SCIENCE - IN THE NEWS -

Children and Violence

Sensationally publicized cases notwithstanding, juvenile crime has been declining. The widely reported growth in juvenile arrests that began in the late 1980s peaked in 1994 and declined for at least the next 10 years. Juvenile arrest rates for murder, forcible rape, robbery, and aggravated assault have all declined significantly from their peaks.

Nonetheless, the problem of youth violence and crime remains substantial. Law enforcement arrested 2.2 million juveniles (under age 18) in the United States in 2004, the most recent year for which data are available. Juveniles accounted for 16% of violent crime arrests and 16% of all arrests in 2004. Arrested juveniles were 70% male, 30% female.

Criminologists have adopted a public health model for the analysis of risk factors of juvenile offending and rely on carefully collected population data to measure rates and identify risk factors. Many of the important risk factors that have been identified are attributes of the family, peer group, school, and community, including such systemic social problems as poverty and neighborhood crime, drugs, and disorganization (1) that are beyond the reach of the pediatrician. Other recognized risk factors, however, are individual and family attributes that pediatricians may be able to influence.

Childhood risk factors for future delinquency and violence for which pediatricians can offer treatment, education, or referral include substance use, hyperactivity, exposure to television violence, and parenting characterized by neglect, abuse, or inappropriate (lax, harsh, or inconsistent) discipline (1). Important risk factors for which effective interventions have yet to be demonstrated include early aggression, poor cognitive performance (such as low verbal IQ, delayed language acquisition, and poor school achievement), risk taking, and sensation seeking (1). Data on the contribution of prenatal and perinatal factors to delinquency risk have been inconsistent. Delivery complications were significantly more common

among violent offenders in one study, but not in two others. Frequent maternal smoking during pregnancy was associated with conduct disorders and other problem behaviors in at least two studies (1).

Children in custody in juvenile residential facilities (who number more than 100,000 at any one time) have surprisingly high rates of diagnosable mental disorders. Even after excluding conduct disorder, 61% of males and 70% of females entering the Cook County Juvenile Temporary Detention Center in a study conducted from 1995-1998 suffered from one or more of these diagnoses: a substance use disorder (51% of males, 47% of females), affective disorders (19% of males, 28% of females), anxiety disorders (21% of males, 31% of females), ADHD (17% of males, 21% of females), and psychotic disorders (1% of males, 1% of females) (2). While the methods used for this study cannot determine whether these disorders caused the delinquency, increased the odds of being arrested and detained, or resulted from detention, they surely show a great need for mental health services among detained youth.

Pediatricians and child psychiatrists have an important role to play in the prevention of violence among youth through their direct contact with children and families and as advocates on behalf of all children. The broader social problems of poverty, substance abuse, antisocial behaviors, and violence, however, require more than medicine has to offer.

-Park Dietz and Joseph Kenan

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