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# Developmental Justice

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## Developmental Justice

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### Abstract

Multivariate factors complicate Juvenile Justice (JJ) processes, leading to tragic overrepresentation of racial groups. Racial bias remains a critical focus in reducing Disproportionate Minority Contact (DMC), while prior extraneous aggravating factors are implicated such as socioeconomic status, family destabilization, domestic violence, and unidentified or untreated neurodevelopmental, behavioral, emotional, mental, and learning problems. The JJ system must promote awareness of stakeholders in the lives of youth, including court, law enforcement, school, child welfare, and medical providers, to contribute to a more equitable and supportive foundation to promote broad gains in social, emotional, moral, and lawful youth development.

JJ specialists must recognize neurodevelopmental, cognitive, socioemotional, behavioral, trauma-induced, and mental health challenges at first contact. Early identification and intervention will support gains in social, emotional, moral, and lawful learning, growth and development. Rehabilitation programming must be replaced with developmentally appropriate habilitative programming to promote initial development of critical developmental capacities. Developmentally appropriate responses to youth in crisis will allow for effective channeling of cases through appropriate community, governmental, educational, and health services to promote identification, intervention, and resolution of underlying factors that lead to criminogenic behavior.

Tools and resources will support JJ connection with service providers who are prepared to assist in deterrence, diversion, intervention, and aftercare based on developmentally appropriate concepts that include Restorative, Youth, and Developmental Justice. Collaboration among stakeholders shall mediate the effects of early deficiencies in care, environment, healthcare, education, and development to increase the youth's capacity for personal responsibility, compassion for self and others, community-mindedness, and lawfulness. Short term strategies shall prepare JJ professionals to identify and utilize developmentally-supportive diversion programming, including community-based restorative justice,

tribal and indigenous cultural council, youth justice-oriented, mentorship, and other evidence-based strategies. Knowledge of youth neurodevelopmental processes will support JJ lawmakers and administrators in addressing fundamental systemic issues that contribute to DMC to facilitate positive change. Innovations in training strategies to promote cultural competence will support progress at all levels of policy-making and programming. Future efforts must identify and promote systems and processes that become exemplars of excellence in reducing DMC, and promote sustainable peer support networks across jurisdictions. Multi-level trainings must be developed and delivered across the national Juvenile Justice system to promote cultural and developmental competence of JJ staff while promoting collaboration with other organizations to promote parity in JJ minority contact.

## Introduction

Over 1,300,000 youth are processed in juvenile courts annually (as cited in Sickmund, Sladky, & Kang, 2013) while approximately 71,000 adolescents are placed in detention daily (as cited in Sickmund, Sladky, Kang, & Puzzanchera, 2011), punctuating the need for Juvenile Justice reform (Calleja, Dadah, Fisher, & Fernandez, 2017). The rate of youth detention is higher within the general non-White versus White population, with the incidence of detention being greater among non-White populations as compared to White youth (McCoy, Walker, & Rodney, 2012; Ericson & Eckberg, 2016). A phenomenological investigation and synthesis of literature since the 1988 amendment to the Juvenile Justice and Delinquency Prevention Act of 1974 revealed some confounding results, which indicate that complex factors contribute to disproportionate minority contact (DMC), only some of which are attributable to factors related to ethnicity or race (Engen, Steen, & Bridges, 2002; McCoy et al., 2012; Rodriguez, 2002; Tittle & Curran, 1988). Additional factors include both legal and extra-legal factors that contributed to the rate of arrest and detention of Black and non-White youth (Ericson & Eckberg, 2016; Engen et al., 2002; McCoy et al., 2012; Vera Sanchez & Adams, 2011).

The research demonstrates that youth with high numbers of repeat offenses were as much as 7 times more likely while moderate prior offenders were 3 times more likely to be detained as compared to first time offenders (McCoy et al., 2012). Factors outside the locus of control of the youth, however, contributed significantly to the age of first offense and number of overall offenses (Ericson & Eckberg, 2016; McCoy et al., 2012; Stevens & Morash, 2015; Vera Sanchez & Adams, 2011). Youth whose probation was revoked experienced a 3-fold increase in detention (McCoy et al., 2012). While number and degree of prior offenses constituted the most prevalent influence on the likelihood of detention, numerous other factors contribute to the overall matrix of factors that influence DMC (McCoy et al., 2012), including but not limited to the following:

1. Bias (Ericson & Eckberg, 2016; Tittle & Curry, 1988)
2. Number of Previous Offenses (McCoy et al., 2012)
3. Age of Entry (Youth entering system earlier may have more offenses) (McCoy et al., 2012)
4. Seriousness of Crime (McCoy et al., 2012)
5. Type of Crime (McCoy et al., 2012)
6. Probation Violations (McCoy et al., 2012)
7. Non-traditional Homes/Parental Status (McCoy et al., 2012)
8. Extra-Legal Factors (i.e. Gender, Race/Ethnicity, Age) (McCoy et al., 2012)
9. Disadvantageous Community (Significant factor for Black and Latino youth) (Rodriguez, 2002)
10. Process and Procedural Factors (leading to disproportionate punitive treatment of non-White versus White youth (i.e. less police and prosecutorial diversion) (Engen et al., 2002; Ericson & Eckberg, 2016)
11. Loose coupling and focal concerns of police (Ericson & Eckberg, 2016)
12. Racialized system of policing (Vera Sanchez & Adams, 2011)
13. School-Police juvenile justice-oriented interaction (i.e. in-school policing, schools making expulsion and suspension decisions based on police reports of juveniles in custody, zero-tolerance policing policies) (Vera Sanchez & Adams, 2011).
14. Youths' negative interaction with police and juvenile justice systems and negative attitudes about the juvenile justice system (Stevens & Morash, 2015; Vera Sanchez & Adams, 2011)
15. Youths' fear of safety from police who are abusive or provide inadequate protection; fear of sexual exploitation by female youth (Solis, Portillos, & Brunson, 2009)
16. Significant percentage of youth in Juvenile Justice system have had traumatic experiences, yet Juvenile Justice workers are often unable to provide a trauma-informed response (potentially leading to re-traumatization) (Donisch, Bray, & Gewirtz, 2016)

17. Outcomes of long term placement lead to ongoing offending and recidivism (Underwood & Washington, 2016)

A synthesis of the literature points to a conflagration of extra-racial or extra-ethnic factors that complicate the Juvenile Justice process, leading to the tragic overrepresentation of racial or ethnic groups within the system. While bias remains a critical focus in reducing DMC, the aggravating bias often occurred much earlier than the point of Juvenile Justice contact, or occurred incidental to co-occurring factors like socioeconomic status (SES), including extreme poverty and unsafe neighborhoods; family destabilization, including domestic violence, mental health, incarceration, or substance use disorder of parent; and unidentified or untreated neurodevelopmental, behavioral, emotional, and learning problems. As such, the Juvenile Justice system must engage in rigorous activities to raise the awareness of other key stakeholders in the lives of the involved youth, including court, law enforcement, school, child welfare, and medical providers, in order to contribute to a more equitable and supportive backdrop that promotes broad gains in social, emotional, moral, and lawful youth development.

Meanwhile, Juvenile Justice specialists must recognize signs of neurodevelopmental, cognitive, socioemotional, behavioral, trauma-induced, and mental health problems at the point of first contact in order to engage youth in a developmentally oriented process that can lead to gains in social, emotional, moral, and lawful learning, growth and development. Services to promote youth rehabilitation must be replaced with developmentally appropriate habilitative programming that promotes acquisition of absent or immature social, emotional, moral, and self-regulatory developmental capacities. As Juvenile Justice personnel correctly identify potential challenges in these areas, they will be much better prepared to steer the case through an effective channel of community, governmental, educational, and health services that contribute to identification, intervention, and resolution of underlying issues that contributed to criminologic behaviors. To achieve this end, the system of Juvenile Justice must have an arsenal of tools, resources, and connections to the myriad service providers and organizations who are

ready and able to provide alternate placement and effective diversion based on concepts like Restorative Justice, Youth Justice, and Developmental Justice. The disposition of each case must include a symphony of service providers, all stakeholders in the life of that youth, working in harmony to compensate for and intervene with early deficiencies in environment, care, healthcare, education, and development for the purpose of increasing the youth's capacity for personal responsibility, compassion for self and others, community-mindedness, and lawfulness.

The plan to achieve these broad goals involves a series of steps that can empower Juvenile Justice professionals early on in the process to utilize developmentally-supportive diversion programs that include community-based restorative justice programs, tribal and indigenous cultural councils, youth justice-oriented organizations, mentorship programs, and myriad other evidence-based strategies that include national endeavors like *My Brother's Keeper* and *Civil Citation*. Early training on neurodevelopmental processes of youth will support Juvenile Justice lawmakers and administrators in focusing on the fundamental systemic social problems that lead to DMC, thereby empowering them to move forward toward positive change. Introduction to innovations in promoting broad cultural competence will support progress at all levels of policy-making and programming. Technical support in identifying the need for programmatic and policy changes will assist those Juvenile Justice centers who are already demonstrating excellence in philosophy and performance in the area of reduction of DMC, creating a backdrop for ongoing national collaborative consultation and peer support across state and jurisdictional lines. These exemplars shall produce data that will inform ongoing development and refinement of Juvenile Justice programming and policies in the direction of racial and ethnic parity for all youth who contact the Juvenile Justice System. The focus will be to promote the learning, growth, and development of each youth toward the ultimate goals of self-sufficiency, self-determination, lawfulness, and good citizenship. This early effort will be accompanied by a broader outreach to train all levels of Juvenile Justice specialists in critical areas that include: Cultural Competence and Capacity to Self-



Regulate Bias; Neurodevelopmental Processes of Childhood; Developmental Foundations of Juvenile Justice; Effective Diversion Strategies; Accessing Community and Governmental Resources to Reduce Criminogenic Behavior, Promote Diversion, and Decrease Recidivism; Role of Juvenile Justice and Law Enforcement Specialists in Reduction and Elimination of Youth Criminogenic Thinking and Behavior; Promoting Effective Collaboration and Integration of Services across the Spectrum of Education, Health (Medical and Mental Health), Law Enforcement, Juvenile Justice, Prosecutorial, and Court Services.

### **Education**

Educational challenges are rampant among the population of youth in contact with the Juvenile Justice system, with a strong correlation between academic performance and delinquency status (Leone & Weinberg, 2012). The majority of children in American schools are of low SES, a group demonstrating lower levels of academic performance (Hair, Hanson, Wolfe, & Pollak, 2015). Brain studies of children of poverty have documented physical differences in brain development, indicating areas of decreased brain matter development among children of low SES (Hair et al., 2015). While poverty in early childhood is associated with smaller cortical gray and white matter as well as reduced volume of the amygdala and hippocampal areas of the brain at early childhood and early adolescence, hippocampal losses were mediated by supportive parenting or caregiving (Luby, et al., 2013). Agencies must promote supportive early caregiving, especially in communities of poverty, in order to promote brain development in the critical periods leading up to early adolescence, which is the time of initial Juvenile Justice contact for many youth (Luby et al., 2013).

Young children with educational and reading challenges are more likely to become delinquent in the future, 50% of delinquent children are academically delayed across all learning domains (Leone & Weinberg, 2012). The majority of delinquent adolescents fail to exceed elementary level academic proficiency in any subject (Leone & Weinberg, 2012). Meanwhile, youth who succeed academically while detained have a much greater likelihood of continuing their education in the aftercare phase (Leone &

Weinberg, 2012). Deeper investigation into this phenomenon revealed a significant coincidence of eligibility of students for Exceptional Student Education (ESE) services with academic failure and serious mental health challenges (Anakwenze & Zuberi, 2013), including behavioral problems (Leone & Weinberg, 2012). Most Juvenile Justice facilities lack the specialized services to promote learning across this population (Leone & Weinberg, 2012). Frequent relocation across foster care and juvenile detention placements interfere with continuity of academic services (Leone & Weinberg, 2012). A lack of coordination among Juvenile Justice workers and between school and juvenile justice personnel are cited as contributing to the dismal educational outlook for most juvenile detainees (Leone & Weinberg, 2012). Misguided attempts to protect confidentiality also contribute to educational challenges, as some facilities fail to transfer education records during periods of detention (Leone & Weinberg, 2012).

Executive function is another capacity that has a direct impact on academic success as well as socioemotional development (Hackman, Gallop, Evans, & Farah, 2015). Children of poverty tend to demonstrate compromised capacities for executive function, which contributes to overall health, achievement, and socioemotional and psychosocial development (Hackman et al., 2015). Factors related to impaired executive function, reduced volume of hippocampus and amygdala, reduced volume of white and cortical gray brain matter contribute not only to educational challenges but may also trigger mental and physical health, developmental, and behavioral consequences that negatively impact a child's status with the Juvenile Justice system.

### **Mental Health Status**

Mental health status is a critical concern when evaluating the status and needs of youth within the Juvenile Justice system, as mental health challenges can greatly interfere with healthy learning and development (Lucassen et al., 2015). While Juvenile Justice data indicates a significant percentage of detention facilities that offer mental health screening and services, a synthesis of research indicates some significant gaps in the care of youth within the Juvenile Justice system (National Center for Mental

Health, 2013; Trupin & Boesky, 1999). Youth who experienced early poverty are more likely to demonstrate decreased development in certain regions of the brain (Luby et al. 2013). In spite of significant limitations within the Juvenile Justice system to respond to the complex needs of many youth, at least half of the youth in contact with Juvenile Justice systems have a diagnosable substance use or mental health disorder (Anakwenze & Zuberi, 2013; National Center for Mental Health, 2013). Many youth are diagnosed with both a substance use and mental health disorder, with some youth having multiple mental health diagnoses (National center for Mental Health, 2013). Factors inherent in the juvenile justice system, such as removal from the home for the purpose of detention, may also contribute to behavioral health and developmental problems (Leone & Weinberg, 2012). Instability of foster care placement can additionally contribute to significant exacerbation of behavioral and mental health instability (Leone & Weinberg, 2012). At the same time, a significant number of youth within Juvenile Justice systems have been victims of or exposed to traumatic experiences, in spite of a lack of trauma-informed care across the Juvenile Justice system (Donisch et al., 2016).

### **Orientation to Developmental Factors & Juvenile Justice**

Developmental issues further contribute to the challenges faced by youth who come in contact with the Juvenile Justice system. In addition to the previously discussed developmental and brain-related factors, disorders of attachment development can be a strong predictor of later social, emotional, and behavioral problems in adolescence and beyond (Roelofs, Onckels, & Muris, 2013). Recent research links insecure attachment with substance use disorder (Schindler & Broning, 2015). The evidence points to insecure early attachment with parents or other primary caregivers as a confounding developmental factor that can contribute to a wide spectrum of social, emotional, and behavioral problems, some of which may lead to contact with the Juvenile Justice system (Roelofs, et al., 2013). Even symptoms of anxiety in youth have been linked to insecure child-attachment (Lewis-Morrarty, Degnan, Pine, Henderson, & Fox, 2015). Children who are exposed to both the child welfare and Juvenile

Justice systems experience much higher incidences of academic challenges and behavioral and mental health problems, negatively impacting youth learning and development (Leone & Weinberg, 2012).

Another conundrum concerns confusion of rehabilitation with habilitation (Butts, Bazemore, & Saa Meroe, 2010). Children with developmental delays in vital areas, including social, emotional, and self-regulatory development, require initial habilitation of critical capacities (Butts et al., 2010). A focus on rehabilitation assumes that developmentally challenged youth formerly possessed developmental capacities that can be rehabilitated, resulting in misguided interventions that further aggravate the underlying developmental gaps (Butts et al., 2010). Positive youth justice is a new paradigm that recognizes a developmentally potent response to the needs of youth offenders, and offers great hope for the evolving field of Juvenile Justice (Buts et al., 2010). As such, Juvenile Justice workers must take broad developmental factors of youth into account, including the concept of youth justice, while recognizing the need for critical habilitation of developmental capacities when planning for diversions, adjudications, interventions, re-entry and after-care programming.

### **Confluence of Multivariate Challenges**

A confluence of multivariate challenges typically exacerbates such factors as learning, developmental, and psychosocial status within the context of concurrent exposure to the child welfare and juvenile justice systems (Leone & Weinberg, 2012). A greater incidence of neurodevelopmental disorders, including Autism Spectrum Disorders, is found within families and communities of extreme poverty (Delobel-Ayoub et al., 2015). Presence of neurodevelopmental disorder coincidences with decreased educational, behavioral, and mental health outcomes of youth (Delobel-Ayoub et al., 2015). The American Pediatric Association (2016) recommends that pediatricians perform routine universal screenings for developmental problems, Autism, and behavioral disorders over the course of infancy and early childhood. In spite of low SES communities having the highest incidence of these problems (Delobel-Ayoub et al., 2015), pediatricians and primary care providers serving these communities are

statistically less likely to perform these required assessments due to financial and staffing constraints. Many other children of extreme poverty do not have access to medical care. These factors contribute to an overrepresentation of children of low SES environments entering the school system with undocumented neurodevelopmental, intellectual, and behavioral challenges as compared to their higher SES counterparts (Chan, Liu, Su, Huang, & Lin, 2007; Delobel-Ayoub et al., 2015). Delayed identification, intervention, and treatment of neurodevelopmental disorders contribute to reduced educational, behavioral, and developmental outcomes for children that can include increased likelihood of criminogenic behavior.

The preponderance of children within the foster care system come from some of the lowest socioeconomic status environments and suffer from some form of loss, abuse, neglect, or pathological parenting (Leone & Weinberg, 2012). While in protective custody, many children are relocated, forcing them to experience a series of interruptions in social development and attachment formation; youth entering the foster care system later, around ages 11 to 13, typically experience multiple placements until aging out of the system (Leone & Weinberg, 2012). Foster care instability is linked to interference of academic skills development and potentially severe behavioral or emotional challenges (Leone & Weinberg, 2012). These complex factors tend to be mutually exacerbating and are associated with increased incidence of learning problems, academic failure, and drop-out rates (Leone & Weinberg, 2012).

### **Need for Dedicated Support and Advocacy**

Because of the myriad confounding factors inherent across the systems that serve youth-at-risk, youth in contact with Juvenile Justice systems require additional dedicated support and advocacy to promote successful outcomes (Farn & Adams, 2012; Glisson & Green, 2006). Case managers are able to advocate for the overall mental health and welfare of youth within Juvenile Justice programs (Glisson & Green, 2006) while educational advocates are able to promote desirable academic outcomes for youth

(Farn & Adams, 2012). Involvement with the Juvenile Justice system may re-traumatize some youth and potentially exacerbate mental health and substance use disorders of others (National Center for Mental Health, 2013). Meanwhile, youth require sound substance use, behavioral, and mental health evaluations followed by potent evidence-based treatment for those conditions identified by way of formal assessment (National Center for Mental Health, 2013).

Youth with a history of traumatic exposure require a trauma-specific response throughout contact with the Juvenile Justice system to prevent further harm (Donisch et al., 2013). Empirical evidence supports the use of trauma-focused psychosocial interventions to address post-traumatic stress reactions in order to promote public safety as well as developmental and mental health outcomes of youth (Ford, Kerig, Desai, & Feierman, 2016). Case managers who are trained to respond to these complex needs must be put in place in order to improve continuity of services and mental health, behavioral, and substance use-related outcomes of youth (Glisson & Green, 2006).

### **Trends in Recidivism, Mental Health, Education, Community Involvement**

Investigation of the literature revealed that long term placements of youth within the Juvenile Justice system typically produce a continuation of offending and promote recidivism (Underwood & Washington, 2016). While previous trends towards harsh and punitive treatment of offending youth have not proven effective in promoting desired outcomes, community-based involvement is documented to reduce offending and recidivism among youth within the Juvenile Justice system, including violent offenders (Underwood & Washington, 2016). Meanwhile, youth detention is typically associated with some form of isolation and interruption of social bonds that can interfere with youth development and aggravate mental health disorders (Shanahan & diZerega, 2016). Challenges to academic learning and success presented by involvement with the Juvenile Justice system further aggravate the child's overall stability (Farner & Adams, 2016). Numerous class action suits have charged Juvenile Justice detention facilities with a lack of appropriate educational programs and materials, delay

in access to educational services, and failure to provide comparable special and vocational educational services (Leone & Weinberg, 2012). In spite of apparent limitations in the scope and depth of educational services offered youth in detention, academic success while in the Juvenile Justice system is linked to lower rates of recidivism (Farmer & Adams, 2016). To this end, the National Center for Mental Health and Juvenile Justice (2013) identified four critical factors to promote outcomes of youth within the Juvenile Justice System as: Collaboration, diversion, identification, and treatment.

### **Role of Family**

Among the individuals whose collaboration with Juvenile Justice agencies promote desirable outcomes for youth are families (Farn & Adams, 2016; Shanahan & diZerega, 2016). When parents and family members are included as valuable members in a continuous collaboration process with the Juvenile Justice system, outcomes for youth tend to improve (Shanahan & diZerega, 2016). The research supports not only the involvement of parents and family but other stakeholders in the life of a youth, including teachers, mentors, and coaches (Shanahan & diZerega, 2016). Research further demonstrates that the wider the base of support for a youth in contact with the Juvenile Justice System, the greater the broad positive gains (Shanahan & diZerega, 2016). Juvenile Justice workers must explore the strengths and resources inherent in the youth's family system and strive to empower the family as supportive agents on behalf of the youth (Shanahan & diZerega, 2016).

Family involvement can extend to participation in counseling and restorative services connected to such factors as substance user disorder, mental health issues, and family violence (Baker & Jaffe, 2003; Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009; National Child Traumatic Stress Network, 2015; Shanahan & diZerega, 2016). When youth are exposed to violence, or live in homes where intimate partner or domestic violence is perpetrated, supportive services must be offered to the entire family system to support recovery of the youth (Baker & Jaffe, 2003; Finkelhor et al., 2009; National Child Traumatic Stress Network, 2015). Facilitating and supporting family involvement, including

providing supportive services for families of violence, is one critical focus of evidence-based practices to divert youth from the Juvenile Justice system, limit the duration of necessary detention, and maximize positive outcomes with respect to future offending and recidivism (National Child Traumatic Stress Network, 2015; Shanahan & diZerega, 2016).

### **Need for Collaboration & Community Support**

Collaboration among care providers and stakeholders is a protective factor in the lives of youth at risk (Farn & Adams, 2016). Community programs are similarly viewed as protective factors that improve recidivism rates of youth in Juvenile Justice programs (Underwood & Washington, 2016; Butts, Bazemore, & Saa Meroe, 2010). The complex needs of crossover youth who have contact with both Juvenile Justice and child welfare agencies demand a complex and collaborative response of stakeholders and care providers (Leone & Weinberg, 2012). Sadly, regulatory and privacy issues often interfere in the open flow of information and collaborative consultation among the various agencies and schools who serve each child (Leone & Weinberg, 2012). Youth may lose credit for educational programs completed while detained in a Juvenile Justice facility when privacy issues prevent the release of those educational records to other schools (Leone & Weinberg, 2012). The complex and multivariate needs of youth within the Juvenile Justice system, many of whom have been diagnosed with multiple learning, developmental, behavioral, mental health, and substance use disorders, demand a coherent and coordinated response from the various stakeholders and service providers (Farn & Adams, 2016). This dramatic need for continuity of care necessarily draws from the strengths offered by full collaboration among care providers, demonstrating the necessity for Juvenile Justice workers to develop complex and effective skills and strategies to promote collaboration across the various domains that support youth-at-risk (Farn & Adams, 2016).

### **Crossover Phenomena**



Crossover phenomena represent further confounding factors of youth within the Juvenile Justice system. The crossover of youth between the child welfare and Juvenile Justice systems presents significant challenges concerning increased risk for learning, academic, developmental, emotional, and behavioral challenges; scope and depth of required services; and need for intricate collaboration among stakeholders (Leone & Weinberg, 2012). The educational needs of this crossover population routinely strain the resources of facilities, as academic failure while detained in the Juvenile Justice system correlates with increased rates of recidivism (Leon & Weinberg, 2012). The other alarming crossover phenomenon resulting from the punitive response to youth offenders in the 20<sup>th</sup> century, is the crossover from the Juvenile to Criminal Justice system (National Institute of Justice, 2014). Early influences of the Supreme Court on the newly developing Juvenile Justice system has been credited with meeting the needs of youth offenders with harsh punitive response to offense (Feld, 1988). While the notion of *parens patriae* may have originally sprung from an assumption that the state must step in to resolve juvenile problems resulting from delinquent parenting, the responsibilities to protect children inherent in the concept of *parens patriae* from harm may still rest with the state and therefore the Juvenile Justice system (Morrow, Dario, & Rodriguez, 2014).

### **Recidivism, Adjudication, Sentencing, and Adolescent Development**

The trajectory of human lifespan development includes a dramatic period of growth and integration during the teenage years, when obvious neurodevelopmental processes are taking place in the brain (Calkins, 2010). Adolescence is the period when developmental phenomenon involving social, emotional, behavioral, and self-regulatory processes contribute to physical brain growth and development (Calkins, 2010). Some data indicates that youth who are transitioned into the Criminal Justice system may experience as much as a 34% increase in re-arrest due to violent and other type of crimes (Calkins, 2010; National Institute of Justice, 2014). Youth between the ages of 16 and 17 are documented to have a diminished capacity to identify risks as compared to younger and older youth,

and this age coincides with increased involvement with criminal activity (National Institute of Justice, 2014). During this critical period, youth are vulnerable to the negative consequences of faulty risk assessment, decision-making, and behavior (Calkins, 2010). Youth are crossed over from the Juvenile to the Criminal Justice systems around or immediately following this neural maelstrom of the mind, calling into question notions of child protection and the obligation of the state to serve in the capacity of *parens patriae* on behalf of the child offender (Leiber, Peck, & Beaudry-Cyr, 2016). While some juvenile courts offer a *youth discount* to adjust for factors related to age and immaturity of development, the research does not substantiate a fair and equitable application of this developmentally-focused leniency across all racial and ethnic groups (Leiber et al., 2016). Greater attention to factors related to age, including adolescent brain and cognitive development, and an equitable application of these concepts across all cultural and racial groups must be the focus of future research and programming (Leiber et al., 2016).

### **Gangs**

Gang activity is a significant concern across urban and some parts of rural America. Of the three types of recognized programming to reduce gang activity, suppression is characterized as ineffective (Howell, 2000). Some of the strategies employed in gang suppression activities include tracking and geo-mapping (Howell, 2000), which can inadvertently lead to disproportionate juvenile diversion for some racial or ethnic groups (Ericson & Eckberg, 2016). In spite of the failure of gang suppression to produce significant positive change, this type of focal concern on specific areas and activities remain a part of the decision-making process concerning juvenile diversion (Ericson & Eckberg, 2016) that must be eradicated as part of creating parity in response to DMC. Following is a list of evidence-based strategies that have proven effective in reducing some of the violence or harm associated with gangs:

- Operation Ceasefire (as cited in Braga et al., 2001; Braga & Pierce, 2005);
- Little Village Gang Violence Reduction Project (GVRP); and
- Gang Resistance Education and Training (GREAT). (Development Group Services, 2014)

### **Moving Towards Positive Change**

Broad systematic changes are required to allow the Juvenile Justice system to properly respond to the complex mental health, substance use, behavioral, and trauma-related disorders of youth.

Organizational and leadership factors contribute to the likelihood of systematic changes in Juvenile Justice and related systems to support better outcomes of youth (Aarons & Sommerfield, 2012; Green Albanese, Cafri, & Aarons, 2014). Working alliance among professionals serving youth is necessary to support the types of changes required to improve youth outcomes (Green et al., 2014). Meanwhile, transformational leadership tends to support more effective working alliance (Green et al., 2014). As such, Juvenile Justice and related systems serving youth may improve the overall organizational climate and thereby improve working alliance by engendering such factors as “fairness, growth and advancement, and role clarity” (Green et al., 2014, p. 7). In this way, transformational leadership can promote a climate of innovation to support broad changes, including state-wide changes in protocols for caring for youth with mental health and trauma-related challenges (Aarons & Sommerfield, 2012).

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