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Multicultural Perspectives on Delinquency
Etiology and Intervention

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Richard E. Redding and Bruce Arrigo

Abstract

In this chapter, we consider the possible reasons for the overrepresentation of African-American youth in the juvenile and criminal justice systems. We review research on discrimination in the justice system and possible differences between African American and White youth in the key risk factors for delinquency that exist at the individual, family, and peer-group and neighborhood levels. Based on these findings, we provide recommendations for treatments and interventions aimed at preventing and reducing offending and justice system involvement among African-American youth.

CHAPTER 24

Multicultural Perspectives on Delinquency Among African-American Youth: Etiology and Intervention

RICHARD E. REDDING and BRUCE ARRIGO

MINORITY YOUTH, particularly African American males, are vastly overrepresented in the juvenile justice system. Congress has targeted the problem as a priority issue for the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP), with the Juvenile Justice and Delinquency Prevention Act requiring that states receiving OJJDP grant money take corrective steps to reduce the disproportionate rates of minority confinement in juvenile facilities (Devine, Coolbaugh, & Jenkins, 1998). We consider the possible reasons for the overrepresentation of African American youth in the justice system,¹ reviewing research on discrimination in the justice system and possible differences between African American and White youth in the key risk factors for delinquency that exist at the individual (e.g., mental disorders, neuropsychological functioning), family (e.g., family structure, parenting effectiveness), and peer-group and neighborhood (e.g., gangs, poverty) levels. We provide recommendations for service delivery for delinquent minority youth, particularly in school settings, aimed at preventing and reducing offending and justice system involvement. We begin with a review of current data on the overrepresentation of African American youth in the justice system.

¹ Due to the complexity of the issue of racial differences in juvenile offending, with the factors accounting for the disproportionate representation of minority youth differing across racial and ethnic groups, we have chosen to focus on African American youth. African Americans are the largest minority group in the United States and are the minority most represented in the juvenile justice system.

OFFENDING RATES OF AFRICAN-AMERICAN YOUTH

African American youth are overrepresented throughout all stages of the juvenile justice process (i.e., from arrest to the dispositional/sentencing decision). Although comprising only 15% of the juvenile population, African Americans represent 26% of all juveniles arrested, 44% of juveniles arrested for violent offenses, 45% of detained juveniles, 30% of all juvenile court cases, 40% of juveniles in residential placements, 46% of juvenile cases transferred for trial in criminal court (OJJDP, 1999), and 57% of the juveniles in state prisons (Sickmund, 2004b). Overall, African American youth comprise a highly disproportionate percentage (about 40%) of the juvenile offender population (see Sickmund, 2004a; Snyder & Sickmund, 1995). The most fundamental question to be asked is the extent to which these prevalence rates reflect the actual offending rates of African American youth.

The arrest rate of African American youth significantly exceeds that of Whites for every offense category, particularly for violent offenses (see Sickmund, 2004a). The Black-White ratio of juvenile violent crime offenders is 6:1 (Rutter, Giller, & Hagell, 1998). The overrepresentation of African Americans is also great for drug offenses (see Sickmund, 2004), in large part due to the war on drugs, which in turn makes African American youth the targets of police surveillance and arrests (Bortner, Zatz, & Hawkins, 2000; Human Rights Watch, 2000; Rutter et al.). Thirty-nine percent of juveniles held in secure confinement for violent offenses are African American (about 1 of every 100 African American youth; Sickmund, 2004b). Rates of carrying guns to school are also higher for African Americans, though the higher prevalence may be due to a perceived self-defense need when attending urban schools (Redding & Shalf, 2001). The substantial increase in juvenile homicides seen during the 1980s and early 1990s was directly attributable to an 82% increase in the number of homicides committed by African American youth (Hawkins, Laub, Lauritsen, & Cothorn, 2000), due primarily to the expansion of neighborhood drug markets (particularly those involving crack cocaine) and the associated gun violence and increased access to firearms (Blumstein, 1995a, b; Blumstein & Cork, 1996). The drop thereafter in juvenile homicide to historically normal levels was due to the decrease in the number of African American youth who committed homicide (Hawkins et al., 2000).

However, the reliability of official arrest data as a true indicator of offending rates may be limited by differences between racial groups in their reporting of crimes to authorities, the likelihood that police will make an arrest, and jurisdictional inconsistencies in recordkeeping (Hawkins et al., 2000). But victimization and self-report data provide important convergent evidence that African American youth offend at significantly higher rates than White youth.

The National Crime Victimization Survey (see Lynch, 2002), which reports the characteristics of offenders as perceived by their victims, shows prevalence rates for African American offenders comparable to that shown in the official arrest data, though the survey data have a number of limitations (e.g., there may be racial differences in responding to survey questions). Clearly, African Americans have much higher rates of victimization (Hawkins et al., 2000)—the death rate from homicide was eight times higher among young African American men than among Whites in the early 1990s (Rutter et al., 1998). Homicide is the leading cause of death among African American youth (National Research Council, 1993) and, thus, intervening to reduce the rates of African American offending also serves to reduce their rates of victimization.

Self-report data (e.g., Elliott, 1994; Farrington, Loeber, Stouthamer-Loeber, Van Kammen, & Schmidt, 1996) also verify, particularly with respect to violent offenses, that African American youth commit crimes at disproportionately higher rates, although the Black-White difference is smaller than indicated by the official arrest data (Hawkins et al., 2000). For example, in Elliott's survey of 17-year-olds, 36% of African American and 25% of White males reported committing a serious violent offense.

Finally, data from other Western nations paint a similar picture of higher offending rates among Black youth, particularly for violent offenses (Rutter et al., 1998). Moreover, the disproportionate offending rates among African American youth parallel racial differences in the offending rates for adults (Rutter et al.); thirty-seven percent of those arrested in the United States for violent crimes are African American, who comprise just 12% of the population (Maguire & Pastore, 2001). Astonishingly, 20% of all African American males between the ages of 16 and 34 are under justice system supervision in the United States (National Research Council, 1993).

In sum, converging data based on official arrest rate, self-report, and crime victimization studies, as well as data from other Western nations, indicate that Black youth offend at disproportionately high rates. An OJJDP report, the lead author of which is an eminent African American scholar, concluded that "[t]hese comparisons suggest that much of the race difference in arrests for violence is due to greater involvement in offending on the part of blacks . . . [and] that *most violent crime is intraracial and that blacks are disproportionately the victims* of homicide and other forms of violence" (Hawkins et al., 2000, p. 2, emphasis added). However, as discussed in the next sections, "the relationships between race, criminal behavior, and racial and ethnic disparities in the confinement of juveniles are poorly understood" (Bridges, Conley, Engen, & Price-Spratlen, 1995, p. 128).

DISCRIMINATION IN THE JUVENILE JUSTICE SYSTEM

Studies have produced conflicting findings on whether there is racial discrimination (intentional or unintentional) against African American youth in the juvenile justice system. Some studies have found no direct racial effects on juvenile-justice decision making (at intake, detention, adjudication, and/or disposition), or relatively small effects; while other studies have found substantial effects even when controlling for prior record and offense seriousness (see Bortner et al., 2000; Bridges et al., 1995; C. W. Thomas & Cage, 1977). A few studies have even found racial effects favoring minorities (e.g., Dannefer & Schutt, 1982). Research consistently shows, however, that offense seriousness and criminal history are the strongest predictors of outcomes (see Feld, 1995; Hoge, Andrews, & Leschied, 1995; C. W. Thomas & Cage), though these offense-related factors account for only about 25% of the variance (Feld).

As an example of a recent study finding substantial racial effects, the National Council on Crime and Delinquency (Poe-Yamagata & Jones, 2000) found biases against African American youth at each stage in juvenile justice processing. African American youth were more likely to be arrested, detained, adjudicated in juvenile court, or transferred to criminal court, and placed in secure confinement. They also received longer and harsher sentences. Frazier and Bishop's (1995) study of all 137,000 juveniles processed in Florida's juvenile justice system between 1985 and 1987 found significant race effects (of 4–7 percentage points) on juvenile court intake screening decisions, detention decisions, prosecutorial court referral decisions, and dispositional decisions, when controlling for offense seriousness, offending history, and age. With

respect to judges' dispositional decisions, "[t]he typical white delinquent has a probability of being committed or transferred of 9%, compared to a probability of commitment for nonwhites of 16%" (p. 27).

The research "thus represents mixed and collectively inconclusive findings, with interpretation further complicated by the methodological shortcomings of some studies and a lack of replication efforts" (Kempf-Leonard & Sontheimer, 1995, p. 100). The views of those working in the juvenile justice system are also varied, mirroring the inconsistent empirical findings. "Some officials see race as a substantial problem, whereas others see it as a relatively minor problem. Some regard race prejudice and discrimination as having direct and major effects on juvenile justice dispositions, and others see the effects operating indirectly and subtly to the disadvantage of nonwhites" (Frazier & Bishop, 1995, p. 40).

There seems to be emerging, however, a scholarly consensus that the overrepresentation of African American youth in the juvenile justice system is so substantial (as compared to any possible discriminatory effects) that it "must represent a real difference in offending rates" (Rutter et al., 1998, p. 242; see also Blumstein, 1993; Bortner et al., 2000; J. D. Hawkins et al., 1998). In a seminal treatise on antisocial behavior in juveniles, Sir Michael Rutter and colleagues (Rutter et al.) stated,

It is quite implausible that such [discriminatory] effects could account for the large differences. . . . We conclude that there are substantial differences in the rates of crime among ethnic groups. These differences are exaggerated by small (but cumulative) biases in the ways in which judicial processing takes place . . . but major differences remain even when full account is taken of such biasing effects. . . . The finding that the greatest difference applies to homicide makes it especially implausible that the difference is an artifact, since there is less scope for bias in the ways that such serious offenses are dealt with. (pp. 243, 246)²

At the same time, there also is a scholarly consensus that there probably are small, often statistically insignificant effects of race at various stages in case processing that cumulate to produce an eventual effect on adjudicatory and dispositional outcomes:

Research has fairly consistently shown that small effects of race and class that may not be statistically significant at a given stage add up across multiple stages, with the effect that white and middle-class children are more likely to be filtered out of the system long before [the dispositional decision] is reached. (Bortner et al., 2000, p. 300)

Some studies have found racial effects at the sentencing phase, but when studies do find racial effects, they are most often at the police charging and pretrial detention stages (Bortner et al., 2000; McGuire, 2002; Pope & Feyerherm, 1995; Rutter et al., 1998), when judges often must make quick decisions without having much information on the juvenile (Krisberg & Austin, 1993). Detention status affects ultimate dispositional decisions, resulting in an increased likelihood of secure placement and harsher sentences (see Bortner et al.; Feld, 1995; Krisberg & Austin; O'Neill, 2002; Poe-Yamagata & Jones, 2000). When controlling for offense type, a recent study found that African American youth are substantially more likely to be detained (27% of

² Rutter et al. (1998) note that in the United Kingdom, people originating from South Asia suffer from racial discrimination as much as Blacks, yet their offending rates are no higher than those of Whites, and are even lower for some crimes.

African American but 15% of White youth), particularly for drug offenses (Poe-Yamagata & Jones). Another recent study of police decision making in nine Michigan jurisdictions found that African American youth were more likely than Whites to be referred to juvenile court and detained, when controlling for offense seriousness and prior record. Interviews with police officers showed that their decisions often were influenced by factors that correlate with race, such as the extent of parental supervision and whether there was a male in the home to enforce discipline (Wordes & Bynum, 1995). In addition, there may be biases in police patrolling and charging decisions, which often are highly discretionary (Wordes & Bynum). One study, for example, found that police more frequently charge African American juveniles with felonies for offenses that could alternatively be charged as misdemeanors (see Kempf-Leonard & Sontheimer, 1995). However, the most recent large-scale study of police charging practices, involving 102,905 juveniles in 17 states, found “no direct evidence that an offender’s race affects police decisions to take juveniles into custody in such incidents” (Pope & Snyder, 2003, p. 1).

Clearly, there are significant effects for other factors that correlate with race (Bortner et al., 2000). One study found that race was correlated with six of nine factors important in juvenile justice decision making (see Tomkins, Slain, Hallinan, & Willis, 1996). For example, juvenile court judges consider school performance and family circumstances when considering a child’s potential for rehabilitation (Tomkins et al.). Single-parent homes are often seen as providing less support and supervision, and African American youth are far more likely to come from single-parent and father-absent homes (C. W. Thomas & Cage, 1977). In a study of judges’ transfer decisions in New York, Singer (1996) found that race became an insignificant factor once family structure (one- versus two-parent homes) was taken into account. There also is “justice by geography”—cases heard in urban courts are more likely to receive harsher sentences, and African American youth are concentrated in urban areas (Feld, 1995).

Consistent with the data showing higher prevalence rates of violent offending among African American youth, the primary reason for the overrepresentation of African American youth at all stages of juvenile justice processing is that they commit a disproportionate number of violent crimes—the very crimes most likely to receive formal justice-system processing and serious sanctions. In reviewing the research on decision making about transferring youth to the criminal court, Bortner et al. (2000) concluded that the offense type was the chief mechanism by which racial effects emerge, given the link between race and violent offending. In a recent study of 64,466 juvenile court cases from 115 Missouri counties, McGuire (2002) found that youths’ offense seriousness and detention status had the strongest effects on dispositional outcomes. Race, which exerted its strongest effect on detention decisions, had the overall weakest effect of all the factors examined.

When it occurs, discrimination in the juvenile justice system often may be unintentional, resulting from stereotypical attributions about minority youth that influence a decision maker’s judgment. As Tomkins et al. (1996) explain, social psychological research has demonstrated that stereotypes lead to “biased information processing,” wherein decision makers tend to evaluate information about individuals in a manner consistent with their stereotypes about those individuals’ racial groups. There are powerful stereotypes that link race with criminality, and people tend to attribute greater culpability to African American offenders (see Bridges & Steen, 1998; Sunnafrank & Fontes, 1983). A recent experimental study found that people judged a juvenile offender in a crime vignette as more culpable and deserving of punishment when they

were first unconsciously primed with the expectation that the offender would be African American (Graham & Lowery, 2004).

Once activated, racial stereotypes of criminality would likely have an impact at each stage of progression through the juvenile justice system. . . . [and] serve to distort individual case processing. Consequently, the decision-making in juvenile justice case dispositions may be biased against minorities, even by those who are not prejudiced and who actively try to achieve nondiscriminatory justice. (Tomkins et al., 1996, pp. 1643–1645)

Studies show that, as compared to the way they view Whites, juvenile justice professionals view African American youth as inherently more violent and impulsive, less motivated to reform, more susceptible to negative peer influences, and more likely to be doing poorly in school, to come from a single-parent or dysfunctional family, and to be chronic offenders destined for lives of criminality (Bortner et al., 2000; Bridges & Steen, 1998; Tomkins et al., 1996). Perhaps the most salient stereotype is the image of the young African American male as threatening, dangerous, and violent (Bridges & Steen). Analyzing 233 reports of juvenile court probation officers, Bridges and Steen found that African American youth were consistently described differently than White youth. Environmental influences were often described as the cause for White youths' delinquency, while negative personality traits were more often ascribed to African American youth, who were seen as less amenable to intervention than the environmental causes. This resulted in harsher sentences for African Americans, who were thought to be at greater risk for recidivism. Sadly, it is the case that as compared to Whites, African American youth are more likely to come from single-parent or father-absent homes, to associate with gangs, and to be exposed to environments of crime and poverty, all of which are strong risk factors for delinquency (as will be discussed shortly). But the very danger of stereotypes is that those who hold them overgeneralize the stereotype, resulting in biased decision making in cases where the stereotype does not apply (or applies only partially) to the case at hand. "The most commonly accepted justification for the disproportionate transfer [to criminal court] of youths of color—that they are violent—ignores the fact that youths of color are also most likely to be transferred for nonviolent offenses" (Bortner et al., 2000, p. 302). According to one juvenile justice administrator, it is assumed "that an Anglo kid who's got in some difficulty with the law can be treated . . . and minority kids are delinquent, they're thugs, they're tough kids, and they need to be punished" (Bortner, p. 305).

Some suggest that the disparate views and treatment of minority youth in the juvenile justice system reflect the majority's view of minority children as "the other"—someone else's children who need to be controlled and contained for the protection of the majority, with racial stereotypes fueling the perception of otherness (Nunn, 2002).

With the understanding that the predominate clientele of juvenile courts, at least in large urban areas, are African American males, the idea of a juvenile court focused on rehabilitation and the protection of children became an unnecessary luxury. Driven by the image of African American "superpredators," the juvenile justice system was transformed into a harsh and punitive system of social control. (p. 713)

Indeed, juvenile justice historians argue that juvenile courts were "agencies of coercive social control that used their discretionary powers primarily to impose sanctions on poor and immigrant children" (Feld, 1999, p. 56).

Finally, regardless of whether and to what extent racial bias exists in the juvenile justice system, perceptions of bias on the part of African American youth may fuel anger and aggressive reactions to perceived injustices, or a reduced willingness to delay gratification and play by the rules because of the belief that their life chances are unjustly predetermined (see Redding, 2003).

As discussed in the next section, White and upper-class youth may be somewhat underrepresented in the juvenile justice system (Woodhouse, 2002), due in part to their greater access to private mental health services and placements that divert them away from the justice system or correctional placements.

DIFFERENTIAL ACCESS TO MENTAL HEALTH SERVICES

Of the approximately one million adolescents who enter the juvenile justice system each year across the country, "the U.S. Department of Justice (DOJ) estimates that 60 percent have a recognizable mental disorder and that as many as 200,000 are seriously mentally ill" (Ginsburg & Demeranville, 1999, p. 18; see Lexcen & Redding, 2002). Although these illnesses are often treatable, they are amplified by the amount of time an adolescent spends in jail or detention (Ginsburg & Demeranville). With a substantial number of young offenders diagnosed with mental health disorders, the prevalence of racial disparities in the disposition of mentally ill delinquents is an important issue.

While being overrepresented in the juvenile justice system, minority youth often do not receive needed mental health services and are less likely than White youth to be placed in psychiatric facilities in lieu of incarceration (LeCroy, Stevenson, & MacNeil, 2001). "It has been suggested that Caucasian youth who commit delinquent acts tend to be served by public MH [mental health] agendas, whereas minority youth are relegated to the juvenile justice system for the same acts" (Rosenblatt, Rosenblatt, & Biggs, 2000, p. 234). "Hospitals are rapidly becoming the new jails for middle-class and upper-middle class kids" (Schwartz, 1989, p. 33), who are more likely to be White and to have insurance, both of which correlate with the availability of a mental health placement (M. A. Scott, Snowden, & Libby, 2002).

For example, Barnum, Famularo, and Bunshaft (1989) found that young adolescents from poor families with significant school and family problems and minor delinquency charges were the most likely to be referred to the mental health clinic. However, there appeared to be no racial disparities noted, either for or against clinic referral. More recently, Wierson and Forehand (1995) conducted a discriminant function analysis to ascertain whether recidivism for juvenile delinquents could be predicted when controlling for mental health diagnosis, substance abuse, and the race of the adolescent. Their findings indicate that "mental health variables, often ignored in recidivism studies, may play some role in its prediction . . . [and that the] models for predicting recidivism are likely to differ by race" (p. 66).

Two additional studies, by Lewis, Balla, and Shanok (1979) and Lewis, Shanok, Jones, Kligfield, and Frisone (1980), reveal demographic disparities between the mental health and criminal justice systems. Their study of clinical records of juveniles in the Connecticut correctional system supports the contention that African American youth were more likely to be placed in correctional facilities than Whites. They found that "seriously disturbed black delinquents [had] trouble gaining admission to therapeutic facilities [and that] those who were admitted were quick to be discharged" (Lewis et al., 1979, p. 54). In a follow-up study, Lewis et al. (1980) compared a sample of youth from correctional facilities in an urban region of Connecticut with a sample

taken from a mental health facility in the same area. The correctional and mental health groups differed the most according to race, which explained 18.1% of the variance (Lewis et al., 1980).

Similar findings were reported in Michigan by Westendorp, Brink, Roberson, and Ortiz's (1986) study paralleling the work of Lewis and colleagues. After comparing the clinical records of patients in six mental health care facilities with youth from juvenile justice clinics in the same region, they concluded that race significantly determined whether an adolescent would be placed in the juvenile justice facility or mental health facility. Social class, however, was not found to be a significant predictor of the adolescent's placement in a particular facility. More recently, M. A. Scott et al. (2002) examined the factors that predict the transition from mental health to juvenile justice treatment. Using a longitudinal sample of 5,455 Medicaid-eligible youth (ages 10–17) in the Colorado public mental health system, the researchers concluded that factors associated with transitioning to the juvenile justice system "include being male, being an ethnic minority, being an alcohol or drug user, and receiving a diagnosis of conduct disorder or oppositional defiant disorder" (p. 309).

In an attempt to evaluate the generalizability of these race-based findings, Kaplan and Busner (1992) examined correctional and mental health systems in New York. Performing one of the most thorough studies to date on the disposition of youth, they reviewed the reports of all 1,474 children aged 10 to 18 placed in state mental health facilities in 1988, and all 1,405 children placed in state juvenile justice facilities that same year. Although the results initially suggested racial discrepancies similar to those found in the studies by Lewis and Westendorp (Lewis et al. 1979; Lewis et al. 1980; Westendorp et al. 1986), after later comparing the racial distributions of juveniles in the mental health care and juvenile justice systems to the racial distribution of the general population for the same age group, Kaplan and Busner concluded that racial inequalities did not exist in the mental health system.

But Kaplan and Busner (1992) noted that adolescents entered mental health institutions through a variety of processes (e.g., referral by family members, psychiatric referrals, and school administrators' recommendations), while adolescents who entered the criminal justice system did so only by court referral, thus highlighting potential problems in the reliability of previous research. Their research showed that the courts ordered only a modest percentage of adolescents to mental health care facilities, suggesting that there might be a greater percentage of juveniles entering this system by other means. These findings emphasize the importance of studying mental health care and juvenile justice systems separately to ensure that the variety of passages into the mental health system are taken into consideration. For example, in order to adequately determine whether racial biases exist in mental health facilities, one must look not only at court referrals, but also at the number of Blacks versus Whites whose parents or schools refer them. These additional referral sources are significant because they potentially indicate whether and to what extent extralegal influences contribute to race-based practices.

W. J. Thomas and Stubbe's (1996) recent multicultural study examined only court-referred adolescents in the mental health and criminal justice systems. During one year, they compared all 93 youth referred by Connecticut courts to the state's only psychiatric facility to 229 youth referred by Connecticut courts to the state's only juvenile correctional facility. With regard to gender, age, race, and community size, W. J. Thomas and Stubbe found that adolescents sent to the psychiatric facility were more likely to be female, younger, and White. The regression model confirmed that "race and

gender seem to dominate all other variables. Specifically, race and gender are prominent determinants in the referral, with nonwhites and males being referred more often to a correctional facility and whites and females being referred more often to a psychiatric hospital" (pp. 394, 398). W. J. Thomas, Stubbe, and Pearson (1999) also compared court versus clinically referred adolescents in the mental health system. Although age, gender, race, and size of community appeared to be statistically significant factors, a multiple logistic regression model revealed this was the case only for race and age. In a summary of the findings developed by W. J. Thomas et al., Moreland (2000) noted that

the Correctional School population was the oldest, 84.7% male, almost 82% non-white, and almost half were from large communities. The clinically-referred hospital population was the youngest, also predominantly male, 50%-50% white and non-white, and almost 31% from larger communities. The court-referred hospital population was predominantly male as well, 58%-42% white and non-white in racial breakdown, and over 21% from larger communities. (p. 14)

The research of W. J. Thomas et al. shows disparities in that, along with age, a juvenile's race appears to predict whether a court will refer him or her to a correctional facility as opposed to a mental health care facility.

In sum, while there is not a substantial research literature on the topic, most of the extant studies have found race to be a factor in determining whether juveniles are served by the mental health versus the juvenile justice system. As Bortner et al. (2000) note,

[T]he alternative resources available to youths and the extent to which rehabilitative services are provided are also highly correlated with race and ethnicity (p. 304). . . . Two tracks exist for [youths involved in the juvenile justice system]—one for those of families, largely middle- and upper-class Anglo, with means to afford private behavioral health treatment services, and a second for the children of low-income families, largely African American, Hispanic, and Native American children living in single-parent homes, perhaps surviving through public assistance, children whose parents know of no treatment options to suggest to juvenile justice decision makers. (Bortner et al. 1993; pp. 73–74)

Recent trends in funding and juvenile justice philosophy that have decreased the rehabilitative options available in the juvenile justice system mean that those who can access and afford mental health services will have more options.

Parents from middle and upper socioeconomic status backgrounds commonly arrange for their children to receive counseling offered by private mental health providers when their children become involved in the juvenile justice system. As a result, they are given less severe dispositions than otherwise would be the case. Juvenile justice officials often use the formal system to obtain what they believe are comparable services for low socioeconomic status youth. (Frazier & Bishop, 1995, p. 44)

This differential access to mental health and social services (see Stehno, 1990) in lieu of justice-system involvement and/or correctional placement likely contributes to the overrepresentation of minorities in the juvenile justice system; but the extent to which it is a factor is unknown.

RACIAL DIFFERENCES IN RISK FACTORS FOR DELINQUENCY

Studies suggest possible differential or discriminatory treatment of African American offenders in the juvenile justice and mental health systems. More compelling, however, are the extensive and convergent historical and current data consistently showing that African American youth offend at disproportionately high rates. Thus, while part of the reason for the overrepresentation of African American youth in the juvenile justice system is likely due to discriminatory practices (intentional or unintentional) and differential access to services, it can reasonably be concluded that much is due to differences in the offending rates between racial groups. But what are the underlying reasons for these differences? The remainder of this chapter considers possible differences in the key risk and protective factors for delinquency (see J. D. Hawkins et al., 1998) that exist in the lives of African American versus White youth and that may contribute to differential offending rates.

INDIVIDUAL-LEVEL RISK FACTORS

Mental Disorders Although mental disorders are significant risk factors for delinquency (Goldstein, Olubadewo, Redding, & Lexcen, 2005), studies have found few differences in the prevalence of mental illness among different ethnic groups (U.S. Department of Health and Human Services [USDHHS], 2001). In large part, this is because the ethnic and racial boundaries separating different groups are not as easily distinguishable today (Schmitt, 2001b), yielding a growing number of multiracial and multi-ethnic citizens within the U.S. population (Schmitt, 2001a). The prevalence rates for juveniles of diverse ethnic and racial backgrounds are influenced by the different cultural expectations of their parents, making an accurate assessment of these differences key to understanding psychiatric illness in specific ethnic or minority group contexts (Lopez & Guarnaccia, 2000). Additionally, minority group members (especially juveniles) do not use mental health services as frequently as nonminority constituencies (e.g., Brown, Ahmed, Gary, & Milburn, 1995), choosing instead to rely on churches or nearby hospital emergency rooms for assistance (Breau, Matsuoka, & Ryujin, 1995; Lewis-Hall, 1992). While it may appear that African Americans experience higher rates of psychiatric disorders than their Euro-American counterparts (USDHHS, 2001); when controlling for socioeconomic status (SES), these differences disappear (U.S. Department of Health & Human Services, 2001).

Nonetheless, the types and severities of disorders prevalent among racial groups have been offered as an explanation for the overrepresentation of African Americans in correctional facilities. Paradis, Horn, Yang, and O'Rourke's (1999) study examined racial differences in the referral patterns, diagnoses, and treatments for White and Black jail inmates. Significant differences were found in psychiatric diagnoses between Whites and Blacks. While White detainees were more likely than Blacks to be diagnosed with affective disorders (including depression and Bipolar Disorder), Black detainees were more likely than Whites to be diagnosed with psychotic disorders (including Schizophrenia, Psychotic Disorder Not Otherwise Specified, and Paranoid Delusional Disorder; Paradis et al., p. 38). According to McKeown and Stowell-Smith (1997), the differential treatment of Black people is explained in psychiatry in one of two ways. The overrepresentation of African Americans in psychiatric clinics is often explained by pointing to a higher incidence of severe mental illness among Blacks. "The alternative standpoint focuses on the part played by ethnocentricity in exagger-

ating the incidence of black mental disorder . . . calling into question the objectivity of the entire diagnostic process" (McKeown, p. 23).

There is substantial evidence that temperament and personality traits such as impulsivity, inability to delay gratification, risk-taking behavior, and autonomic nervous system responsivity are both heritable and linked to delinquency (McCord, 2001; Moeller, 2001; J. Q. Wilson & Herrnstein, 1985), with twin and adoption studies revealing a genetic basis for antisocial behavior and criminality (McCord; Moeller). Evidence suggests that aggressive and antisocial behavior is heritable (about 40%), but it is unknown whether there are genetic differences between racial groups that may partially account for differences in violent behavior (McCord; Moeller). This is an important question for future research (see Kamin, 1986). Current research findings, however, show no differences in the prevalence rates of Antisocial Personality Disorder or psychopathy between African Americans and other racial or ethnic groups (Rutter et al., 1998; Skeem, Edens, Camp, & Colwell, 2004), and race alone does not predict aggression in childhood or adolescence (Hartup & van Leishout, 1995). Substance abuse is one of the strongest predictors of delinquency (Lipsey & Derzon, 1998), and although African American youth are arrested at disproportionate rates for drug offenses, research shows that they do not abuse drugs or alcohol any more than White youth (Substance Abuse and Mental Health Services Administration, 1997). Possible racial differences cognitive and in neuropsychological functioning are discussed in the next section.

In sum, while there may be racial differences in the prevalence of specific mental disorders (e.g., affective disorders, attentional disorders) that may be risk factors for delinquency, there currently is insufficient research to allow conclusions to be drawn on this issue.

Cognitive and Neuropsychological Functioning Since the early 20th century, low IQ has been observed to be a central characteristic of the offender population (e.g., Bonger, 1943). It is well established that juvenile delinquents have significantly lower IQs than nondelinquent adolescents—6 to 10 points (.5–.75 *SD*) lower, on average, depending on the study and how delinquency is measured. Violent and psychopathic offenders have even lower IQ scores—about 17 points lower than nondelinquent adolescents (Moffitt, 1993; Moffitt, Gabrielli, Mednick, & Schulsinger, 1981; Quay, 1987). The lower IQ's of offenders are due primarily to lower scores on the verbal subtests of standard IQ measures, with perhaps two thirds of delinquents having significantly lower Verbal than Performance IQs on the Wechsler Intelligence Scale for Children (WISC; Henry & Moffitt, 1997; Moffitt; Quay; J. Q. Wilson & Herrnstein, 1985). The correlation between low IQ and delinquency is robust and once of the most well documented findings in research on delinquent youth (Moffitt; Rutter et al., 1998). It is not explained by SES, poor testing motivation, or scholastic achievement (Moffitt; Rutter et al.). Moreover, studies of self-reported delinquency demonstrate that the possibility that less intelligent offenders are more likely to be arrested does not explain the correlation between low IQ and offending, since juveniles who have never been arrested but report engaging in delinquent behavior also have lower IQs (Moffitt & Silva, 1988). The correlation between IQ and offending holds even within the offender population itself (Herrnstein & Murray, 1994).

Thus, many have speculated that low intelligence may play a causal role in delinquency and criminality (Binder, Geis, & Bruce, 2001) and that the lower average tested IQ of African American youth partly accounts for their disproportionate representa-

tion in the juvenile justice system (Herrnstein & Murray, 1994; Hirschi & Hindelang, 1977; J. Q. Wilson & Herrnstein, 1985). Decades of intelligence research have produced a sizeable and compelling body of evidence that African Americans score lower on IQ tests than Whites or Asians (e.g., Herrnstein & Murray; Jencks & Phillips, 1998; Loehlin, 2000; Loehlin, Lindzey, & Spuhler, 1975; Rushton & Jensen, in press). Few dispute this fundamental finding.³ The reasons are hotly disputed, however, with leading intelligence researchers differing on whether the lower IQ scores reflect test bias, invalid conceptualizations of intelligence, socioeconomic and educational disadvantage, or genetic differences in intelligence between the races. The IQ-race controversy is one of the most celebrated and vitriolic debates in the social sciences (see Chabris, 1998; Fraser, 1995; Frisby, 1999; Humphreys, 1991; Redding, 1998).

The most highly controversial work propounding these claims was, of course, *The Bell Curve*, in which Herrnstein and Murray (1994) reviewed extant empirical research and analyzed data from the National Longitudinal Study of Youth (NLSY). They argued for a strong link, even when socioeconomic disadvantage is taken into account, between low IQ and criminality. The NLSY data show that as IQ goes from very high to very low, the chance of involvement in criminality (based on arrest and self-report data) goes from to virtually 0% to almost 15% (Herrnstein & Murray). For example, a young male "of average IQ and socioeconomic background had a 4 percent chance of having been interviewed in jail. Switch his IQ to the 2d percentile, and the odds rise to 22 percent. (Switch his socioeconomic background to the 2d percentile instead, and the odds rise only from 4 to 5 percent)" (p. 250).

But Cullen, Gendreau, Jarjoura, and Wright (1997) provide a compelling refutation of *The Bell Curve's* (Herrnstein & Murray, 1994) claim that low IQ is a key explanatory factor in crime and delinquency. First, they review six meta-analyses (representing over 500 studies) of the predictors of recidivism in adult and juvenile offenders; all of these meta-analyses found effect sizes for IQ ranging from virtually none (.01) to very low (.17). The predictors having the largest effect sizes (.10-.40) were criminogenic risk factors such as association with delinquent peers and having antisocial values and attitudes. Second, reanalyzing the NLSY data on self-reported crime using a more robust statistical model that included a greater number of variables than Herrnstein and Murray's model (a three-factor model including only age, SES, and IQ), they found that IQ is not significant in a more fully specified model. Rather, criminogenic risk factors and social variables (e.g., SES, living in an urban area, religious participation, presence of father in the home, work ethic, academic aspirations) were the significant predictors of self-reported crime. Their reanalysis of other data in *The Bell Curve* suggests that IQ accounts for just 3.4% of the variance in offending and that it is the third weakest of 17 key predictors of criminality. They conclude that "the effects of IQ on criminal involvement are, at best, modest . . . IQ is a weak to modest risk factor in offending and its criminogenic effects are dwarfed by a range of factors, many of which are amenable to change" (p. 388).

But while the relationship between IQ and adult criminality is unclear, low IQ has been found to be a significant predictor of criminality in childhood and adolescence, with lower IQ predicting later delinquent conduct (Lynam, Moffitt, & Stouthamer-

³ For example, an American Psychological Association study committee on *The Bell Curve* (Neisser et al., 1996) and a letter published in the *Wall Street Journal* titled "Mainstream Science on Intelligence" that was signed by 52 leading intelligence researchers verify that, on average, African Americans score lower on standardized intelligence tests.

Loeber, 1993; Moffitt, Lynam, & Silva, 1994; West & Farrington, 1973). “[T]here is good evidence that cognitive deficits play an important role in the development of early delinquency, and there is relatively good evidence that these cognitive deficits are present during the early years when children are learning the social rules” (Tremblay & Le Marquand, 2001, p. 152). Conversely, high IQ appears to be a protective factor (Kandel et al., 1988; White, Moffitt, & Silva, 1989). Even in early childhood, low IQ (particularly verbal IQ) correlates with behavioral problems (Quay, 1987), and a child’s IQ’s across time parallel his or her antisocial behavior (Moffitt, 1990a). Low IQ is often associated with attentional disorders, which in turn are closely associated with Conduct Disorder and delinquency (Lexcen & Redding, 2001; Moeller, 2001; Rutter et al., 1998). The effects of low IQ may operate via executive control and verbal skills, especially for those children who develop patterns of life-course-persistent delinquency (Moffitt, 1993). Boys who are chronically aggressive tend to have information-processing and executive control deficits (Tremblay & Le Marquand). Verbal deficits along with deficits in executive self-regulatory functions may lead to poor school performance, poor impulse control, difficulty delaying gratification, limited future time perspective, impaired judgment and social problem-solving skills, and impaired moral development (see Dodge & Schwartz, 1997; Moffitt, 1993; J. Q. Wilson & Herrnstein, 1985). In some cases, lower IQ may be linked to dysfunction in the frontal lobes of the brain, which are responsible for planning, judgment, and impulse control (see Miller & Cummings, 1999).

Of course, low IQ alone does not cause delinquency, but likely interacts with other risk factors that contribute to delinquency. Moffitt (1990b) found, for example, that children were much more aggressive when neuropsychological deficits were present along with negative home environments. The very high prevalence rate of neurological abnormalities among violent offenders is striking, and recent research persuasively indicates that many violent and impulsive offenders have limbic system or frontal lobe dysfunctions, causing behavioral disinhibition and impaired judgment (See Beckman, 2004). Attentional disorders are also neurologically based and are the precursors to conduct disorder and school failure (Lexcen & Redding, 2002; Moeller, 2001), with delinquent youth having lower school achievement than nondelinquents (Maguin & Loeber, 1996). Untreated attentional disorders and learning disabilities can lead to academic failure, truancy, and school dropout, all of which are risk factors for delinquency (J. D. Hawkins et al., 1998; Lipsey & Derzon, 1998). Juvenile offenders, particularly African American males, have high rates of these types of school and academic problems (see National Center for Education Statistics, 1995; O’Donnell, 2002).

But to what extent does low IQ account for delinquency? Here, there is little scholarly consensus. Some claim that it accounts for much of the variance in offending rates (e.g., Herrnstein & Murray, 1994), while others argue it accounts for little (e.g., Binder, Geis, & Bruce, 2001). Many take a middle-ground approach—that IQ likely accounts for a modest portion of the variance in offending rates, but that its role is far from clear (e.g., Moeller, 2001). It is clear, however, that IQ differences alone do not explain the Black-White differential in offending rates (Moeller; Rutter et al., 1998). But “criminologists should not ‘throw the baby out with the bathwater’ and ignore the role of intelligence in crime and corrections. . . . IQ is a criminogenic risk factor and, thus, is an individual difference that must be included in theories of crime causation” (Cullen et al., 1997, p. 403). Cullen et al. suggest that an offender’s IQ should be taken into account in designing individualized treatment and intervention programs.

FAMILY-, PEER-, AND NEIGHBORHOOD-LEVEL RISK FACTORS

Family Structure and Parenting Effectiveness Family and parenting factors exert strong influences on children (Redding, Goldstein, & Heilbrun, 2005), accounting for roughly one third of the variance in delinquent behavior (G. R. Patterson, Dishion, & Bank, 1984; G. R. Patterson, Reid, & Dishion, 1989). Research has consistently identified father absence, poor parental supervision, inconsistent or permissive discipline, high family conflict, and poor family relations as key risk factors for delinquency and the development of Conduct Disorder (Moeller, 2001; Wasserman & Seracini, 2000). For boys, living in a single-parent home (which often are less effective than two-parent homes in supervising and monitoring children; see Larzelere & Patterson, 1990), ineffective parental supervision, and low parental involvement are particularly potent risk factors. For girls, lack of parental warmth and high family conflict are particularly strong risk factors. Overall, parental supervision appears to be the most important parenting characteristic (Moeller; G. R. Patterson & Dishion, 1985; Wasserman, Miller, Pinner, & Jaramillo, 1996). The average effect size of parental supervision on children's aggression is .83, and it is important in determining whether youth join deviant peer groups (Moeller). "Social bonds between parents and their children seem to provide motives for accepting rules and obligations related to living peacefully in social surroundings. When the bonds are weak, children turn to peers. . . . Peer companionship, especially during adolescence, has a tendency to produce delinquency" (McCord, 2001, p. 230).

Studies examining the effects of family variables on African American children have found that strong parental supervision and control, positive attachment and communication, and parents' involvement in children's schooling are particularly important as protective factors against delinquency; family conflict, domestic violence, and having parents who abuse drugs or participate in criminality are potent risk factors (Yung & Hammond, 1997). The National Research Council concluded that "violent offenders tend to have experienced poor parental childrearing methods, poor supervision and separations from parents . . . [T]hey tend to have alcoholic or criminal parents, and they tend to have disharmonious parents who are likely to separate or divorce" (Reiss & Roth, 1994 pp. 367–368).

In *Lost Boys: Why Our Sons Turn Violent and How We Can Save Them*, Garbarino (1999) persuasively explains the importance of parents, particularly fathers, in the emotional lives of African American boys, noting that many who commit violent offenses come from homes with single mothers and no strong male authority figures. African American communities have a disproportionate share of single-parent and father-absent homes, as well as out-of-wedlock births (see Caplow, Hicks, & Wattenberg, 2000). Conversely, the lower prevalence of single-parent and father-absent homes in White communities may serve as a protective factor against violence (see Redding, 2002). For boys having poor relationships with parents, another protective factor may be the formation of prosocial attachments with other adults (Garbarino). But not all such relationships are positive, and in underclass African American communities, the child may form relationships with an adult who involves the juvenile in crime. As a notorious case, consider the 17-year-old Washington, DC, sniper Lee Malvo, who was featured in a *Newsweek* article that asked the question "Father, Where Art Thou?" (Peraino & Thomas, 2003). Malvo became involved in the shooting spree through his close association with John Muhammad, who served as a father figure for Malvo.

Some studies show that the racial differences in juvenile offending are fully ac-

counted for by differences in family structure (Smith & Jarjoura, 1988). Data from the United Kingdom, which also has disproportionately high Black offending rates, show that offending rates are disproportionately low for immigrants from South Asia, who are among the most disadvantaged and discriminated-against minority groups in the United Kingdom but also the ethnic group having the lowest rate of broken homes. But while Blacks' poverty rates were not as high as those of South Asians, Blacks were the most likely to have been born to teenage mothers and to have been raised in single-parent homes (Rutter et al., 1998).

In a review of the extant literature on effective rehabilitation programs for juvenile offenders, Mendel (2000) concluded,

More and more, research shows that the family is the most important factor both in triggering the onset of delinquent behaviors and in bringing delinquent behavior under control. . . . Delinquency prevention and intervention efforts that ignore the family context, or address family issues only marginally, are unlikely to produce lasting change in the behavior of delinquent and at-risk youth. (pp. 14–15)

Lawrence Steinberg, a leading developmental psychologist and delinquency researcher, recently testified before the U.S. House of Representatives that

[t]here is no single cause of youth violence, but when there is a common factor that cuts across different causes, it is usually some kind of family dysfunction. . . . By far the adolescents who had the greatest number of problems—not just with antisocial behavior, but also in school, in personality development, and in general mental health, came from families in which parents were hostile, aloof, or uninvolved. (quoted in Mendel, p. 14)

As Steinberg outlined, there are many ways in which family dysfunction can be a causal factor in delinquent behavior. It may contribute to a child's mental health and personality problems, academic problems, association with deviant peers, modeling of negative parental role models, and even biological changes in brain functioning among children who are chronically exposed to violence and trauma at home (see Mendel, 2000).

In sum, family functioning and parenting effectiveness have a significant influence on whether youth engage in delinquent conduct, and African American communities often have relatively high rates of the kinds of social problems that can adversely affect family functioning and parents' ability to effectively discipline and supervise their children. Thus, family and parenting factors are likely substantial contributors to the differential offending rates among African American youth.

Peer Groups Most youth violence is committed in peer groups (Zimring, 1981), which exert a powerful influence in adolescence (J. R. Harris, 1998). Even in childhood, negative peer influences and peer rejection can contribute to later involvement in delinquency (Coie & Miller-Johnson, 2001). African American children who receive inadequate supervision or attention from parents, are rejected by prosocial peers, and/or are exposed to neighborhood environments (see next section) in which affiliation with gangs or deviant peer groups is easy and common, often will join peer groups that engage in delinquent conduct.

Inadequate parental supervision and control is a risk factor for gang membership (see Howell, 1998; Moeller, 2001), which in turn is a particularly strong risk factor for

delinquency (Howell). Youth, particularly those rejected or neglected by family or prosocial peers, join gangs “for social relationships that give them a sense of identity” (Howell, p. 5). Gangs can also serve as substitute families for disadvantaged minority youth (E. S. Scott, Reppucci, & Woolard, 1995). African American youth living in underclass neighborhoods where there is strong peer pressure and coercion to join gangs (Howell; Johnstone, 1983) are at high risk for joining gangs. African American males belong to gangs at three times the rate of Whites (31–55% of gang members are African American; see Howell; OJJDP, 1999; Yung & Hammond, 1997). African American gangs frequently engage in drug trafficking (Yung & Hammond), and the disproportionate representation of African American youth in the justice system is particularly high for drug offenses.

Causal modeling studies (using path analysis or structural equation modeling to specify the interrelations among risk factors and the pathways to delinquency) show that association with delinquent peers is one of the strongest risk factors for delinquency (Henggeler, 1991). Hanging out with the wrong crowd, so to speak, is one of the best indicators that a child is at risk for engaging in delinquent conduct. Association with deviant peers is often the result of a constellation of other interacting risk factors (Henggeler). For example, a child with Attention-Deficit Hyperactivity Disorder (ADHD), neuropsychological deficits, and poor social problem-solving skills may not perform well in school, become disengaged from school and prosocial peers, and begin skipping school. He or she also may not be well supervised by parents, and the home environment may be dysfunctional. The child then starts to associate with other children having similar problems, all of whom lack adequate supervision. They skip school together, hang out together, and—lacking prosocial activities with which to fill their time—eventually experiment with alcohol or drugs and thrill-seeking activities such as delinquent conduct.

The causal modeling studies of Elliott, Huizinga, and Ageton (1985) and G. R. Patterson and Dishion (1985) show that (a) inadequate parental supervision or low family bonding, poor academic skills or disengagement from school, and association with deviant peers, together account for 52% to 54% of the variance in delinquent conduct; and (b) association with deviant peers and parental supervision are the strongest predictors. (In turn, poor social skills contribute to the tendency to associate with deviant peers, as does lack of school and family involvement; see Henggeler, 1991. Conversely, effective parenting is a protective factor against associating with deviant peers; Steinberg, 1986.) One study found that as compared to boys who associated with delinquent peers but had positive family relations, boys who associated with delinquent peers and who also had poor family relations reported a 500% greater rate of delinquent behavior (Poole & Regoli, 1979; see Henggeler).

Thus, negative peer influences likely play a strong role in delinquency among African American youth, who often live in underclass and crime-ridden neighborhoods and who also have higher rates of school failure and dropout—both circumstances that put African American youth at greater risk for associating with deviant peers, which is one of the strongest risk factors for delinquency.

Neighborhoods Neighborhood environments, particularly a neighborhood’s socioeconomic level, have been found to affect children’s psychological functioning and well-being, with some studies finding modest effects but others finding large effects (Bursik, 2001; Elliott et al., 1996; Leventhal & Brooks-Gunn, 2003).

Neighborhood levels of poverty, social disorganization, and crime may be potent

risk factors for delinquency. Low neighborhood SES is associated with higher rates of child and adolescent delinquency, school failure, and mental health problems (Leventhal & Brooks-Gunn, 2003). An OJJDP study group on race and juvenile offending concluded that researchers should focus greater attention on the roles of economic disadvantage and community factors. "The community-level approach asks what it is about community structures and community cultures that produces differential rates of crime across similar and different populations, rather than asking which attributes of individuals and groups lead to criminal involvement" (Hawkins et al., 2000, p. 4). Extant research often fails to disentangle the effects of race versus SES (Woodhouse, 2002; Yung & Hammond, 1997).

Crime, particularly violent crime, is concentrated in urban underclass neighborhoods that are increasingly segregated along racial lines. "In many places, black-white residential segregation is so high that it has been characterized as a pattern of hyper-segregation, whereby blacks have virtually no contact with whites in their own or neighboring communities" (Peterson, Krivo, & Velez, 2001, pp. 276–279). The poverty rate among African American children is 46% (Flack et al., 1995), but "[u]rban whites do not, to any appreciable degree, live in underclass neighborhoods" (Peeples & Loeber, 1994, p. 144). Black underclass neighborhoods are often characterized by substandard housing, education, health care, and social services; single-parent homes; neighborhood disorganization; substance abuse and violence; high rates of unemployment; and a substantial number of African American male residents under correctional-system supervision (Kempf-Leonard, Chesney-Lind, & Hawkins, 2001). About 40% of youth living in these neighborhoods routinely carry guns (Yung & Hammond, 1997). These underclass neighborhoods have "epidemics" of social problems (Crane, 1991; W. J. Wilson, 1987). According to Yung and Hammond,

Environmental risks and structural barriers to educational and job opportunities appear to be particularly strong contributors to antisocial behavior among African American children and adolescents. . . . However, low income in itself cannot fully account for a propensity toward antisocial behavior. . . . Instead, most research highlights the conditions frequently associated with poverty such as limited resources, high crime rates, family stress, and adverse future prospects as significant contributors (p. 489).

The disproportionate numbers of African American youth in the juvenile justice system increased in the 1980s, during a time in which African American communities experienced greater poverty and disorganization (Hawkins et al., 2000). The level of neighborhood crime is one of the strongest predictors of violent crime (National Research Council, 1993), as are the percentages of families living below the poverty line, male unemployment, and single-parent families (McCord, 2001; National Research Council).

Poverty and economic disadvantage exert both direct and indirect effects by reducing the conditions that discourage delinquency while increasing those that promote delinquency. Direct effects include the lack of employment opportunities and neighborhood resources, and the development of underground drug economies. Other effects include peer pressure to engage in crime, greater gang activity, and the instantiation of criminal mores in a community (Bursik, 2001; Curry & Spengel, 1988). There may also be an intergenerational transmission of violence that shapes children's attitudes and mores about crime (Maxfield & Widom, 1996). As compared to detained White youth, African American detained youth more often express the view that criminal behavior is acceptable (Carmichael, 1990; Dembo, Williams, & Schmeidler, 1994).

Some (e.g., Garbarino, 1999) attribute the higher prevalence of violence among African American youth in part to the "culture of honor" in the American South (see Nisbett & Cohen, 1996), from which most African Americans originated—a culture where insults to one's honor must be avenged, and one with a legacy of slavery and racial discrimination (O. Patterson, 1998; W. J. Wilson, 1987).

Indirect effects include negative effects on family functioning and parenting skills, a reduction in the social bonds and neighborhood controls over children, and neighborhood disorganization (Blumstein, 1995a; Bursik, 2001; Leventhal & Brooks-Gunn, 2003; McCord, 2001; Sampson, 1997). Recent research suggests that a negative neighborhood environment may contribute to adolescent problem behavior by degrading the community's prosocial norms and self-efficacy—the community's formal and informal social control networks that maintain social order and regulate the acceptability and availability of illegal activities among peers (Elliott et al., 1996; Sampson, Raudenbush, & Earls, 1997). One study (Sullivan, 1989) found that differences in juvenile offending between neighborhoods was related to the extent to which the adults were integrated into the institutions of the broader metropolitan area and the resulting social capital available (Bursik, 2001).

Peeples and Loeber's (1994) study comparing delinquency rates among African Americans and Whites living in nonunderclass versus underclass neighborhoods (the latter defined as having high rates of male joblessness, female-headed families, non-marital births, family poverty, and/or welfare use) illustrates the potentially powerful effects of neighborhood context.⁴ The study also examined boys' hyperactivity levels and parental supervision, both key predictors of delinquency. Controlling for these and other factors, the offending rates of African American youth not living in underclass neighborhoods were similar to those of Whites. Furthermore,

The findings also demonstrate the relatively greater importance of neighborhood over single-parent families and welfare use, characteristics that are highly associated in the public mind with African American families. It could be that the effects of single-parent families and welfare use are at the social or neighborhood level. For example, poor, African American single mothers are often clustered in isolated geographic areas such as public housing projects, where their sons come into frequent contact with delinquent youths. (pp. 151, 153)

Similarly, a recent longitudinal study found that black-white differences in the commission of school violence were explained by community and family disadvantage (McNulty & Bellair, 2003).

Another important neighborhood effect is the stress and trauma caused by chronic exposure to crime and violence. In these inner-city war zones, "children become socialized into the code of the streets" (Moeller, 2001, p. 177). For example, 39% of children living in medium- to high-crime neighborhoods in Chicago have seen a shooting, 35% have seen a stabbing, and 24% have seen someone murdered (Bell & Jenkins, 1993). Children living in these violent neighborhoods show the same symptoms of Posttraumatic Stress Disorder as children living in war zones, and as a result suffer developmental impairment and emotional distress (Garbarino, 1992; Osofsky, 1995). They become "sad, angry, aggressive, and uncaring," and experience "sleep disturbances, disruptions in peer relationships, and erratic behaviors," and are more likely

⁴ Silver's (2000) study of community violence by discharged psychiatric patients vividly illustrates the importance of neighborhood factors. When neighborhood disadvantage was taken into account, the substantial effects of racial status on violent behavior were completely eliminated.

to engage in violence (Garbarino). Citing Tolan's (1996) study finding that all youth in Chicago's inner-city "war zone" required intervention for mental health, developmental, or educational problems, Garbarino suggests that these settings simply "overwhelm human capacities" (p. 116). Chronic exposure to violence may produce a tendency to automatically respond violently in hostile or ambiguous social situations, due to automatic violent response scripts that have developed in some children (Shahinfar, Kupersmidt, & Matza, 2001; Wilkinson & Fagan, 1996). It also increases levels of weapon-carrying, fighting, and school absence and failure (Yung & Hammond, 1997). In sum, "[t]he evidence is certainly persuasive that living conditions play a major role in accounting for the raised level of violent crime among African-Americans, but there is much less certainty regarding which conditions are most influential and how the effects are mediated" (Rutter et al., 1998, p. 248).

SUMMARY OF RESEARCH FINDINGS

African American youth are disproportionately represented at all stages of the juvenile justice system. While there likely are cumulative effects of a juvenile offender's race on the decisions made by law enforcement as well as by juvenile justice personnel and judges, the weight of the evidence suggests that such effects, when they exist, are generally small. While it is a factor, racial discrimination does not account for a large portion of the variance in offending rates. Minority youth are often disadvantaged in not having the same access to mental health services and private mental health facilities as White youth, whose parents can more readily afford such services as a way of diverting their children from formal justice-system involvement or sanctions. Race is also a factor in determining whether a juvenile is placed in a juvenile justice or mental health facility, but the extent to which it contributes to the disproportionate representation of African American youth in the justice system is unknown.

Data from multiple sources (e.g., official arrest rates, self-report data, victimization data) over long time periods, and from the United States as well as other Western nations, converge to show that Black youth do offend at disproportionately high rates. This is particularly the case for violent offenses.

But what accounts for the disproportionately high offending rates of African American youth? There is currently no evidence for racial differences in the genetic transmission of aggression or antisocial behavior, and there is a lack of research on whether there are significant racial differences in the types of mental disorders that may be risk factors for delinquency. But if African American youth have, on average, somewhat lower tested IQs than White youth, and if low IQ is a risk factor for delinquency, then this may be one explanation for the differential offending rates. We conclude that while low IQ is a risk factor for delinquency, it is likely only a moderate one, and thus, possible IQ differences may account for only a modest portion of the variance in the differential offending rates between White and African American youth.

Minority youth often live in disadvantaged or underclass neighborhoods where they are more likely to be exposed to deviant peers, violence, and criminogenic influences, and are often less likely to be adequately supervised. These are all key risk factors for delinquency. Moreover, African American communities often have high rates of the kinds of social problems that can adversely affect family functioning and parents' ability to effectively discipline and supervise their children.

Thus, the reasons for the overrepresentation of minority youth in the juvenile justice system are far from clear. But our analysis of the research literature is generally consistent with other recent reviews (e.g., Rutter et al., 1998; Sampson & Lauritsen,

1997) concluding that African American youth do offend at disproportionately high rates. This is most likely due to a constellation of interrelated family, peer, and neighborhood risk factors for delinquency that are far more common in African American communities.

In sum, family, peer, and neighborhood-level factors are likely the most powerful factors accounting for the higher offending rates among African American youth and their disproportionate representation in the justice system. Systems-level factors (i.e., differential or discriminatory treatment of Whites and African Americans in the justice and mental health systems) likely exert a moderate influence, and possible individual differences between African American and White children in psychological functioning likely account for a small (or perhaps moderate) proportion of the variance in the differential offending and prevalence rates of African American youth in the juvenile justice system. The risk factors are basically the same across all racial and ethnic groups (see Rowe, Vazsonyi, & Flannery, 1994), and research suggesting genetic, intellectual, or other constitutional differences as the explanation for racial differences in offending have not proven persuasive.

In the next section, we discuss the implications of the research findings for service delivery, particularly in school settings, for minority youth involved in or at risk for delinquency.

SERVICE-DELIVERY RECOMMENDATIONS FOR MINORITY YOUTH

As we have discussed, a combination of systemic, individual, family, peer, and neighborhood factors contribute to the disproportionate representation of African American youth in the juvenile justice system. We now briefly discuss the practical implications of the research findings, focusing on the factors most relevant for mental health professionals who work with at-risk minority youth in schools and with the juvenile justice system.

A psychiatric evaluation of a juvenile as suffering from a mental disorder may determine whether he or she receives mental health services or is formally processed in the juvenile justice system. Thus, it is important to determine whether there are standard instruments used by mental health professionals (e.g., school psychologists, clinical social workers), normed for racial differences, when referring and diagnosing court-involved or at-risk juveniles. If there are a variety of ways to assess juveniles, then it is likely that similarly situated juveniles will be referred and diagnosed differently based on the results of multiple instruments. There is "the need for more objective criteria within the juvenile justice process for determining those youths who would most appropriately be served by mental health evaluations versus those who would most appropriately be served in a correctional facility" (W. J. Thomas & Stubbe, 1996, p. 398).

Thus, an important role for school and forensic psychologists is to standardize the criteria clinicians use when determining whether a juvenile needs psychiatric treatment. Although Barnum et al. (1989) identified the appropriate considerations in making referral decisions, such as mental illness, emergent status, drug abuse, alcoholism, mental retardation, and potential treatability, they also made clear that not all settings utilize standard criteria. Mental health professionals may base their referral and diagnostic decisions on a variety of reasons besides the characteristics just mentioned. Consequently, similarly situated juvenile offenders will be treated differently and, worse, disproportionately.

It is important to determine whether the assessment instruments used are racially

responsive. More specifically, do the instruments involved in evaluating a juvenile offender allow mental health experts to identify affective disorders in African Americans? If not, then this may explain why the literature suggests that Whites are diagnosed more often with affective disorders and African Americans diagnosed more often with psychotic disorders. Assessment measures should take into account the broad range of multicultural characteristics that exist within the juvenile offender population in order to promote fair and accurate diagnoses.

Decisions made by officials in various stages of the criminal justice process may later have an impact on the disposition of an adolescent offender. This also holds true for mental health professionals in their referrals and assessments of juveniles. If youth selected for mental health attention differ according to race or SES from those who are not so referred, the court, its staff, and psychologists may be using their expertise improperly. Particular care is required in diagnosing Conduct Disorder in minority youth, to ensure an accurate diagnosis that takes into account the role of cultural and environmental factors.

A pattern of child behavior that is labeled as "aggressive" may in some contexts be interpreted as normative and adaptive. Children who live in an impoverished neighborhood replete with high crime and frequent challenges develop survival skills to manage their environment. Verbal and physical aggression can be necessary to survival and coping. . . . Rather than viewing aggression as maladaptive, an alternative conceptualization is that some aggressive behaviors play an important part in maintaining a peer group that is a major source of social support, learning, and perhaps economic opportunity. (Prinz & Miller, 1991, p. 380)

In other words, delinquent behavior may sometimes be a normal response to abnormally violent, stressful, or neglectful environments rather than pathology (see Wakefield, Pottick, & Kirk, 2002). According to the *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition, text revision), "The Conduct Disorder diagnosis should be applied only when the behavior in question is symptomatic of an underlying dysfunction within the individual and not simply a reaction to the immediate social context . . . It may be helpful for the clinician to consider the social and economic context in which the undesirable behaviors have occurred" (American Psychiatric Association, 2000, p. 88).

Not only must the instruments used in assessing juveniles be fair and objective, so too must the assessor or clinician (see Hicks, 2004 for a discussion of racial and ethnic issues in forensic psychiatry and psychology). As Bridges and Steen (1998) note, "A critical but overlooked concern is how court officials' perceptions of juvenile offenders contribute to racial differences in legal dispositions" (p. 554). Since there is not a standard test used to assess, refer, and diagnose all mentally ill juveniles, clinicians often base their decisions on their own judgments. These perceptions may be influenced by clinicians' preexisting views of themselves and the world around them. According to Kawahara (2002), the "cultural assumptions, values and life circumstances of clinicians make up their worldviews, which are used when evaluating another person's functioning and well-being as normal or abnormal." Noting the lack of availability of validated, culturally specific assessment instruments, Kawahara recommends using standard assessment instruments within a culturally sensitive and competent assessment process. This may also include using instruments to assess ethnic identity and acculturation "to determine the appropriateness of a standard [assessment] battery" (p. 265), and eliciting information through the use of narratives and storytelling. Kawa-

hara provides the example of 14-year-old Daniel, a biracial boy who was arrested for selling drugs:

In an interview, Daniel reported his interest in anime, a form of cartoon drawing. The form the emic assessment took was compiling a narrative of Daniel's life and circumstances by creating a comic book about him. Through this story, Daniel revealed the struggles that he and his mother had encountered and the homeless network they had tapped to survive and gain resources. It was through this process that Daniel had become involved in drugs. Daniel believes that this activity was just a means to live, and the legal ramifications seem of no consequence to him, as the social system has provided no or little assistance to him and his mother. (p. 263)

Kawahara further notes that "what is clear is that the more divergent the evaluator's worldview is from the culturally different client, the greater the potential error, misunderstanding, and misinterpretation, leading to faulty and inaccurate conclusions for the evaluation and treatment" (pp. 253–254).

School and forensic psychologists should be aware of ways to minimize the influences their own views have on the assessment process by dynamically assessing the way they believe the world works. A helpful tool for examining one's own worldview is Kluckhohn and Strodtbeck's (1961) model, which assumes that all cultures have certain values that their members use as a lens in viewing their surroundings and the people around them. This model, which includes time orientation, beliefs about human activity, social relations, understandings about the relationship of human beings with nature, and beliefs about human nature, helps the mental health expert appreciate his or her own perceptions as well those of the client. For example, while some cultures view handshakes and other gestures regarding touch as part of normal social relations, other cultures view them as unacceptable behavior. Although this example shows real cultural differences, an evaluator may view the client's refusal to shake hands as defiance and rebellion, and thus regard a juvenile as a threat to authority. By using this five-component model in assessments, one can better understand differences between psychologist and the juvenile.

Along with the Kluckhohn and Strodtbeck's (1961) model, Kawahara (2002) emphasized the significance of sociopolitical awareness in working with juveniles of different cultural backgrounds. "Specifically, evaluators need an awareness of the dynamics and manifestations of oppression, power, and privilege inherent in the structures of society (for example, racism, classism, sexism, heterosexism)" (p. 255). Arrigo (2002) makes a similar argument in his macrological critique of law and psychology more generally. He claims that mainstream liberal psychology unreflectively endorses the legal status quo, thwarting greater prospects for justice and humanism in its taking for granted assumptions about people, behavior, and institutions. Accordingly, Arrigo suggests that a return to critical theory construction is warranted, given that "researchers increasingly question the field's capacity to produce meaningful and sustainable change for people and for society" (p. 151). This theoretical work forms the basis for rethinking such phenomena as race, identity, knowledge, power, and change. Problematizing these notions returns us to the very concerns raised by Kawahara and others. Acknowledging and using such conceptual information will allow mental health professionals to make judgments and decisions from a more fully informed perspective as opposed to basing them on conventional and homogeneous views of people and behavior. In order for mentally ill juvenile offenders to be treated equitably

with regard to their demographic characteristics and to be properly diagnosed, assessment techniques must be uniform, standardized impartial instruments must be developed, and care providers must apply them with an awareness of their own individual perceptions of the world.

Many call for multicultural intervention programs that portray a positive view of Afrocentric culture and values, focusing on building self-esteem in African American youth. According to Schiele (2000), "First, the individual must be fed a positive view of being Black. From that piece, we can expose the kids to skills and employment training" (pp. 36–37). While it is valuable to incorporate pro-Afrocentric values into an overall, culturally competent intervention program, we caution against making esteem-building and Afrocentric values the central focus of an intervention. First, it is unclear whether low self-esteem is a risk factor for delinquency (see Baumeister, Campbell, Krueger, & Vohs, 2003; Donnellan et al., 2005). Second, there is a lack of empirical research demonstrating the effectiveness of Afrocentric curricula as intervention programs in reducing or preventing delinquency (Yung & Hammond, 1997). Third, multicultural therapies can be counterproductive if they propel clinicians to respond to minority clients as members of minority groups rather than as unique individuals, reify ethnic stereotypes, or promote feelings of victimization and helplessness in clients (Satel & Redding, 2005). Appropriate multicultural training for program staff *can*, however, lead to "increased knowledge about cultural differences and similarities, fewer stereotypic assumptions about minority adolescents and their families, improved cross-cultural interactions, and greater client satisfaction" (National Research Council, 1993, p. 222).

Family and peer influences are particularly important risk and protective factors for minority youth delinquency, and the most effective delinquency prevention and treatment programs are family and community based, targeting key criminogenic risk factors (e.g., association with delinquent peers, ineffective parenting, school truancy, substance abuse; Redding, 2000). A key focus for public policy and intervention programs should be the fostering of strong, healthy families that have high levels of positive parental involvement with children, along with school climates that foster prosocial behavior. *Parent management training* appears to be one of the most effective interventions for young offenders and children (under age 13) showing aggressive or conduct-disordered behaviors. It teaches parents effective discipline practices by manipulating reward contingencies to make positive behaviors more rewarding than negative behaviors. School intervention programs should include such training programs for parents, whose participation should be solicited if their children are beginning to show problem behaviors. In addition, mentoring programs for minority youth have proven to be effective in reducing school truancy and involvement in delinquent behavior (Grossman & Garry, 1997).

As we have seen, multiple factors likely contribute to the higher levels of offending among African American youth. Usually, there is no single cause of a child's delinquency, which is the result of multiple risk factors. The OJJDP recommends prevention and early intervention, the use of multiple interventions to address multiple risk factors, and an integrated system response with the juvenile justice, mental health, school, and law enforcement agencies working together (Howell, 1995). Often, programs are ineffective because they fail to address the risk factors or address only one or two risk factors (for reviews of effective treatments, see Henggeler et al., 1998; Lipsey & Wilson, 1998; Redding, 2000; Sheidow & Henggeler, 2005; Wasserman & Miller, 1998). The most effective intervention programs are based on empirically demonstrated effective treatments; intensely and simultaneously address the multiple risk

factors contributing to the child's delinquency; and are tailored to each child by designing a treatment plan according to the risk and protective factors present in his or her environment. One of the best treatments available for Conduct Disorder and delinquency is *multisystemic therapy (MST)*, and intensive, multimodal, family-based treatment intervening in the multiple systems affecting delinquent behavior—child, family, school, peers, and community. In particular, it focuses on improving parental discipline and supervision, improving family relations, decreasing a youth's association with deviant peers while increasing association with prosocial peers, improving school performance, and involving the youth in prosocial recreational activities (Henggeler et al., 1998). *Functional family therapy (FFT)* is also a highly effective treatment; it focuses on developing interpersonal and problem-solving skills to strengthen family relationships and functioning, and includes accessing mental health and social services to support families (Alexander & Sexton, 2002). The most effective family therapies will be culturally competent (see Boyd-Franklin, 1989; Dudley-Grant, 2001).

The school setting should be a focal point for prevention and intervention. Every school should have in place a system for the early identification of Conduct Disorder, aggressive behavior, and behaviors that often are precursors to delinquency (e.g., school truancy, substance abuse). The presence of risk factors and early warning signs of delinquency should not be ignored. Since the early onset of such behaviors is a particularly robust indicator of later delinquency, it is important to intervene early when such behaviors begin. (For a summary of school-based interventions generally, see Herrenkohl, Hawkins, Chung, Hill, & Battin-Pearson, 2001.) A relatively simple but important intervention for schools is the development of aggressive antitrucancy programs whereby school personnel work closely with parents, law enforcement, and juvenile courts. Because African Americans, particularly males, drop out of school at a high rate and are also less likely to find work regardless of whether they stay in school, race and education should be closely linked in any viable community-based treatment plan (Yung & Hammond, 1997, p. 486). This research stresses the need for community-based programs to focus on race and educational factors when treating juvenile offenders (see also D. W. Sue, 1999), and for programs specifically designed to prevent school dropout by minorities. It is critical that schools have a robust program for the early identification and treatment of learning disabilities in youth, and that school psychologists be well trained in the psychological and legal issues in working with court-involved or at-risk youth (see Metcalf, 2002). Forty-five percent of incarcerated juvenile offenders have learning disabilities (Metcalf). Learning disabilities are risk factors for school failure, which in turn is a key risk factor for delinquency.

Unfortunately, juvenile justice and mental health agencies often report receiving poor cooperation from schools. As Congresswoman Roukema (R-NJ) stated, "there is no coordination between the juvenile justice system and the school system" (Michaelis, 2001, p. 324). A California study group recommended the implementation of "coordinated, school-based service plans creating a multiagency service capability at school sites" (Austin, 1995, p. 175). Schools can also work closely with the juvenile justice system to provide needed school and academic services (e.g., truancy detection and reduction, diagnostic services, special education, mentoring programs, counseling, and parent education and training programs) to court-involved youth and to help coordinate services across the juvenile justice, school, and mental health systems.

Rehabilitating juvenile offenders is beneficial not only to the child, but to the public as well. Not only can community-based programs equip adolescent delinquents with the tools necessary to resist a return to criminal behavior, but "federal studies have shown that more than a third of the juveniles held behind bars—at enormous cost to tax-

payers—do not need locked placements and could be safely placed in community settings” (Ginsburg & Demeranville, 1999, p. 20). Such success can be seen in community-based programs in Milwaukee, WI. Not only do Ginsburg and Demeranville comment that three out of four juvenile offenders never break the law again, they note that the cost of Milwaukee’s program is only one sixth the cost of locking the same adolescents up. Treatments such as Multisystemic Therapy and Functional Family Therapy have been found to be highly efficacious, producing 27% to 44% reductions in serious juvenile offending (Aos, Barnoski, & Lieb, 1998).

CONCLUSION

We agree with other scholars (Moeller, 2001; Rutter et al., 1998) that a critical goal for delinquency research is a better understanding of the reasons for the disproportionate representation of minority youth among juvenile offenders. As Rutter et al. observed, “an understanding of the causal mechanisms would likely cast a broader light on the origins of violent crime generally” (p. 249). But the more urgent need for such understanding is to achieve a more equitable justice system and a society that provides minority youth with the same opportunities and life chances as others.

Tragically, many of the most potent criminogenic risk factors for delinquency are more prevalent in African American communities and families, often as a result of living in underclass neighborhoods and conditions of poverty. We have offered some recommendations as to how those working in school systems can take steps to ameliorate these risk factors so as to reduce the involvement of African American schoolchildren in crime and violence, including school violence. Moreover, since the risk factors for violence overlap substantially with those of other problem adolescent behaviors (e.g., teen pregnancy, drug abuse, depression; see Howell, 1997), attending to these risk factors will alleviate other problems, as well.

Further research is needed to achieve a better understanding of the causal mechanisms responsible for minority offending and of the social policies, interventions, and treatments most effective in reducing the disproportionate representation of minority youth in the juvenile justice system. Schools and school psychologists can and should play an important role in this endeavor.

REFERENCES

- Alexander, J. F., & Sexton, T. L. (2002). Functional family therapy (FFT) as an integrative, mature clinical model for treating high risk, acting out youth. In J. Lebow (Ed.), *Comprehensive handbook of psychotherapy: Integrative/eclectic* (Vol. 6, pp. 111–132). New York: Wiley.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- Aos, S., Barnoski, R., & Lieb, R. (1998). *Watching the bottom line: Cost-effective interventions for reducing crime in Washington*. Olympia: Washington State Institute for Public Policy.
- Arrigo, B. A. (2002). The critical perspective in psychological jurisprudence: Theoretical advances and epistemological assumptions. *International Journal of Law and Psychiatry*, 25, 151–172.
- Austin, J. (1995). The overrepresentation of minority youths in the California juvenile justice system. In K. Kempf-Leonard, C. E. Pope, & W. H. Feyerherm (Eds.), *Minorities in juvenile justice* (pp. 153–178.) Thousand Oaks, CA: Sage.
- Barnum, R., Famularo, R., & Bunshaft, D. (1989). Clinical evaluation of juvenile delinquents: Who gets court referred. *Bulletin of the American Academy of Psychiatry Law*, 17(4), 335–344.

- Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness or healthier lifestyles? *Psychological Science in the Public Interest*, 4(1).
- Beckman, M. (2004). Crime, culpability, and the adolescent brain. *Science*, 305, 596–599.
- Bell, C. C., & Jenkins, E. J. (1993). Community violence and children on Chicago's southside. *Psychiatry*, 56, 46–54.
- Binder, A., Geis, G., & Bruce, D. D. (2001). *Juvenile delinquency: Historical, cultural and legal perspectives* (3rd ed). Cincinnati, OH: Anderson.
- Blumstein, A. (1993). Racial disproportionality of U.S. prison populations revisited. *University of Colorado Law Review*, 64, 743–760.
- Blumstein, A. (1995a). Violence by young people: Why the deadly nexus? *National Institute of Justice Journal*, 229, 2–9.
- Blumstein, A. (1995b). Youth violence, guns, and the illicit-drug industry. *Journal of Criminal Law and Criminology*, 86(1), 10–36.
- Blumstein, A., & Cork, D. (1996). Linking gun availability to youth gun violence. *Law and Contemporary Problems*, 59(1), 5–24.
- Bonger, W. A. (1943). *Race and crime*. New York: Columbia University Press.
- Bortner, M. A., Zatz, M. S., & Hawkins, D. F. (2000). Race and transfer: Empirical research and social context. In J. Fagan & F. E. Zimring (Eds.), *The changing borders of juvenile justice: Transfer of adolescents to the criminal court* (pp. 277–320). Chicago: University of Chicago Press.
- Boyd-Franklin, N. (1989). *Black families in therapy: A multisystems approach*. New York: Guilford Press.
- Breaux, C., Matsuoka, J. K., & Ryujin, D. H. (1995, August). *National utilization of mental health services by Asian/Pacific Islanders*. Paper presented at the meeting of the American Psychological Association, New York, NY.
- Bridges, G. S., Conley, D. J., Engen, R. L., & Price-Spratlen, T. (1995). Racial disparities in the confinement of juveniles: Effects of crime and community social structure on punishment. In K. Kempf-Leonard, C. E. Pope, & W. H. Feyerherm (Eds.), *Minorities in juvenile justice* (pp. 128–152). Thousand Oaks, CA: Sage.
- Bridges, G. S., & Steen, S. (1998). Racial disparities in official assessments of juvenile offenders: Attributional stereotypes as mediating mechanisms. *American Sociological Review*, 63, 554–570.
- Brown, D. R., Ahmed, F., Gary, L. E., & Milburn, N. G. (1995). Major depression in a community sample of African Americans. *American Journal of Psychiatry*, 83, 373–378.
- Bursik, R. J. (2001). Community. In S. White (Ed.), *Handbook of youth and justice* (pp. 265–275). New York: Kluwer.
- Caplow, T., Hicks, L., & Wattenberg, B. J. (2000). *The first measured century*. Washington, DC: AEI Press.
- Carmichael, B. (1990). An exploratory study of values and attitudes of Black delinquents in custody. *Journal of Crime and Justice*, 13, 66–85.
- Chabris, C. F. (1998). IQ since "The Bell Curve." *Commentary*, 106(2), 33–40.
- Coie, J. D., & Miller-Johnson, S. (2001). Peer factors and interventions. In R. Loeber & D. P. Farrington (Eds.), *Child delinquents: Development, intervention, and service needs* (pp. 191–210). Thousand Oaks, CA: Sage.
- Coleman, T. W. (2000, March). Grown up justice. *Emerge*, 32–39.
- Crane, J. (1991). The epidemic theory of ghettos and neighborhood effects on dropping out and teenage childbearing. *American Journal of Sociology*, 96, 1226–1259.
- Cullen, F. T., Gendreau, P., Jarjoura, G. R., & Wright, J. P. (1997). Crime and *The Bell Curve*: Lessons from intelligent criminology. *Crime and Delinquency*, 43, 387–411.

- Curry, G. D., & Spergel, I. A. (1988). Gang homicide, delinquency, and community. *Criminology*, 26, 381–405.
- Dannefer, D., & Schutt, R. (1982). Race and juvenile justice processing in court and police agencies. *American Journal of Sociology*, 87, 1113–1132.
- Dembo, R., Williams, L., & Schmeidler, J. (1994). Psychosocial, alcohol/other drug use, and delinquency differences between urban Black and White male high risk youth. *The International Journal of Addictions*, 29, 461–483.
- Devine, P., Coolbaugh, K., & Jenkins, S. (1998). Disproportionate minority confinement: Lessons from five states. *OJJDP Juvenile Justice Bulletin*. (NCJ 173420). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Dodge, K. A., & Schwartz, D. (1997). Social information processing mechanisms in aggressive behavior. In D. Stoff, J. Breiling, & J. D. Maser (Eds.), *Handbook of antisocial behavior* (pp. 171–180). New York: Wiley.
- Donnellan, M. B., Trzesniewski, K. H., Robins, R. W., Moffitt, T. E., & Caspi, A. (2005). Low self-esteem is related to aggression, antisocial behavior, and delinquency. *Psychological Science*, 16, 328–335.
- Dudley-Grant, G. R. (2001). Eastern Caribbean family psychology with conduct-disordered adolescents from the Virgin Islands. *American Psychologist*, 56, 47–57.
- Elliott, D. S. (1994). Serious and violent offending: Onset, developmental course, and termination. The American Society of Criminology 1993 presidential address. *Criminology*, 32(1), 1–21.
- Elliott, D. S., Huizinga, D., & Ageton, S. S. (1985). *Explaining delinquency and drug use*. Beverly Hills, CA: Sage.
- Elliott, D. S., Wilson, W. J., Huizinga, D., Sampson, R., Elliott, A., & Rankin, B. (1996). The effects of neighborhood disadvantage on adolescent development. *Journal of Research in Crime and Delinquency*, 33, 389–426.
- Farrington, D. P., Loeber, R., Stouthamer-Loeber, M., Van Kammen, W. B., & Schmidt, L. (1996). Self-reported delinquency and combined delinquency seriousness scale based on boys, mothers, and teachers: Concurrent and predictive validity for African-Americans and Caucasians. *Criminology*, 34, 501–525.
- Feld, B. C. (1995). The social context of juvenile justice administration: Racial disparities in an urban juvenile court. In K. Kempf-Leonard, C. E. Pope, & W. H. Feyerherm (Eds.), *Minorities in juvenile justice* (pp. 66–97). Thousand Oaks, CA: Sage.
- Feld, B. C. (1998). Juvenile and criminal justice systems' responses to youth violence. In M. Tonry & M. H. Moore (Eds.), *Youth violence* (pp. 189–261). Chicago: University of Chicago Press.
- Feld, B. C. (1999). *Bad kids: Race and the transformation of the juvenile court*. New York: Oxford University Press.
- Flak, J., Amaro, H., Jenkinds, W., Kunitz, S., Levy, J., Mixon, M., & Yu, E. (1995). Panel I: Epidemiology of minority health. *Health Psychology*, 14, 592–600.
- Fraser, S. (Ed.). (1995). *The Bell Curve wars*. New York: Harper Collins.
- Frazier, C. E., & Bishop, D. M. (1995). Reflections on race effects in juvenile justice. In K. Kempf-Leonard, C. E. Pope, & W. H. Feyerherm (Eds.), *Minorities in juvenile justice* (pp. 16–46). Thousand Oaks, CA: Sage.
- Frisby, C. L. (1999). Straight talk about cognitive assessment and diversity. *School Psychology Quarterly*, 14, 195–207.
- Garbarino, J. (1992). *Children in danger: Coping with the consequences of community violence*.
- Garbarino, J. (1999). *Lost boys: Why our sons turn violent and how we can save them*. New York: Free Press.

- Ginsburg, C., & Demeranville, H. (1999). Sticks and stones: The jailing of mentally ill kids. *The Nation*, 269(21), 17–20.
- Goldstein, N. S., Olubadewo, S., Redding, R. E., & Lexcen, F. (2005). Mental health disorders: The neglected risk factor in delinquency. In K. Heilbrun, N. S. Goldstein, & R. E. Redding (Eds.), *Juvenile delinquency: Prevention, assessment, and intervention* (pp. 85–110). New York: Oxford University Press.
- Graham, S., & Lowery, B. S. (2004). Priming unconscious racial stereotypes about adolescent offenders. *Law and Human Behavior*, 28, 483–504.
- Grossman, J. B., & Garry, E. M. (1997, April). Mentoring: A proven delinquency prevention strategy. *OJJDP Juvenile Justice Bulletin*. (NCJ 164834). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Harris, J. R. (1998). *The nurture assumption*. New York: Free Press.
- Hartup, W. W., & van Leishout, C. F. M. (1995). Personality development in social context. *Annual Review of Psychology*, 46, 55–688.
- Hawdon, J. E. (1999). Daily routines and crime: Using routine activities as measures of Hirsch's involvement. *Youth and Society*, 30, 395–415.
- Hawkins, D. F., Laub, J. H., Lauritsen, J. L., & Cothorn, L. (2000, June). Race, ethnicity, and serious and violent juvenile offending. *OJJDP Juvenile Justice Bulletin* (NCJ 181202). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Hawkins, J. D., Terrenkohl, T., Farrington, D. P., Brewer, D., Catalano, R. F., & Harachi, T. W. (1998). A review of predictors of youth violence. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 313–345). Thousand Oaks, CA: Sage.
- Henggeler, S. W. (1991). Multidimensional causal models of delinquent behavior and their implications for treatment. In R. Cohen & A. Siegel (Eds.), *Context and development* (pp. 211–231). Hillsdale, NJ: Erlbaum.
- Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment for antisocial behavior in youth*. New York: Guilford Press.
- Henry, B., & Moffitt, T. E. (1997). Neuropsychological and neuroimaging studies of juvenile delinquency and adult criminal behavior. In D. Stoff, J. Breiling, & J. Maser (Eds.), *Handbook of antisocial behavior* (pp. 280–288). New York: Wiley.
- Herrenkohl, T. I., Hawkins, J. D., Chung, I., Hill, K. G., & Battin-Pearson, S. (2001). School and community risk factors and interventions. In R. Loeber & D. P. Farrington (Eds.), *Child delinquents: Development, intervention, and service needs* (pp. 211–246). Thousand Oaks, CA: Sage.
- Herrnstein, R. J., & Murray, C. (1994). *The bell curve: Intelligence and class structure in American life*. New York: Free Press.
- Hicks, J. W. (2004). Ethnicity, race, and forensic psychiatry: Are we color-blind? *Journal of the American Academy of Psychiatry Law*, 32, 21–23.
- Hirschi, T., & Hindelang, M. J. (1977). Intelligence and delinquency: A revisionist review. *American Sociological Review*, 42, 571–587.
- Hoge, R. D., Andrews, D. A., & Leschied, A. W. (1995). Investigation of variables associated with probation and custody dispositions in a sample of juveniles. *Journal of Clinical Child Psychology*, 24, 279–286.
- Howell, J. C. (1995). *Guide for implementing the comprehensive strategy for serious, violent, and chronic offenders*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Howell, J. C. (1997). *Juvenile justice and youth violence*. Thousand Oaks, CA: Sage.

- Howell, J. C. (1998). Youth gangs: An overview. *OJJDP Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Human Rights Watch. (2000). *United States punishment and prejudice: Racial disparities in the war on drugs*. Washington, DC: Author.
- Humphreys, L. G. (1991). Limited vision in the social sciences. *American Journal of Psychology*, *104*, 333–353.
- Jencks, C., & Phillips, M. (Eds.). (1998). *The Black-White test score gap*. Washington, DC: Brookings Institution.
- Johnstone, J. W. (1983). Recruitment to a youth gang. *Youth and Society*, *14*, 281–300.
- Kamin, L. J. (1986). Is crime in the genes? The answer may depend on who chooses what evidence. *Scientific American*, *254*(5), 22–27.
- Kandel, E., Mednick, S. A., Kirkegaard-Sorensen, L., Hutchings, B., Knop, J., Rosenberg, R., & Schulsinger, F. (1988). IQ as a protective factor for subjects at high risk for antisocial behavior. *Journal of Consulting and Clinical Psychology*, *56*, 224–226.
- Kaplan, S. L., & Busner, J. (1992). A note on racial bias in the admission of children and adolescents to state mental health facilities versus correctional facilities in New York. *American Journal of Psychiatry*, *149*, 768.
- Kawahara, D. M. (2002). Multicultural issues in the assessment and treatment of juveniles. In Neil G. Ribner (Ed.), *The handbook of juvenile forensic psychology* (pp. 253–270). San Francisco: Jossey-Bass/Wiley.
- Kempf-Leonard, K., Chesney-Lind, M., & Hawkins, D. F. (2001). Ethnicity and gender issues. In R. Loeber & D. Farrington (Eds.), *Child delinquents: Development, intervention, and service needs* (pp. 247–272). Thousand Oaks, CA: Sage.
- Kempf-Leonard, K., Pope, C., & Feyerherm, W. (1995). *Minorities and juvenile justice*. Thousand Oaks, CA: Sage.
- Kempf-Leonard, K., & Sontheimer, H. (1995). The role of race in juvenile justice in Pennsylvania. In K. Kempf-Leonard, C. E. Pope, & W. H. Feyerherm (Eds.), *Minorities in juvenile justice* (pp. 98–127). Thousand Oaks, CA: Sage.
- Kluckholm, F. R., & Strodtbeck, F. L. (1961). *Variations in value orientations*. Evanston, IL: Row, Peterson Publishers.
- Krisberg, B., & Austin, J. F. (1993). *Reinventing juvenile justice*. Newbury Park, CA: Sage.
- Larzelere, R. E., & Patterson, G. R. (1990). Parental management: Mediator of the effect of socioeconomic status on early delinquency. *Criminology*, *28*, 301–323.
- LeCroy, C. W., Stevenson, P., & MacNeil, G. (2001). Systems considerations in treating juvenile offenders with mental disorders. In J. B. Ashford, B. D. Sales, & W. H. Reid (Eds.), *Treating juvenile offenders with special needs* (pp. 403–417). Washington, DC: American Psychological Association.
- Leventhal, T., & Brooks-Gun, J. (2003). Children and youth in neighborhood contexts. *Current Directions in Psychological Science*, *12*(1), 27–31.
- Lewis, D. O., Balla, D. A., & Shanok, S. S. (1979). Evidence of race bias in the diagnosis and treatment of the juvenile offender. *American Journal of Orthopsychiatry*, *49*, 53–61.
- Lewis, D. O., Shanok, S. S., Jones, R. J., Kligfield, M., & Frisone, G. (1980). Race bias in the diagnosis and disposition of violent adolescents. *American Journal of Psychiatry*, *137*, 1211–1216.
- Lexcen, F., & Redding, R. E. (2002). Mental health needs of juvenile offenders. *Juvenile Correctional Mental Health Report*, *3*(1), 1–2, 8–16.
- Lipsey, M. W., & Derzon, J. H. (1998). Predictors of violent and serious delinquency in adolescence and early adulthood: A synthesis of longitudinal research. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 86–105). Thousand Oaks, CA: Sage.

- Lipsey, M. W., & Wilson, D. B. (1998). Effective interventions with serious juvenile offenders: A synthesis of research. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 86–105). Thousand Oaks, CA: Sage.
- Loeber, R., & Stouthamer-Loeber, M. (1986). Family factors as correlates and predictors of juvenile conduct problems and delinquency. In M. Tonry & N. Morris (Eds.), *Crime and justice: An annual review of research* (Vol. 7, pp. 29–149). Chicago: University of Chicago Press.
- Loehlin, J. C. (2000). Group differences in intelligence. In R. Sternberg (Ed.), *Handbook of intelligence* (pp. 176–193). Cambridge, England: Cambridge University Press.
- Loehlin, J. C., Lindzey, G., & Spuhler, J. N. (1975). *Race differences in intelligence*. San Francisco: Freeman.
- Lopez, S. R., & Guarnaccia, P. J. J. (2000). Cultural psychopathology: Uncovering the social world of mental illness. *Annual Review of Psychology*, 51, 571–598.
- Lynam, D., Moffitt, T., & Stouthamer-Loeber, M. (1993). Explaining the relation between IQ and delinquency: Class, race, test motivation, school failure, or self control? *Journal of Abnormal Psychology*, 102, 187–196.
- Lynch, J. P. (2002). *Trends in juvenile violent offending: An analysis of victim survey data*. OJJDP Juvenile Justice Bulletin. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Maguin, E., & Loeber, R. (1996). Academic performance and delinquency. In M. Tonry (Ed.), *Crime and justice: A review of research* (Vol. 20, pp. 145–264). Chicago: University of Chicago Press.
- Maguire, K., & Pastore, A. L. (Eds.). (2001). *Sourcebook of criminal justice statistics* (29th ed.). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Mann, C. R. (1994). A minority view of juvenile “justice.” *Washington and Lee Law Review*, 51, 465–478.
- Maxfield, M. G., & Widom, C. S. (1996). The cycle of violence: Revisited 6 years later. *Archives of Pediatrics and Adolescent Medicine*, 150(4), 390–395.
- McCord, J. (2001). Forging criminals in the family. In S. White (Ed.), *Handbook of youth and justice* (pp. 223–236). New York: Kluwer.
- McGuire, M. D. (2002). Cumulative disadvantage as an explanation for observed disproportionality within the juvenile justice system: An empirical test. *Juvenile and Family Court Judge Journal*, 53(1), 1–15.
- McKeown, M., & Stowell-Smith, M. (1997). “Big, Black, and dangerous”? The vexed question of race in U.K. forensic care. In G. Landsberg & A. Smiley (Eds.), *Forensic mental health: Working with offenders with mental illness* (23-1 to 23-8). Kingston, NJ: Civic Research Institute.
- McNulty, T. L., & Bellair, P. E. (2003). Explaining racial and ethnic differences in adolescent violence: Structural disadvantage, family well-being, and social capital. *Justice Quarterly*, 20, 1–32.
- Mendel, R. A. (2000). *Less hype, more help: Reducing juvenile crime, what works- and what doesn't*. Washington, DC: American Youth Policy Forum.
- Metcalf, R. (2002). The role of the school psychologist in juvenile forensics. In N. G. Ribner (Ed.), *Handbook of juvenile forensic psychology* (pp. 432–453). San Francisco: Jossey-Bass.
- Michaelis, K. L. (2001). School violence: The call for a critical theory of juvenile justice. *BYU Education and Law Journal*, 299–326.
- Miller, B. L., & Cummings, J. L. (Eds.). (1999). *The human frontal lobes: Functions and disorders*. New York: Guilford Press.

- Moeller, T. G. (2001). *Youth aggression and violence: A psychological approach*. Mahwah, NJ: Erlbaum.
- Moffitt, T. E. (1990a). Juvenile delinquency and Attention-Deficit Disorder: Developmental trajectories from age 3 to 15. *Child Development*, *61*, 893–910.
- Moffitt, T. E. (1990b). The neuropsychology of delinquency: A critical review of theory and research. In N. Morris & M. Tonry (Eds.), *Crime and justice* (Vol. 12, pp. 99–169). Chicago: University of Chicago Press.
- Moffitt, T. E. (1993). The neuropsychology of Conduct Disorder. *Development and Psychopathology*, *5*, 135–152.
- Moffitt, T. E., Gabrielli, W. F., Mednick, S. A., & Schulsinger, F. (1981). Socioeconomic status, IQ, and delinquency. *Journal of Abnormal Psychology*, *90*, 152–156.
- Moffitt, T. E., Lynam, D., & Silva, P. A. (1994). Neuropsychological tests predicting persistent male delinquency. *Criminology*, *32*, 277–300.
- Moffitt, T. E., & Silva, P. A. (1988). IQ and delinquency: A direct test of the differential detection hypothesis. *Journal of Abnormal Psychology*, *97*, 330–333.
- Moreland, M. R. (2000). Race, juvenile justice, and mental health: A New dimension in measuring pervasive bias [Review]. *Juvenile Correctional Mental Health Report*, *14*.
- National Center for Education Statistics. (1995). *The pocket condition of education 1995* (NCES No. 95-817). Washington, DC: U.S. Department of Education.
- National Research Council. (1993). *Losing generations: Adolescents in high-risk settings*. Washington, DC: National Academy Press.
- Neisser, U., Boodoo, G., Bouchard, T. J., Boykin, A. W., Brody, N., Ceci, S. J., et al. (1996). Intelligence: Knowns and unknowns. *American Psychologist*, *51*, 77–101.
- Nisbett, R. E., & Cohen, D. (1996). *Culture of honor: The psychology of violence in the South*. Boulder, CO: Westview Press.
- Nunn, K. B. (2002). The child as other: Race and differential treatment in the juvenile justice system. *DePaul Law Review*, *51*, 679–714.
- O'Donnell, C. R. (2002). *Youth with disabilities in the justice system: A literature review*. Clemson, SC: Clemson University, Institute on Family and Neighborhood Life.
- Office of Juvenile Justice and Delinquency Prevention. (1999). *Minorities in the juvenile justice system*. OJJDP Juvenile Justice Bulletin. (NCJ 179007). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- O'Neill, B. F. (2002). Influences on detention decisions in the juvenile justice system. *Juvenile and Family Court Journal*, *53*(1), 47–57.
- Osofsky, J. D. (1995). The effects of exposure to violence on young children. *American Psychologist*, *50*, 782–788.
- Paradis, C. M., Horn, L., Yang, C. M., & O'Rourke, T. (2000). White detainees more likely diagnosed with affective disorders while Black detainees more likely diagnosed with psychotic disorders. *Criminal Justice Research Reports*, *1*(3), 38–39.
- Patterson, G. R., & Dishion, T. J. (1985). Contributions of families and peers to delinquency. *Criminology*, *23*, 63–79.
- Patterson, G. R., Dishion, T. J., & Bank, L. (1984). Family interaction: A process model of deviancy training. *Aggressive Behavior*, *10*, 253–267.
- Patterson, G. R., Reid, J. B., & Dishion, T. J. (1989). *Antisocial boys*. Eugene, OR: Castalia.
- Patterson, O. (1998). *Rituals of blood: Consequences of slavery in two American centuries*. Washington, DC: Civitas/Counterpoint.
- Peebles, F., & Loeber, R. (1994). Do individual factors and neighborhood context explain ethnic differences in juvenile delinquency? *Journal of Quantitative Criminology*, *10*, 141–158.
- Peraino, K., & Thomas, E. (2003, January 27). Father, where art thou? *Newsweek*, pp. 54–56.
- Peterson, R. D., Krivo, L. J., & Velez, M. B. (2001). Segregation and youth criminal violence:

- A review and agenda. In S. White (Ed.), *Handbook of youth and justice* (pp. 277–286). New York: Kluwer.
- Poe-Yamagata, E., & Jones, M. A. (2000). *And justice for some*. Retrieved March 1, 2003, from <http://www.buildingblocksforyouth.org/justiceforsome/jfs.html>
- Poole, E. D., & Regoli, R. M. (1979). Parental support, delinquent friends, and delinquency: A test of interaction effects. *Journal of Criminal Law and Criminology*, *70*, 188–193.
- Pope, C. E., & Feyerherm, W. H. (1995). *Minorities and the juvenile justice system. OJJDP Research Summary*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Pope, C. E., & Snyder, H. N. (2003). *Race as a factor in juvenile arrests. OJJDP Juvenile Justice Bulletin*. (NCJ No. 189180). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Prinz, R., & Miller, G. (1991). Issues in understanding and treating childhood conduct problems in disadvantaged populations. *Journal of Clinical Child Psychology*, *20*, 379–385.
- Quay, H. C. (1987). Intelligence. In H. Quay (Ed.), *Handbook of juvenile delinquency* (pp. 106–117). New York: Wiley.
- Redding, R. E. (1998). Bias without measure on *The Bell Curve*. *Contemporary Psychology*, *43*, 748–750.
- Redding, R. E. (2000). Characteristics of effective treatments and interventions for juvenile offenders. *Juvenile Justice Fact Sheet*. Charlottesville: University of Virginia, Institute of Law, Psychiatry and Public Policy. <http://www.ilppp.virginia.edu>
- Redding, R. E. (2002). Rehabilitating the souls of violent boys. *Contemporary Psychology: APA Review of Books*, *47*(3), 286–289.
- Redding, R. E. (2003). Effects of adjudicating and sentencing juveniles as adults: Research and policy implications. *Youth Violence and Juvenile Justice*, *1*, 128–155.
- Redding, R. E., Goldstein, N. S., & Heilbrun, K. (2005). Juvenile delinquency: Past and present. In K. Heilbrun, N. S. Goldstein, & R. E. Redding (Eds.), *Juvenile delinquency: Assessment, prevention, and intervention* (pp. 3–18). New York: Oxford University Press.
- Redding, R. E., & Shalf, S. M. (2001). The legal context of school violence: The effectiveness of federal, state, and local law enforcement efforts to reduce gun violence in schools. *Law and Policy*, *23*, 297–343.
- Reiss, A., & Roth, J. (Eds.). (1994). *Understanding and preventing violence: Social influences*. Washington, DC: National Research Council.
- Rosenblatt, J. A., Rosenblatt, A., & Biggs, E. E. (2000). Criminal behavior and emotional disorder: Comparing youth served by the mental health and juvenile systems. *Journal of Behavioral Health Services and Research*, *27*(2), 227–237.
- Rowe, D. C., Vazsonyi, A. T., & Flannery, D. J. (1994). No more than skin deep: Ethnic and racial similarity in developmental process. *Psychological Review*, *101*, 396–413.
- Rushton, J. P., & Jensen, A. R. (in press). Thirty years of research on race differences in cognitive ability. *Psychology, Public Policy, and Law*.
- Rutter, M., Giller, H., & Hagell, A. (1998). *Antisocial behavior by young people*. Cambridge, England: Cambridge University Press.
- Sampson, R. J. (1997). The embeddedness of child and adolescent development: A community-level perspective on urban violence. In J. McCord (Ed.), *Violence and childhood in the inner city* (pp. 31–77). Cambridge, England: Cambridge University Press.
- Sampson, R. J., & Lauritsen, J. L. (1997). Racial and ethnic disparities in crime and criminal justice in the United States. In M. Tonry (Ed.), *Crime and justice* (Vol. 21, pp. 311–374). Chicago: University of Chicago Press.
- Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, *277*, 918–924.

- Satel, S., & Redding, R. E. (2005). Sociopolitical trends in psychiatry: The consumer survivor movement and multiculturalism. In B. Sadock & V. Sadock (Eds.), *Comprehensive textbook of psychiatry* (8th ed., Vol. I, pp. 644–655). New York: Lippincott, Williams & Wilkins.
- Schiele, J. (2000). *Human services and the afrocentric paradigm*. New York: Haworth.
- Schmitt, E. (2001, April 1). U.S. now more diverse, ethnically and racially. *New York Times*, p. A20.
- Schwartz, I. H. (1989). *(In)justice for juveniles: Rethinking the best interests of the child*. Lexington, MA: Lexington Books.
- Scott, E. S., Reppucci, N. D., & Woolard, J. (1995). Evaluating adolescent decision making in legal contexts. *Law and Human Behavior*, *19*, 221–244.
- Scott, M. A., Snowden, L., & Libby, A. M. (2002). From mental health to justice justice: What factors predict this transition? *Journal of Family and Child Studies*, *11*, 299–311.
- Shahinfar, A., Kupersmidt, J. B., & Matza, L. S. (2001). The relation between exposure to violence and social information processing among incarcerated adolescents. *Journal of Abnormal Psychology*, *110*, 136–141.
- Sheidow, A. J., & Henggeler, S. W. (2005). Community-based treatments. In K. Heilbrun, N. Goldstein, & R. Redding (Eds.), *Current perspectives on delinquency: Prevention, assessment, and intervention* (pp. 257–281). New York: Oxford University Press.
- Sickmund, M. (2004a). *Juvenile arrests 2002*. *OJJDP Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Sickmund, M. (2004b). *Juveniles in corrections*. *OJJDP Juvenile Justice Bulletin*. (NCJ 202885). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Silver, E. (2000). Race, neighborhood disadvantage, and violence among persons with mental disorders: The importance of contextual measurement. *Law and Human Behavior*, *24*, 449–456.
- Singer, S. I. (1996). *Recriminalizing delinquency: Violent juvenile crime and juvenile justice reform*. New York: Cambridge University Press.
- Skeem, J. L., Edens, J. F., Camp, J., & Colwell, L. H. (2004). Are there ethnic differences in levels of psychopathy? A meta-analysis. *Law and Human Behavior*, *28*, 505–527.
- Smith, D. A., & Jarjoura, G. R. (1988). Social structure and criminal victimization. *Journal of Research on Crime and Delinquency*, *25*, 27–52.
- Stehno, S. M. (1990). The elusive continuum of child welfare services: Implications for minority children and youths. *Child Welfare*, *69*, 551–562.
- Steinberg, L. (1986). Latchkey children and susceptibility to peer pressure: An ecological analysis. *Developmental Psychology*, *22*, 433–439.
- Substance Abuse and Mental Health Services Administration. (1997). *National household survey on drug abuse: Population estimates*. Washington, DC: Author.
- Sue, D. W. (1999). *Counseling the culturally different: Theory and practice* (3rd ed.). New York: Wiley.
- Sullivan, M. L. (1989). *Getting paid: Youth crime and work in the inner city*. Ithaca, NY: Cornell University Press.
- Sunnafrank, M., & Fontes, N. E. (1983). General and crime related racial stereotypes and influence of juridic decisions. *Cornell Journal of Social Relations*, *17*, 1–15.
- Thomas, C. W., & Cage, R. J. (1977). The effects of social characteristics on juvenile court dispositions. *Sociological Quarterly*, *18*, 237–252.
- Thomas, W. J., & Stubbe, D. E. (1996). A comparison of correctional and mental health referrals in the juvenile court. *Journal of Psychiatry and Law*, *24*, 379–400.

- Thomas, W. J., Stubbe, D. E., & Pearson, G. (1999). Race, juvenile justice, and mental health: New dimensions in measuring pervasive bias. *Journal of Criminal Law and Criminology*, 89, 615–669.
- Tolan, P. (1996). How resilient is the concept of resilience? *Community Psychologist*, 4, 12–15.
- Tomkins, A. J., Slain, A. J., Hallinan, M. N., & Willis, C. E. (1996). Subtle discrimination in juvenile justice decisionmaking: Social scientific perspectives and explanations. *Creighton Law Review*, 29, 1619–1651.
- Tremblay, R. E., & Le Marquand, D. (2001). Individual risk and protective factors. In R. Loeber & D. P. Farrington (Eds.), *Child delinquents: Development, intervention, and service needs* (pp. 137–164). Thousand Oaks, CA: Sage.
- U.S. Department of Health and Human services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general*. Rockville, MD: Author.
- Wakefield, J. C., Pottick, K. J., & Kirk, S. A. (2002). Should the DSM-IV diagnostic criteria for conduct disorder consider social context? *American Journal of Psychiatry*, 159, 380–386.
- Wasserman, G. A., & Miller, L. S. (1998). The prevention of serious and violent juvenile offending. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offending: Risk factors and successful interventions* (pp. 197–247). Thousand Oaks, CA: Sage.
- Wasserman, G. A., Miller, L. S., Pinner, E., & Jaramillo, B. (1996). Parenting predictors of early conduct problems in urban, high-risk boys. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1227–1236.
- Wasserman, G. A., & Seracini, A. M. (2000). Family risk factors and family treatments for early-onset offending. In R. Loeber & D. P. Farrington (Eds.), *Child delinquents: Development, intervention, and service needs* (pp. 165–189). Thousand Oaks, CA: Sage.
- West, D. J., & Farrington, D. P. (1973). *Who becomes delinquent?* London: Heinemann.
- Westendorp, F., Brink, K. L., Roberson, M. K., & Ortiz, I. E. (1986). Variables which differentiate placement of adolescents into juvenile justice or mental health systems. *Adolescence*, 81, 23–37.
- White, J. L., Moffitt, T. E., & Silva, P. A. (1989). A prospective replication of the protective effects of IQ in subjects at high risk for juvenile delinquency. *Journal of Consulting and Clinical Psychology*, 57, 719–724.
- Wierson, M., & Forehand, R. (1995). Predicting recidivism in juvenile delinquents: The role of mental health diagnoses and the qualification of conclusions by race. *Behavioral Research and Therapy*, 33, 63–67.
- Wilkinson, D. L., & Fagan, J. (1996). The role of firearms in violence “scripts”: The dynamics of gun events among adolescent males. *Law and Contemporary Problems*, 59, 55–90.
- Wilson, J. Q., & Herrnstein, R. (1985). *Crime and human nature*. New York: Simon & Schuster.
- Wilson, W. J. (1987). *The truly disadvantaged: The inner city, the underclass, and public policy*. Chicago: University of Chicago Press.
- Woodhouse, B. B. (2002). Youthful indiscretions: Culture, class status, and the passage to adulthood. *DePaul Law Review*, 51, 743–768.
- Wordes, M., & Bynum, T. S. (1995). Policing juveniles: Is there bias against youths of color? In K. Kempf-Leonard, C. E. Pope, & W. H. Feyerherm (Eds.), *Minorities in juvenile justice* (pp. 47–65). Thousand Oaks, CA: Sage.
- Yung, B. R., & Hammond, R. (1997). Antisocial behavior in minority groups: Epidemiological and cultural perspectives. In D. M. Stoff, J. Breiling, & J. D. Maser (Eds.), *Handbook of antisocial behavior* (pp. 475–495). New York: Wiley.
- Zimring, F. E. (1981). Kids, groups and crime: Some implications of a well-known secret. *Journal of Criminal Law and Criminology*, 72, 867–885.