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Youth Violence and Juvenile Justice 2006; 4; 170

DOI: 10.1177/1541204006286316

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VIOLENCE RISK AND RACE IN A SAMPLE OF YOUTH IN JUVENILE DETENTION

The Potential to Reduce Disproportionate Minority Confinement

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Overrepresentation of minorities and their disproportionate confinement in the U.S. justice system are pernicious, unyielding problems. The authors used the Structured Assessment of Violence Risk in Youth to examine risk and protective factors of 757 juveniles admitted to detention centers. A chi-square analysis revealed that significantly more African American youth were rated low risk for violence compared to White counterparts. African American and Hispanic youth initiated violent behavior earlier and frequently lived in violent, disorganized neighborhoods. However, they had more prosocial involvement, stronger attachments and bonds, and more resilient personality traits. Ideas for targeted release and intervention with minority youth are described.

Keywords: *juvenile justice; violence; disproportionate minority contact; SAVRY; risk factors; protective factors*

This article examines the role that risk factors play in disproportionate minority contact in the juvenile justice system. It is believed that understanding the relationship among risk, race, and confinement can lead to interventions that are designed to meet the aim of the Juvenile Justice and Delinquency Prevention Act of 1974 of ensuring fair and equal treatment for every youth in the justice system, regardless of race or ethnicity.

During the past 20 years, advocates and professionals in the justice and mental health systems have become increasingly concerned with the overrepresentation of minorities and their disproportionate confinement in the U.S. justice system. A 1992 addendum to the Juvenile Justice and Delinquency Prevention Act of 1974 placed disproportionate minority confinement (DMC) among the nation's most critical juvenile justice issues. States risked

Authors' Note: The authors would like to acknowledge the assistance of Tiffany Planeta and Colleen Parker.

Youth Violence and Juvenile Justice, Vol. 4 No. 2, April 2006 170-184

DOI: 10.1177/1541204006286316

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losing federal grant monies if they did not agree to undertake studies to determine if DMC existed, uncover the causes, and develop strategies to intervene. A decade later, the Juvenile Justice and Delinquency Prevention Act of 2002, broadened the DMC initiative from DMC to *disproportionate minority contact* by requiring an examination of possible disproportionate representation of minority youth at all decision points along the juvenile justice system continuum (see section 223(a)(2)).

Despite important lessons learned, the efforts were poorly guided and inconsistently implemented and ultimately produced only mixed results (Leiber, 2002). Recent data suggest that custody rates are highest for African American youth, at 1,004 per 100,000 in residential custody, compared to 485 for Hispanic and 212 for White youth, respectively. Pope, Lovell, and Hsia (2002) conclude that the majority of empirical studies examining different juvenile justice decision points (e.g., intake, detention, adjudication, and disposition) indicate that race has an impact on juvenile justice processing. Bishop and Frazier (1996) examined differences at each critical decision point and found racial disparities most apparent at intake screening and judicial disposition. Brown Ray and Alarid (2004) found that African American youth were at significant disadvantage to Whites in earlier stages of the juvenile justice process.

Although some researchers and policy makers see the problem of DMC as rooted broadly in "institutional racism" (Bishop & Frazier, 1996), others argue that relatively high minority proportions may be explained by behavior, lifestyle, or factors that have been determined by empirical evidence to threaten or endanger health or well-being. These so-called risk factors include higher rates of poverty, greater exposure to violence, severity of offenses, the effects of mental disorders, and other complex sociocultural factors (Hsia, Bridges, & McHale, 2004; Pope & Snyder, 2003; Snyder & Sickmund, 1999). Loeber and Farrington (2000) found that increased incidence of African American referrals to juvenile court is a result of their exposure to greater environmental risk factors, particularly the risks that accompany life in inner-city neighborhoods. Calvert (2002) found neighborhood disorganization to be a prime risk factor for violent delinquent behavior. In various settings, exposure to risk increases, and inner-city African American youth were more likely to have multiple risks than were their rural counterparts (Farmer et al., 2004).

Experience with racial discrimination is a strong predictor of violent behavior among African American youth transitioning into adulthood. In one study of African American adolescents exposed to discrimination and other risk factors, a cumulative effect was found. Exposure to a single risk factor slightly increased the likelihood of later problematic school and legal behaviors, where exposure to multiple risks led to significantly greater levels of school and criminal problems (Caldwell, Kohn-Wood, Schmeelk-Cone, Chavous, & Zimmerman, 2004). Moreover, bad neighborhoods and community disorganization may also predispose youth to an earlier age of onset (Loeber & Farrington, 2000). Early onset of violence occurs disproportionately in the worst neighborhoods, a finding that applies to both males and females (Somers & Baskin, 1994).

The Systematic Assessment of Risk

As the study of violence risk has proceeded, risk factors have been identified. Lipsey and Derzon (1998) found that risk factors predicting violence were somewhat different for younger children aged 6 to 11 than for older children aged 12 to 14. The younger group's later violent behavior was better predicted by factors that are more difficult or impossible to

change such as prior antisocial behavior, male gender, parent antisocial behavior, and low socioeconomic status, whereas older children showed social predictors such as problematic social relationships and lack of strong social ties and prior antisocial behavior. A comprehensive list of empirically derived risk factors is grouped into individual, school, peer-related, and community factors (Hawkins et al., 1998). Similar categorizations of risk factors along community, family, school, and rebelliousness classifications suggest that juvenile violence is a product of our unique norms and social conditions (Howell, 1997).

Noting the need to avoid pure clinical judgment, a structured decision-making system utilizing empirically based risk assessments is needed. Further research and refinement of measured factors is necessary as great variation is found in factors measured by different risk assessments (Wiebush, Baird, Krisberg, & Onek, 1995). The factors that are synthesized and found in the Structured Assessment of Violence Risk in Youth (SAVRY; Borum, Bartel, & Forth, 2000) reflect empirically derived factors. A manageable series of 24 risk factors are identified and grouped according to type and historical, social or contextual, and individual risk factors. However, the similarities exist in the specific risk factors. An additional six protective factors are identified. Both risk and protective factors can be found in Table 1. The SAVRY is grounded in the structured professional judgment model of risk assessment that provides empirically based professional guidelines that are applied to a clinical review of risk factors. On the basis of this, an overall judgment of risk can be made (Douglas & Kropp, 2002; Douglas, Ogloff, & Hart, 2003) The SAVRY consists of 24 risk factors and six protective factors broken down into three areas: historical risk factors, social or contextual risk factors, and individual risk factors. Historical factors are based on previous behavior or actions and experience. Social or contextual factors are based on the environment and on social and family connections. The individual factors are related to the individual's psychological and behavioral functioning. The SAVRY is described as both a prediction- and classification-oriented and a management-oriented tool (Heilbrun, 2005).

The manual suggests interrater reliability of .83 for the total score and .72 for the Summary Rating of Risk. Concurrent validity was established with the Youth Level of Supervision Inventory and the Psychopathy Checklist–Youth Version (Borum et al., 2000). The risk evaluation concludes with the assignment of a summary risk rating. This is the judgment of risk made by the examiner, arrived at through consideration of each factor according to the guidelines in the SAVRY manual. Although the SAVRY does not use cut off scores, existing research does show that SAVRY items and risk judgments rated as low, moderate, or high and determined by the structured professional judgment model can be rated reliably. They are significantly related to violent outcomes, and they perform as well or better than existing risk or needs instruments for juveniles (Borum, Bartel, & Forth, 2005).

Like risk factors, protective factors are important mediators of later behavior. Protective factors have been found to relate inversely to adolescent problem behavior. They mitigate effects of risk factors and may directly diminish problem behavior (Jessor, Van Den Bos, Vanderryn, Costa, & Turbin, 1995). For instance, Stattin, Romelsjo, and Stenbacka (1997) found that the presence of physical, social, emotional, and cognitive resources resulted in fewer convictions among persons with multiple risk factors than among those without personal resources. The accumulated evidence strongly suggests that mitigating risk factors and enhancing protective factors may be an effective way of reducing or preventing violence. In addition to reduction of unhealthy behaviors, this may lead to strategies to decrease DMC in juvenile justice facilities, as evidenced by support and encouragement

TABLE 1
 Structured Assessment of Violence Risk in Youth
 Risk and Protective Factors by Grouping

Historical Factors
History of violence
History of nonviolent offending
Early initiation of violence
Past supervision or intervention failures
History of self-harm or suicide attempts
Exposure to violence in the home
Childhood history of maltreatment
Parental or caregiver criminality
Early caregiver disruption
Poor school achievement
Social or Contextual Risk Factors
Peer delinquency
Peer rejection
Stress and poor coping
Poor parental management
Lack of personal or social support
Community disorganization
Individual Risk Factors
Negative attitudes
Risk taking or impulsivity
Substance use difficulties
Anger management problems
Low empathy or remorse
Attention deficit hyperactivity disorder
Poor compliance
Low interest or commitment to school
Protective Factors
Prosocial involvement
Strong social support
Strong attachments and bonds
Positive attitude toward intervention and authority
Strong commitment to school
Resilient personality traits

SOURCE: Borum, Bartel, and Forth (2005, p. 314).

of protective factors to reduce the influence of risk factors. The pertinent protective factors can also be found in Table 1. It is thus hoped that examining risk and protective factors in detained populations may prove useful to prevention and intervention efforts for children identified as at risk. Further, discussion of risk of future violent offending based on an individualized assessment of risk rather than consideration of the nature of the charges may result in fewer minorities being confined prior to adjudication of their case.

The current study examines summary violence risk ratings and both risk and protective factors across race in a sample of detained juveniles in Connecticut. We explore different patterns of risk and protective factors across race to suggest possible reasons for DMC and to suggest potential approaches to reducing the problem.

Method

Participants were juvenile males and females admitted to one of three juvenile detention centers in Connecticut between 2002 and 2003. Participants were in detention prior to court appearance so it is not known whether or not any group may have been released earlier than another. Risk and needs assessments were introduced in Connecticut in late 2002 and continued into 2003 to provide judges with information on levels of risk of violence for youths in detention. The SAVRY was selected as the instrument of choice and was administered at intake in Connecticut's three juvenile detention facilities. Items are rated as low, moderate, or high. These were coded for statistical analysis as 0, 1, or 2, respectively. Protective factors are rated as either absent or present and coded as 0 or 1, respectively (Borum et al., 2005).

During intake, each detainee was screened for health and mental health risks using three other measures. The Suicidal Ideations Questionnaire (SIQ; Reynolds, 1987) is a 15-item questionnaire for children in grades 7 through 9 or a 30-item questionnaire for those in grades 10 or higher. The SIQ evaluates the presence and degree of suicidal ideation in children and adolescents. Substance abuse was evaluated through two scales. The Drug Abuse Screening Test for Adolescents (DAST-A; Martino, Grilo, & Fehon, 2000) is a 27-item questionnaire that rates substance abuse problems along a continuum according to severity. Raw scores of greater than 6 are predictive of a substance abuse diagnosis. The Adolescent Alcohol Involvement Scale (AAIS; Mayer & Filstead, 1979) is a 14-item scale that rates interference of alcohol in the adolescent's functioning in psychological, social, and family spheres. Although the SAVRY allows for consideration of collateral sources, the SIQ, AAIS, and DAST-A are self-report, and responses could be influenced by a youth's desire to appear as having fewer problems. The scores generated reflect abstinence or minimal, mild, moderate, or severe involvement with alcohol and offer recommendations for type of treatment corresponding to each group of scores. These scores were not distributed because respondents tended to cluster in groups of little or no use and high use. To evaluate the data, we categorize results above and below the median split for analysis.

A total of 918 SAVRYs were completed in 2002 to 2003. With the mean equal to 2.75, ($SD = 1.798$) and a range between 0 and 13, there were multiple admissions for some children. Removing the readmissions reduced the number to 757. The majority of participants were African American, followed by White, Hispanic, Asian, and Other. Gender was 70% male and 30% female. Each child was evaluated by a human services worker specifically trained in SAVRY administration by the instrument's principal developer. The demographic breakdown is reflected in Table 2. For the purpose of these analyses, we retained only the first three groups.

Participant characteristics and the Summary Rating of Risk, both categorical variables, were evaluated using a χ^2 analysis to examine associations among participant characteristics and race. In addition, individual SAVRY items were examined across race by a $2 \times 3 \chi^2$ analysis, after converting scores of *high* and *moderate* to *risk* and *no risk*, respectively.

Results

In Connecticut 12.4% of the population identify themselves as African American, 12.5% identify themselves as Hispanic, and 36.5% identify themselves as White (U.S. Census Bureau, n.d.). In detention centers, as reflected in Table 2, African American detainees

TABLE 2
Structured Assessment of Violence Risk in Youth Demographics—Race and Gender

Race	Gender					
	Male		Female		Total	
	n	%	n	%	n	%
White	188	25	83	11	271	36
African American	204	27	89	12	293	39
Hispanic	124	16	55	7	179	24
Asian	5	< 1	0	0	5	< 1
Other	4	< 1	3	< 1	7	< 1
Total	525	70	230	30	755	100

made up 39% of the population, Hispanic detainees made up 24%, and White detainees made up 36%. Clearly, the distribution of race in detainees is not reflective of the distribution in the population. Calculations of the relative rate index of detained youth and youth referred to court on delinquency matters suggest substantial DMC.

The children in the sample ranged in age from 10 to 17 years ($M = 14.27$, $SD = 1.048$). There were also no differences by age (the majority of the sample, 89.1%, was between 13 and 15 years old) or SIQ scores. Table 3 presents the characteristics of the sample, sorted by race. Although there were more boys than girls, there were no significant differences in gender across race.

Interestingly, we found that African American detainees were more likely to be rated by an African American rater ($p < .001$) and more likely to be rated by a male rater ($p = .014$). This finding may suggest that cultural factors affect case assignment, and case assignments in turn affect ratings. Because the SAVRY is not actuarial but uses guidelines developed through analysis of empirical literature, clinician judgment may have an impact. The guided clinical interview model relies on the judgment of clinicians in determining the presence or absence of resiliency and other protective factors. Therefore, some individual variance in ratings may occur. Taylor, Karcher, Kelly, and Valescu (2003) describe various coping styles present to varying degrees according to ethnicity. Others suggest that issues of acculturation, perhaps unique to Hispanic youth, may affect resiliency and coping (Carvajal, Hanson, Romero, & Coyle, 2002). Indeed, we found that African American raters were more likely to assign detainees a medium risk rather than high risk, so issues of the familiarity with the youth's culture require consideration.

African Americans were also more likely than were Whites to be detained for a criminal charge classified as a serious juvenile offense or as a serious felony, such as rape or murder, that would prompt automatic transfer to adult court ($p < .001$). This is possibly linked to the greater likelihood that African American youth tend to come from disorganized, highly violent neighborhoods. Despite this, these youth were less likely to score higher on either the drug or alcohol use scales ($p < .001$), perhaps because of protective factors.

Table 4 shows the distribution of each SAVRY rating item, along with the Summary Rating of Risk, by race. Our analysis indicates that there are significant differences between race and risk of violence using the SAVRY rating ($\chi^2 = 30.385$, $p < .000$). However, the differences, although robust, are in a direction one might not expect. We found African American youth to be rated at significantly lower risk than their White counterparts.

TABLE 3
Cross-Tabulation of Selected Variables by Race

	White		African American		Hispanic		All Races	
	n	%	n	%	n	%	n	%
Gender by race								
Male	188	36.4	204	39.5	124	24.0	516	69.4
Female	83	36.6	89	39.2	55	24.2	227	30.6
Total	271	36.5	293	39.4	179	24.1	743	100.0
χ^2 ns								
Rater's race by race								
White	117	44.8	85	32.6	59	22.6	261	42.5
African American	97	30.9	141	44.9	76	24.2	314	51.1
Hispanic	18	46.2	6	15.4	15	38.5	39	6.4
Total	232	37.8	232	37.8	150	24.4	614	100.0
$\chi^2 = 22.875 (p < .001)$								
Rater's gender by race								
Male	120	33.7	151	42.4	85	23.9	356	58.1
Female	112	43.6	81	31.5	64	24.9	257	41.9
Total	232	37.8	232	37.8	149	24.3	613	100.0
$\chi^2 = 8.592 (p = .014)$								
Type of violation by race								
Technical violation	19	47.5	9	22.5	12	30.0	40	5.4
Nonviolent non-serious								
juvenile offense (SJO)	139	40.4	120	34.9	85	24.7	344	46.4
Violent non-SJO	39	48.1	29	35.8	13	16.0	81	10.9
Nonviolent SJO	34	31.8	40	37.4	33	30.8	107	14.4
Violent SJO	27	24.5	60	54.5	23	20.9	110	14.8
Felony	12	20.3	34	57.6	13	22.0	59	8.0
Total	270	36.4	292	39.4	179	24.2	741	100.0
$\chi^2 = 36.799 (p < .001)$								
Age by race								
Age 10-12	12	29.3	22	53.7	7	17.1	41	5.5
Age 13-15	242	36.6	254	38.4	166	25.1	662	89.1
Age 16-17	17	42.5	17	42.5	6	15.0	40	5.4
Total	271	36.5	293	39.4	179	24.1	743	100.0
χ^2 ns								
Suicidal Ideations								
Questionnaire by race								
Low	117	34.0	143	41.6	84	24.4	344	48.5
High	144	39.5	134	36.7	87	23.8	365	51.5
Total	261	36.8	277	39.1	171	24.1	709	100.0
χ^2 ns								
Adolescent Alcohol								
Involvement Scale by race								
Low	97	27.1	168	46.9	93	26.0	358	49.9
High	167	46.4	116	32.2	77	21.4	360	50.1
Total	264	36.8	284	39.6	170	23.7	718	100.0
$\chi^2 = 29.582 (p < .001)$								
Drug Abuse Screening Test								
for Adolescents by race								
Low	112	29.6	166	43.9	100	26.5	378	52.1
High	156	45.0	119	34.3	72	20.7	347	47.9
Total	268	37.0	285	39.3	172	23.7	725	100.0
$\chi^2 = 18.241 (p < .001)$								

TABLE 4
Structured Assessment of Violence Risk in Youth (SAVRY) by Item

SAVRY Item	n	African			χ^2	Significance
		White	American	Hispanic		
History of violence	740	33.6	40.9	25.4	3.84	.147
History of nonviolent offending	739	38.7	37.2	24.1	0.84	.015
Early initiation of violence	736	31.3	40.7	28	8.96	.011
Past supervision or intervention failures	725	39.8	35.7	24.5	11.09	.004
History of self-harm or suicide attempts	713	47.3	28.1	24.7	10.93	.004
Exposure to violence in the home	719	44.0	33.2	22.8	10.17	.006
Childhood history of maltreatment	708	47.6	30.2	22.2	17.15	< .001
Parental or caregiver criminality	641	38.7	39.6	21.7	2.2	.332
Early caregiver disruption	728	33.7	43.5	22.8	3.3	.192
Poor school achievement	725	37.8	37.5	24.8	4.21	.122
Peer delinquency	740	38.0	38.0	23.9	4	.135
Peer rejection	721	54.5	24.0	21.5	21.6	< .001
Stress and poor coping	734	40.7	35.6	23.7	24.99	< .001
Poor parental management	709	38.1	35.5	26.4	14.62	.001
Lack of personal or social support	720	38.8	36.5	24.7	4.65	.098
Community disorganization	678	24.3	46.1	29.7	93.57	< .001
Negative attitudes	733	38.6	37.1	24.3	4.3	.117
Risk taking or impulsivity	740	37.1	39.4	23.5	2.62	.270
Substance use difficulties	730	43.3	34.2	22.5	20.37	< .001
Anger management problems	729	39.8	36.5	23.7	9.89	.007
Low empathy or remorse	40	50.0	37.5	12.5	1.93	.381
Attention deficit hyperactivity difficulties	621	48.9	25.6	25.6	27.87	< .001
Poor compliance	727	38.8	35.4	25.8	11.97	.003
Low interest or commitment to school	725	39.1	35.5	25.4	12.23	.002
Prosocial involvement	643	32.1	47.9	20	7.06	.029
Strong social support	574	35.1	42.7	22.2	1.18	.555
Strong attachments and bonds	577	29.3	44.0	26.6	8.07	.018
Positive attitude toward intervention and authority	560	29.0	46.2	24.9	2.34	.310
Strong commitment to school	572	33.3	42.6	24.1	0.06	.970
Resilient personality traits	537	28.8	46.9	24.3	10.13	.006
Overall SAVRY rating	722	39.9	36.8	23.3	12.87	.012

As the table indicates, many individual factors are significantly associated to race, with African American detainees showing lower risk on many items. For example, African American detainees were significantly less likely to be rated at risk with regard to past intervention failures, exposure to domestic violence, or child abuse. It is notable that the lowest ratings among these were received by Hispanic youth.

There were two factors where minority detainees were rated at significantly higher risk: early initiation of violence and community disorganization. Early initiation of violence is determined by violent acts that occur between 11 and 13 years (moderate risk) and prior to age 11 (high risk; Borum et al., 2000). Here, African American youth show a greater likelihood to have been initiated into violence earlier than Whites, ($\chi^2 = 8.96, p = .011$). In addition, African Americans were significantly more likely to come from an area of greater community disorganization, ($\chi^2 = 93.57, p < .001$), as measured by the relative presence of

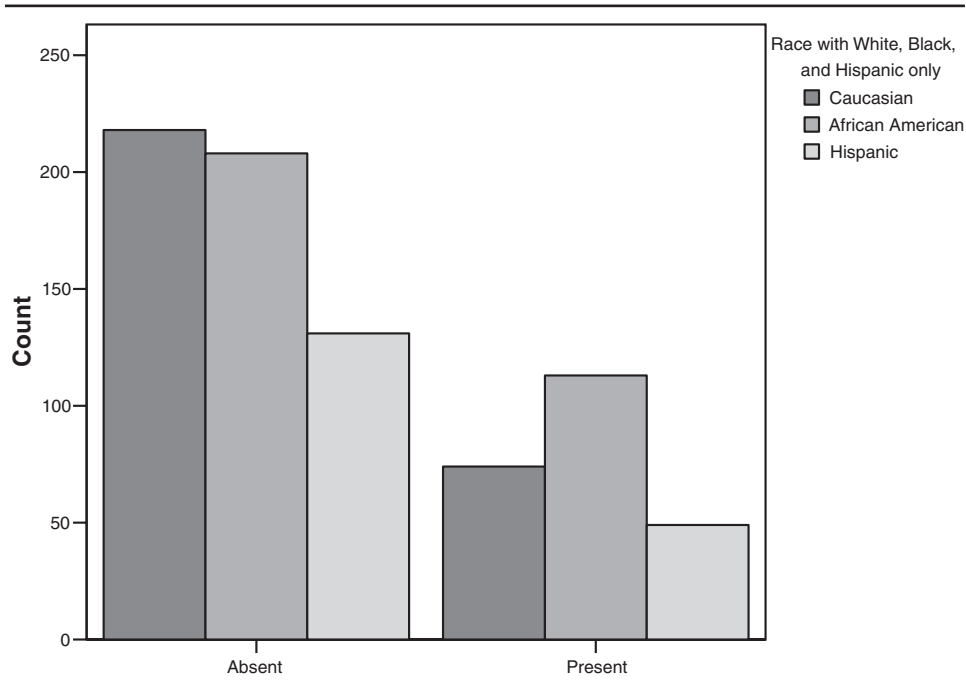


Figure 1. Prosocial Involvement

higher rates of crime, poverty, and violence in their home neighborhoods (Borum et al., 2000).

Similar striking results were obtained in examination of protective factors. African American youth were significantly more likely to be rated as having certain protective factors. These factors, listed in Table 4 and illustrated in Figure 1, were prosocial involvement such as engagement in socially acceptable pursuits ($\chi^2 = 7.06, p = .029$). Strong attachments and bonds, which represent secure attachments with prosocial adults, illustrated in Figure 2, were also significant ($\chi^2 = 8.07, p = .018$).

Also significant were resilient personality traits ($\chi^2 = 10.13, p = .006$; see Figure 3). Youth with resilient personality traits were rated on their temperament and personality, social support, family factors, cognitive abilities, and adaptability to change (Borum et al., 2000).

Discussion

In Connecticut, as in many other states, the proportion of minority juveniles in the justice system is greater than their proportion in the general population. In our examination of 757 youth who were arrested and detained for a prehearing assessment, we found that African Americans were rated at a significantly lower risk of violence than were Whites and were more likely to have several protective factors. However, the results also suggest factors that may help to explain DMC, such as early initiation of violence and community dis-

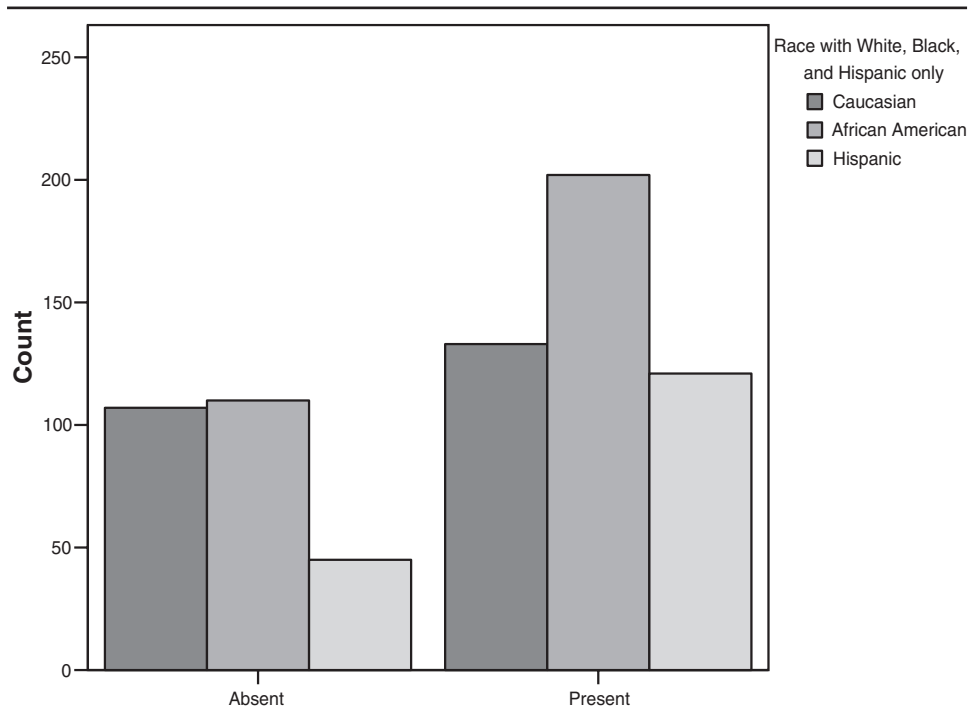


Figure 2. Strong Attachments and Bonds

organization. Results of this study support other findings about the association between early exposure to violence and community disorganization among minority youth.

Early onset of violence and living in a high-crime environment are both significantly higher among African Americans. These are risk factors for violent behavior in youth. Early initiation of violence or delinquency (particularly prior to age 14) is associated with increased risk for violent recidivism and predicts more chronic and serious violence (Hawkins et al., 2000; Thornberry, Huizinga, & Loeber, 1995; Tolan & Thomas, 1995).

We also noted that some protective factors in African Americans are also significantly higher than in Whites. Specifically, we found that more African American than White youth were rated as having more prosocial involvement, strong attachments and bonds, and resilient personality traits. Indeed, resilience has shown itself effective in success in inner-city schools (Wasonga, Christman, & Kilmer, 2003), in overcoming racial bias (Scott, 2003), and in management of depression (Carbonell et al., 2002). Studies of the association between risk factors and violence indicate individual, family, school, peer-related, and community and neighborhood factors as significant. It is noted that risk of violence is compounded by the number of risks exposed to, though more research is needed to understand the mitigating effects of protective factors (Hawkins et al., 2000).

Finally, we looked at other indicators that might imply danger to self or may result in detention remand for reasons particular to the child's safety. We speculated that decision makers at different points may be more inclined to detain a youth they felt might harm himself or herself or be harmed by his or her caregivers. In this regard, consideration of suicidal

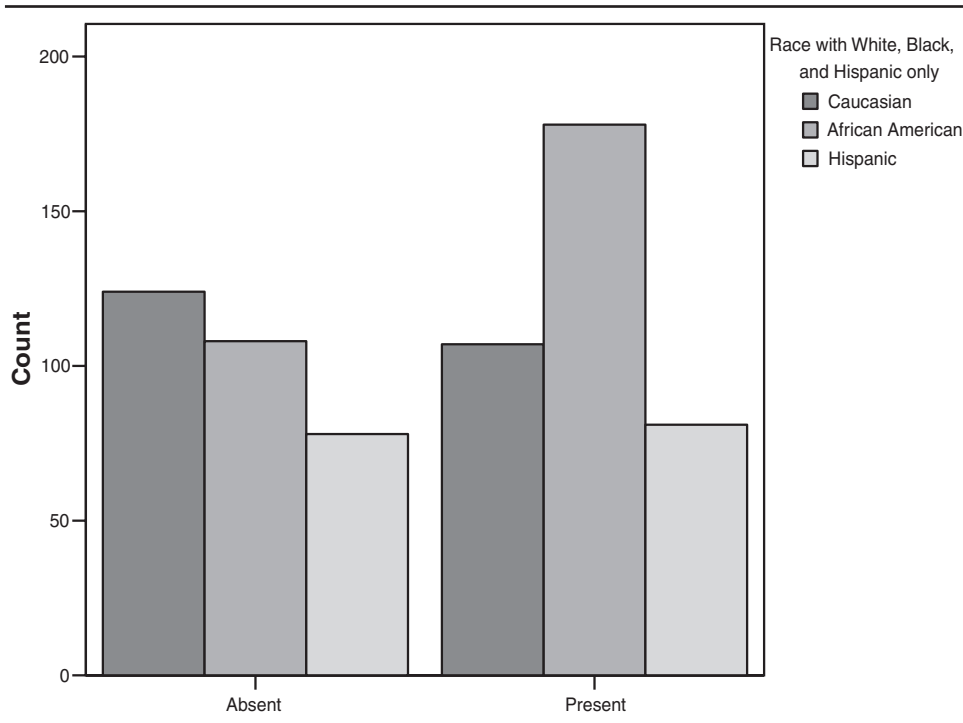


Figure 3. Resilient Personality Traits

ideation and dangerous behaviors related to substance abuse would be important. Mental health and substance abuse problems are highly prevalent among juvenile offenders and may be important factors to consider in reducing criminal justice involvement and confinement (Wasserman, McReynolds, Lucas, Fisher, & Santos, 2002). Teplin, Abram, McClelland, Dulcan, and Mericle, (2002), for example, found that 60% of males and more than two thirds of females in juvenile detention in Cook County, Illinois, met criteria for psychiatric disorders other than conduct disorder. When looking at associations with race, non-Hispanic Whites showed the highest rates of disorders and African Americans the lowest. We found, however, no significant differences between racial groups in SIQ score or child abuse history and were surprised to find that African American youth had scored significantly lower on scales of both alcohol and drug abuse.

Although it is clear that DMC is a national phenomena (Sickmund, 2004), it is possible that Connecticut's rules of practice may differ from others to the point of compromising the generalizability of this study.

Among the most important implications of these findings is their potential to inform efforts to reduce DMC. If indeed low-risk African American youth in detention can be identified prior to a hearing, it is possible to facilitate their release, particularly to programs that capitalize on protective factors. Johnson-Garner and Meyers (2003) identified structure and clear boundaries in African American families as being beneficial to children in kinship care. Development of social-emotional learning programs, mentoring, promotion of authoritative parenting practices, identification of community organizations and clubs, and

assistance in finding employment have been suggested as means of increasing and bolstering protective factors (Murray, 2003). A sport-based intervention stressing appropriate health behaviors appeared to decrease alcohol use and increase exercise frequency among adolescents of various ethnic backgrounds (Werch et al., 2003). Similarly, Moody, Childs, and Sepples (2003) report increases in school attachment, peer bonding, self-esteem, and mentor support and some minor improvement in attitudes toward drugs following an empowerment and support program delivered in a high-risk area. This supports Welsh, Jenkins, and Harris's (1999) finding that community-based programs designed to enhance protective factors are important in decreasing DMC. Initiation of services should begin in detention centers and be seen as a continuum of services designed to reduce delinquency (Roush, 1998).

Conclusions

In this study of 757 youth detained for prehearing assessment, we found that African American youth have a significantly greater likelihood of being rated as low risk for violence than their White counterparts. At the same time, we found that they also are more likely to possess certain psychosocial protective factors, specifically prosocial involvement, strong attachments and bonds, and resilient personality traits. These strengths are supported by fewer reported problems with drug and alcohol use among African American youth.

We believe that this is an important public policy consideration given the lengthy history of DMC across the country. Program development targeting low-risk African American youth that seeks to capitalize on identified protective factors may be quite helpful and become an effective strategy for community-based programs. This would not only assist program development but may provide jurisdictions with opportunities to decrease DMC, thereby creating a fairer system and complying with federal mandates. We agree with Howell (1997), who points out that adults are responsible for most of the risk factors for violent juvenile behaviors. It is therefore incumbent on adults to seek solutions. Any attempted solution at DMC might do well to design programs guided by prevention principles and based on risk-focused approach. The desire to decrease risk and increase protective factors at the community level requires knowledge of the risk factors, knowledge of the population served, and evidence to support its efficacy (Brewer, Hawkins, Catalano, & Neckerman, 1995).

In reviewing our results, it became clear that greater refinement in study is necessary in continued research. Our population was tested shortly after intake and prior to their first court appearance. It is possible that if we could separate these children according to length of detention, there might be much to learn. Further, each state has its own set of laws, constitution, and rules of practice. This could potentially affect the ability to generalize from this study.

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