

CHAPTER

I **A Developmental View of Youth
in the Juvenile Justice System**

MARTY BEYER

Marco is a serious 14-year-old whose parents, born in Mexico, have been stably employed for many years. Although his family is close, Marco has faced numerous family problems, including the death of his grandmother who took care of him, and his parents' preoccupation with the problems of his older siblings, leading to his feeling sad and unloved. Because his parents worked so hard, it felt ungrateful for him to disparage them.

Marco's parents had high aspirations for their children. When his older siblings dropped out of school and had children as teenagers, the pressure was on Marco to be the one to graduate high school. Marco did well in school and particularly loved science. But he found his teachers were overly critical of him—in his view, because they knew his siblings, who had been problem students in the same school, and because some had racist attitudes. When his grades started dropping in eighth grade, the school did not initiate any special supports. He started spending time with dropouts, was suspended, and then arrested for a fight in school; he was diverted from the juvenile justice system but received no services. His parents' disapproval and his own feeling that he was a school failure were difficult for Marco to bear.

For several years, Marco had been increasingly terrorized by gang violence in his neighborhood. He witnessed the murder of a friend and worried every time he walked down the street. Marco had been seriously threatened three times in the 2 weeks before

this arrest. "I tried never to walk alone. If I did, I'd run to a safe spot where there were people. You didn't have to look like a gangbanger. If you ignored them, they would jump you. If you ran, they would chase you. This is not the movies. In life, violence is real. A lot of people have died in my neighborhood. Death is always there."

Marco did not talk to his family members or friends about his sadness or fears. He did not realize how intense the pressure was and how having to contend with it alone undermined good decision making. Marco is emotionally needy, like a younger teenager, but he does not admit his desire for comfort and protection. He started spending most of his time with his brother and his friends, all several years older and in a gang. As he got more scared, Marco reluctantly went along with pressure from them to join their gang. Marco did not realize the risks of gang protection: "I now know that when I joined a gang it was not a smart choice, but I thought I had to have protection." Working long hours with many family responsibilities, his parents assumed Marco was safe with his brother, and did not know that he had joined a gang, used marijuana, and was becoming alienated from school.

The day before ninth grade began, a gang leader gave Marco, his brother, and a friend a ride home. Unbeknownst to Marco, they were on their way to a drive-by shooting. "At first, I thought it wasn't really going to happen. I realized it too late, but I could have gotten out of the car. But I was

threatened. He pushed everyone around. These things went on every day in the neighborhood, shootings and beatings to get revenge. He was mad about something done to him and he made us take revenge. It made no sense. But it seemed the only way out was to do what he ordered." Marco talked about how sad he felt for the victim and expressed sympathy for the family. Marco did not object to being blamed and took responsibility for having bad judgment and not getting out of the car. He knows it was wrong, and if he had seen any choice, he said he would have left, but felt trapped even though he never intended to hurt anyone.

How should the juvenile justice system deal with Marco? What criteria should it use to assess his culpability and impose an appropriate disposition? How does the system currently act in cases such as his?

Juvenile justice systems make most decisions about youth based on age and offense. Yet age tells us little about what is behind an offense—for example, what precipitated it and what its meaning is for that individual—since each youth's developmental progression is unique, often indexed in only limited ways to chronological age. The delinquent act itself also tells us little about the youth, since the contexts in which many offenses are committed are so complex. The intricate weave of factors, individual and contextual, that contributed to Marco's involvement in a drive-by shooting illustrates how much more than age and offense must be considered in designing an effective rehabilitative service combination for him.

However, employing a developmental framework allows for more hopeful and effective responses from the system and the community agencies that should be poised to help. In this chapter, I propose a developmental framework for making decisions regarding court proceedings, detention, and services, based on my training as a psychologist and my years of experience working with youth in

juvenile programs and evaluating them for court. Its foundation, and the organizing premise of the chapter, is that the delinquent behavior of adolescents must be understood as resulting from their *immature thinking* and the effects of *trauma* and *learning disabilities*, which are ubiquitous among these youth. These core components are first introduced briefly below, and then I elaborate on each. I also argue for including youth's strengths, and assessing their capacity for resilience within the context of their families, peers, schools, neighborhoods, and cultural communities at all points of the decision-making process. The chapter concludes with a demonstration of the richness of a developmental framework in vignettes of four system-involved youth, ages 13–16, with a range of offenses; Marco's story is also included in the analyses.

CORE CONCEPTS

To the extent that juvenile justice decisions are based on developmental concepts, these appear to be the outmoded, rigidly linear stage-based, and noncontextual theories of many years ago (Lerner & Steinberg, 2004). This view of development does not consider strengths, the effects of traumatic experiences, and environmental influences on youth. As a result, both in understanding the young person's behavior and in designing services to change it, system decisions have not been developmentally sound, in the complex ways that we now understand development.

For example, even though there is considerable research on the effects of *trauma* on children (Osofsky, 2004), it has not penetrated the system, perhaps because addressing the effects of trauma on delinquent behavior is not compatible with the simplistic view that offending is a bad choice. Probation and

juvenile facilities assume that youth control their behavior to avoid consequences and get rewards. What this fails to take into account is that some behavior is reactive to past victimization, and that traumatized youth may be unable to use rational decision making when the memories and anxiety from traumatic events are triggered.

The challenges of *learning disabilities* have been well researched across academic and applied fields. Unfortunately, the application of research on learning disabilities, including processing problems, executive function difficulties, and attention deficits, appears to have been confined to use in schools, not in the many other realms of children's lives. The school—in either the juvenile facility or the community—is expected to manage disabilities as they pertain to education, rather than helping everyone involved with the young person understand that they affect the youth's behavior generally, and use this understanding outside the educational setting. In juvenile justice, disabilities are seldom used as a lens to understand the offense or facilitate behavior change. Instead, it is assumed that youth comprehend what to do and are simply being oppositional and making bad decisions.

The notion that *maturity* should be assessed as a distinct developmental process, apart from chronological age, has a fairly long theoretical history in developmental psychology, but has only recently gained traction in juvenile justice policy and practice (American Medical Association, 2005). Research has demonstrated that adolescents are different from adults (Owen-Kostelnik, Reppucci, & Meyer, 2006; Steinberg & Haskins, 2008), but justice systems treat teenagers as adults in many ways (Bishop, 2000; McGowan et al., 2007). For example, even intelligent teenagers cannot appreciate the consequences of waiving their *Miranda* rights. Most teenagers say that

although they were told they had a right to remain silent, they believed they could not refuse to answer police questions. Typically, when they are asked what would happen if the judge heard afterward that they would not talk to the police, they respond that the judge would believe they were guilty. These beliefs demonstrate that they do not comprehend the meaning of the *right* to remain silent and their decision making is influenced by emotions (Grisso et al., 2003).

Teenagers are also more vulnerable to psychological manipulation than are adults. In the police station without a lawyer, young people may well give statements in response to questions that reduce their self-confidence and make them feel hopeless (Ofshe & Leo, 1997; Warden & Drizin, 2009). While research has found that adolescents 16 and older have similar competence-related abilities to adults regarding understanding facts about court proceedings (see Scott & Grisso, 1997, for a review), these findings have been widely misinterpreted to mean that youth over 16 should be considered adults. In fact, even 16- or 17-year-olds with normal intelligence are often incapable of weighing alternatives, seeing the risks of taking a plea or going to trial, and looking into the future in discussions with their lawyers; youth with learning disabilities are even further compromised.

Developmentally sound juvenile justice decisions must be based on more than research on cognitive and psychosocial growth in adolescence. The developmental framework proposed here is comprehensive—including immaturity as well as a clinical perspective on trauma and learning disabilities and using an ecological approach regarding the contexts in which the teenager is gradually maturing.

Let's consider the several components of immaturity first.

THE EFFECTS OF IMMATURITY ON TEEN BEHAVIOR

Adolescent development is not a smooth, uniform, linear progression—there are differences in maturity among youth of the same age and across domains within individuals. I have sketched out in this section a number of ways that immaturity affects behavior in these years.

Immature Thinking

In real life situations, particularly when influenced by peers and/or under the influence of substances, young people often have immature thought processes, including *not anticipating*, *minimizing danger*, *reacting to stress*, and *seeing only one option*.

- *Not anticipating.* Adolescents often do not plan or do not follow their plans and get caught up in unanticipated events. They usually view as “accidental” the unintended poor consequences of actions that adults could have predicted. For example, a young person could go with a group to an event and, on the way, a friend could have a conflict with a young person outside the group; a fight might break out, and several youth might be arrested for an assault they never imagined would have happened. Carrying, and even using, a weapon does not mean that a teen intended harm or thought that he or she would use the weapon. Often, teens feel driven to self-protection and never picture an injured victim.
- *Minimizing danger.* Risk taking is typical of adolescents who seldom can consider the worst possible outcomes of their actions (Furby & Beyth-

Marom, 1992; Steinberg, 2008). Youth do not perceive or weigh risks accurately, and indeed, it has been asserted that “it is statistically aberrant to refrain from such [risk-taking] behavior during adolescence” (Spear, 2000, p. 421). In comparison to adults, teenagers attach different value to the rewards that risk taking provides (Fareri, Martin, & Delgado, 2008; Scott & Steinberg, 2008). Difficulty in managing impulses is a normal characteristic of teens, partly because they have more rapid and extreme mood swings than do adults (Scott & Steinberg, 2008). Impulsively defending a friend who is teased or pushed can quickly escalate into a situation a youth will regret but did not view as risky. Similarly, youth get in trouble with parents, school, and/or the juvenile justice system for texting they think is benign, and do not realize can be interpreted as threatening. Drugs and alcohol, also often not seen as risky, lower inhibitions and reduce teens’ abilities to use mature judgment; being high frequently contributes to delinquent acts.

- *Reacting to stress.* Stress affects the ability to weigh risks and to override impulses with rational thought, and adolescents are more susceptible to stress and emotional fluctuations than are adults (Hampel & Petermann, 2006; Larson, Moneta, Richards, & Wilson, 2002; Seiffge-Krenke, 1995; Spear, 2000; Wills, Sandy, & Yaeger, 2001). Decision making can be even more immature when a teen is scared, particularly if he or she has been mistreated in the past. A common form of immature cognitive processes

in adolescents is reacting to threat that adults might consider exaggerated. For example, a young person with no prior arrests or problems in school who jumps a subway gate without paying could get into a physical confrontation that leads to the serious charge of assaulting a police officer. Afterwards, his parents may find it difficult to understand how he could have felt so threatened.

- *Seeing only one option.* Adolescents only gradually develop the advanced cognitive ability to weigh alternatives simultaneously (Wigfield, Byrnes, & Eccles, 2006). In situations where adults see several choices, adolescents may believe they have only one. It is not unusual even for intelligent adolescents to imagine only a single scenario. When things do not unfold as they imagined, because of their immaturity, they behave as if they are incapable of adapting with another reasonable choice. For example, a teenage girl who thinks she is going shopping with a friend may be surprised when her friend encourages her to shoplift but may feel unable to leave, go home, or shop on her own.

Immature Identity

Identity development is among the central tasks of adolescence (Erikson, 1959; Kroger, 2003). Becoming good at something, for example, doing well in school, arts, sports, or religious or cultural practices, is a cornerstone in the development of a positive identity, and helps it to solidify. Many system-involved youth have not experienced success, particularly in school; often, they feel marginalized.

Having an unformed identity makes them more vulnerable to involvement with delinquent peers.

For most teenagers, belonging to a family provides the basic architecture for identity development. Family provides cultural, religious, and other values that are important to the teenager's self-definition: sometimes the youth's values remain consistent with his or her family, and sometimes he or she separates from the family's values. Identifying with peers is another important aspect of self-definition; group membership is necessary for a young person to feel valued. The process of developing a stable identity takes time, during which young people need approval from family and peers.

An ecological approach to understanding teenagers in the context of all their relationships—particularly family and peers—recognizes that development is influenced in complex ways by these interconnected contexts (Garcia Coll, Akerman, & Cicchetti, 2000; Lerner, 2002; Spencer et al., 2006). Conflicting identifications, between two groups of peers or between family and peer expectations, may cause unpredictable behavior in a teenager, especially under stress.

Even protective families find it challenging to ensure positive friendships for their teens, and a teen may have positive peers and still get exposed, often in unplanned situations, to peer coercion and/or pressure from the desire for peer acceptance. Some families think teens cannot be supervised, and others, whose authoritarian tendencies increase out of a desire to protect, instead overlimit the teen's autonomy, both with potentially disastrous consequences (Dodge et al., 2006; Putnick et al., 2008). It is difficult for adults to help youth develop self-confidence to resist peer pressure when the need to belong is so strong. Families can be unaware when a teen, who seems the same at home, becomes

more influenced by peers and negative school and neighborhood environments. Furthermore, in some neighborhoods, resisting the pressure to commit crimes or to seek protection from a gang itself puts the young person in danger (Fagan, 2000).

- *Racial and ethnic identity.* As their social networks expand, youth see themselves in multiple roles requiring different self-presentations. Racial stereotypes and cultural dissonance make the process of achieving a stable identity more difficult for youth of color (Cross & Fhagen-Smith, 2001; Luthar, 2003). Youth are vulnerable to racial and ethnic marginalization. Violence poses a complex series of threats to resilience for Black males, including aggression as an adaptive response to deal with victimization, which may lead to arrest and reinforces negative stereotypes (Graham & Lowry, 2004; Spencer et al., 2006).
- *Girl identity.* Experts disagree about how much the increase in arrests of girls represents a change in behavior as opposed to a change in society's responses to girls (Zahn, 2009). Developmental research has identified stressors on girls that make them more vulnerable, especially during physical maturation and school transitions. For example, many 11- and 12-year-old girls become less outspoken and more preoccupied with perfection and fear being disliked; and this may contribute to an enduring sense of unworthiness affecting their involvement in delinquent acts (Beyer, Blair, Katz, Simkins, & Steinberg, 2003; Brown & Gilligan,

1992; Chamberlain & Moore, 2002; Hennessey Ford, Mahoney, Ko, & Siegfried, 2004; Wood, Foy, Goguen, Pynoos, & James, 2002a).

A connection to others is the central organizing feature of development in girls, and their relationship focus and the struggle to be loyal, including worries about abandonment and disconnection, dominate girls' thinking. Girls in juvenile justice include first-time offenders who were coerced by their older boyfriends. Many teenage girls report violence in their dating relationships. Though some confide in a friend, almost none talk to adults in their family or at school about being victimized in this way and the difficulty of extricating themselves. Traumatic experiences predict delinquency and risky sexual behavior, and most girls who have experienced significant trauma need, but do not receive, trauma treatment—including many who do not have PTSD diagnoses (Smith, Leve, & Chamberlain, 2006; see also Sherman & Greenstone, Chapter 7, this volume).

- *Sexual orientation and gender identity.* Harassment for gender-nonconforming appearance or behavior, a nonheterosexual orientation or nontraditional gender identity can lead to a serious loss of self-esteem (Galliher, Rostosky, & Hughes, 2004). Homophobic discrimination at school and in the community is common and hurtful to teenagers and can lead to youth missing school or activities because they feel unsafe (Majd, Marksamer, & Reyes, 2009). Youth who experience

antigay victimization in middle or high school are more than twice as likely to be depressed and have substance abuse problems and three times as likely to report suicide attempts than lesbian, gay, or bisexual peers who have not been harassed (Wilber, Ryan, & Marksamer, 2006; see also Garnette, Irvine, Reyes, & Wilber, Chapter 8, this volume). Youth whose parents reject their sexual orientation and gender expression are more likely to be depressed and suicidal; they may end up living on the street, which may, in turn, bring them into the juvenile justice system (Ryan, Huebner, Diaz, & Sanchez, 2009).

Immature Moral Reasoning

Much has been written about moral development during adolescence, stressing youth's increasing responsibilities in relationships and awareness of how others will judge one's actions (Eisenberg, Morris, McDaniel, & Spinrad, 2009). The practical application of adolescent moral development research to real-life reasoning under stress is complicated. Committing a delinquent act can be misconstrued as an indication that the young person did not know right from wrong and/or lacked concern for others. But youth may express strong family and religious values and are frustrated that they cannot explain why they used poor moral reasoning during the offense. Adolescents are generally moralistic, insisting on what should be and intolerant of unfairness (Smetana & Turiel, 2003). They may become involved in an offense naively in order to right wrongs, often out of loyalty. As a result, they may not express an adult understanding of the

effect of their offense on victims, despite the fact that their capacity for empathy with others may not be impaired.

Next let's turn to considering the role of trauma in the lives of these youth.

THE EFFECTS OF TRAUMA ON TEEN BEHAVIOR

The incidence of posttraumatic stress disorder (PTSD) among youth in the juvenile justice system is up to 8 times higher than youth in the community in general (Abram et al., 2004; Kerig, Ward, Vanderzee, & Moeddel, 2009). Among nonincarcerated youth seen in juvenile court clinics, one in nine met criteria for PTSD (Brosky & Lally, 2004). In a study of 50 delinquents, all but two had experienced trauma, including repeated abuse and/or parent death and/or abandonment; at least a third were physically abused and a quarter were sexually abused; more than half the girls had been physically or sexually abused (Beyer, 2006).

In my experience, trauma typically slows down development in children and can interfere with all aspects of a youth's functioning. While other children are growing emotionally, the child coping with trauma is distracted from normal developmental tasks and is occupied with sadness and feeling powerless. Trauma causes disturbances of emotional regulation, social relationships, and attachment (Lieberman & Van Horn, 2004). Children who have been abused or were not protected from violence often blame themselves and have trouble trusting others (Cohen, Mannarino, & Deblinger, 2006).

Many youth in juvenile justice have in the past been involved with child protective services and some are in foster care when they are

arrested. Children who are exposed to disrupted caregiving (separation from their families and multiple foster homes) are at risk for continued difficulty in emotional regulation and deficits in social cognitive processing (Price & Landsverk, 1998).

Depression Associated With Trauma

Depression is common but often not diagnosed in traumatized teenagers (Ney, Colbert, Newman, & Young, 1986). Their behavior problems become the focus rather than their underlying sadness, isolation, and loss. Depressed children typically express self-dislike, show distorted thinking, and have a greater dependence on peers, but being depressed is correlated with teacher and peer ratings of unpopularity (Cicchetti & Toth, 1998). Often, young people come to juvenile justice without having received trauma treatment despite persistent depression, aggression, and school difficulties (Wolfe, Rawana, & Chiodo, 2006).

Aggression Associated With Trauma

Aggression can be a defense against the helplessness common among traumatized children. Traumatized youth may misinterpret and be offended by relatively benign things that others say and react with combative self-preservation. These young people often have had difficulty since childhood modulating their reactions and putting their feelings into words. They react negatively to outside controls and are often labeled oppositional (Ford, Chapman, Hawke, & Albert, 2007; Wolfe et al., 2006). Traumatized teens may not be able to stop these reactions because they see controlling adults as mean and unfair, to which past abuse has made them acutely sensitive. When adults threaten them, they reflexively

protect themselves; even if the adults believe they are controlling a situation, the teen automatically reacts as if back in the position of being victimized. When their feelings are hurt, they are flooded with anger from the past, which they are unaware is out of proportion to the present provocation, and they lack the ability to calm themselves. Unless adults arrange an environment to meet their needs, this predictable reflexive reaction will be provoked repeatedly. Multiple placements cause more loss and anxiety, provoking fear reactions and reinforcing sensitivity to hostility, rejection, and perceived unfairness.

Externalizing behaviors—behavior problems in school, substance use, and truancy—are correlated with extreme parental permissiveness, and internalizing behaviors—depression, anxiety, and self-destructiveness—are associated with extreme parental psychological control (Steinberg, Lamborn, Darling, Mounts, & Dornbusch, 1994). Furthermore,

the problem-solving strategies that boys bring to adolescent and adult social situations are directly traceable to the lessons learned from dads . . . young boys who are aggressive and are low in pro-social behaviors . . . have fathers who are more likely to engage in angry exchanges with them . . . the [boys] who are most prone to break down when the going gets tough are those who have been raised with the idea that to admit vulnerability, even to themselves, is weak. (Kindlon & Thompson, 1999, pp. 102–104)

Reactions to Bullying

Youth who have been chronically picked on have low self-esteem and academic and peer

difficulties in school, leading to more teasing and bullying (Horowitz et al., 2004). Bullying keeps children from perceiving school as a safe environment. Other students fear that by associating with victims they may become targets. Sometimes victimized children become bullies themselves, and they tend to have more emotional problems than those who are victims only (Arseneault et al., 2006; Olweus, 1993).

Pathologizing Trauma-Related Behaviors

It is unfortunate that the effects of trauma on youth are often overlooked or misunderstood (see Sedlak & McPherson, 2010; see also Baker, Cunningham, & Harris, Chapter 11, this volume). The effects of trauma may significantly interfere with the young person's life and put him or her at risk of delinquency, even those whose symptoms do not meet the PTSD criteria (Widom, 1994; Wood, Foy, Layne, Pynoos, & James, 2002b) (see also Braverman & Morris, Chapter 3, this volume). Adolescents with a history of trauma have high rates of alcohol and substance abuse; these youth rely on substances to escape sad feelings and bad memories (Giaconia, Reinherz, Paradis, & Stashwick, 2003). Trauma is considered a significant risk factor, accounting for numerous items in checklists of factors connected to delinquency or dangerousness (e.g., the Structured Assessment of Violence Risk in Youth [SAVRY] and the Massachusetts Youth Screening Instrument [MAYSI-2]), but is seldom considered in designing rehabilitative services. Too often, symptoms from trauma are misinterpreted as part of the character of the young person, rather than a guide to what is behind behavior that can be changed.

Finally, I briefly discuss the effects of learning disabilities on the behavior of youth in the juvenile justice system.

THE EFFECTS OF LEARNING DISABILITIES ON TEEN BEHAVIOR

About 17–53% of youth in juvenile justice systems have learning disabilities, in comparison to 2–10% in the overall child population (Kazdin, 2000; Sedlak & McPherson, 2010). Learning disabilities affect young people not only in school, but at home and in the community, particularly in comprehending, following directions, and establishing and maintaining relationships. Learning disabilities include a variety of problems in listening, remembering, prioritizing, and strategizing as well as reading and mathematics. Delinquents

have higher rates of neuropsychological deficits as reflected in language, verbal intelligence, working memory, and reading. Of special interest are deficiencies in “executive” functions that are served primarily by the frontal lobes of the brain . . . [including] abstract reasoning, goal setting, anticipating and planning, self-monitoring and self-awareness, inhibiting of impulsive behavior, and interrupting an ongoing sequence of behavior in order to initiate a more adaptive behavior (Kazdin, p. 53).

Attention deficit disorder (ADD) and attention-deficit/hyperactivity disorder (ADHD) are the most frequently diagnosed behavior disorders of childhood. It is estimated that at least 25% of adolescents (17% of males and 21% of females) in the juvenile justice system have ADHD, compared to 9% in the overall child population (12% of males and 5% of females; Eme, 2009). Distractibility and impulsiveness are prominent characteristics of attention deficit disorders, making these young people less able to stop

behaviors, which may contribute to delinquency (especially when they have immature cognitive processes and are unable to see alternative choices at the time of an offense). Difficulties with social skills are also common among children with attention deficits and, in my experience, often lead to indiscriminately seeking acceptance (even from delinquent peers). Some youth's problem-solving skills are compromised by not accurately perceiving cues from peers and adults, typically attributing hostility to others and believing that aggressive acts will result in peer approval (Dodge, 2003).

By the time the learning disability is identified, many youth lack the basic skills necessary to comprehend schoolwork and to get along with others. Often, the youth who is embarrassed by poor performance gets into a negative cycle of attention seeking that interferes with school participation. Some youths' problem-solving skills are compromised by not accurately perceiving cues from peers and adults, typically attributing hostility to others and believing that aggressive acts will result in peer approval (Dodge, 2003). Truancy from feeling picked on by teachers and/or students and frustration with poor academic progress can begin early in young people with learning disabilities, and not attending school can lead to delinquency.

STRENGTHS OF YOUNG PEOPLE AND THEIR ENVIRONMENTS

Youth have strengths that must be built on in designing supports and services to meet the needs driving their delinquent behavior (Eccles & Gootman, 2002; see Lerner et al., Chapter 5, this volume). Often, youth can be engaged in change when their strengths

are recognized. Their aspirations may be connected to something they are or were good at, and what may motivate them to change is to get back on track toward achieving dreams. Although families are typically blamed as the cause of delinquency, most families also have strengths, and youth often take it personally when their families are criticized (see Jacobs, Miranda-Julian & Kaplan, Chapter 10, this volume). Peers and neighborhoods also receive blame for youth getting involved in delinquency, but positive peers can encourage the youth's aspirations and neighborhoods can offer significant support (such as pastors, relatives, and other adults and athletic and artistic opportunities) (see Hawkins, Vashchenko, & Davis, Chapter 12, this volume). Schools are seen as failing to address youth problems before they drop out or are suspended or expelled, but schools also can meet youth needs with services that offer youth the opportunity for success.

Through a developmental framework, juvenile justice can avoid pathologizing and instead identify the strengths and needs behind each young person's behavior. Rather than viewing the young person as a "bad seed" likely to become an adult offender, developmentally sound services support the youth's resilience so he or she can outgrow unacceptable behaviors.

VIGNETTES OF YOUTH IN JUVENILE JUSTICE

The stories of four youth are presented next, including brief descriptions of their strengths; family, peer, school, and neighborhood contexts; immaturity; trauma; and disabilities. These vignettes demonstrate how a developmental framework can guide our understanding and treatment of these youth,

as well as our efforts to prevent system-involvement for others. Marco's story is included, as well, in the analysis presented in Table 1.1.

Dustin

Dustin is a quiet 13-year-old Native American youth born on a reservation. His mother was 16, his father was incarcerated before his birth, and he was raised by his grandmother. When he lived with his mother, he periodically ran away to his grandmother because of his mother's physical abuse. His mother married, and they moved across the country to live with his new stepfather when Dustin was in seventh grade, shortly before the birth of his brother. It was traumatic for Dustin to lose his extended family and strong cultural roots. His stepfather was young, had not parented before, and favored his newborn; his mother's life centered around her husband.

Dustin adjusted surprisingly well to his new school. He had several friends who lived nearby and he spent most of his time in their homes. The girl next door was his best friend, and he felt "adopted" by her parents, who took him to the water park and skating rink; he resented his family for not caring enough about him to do activities together. He worried about his stepfather's drinking, which caused work and marital problems. His stepfather was furious when Dustin protected his mother when he was about to slap her. Dustin said his stepfather hit him and constantly reprimanded him for not doing household chores properly.

Dustin's mother and stepfather criticized him for getting poor grades, although he complained that he worked on his homework longer every afternoon than his friends. Initially, his teachers attributed his academic struggles to their assumption that the small reservation school he had attended from first to sixth grades was

inferior. Because he was so "shy," his trouble concentrating and following directions was overlooked, and they were surprised that on his first standardized testing in late spring, Dustin scored more than three grades lower than his classmates. Although he was not referred for evaluation of attention deficit (without hyperactivity) and/or executive function deficits, Dustin was likely eligible for special education services to address disabilities, which would have improved his grades and self-esteem.

During the summer, Dustin's mother told him they had to move, but not back to his relatives. When he told his friend next door, she cried and Dustin said he held back tears. He was upset he would have to leave his friends and their caring families and adjust to a new school. The week of the offense, it came as a surprise to Dustin that his mother was sending him to live with a relative he did not know far from both his grandmother and where his mother was moving. He felt rejected, especially since his stepfather said it was his disobedience and poor grades that were making them send him to relatives who could discipline him.

Early physical abuse, being separated from family members, chronic disapproval, worrying about his mother's marriage, and the impending move was a significant amount of trauma. Dustin did not have anyone to confide in and internalized his feelings. Leading up to his explosion, Dustin was under extreme stress that compromised his typical immature thinking. When he walked in the door that night, Dustin said his mother immediately started yelling at him. He heated up some food and was watching television. His stepfather yelled at him to get off the couch and turn off the TV.

He was real mean about it. I was still eating. He told me to hurry up. I got up and moved so he could lie down on the couch. I went into the kitchen

and put my dishes in the dishwasher. Then he yelled at me because I had turned the kitchen light on. It made me mad. I was sick of being yelled at and not allowed to watch TV in my own house. I can't explain what happened next. I grabbed a knife from the dishwasher.

Without thinking, Dustin lunged at his stepfather, cutting him seriously before he ran out of the house. Later, he understood that he had "bottled up all that anger at my stepfather and my mother and it all came out at once, but I didn't expect it."

Behind Dustin's aggression were complicated unmet needs to:

- Understand that the loss and rejection he experienced are not his fault;
- Learn how to respond when criticized and not overreact to rejection;
- Learn how to express himself without holding his feelings in until he erupts;
- Feel successful in school;
- Recognize the effects of his learning disabilities on his concentration and decision making; and
- Not be separated from family.

These needs could be met by trauma treatment, services to learn how to compensate for his learning disabilities, coaching on expressing his feelings and not overreacting, and returning to live with his grandmother.

Peter

Peter is a childish, White 14-year-old who was traumatized by abuse by his mentally ill mother, and then by abuse in his foster home. Later, he was moved to his father and stepmother's home. When he was in elementary school, Peter ran away repeatedly because of

his father's abuse. Child Protective Services again placed him in a foster home for more than a year. When he was returned, the school complained that his father was not cooperative in dealing with Peter's academic and behavior problems. Peter remembers being picked on since second grade for being behind academically. As he got older, Peter was upset that he was teased for being gay. He said he always liked girls, but kids thought he was gay because "I'm small and soft." He felt unfairly treated by the PE teacher and got Fs in PE because he was being harassed in the locker room and refused to change.

Peter's arms are lined with scars. "I was always cutting my wrists. My teacher saw it. My dad saw it. No one did anything about it." Peter talked about being isolated and alone, tolerating physical punishment by his father and conflict with his stepmother. "I didn't care about anybody. I just wanted to be dead." Asked what made him get to that point in eighth grade, he responded, "Thinking no one cares, people making fun of me all the time. My whole class made fun of me for being gay and not being able to do math."

Because of past trauma, Peter was unusually sensitive to criticism. He could not articulate that he felt hurt when he was teased and embarrassed about being unable to do his schoolwork. After years of abuse, Peter experienced any "no" as another victimization and he reflexively reacted to protect himself. He had not learned how to prevent escalation or how to calm himself down when he was teased, cornered, pushed, or touched. Peter's IEP (Individualized Education Plan) was blaming, focused on behavior control, and reflected no understanding of trauma-driven behavior. Peter got angry when he read his behavior intervention plan (BIP): "Peter's motivation for inappropriate behavior and language toward peers and teachers is

avoidance of work and attention seeking.” He thought his IEP was wrong: “Why do they think I avoid work? I go to school. I try to do my work. I need help on a lot of things. I am frustrated when I can’t get more help.”

After his arrest, a neuropsychological evaluation found “a severe attentional disorder, a slow rate of information processing, and memory and executive dysfunctions which constitute a significant functional disability” that interfered with Peter’s school performance as well as with interactions with family and friends. For years he had IEPs without the required evaluations, which could have identified his disabilities in order to design the proper combination of services to ensure that his social skills, attentiveness, reading, and math improved. Had instruction in the give-and-take of communication, how to avoid talking too much, how to read others’ nonverbal cues, and how not to misinterpret rules as mistreatment been initiated in the early elementary years when his social skills deficits were first documented, Peter’s behavior improvement might have prevented being picked on. His early depression and anxiety might have been reduced with improved peer relationships, although these were also symptoms of trauma that went untreated.

The kids were picking on me, calling me gay every day. The teacher heard them and didn’t do anything. The PE teacher yelled at me. The counselor wouldn’t do anything. No one would help. Nobody cared. A kid called me a name, another kid tripped me as I was walking to my seat. I got angry. My teacher yelled at me to calm down. I got more out of hand. She came toward me, trying to corner me. When I get angry, I don’t think. I was telling her to

leave me alone. She was yelling just like my father. She pushed me. I told her, “You better not touch me again.” She pushed me against the cabinet. I went ballistic. I pushed her down, ran out of the school.

Behind Peter’s aggression were numerous unmet needs to:

- Learn to separate his past victimization from provocation in the present;
- Learn to calm himself before reacting;
- Understand his pool of anger and hurt and learn to be less sensitive to rejection and to express his anger without hurting himself or others;
- Understand his attention, processing, and executive function difficulties; and
- Be successful at something.

These needs could be met by trauma treatment, services to learn how to compensate for his learning disabilities, a home and school where he is not maltreated, and guidance for the adults to understand that their actions might prevent most of his behavior problems by avoiding power struggles and deescalating before he gets out of control.

Brandon

Brandon is a bright, engaging African American 15-year-old from a loving family. His mother is proud of her two older children in community college and she is raising her young great nephew who had been neglected. Brandon’s father’s murder when Brandon was young led to his family’s move out of a high-crime area.

Brandon’s arrest for selling marijuana shocked all of them. His siblings and mother

