc.59.12.1133).
- Thompson, K. C., & Morris, R. J. (2013). Predicting recidivism in juvenile offenders: Comparison of risk factors predictive of recidivism in adolescent male versus female juvenile offenders. *Journal of Juvenile Justice, 3*, 36–47.
- Wilson, H. W., Berent, E., Donenberg, G. R., Emerson, E. M., Rodriguez, E. M., & Sandesara, A. (2013). Trauma history and PTSD symptoms in juvenile offenders on probation. *Victims & Offenders, 8*(4), 465–477. doi:[10.1080/15564886.2013.835296](https://doi.org/10.1080/15564886.2013.835296).
- Zimring, R. E. (2005). *American juvenile justice*. New York, NY: Oxford University Press.