You Don’t Know the Story:
Professionals’ Perceptions of Deviant Careers and Mental Health Services in the Juvenile Justice System

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ABSTRACT

This research explores the views of juvenile justice professionals negotiating the mental health resources available within the juvenile justice system. Borrowing the sociological metaphor of “deviant career” to frame the pathway through the juvenile justice system, this research aims to better understand how individuals travel through the system. Additionally, this research intends to understand the deficits in mental health treatment in the Illinois juvenile justice system and the intersection between the mental health and the juvenile justice system. In order to accomplish these goals, ten interviews with professionals in the juvenile justice system were conducted. This study found that the three main career stages of juvenile offenders are Upbringing; Labeling or Public Recognition; and Exit or Recidivism. Additionally, findings indicate that there are several obstacles in mental health treatment, the most prevalent being insurance, funding, availability, family involvement, and stigma.
INTRODUCTION

While mental health resources are available for juveniles involved with the juvenile justice system, these resources may not be utilized to their full potential. Especially in Illinois, mental health resources in juvenile justice may not be receiving the attention they deserve (Burke, Mulvey, & Schubert, 2015; Hafemeister, 2004). The juvenile justice system operates on the concept of rehabilitating. How can rehabilitation occur when there are inadequate and scarce mental health resources?

A perfect example of this is the mass shooting at Stoneman Douglas High School in Parkland, Florida that happened on February 14, 2018. The shooter was a 19-year-old named Nikolas Cruz who had displayed warning signs of mental illness years before the shooting. He spent time at a school designed for students with behavioral and mental health issues before transferring to Stoneman Douglas (Washington Post, 2018). He made several statements within two years before the shooting that he wanted to purchase a gun and attack the high school (Washington Post, 2018). Even with these signs, he was allowed to legally obtain several guns, which ultimately lead to this tragic event.

Police were informed several times that Cruz had weapons and was acting suspiciously with them (Washington Post, 2018). Even though documentation exists saying he received treatment for his mental health problems at some point, there were obviously large gaps in the system that Cruz fell through. Although the cause cannot be attributed to the ineffectual mental health care Cruz received, treatment might have been able to prevent this. If he had been given the proper mental health services through the juvenile justice system, this tragedy may have been prevented. Without proper mental health treatment, a tragedy like this could easily occur in any state.
This research is exploratory in nature and aims to add to the body of knowledge about mental health care within the Illinois juvenile justice system. The core research question is focused on the perceptions of professionals that work in the juvenile justice system about mental health services in the system. From these perceptions, conclusions will be drawn about possible problems with mental health treatment within the juvenile justice system and how to improve these issues. Although there is some information about this topic, the area lacks the in-depth conversations with individuals who have experience in treatment and rehabilitating the youth in this system. In addition, this research also aims to draw conclusions about the “criminal career path” that these juveniles travel down, and to better understand this path and which individuals receive and do not receive mental health services.

This research is important for many reasons, but the true goal of this research is to understand the problems from the perspectives of the professionals involved in the juvenile justice system. These individuals are working every day in the field for several years and have a deep understanding of the topic at hand. It was expected at the onset of this research that most juvenile offenders are not receiving the proper mental health treatment. Seeing the point of view of the professionals who work closely with the juveniles to learn about this issue could be beneficial in identifying the problems. While understanding the entry and departure from a deviant career is important, it is also imperative to understand how and when mental health resources play a role in the intermediate stages of a career as well. There has not been enough research generated to fully understand the intermediate stages of a juvenile’s deviant career, and this research intends to contribute more information to the literature on this topic. This research aims to identify specific career stages and the innerworkings of these stages.
LITERATURE REVIEW

Deviant Careers

The term “career” has been used to describe the path through the justice system that both adults and juveniles experience. In this research, the interest is in the “career path” through the juvenile justice system. Most of the research about deviant careers was done several decades ago, but it is a useful way to frame research to better understand how juveniles may take different “career paths.” Becker (1966) describes this deviant career model in terms of a typical occupational model. This metaphor allows us to understand how and why someone chooses to take an unconventional path versus a traditional, legitimate job (Beck, 1966). This model focuses on how individuals move from one position to another in a system that the individual “works” in. It also includes contingency elements which are both social forces and individual characteristics.

Becker (1966) identifies several different influences in deviant careers which may sway someone to go down a criminal career path, or why someone might just engage in one criminal act and then move back onto the conventional occupational path. While there has been a lot of research done in terms of the entry and departure of a deviant career, little literature has been generated about the intermediate stages of a deviant career (Luckenbill & Best, 1981). Specific influences cause individuals to either continue down the path of deviance or motivate them to change and move into the conventional community (Becker, 1966). Once a youth is labeled as delinquent because he/she is caught for a crime, the minor is more likely to be seen undesirably by peers and the community. A self-fulfilling prophecy is often created, meaning that people will carry out the role of criminal or deviant once they are labeled in that way. This does not mean
everyone will develop a self-fulfilling prophecy, but some will act defiantly because everyone, including themselves, see them that way.

If a person is caught early enough, there is still a choice of a deviant path and a “straight-and-narrow” path. This person still possesses the ability to choose an alternate career. Joining an organized group engaged in criminal activity is the final step down this criminal career path (Becker, 1966). Deviant groups do not have to be organized crime groups, but they could just be as simple as a group of a few teenagers who are all committing crimes.

People who are not headed down the path of deviance—“normal” people—tend to make decisions sequentially or over a period of time. They do so in light of the generated costs and benefits. For example, students try to maintain a high GPA for a better chance of receiving a job later. Entry-level workers will stick through the “grunt work” in hopes of a promotion in the future. This concept is similar in illegitimate careers. Youth headed down the path of a deviant career may choose to skip school to make time for more rewarding, illegal activities. In the same way, someone may decide to join a gang and endure all the negatives that come with it, like being jumped in, for some security and protection in the future. In this way, the metaphor of deviant careers aids in understanding that the choices that are made gradually influence the movement into the juvenile justice system.

Juveniles chose to behave in deviant, criminal ways because there is something to gain from these acts. Becker explains that people choose to pick up illegal behaviors because a reward is gained from the acts (1966). These rewards can include money, protection, power, among other things. This concept links with the psychological notion of behavioral conditioning.
Behavioral conditioning implies that people learn implicit, underlying beliefs about certain behaviors due to past experiences (Jeon, Lee, & Lee, 2018). This can be done through both punishment and reward, and consequently the behavior will either be less frequent or more frequent. Researchers found that juvenile offenders had less negative connotations of violence than non-offenders, meaning that juvenile offenders had previously been shown that violence can bring rewards. The study aimed to take these positive, implicit beliefs of violence and alter them by re-conditioning violence with negative images to create negative implicit beliefs of violence. The study also aimed to associate peace with positive images, and therefore create positive implicit beliefs about peace. Specifically, a word related to violence would appear on the computer, participants would click the space bar, and a negatively-related word would appear; for peace-related words, positive images would appear after the space bar was clicked (Jeon et al., 2018). Researchers were in fact successful, as they found that the juvenile offenders who previously had a positive association with violence had a stronger negative connotation of violence after the study.

Studies like this illustrate Becker’s main themes. If juveniles have received positive outcomes from violence before, they would continue to be violent, which may eventually land them in the juvenile justice system. Much like a student learns that getting good grades can lead to rewards like praise, children may learn that if they are violent, they will gain respect. This is how people are “trained” in careers of delinquency, much like typical people are trained for conventional occupations.

Some limitations to the metaphor of criminal career do exist. Criminal careers do not have career designated shifts or a set path for people to move down, where a standard career would have a guideline for how to move through the ranks (Luckenbill & Best,
1981). Deviant careers have several different unknown pathways and directions people can move. Additionally, deviant careers often provide less security than a typical career, so deviant individuals are encouraged to behave in ways that yield security (Luckenbill & Best, 1981). Despite the limitations, Becker’s concept of deviant careers can be useful to understand the pathway of juveniles, and where mental health treatment comes into the career of deviance.

In addition to the factors that Becker identifies, modern day research has identified several other reasons why a juvenile might look to a career of crime. These include biological predispositions, family structures and influences, individual capabilities and characteristics, social environment, peer influences, educational environment and factors, and situational factors (Institute of Medicine and National Research Council, 2001). Additionally, the simple fact of young age can influence delinquent behavior in that the minor has not fully developed psychologically, and socially delinquent behavior ends as a minor matures (IOMNRC, 2001).

**Basics of the Juvenile Justice System**

It is important to understand how the juvenile justice system is set up, the differences in the juvenile and adult systems, and the basic principles of the juvenile justice system. First, the basic flow of the juvenile justice system will be described. The juvenile enters the justice system by committing an offense (Redeploy Illinois, n.d.). From here, the juvenile will either be released without an action taken, or he/she will be taken into custody and have an intake screening and be arrested. Four options exist after this point in the system: a station adjustment/informal supervision, an automatic transfer to adult court, release to guardian awaiting trial, or detention/detention hearing (Redeploy Illinois, n.d).
A station adjustment is similar to a warning, and it can either be formal or informal. For an informal station adjustment, there is probable cause that the minor committed a crime; a formal station adjustment also includes probable cause and additionally an admission of guilt from the minor (Juvenile Court Act, 1987). Although station adjustments are not convictions, these are still available on the juvenile’s record. Station adjustments can have many stipulations and conditions such as regular school attendance, community service, receiving services within the community, among others. If a minor is awaiting trial either in the custody of the state or having been released to a parent or guardian, there will be a formal processing of the juvenile (Redeploy Illinois, n.d.). The juvenile will either be found guilty or not guilty, and then a sentencing hearing will determine the punishment that the minor receives.

In the American juvenile justice system, there is an emphasis on rehabilitation, whereas the adult criminal justice system is more focused on punishment (Illinois Department of Human Services, 2015). Adjudication is the term for when a minor is found to have committed a crime, or the adult version of being convicted (IOMNRC, 2001). The court must prove this crime to have been committed by the minor beyond a reasonable doubt, again similar to the adult system. There is a difference in the juvenile justice system and the adult justice system in sentencing options. Although diversions are the most utilized sentence in the juvenile justice system, there are several other options, which are detention, incarceration, probation, and other services (IOMNRC, 2001; Redeploy Illinois).

Rehabilitation is most often done through diversions, which are interventions that are utilized as alternatives to juveniles being formally processed (IDHS, 2015; IOMNRC, 2001). These can be implemented at any point in the juvenile justice system before
adjudication. Diversions can be community service, station adjustments, mental health counseling, substance abuse treatment, among many other alternatives that are focused on rehabilitation. Diversions that have comprehensive services provided to the juvenile have been found to have better results as compared to typical sentencing options such as detention and probation (IOMNRC, 2001). This is because youth are receiving services that are working together, which allow all services providers, family, and the juvenile to be on the same page. The Illinois Juvenile Justice System (IJJS) has recently implemented several diversion programs in many counties to prevent youth from being detained or being put on parole (IDHS, 2015). Additionally, some counties throughout the state have begun to implement restorative and rehabilitative programs in schools so that students do not need to go through formal processing. These diversions and rehabilitations are extremely important for juveniles because although a substantial amount of minors do commit crimes, most of these crimes are not serious and therefore do not require intense punishments.

A few assessment and screening tools have been created to aid in identifying the needs of juveniles. The tools that are listed and recommended by the IJJS are the Massachusetts Youth Screening Instrument (MAYSI-2), the Child and Adolescent Needs and Strengths (CANS), and the Youth Assessment and Screening Instrument (YASI) (IDHS, 2015). The MAYSI-2 is used to look for mental health issues in a juvenile, CANS is used to identify mental health concerns in a juvenile and in the juvenile’s family, and the YASI is used for risk-assessment for re-offending and to create a better case management plan for these youth.
Mental Health Disorder Prevalence

For this research, it is important to establish the presence of mental health concerns within the juvenile justice system. The need for better and more accessible mental health treatment for juvenile offenders has been a topic heavily discussed in the literature, especially over the last couple decades. Studies have shown that many juveniles in the juvenile justice system have mental health needs, although the exact percentage of those in need of treatment is not often agreed upon (Burke et al., 2015; Hafemeister, 2004). Depending on the study and the specific diagnosis that is being studied, the estimated percentage of juvenile offenders that have mental health needs ranges from 20-70 percent (Hafemeister, 2004). This is a huge difference from the general population of minors in which the prevalence of mental health concerns ranges from about 3-10 percent according to the Centers for Disease Control and Prevention (2018). Although there is a large discrepancy in specific amounts of individuals affected by mental illness in the juvenile justice system, even the lowest estimates far exceed that of the general population.

One study found that first-time offenders experience a very high-rate of psychological disorders (Burke et al., 2015). Researchers found that 74 percent of the first-time offenders, whose median age was about 14 years old, could be diagnosed with at least one mental disorder; of these, 50 percent met criteria for at least two psychological diagnoses. The most common diagnoses in this study were Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD), and the second most common diagnoses were anxiety, depression, and attention deficit/hyperactivity disorder (ADHD) (Burke et al., 2015). This study shows that first-time offenders are affected by several types of behavioral issues and mental illness at high rates.
Dual-system involved families are underserved. Dual-system involvement is a family or individual that is involved with the juvenile justice system and the mental health system (Burke et al., 2015). The most interesting finding is that only 20 percent of these families utilized mental health services. There is a significant gap in the amount of juveniles diagnosed with mental health issues and the number of these juveniles who are receiving treatment. The reason for this low rate of treatment may be that no suggestion was made to parents that they should seek help for their child by the school, and most of these parents were not likely to seek treatment otherwise.

To further explain, it seemed that a number of parents did not realize that they should be seeking mental health services for their child, or parents were reluctant to do so unless the school provided a recommendation (Burke et al., 2015). Therefore, it seems that some responsibility should fall on school staff to aid in identifying mental health concerns in school-aged children. School officials should also be knowledgeable about the resources the guardians and the children may require access to. Some parents are unable to detect signs and symptoms of mental illness, and schools should make parents aware of these indications. Mental health disorders are common in juvenile justice involved youth, even for first-time offenders, and there needs to be more knowledge of this and accessibility to treatment to prevent these juveniles from having to enter the system in the first place.

Within the juvenile justice system, even offenders that are categorized as “low-risk,” meaning they likely will not reoffend, have been shown to have a mental disorder (Kang, Wood, Louden, & Ricks, 2018). According to Kang et al. about 43 percent of low-risk offenders met criteria for some sort of disorder. The prevalence of mental disorders in high-risk offenders is likely much higher than this rate. Another study focused on major mental disorders—major depressive episodes, manic episodes, and psychosis—found that
about 17 percent of juvenile offenders met the requirements for just these three disorders (Teplin et al., 2005). This population, however, does not take into account many disorders such as substance abuse, anxiety, and conduct disorder. From these findings, we know that dual-system involvement is a huge obstacle for these youth.

**Negatives of Mental Health Treatment in the Juvenile Justice System**

While the mental health field and juvenile justice field coordinate together, there are still many negative aspects within the organization between both areas. One major problem that was mentioned in the literature was insurance issues. That is, insurance may not fully cover mental health treatment, or it may be that some people cannot afford the insurance for the treatment in the first place (Update, 2016). Without reliable insurance, many juveniles go without treatment.

Certain populations of juvenile offenders are more at risk for having untreated mental health disorders. Ethnic minorities are at high risk for having mental health or substance abuse issues that are overlooked. This is specifically true for Latino, Hispanic, and African American male adolescents. Minority youth are more three times more likely to enter the juvenile justice system than white children are (OJJDP, 2017). Black youth are up to six times more likely to be involved in the system. Untreated mental health disorders can create complications further down the line, specifically increasing a juvenile’s likelihood of reoffending and increasing the risk factors that affect criminal behavior (Andrews & Botana, 2010; Skeem, Manchak, & Peterson, 2011; Kang et al., 2018). Because ethnic minorities are widely overrepresented in the juvenile justice system (U.S. Department of Justice, 1999), these juveniles are also likely to suffer from mental illnesses that are not treated properly.
At the same time, assessment tools may not pick up how disorders manifest in minority cultures, or interventions are not culturally sensitive and therefore ineffective (Kang et al., 2018; Samuel, 2015; Teplin et al., 2005). Another issue is that in some cultures mental illness is extremely stigmatized. Juveniles in the African American community do not seek mental health resources because they are afraid there will be backlash from their family or peers (Samuel, 2015). Several recent studies have found that culturally sensitive assessments, techniques, and interventions need to be created to target these at-risk groups and provide the help they need (Kang et al., 2018; Samuel, 2015). Instead of assuming all populations of people need to be treated the same, more culturally sensitive techniques must be created and implemented early on to avoid the overrepresentation and unfair treatment of African American and Latino/Hispanic adolescents.

Another downfall of the system is the limited amount of screening tools for juveniles. Only three screening tools (which were previously discussed on page 13), the MAYS1, YASI, and CANS, are supported by a credible government source (IDHS, 2015). These three commonly used assessment tools may not be able to serve a diverse range of juveniles. Assessment tools may not detect nuances in minority clients. This is especially true for minorities such as Black and Latino, in addition to other minority groups such as LGBTQIA+ youth (Samuel, 2015). These assessments are typically researched on a primarily white population. Additionally, certain types of mental health problems may not be picked up by these assessment tools. The Institute of Medicine and National Research Council even states “Young people with substance abuse or mental health disorders in juvenile correctional facilities have little chance of receiving either an adequate assessment or appropriate treatment,” (2001, pg. 191). More assessments need
to be created so that there are more options for mental health professionals and probation agencies to use. Although attempts have been made to rectify this problem, much more needs to change to grasp the severity of this problem.

**Existing Interventions in the Juvenile Justice System**

There are many approaches to preventing, reducing, and intervening in the juvenile justice system, but quite a few of them do not have evidence that supports the use of these treatments. The treatments that do not work include the “get-tough” approaches such as bootcamps and longer sentences, and they also include “get-nice” interventions like peer mediation and after-school hangout groups (Pullman et al., 2006). In addition, there are some diversions that do not have evidence supporting their effectiveness, although some diversions do seem to work. These approaches have been shown to have little improvement in recidivism, if any at all, but they are still used (Pullman et al., 2006). Successful diversions are ones that are comprehensive and community-based. These other ideas that do not have evidence need to be scrapped and new interventions with evidence behind them should be introduced.

An evidence-based practice (EBP) is a treatment option that has research behind it to support its effective use. One EBP mentioned by the IJJS is Comprehensive Community-Based Youth Services (IDHS, 2015). This program essentially creates a continuum of care so that the treatment methods are all linked and the professionals providing treatment are in communication. Another important part of this is providing the juvenile independent counseling and family counseling, in addition to any other types of treatment that are needed. Other initiatives that are supported by the IJJS is Redeploy Illinois, which allows youths to be detained near their hometown instead of several hours away at a detention center; Illinois Second Chance, which provides services for juveniles
in the Chicagoland area with substance abuse and mental health disorders; and Community Youth Employment Program, which helps youth to get a job and learn some much needed skills (IDHS, 2015). These diversion programs all incorporate community involvement and comprehensive services.

In addition to these diversion, there are three major treatment approaches that have been shown to help juveniles with mental health needs who are in the justice system. These interventions are Multisystemic Therapy (MST), Functional Family Therapy (FFT), wraparound-service planning, and Multidimensional Family Therapy (MDFT) (Kapp, Petr, Robbins & Choi, 2013; Liddle, 2014). All of these are approaches that include collaboration among many types of services and many groups of people (Pullman et al., 2006). Overall, the interventions that have been most successful are those that are community-based and include collaboration among all of a youth’s service providers (Foster, Qaseem, & Connor, 2004; Kapp, et al., 2013; Pullman et al., 2006) These approaches will incorporate individual mental health treatment, substance abuse treatment, family therapy, teaching the youth’s parents parenting skills, probation officers, and any other type of service that the individual youth might require.

**METHODOLOGY**

For this study participants had to be currently working or had to have previously worked in the juvenile justice system or a similar agency with extensive expertise in the juvenile justice system in the Midwest. All but one participant lived and worked in Illinois, and one participant was from Missouri. The first participants were solicited by contacting experts in the juvenile justice field with whom the researcher had connections. A few of these professionals agreed to be interviewed. The other participants were
collected through snowball sampling. Participants did not receive any form of compensation.

23 individuals were solicited to participate in an interview for this research. Several did not respond, and others declined to participate for various reasons. Those who declined to participate either did not think they fit the parameters of the study, they could not fit an interview in their schedule, or did not want to risk any harm to their clients. Ten interviews were completed, and these interviews were semi-structured interviews completed over the phone that ranged from 15-40 minutes in length. Recordings of the interviews were not completed so as to not divide the researcher’s attention and to allow for more honest answers from participants. Extensive notes were taken during the interview, and a summary of each interview was typed up within a half an hour to the interview being completed to preserve the information. The participants’ identities were assigned code names to remain anonymous. Any identifying information the researcher possessed was securely deleted or shredded. The only information that was retained for the purpose of this study was the participants involvement in the juvenile justice system, but this information was generalized so there was not identifying information.

Participants all had experience working with youth that were involved in the juvenile justice system. All participants had at least three years of experience, with several having over a decade of experience. Three participants worked in juvenile probation. One was a probation officer with almost a decade of experience. Another was a juvenile probation department supervisor. The third worked as a probation officer for about 15 years, and was currently working as a school resource officer. There was also another participant that worked as a school resource officer. Several participants worked
as licensed counselors. Two of these counselors were working in a residential substance abuse treatment facility for minors. The other two counselors worked in a Multisystemic Therapy program for court-involved youth. Another participant was an assistant state’s attorney. The tenth participant was a school administrator who served on the school’s behavioral health team, and this participant was also a professor and field supervisor at a respected university in Illinois.

Because of the small, but in-depth amount of data collected and the qualitative nature of these findings, inductive coding of the interview summaries and the notes was completed. Inductive coding was the most appropriate technique for analyzing the data to better understand the common themes in the stories that the participants told. This process allowed for the theories to emerge through the analysis of the data instead of testing hypotheses created prior to the research. Inductive coding allowed for an understanding of the complexity of language that is difficult to be examined by other means.

**PRESENTATION OF FINDINGS**

**Career**

The career of an individual through the criminal justice system can take many different paths, just like that of a “typical” career. The metaphor of “deviant career” helps to examine the stages and paths that youth can take in the juvenile justice system, but there are limitations to this metaphor, which is why it is not being used in a literal sense. Career in this sense is utilized to understand how a juvenile offender becomes interested and involved in criminal behavior, the general path through the juvenile justice system, the additional unique paths and experiences in the juvenile justice system and mental health system, and the eventual exit from or re-entry to the system. From my research,
data revealed that there is not any one career path, but that there are some common stages that those youth experience, and these stages create a typical path through the juvenile justice system.

Participants explained that, similar to a traditional career, many influences affect a criminal career. These influences will be discussed in the first stage, Upbringing. Beyond influences, juvenile offenders typically are told that they are “bad” by someone important or someone they look up to. This stage is titled Labeling (Public Recognition) because once a children are told that they are bad several times or in a public setting, children may begin to believe they are bad. Third, Adjudication (or Formal Processing) occurs, and this stage is when a juvenile actually goes through the court system and is formally tried for a crime, and if found guilty, is also punished. Lastly, a juvenile will either exit the juvenile justice system and be re-integrated into society or re-enter the system by committing another crime. This stage is known as Retirement or Recidivism. Of the stages, the last stage is the most complex.

Stage 1: Upbringing

The first stage in the career of the juvenile that was identified is a youth’s upbringing. In a way, this is akin to the “training” and life experiences that bring others to choose a legitimate career path. Each person takes in their life experiences and environment, and this impacts the direction of their career. For example, somebody who was sick as a child may choose to become a nurse or doctor. Additionally, family influences may encourage a person to choose a career, if a parent was a nurse or doctor. If the parents are not also in the profession, they might have created a supportive environment that encourages the child to learn and grow. From here, they are trained and prepped by taking courses (such as anatomy) to learn the knowledge that one needs to
become a medical professional. Eventually, they will go on to become a medical professional.

In a similar way, youth who are on a deviant career path are trained and guided down this path, most in an unconscious and unintended way. Participants described this by explaining that a juvenile’s upbringing may act as preparation for a life of crime, although this is typically inadvertent. According to several interviewees, families play a significant role in the psychological and social development of a minor. Interviewees explained that families teach many learned behaviors to children. If families have a parent or both parents that have a history of criminal behavior, the child might pick up and learn some of these behaviors. Additionally, they may just have an ingrained belief that criminal behaviors, like violence, are socially acceptable when in reality, violent behaviors are against the law. This relates to the findings of Jeon et al. that showed that children exposed to violence are likely to see violent behavior as acceptable (2018). Truly, families impact a child’s perceptions of the world and teach a child right from wrong. One participant mentioned that antisocial families are an obstacle youth face because families that do not respect laws and rules will raise children that also do not respect laws and rules.

In addition to the strong influence families have, the participants also expressed that going down a deviant path is also a choice. Many of them said that although there are risk factors and influences, when it really comes down to it, criminal behavior is the child’s choice. This parallels to how choosing a traditional career is really an individual’s choice, although there may be certain factors that influence the decision. If a person’s family strongly encourages going to college, although there are many pressures to go,
attending college ultimately is an individual’s choice. Much is the same in criminal behavior and the juvenile justice system.

The concept of deviant behavior being a choice is supplemented by the fact that not everyone who has a family history of criminal behavior ends up going into the juvenile justice system. Truly, there is no single answer for why some minors go down the path of entering into the juvenile justice system and why others do not. The interview participants did have some ideas, though.

Again, choice was the biggest influence. Although children are somewhat at the will of their family members, they have some autonomy, especially around high school age. Children can decide to behave like their parents, or children can decide to live a different kind of life than their parents did. One anecdote that was mentioned by a participant was that two brothers who grew up in the same environment with the same parents, and both were witness to their father’s violent actions against their mother. One brother ended up in the juvenile justice system because of a violent crime, and the other moved on to college and never entered the juvenile justice system. The participant stated that he believed this happened because of the choices each brother made and because the brothers had different perceptions of their circumstances.

Another reason participants gave for why some individuals never end up entering the juvenile justice system, even though they exhibit criminal behavior, is because they have successful early interventions for mental health issues or other traumas they might have experienced in the past or may be currently experiencing. For minors that have mental health issues, behavioral problems, childhood trauma, or other issues at home, early intervention and prevention can be key for these children. When youth are taught coping strategies other than criminal behaviors, and when they feel like someone cares
about them, it can make a world of difference. Participants explained that they saw more success when a juvenile is rehabilitated in this way instead of punished and labeled negatively. As one participant put it sometimes children just need someone on their team, and sometimes the counselors, probation officers, and other service providers are the only ones rooting for them. What she meant by this was that sometimes, the minor might not have another adult in his/her life who cares about issues that he/she is facing, and sometimes a child just needs somebody to believe in him/her.

**Stage 2: Labeling (Public Recognition)**

This second stage is when a minor is first “labeled” a deviant or criminal, or the child is first cast in a negative light. However, this stage does not involve formal adjudication, as that is the next stage. In this study, being “labeled” a juvenile offender refers to the first time an authority figure expresses to the minor that he/she is “bad.”

The authority does not need to be police or the court, but it can simply be a teacher. One participant explained that although teachers do not need to know if a student has been arrested or hospitalized, sometimes rumors spread. After a teacher finds out this information, when the student acts out in the classroom, the student may be publicly shamed for being a “criminal” or for having “something wrong” with him/her. Basically, that child is now viewed by others as a potential offender. This is where the concept of a self-fulfilling prophecy takes place. As a child, having someone in authority say negative comments about oneself can have a lasting impact. If a minor is labeled as a criminal, he/she may begin to view himself/herself as such. Then he/she may begin to act accordingly.

One important factor to note is that the amount of time spent in this stage can differ from person to person. Some spend their entire childhood being labeled as “bad,”
while others go through a short rebellious stage in high school. Whether a minor moves onto to the next stage or leaves the deviant career path during or after this stage through various pathways, the amount of time in this stage varies among individuals. The amount of time spent in this stage is essentially the period of time between first being labeled as deviant individual and being formally processed.

The next step in this stage is the first deviant offense that results in a police contact. Sometimes these offenses are minor, such as a curfew violation or other status offense, or they can be more serious crimes. Sometimes these crimes result with a slap on the wrist, but other times the offense can lead to a serious sentence like probation or detention. Therefore, sometimes these first offenses do not result in a formal adjudication, but sometimes have more casual consequences like a station adjustment.

The most important determinants from this stage involves which minors obtain help, and which minors do not. Although mental health disorders and behavioral disorders are not always the cause for a juvenile’s criminal behavior, these are often underlying factors for defiant behavior. As mentioned in the literature review, 74 percent of minors in the juvenile justice system may have at least one mental health issue although some reports are lower at about 50 percent (Burke, Mulvey, & Schubert, 2015; Hafemeister, 2004; Kang et al., 2018; Teplin et al., 2005). However, only about 20 percent juveniles who have mental health disorders actually receive treatment resources (Burke et al., 2015). Therefore, there is a discrepancy in who needs treatment and who actually receives it. Participants also echoed the results of this study. Several participants explained that many juvenile offenders do not have access to treatment, even once they are diagnosed with a mental illness or behavioral problem. When participants of this
study were asked what distinguishes individuals who receive help from those who do not, many pointed to screening and assessment tools.

Participants said that screening and assessment tools are utilized to determine which individuals need mental health treatment and which ones are not. However, they also expressed concerns about using these tools. Although most participants had positive views of the available assessment tools, a few participants expressed that they may not be effective, especially for minority children whose culture may skew these results. Additionally, previous literature that has poked holes in the existing juvenile justice screening instruments, pointing to very similar issues of cultural bias (Kang et al., 2018; Samuel, 2015; Teplin et al., 2005). One participant stated that he believes the screening tools that are in place overlook many kinds of individuals.

Although assessment instruments seem easy enough to point to, and they seem like they should get the job done, this is not always the case. As two participants pointed out, many other factors come into play when trying to figure out who gets mental health services. Often times, these factors are beyond control of the juvenile, the juvenile’s family, or the service providers. For example, whether or not insurance will cover mental health treatment is a huge factor into who receives services. Many participants expressed frustration at insurance companies not funding mental health treatm?ent, or not funding treatment enough.

Secondly, individual and cultural values and beliefs also play a big part. A lot of times, a minor’s family does not believe that mental health treatment is necessary. This factor ties into Black and Hispanic/Latino families. One participant expressed that, specifically, the Black male students that she works with will not seek mental health treatment. She went on to explain that in Black families, mental health issues are
something that is not supposed to affect their community. Mental illness is seen more as a “white person’s” disease. This particular sentiment echoes the article by Samuel, who discussed the severe stigma surrounding mental health services that is still prevalent in black communities today (2015). The participant went on to explain that often times, minority students just do not know the warning symptoms of mental illness as well, so it can be difficult to identify the symptoms in themselves. Culturally, mental illness is something that is not on the radar of many minority students. Unfortunately, ethnic and racial minorities are disproportionately incarcerated in the juvenile justice system, and their mental health concerns are often overlooked (Kang et al., 2018; Samuel, 2015). The interview data found that education about the signs and symptoms of mental health issues should be implemented into minority communities. With education, the stigma surrounding mental illness in minority communities may begin to decrease.

When young people do receive services, there are several routes that may be taken that are not the path of formal adjudication. The most common and comprehensive version of this is an informal diversion program. The participants who spoke about diversions distinguished informal and formal diversions. Informal diversions are not mandated by the court and the juvenile will not have the crime on his/her record. An informal diversion might be the offender taking part in an after-school mentoring program. In contrast, a formal diversion is a program that is mandated by the court, but they are not detained or placed on probation. Examples of formal diversion include mandated mental health treatment or community service. The Labeling stage only includes informal diversion because they are decided outside of the court. Formal diversions are not included in this stage because the court will mandate a juvenile to a formal diversion, which is included in the next stage.
The last important concept for this stage is understanding what would lead a minor to continue onto the next stage, and what would allow the minor to exit a career of crime at the Labeling stage. A young person may not continue to the next stage of the juvenile justice system if he/she successfully completes an informal diversion or otherwise receives services that may help in ceasing deviant behaviors. If a child needed mental health services and begins receiving them in this stage, that child may no longer behave in criminal ways, therefore not continuing to the next stage. Additionally, another reason for ceasing criminal behavior may be because the child is taken out of a negative home environment or the environment is altered in some way. According to participants, sometimes deviant behavior “truly is a call for help, as cliché as it sounds.” Sometimes a youth is in a home environment that makes the child more likely to act out, such as an abusive or neglected home. If that individual is removed from the home environment, his/her subsequent behavior may stop being deviant. As one client elegantly put it, “you cannot grow in an environment that is the same one that damaged you.”

On the other hand, some children move onto the next stage of Adjudication (Formal Process). Several reasons exist for this. Several participants explained that the most common reason a child would continue past the Labeling stage is if he/she reoffends. Even if a minor is in an informal diversion, such as mental health treatment, if criminal activity continues, the juvenile may then be formally processed. Additionally, several participants explained that if the first police contact is for a very serious crime, the minor might not have the opportunity for an informal diversion and might be formally prosecuted immediately. Lastly, participants stated that risk factors and risk assessments play another important role in how a minor proceeds through the juvenile justice system. If a minor has severe risk factors or a high level of risk factors, that individual might be
more likely to continue to the next stage than another child. A risk factor is anything that might make a juvenile more prone to criminal activity such as a family history of criminality, substance abuse, mental illness, and similar factors. The more severe or the most amount of risk factors present for a child, the more likely they are to be formally processed because the minor may then be more prone to criminal behavior. Unfortunately, these minors are seen as possibly not successfully responding to a station adjustment or an informal diversion. Because of this, they are more likely to be formally processed.

**Stage 3: Adjudication (Formal Process)**

This stage is identified as a juvenile being formally processed within the juvenile justice system. As previously stated, adjudication is equivalent to the adult version of an adult being convicted of a crime. In this stage, the juvenile will go through court proceedings and will either be found guilty or not guilty of a crime. If the minor is found not guilty, his/her formal criminal career will end unless the minor commits a crime in the future. If the juvenile is found guilty, he/she will go on to have a sentencing hearing. Sentences can be detention, probation, or a more formal diversion. Formal diversions include substance abuse treatment, mental illness treatment, community service, or victim retribution, among other reprimands. They can also include specific therapy programs. In the case of a formal diversion, although it is mandated by the courts, the goal is to keep the minor from being detained or put on probation. Participants explained that a lot of the juvenile offenders in the system did not commit serious crimes, and often times, a harsher sentence like detention can heighten the risk for recidivism in a juvenile that otherwise might not have re-offended. Placing a relatively low-risk offender in an environment with several high-risk offenders can have a negative influence on the low-risk juvenile. There
are repercussions if a minor does not complete the formal diversion, such as probation or even detention.

Like the previous stage, individuals vary in the amount of time spent in this stage. For juveniles, if they are sentenced to a formal diversion or to probation, they must complete the terms of their sentence to move onto the next step. This is different than adults, who typically get sentenced to a specific amount of time that they must serve. Although a time frame usually comes with a juvenile offender’s sentence, it is more of a guideline.

One difference between this stage and the other two previously discussed stages is that if a juvenile is found guilty, he/she must continue onto the next stage. Once a juvenile is found guilty and sentenced, there is a process to exiting the juvenile justice system and re-entering society, which is known in the juvenile justice system as “aftercare.” The other option besides exiting the system is recidivism. Both of these will be discussed further in the next section.

Participants explained that a minor cannot successfully complete his/her sentence without the proper tools and resources. Without rehabilitation, a person may never exit the deviant career path and may continue into the adult criminal justice system. Unfortunately, this is the case for many people who begin their careers in the juvenile justice system. Participants did state that many juveniles do move out of this stage as psychological and social maturity increases. According to the study’s participants, one way a minor can move out of this stage is by choice. Choice was a factor in many interviews, with participants explaining that although many other factors come into play, a young person must make a conscious choice to leave a criminal career and move into a more traditional lifestyle path. The juvenile must choose to stop criminal behavior.
Essentially, the participants pointed to intrinsic motivation as one way a juvenile offender can move past Adjudication.

Secondly, participants stated that the juvenile needs to be provided the right treatment and resources to succeed. Many individuals who rely a deviant career path do not have access to the treatment and resources they need. Some of these juveniles have mental health or behavioral problems that need to be addressed and treated, and regrettably these issues sometimes steer these children down the path of a criminal career. Participants explained that children with mental health issues often end up in the juvenile justice system because impulsive and irrational decision making may be taking place. If the minor is provided the kinds of treatment needed, he/she can move onto the next stage and may never re-enter the system. However, if these issues are overlooked and not treated properly, the cycle of criminal and deviant behavior might continue. Another resource the child might need is being removed from a toxic home environment. However, problems do hinder a child from receiving the proper resources such as insurance not covering certain types of mental health treatment or only covering it if it is deemed “necessary.” For a juvenile to leave the criminal career path, he/she must have access to the proper resources.

Lastly, and arguably most importantly, a minor needs a support system to be able to exit a career of crime and continue to the next stage. The participants in this study expressed that a minor needs to have a support system in order to be successful. They expressed that families play a major role in whether a child starts a deviant career. The family must be willing to create a supportive environment. Additionally, if the minor is around family members—parents, siblings, etc.—that participate in similar criminal behaviors, the minor is less likely to be able to leave this path. If the juvenile’s immediate
family cannot provide support, extended family such as grandparents and aunts/uncles can also play a role in supporting the minor. Additionally, people in the community can be a support system for juvenile offenders that need someone to believe in them. These community members can be church members, teachers, business people, and a number of mentors. Even a juvenile’s peers can serve in this supportive role. The participants stressed that these minors just need to be shown that they do not need to continue down a deviant career path and have someone give them encouragement and guidance.

**Stage 4: Retirement or Recidivism**

This stage has two distinct pathways within it. A young person can either exit the juvenile justice system in this stage which is being titled Retirement, or he/she can commit another crime and re-enter the system, which is a process known as Recidivism. Although the minor could exit the system and then after a period of time re-offend, this would still classify as Recidivism, even though there was a break in between offenses. Essentially, a juvenile can remain in a criminal career, or the juvenile can “retire.”

Traditional retirement from a typical career and retirement from a career of crime, although different, have many of the same characteristics. Just like a traditional retirement, a juvenile must have the proper resources to have a successful and fulfilling life after leaving the career of crime. The juvenile, like a traditional retiree, needs to have social networks to support him/her. Without a support system, both kinds of retirees would not function well. Similarly, the retired juvenile offender must find other activities to take up his/her time, whether it is school, a traditional job, or other activities and hobbies. This is similar to traditional retirees taking up hobbies, volunteering, or working only a couple days a week. Both kinds of retirees need to have a purpose.
Re-entry into the juvenile justice system has less of a clear-cut answer. Most of the participants explained that young people who re-enter are those who have not been successful at completing their sentencing, or those who do not have the proper resources after exiting the system. Sometimes this can include untreated mental health or behavior issues, toxic and violent home environments, lack of a support system, and a multitude of reasons. This is why it is important to focus on the rehabilitation and the aftercare of a juvenile offender.

A few participants explained how important aftercare was for minors that have harsher sentences. Aftercare programs often begin while a minor is still completing his/her sentence, and they are designed to help reintegrate a juvenile back into society. Instead of releasing a minor from detention, probation, or other sentences, the minor is released and there is some training and education about how to interact with society after having been detained or put in placements out of the home, such as a residential treatment facility. Otherwise, a juvenile offender may never retire a career of crime and may continue into the adult system.

Some aftercare programs do exist, but juveniles are not guaranteed to receive these services. Several types of aftercare programs are in operation, but more resources need to be dedicated to this transition. Therapeutic treatments such as cognitive-behavioral therapy and therapeutic communities such as residential substance abuse communities have the most success (Office of Juvenile Justice and Delinquency Prevention, 2017). Other aftercare programs that are used are mentoring and case management. Some participants expressed that all juvenile offenders should receive aftercare treatment, regardless of whether the sentence was out of the home or more of a formal diversion. They believed this would reduce recidivism rates.
Availability & Quality of Mental Health Resources

Other than identifying the pathway through the juvenile justice system, the other goal of this study was to acquire more information about the availability and quality of mental health resources within the juvenile justice system, specifically in Illinois. Participants came from rural, suburban, and urban settings. Some characteristics of the available mental health resources were similar throughout all the settings, but there were some differences depending on settings. Common positives throughout all the settings were that the treatment providers were all well-trained and caring. Overall, most participants mentioned the same issues in the existing mental health resources. These problems were insurance, funding, availability, family involvement, and stigma. Additional issues that are dependent on location will be discussed later.

One issue that was mentioned by all participants was insurance. Participants explained that several of the juveniles that require mental health treatment may not have insurance and are unable to afford treatment. If a juvenile’s family does have insurance, often times the insurance company will only pay for a couple days of treatment, especially if it requires hospitalization or inpatient residential treatment, because it is not deemed necessary treatment. For example, one participant explained that insurance is based on whether or not a condition has a cure, and mental illness is not clear-cut like that, so it can be difficult to get insurance companies to fund the treatment needed. Also sometimes an insurance deductible is very high, so even though the family might have insurance, they cannot afford to pay the deductible. Even court-ordered mental health treatment may not be paid for by insurance, so families have a difficult time getting the treatment the juvenile needs. As a solution, one participant stated that sliding scales would make much more sense for families who cannot afford insurance.
Other common problems mentioned were the actual funding and availability of mental health resources. Depending on where a participant was located, the availability of these resources varied. The participants that were in suburban areas believed that there was a relatively fair amount of mental health resources available, but could still benefit for having more. Participants in rural and urban areas stated that there was not enough availability locally. A few participants commented that the closest inpatient units to them were about two hours away, which make family participation very improbable. Participants explained that a decade ago, there were more facilities that provided mental health services than there are today. Because of the cuts to the funding of mental health treatment, many facilities were forced to close. This is especially true for facilities in rural Illinois. Therefore, the availability of treatment facilities has dwindled. In rural areas, inpatient treatment options are nearly impossible to find locally. Even outpatient programs that do exist have been seeing cuts, and therefore they cannot provide a comprehensive treatment plan that has been proven to work best for dual-system involved minors. Participants said that the funding of mental health treatment needs to be taken more seriously in Illinois. To attempt to rectify the issue of local availability, several participants mentioned that small satellite offices would be ideal to allow families to travel a minimum distance. That way, one company of service providers can reach a wider range of those in need. Another suggested solution to this issue was more home-based therapists as well.

Almost all participants mentioned that involving the juvenile’s family in the process of treatment was a huge difficulty. When a juvenile offender becomes involved in the justice system, families are extremely impacted by this. A lot of families do not want to be involved in the treatment because they believe it is not their responsibility, and
instead the minor is the only one who needs treatment. Some families are simply not very involved with a child and do not want to take part. This is especially true for families where criminal behavior is already present and for broken families. A huge problem with this is that families and home life impact the juvenile’s behavior immensely, so service providers want the family to get involved. It has been demonstrated that family-involved therapy tends to have the most effective outcomes in lowering recidivism rates. Although this was a problem all participants mentioned, participants could not offer a specific solution to this issue. Many stated that they genuinely did not know how to fix this problem.

Although not mentioned as often, stigma was another problem cited by several participants. Stigma toward mental illness is not as severe as it used to be, but it is still a common issue. As previously mentioned, stigma is more present in juveniles and their families who are ethnic minorities (Kang et al., 2018; Samuel, 2015). Participants echoed the same issues. Some solutions that were offered were incorporating educational programs that teach children and families warning signs of mental illness and how to seek support within schools. In fact, many participants echoed that more needs to be done for dual-system involved youth within the educational system because there is a huge gap among the education system, the juvenile justice system, and mental health treatment. By incorporating more education for children and families within the education system, these stigma could be reduced.

LIMITATIONS & CONCLUSION

Limitations

One limitation of this study is that there is a small sample size. This can affect the generalizability of this study. However, the purpose of this study was not necessarily
generalizability. Instead, this study’s purposes were to add to the body of knowledge about the perceptions of experts that work in the juvenile justice system, to better understand the criminal career path through the system, and to comprehend the expert’s perceptions of the mental health resources that are available in the juvenile justice system. Additionally, the study had difficulty with participation. Many individuals who were contacted to participate declined. Had there been more participants, the study may have resulted in different results and themes. Another limitation is that this study only evaluates the perceptions of the experts in the juvenile justice field. It does not assess any perceptions of juvenile offenders themselves or their families. Therefore, there could be some bias involved. Attempts to minimize bias were made by supplementing the current research with previous literature.

**Conclusion**

Previous literature provided the basis for the analogy of the criminal career, but little research has been done to establish a typical career path. This research found that although career paths through the juvenile justice system may differ for individuals, there is a basic route that most juvenile offenders follow. The first stage is Upbringing, the second stage is Labeling (Public Recognition), the third stage is Adjudication (Formal Processing), and the last stage is Retirement or Recidivism. Additionally, the research found that although mental health treatment resources in the juvenile justice system have improved over the last several decades because of a focus on rehabilitation, there are still many problems. The issues that the current research uncovered were insurance, availability and funding, family involvement, and stigma. Overall, mental health treatment providers are being properly trained and are viewed positively. More research needs to be done in how to solve the problems of mental health resources in the juvenile
justice system. Additionally, future research should focus more on the perspectives of juvenile offenders themselves and their families. This would allow a more comprehensive understanding of the career path and mental health related issues.
REFERENCES


YOU DON’T KNOW THE STORY

Juvenile Court Act of 1987, IL Stat. § 5-301 (1987)


