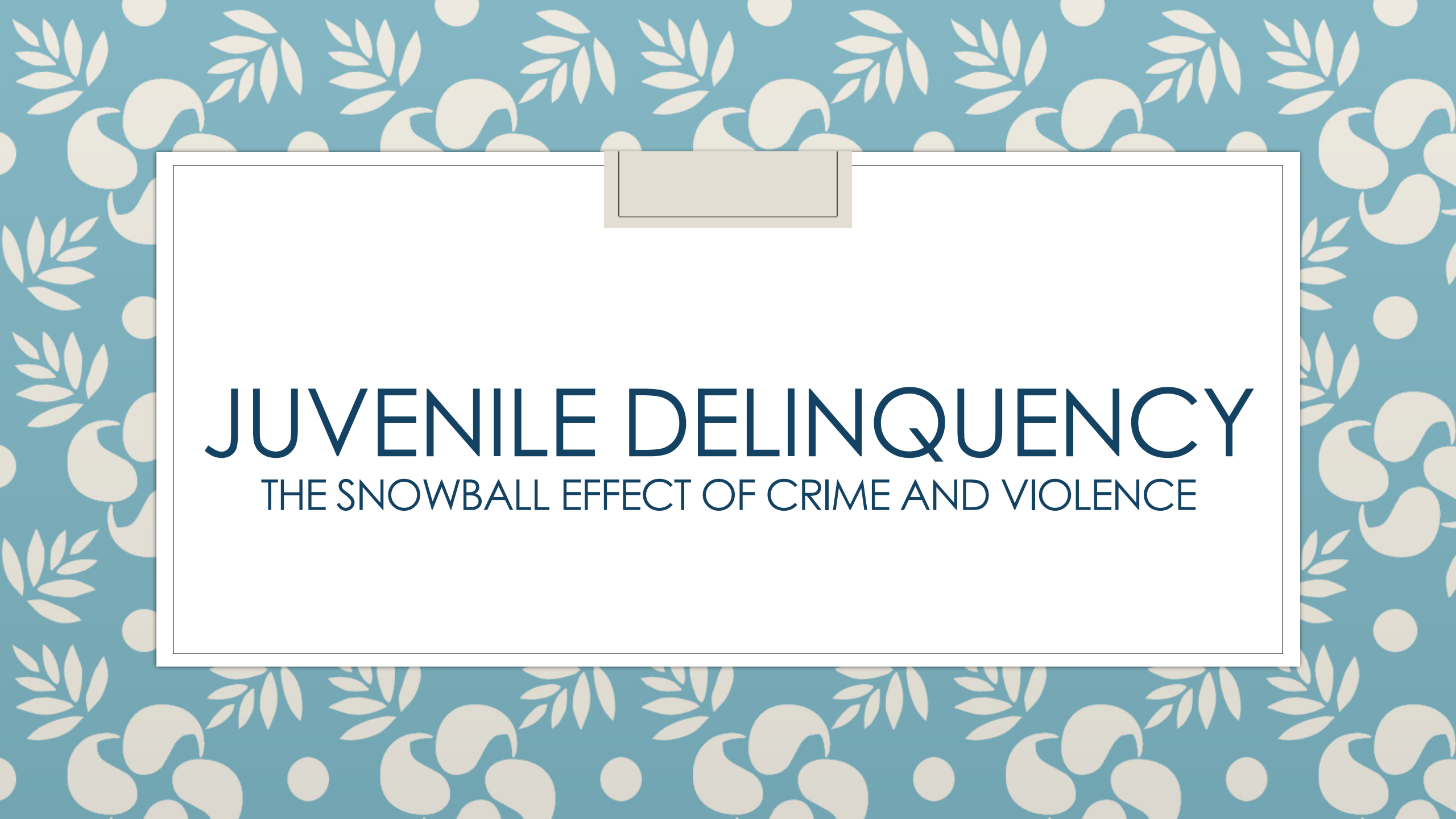
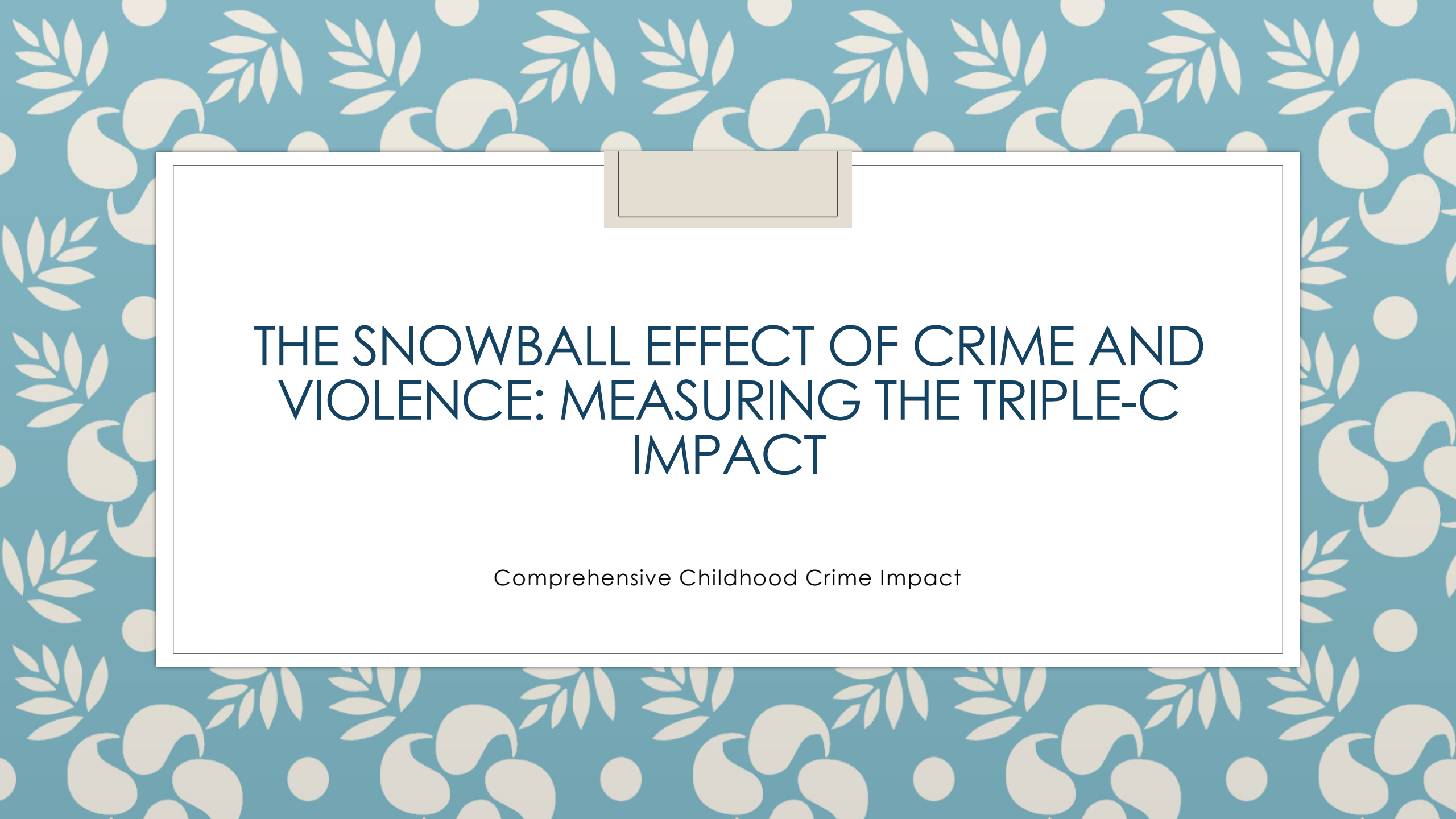




JUVENILE DELINQUENCY

THE SNOWBALL EFFECT OF CRIME AND VIOLENCE



THE SNOWBALL EFFECT OF CRIME AND VIOLENCE: MEASURING THE TRIPLE-C IMPACT

Comprehensive Childhood Crime Impact

Evidence shows that the timing of exposure to crime is a critical factor in determining the level of risk for long-term harm (Olofsson et al., 2012).

The plasticity of a child's central nervous system means that the human brain will be dramatically affected by early experiences.

Exposure to crime and violence during childhood causes heightened levels of stress and overstimulation of certain brain structures, which can lead to chemical imbalances in the child's brain and to abnormal development of neurological and cerebral systems (Loewenstein & Putnam, 2013).

Children are also in the critical stages of their emotional and cognitive development, their identity is not yet formed, their personality traits are in transitory stages and they are less mentally stable than adults.

Exposure to crime at this critical stage interrupts the delicate process of maturation, affects the timing of developmental trajectories, and progression through age-appropriate milestones (Holt et al., 2008).

Because of their social and psychological immaturity, children are dependent on adults and they have little choice over their living environment and the people they associate with.



Additionally, they do not have the capabilities or resources to remove themselves from harmful circumstances created by crime and violence.



Lastly, they are in the process of legal socialisation. Disruption of this developmental process, particularly as a result of childhood exposure to crime, could increase proclivity towards criminal behaviour and illicit substance abuse later in life (Widom, 1998).



Around about half of children will witness a violent crime in their childhood, and in particular, witnessing a family crime can lead to the child feeling guilty for either causing it or not being able to prevent it.



Affected children report deep confusion and ambivalence towards both parents, including “fear and empathy” towards the abuser, and “compassion” towards the victim. Parental victims can also affect attachment relationships.

Why the Triple-C?

- High levels of stress/neural overstimulation caused by exposure to crime trigger chemical reactions that affect development of the brain, particularly the prefrontal cortex, which is responsible for executive functions such as impulse control, reflective regulation, decision-making, planning, and higher-level attentional processing.
- Once these critical functions are compromised, children are prone to higher levels of behavioural reactivity, impulsive behaviour, and aggression.
- Compromised attachment can result in emotion regulation deficits, faulty social information processing, and hostile expectations about the meaning of relationships (Agnew, 1997).
- When children are continuously exposed to crime and violence in their natural environment during crucial years of socialization, they will normalise violence and become desensitized and adopt the impression that violence is acceptable.



The heightened tendency among children affected by the Triple-C Impact to gravitate towards marginalized and deviant social circles, is another factor that can increase exposure and access to illicit substances.

The impact peers have as behavioural models is heightened in circumstances where a child's attachment to parents and adult caregivers is weakened, as is often the case for children exposed to crime.

Compared to the general population, affected children are at increased risk of suffering from depression, PTSD, anxiety, developmental and behavioural problems, aggression, attention disorders, personality disorders, suicide risk, attachment disorders and deficit in social adaptation.

Children affected by the Triple-C Impact must overcome the combination of high-stress and low-resource, which results in the steady erosion of mental health and well-being.

The Adverse Child Experience studies ("ACE studies") are comprehensive studies examining the effects of childhood crime exposure and other childhood adversities on mental and physical health.

Findings from physiological research indicate that exposure to crime has an expansive effect on a child's developing brain. Exposure can alter central neurological structures involved in the stress response, which, under normal circumstances, are protective, but alterations due to exposure can elevate them to a toxic level.



THE CASE OF RICK...

Juvenile offenders.

Is involvement in crime common among adolescents: are most youths delinquent? Maybe Rick was just an unfortunate kid who got caught.

Are Rick's offenses fairly typical of the types of offences in which youths are involved?

Will Rick "grow out" of delinquent behaviour?

Is Rick's pattern of offending much the same as those of other delinquent youths?

Do most delinquent youths begin with status offenses and then persist and escalate into serious, repetitive offending? (Status offenses are acts, such as truancy and running away, that are considered offenses when committed by juveniles but are not considered crimes if committed by adults).

What role did Rick's friend play in his delinquent behaviour?

Did the youth court's formal adjudication of Rick as a "delinquent youth" two years earlier label him and make him more likely to continue in delinquent behaviour?

Should the juvenile court retain jurisdiction for serious, repeat offenders like Rick?

What should the juvenile court try to do with Rick: punish, deter, or rehabilitate him?

Should the juvenile court hold Rick less responsible for his acts than an adult because he has not fully matured?

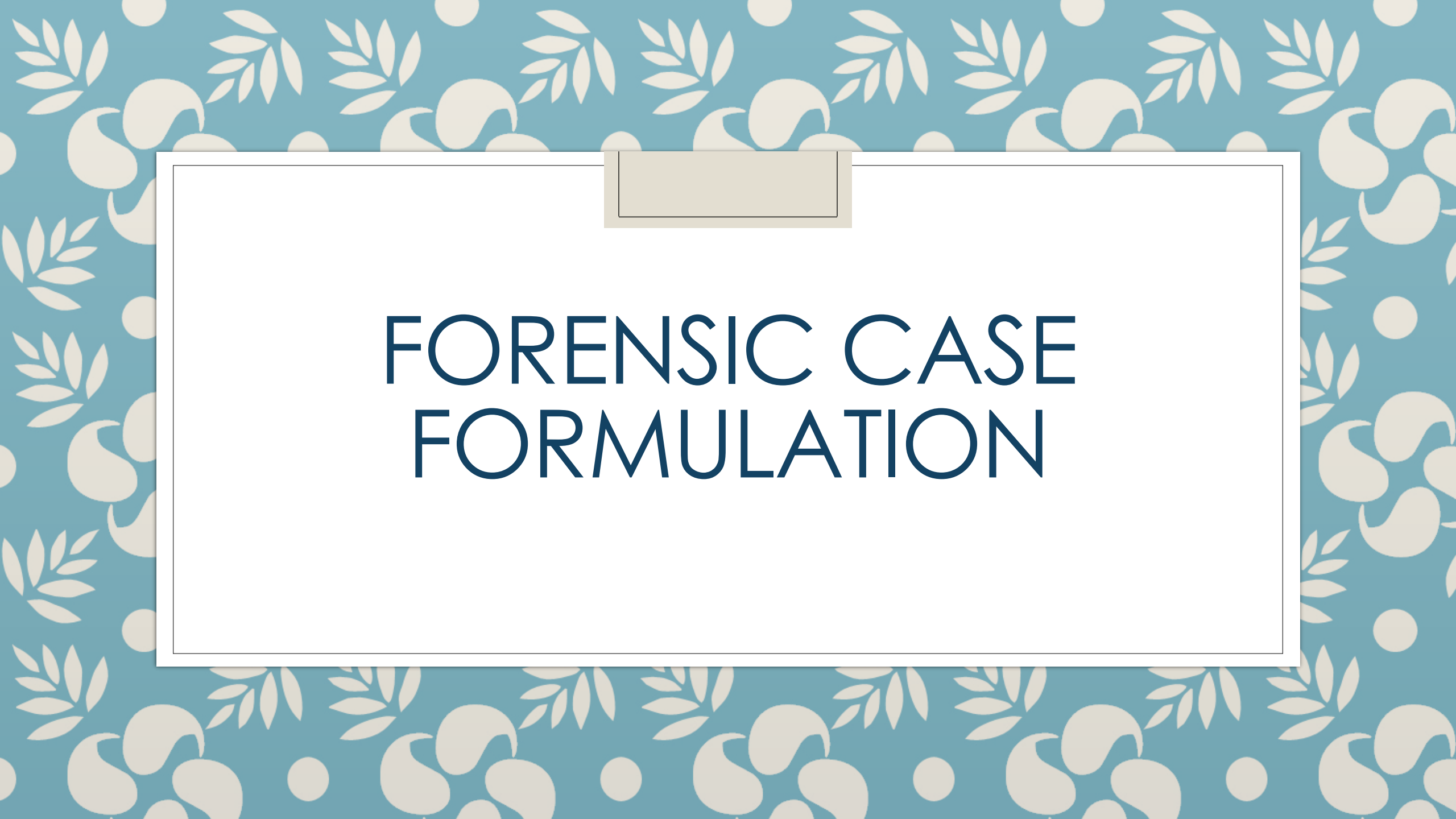
Is there a rational component to Rick's delinquency so that punishment by the juvenile court would deter further delinquency?

Did the fact that Rick was adopted have anything to do with his involvement in delinquency? Might something about Rick's genetic makeup and his biological family lend some insight into his behaviour?

What role did Rick's use of alcohol play in his delinquency?

Are there family factors that might relate to Rick's involvement in delinquency?

Were there aspects of Rick's school experiences that might be related to his delinquency?



FORENSIC CASE FORMULATION

Forensic case formulation



Formulation can be defined as the process of constructing a hypothesis or “best guess” about the origins of a person’s difficulties in the context of their relationships, social circumstances, life events, and the sense that they have made of them.



It provides a structure for thinking together with the service user about how to understand their experience(s) and how to move forward (Johnstone, 2017; Nixon & Bralo, 2018).



The presentation of the case formulation will be conducted in accordance with the categories for consideration outlined in Weerasekara (1996) as follows: presenting issues; predisposing factors; precipitating factors; perpetuating factors and protective factors.



These provide a clear comprehensive structure for reporting on the (i)static, (ii)dynamic and (iii)contextual factors that may affect Tom’s behaviour and subsequent offending related judgements (Sheldrick, 1999).

The theoretical underpinning of the case formulation is in accordance with the biopsychosocial model of psychological understanding. Metz (2005) provided a series of key recommendation(s) to the American Psychiatric Association (APA) commission on psychotherapy concerning the definition of the biopsychosocial model, which he comprehensively defined:

'A biopsychosocial formulation is a tentative working hypothesis developed collaboratively with the child and family, which attempts to explain the biological, psychological and sociocultural factors which have combined to create and maintain the presenting clinical concern and which support the child's best functioning... It will be changed, modified or amplified as the clinician and family learn more and more about the strengths and needs of the child and family'.

The case of Tom

Tom has committed a violent assault on his stepfather Jack and has been subsequently arrested. Given that Tom is just 12 years old, it is important that an assessment of risk is conducted in order to develop a greater understanding of the factors that have contributed to his violent behaviour.

If we can understand the mechanisms that led to Tom's behaviour, then finding the right rehabilitative intervention will be more likely. An assessment of risk explores static factors, dynamic and protective factors. This forms the basis of Case Formulation.

Tom has demonstrated shy and withdrawn behaviours towards peers and strangers; the only exception to this assertion is the relationship with his mum and sister. He appears to have developed a paternalistic attitude towards his mother and sister, with a desire to protect them from harm. Tom appears to dislike and resent his stepfather Jack; there appears to be in the offence committed and the background report suggestions of an unresolved anger or hostility towards Jack's presence.



He (Tom) has academically not been performing very well at secondary school, with truancy emerging during this time period – ongoing lack of engagement with educational services. He attributes his violent attack on Jack because of his fears that Jack will harm and kill his family members. This supports the paternalistic behaviour previously noted in his relationship with his mother and sister.

The evidence suggests that positive offending attitudes have developed, where extreme violence has been justified to remove threats to him and his family. Furthermore there have been reports of two occurrences of bruising to his torso which has been attributed to falling off his pushbike. Bruising in this location can also constitute a risk factor/red flag for physical violence and child sex abuse (CSA) (Jensen, 2005); it has already been stated by Tracy that Jack appears to have a 'nasty' streak particularly when intoxicated, becoming violent with Tracy – with Tom it is reported that only lighter incidents of violence have occurred to date.

Tom has been in a chaotic family environment where he has witnessed his mum on the receiving end of violence and arguments with Jack in the family house. Therefore he has been exposed to an environment where violence is the norm of the household, which puts him at a higher risk of adopting positive-offence attitudes to life stressors. It has been reported that he has previously engaged in verbal disputes on the playground of an aggressive nature.

Tom's background of early parental loss may have led to attachment difficulties with the death of his Dad in a car crash. This loss occurred at a key developmental age of 4, whereby following the significant family loss his Mum was preoccupied with his sister who was badly injured in the hospital for some time. Tom stayed with his neighbours during this period, after it was reported he became "clingy" and "difficult, with night terrors".

Therefore at an early age he was experiencing symptoms of traumatic based events. This may have led to an insecure/avoidant attachment style, with a desire to protect and prevent risk/harm to the two core members of his family.

Tracey, his mum, was diagnosed with post-traumatic stress disorder and prescribed antidepressants following the car crash and the loss of her husband. This is one of mental health issues running in the family. During this time she became exhausted and after work would head to bed. Tom therefore became the paternal figure in the house at a very early age taking adult responsibilities to look after his even younger sister and doing household chores.

Therefore his socialisation appears to have been largely constrained to forming a close relationship with his sister, with no/little opportunity to engage with peers outside of school hours.



Tom appears to have engaged in the violent offence with a precipitating interpersonal conflict with his mum and her boyfriend; the nature of their dispute was violent, with the neighbours assisting to break up the dispute in front of both siblings. Therefore Tom's trigger to violence appears to be when he perceives either his mother or his sister to be under threat from serious violence; therefore he has a maladaptive paternalistic/guardian mentality surrounding these two family members.



Tom appears to his cohort and teachers that he is not interested in engaging with others. This may stem from his preoccupation with his family members and the events that go on at home. Tom does not feel that he has time for others, since he has been looking after his younger sister and helping his mother out.



Furthermore he has been a witness to numerous arguments between Tracy and Jack which have sometimes resulted in domestic incidents. His engagement with studies has suffered, and he appears 'distant' with other people and school does not appear to be his main priority and concern; once again likely due to his family circumstances which create stress and uncertainty due to living in a hostile environment to the child; becomes preoccupied and distracted by stressful events.

Tom appears to have developed several prosocial traits; when his mother was going through a difficult time he would look after his sister and undertake small household chores whilst she went to bed frequently after work.



At such a young age when the focus is often on socialising and developing independence it is also a positive that he has a sense of altruism and has displayed an ability to have an affective work ethic/pro-social sense of responsibility for others.



Tom appears to have developed several potential coping mechanisms for stress and problems in his own life by focusing on the wellbeing and security of his mother and sister.



Although Tracey claims that Tom had some kind of resentment against Jack it appears to be justifiable in light of the domestic incidents that have occurred between Tracy and Jack over the course of two years.



The risk measure that will be utilised is the Structured Assessment of Violence Risk in Youth (SAVRY), an instrument for assessing risk for violent crimes amongst adolescents from 12 to 18 years (Borum, Bartel & Forth, 2003; 2006). The instrument comprises of 24 empirical risk factors e.g. impulsivity and negative attitudes. There are also 6 protective factors within, allowing for assessment of strengths and coping mechanisms. Scoring is on a scale of 0-1-2, for low, moderate or high risk. Protective factors are either absent or present.

The Structured Assessment of Violence Risk in Youth (SAVRY)

Historical risk (static factors)	Contextual risk (dynamic factors)	Individual risk (dynamic factors)	Protective (dynamic factors)
History of violence	Peer delinquency	Negative attitudes*	Prosocial involvement
History of non-violent offending	Peer rejection	Risk taking/ impulsivity	Strong social support
Early initiation of violence	Stress and poor coping	Substance use difficulties	Strong attachments and bonds
Past supervision/ intervention failures*	Poor parental management	Anger management problems	Positive attitude towards intervention*
History of self-harm or suicide attempt	Lack of personal/ social support	Low empathy/ remorse	Strong commitment to school
Exposure to violence in the home*	Community disorganization	Attention Deficit/ hyperactivity	Resilient personality
Childhood history of maltreatment		Poor compliance*	
Parental/ caregiver criminality		Low interest/ commitment to school	
Early caregiver disruption			
Poor school achievement			

- For Historical/static factors?
- For Contextual/dynamic factors?
- For Individual/dynamic factors?
- For Protective/dynamic factors?

- Where do we go from here?
- Six need areas are recognised as being important in moving forward They are: (i)disruptive behaviour problems (a combination of personality problems/behaviours and antisocial attitudes), (ii)substance abuse, (iii)family/parenting problems, (iv)education, (v)negative peer relations, and (vi)emotional stability concerns.

What are your findings?

- **Table 1: SAVRY Criminogenic Need Areas (scored 0-1-2)**

- **Disruptive behaviour problems**

- - Negative attitudes
- - Risk taking/impulsivity
- - Anger management problems
- - Low empathy/remorse
- - Poor compliance

- **Emotional stability concerns**

- - Self-harm or suicide attempts (if critical)
- - Stress and poor coping
- - Anger management
- - Attention deficit/hyperactivity disorder

- **Substance abuse**

- - Substance abuse difficulties

- **Family/parenting problems**

- - Exposure to violence in the home (if critical)
- - Childhood history of maltreatment (if critical)
- - Parental/caregiver criminality (if critical)
- - Poor parental management

- **Education**

- - Poor school achievement
- - Low interest/commitment to school

- **Negative peer relations**

- - Peer delinquency
- - Peer rejection
- - Lack of personal/social support