It is worth treating serious juvenile offenders

Treating serious juvenile offenders in secure corrections pays off. A new Campbell systematic review shows that treatment programs with cognitive elements in particular reduce general recidivism (relapse into crime) and especially recidivism into serious crime.

The hard core
There are only a small number of serious juvenile offenders, but these people commit a disproportionately large percentage of juvenile crime. Studies from the US and the UK show that about 15 per cent of juvenile offenders are responsible for almost 80 per cent of total juvenile crime. Characteristic of serious juvenile offenders is that they commit violent offenses or that they have received three or more convictions. There will often be an overlap; the majority of violent offenders have previous convictions, while almost half those with several convictions have at some time committed violent offenses. There is a high probability that juvenile men in particular will return to prison if they have multiple convictions. In addition to violent crime, this group is also typically involved in property crimes, public disorder and drug sales.

The frequency and seriousness of their offending makes these juveniles a significant challenge for criminal justice agencies. Society will reap enormous benefits if just a small proportion of these delinquents can be brought back on the right track. A new systematic review from the international Campbell Collaboration has studied the effect of a number of treatment programs, all of which aim at reducing recidivism after incarceration. The treatment programs aim at serious juvenile offenders between 12 and 21 years old in various forms of secure correction.

Treatment reduces recidivism
The conclusion of the systematic review is that, overall, the programs studied work with regard to limiting relapses into crime. Looking at the effect of programs on all types of crime, there is a 6 per cent lower probability that juveniles who have taken part in a program relapse into crime, compared with those who have not taken part in the relevant treatment program. As an illustration, if 60 out of 100 of these juveniles would ordinarily relapse into crime after release from correction, treatment will reduce this to 56 out of 100.

Looking exclusively at serious offenses, for example violence or other serious crime, which results in the offenders ending behind bars again, juveniles who have received treatment have a 9 per cent lower probability of recidivism. For example, if 40 out of 100 of these juveniles would ordinarily relapse into serious crime, treatment means that only 36 out of 100 will relapse. Although this is only a small effect, it can be very significant as serious crime involves considerable human and societal costs.
**Cognitive therapy works best**
The positive effects are most apparent for cognitive or cognitive-behavioral programs. In cognitive treatments, participants must learn to recognize, control and “reframe” automatic and distorted thought patterns. Similarly cognitive-behavioral programs involve training in, for example, social skills, anger control, critical reasoning and creative thinking. In contrast, the effect of programs which focus exclusively on education and academic skills is more doubtful. The same applies for behavioral programs in which delinquent behavior is perceived as learned behavior which can be “reversed” using learning mechanisms and replaced with socially acceptable behavior.

Programs focusing solely on group therapy or individual therapy, or those which only involve developing positive role models based on contemporaries seem to be less effective than programs with varied focus.

**30 studies with more than 6,600 serious juvenile offenders**
The systematic review includes a total of 30 studies with 6,658 juvenile offenders. 22 studies are from the US, four are from the UK and four more are from Canada. The studies were carried out from 1970 to 2003. Common for all of the studies is that at least half of the juvenile offenders are characterized as serious offenders, as they have committed offenses of a particularly violent nature, and/or they have three or more convictions. Participants were between 12 and 21, with an average age of 16.

The treatment programs studied include psychological approaches, social and educational methods and environmental conditions all aimed at supporting prosocial behaviors. They all took place while the participants were incarcerated in different types of secure correction. Common for all the correctional facilities was that they held the juveniles accountable for their delinquent acts. Moreover they were characterized by physical restraint measures such as locked doors, fences and similar. Community programs, where offenders were in daily contact with the surrounding community, such as group homes, foster care or periodical detention were not included. Programs with several phases in which part of the treatment took place outside the institution were only included if more than half of the treatment took place in the institution.

As there are only few studies with female participants, the results of the systematic review primarily apply for young men. Recidivism to delinquency was calculated using reports from the police and probation services. Follow-up periods varied from 6 months to 10 years with an average of slightly more than 31 months.

Studies focusing on minor offenses such as shoplifting, traffic offenses and first-time offenses were excluded. Studies focusing primarily on sexual offenders were also excluded from the systematic review.