

Real Solutions to Youth Violence: Evidence-Based Practices

First, we must address the personal, family, and community factors that cause young people to choose gangs over more productive alternatives. The more success we have in prevention, the fewer people we'll have to prosecute for violent activity down the road.

—U.S. ATTORNEY GENERAL ALBERTO R. GONZALES, 2006

Although there is no clear solution for preventing youth from joining gangs and participating in gangsanctioned violence, there are evidence-based practices that work with at-risk and delinquent youth, the same youth who often join gangs. Whether these programs work with gang members depends more on the individual youth than on whether he or she belongs to a gang.

Evidence-based practices are practices that have undergone rigorous experimental design, have shown significant deterrent effects on violence and serious delinquency, have been replicated, and sustain their effects over a period of time. For example, an intervention like multisystemic therapy (MST) provides intensive services, counseling, and training to young people, their families, and the larger network of people engaged in young people's lives through schools and the community. MST has been shown to produce positive results for youth and their families, including improved mental health and substance use outcomes, reduced recidivism, and improved educational performance. While the United States surgeon general has named only three "model" programs for treating violent or seriously delinquent youth—multisystemic therapy, functional family therapy, and multidimensional treatment foster care (U.S. Department of Health and Human Services 2001)—policy makers continue to fund and use hundreds of programs that either have not been adequately evaluated or have been evaluated and found to be ineffective or even harmful (Greenwood 2006). Peter Greenwood, former director of the RAND Corporation's Criminal Justice Program

and author of *Changing Lives: Delinquency Prevention* as *Crime-Control Policy*, warns that "delays in adopting proven programs will only cause additional victimization of citizens and unnecessarily compromise the future of additional youth" (Greenwood 2006).

Studies have shown that evidence-based practices that work with violent and seriously delinquent youth are more cost effective and produce more benefits than traditional punitive measures. A recent study by the Washington State Institute of Public Policy reported lower recidivism rates and higher monetary benefits to taxpayers and crime victims when these "model" programs were administered instead of detention or unproven alternatives (Aos, Miller, and Drake 2006). Furthermore, a meta-analysis of juvenile intervention practices found that these evidence-based programs were more effective when they were implemented in community settings than when they were used in custodial settings (Lipsey and Wilson 1998). A report by the surgeon general found that "the most effective programs, on average, reduce the rate of subsequent offending by nearly half (46 percent), compared to controls, whereas the least effective programs actually increase the rate of subsequent offending by 18 percent, compared to controls" (U.S. Department of Health and Human Services 2001).

This reduction in recidivism leads to substantial monetary benefits to taxpayers (and emotional benefits to those who avoid being crime victims) equal to thousands of dollars per participant (Aos, Miller, and Drake 2006). Spending just one dollar on evidence-based programs can yield up to fifteen dollars in benefits to society, whereas more punitive approaches like detention and juvenile boot camps yield less than two dollars in benefits. Utilizing these programs for at-risk and seriously delinquent youth, including gang members, can substantially increase public safety while saving money.

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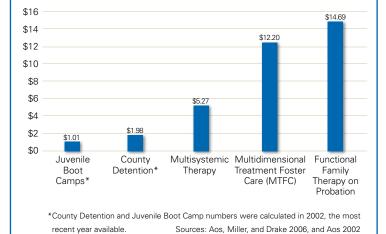
Given the very high cost that citizens appear to associate with any victimization in their community, it would be foolish to put money into a crime-prevention effort that did not maximize the size of the crime-prevention effect.

-PETER GREENWOOD

Public opinion on the issue of rehabilitation versus incarceration for youthful offenders is mixed, but recent polls indicate that people are more willing to pay for rehabilitation programs than for longer prison sentences when the programs are proven to reduce crime. A 2006 poll of 1,500 Pennsylvania residents found that, given the option of using tax dollars for either rehabilitation or incarceration of young people in conflict with the law, the average person was willing to pay 21 percent more of his or her tax money for rehabilitation programs for delinquent youth than for increasing a young person's length of incarceration (Nagin et al. 2006). Another recent poll of 1,300 U.S. households found that the average household would be willing to spend between \$100 and \$150 per year "for crime prevention programs that reduced specific crimes by 10 percent in their communities, with the amount increasing with crime seriousness" (e.g., robberies versus murders) (Cohen et al. 2004).

The finding that taxpayers are willing to pay for prevention and rehabilitation programs is in contrast to the belief popular among politicians that their constituents are demanding more punitive responses to criminal activity. One reason this view persists is that much of society is still unaware of the effectiveness of rehabilitation alternatives for delinquent

Figure 8.1. For every dollar spent on Functional Family Therapy, there are almost \$15 worth of benefits to taxpayers and victims of crime. In comparison, placing juveniles in county detention provides less than \$2 in benefits.



youth (Greenwood 2006). Once the success of these programs is better publicized, lawmakers and politicians may be more willing to give them a chance, as some have already done. For example, the Pennsylvania Commission to Address Gun Violence recommended in its 2005 report that the state continue to implement "evidence-based programs to address violence, which, in turn, impacts gun violence, and encourage the selection of those programs proven to be cost-effective."

In 1996 the Center for the Study and Prevention of Violence (CSPV) at the University of Colorado at Boulder designed and launched a national violence prevention initiative to identify effective violence prevention programs. The project, called *Blueprints* for Violence Prevention, has identified 11 prevention and intervention programs that meet a strict scientific standard of program effectiveness and have been effective in reducing adolescent violent crime, aggression, delinquency, and substance abuse. Soon after Blueprints' initiation, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) became an active supporter of the project and provided funding to sponsor program replications in sites across the United States. When Blueprints was first published in 1998, functional family therapy had been evaluated 14 separate times and has since been replicated at hundreds of sites across the country; multisystemic therapy has been replicated in more than 80 sites and evaluated in four randomized trials; and multidimensional treatment foster care has been evaluated in four trials and now has been replicated dozens of times across the country, with plans for more program sites in the works (Greenwood 2006; TFC Consultants undated).

Over the past decade, criminal-justice agencies were provided with ample opportunities and funding to develop prevention programs through the federal Office of Justice Programs and the COPS program established by the 1994 crime bill. Very few of the programs attempted have been identified as promising, and not one is considered proven.

—PETER GREENWOOD (EMPHASIS ADDED)

The Bureau of Justice Assistance noted in its evaluation of gang programs that traditional law enforcement efforts are in the long run not effective at addressing gang violence and that "most stand-alone gang prevention, intervention and suppression programs in the community that have generated positive results have generally produced modest and/or short-term impacts" (Bureau of Justice Assistance

website). Greenwood warns that one entity should not share the responsibility of both prevention and punitive activities, which blurs the boundaries between them; one may start to overrun the other, rendering both ineffective.

Primary responsibility for developing and operating delinquency-prevention programs should be assigned to an appropriate agency in HHS [health and human services] unless immediate public protection is an overriding concern.

—PETER GREENWOOD

One of the reasons criminal justice programs are ineffective is the primary focus of law enforcement on immediate solutions to threats to public safety rather than long-term solutions to underlying problems. In contrast, health and human services (HHS) agencies focus on the long-term goals of educating and training individuals to learn how to deal with their own lives with their well-being in mind. Greenwood notes that "the primary capabilities of [HHS] agencies lie in assessing and prioritizing individual risks and needs, and ensuring that those plans are carried out to the extent permitted by available resources."

HHS staff members are better equipped to handle delinquency problems, as is evidenced by their track record of outperforming law enforcement staff at some of the same programs while also better monitoring the outcomes, despite chronic underfunding for these services. There are several prevention and intervention programs run in residential settings that are similar to those used in the community, but they have not been shown to render the same results. Treatment in residential settings may include milieu therapy, which utilizes the entire environment to be therapeutic, and programs such as individual counseling and social casework. These programs have been found to be ineffective, for many reasons, when they are implemented in residential settings; one of the most prevalent reasons is that the programs are run in an artificial setting, making it hard for the young people to apply the skills they learned in the program when they return to the community (Greenwood 2006). Community-based versions of these programs, such as multisystemic therapy and functional

family therapy, which are run by HHS agencies, dig deeper into the social and everyday issues that young people face, and they work on problem-solving skills that are more applicable to life in the community. These programs have been critically evaluated and proven to work with at-risk and delinquent young people—in contrast to similar programs in residential settings that have not been evaluated.

"Criminal justice agencies," Greenwood writes, "rarely evaluate the effectiveness of their programs or activities, while HHS programs are more often evidence-based and subject to evaluation." In other words, law enforcement programs have not been and cannot be evaluated in the same manner as evidence-based programs provided through HHS, so there is no evidence in support of their effectiveness at preventing and deterring crime. Therefore, funding should be reallocated from the criminal justice system to proven programs through HHS, in order to get the maximum benefits.

Additionally, providing education and employment services has been shown to correlate with lower crime rates. According to the OJJDP, "If, as research has found, educational failure leads to unemployment (or underemployment), and if educational failure and unemployment are related to law-violating behavior, then patterns of educational failure over time and within specific groups may help to explain patterns of delinquent behavior" (Snyder and Sickmund 2006). Providing education and employment services for at-risk youth to increase graduation rates, as well as wages and employment rates, could greatly reduce crime, benefiting both young people and society as a whole (Raphael and Winter-Ebmer 2001; Grogger 1998; Lochner and Moretti 2004).

As the evidence that punitive responses to youth crime do not effectively increase public safety mounts, law-makers and law enforcement should support implementation of evidence-based practices to treat young people who are in conflict with the law. Furthermore, policy makers must realize that funding for such programs should be routed through the health and human services system, where they have been proven to be more effective than in the criminal justice system, and implement such policies accordingly.

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