



Getting Smart on Youth Crime: Evidence Based Strategies to Prevent and Reduce the Risk of Justice Involvement

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Gender & Aggression
PROJECT



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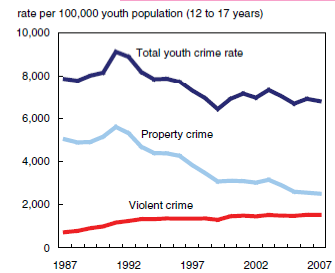
Are Kids Today “Worse”? Probably Not



Increased from 1980s to early 1990s

Stabilized/
decreased

Since 2007, declines in crime
(overall & violent -4%; property - 5%)



Statistics Canada, 2008, 2010, courtesy of J. Viljoen 2011

Youth Violence Remains High Centers for Disease Control and Prevention 2008



- 2005 nationwide survey of high school students:
 - 36% in a physical fight during the past 12 months
 - 7% took a gun, knife, or club to school in the 30 days before the survey
- 30% of 6th and 10th graders report being involved in bullying
- 2006 - >720,000 violence-related injuries in youth treated in U.S. emergency rooms
- Second leading cause of death between the ages of 10 and 24

Aggregate costs of crime committed by 500 male juveniles 7-17 years – estimated between 89-110 million (2000 dollars) - APPROXIMATELY 178,000 PER YOUTH

Table 5
Tangible and Intangible Costs

Crime	Tangible Costs	Intangible Costs	Total
Assault	\$7,478,000 to \$15,140,000	\$55,891,000 to \$68,970,000	\$63,369,000 to \$84,110,000
Homicide	\$6,373,000	\$11,836,000	\$18,209,000
Rape/sexual assault	\$7,000	\$100,000	\$107,000
Robbery	\$234,000	\$545,000	\$779,000
Arson	\$2,465,000	\$2,067,000	\$4,532,000
Burglary	\$366,000	\$88,000	\$454,000
Larceny	\$445,000	\$0	\$445,000
Motor vehicle theft	\$995,000	\$77,000	\$1,072,000
Total	\$18,363,000 to \$26,025,000	\$70,604,000 to \$83,683,000	\$88,967,000 to \$109,708,000

Note: Risk of death has been taken out of the individual crime estimates because actual homicides are included. All costs are in 2000 dollars, and all costs, except homicide, are in present value (2.0% discount rate).

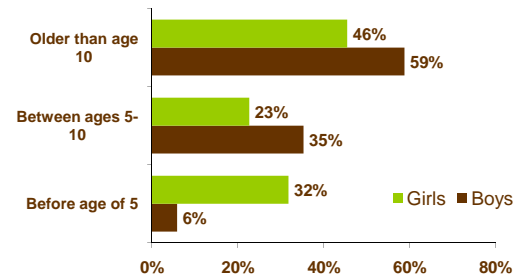
Intangible/indirect costs – pain & suffering, loss of quality of life etc.

Welsh, B., Loeber, R., Stevens, B., Stouthamer-Loeber, M., Cohen, M., & Farrington, D. (2008). Costs of juvenile crime in urban areas: A longitudinal perspective. *Youth Violence and Juvenile Justice*, 6(1), 3-27

**PREVENTION AND RISK
REDUCTION SHOULD BE BASED
ON KNOWN RISK FACTORS**

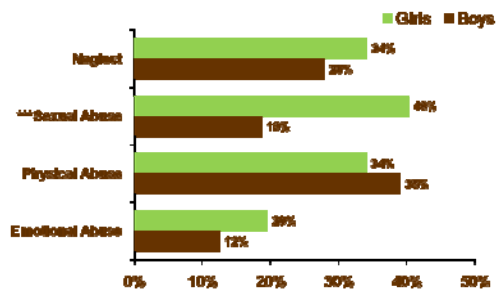
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**Risk Factors:
Age at First Removal From Home**



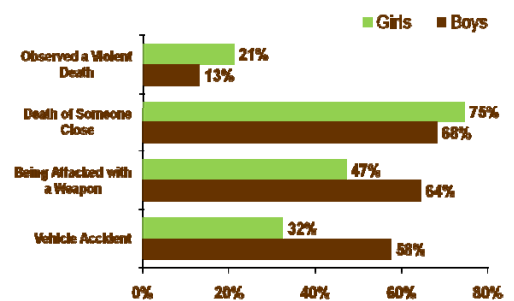
**RISK FACTORS:
EXPOSURE TO MALTREATMENT**

**Documented cases in social history records; self-reported and suspected maltreatment is higher*



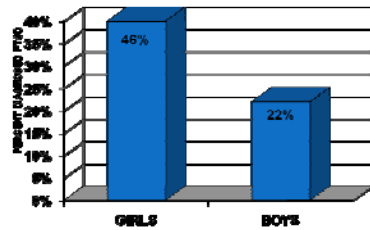
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**RISK FACTORS:
EXPOSURE TO TRAUMA**



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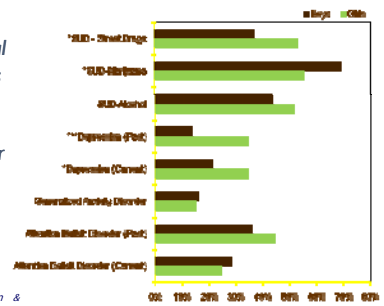
PTSD – Rates and Risk for Aggression



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At Risk Youth: Complex Mental Health Problems

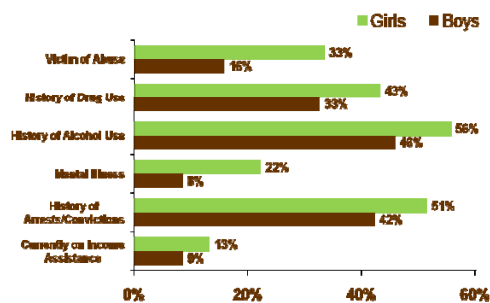
Comorbid Mental Health Disorders in Youth Diagnosed with Conduct Disorder



Diagnostic Interview for Children & Adolescents - Revised (DICA-R)

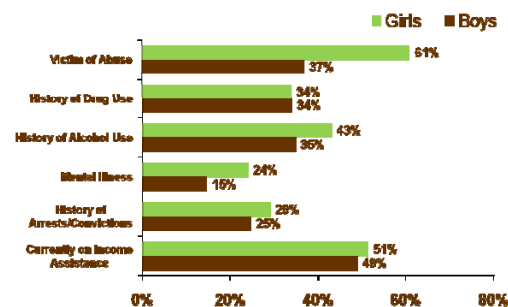
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Risk Factors: Father's Mental Health and Social History



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Risk Factors: Mother's Mental Health and Social History



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Preventing & Reducing Risk

- **WHEN** is the best time to provide support to families and youth?
- **WHO** should receive intervention?
- **WHAT** should we target with intervention?



WHEN? Transitions in Development

TRANSITIONS

- “Critical periods” in development
- Rapid neurodevelopment
 - Vulnerability
 - Opportunity

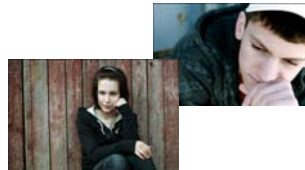


Sensitive Developmental Transitions

Infancy & Early Childhood

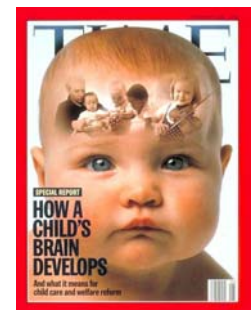


Early Adolescence



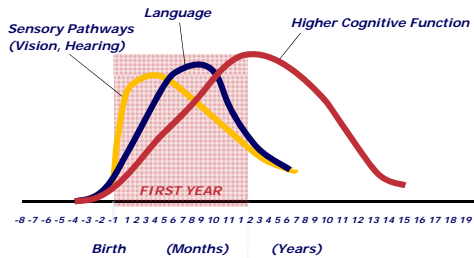
Sensitive Developmental Transitions

Infancy & Early Childhood



NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Neural Circuits are Wired in a Bottom-Up Sequence



Sensitive Developmental Transitions

Early-Mid Adolescence



Puberty onset ~ Age 9 for girls...

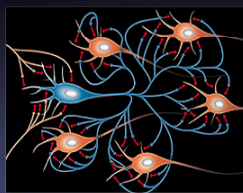


... and ~ Age 11-12 for boys

Adolescent Brain Development – Experience Linked Pruning

Nerve Proliferation...

■ By age 11 for girls and 12 for boys, the neurons in the front of the brain have formed thousands of new connections. Over the next few years most of these links will be pruned.



...and Pruning

■ Those that are used and reinforced – the pathways involved in language, for example – will be strengthened, while the ones that aren't used will die out



SOURCES: Dr. Jay Giedd, Chief of Brain Imaging, Child Psychiatric Branch—NIMH; Paul Thompson; Andrew Lee; Kirahee Hayashi; Arthur Toga—UCLA Lab of Neuro Imaging and Nalin Gophey; Judy Rapoport—108th Child Psychiatry Branch. TIME Diagram by J on Lettola. TIME.com graphic by Garrett Rosso. The Image Bank—Getty Images from the May 10, 2003 issue of TIME MAGAZINE

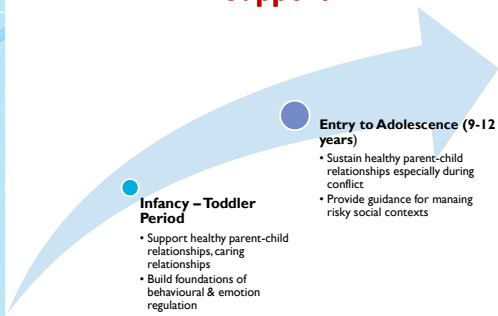
Entry to Adolescence

• Heightened risk for:

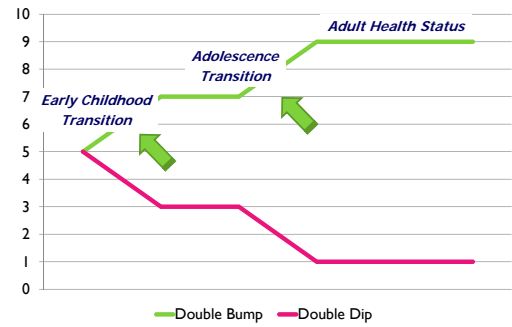
- Parent-child conflict
- School drop out
- Involvement with delinquent peers
- Bullying
- Violence
- Risky sexual behaviour
- Initiation of drug use



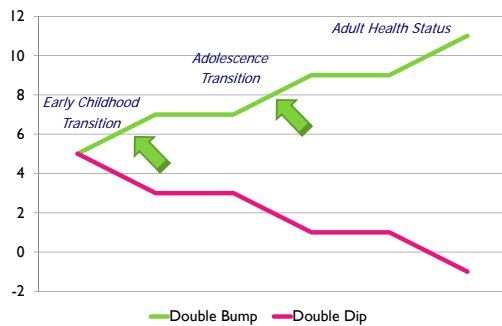
WHEN? “Developmentally Timed Support”



Double Dip or Double Bump: How Intervention can Alter Health Trajectories



Double Dip or Double Bump: Sustaining Growth??



WHO SHOULD RECEIVE INTERVENTION? UNIVERSAL VERSUS TARGETTED PROGRAMS

A Public Health Approach to Improving Mental Health for Children and Youth



C. Widdrell, CHILDREN'S HEALTH POLICY CENTRE,
<http://www.childhealthpolicy.sfu.ca/publications/RR-4-04>

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WHO SHOULD RECEIVE INTERVENTION?

Children growing up in conditions of:

Parental & Family Stress

- ☐ Early parenthood
- ☐ Low support
- ☐ Maternal/paternal history of trauma, maltreatment
- ☐ Parental substance use
- ☐ Family Violence

Social & Community Marginalization

- ☐ Low income
- ☐ Impoverished; risky neighbourhoods



PREVENTING & REDUCING RISK

What should we focus on?

Evidence Based and Innovative Programs

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Strengthen Protective Factors

Family Factors

- Parenting skills and supports
- Parent-Child Attachment
- Parental Engagement, Monitoring, Structure

Child Factors

- Regulation of feelings and behaviour
- Social skills
- Beliefs about aggression/violence

Social-Educational Factors

- Positive peer affiliation
- Commitment to School
- Attachment to Teachers
- Parental Expectations re: school achievement

PROGRAMS THAT WORK...

INFANCY – TODDLERS

PROGRAM	WHO/WHEN	FOCUS	OUTCOMES
Nurse Home Visitation Program	<ul style="list-style-type: none"> • At risk first-time pregnant women • Prenatal to two years 	Promoted sensitive caregiving; mom's personal growth; links to other services • Average 7-9 prenatal + 23-26 postnatal visits	15-year follow-up • 48% less child abuse • 69% fewer convictions of youth to age 15 • Effects greatest for highest risk • Cost \$10,503 per family • Benefit \$31,944 • Net cost saving: \$8,036 per family or \$3.05 per dollar spent



PROGRAMS THAT WORK...

INFANCY – TODDLERS

PROGRAM	WHO/WHEN	FOCUS	OUTCOMES
High/Scope Perry Preschool	<ul style="list-style-type: none"> High-risk parents (living in poverty; low education) child 3-4 years 	1-2 years <ul style="list-style-type: none"> weekly home visits + group meetings children received 2½ hr. preschool classes x30 weeks 	37 yr. follow-up <ul style="list-style-type: none"> significantly less criminal activity; higher education; higher income cost of \$15,827 return \$6.87 - \$16.14 per dollar investment



PROGRAMS THAT WORK...

Childhood-Adolescence (Grade 1-10)

PROGRAM	WHO/WHEN	FOCUS	OUTCOMES
Fast Track Team Robert McMahon (SFU Professor & BC Leadership Chair in Youth Violence)	<ul style="list-style-type: none"> Screened in kindergarten High crime neighbourhoods Very high behaviour problems 	"Unified Model" <ul style="list-style-type: none"> All children in Grades 1-5: PATHS (Promoting Alternative Thinking Strategies) (2-3/week; 57 total) → emotional understanding, problem solving Targeted to highest risk: Social skills training; academic tutoring; mentoring; parenting skills development; home-visitation 	20 yr. follow up <ul style="list-style-type: none"> Effects most pronounced for children at highest risk (top 3%) 75% fewer diagnosed conduct disorder at grade 9; 50% fewer in grade 12 Less self-reported delinquency; Fewer juvenile arrests to age 18 Less medical and mental health service grades 9-12 Cost \$58,283 per high-risk child for 10 years or \$5,800/yr/child



CANADIAN PROGRAMS...

Innovative Program - Pre-Teens and Teens – Attachment Focused

PRE-TEENS AND TEENS

PROGRAM	WHO/WHEN	FOCUS	OUTCOMES
CONNECT Moretti et al. (SFU Professor & CIHR Senior Research Chair)	<ul style="list-style-type: none"> 9-16 years clinic referred for aggression & severe behaviour problems (conduct disorder) 	<ul style="list-style-type: none"> 10 x 1 hour sessions parent group format Strengthens "building blocks of attachment security" Parental sensitivity Emotion regulation Capacity to remain emotionally engaged, monitor, set limits and support autonomy; manage conflict 	12 months follow up... <ul style="list-style-type: none"> Reduced aggressive and antisocial behaviour Reduced caregiver strain Increased parenting competence and parenting efficacy Transportable to communities across British Columbia Transported to Nova Scotia, Alberta, Wisconsin Randomized clinical trial in progress in Sweden and another trial beginning in BC this fall Cost \$600-\$800 per



Characteristics of Effective Programs

- Strong foundation in clinical knowledge and evidence
- Can be transported across communities
- Strengthen protective factors – notably parent-child relationships
- INCLUSIVE OF COMMUNITY – EACH COMMUNITY IS UNIQUE BUT ALL COMMUNITIES HAVE LEADERS WHO CARE – YOUTH SHOULD BE INVOLVED IN ORGANIZING CARING COMMUNITIES

Getting Programs to Communities



- Minimize program costs
 - Training
 - Operating
- Make training and support available to smaller and more distant communities
- Help communities get on their feet and running independently ASAP but provide ongoing support as needed

MENTAL HEALTH COMMISSION OF CANADA CHILD & YOUTH INITIATIVES **GETTING CHILD MENTAL HEALTH ON THE RADAR**

- Develop a Canadian vision for child and youth mental health;
- Support the delivery of evidence-based mental health services for children and youth within the school setting;
- **ONTARIO – March 2011 announcement – build funding to 93 million per year by 2013/14**

Thank you....



Canadian Institutes of Health Research (CIHR)
grants #54020- #84567



Maples Adolescent Treatment Centre

