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Special Issue: Bringing Restorative Justice to Adolescent Substance Abuse

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Youth & Society is an interdisciplinary journal directed at the dissemination of theoretical and empirical knowledge. The focus is on the study of child and youth socialization. The editors seek to bridge the gap between those who study processes of child-youth socialization and those responsible for the education, counseling, and care of the young. Therefore, manuscripts are encouraged that point out the implications and consequences of findings for social policy, program development, and institutional functioning.

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BRINGING JUSTICE TO ADOLESCENT SUBSTANCE ABUSE TREATMENT

M. KATHERINE KRAFT
Robert Wood Johnson Foundation

JUDITH R. VICARY

KIMBERLY L. HENRY
Pennsylvania State University

Substance-abusing youthful offenders increasingly dominate the juvenile justice system. Juvenile courts are now asked to assume responsibility for many youth problems that were once handled primarily in community settings through youth agencies and treatment facilities. The purpose of this special issue of *Youth & Society* is to present for both academic and practitioner audiences the extent of the substance abuse problem, the need for more and better treatment, the response of the justice system, and new approaches to deal with the justice and treatment needs of youthful offenders and their communities.

Despite several decades of prevention efforts, large numbers of America’s youth still initiate the use of alcohol and other drugs at young ages, and many go on to have serious problems with these substances. A variety of studies consistently show this extent of use as well as the very early ages when many children and adolescents begin experimenting with drugs (Johnston, O’Malley, & Bachman, 2000). Johnston et al. (2000) noted that alcohol remains the drug of choice among adolescents, with early initiation a serious problem. They reported that 52% of eighth graders surveyed had tried alcohol, and 14% had five or more drinks in a row (binge drinking) in the past 2 weeks. Alcohol use is also associated with the use of other illicit substances; data from the National Household Survey on Drug Abuse (Substance

AUTHORS’ NOTE: Address correspondence to M. Katherine Kraft, Senior Program Officer, Robert Wood Johnson Foundation, College Road East and Route 1, Princeton, NJ 08543.
Abuse and Mental Health Services Administration [SAMHSA], 1999a) found that 33% of youth ages 12 to 17 who used alcohol in the past month also used illicit drugs, and 50% who binged also used other drugs as well.

There are differences, however, among ethnic groups in levels and types of substance use. African American adolescents have lower rates of use of most illicit drugs and alcohol when compared to Whites. The 2000 Monitoring the Future Survey (Johnston, O’Malley, & Bachman, 2001) found that Hispanic 12th graders tended to fall between African American and White teen use for most substances, except for crack and ecstasy, where they had the highest use. However, younger Hispanics, 8th graders, reported higher use rates than both other groups for all classes of drugs including alcohol (except for amphetamines). The researchers suggested this may be because of the disproportionately higher drop-out rates among Hispanic youth.

The resurgence in adolescent substance use in general in the past decade has resulted in an increase in substance abuse disorders and associated problems for many, for example, delinquency, early and/or promiscuous sexual behavior, and co-occurring mental disorders (Weinberg, Rahdert, Colliver, & Glantz, 1998). A report from SAMHSA (1999b), for example, found that among adolescent drinkers, 31% had extreme levels of psychological distress, and 39% had serious behavioral problems. In addition, 2.1 million minors are classified as heavy drinkers (SAMHSA, 1999a). These disorders may be either antecedents, co-occurrences, or consequences of drug use. Although the pathways to use vary, as do the degrees of problems associated with substances, it is clear that treatment is needed for many young users.

In addition, many abusers are involved with the justice system as a result of these behaviors. In one survey, 61% of students who reported getting into trouble with the police also drank alcohol (Parents’ Resource Institute for Drug Education, 2000). Juvenile crime and substance abuse are obviously linked. The National Institute of Justice (1999) Arrestee Drug Abuse Monitoring Program found that more than 50% of male juvenile arrestees tested positive for at least one illicit substance, and drug-related arrests among juveniles rose 86% from 1989 to 1999. The Office of Juvenile Justice and Delinquency
Prevention (OJJDP) (1999c) reported a 183% increase in juvenile drug abuse cases between 1987 and 1996.

As a result, substance-using youthful offenders increasingly dominate the juvenile justice system, and thousands more are in addiction treatment programs outside of the justice programs. It is estimated that more than 140,000 adolescents are being treated in public sector addiction treatment programs (Join Together Online, 2001). A recent survey by SAMHSA (1997) found that 36% of juvenile corrections facilities offered some type of substance abuse treatment, although the type varied widely as did its extent and depth. At the annual meeting of the American Society of Addiction Medicine, experts noted that most programs are designed for adults, yet there is little research on adolescent treatment. However, 41% of all adolescents in the treatment system are referred from the juvenile justice system.

In addition, more than 100,000 juvenile offenders are being held in residential facilities (OJJDP, 1999a). They reported that in 1997 more than 22,700 juvenile inmates were receiving treatment, yet the Center for Substance Abuse Treatment (Department of Health and Human Services, 2000) estimated that only 1 in 16 youth needing substance abuse treatment actually receive it. This gap continues although it has been estimated that early substance abuse treatment can provide major cost savings in terms of crime, lost educational achievement, and morbidity and mortality (Lamb, Greenlick, & McCarty, 1998). And the need for more and better treatment options within the justice system and in community settings is unlikely to decrease in the near future. It is estimated that between 1995 and 2007 the number of teens between 15 and 17 years of age, for example, will increase by 19%, with resulting projected increases in the number of youth involved in drug abuse and/or crime. Of 30.6 million youth ages 10 to 17 in 1997, 2.8 million were arrested at least once. OJJDP (1999b) reported that between 1987 and 1996 there was a 144% increase in drug abuse violations among juvenile offenders. At the same time, there was a 183% increase in juvenile drug abuse cases that were formally processed. Whereas the juvenile population increased 11% during those years, the juvenile court caseload rose 49%. It is clear that the numbers of offenders and the substance abuse problems are not expected to decrease in the near future. New approaches are needed.
Restorative justice is a new way of thinking about crime that emphasizes one fundamental fact: Crime damages individuals, communities, and relationships. If crime is about harm, then justice is about repairing the harm or healing the wounds crime causes. Community justice, a parallel innovation, refocuses the nature of the justice system viewing the crime within the context of the community and promotes partnerships to understand why crime happens and to create local responses to prevent future occurrences.

This special edition follows as a result of two expert meetings sponsored by the Robert Wood Johnson Foundation and the Center for Substance Abuse Treatment that were designed to explore the common ground and opportunities that could emerge from a combined restorative justice–substance abuse treatment approach for youthful offenders. Adolescent treatment experts and restorative justice scholars along with practitioners in both fields came together in 1999 and 2000 to educate each other and begin an exploratory dialogue about the possibilities of merged efforts.

The groups discussed the extent to which restorative justice principles were already being applied in response to juvenile substance abuse, the feasibility of using restorative justice approaches in substance abuse intervention, and existing applications and experiments with these methods in programmatic responses to drug abuse. The barriers and benefits of integrating justice and treatment needs were also explored along with the feasibility of developing pilot programs, training initiatives, and research projects that would promote the development of restorative approaches to adolescent substance abuse. This issue is a first step in further encouraging that dialogue and potential new efforts.

This edition includes articles by adolescent treatment experts and leading thinkers in the juvenile justice, restorative, and community justice movements. Broad overviews of the state of the art in both adolescent treatment and restorative justice practices are included as well as provocative commentary on the challenges, opportunities, and changes such programming would entail. We have also included case examples to show the real-world application along with the academic questions of definition, trends, and needed research.

The first article by Muck et al. provides a review of the types of substance abuse treatment approaches currently practiced, the state of the
evidence concerning existing approaches, and the latest findings from the Center for Substance Abuse Treatment’s Cannabis Youth Treatment and Adolescent Treatment Models initiatives. The authors discuss the existing types of treatment and available evidence that make up the current treatment system. They conclude that the state of existing science has many limitations. Both the design of specialty adolescent treatment models that incorporate a developmental focus and the establishment of effective, evidence-based models of adolescent treatment are in their infancies. The limitations of science, the nascent state of specialty treatment models, and the increasing complexity of problems that substance-abusing adolescents experience are compelling reasons to continue examining the opportunities inherent in merging restorative justice techniques and adolescent treatment interventions.

Moreover, Muck and colleagues review the multiple adolescent developmental, motivational, and family considerations that are necessary dimensions of any effective intervention and outline models being tested in the current research. The most recent findings from projects supported by the Center for Substance Abuse Treatment are presented, concluding with data supporting the overall effectiveness of treatment but making it clear that no one approach will work with all youth. These authors highlight the increasing support for treatment models that move beyond substance abuse behavior to broader approaches that include community and family models of care. Such efforts may offer substantial advantages over the current program model orientation, in particular because current programs generally do not meet the challenges of community reentry, aftercare, and environmental pressures that often undermine treatment program gains. Restorative and community justice approaches present proven approaches for creating these broader models of care.

The Butts and Mears article does for juvenile justice what Muck et al. have done with adolescent substance abuse treatment. They provide an overview of the historical development of juvenile justice and present the contemporary challenges that the system has experienced. We are reminded that juvenile courts were developed in the early 1900s as an effort to increase the rehabilitative potential of the court for children, protect youth from adult prisoners, and control juvenile crime. The authors point out that in the 1980s and 1990s, society began supporting a more get-tough approach to all crime, result-
ing in less tolerance of juvenile justice rehabilitation efforts. This move to stronger punishment and more accountability fueled a push to move juveniles into adult courts. During these years, juvenile court systems became much like criminal court systems and had many observers wondering whether a separate juvenile justice system should or would continue to exist. Juveniles transferred to adult courts lost their status as minor children and were assumed legally culpable for their behavior. However, poor results have prompted new discussions about the most effective use of public safety resources for reducing juvenile offenses and promoting public safety. Butts and Mears examine the various options under consideration and point out that several successful individual, family, and community interventions exist but caution that careful implementation and monitoring are essential to ensuring effective outcomes.

These first two articles provide an optimistic story for the identification of proven, effective interventions in both substance abuse and juvenile justice arenas. Unfortunately, there is a large disconnect between availability of these proven approaches and need for them. It seems unlikely that increases in traditional programming will be enough to significantly address this gap. Turning to new approaches such as community and restorative justice practices may offer an opportunity to provide more treatment, create better treatment, and provide more than treatment.

For example, the Bazemore article provides a strong argument for how restorative practices not only repair harm but result in strengthening democracy through the creation of citizen involvement in community building and social capital. He argues that this social capital is the aspect of restorative justice that is most likely to effectively address youth substance abuse and other troublesome behaviors. Understanding the theoretical underpinnings of how restorative justice can work is critical to measuring the determinants of change that can result from these interventions. Bazemore posits that individual behavior change in the form of offending or substance abuse are not enough to really document the macro results that restorative practice produces. Macro or community interventions are emerging as a promising strategy within the substance abuse field, and although environmental approaches have long been considered essential to preventing substance abuse, using them as a part of substance abuse treatment has not oc-
Bazemore’s article provides a grounded theoretical model from which to begin developing such approaches.

The Braithwaite article begins to show us how the merger of these two areas, restorative justice and substance abuse treatment, might work. He outlines the process of healing that restorative justice promotes and argues that it is healing that creates the motivation necessary to sustain recovery. Given this possibility, he sees the criminalization of substance abuse as an opportunity to initiate healing through a well-designed restorative process. (Editors’ note: Dr. Braithwaite is commenting from his own cultural experience of living in Australia where the normative paradigm of justice follows a restorative model.)

Restorative justice approaches promote healing that is essential to repairing harm and creates the empathy and motivation required for change. Repairing harm restores relationships, and relationships are a necessary part of healing. Braithwaite also provides three examples where restorative approaches have been used. Similar to Bazemore, Braithwaite indicates that the benefits of a merged approach go beyond reducing crime and substance abuse and is the democratically decent thing to do.

The Karp and Breslin, Blechman et al., and Maloney and Holcomb articles present real-world applications of these principles in institutions and communities. Karp and Breslin give several examples of how this paradigm with its practices and approaches has been implemented in schools to deal with a range of troublesome if not criminal behaviors. The Blechman et al. article highlights a promising community approach that incorporates restorative principles into the use of information technology to assist community members and responsible professionals actualize a prosocial youth approach. Maloney and Holcomb’s article provides an in-depth look at how the paradigm of community justice is not just a program but a fundamentally different way for the justice system to operate. All three of the case study articles provide tools for how these changes can be actualized within communities and highlight, when available, the results that they have experienced.

Finally, the Shenk and Zehr article outlines some of the challenges and changes that would need to be addressed to merge restorative justice approaches with substance abuse treatment interventions. They outline the reciprocal intent of justice and argue the advantages of re-
storative exchanges as opposed to retribution. Implicit in reciprocity is shared responsibility. Another key concept to understanding the potential of restorative approaches is recognizing the guilt/shame cycle that stigma and punishment perpetuate. Shenk and Zehr posit that substance abuse and crime are often attempts at vindication for unfulfilled reciprocity that only serves to increase shame and humiliation. Focusing on the harms, causes, and obligations of restorative approaches is a method of removing shame, encouraging shared responsibility, and ultimately, respecting all involved stakeholders regardless of their role. Such transformation needs to be guided by strong restorative principles, accompanied by sound evaluations and a redefinition of the professionals’ role. These strategies are necessary to test the promise that jointly practiced justice and treatment approaches may bring.

In the summary article, Kraft, Muck, and Bazemore outline some of the specific opportunities and possibilities evidenced in this special edition. They argue that the need for more and better substance abuse treatment for youth could be greatly realized by including the community-building, family involvement, and healing principles promoted by restorative/community justice approaches.

Youth substance abuse remains a seemingly intractable problem for many families and communities. These articles are an attempt to promote a different dialogue about merged approaches for addressing some of the underlying causes and consequences of substance abuse. It is our sincere hope that they offer inspiration and motivation to those looking for a new way of creating community solutions to substance abuse and delinquency.

REFERENCES


M. Katherine Kraft, Ph.D., is a senior program officer at the Robert Wood Johnson Foundation (RWJF). Her primary areas of grant making include adolescent substance abuse and health and behavior programming. Dr. Kraft has been particularly involved in the area of community design and how it might support healthy behaviors. She is the primary developer of the RWJF Reclaiming Futures national initiative to enhance substance abuse treatment opportunities within the juvenile justice system. Prior to joining the foundation, Dr. Kraft was on faculty at Rutgers University School of Social Work. Her research and published work examined the organizational factors, service system design, and client factors that affect treatment efficacy, especially substance abuse treatment. In addition, Dr. Kraft worked with the New Jersey Department of Human Services to examine the intersection between welfare recipients and substance abuse treatment needs.

Judith R. Vicary, Ph.D., is a professor of biobehavioral health at Pennsylvania State University. She also serves as the Robert Wood Johnson Foundation project director for Leadership to Keep Children Alcohol Free, a multiyear public-private project bringing together governors’ spouses and major national organizations across the nation in an effort to prevent drinking by 9- to 15-year-olds. Dr. Vicary has published extensively in the substance abuse prevention field based on her research funded by the National Institute on Drug Abuse (NIDA), Center for Substance Abuse Prevention, and National Institute
on Alcohol Abuse and Alcoholism. She is also the co-principal investigator for the ADAPT (Adoption of Drug Abuse Prevention Training) Project, a 5-year NIDA-funded study of a curriculum in fusion model of substance abuse prevention in 10 rural middle schools.

Kimberly L. Henry, M.S., is a doctoral candidate in the Department of Biobehavioral Health at Pennsylvania State University. She also serves as a project associate for the Institute for Policy Research and Evaluation at Pennsylvania State. Her primary duties include data management and analysis for the ADAPT Project, a NIDA-funded study investigating an innovative method of substance abuse prevention among rural middle school students. Her research interests include prevention methodology and adolescent/young adult consequences of substance abuse.
Recent reports describe alarming trends of adolescent drug use and a lack of treatment for substance use disorder symptoms. Early efforts in adolescent treatment relied on adult models that may not have considered the unique needs of adolescents. Recently, there has been an increased emphasis in developing intervention models designed specifically for adolescents. This article provides descriptions of current approaches to adolescent substance abuse treatment and summaries of research assessing the effectiveness of these models.

Adolescent substance abuse has been a societal concern for some time. According to the Monitoring the Future Study (Johnston, O’Malley, & Bachman, 2001), adolescent drug use started increasing in the early 1990s and continued to do so until 1997. Not surprisingly, adolescents perceived lower risk of harm from drug use during this
time. From 1992 to 1998, the number of adolescent substance abuse treatment admissions grew by 53% (from 96,787 to 147,899) (Dennis, Noursi, Muck, & McDermeit, in press). At the same time, fewer than 10% of adolescents reporting past-year substance use disorder symptoms have ever received treatment (Dennis & McGeary, 1999) despite the rise in substance use and the potential for long-term consequences.

In addition to the alarming trends in adolescent drug use and lack of treatment, the age at which adolescents are introduced to drug use appears to be decreasing. For instance, the age of first marijuana use has decreased from older than 18 in the 1960s, to 15 to 17 years of age in the late 1970s and early 1980s, to younger than 15 in the late 1980s and 1990s (Johnston et al., 2001). This trend is of particular concern because most adolescents who begin using marijuana on a regular basis at an early age have consistently been found to continue their use and/or increase their frequency and amount of use as well as show an increase in related problems over time (Perkonigg et al., 1999).

Adolescent substance abusers are different from adult substance abusers in a number of important ways, including drug use patterns and developmental and social factors (Winters, Stinchfield, Opland, Weller, & Latimer, 2000). Adolescents may be more susceptible than adults to the development of substance dependence syndromes, even in the absence of physiological withdrawal. The progression from casual use to dependence can also be more rapid in adolescents than in adults (Winters, 1999). Adolescents presenting for treatment typically demonstrate a higher degree of co-occurring psychopathology, which frequently precedes the onset of problem substance use and often does not remit with abstinence (Kandel et al., 1997; Riggs, Baker, Mikulich, Young, & Crowley, 1995; Rohde, Lewinsohn, & Seeley, 1996).

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*Treatment for Youth, held August 30-31, 1999, in Chicago. Preparation of the document was supported by the Cannabis Youth Treatment Cooperative Agreement (TI11320) and a contract with the Adolescent Treatment Models Project (270-98-7047), both funded by the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, and a grant from the National Institute on Alcohol Abuse and Alcoholism (1 RO1AA10368). Address correspondence to Randy Muck, Center for Substance Abuse Treatment, Rockwall II, Suite 740, 5515 Security Lane, Rockville, MD 20852.*
Motivation for treatment is a key factor in addressing adolescent substance use because adolescents presenting for treatment almost never enter as a self-referral. Instead, they are typically referred by a parent, juvenile justice system official (judge or probation or parole officer), school official, child welfare worker, or representative of some other community institution. State-of-the-art substance abuse treatment must also take into account what we know about how people change. Important research on how people change addictive behaviors (Prochaska, DiClemente, & Norcross, 1992)—later applied to a wide variety of other behavioral problems—has shown that people move through stages in the change process. The stages of change model has been applied to adolescents (Pallonen, 1998) and young adults (Pallonen, Murray, Schmid, Pirie, & Luepker, 1990). The stages were the same in these populations, although there were differences in distribution, speed of movement through stages, and tendency to relapse.

The consensus of clinical practitioners is that for a given degree of severity or functional impairment, adolescents require greater intensity of treatment than adults. This is often reflected by a greater tendency to place adolescents in more intensive levels of care (Mee-Lee, Shulman, Fishman, & Gastfriend, 2001) and in part indicates the need for strategies that are not so much rehabilitative as habilitative.

Clearly, adolescent substance abusers present with a complex constellation of problems requiring treatment approaches that address this multitude of needs. Early efforts in adolescent treatment were based on adult models that did not seem to consider the unique needs of adolescents. Recently, however, there has been an increased emphasis in developing and evaluating theoretically based and empirically supported substance abuse intervention models designed specifically for adolescents (Wagner, Brown, Monti, Myers, & Waldron, 1999).

The purpose of this article is to provide a summary of the effectiveness of evaluated models of adolescent substance abuse treatment. A comprehensive review of adolescent substance abuse treatment is beyond the scope of this article. Therefore, this review is confined to published studies that evaluate discrete treatment models (e.g., cognitive-behavioral approaches) and does not include studies that focus on broad treatment effectiveness issues, such as treatment setting (e.g., inpatient vs. outpatient) and length of treatment. A more comprehen-
A comprehensive review can be found in a recent article by Williams, Chang, and the Addiction Centre Adolescent Research Group (2000). In addition to reviewing the documented effectiveness of adolescent treatment models, this article also outlines ongoing programs with evaluation protocols and methods that attempt to address some of the methodological concerns of previous studies and expand our understanding of the mechanisms of adolescent treatment.

**EFFECTIVENESS OF ADOLESCENT TREATMENT MODELS**

In 1998, most adolescents receiving treatment for substance abuse did so in an outpatient setting. Out of 147,899 adolescents in treatment, 69% were in outpatient programs, 11% in intensive outpatient programs, 6% in short-term residential programs, 9% in long-term residential programs, and 6% in other treatment settings (detoxification hospital inpatient, detoxification free standing, detoxification ambulatory, and hospital-based inpatient) (Dennis et al., in press). Whereas most treatment regimes incorporate a number of methods, current approaches to the treatment of adolescent substance use fall into the following four main modalities: 12 step, behavioral or cognitive behavioral, family based, and therapeutic communities. Each of these models views the problem of adolescent substance use—its etiology, maintenance, and resolution—from a slightly different angle (Bukstein, 1995; Winters, Latimer, & Stinchfield, 1999). The following sections provide brief explanations of each approach and summaries of research assessing the effectiveness of the models. Due to the wide range of evaluation designs used, some study outcomes are described individually. When possible, however, results have been synthesized across studies to assist in conveying general findings of the treatment models’ effectiveness.

**THE 12-STEP TREATMENT APPROACH**

*Basic model.* The 12-step approach—also known as the Minnesota Model or the Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) approach—is the most widely used model in the treatment of ad-
olescent drug abusers. Based on the tenets of AA and basic psychotherapy, the 12-step model views “chemical dependency” as a disease that must be managed throughout one’s life with abstinence as a goal (Winters et al., 2000). The backbone of 12-step treatment is step work, a series of treatment and lifestyle goals that are worked in groups and individually. The first 3 steps help the adolescent to be more honest, decide to stop using drugs and alcohol, and choose a new lifestyle. Steps 4 through 9, the action steps, help adolescents continue to be honest, develop and implement an action plan for a changed lifestyle, and correct past wrongs where possible. Steps 10 through 12 are the growth steps, which encourage adolescents to continue to work a recovery program throughout their lives. Typically, the first 5 steps are covered in the treatment program, whereas Steps 6 through 12 are addressed in aftercare and ongoing involvement in community self-help groups. Step work provides the basic structure for treatment and recovery.

Other components of 12-step programs include group therapy (the primary mode of treatment delivery in 12-step programs), individual counseling, lectures and psychoeducation, family counseling, written assignments (including step work), recreational activities, participation in aftercare, and attendance at AA/NA meetings in the community. Counselors in 12-step programs are often recovering substance users and serve as powerful role models for living a drug-free life. Although once available only in residential settings, 12-step treatment is now widely offered in both residential and outpatient settings.

Effectiveness. Studies examining the effectiveness of 12-step programs typically focus on comparisons between program completers and noncompleters rather than comparisons to other treatment models. Studies show that at 6-month follow-up, program completers had a significantly higher abstinence rate than noncompleters (Alford, Koehler, & Leonard, 1991; Brown, Myers, Mott, & Vik, 1994; Winters, Stinchfield, Opland, & Weller, 1999; Winters et al., 2000). Results at 1- and 2-year follow-ups, however, are mixed. Both studies by Winters, Stinchfield, et al. (1999) and Winters et al. (2000) found completers’ outcomes to be far superior to noncompleters’ at the 12-month follow-up. However, Alford et al. (1991) reported that abstinent/essentially abstinent rates fell sharply for boys and slightly for
girls at 1-year posttreatment. There was no significant difference between completers and noncompleters by 2 years posttreatment.

Results for behavioral functioning show a similar pattern. Alford et al. (1991) reported that 45% of treatment completers were abstinent/essentially abstinent and successfully functioning in school or a job and in family-social activities, whereas this was true for only 25% of noncompleters. At 1-year posttreatment, this difference narrowed to 29% versus 18% for completers and noncompleters, respectively, and further narrowed to 27% versus 23% at 2 years posttreatment.

In addition to comparisons with noncompleters, Winters et al. (2000) also compared outcomes of program completers to those for a wait-listed group of adolescents. Results show that program completers reported superior outcomes to adolescents in waiting list groups, who in turn did not differ significantly from the noncompleter group. This finding was consistent for both categorical (abstinence/minor relapse rates) and continuous (standardized drug use frequency scores) variable analyses.

THE BEHAVIORAL TREATMENT APPROACH

Basic model. Behavioral approaches focus on the underlying cognitive processes, beliefs, and environmental cues associated with the adolescent’s use of drugs and alcohol and teach the adolescent coping skills to help him or her remain drug free. Whether called behavior therapy, cognitive therapy, or cognitive-behavioral therapy (CBT), all behavioral approaches view substance abuse as a learned behavior that is susceptible to alteration through the application of behavior modification interventions (Miller & Hester, 1989). The goal of behavioral approaches is to teach adolescents to unlearn the use of drugs and to learn alternative, prosocial ways to cope with their lives. Thus, “treatment focuses on the factors that precipitate and maintain episodes of substance use” (Kaminer, Burleson, Blitz, Sussman, & Rounsaville, 1998, p. 684). In particular, cognitive-behavioral techniques attempt to alter thinking as a way to change behavior. Behavioral techniques are used in residential and outpatient settings as part of group or individual therapies.

A commonly used behavioral intervention focuses on the development of coping skills. Particular skills to be taught are introduced and
modeled. Using examples from the adolescents’ lives is crucial to help engage them and convince them of their practical utility. Specific skills vary by program but may include drug and alcohol refusal skills, resisting peer pressure to use drugs and alcohol, communication skills (nonverbal communication, assertiveness training, and negotiation and conflict resolution skills), problem-solving skills, anger management, relaxation training, social network development, and leisure time management. New behaviors are tried out in low-risk situations (e.g., during group therapy role-plays and individually with a counselor) and eventually are applied in more difficult, real-life situations. Homework assignments, such as trying out a new behavior or collecting problem situations to discuss during therapy, are common. Staff members and parents are encouraged to provide positive reinforcement for the use of new behaviors.

Behavioral contracting is another technique used in behavioral approaches. The adolescent and counselor agree on a set of behaviors to be changed and develop weekly incremental goals for the adolescent. As each goal is reached, the adolescent is highly praised or otherwise reinforced. Behaviors are explicitly defined on the contract, with criteria and time limitations noted.

Effectiveness. To date, published studies examining the effectiveness of behavioral programs focus on the comparison of behavioral models to other treatment methods. For instance, Azrin and colleagues (Azrin, Donohue, Besalel, Kogan, & Acierno, 1994; Azrin, McMahon, et al., 1994) compared the effectiveness of a behavioral outpatient treatment program to that of a supportive counseling program. In the behavioral program, the number of adolescents using drugs by the end of treatment decreased by 73% compared with a decrease of only 9% of those receiving the comparison treatment. Drug use was measured in three ways at each session—adolescent self-report, parent report, and urinalysis—and all three methods of measuring drug use showed substantial decreases during the course of the behavioral treatment. These measures showed only slight decreases during the nonbehavioral treatment, and the average number of days per month of drug use actually increased. For the behavioral program, reported alcohol use decreased by about 50%, whereas the comparison treatment showed an increase of 50%.
Looking at other measures of improvement for the behavioral program, the percentage attendance at school or work increased significantly, and a large decrease in average scores on the depression measure was observed. Parent satisfaction with the youth increased from a prebaseline rate of 42% to 72% overall satisfaction. Youth satisfaction with the parent increased from a prebaseline rate of 69% to 85%, although the difference was marginally significant. For the comparison, nonbehavioral program, the percentage attendance at school or work decreased only slightly as did the average scores on the depression measure. Parent satisfaction with youth and youth satisfaction with the parent remained unchanged at 50% and 63%, respectively. Substance use data and related measures were not collected posttreatment.

In their studies, Kaminer, Burleson, and colleagues (Kaminer & Burleson, 1999; Kaminer et al., 1998) compared CBT to interactional treatment (IT)—an insight-oriented outpatient group approach—to determine which treatment would provide improved outcomes for adolescent substance abusers who also were diagnosed with a psychiatric condition. The overall treatment completion rate was 47% (8 in the CBT group and 7 in the IT group). At the 3-month follow-up, adolescents who were in the CBT treatment significantly reduced the severity of their substance use compared with those assigned to IT. At the 15-month follow-up, no treatment group differences were observed on severity measures of alcohol use; drug use; psychiatric problems; problems with peers, family, or school; and legal problems.

Finally, in a study similar to the one described earlier, Kaminer, Burleson, and Jadamec (1999) compared CBT to psychoeducational treatment (PET) to determine which of the two treatments would provide improved outcomes for adolescent substance abusers. The CBT was administered similarly to the previous study; however, the program in this study was slightly shorter, lasting 8 weeks instead of 12. The PET addressed the dangers of using drugs and alcohol through a didactic process.

Kaminer et al. (1999) reported an overall treatment completion rate of 86%. At the 3-month follow-up, adolescents who completed CBT treatment and follow-up measures significantly improved on the severity of their peer problems as compared with those assigned to PET. In addition, a trend toward improvement on the drug and alcohol se-
verity measures was observed for adolescents treated in CBT relative to those in PET.

THE FAMILY-BASED TREATMENT APPROACH

Basic model. Family-based approaches acknowledge the critical influence of the adolescent’s family system in the development and maintenance of substance abuse problems. Most techniques are based on four family therapy models—structural, strategic, functional, and behavioral—alone or by combining effective parts of a number of models. “A family systems view of adolescent drug abuse focuses on the manner in which adolescent functioning is related to parental, sibling, and extended-family functioning, as well as to patterns of communication and interaction within and between various family subsystems” (Ozechowski & Liddle, 2000, p. 270). The family, then, is viewed as a collection of subsystems (e.g., parents and children), each with a variety of roles. Ideally, boundaries between subsystems are permeable enough for, say, an adolescent to feel comfortable seeking input from a parent on an important issue but not so permeable that the boundaries between parent and child roles are blurred. Problems arise when boundaries and roles are not clear or are inappropriate for a given family subsystem.

Techniques used by family therapists include observing the interactive patterns between members by encouraging them to speak directly to each other, pinpointing problems in interactions and their underlying relationship problems, and helping families improve their relationships. Techniques to clarify family roles and boundaries help families change maladaptive interaction patterns. The therapist’s use of reframing or relabeling problem behavior—defining problem behavior in a new way—leads to new insights and opportunities to mend or develop relationships. Given the importance of day-to-day communication patterns between members, most family models stress the importance of having the entire family present for therapy.

Effectiveness. Studies examining the effectiveness of family-based programs also focus on the comparison of this model to other modes of treatment. Several studies have compared family-based models to education models of treatment (Joanning, Quinn, Thomas, & Mullen,
1992; Lewis, Piercy, Sprenkle, & Trepper, 1990; Liddle et al., 1999; Liddle & Hogue, in press). Lewis et al. (1990) reported that adolescents in a family-based therapy model showed a significant decrease in ratings of seriousness of drugs used from pre- to posttreatment, whereas adolescents in a family drug education program did not show similar decreases. Studies examining the amount of drug use (Joanning et al., 1992; Liddle et al., 1999) report greater reduction in drug use at immediate posttreatment using the family-based therapy model. Similar results are reported at 6-month (Liddle et al., 1999) and 12-month (Liddle et al., 1999; Liddle & Hogue, in press) follow-up.

Looking at factors related to substance use, Liddle and Hogue (in press) reported that multidimensional family therapy (MDFT) showed superior improvement in behavioral ratings of family competence and adolescent’s grade point average from pretreatment to 12-month follow-up. Joanning et al. (1992) also reported that at the 6-month follow-up, adolescents in all treatment groups perceived that their communication with their parents had improved significantly. The adolescents’ parents, however, did not share this perception.

Similar results were found when comparing family-based models to adolescent group therapy. Family systems therapy (Joanning et al., 1992) and MDFT (Liddle, Dakof, & Diamond, 1991; Liddle et al., 1999) resulted in greater improvement in reduction of drug use at immediate posttreatment than the adolescent group therapy model. This difference remained at 6- and 12-month follow-ups for the MDFT studies (Liddle et al., 1991, 1999; Liddle & Hogue, in press).

Looking at pre- to posttreatment differences in related factors, Liddle et al. (1999) found no significant differences between groups for problem behavior (poor anger control, interpersonal problems, impulsivity, mood swings, and antisocial, aggressive, and sexual acting out) or grade point average. However, adolescents receiving MDFT showed greater improvements in grade point average (Liddle et al., 1999; Liddle & Hogue, in press) and behavioral ratings of family competence (Liddle & Hogue, in press) at follow-up. No significant difference between groups was found for problem behaviors at follow-up (Liddle et al., 1999).

Friedman (1989) conducted a study comparing family therapy to a parent group method involving training in parent effectiveness, parent communication, and parent assertiveness. Both groups reported sig-
significant improvements in adolescent drug use, parent-adolescent communication, family behavior, and adolescent psychiatric symptoms from pretreatment to 9 months posttreatment. There was no significant difference between the groups in level of improvement.

Results from studies comparing multisystemic therapy (MST) (described in Borduin, 1999) to other treatment models show mixed findings. Compared to individual counseling, MST resulted in significantly fewer adolescents with a substance-related arrest during the 4 years following treatment (Henggeler et al., 1991). Compared to court-ordered sanction (e.g., curfew and school attendance), MST also resulted in significantly lower self-reported use of marijuana and alcohol at posttreatment. Analysis of other drug use (hallucinogens, amphetamines, barbiturates, heroin, and cocaine) was precluded due to a low base rate.

Less promising findings were reported in a study of adolescent offenders with substance abuse or dependence diagnoses (Henggeler, Pickrel, & Brondino, 1999). Henggeler et al. (1999) compared treatment effects of MST to those of the usual community services (typically a referral from the adolescent’s probation officer to outpatient substance abuse services, including a 12-step program and adolescent group meetings). Most families in the community services group received neither substance abuse nor mental health services. At posttreatment, there was no significant difference between groups for use of marijuana, alcohol, and other drugs after adjusting for preexisting differences. Both groups showed a decrease in criminal activity with no significant difference between groups. Adolescents in the MST group did experience significantly fewer out-of-home placements (i.e., detention centers, jails, psychiatric or substance abuse hospitals, and residential treatment centers) from pretreatment to 6 months posttreatment than those in the community services group. In general, this study showed mixed results for the family-based model; however, Henggeler et al. (1999) suggested that the modest results may be a result of therapists’ low adherence to the treatment protocol.

Finally, Szapocznik, Kurtines, Foote, Perez-Vidal, and Hervis (1983, 1986) compared conjoint family therapy (CFT; therapy with the entire family present for most sessions) to one-person family therapy (OPFT; therapy with only one family member present for most
sessions). At immediate posttreatment, adolescents in both conditions showed significant improvement in clinical status (including drug abuse, impulse control, behavioral disturbance, and subjective distress), behavior problems (including conduct problems, delinquency, personality problems, and inadequate development), and family functioning. At follow-up (6 to 12 months posttreatment), adolescents in both groups continued to show improvements in clinical status and family functioning; however, adolescents in OPFT showed significantly more reduction in problem behavior and drug abuse than adolescents in CFT.

Clearly, family-based treatment of adolescent substance abuse has received much attention in the research literature. In their review of family-based therapy for adolescent drug abuse, Ozechowski and Liddle (2000) concluded that this model’s efficacy in addressing adolescent drug abuse and externalizing and internalizing behavioral problems and symptoms of psychiatric comorbidity has received solid empirical support. They further concluded that related factors, such as improved family functioning, involvement in school, and reductions in peer-associated delinquent behavior, have also been shown to be significantly improved through family-based therapy.

THE THERAPEUTIC COMMUNITY TREATMENT APPROACH

Basic model. Therapeutic communities (TCs) are long-term residential programs reserved for adolescents with the most severe substance abuse and related problems. The traditional duration of stay is at least 15 months, although some TCs have adopted shorter lengths of stay based on progress (6 to 12 months). The philosophy behind the TC is that substance abuse is a disorder of the entire person resulting from an interruption in normal personality development and deficits in interpersonal skills and goal attainment. Thus, the purpose of the TC is to provide a psychologically and physically safe, nurturing, and structured environment in which the adolescent can develop more adaptive personal and social behaviors, attitudes, and beliefs (Jainchill, 1997). The social organization of the TC serves as a family surrogate for the adolescent and provides a therapeutic, supportive environment for the adolescent to mature and grow.
Life in a TC is highly structured, with days scheduled from early morning through the evening. Days are filled with school classes and tutoring, peer group and individual therapy, recreation, jobs, and occupational training. Management of the TC is the responsibility of the residents, and all adolescents are assigned a job. Through progress and productivity, adolescents rise through the job hierarchy to positions of management or coordination. Participation by a family member is often part of the TC experience. As in 12-step programs, counselors and primary staff members at TCs are often ex-clients who have been successfully rehabilitated in TCs.

**Effectiveness.** The Center for Therapeutic Community Research led an investigation of six TC treatment programs across nine sites (Jainchill, 1997; Jainchill, Bhattacharya, & Yagelka, 1995). Although programs varied on factors such as setting (urban vs. rural), planned duration of stay (6 to 18 months), and the size of their staff, all shared the basic features of a TC. Halfway through their planned stay of duration, 45% of adolescents were still in treatment, and significant positive changes were observed on most indicators of psychological status, such as self-esteem and behavioral indicators (trouble controlling violent behavior and serious thoughts of suicide in the past 30 days). About 44% of adolescents completed their treatment programs. At 6 months posttreatment, significant reductions were observed for inhalant, hallucinogen, and methamphetamine use. In addition, more than 66% of the adolescents reported that their alcohol use was either greatly reduced or at an abstinent level.

**ADVANCES IN ADOLESCENT SUBSTANCE ABUSE TREATMENT'S OVERALL EFFECTIVENESS**

The earliest studies of treatment effectiveness were large-scale national efforts that included adolescent samples such as the Drug Abuse Reporting Program (DARP) (Sells & Simpson, 1979; Simpson, Savage, & Sells, 1978) and the Treatment Outcome Prospective Study (TOPS) (Craddock, Bray, & Hubbard, 1985; Hubbard, Cavanaugh, Craddock, & Rachal, 1985). DARP found that adolescents in treatment—including methadone maintenance, therapeutic communities, out-
patient programs, detoxification, and other programs—showed reduced opioid use, slightly increased alcohol use, and levels of marijuana use that remained the same or increased after treatment. TOPS found that residential treatment resulted in reduced rates of daily marijuana use, alcohol and other drug use, and drug-related problems, whereas outpatient treatment showed mixed results.

A more recent study—the National Treatment Improvement Evaluation Study (NTIES) (Gerstein & Johnson, 1999)—found similar results, reporting that residential treatment was associated with reductions in using marijuana and cocaine and in alcohol intoxication. Results were mixed for adolescent outpatient treatment, which was associated with a slight reduction in using marijuana, no change in cocaine use, and a slight increase in alcohol intoxication.

Finally, the Drug Abuse Treatment Outcome Study for Adolescents (DATOS-A) (Grella, Hser, Anglin, Joshi, & Rounds-Bryant, 1999; Powers, Hser, Grella, & Anglin, 1999) reports that from baseline to 1-year posttreatment, adolescents’ rates of marijuana and alcohol use decreased. Results for cocaine use were mixed, with long-term residential treatment showing decreased use and short-term residential and outpatient drug-free treatment showing increased use at posttreatment.

It has only been within the past 10 to 15 years that treatment effectiveness research has focused exclusively on outcomes for adolescents. Thus, research on the effectiveness of adolescent treatment is in its infancy. Few rigorous evaluations of effectiveness have been done, and of those studies that exist, many have methodological problems that make definitive conclusions difficult if not impossible.

Small sample sizes limit the use of analytical techniques and generalizability of findings. Lack of randomized assignment calls into question the cause of group differences. High drop-out rates complicate matters because adolescents who are difficult to contact or who refuse to participate in follow-up outcome studies are known to have significantly poorer outcomes than adolescents who are easy to contact and cooperative (Stinchfield, Niforopulos, & Feder, 1994).

Issues surrounding the assessment of adolescent substance use are also major concerns for these studies. Early studies tended to borrow assessment tools from the adult treatment field; these tools may not be appropriate for use with adolescents. Researchers often develop their
own measure or index and fail to provide psychometric properties of the scale of index (Liddle & Dakof, 1995). Furthermore, the methodology is inconsistent across studies regarding the time period at which outcome is evaluated, the number of prior months of substance use being assessed, and how success is measured (Williams et al., 2000).

The variety of methods of assessing substance use—self-report, others’ reports, and urinalysis—also poses problems for synthesizing findings across studies. Different assessment techniques are used across studies, making comparison difficult. Whereas some studies admirably attempt to combine methods in an effort to generate a reliable measure of substance use, these methods, again, differ across studies. Although there seems to be consensus that collecting information from a variety of sources is desirable in assessing adolescent substance use, the field would benefit from consistent methods in reconciling this information.

The wide range of level of participant substance use in study samples is another factor inhibiting the ability to draw strong conclusions from current findings. Some studies focus on adolescents with low levels of substance use (nonaddicts), whereas other studies have inclusion criteria of substance dependence or abuse. Still other studies use adolescent samples exhibiting wide ranges of levels of substance use. This latter scenario presents another concern because the inclusion of non-substance-using participants may mask actual treatment effects when analyzing in the aggregate. Finally, some studies simply fail to adequately measure or describe the substance use of the sample. Hopefully, as the body of adolescent treatment research grows, it will be possible to group studies with similar samples and assessment methods to draw stronger conclusions regarding the effectiveness of treatment models.

Despite the problems of early efforts in adolescent treatment research, Williams et al. (2000) concluded that the limited evidence of previous research points to several practices that appear to be important for treatment programs to understand and address. These include the need for programs to be accessible and provide treatment for a large number of individuals (because there is a great unmet need and treatment is shown to be better than no treatment); attend to the issues of treatment dropout and maximize treatment completion; include aftercare as a part of the continuum of care; provide comprehensive ser-
vices that go beyond the reach of traditional substance abuse interventions, such as those that address educational, psychological, vocational, recreational, family, and legal concerns; include family therapy as a part of treatment; and engender parent and peer support, in particular regarding nonuse of substances. The authors stated that beyond this set of recommendations, “there is insufficient evidence to make recommendations about other aspects of treatment” (p. 160).

Beginning in 1995, the federal Center for Substance Abuse Treatment (CSAT) sought to build on the limited research evidence about what works for adolescents. CSAT has funded 15 adolescent substance abuse treatment projects, including a rigorous evaluation of those models. The evaluation designs were developed in a manner to overcome many of the previously noted shortcomings of the earlier research (e.g., sample sizes larger than most previous studies, follow-up rates above 85%, follow-up intervals standardized, and common instrumentation for assessment and follow-up). CSAT further intends for treatment manuals to be developed and disseminated based on those models that are found to be effective.

In light of the scant data available to make recommendations about treatment interventions for youth using drugs and alcohol, CSAT has funded evaluation efforts to better understand the relative effectiveness and costs of different interventions. The Cannabis Youth Treatment (CYT) Program (Department of Health and Human Services [DHHS], 1997) and the Adolescent Treatment Models (ATM) (DHHS, 1999a) are two examples of CSAT’s ongoing multisite studies that are at the forefront of developing new knowledge about effective treatment. CYT is a 3-year collaboration among CSAT and academic researchers and treatment providers in Bloomington and Madison County, Illinois; the Alcohol Research Center at the University of Connecticut; Operation PAR in St. Petersburg, Florida; and the Child Guidance Center at the Children’s Hospital of Philadelphia. CYT was designed for adapting five promising treatment approaches in clinical practice and to test their effectiveness. It is the largest randomized evaluation ever conducted with adolescent marijuana users seeking treatment. It should be noted that all of the interventions are provided as outpatient services. The design of CYT was purposefully constructed to overcome many of the methodological problems that plagued earlier studies of adolescents in outpatient treatment settings.
The treatment programs are (see Figure 1):

1. Motivational Enhancement Therapy/Cognitive-Behavioral Therapy (MET/CBT5), a five-session treatment model with two individual sessions to support motivation for change and three group sessions on refusal skills; this approach is now available as a manual for replication (DHHS, 2001a);

2. CBT 7, a treatment model to follow MET/CBT5; it provides additional group sessions;

3. Family Support Network, to supplement MET/CBT5 or other treatment models with family support such as home visits, parent education, and case management;

4. Adolescent Community Reinforcement Approach, providing 14 individual sessions with the adolescent and/or a “concerned other” of the adolescent to focus on learning alternative skills to cope with problems and to work on changes in environmental cues and contingencies that may be related to ongoing substance use;

5. Multidimensional Family Therapy, a treatment model integrating substance abuse treatment with 12 weeks of family-focused intervention and additional phone calls and case management.

The treatment manuals for Interventions 2 through 5 are currently under development and will be available to the public through the National Clearinghouse on Alcohol and Drug Information (1-800-729-6686).

The CYT interventions have proven to provide results that are superior to previously studied outpatient interventions for substance-involved youth. As they become available, ongoing findings from the project will be posted at www.chestnut.org/li/CYT. Preliminary findings on the effect of the CYT interventions are shown in Figures 1 and 2.

The ATM program was developed to identify existing potentially exemplary treatment models that heretofore had not had the resources to support a rigorous evaluation. The initiative is evaluating the effectiveness of the models related to individual client outcomes and cost. The effectiveness of the models will be compared with other studies of adolescent substance abuse treatment (the core data set and follow-up periods are consistent with the CYT effort to allow comparison). Effective models will be codified into treatment manuals for the pur-
poses of dissemination, replication, and further study. This will be one of the first efforts to compare a variety of existing treatment modalities, perform case-mix adjustment, manualize the approaches, conduct a cost-effectiveness analysis, and have high follow-up rates (currently more than 1,500 adolescents recruited with a follow-up rate of over 85%). In addition, large treatment samples of African American, Hispanic, Native American, and adolescent females are study participants.

One promising approach that was investigated early in the ATM program was the Seven Challenges Program (Schwebel, 2000). Seven Challenges incorporates a knowledge base of adolescent development, and it also matches the stage of change with appropriate interventions and relevant goals. Preliminary findings (Stevens, 1998) showed both a statistically significant reduction in substance use and aggressive behavior and improvements in related domains of functioning.

More than half of the adolescents enrolled in these CSAT-supported projects are involved in the juvenile justice system. This finding is consistent with what is found in the general population of

<table>
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<th>FSNM</th>
<th>ACRA</th>
<th>MDFT</th>
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<td>2</td>
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<td>Multiple Family Group Sessions</td>
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FIGURE 1: Impact of Cannabis Youth Treatment Program Treatments on Positive Outcomes

MCB5 = Motivational Enhancement Therapy/Cognitive Behavioral Therapy
MC12 = Cognitive Behavior Therapy 7
FSNM = Family Support Network
ACRA = Adolescent Community Reinforcement Approach
MDFT = Multidimensional Family Therapy
SOURCE: Dennis et al. (2000).
youth receiving treatment in publicly funded programs, where the justice system is the single largest source of referral (Dennis et al., in press). In part because of the vast numbers of youth in treatment who are involved with the justice system, CSAT in 1995 funded a juvenile justice system demonstration program in three metropolitan areas. The goal of this program was to link the appropriate treatment and ancillary service providers with the justice system to facilitate the referral and treatment services for substance-using adolescents involved in the justice system. A document was produced to inform other jurisdictions about the intervention in one of the sites and provide information to assist them in their efforts to institute similar systems of care for justice-involved adolescents (DHHS, 1999b).

Based on learning from the evaluation of treatment models and the Juvenile Justice Treatment Network, two new community-based interventions have been developed. First, the Robert Wood Johnson Foundation is set to launch a new initiative, Reclaiming Futures (Robert Wood Johnson Foundation, 2001), to build more seamless systems of care and further the learning about how systems interventions can improve outcomes for justice-involved adolescents. Second, CSAT will fund three to five communities to develop a continuum of care—
early identification, referral, treatment, and continuing care/aftercare—to provide a seamless service system for youth in need of substance abuse interventions (DHHS, 2001b).

The almost simultaneous fielding of two systems-level initiatives for adolescents, one by a federal agency and the other by a private foundation, is not a coincidence. The recent history of identifying models of treatment for adolescents that are effective provides the foundation for assisting communities to initiate evidence-based practices for youth. Experience with systems interventions, both for adults (Scott, Muck, & Foss, 2000; Wickizer et al., 1994) and youth (DHHS, 1999b), suggests that institution of evidence-based treatment models and systems/infrastructure development for communities and their youth will yield better individual outcomes, better service delivery, continuity of care, earlier engagement in the treatment process, and better satisfaction with treatment.

Although many questions still remain, it is clear that much progress has been made to identify effective models of adolescent substance abuse treatment. Furthermore, ongoing studies such as the CYT and the ATM programs are making progress in addressing methodological concerns while showing promising preliminary findings. Treatment manuals produced by these projects will greatly facilitate improvements in evaluation methodology and increase the transportability of treatment models. Explorations investigating the integration of adolescent treatment with restorative justice models are currently under way. Hopefully, this overall increased emphasis on developing and improving treatment models that target adolescents’ special needs will result in more effective treatment and decreasing trends of adolescent substance use.

As communities begin to adopt best practices and develop systems of care for adolescents in need of substance abuse treatment, they are likely to converge in some localities with ongoing restorative justice programs. Given the preponderance of justice-involved youth in the treatment system, it is extremely important that these two fields communicate and maximize their service delivery. The state of evidence about the effectiveness of adolescent substance abuse treatment provides many opportunities for enhancements to assist in improving relapse and treatment retention rates. The potential for integration of ex-
isting treatment models with restorative justice principals may provide additional advancements to the field. Community-based treatment that involves establishing or supplementing a continuum of seamless care is a natural nexus for application of adolescent substance abuse treatment and restorative justice practices. Issues surrounding the integration of these fields are discussed in an article by Kraft, Muck, and Bazemore (2001 [this issue]).

REFERENCES


Randolph Muck, M.Ed., is a team leader/public health adviser in the federal Center for Substance Abuse Treatment’s (CSAT’s) Division of Practice and Systems Development. Mr. Muck is responsible for federal programs evaluating the effectiveness of adolescent treatment models and is the chair of the CSAT adolescent working group. He recently developed a new grant program for strengthening communities for youth, which supports establishing a community-based continuum of care for youth with substance abuse problems. Prior to joining CSAT, Mr. Muck worked for 16 years with the Department of the Army as a clinician, clinical director, and administrator for substance abuse and mental health treatment programs for soldiers and family members. He also helped develop the first military program to provide substance abuse treatment services for adolescent family members living on a military facility outside of the continental United States.

Kristin A. Zempolich, M.S., a Research Analyst at Logicon/ROW Sciences, provides analytic support to several programs including the Center for Mental Health Services (CMHS) Consumer Operated Service Program (COSP) and the National Institute of Drug Abuse (NIDA) Cooperative Agreement for AIDS Community-Based Outreach/Intervention Research Program. Under the Center for Substance Abuse Treatment (CSAT) Technical Assistance for Knowledge Development and Applications and Specified Demonstration Programs contract she provides support in developing the Program for Rehabilitation and Restitution. Her prior research interests include personality, measurement issues, and criminal and aggressive behavior, evaluation methodology and assessment instrumentation.

Janet C. Titus, Ph.D., is a research psychologist in the Lighthouse Institute of Chestnut Health Systems in Bloomington, Illinois. Currently, she serves as the data coordinating center co–principal investigator (co-PI) for the adolescent Persistent Effects of Treatment study as well as the coordinating center co-PI and project coordinator for the Cannabis Youth Treatment cooperative agreement. She has served as an assessment trainer for the Adolescent Treatment Models study. Dr. Titus is leading an analysis of trauma/victimization in adolescents and its relationship to comorbidity and treatment outcomes and collaborating on the development of other presentations and papers. Her current research interests include the role of spirituality in substance use recovery and substance use treatment in the deaf and hard-of-hearing population.

Marc Fishman, M.D., is a member of the faculty of the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine. He serves as the medical director of Maryland Treatment Centers, a regional behavioral health care provider, which includes Mountain Manor Treatment Center in Baltimore, a program for inpatient and outpatient treatment of drug-involved and dual-diagnosis adolescents. He is also principal investigator (PI) for the Baltimore site of the CSAT Adolescent Treatment Models project. Dr. Fishman is the chair of the work group on adolescent placement criteria for the American Society of Addiction Medicine (ASAM) and served as coeditor for the most recent edition of ASAM’s Patient Placement Criteria (PPC 2-R).

Mark D. Godley, Ph.D., has served as the director of Chestnut Health System’s research division, the Lighthouse Institute, since 1987. He currently is the PI of the National Institute on Alcohol Abuse and Alcoholism–funded randomized trial of the Assertive Aftercare Project for adolescents being discharged from residential treatment and is a co-PI
of the CSAT-funded Cannabis Youth Treatment experiment. He codirects the biennial Illi-
nois Youth Survey of more than 10,000 junior and senior high school youth and is one of
the principal architects of Illinois’s state-of-the-art approach to planning and evaluating
community-based prevention programs. His research interests include the management
of substance abuse as a chronic condition and adolescent treatment outcome research.

Robert Schwebel, Ph.D., a clinical psychologist, developed the Seven Challenges drug
treatment program for adolescents, which is now used across the country. He is the au-
thor of Saying No Is Not Enough (2nd ed., 1998), Keep Your Kids Tobacco-Free (2001),
and other books. As the resident psychologist at Parent Soup (www.parentsoup.com) of
iVillage, Dr. Schwebel answers parenting questions. Active in the media, he has ap-
peared on a number of talk shows including Oprah, various CNN interviews, and The To-
day Show. Recently, he wrote the booklet Helping Your Children Navigate Their Teenage
REVIVING JUVENILE JUSTICE
IN A GET-TOUGH ERA

JEFFREY A. BUTTS
DANIEL P. MEARS
Urban Institute

State and local jurisdictions throughout the United States enacted a wide array of new juvenile justice policies in recent years. Many of these policies were intended to make the juvenile justice system tougher, but others improved prevention, increased rehabilitation, and enhanced the restorative features of the juvenile justice system. This article describes the most prominent new ideas in juvenile justice and addresses a question usually asked by policy makers: What works? It suggests that a new generation of innovative programs might revive the spirit of American juvenile justice.

In response to widespread concern about juvenile crime during the 1980s and 1990s, state and local jurisdictions throughout the United States implemented numerous changes in their juvenile justice systems. Many of these changes were designed to increase the ability of juvenile courts to punish youthful offenders. Nearly all states, for example, increased the number of juveniles eligible for transfer to adult court. Yet even while policy makers were passing new policies to “get tough,” other parts of the juvenile justice system were being re-invented, and researchers were finding support for the effectiveness of preventive and rehabilitative programs. Numerous innovations were implemented to improve the quality of treatment programs and to ensure early intervention before young juveniles become further involved in crime. Other changes focused on the organization and methods of juvenile justice itself, such as the growth of new specialized courts, the increasing application of restorative justice principles, and

AUTHORS’ NOTE: Address correspondence to Jeffrey Butts, the Urban Institute, 2100 M Street, NW, Washington, DC 20037; e-mail: JButts@urban.org.

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enhanced coordination and collaboration among juvenile justice and social service agencies.

The broad scope of these recent changes raises important questions. What do we want the juvenile justice system to be? Are we sure we still want to have a juvenile justice system? It is important to remember that dividing the justice system into two parts—one for juveniles and one for adults—was an explicit policy choice made a little more than a century ago. State laws refer to young people who break the law before reaching legal adulthood as juveniles to indicate that they are under the jurisdiction of the juvenile court rather than the criminal (or adult) court. Technically, juveniles are not even arrested for committing crimes. The criminal code does not apply to people younger than a certain age, usually 17 or 18 years. Instead, juveniles are charged with acts of delinquency. A 20-year-old who breaks into a neighbor’s house is arrested for the crime of burglary. By contrast, a 15-year-old who does the same thing is taken into custody for an act of delinquency that would be burglary if the youth were an adult.

In recent years, support for this traditional view of juvenile delinquency seemed to decline. The distinction between juvenile delinquency and adult crime appeared to trouble many people, especially elected officials. Defining juvenile lawbreaking as delinquency rather than crime, in their view, diminishes the consequences of illegal behavior by juveniles. This underlying skepticism was aggravated further when violent juvenile crime arrests jumped between 1984 and 1994. The focus of juvenile crime policy shifted perceptibly toward incarceration, and state and federal lawmakers stepped up efforts to make the juvenile justice system more like the adult justice system. States across the country enacted sweeping policy changes to make the juvenile system tougher.

In this article, we review the most prominent new developments in juvenile justice. We find that juvenile justice is alive and well, adhering in many respects to the principles envisioned by the juvenile court’s founders but in a more politicized environment that adds conflict to the formulation of policies and programs. We place these recent changes in historical context, exploring the underlying motivations that established the juvenile justice system. Next, we examine the most visible policy change in juvenile justice—the get-tough movement of the 1980s and 1990s. Then we focus on some of the
more promising ideas in rehabilitation, prevention, and early intervention as well as transformations in the administration and organization of juvenile justice. We conclude that recent get-tough policies weakened the integrity of the juvenile justice system, but growing evidence about the effectiveness of new ideas in prevention and rehabilitation may save the system yet.

THE ORIGINS OF JUVENILE JUSTICE

Contemporary observers must understand the heritage of American juvenile justice to appreciate the relevance of recent policy changes. The juvenile justice system in the United States is a broad network of juvenile and family courts, state and local youth services agencies, juvenile correctional institutions and detention centers, private social service organizations, and other private youth and family programs. Added to this mix are organizations such as school systems and law enforcement agencies that work hand in hand with the juvenile justice system but that are technically not part of it.

All of these organizations existed in one form or another for most of America’s history, but they came together in a brand new way in the early 1900s to form a separate and distinct system of justice for juveniles. The official start of juvenile justice occurred in Chicago in 1899 with the founding of the first separate juvenile court. Within 20 years, juvenile courts were established throughout the United States, and the modern juvenile justice system began to take shape (Bernard, 1992; Watkins, 1998).

Separate juvenile courts emerged during the early 1900s for a number of reasons, including those most often cited by the popular press (e.g., efforts to increase the rehabilitative potential of the courts, protect vulnerable children from adult prisoners, and save young people from the stigma of criminal conviction). However, there was another, less publicized reason for the founding of juvenile courts. Much of the early pressure for separate juvenile courts came from judges, law enforcement agencies, and prosecutors. These groups favored juvenile courts for their crime control potential (Platt, 1977; Schlossman, 1977).
During the 19th century, city and state officials had been frustrated by the criminal court system’s inability to deal with young offenders. It was clear to most Americans at the time that children and youth became involved in criminal behavior because of urban disorder, chronic poverty, poor parenting and inadequate supervision of children, rampant alcoholism, and family violence. Then, as now, children growing up in deprived and stressful conditions were more likely to become criminals or at least more likely to become involved with the justice system as a result of illegal behavior.

The problem in the 1800s was that American communities lacked an adequate intervention method to detect and intervene with youth at risk. Police, courts, and prisons were traditionally responsible for dealing with crime, but they could not intervene until an offender had actually committed a crime and been convicted, something judges and juries were reluctant to do when faced with inexperienced and obviously disadvantaged young people. As a result, politicians, social reformers, and justice system officials called for a completely separate system of courts and agencies that could intervene to prevent youth crime and take charge of young offenders whether or not they had been convicted of criminal offenses.

THE BIRTH OF THE JUVENILE COURT

Inspiration for a new approach came from the poor houses and reformatories established throughout Europe and America during the 1800s. Courts allowed state and local officials to place people in these institutions against their will based only on a legal finding that they were in danger of becoming paupers and that institutionalization was in their own best interests. American reformers in search of a new way to deal with young offenders seized this idea. They argued that courts should be able to take charge of minor children as well even if they had not been convicted of a crime and based solely on the grounds that they were in danger of becoming criminals in the future (Bernard, 1992; Rothman, 1980). The trick was to create a new type of court that would have the power to intervene but would not have to abide by the restrictions of criminal procedure and due-process rights.

As the idea spread, state officials began to enact such provisions into law. Illinois was the first state to do so, establishing its juvenile
These new state laws, or juvenile codes, were distinct from the criminal code. They created a separate classification of illegal behavior called delinquency, and they authorized local courts to take custody of young offenders without the need to obtain a criminal conviction. Juvenile courts were empowered to intervene with young offenders free of the bureaucratic and legal restrictions placed on criminal courts. Essentially, America’s juvenile justice system was invented to loosen the reins on police, prosecutors, and judges. Under juvenile law, the courts could take charge of young offenders and even incarcerate them long before there was sufficient legal evidence to warrant a criminal conviction (Butts & Mitchell, 2000).

In return for the broad discretion they received under juvenile law, the nation’s juvenile courts accepted a different mandate from that of criminal courts. Rather than simply punish young offenders with sentences proportionate to their offenses, juvenile courts were to employ an individualized approach that would provide each youth with a program of services and sanctions designed to prevent future offending and return him or her to the law-abiding community.

As the juvenile justice system assumed its modern form during the 20th century, the twin goals of crime control and youth services were combined in unique ways. Juvenile courts became more responsive than adult courts to the social and developmental characteristics of children and youth. The services and sanctions imposed by juvenile courts were designed to address the particular causes of each individual youth’s misbehavior to restore the youth to full and responsible membership in his or her family as well as the larger community. In some cases, the juvenile court’s intervention strategy may have included a period of incarceration, but the intent of confinement was never supposed to be simple punishment. It was to ensure the delivery of needed services and to correct behavior.

THE END OF TRADITIONAL JUVENILE JUSTICE

From the very beginning of the juvenile court movement, some critics doubted whether the expansive mission of the juvenile justice system could be achieved or was even desirable (Feld, 1999). By the 1960s, the legal foundations of the traditional model of juvenile justice began to unravel completely. The informality and individualiza-
tion that was so highly valued by social reformers and youth advocates in the early 1900s made the juvenile court vulnerable from a due-process perspective. Legal activists began to challenge the sweeping discretion given to juvenile court judges. An influential law review article in 1960 charged juvenile courts with violating important principles of equal protection and argued that “rehabilitation may be substituted for punishment, but a Star Chamber cannot be substituted for a trial” (Beemsterboer as cited in Manfredi, 1998, p. 39). While public criticism of the juvenile court intensified, juvenile courts began to exhibit the worst features of criminal courts. Caseloads grew and began to overwhelm staff workers. Courtrooms fell into disrepair. The professional status of a juvenile court appointment dipped among judges, and policy makers became less enthusiastic about the viability of the juvenile justice ideal.

Eventually, the U.S. Supreme Court intervened and imposed new constitutional protections for juveniles, thereby ending the traditional juvenile court as conceptualized at the beginning of the century. In a series of important cases beginning in 1966, the court raised the standard of evidence used in juvenile courts, protected juveniles from the risks of double jeopardy, and ruled that any youth facing possible confinement as a result of juvenile court adjudication was entitled to an attorney, the right to confront and cross-examine witnesses, the right to formal notice of charges, and the protection against self-incrimination (see reviews in Bernard, 1992; Manfredi, 1998; Watkins, 1998). By the 1980s, America’s juvenile courts had been largely “constitutionally domesticated” as they were forced to follow similar procedures and establish evidentiary standards similar to those of the criminal courts (Feld, 1999, p. 79).

The imposition of greater due-process rights for juveniles necessarily limited the discretion of juvenile court judges. This made the juvenile justice process more bureaucratic and formalized. It also helped to limit the juvenile court’s jurisdiction over many categories of young offenders, especially those charged with minor infractions of the law such as truancy and curfew violations. Finally, and ironically, the well-intentioned efforts of youth advocates to enhance procedural protections for juveniles paved the way for the next large-scale policy reform in juvenile justice, the get-tough movement of the 1980s and 1990s.
THE NEW FOCUS ON PUNISHMENT

The direction taken by juvenile justice policy during the closing decades of the 20th century was a clear, although perhaps unexpected, consequence of bringing due process to the juvenile court. Lawmakers began to infuse the juvenile court with the values and philosophical orientation of the criminal court. Most states altered their laws to reduce the confidentiality of juvenile court proceedings and juvenile court records (Torbet & Szymanski, 1998). Most states also increased legal formalities in the juvenile court, shifted the focus of the juvenile justice process away from individualized intervention, and made the juvenile justice process more responsive to offense severity, adding concepts such as sentencing guidelines to juvenile justice decision making (Butts & Mitchell, 2000). The juvenile justice process began to focus on public safety, offender accountability, and imposing appropriate measures of punishment based on the severity of each juvenile’s offenses. During the 1980s and 1990s, the juvenile court system became so much like the criminal court system that some observers began to wonder whether it was necessary to maintain a separate juvenile justice system at all (Feld, 1999).

TRANSFER TO CRIMINAL COURT

The most visible plank in the get-tough movement—and the issue that has had the greatest effect on public understanding of juvenile justice in recent years—is the transfer of juveniles to criminal court. Juveniles transferred to adult court lose their status as minor children and become legally culpable for their behavior. State and federal lawmakers expended considerable time and energy during the 1980s and 1990s debating which juveniles should be transferred to adult court and which agencies and individuals should do the transferring. The outcome of these debates had a profound effect on the juvenile justice system.

State laws provide several mechanisms for moving juveniles into criminal court (see Snyder & Sickmund, 1999). Most states place the responsibility for at least some transfer decisions within the juvenile court itself. Juvenile court judges review the unique circumstances of every juvenile offender and then decide on a case-by-case basis
whether to retain jurisdiction over each case or to waive jurisdiction and allow the matter to be handled in adult court. Until the 1980s, judicial waiver was the most common method used by states to transfer juveniles to criminal court. Nationwide, juvenile court judges usually waive 8,000 to 12,000 cases per year to the criminal court (Puzzanchera et al., 2000).

Since the 1980s, lawmakers in every state have enacted new transfer laws. Many of these new laws altered the decision-making authority for transfer, taking responsibility away from judges and giving it to prosecutors and legislators. Nonjudicial mechanisms now account for the vast majority of juvenile transfers nationwide. Some states allow prosecutors to file charges against juveniles in either juvenile or adult court (known as concurrent jurisdiction or prosecutor direct file). A growing number of states move juveniles into criminal court without the involvement of either judges or prosecutors by using automatic transfer or mandatory waiver laws. These laws place some juveniles immediately under the jurisdiction of the adult court whenever certain conditions are met, such as when a juvenile of a certain age commits a violent felony or when a youth with a lengthy record of prior offenses is charged with another serious crime.

There are no sources of national data about nonjudicial transfers, but the number of youth affected is likely to outweigh those judicially waived by a substantial margin. Prosecutor transfer laws, for example, greatly increased nationwide in recent years. In 1960, just 2 states (Florida and Georgia) permitted prosecutor transfers (Feld, 1987). Eight states had such provisions by 1982, whereas 14 states and the District of Columbia allowed prosecutor transfers by 1997 (Griffin, Torbet, & Szymanski, 1998; Torbet & Szymanski, 1998; Torbet et al., 1996). Thus, it is likely that prosecutor transfers now greatly outnumber judicial waivers. Florida prosecutors alone sent approximately 6,000 juvenile cases to adult court each year during the 1990s, nearly as many as juvenile court judges nationwide (Butts & Mitchell, 2000).

The popularity of legislative or automatic transfer also increased significantly in recent decades. In 1960, just 3 states had enacted legislation to transfer certain types of juveniles automatically to adult court (Feld, 1987). By 1997, 28 states had passed such laws. Furthermore, during the 1990s, nearly every state with these laws already on the
books either expanded the offense criteria for automatic transfer, lowered the minimum age at which offenders could be transferred, or both (Torbet & Szymanski, 1998).

During the 1990s, many states passed laws to transfer a wider range of juvenile matters to criminal court. Transfer was traditionally used for juveniles charged with serious and violent offenses, but many of the youthful offenders transferred to adult court today have committed lesser offenses, such as property charges and drug law violations. About a third of all juveniles tried for felonies in adult courts, for example, are charged with property offenses, drug violations, or other nonviolent charges (Snyder & Sickmund, 1999). In one recent survey, more than 4 in 10 state prison inmates younger than 18 had been imprisoned for nonviolent offenses, including property crimes (21%), drug crimes (10%), and even alcohol-related charges (3%) (Austin, Johnson, & Gregoriou, 2000).

**THE INEFFECTIVENESS OF CRIMINAL COURT TRANSFER**

Policy makers and the public generally assume that juvenile offenders are sent to criminal court to receive more certain and more severe punishments. State officials enact transfer provisions based on this assumption, but until recently, it was not tested by research. Until the 1980s, very few studies existed on the effect of transfer, but more research began to appear during the subsequent 20 years. The consensus of these studies was that the expansion of criminal court transfer had little effect on public safety (Table 1).

Transfer does appear to increase the certainty and severity of legal sanctions but only for the most serious juvenile cases, perhaps a third of all transferred juveniles. In about half of all transfers, offenders receive sentences comparable to what they might have received in juvenile court. Some (perhaps one fifth) actually receive more lenient treatment in criminal court, often because the charges against them are reduced or dismissed due to the greater evidentiary scrutiny in criminal court.

Taken together, studies of transfer outcomes indicate that conviction rates for transferred youth vary from 60% to 90%, with 30% to 60% of convictions resulting in incarceration. The most recent re-
search suggests that incarceration among transferred youth is contingent on offenses. Youth convicted of violent offenses are more likely

### TABLE 1
Research Findings on the Effects of Criminal Court Transfer for Juvenile Offenders

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<th>Court outcomes</th>
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<td>• Criminal court conviction rates (including guilty pleas) for transferred youth vary from 60% to 90%, and chances of incarceration for those convicted range from 30% to 60%. Thus, the odds of incarceration may be as low as 20% or as high as 50% to 60% for transferred cases.</td>
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<td>• Youth convicted of violent offenses are somewhat more likely to be incarcerated when they are handled in criminal court rather than in juvenile court.</td>
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<td>• Youth charged with property and drug offenses tend to receive sentences in criminal court that are no more severe (and sometimes less severe) than dispositions typically imposed by juvenile courts in such cases.</td>
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<td>• When criteria for automatic transfer are expanded to include younger juveniles and those charged with less serious offenses, transferred youth are particularly unlikely to be convicted and incarcerated in adult court.</td>
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<th>Individual youth behavior</th>
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<td>• Youth handled in adult court are no more or less likely to recidivate than similar youth handled in juvenile court for similar offenses.</td>
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<td>• Among youth that recidivate after court sanctioning, transferred youth may reoffend more quickly.</td>
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<tr>
<td>• The prevalence of recidivism among youth handled in juvenile court may eventually catch up to recidivism levels among transferred youth, but transferred youth tend to reoffend more often during follow-up periods.</td>
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<th>Aggregate juvenile crime</th>
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<tr>
<td>• There is no clear association between the use of criminal court transfer and juvenile crime levels.</td>
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<td>• Expansions of juvenile transfer are not followed by significant changes in juvenile crime.</td>
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<td>• Juvenile crime rates do not vary systematically between jurisdictions according to the availability and use of transfer provisions.</td>
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Key studies: Jensen and Metsger (1994); Risler, Sweatman, and Nackerud (1998); Singer (1996); Singer and McDowall (1988)
to be incarcerated if they are handled in criminal court. Youth charged with property and drug offenses, on the other hand, tend to receive sentences in criminal court that are no more (and sometimes less) severe than the dispositions usually imposed by juvenile court. The bottom line seems to be that criminal court transfer does not ensure incarceration, and it does not always increase sentence lengths even in cases that do result in incarceration. It is perhaps because of this fact that researchers have not been able to find evidence that juvenile crime and violence overall is affected by the scope and severity of transfer policies (Jensen & Metsger, 1994; Risler, Sweatman, & Nackerud, 1998; Singer, 1996; Singer & McDowall, 1988).

There are many reasons for the apparent ineffectiveness of transfer laws. One of the simplest reasons may be that the juvenile justice system is in fact a system. Policies designed to expand the use of transfer are never implemented exactly as legislators hope. Justice policies are implemented by a complex network of individual decision makers that may respond in ways not anticipated by lawmakers. Singer (1996) argued that the juvenile justice system is “loosely coupled,” meaning there are so many areas of discretion in the juvenile justice system that the decisions of any individual or group are at best an imperfect reflection of the decisions and priorities of others. Police do not refer every arrested youth for prosecution, prosecutors do not charge every youth referred by police, and judges do not adjudicate every youth charged by prosecutors. Loose coupling creates a system in which case-processing decisions are structured by interorganizational negotiations, reducing the chances that any single policy initiative can have a consistent effect on crime.

The most recent studies on the effects of transfers support this explanation (Snyder & Sickmund, 1999; Snyder, Sickmund, & Poe-Yamagata, 2000). Researchers in Pennsylvania studied nearly 500 court cases that were excluded from juvenile court by a 1996 law that automatically transferred youth age 15 and older if they were charged with certain violent offenses and had committed the offense with a weapon or were previously adjudicated for an excluded crime. Prior to 1996, Pennsylvania had relied largely on judicial waiver to send youth to criminal court. The new law automatically transferred many of the same types of juveniles who were routinely waived by judges, but it also targeted youth who would have been unlikely candidates for
waiver prior to 1996 (i.e., younger offenders, females, and those with limited arrest records).

The Pennsylvania researchers found that half of the cases targeted by the new law were either sent back to juvenile court by decertification, or criminal court prosecutors declined to proceed for various reasons (e.g., lack of evidence). Even when cases were approved for criminal prosecution, more than half ended in dismissal, probation, or some other sanction that did not involve incarceration. Of all youth that were automatically excluded by the new law, just 19% were incarcerated. Moreover, the offenders that actually ended up in jail or prison were basically the same type of youth that were waived by judges before 1996. They tended to be older, to have used weapons, and to have more extensive prior offense histories. Thus, in the end, Pennsylvania’s new law seemed to achieve very little beyond complicating and most likely delaying the decision-making process for juvenile offenders.

Pennsylvania’s experience underscores the realities of criminal court transfer. Lawmakers across the country tried to get tough in recent years by expanding the use of adult court transfer for juvenile offenders, but in doing so, they swept younger and less serious offenders into the criminal court process. Not only are these offenders unlikely to receive serious sanctions from the adult court system, but the amount of crime hypothetically averted by transfer necessarily falls as the criminal severity and age of transferred juveniles declines. As a crime control policy, therefore, criminal court transfer appears to be merely a symbol of toughness.

In combination with other recent policy changes in juvenile courts—reduced confidentiality, increased formality, and greater due process—the increasing use of criminal court transfer reflects a declining faith in juvenile justice among policy makers, but the get-tough movement has not been the only story. The past decade has also seen the emergence of a wide range of new ideas in rehabilitation, prevention, and early intervention as well as new ways of administering and organizing juvenile justice. The critical question for policy makers and the public is “Where should we invest our crime-fighting dollars?” The remaining sections of this discussion address this question by reviewing the research evidence for other new ideas.
REHABILITATION

In 1974, Robert Martinson’s influential report on the effectiveness of rehabilitative programming led to the widely held view that “nothing works.” Recent research suggests that this view is incorrect (Aos, Barnoski, & Lieb, 1998; Coordinating Council on Juvenile Justice and Delinquency Prevention, 1996; Cullen & Gendreau, 2000; Durlak & Wells, 1997; Howell, 1995; Howell & Hawkins, 1998; Lipsey, 1999a, 1999b; Lipsey & Derzon, 1998; Lipsey & Wilson, 1998; Lipsey, Wilson, & Cothern, 2000; MacKenzie, 2000; Mendel, 2000). Treatment programs can reduce recidivism, often by at least 10%, with much larger effects for well-designed and effectively implemented programs (Cullen & Gendreau, 2000; Lipsey, 1999b; McGuire, 1995).

The critical task is to identify which approaches work, for whom, and under what conditions. As Lipsey (1999b) stated, “Rehabilitative programs of a practical ‘real world’ sort clearly can be effective; the challenge is to design and implement them so that they, in fact, are effective” (p. 641).

Concern about the costs and social consequences of America’s swelling prison population helped to generate renewed interest in rehabilitation during the 1990s. Policymakers and justice practitioners called for proven program ideas that could have a substantial effect on offender behavior and perhaps avoid some of the costs of incarceration. Fortunately, research began to generate some useful answers. In recent years, a consensus emerged among researchers that treatment programs will have the most effect when they are grounded in established principles of effective intervention (see e.g., Andrews & Bonta, 1998; Cullen & Gendreau, 2000; Lipsey, 1999a, 1999b). Research suggests that the most effective juvenile justice programs incorporate accurate risk assessments and dynamic/criminogenic needs assessments, focus services on the criminogenic needs of high-risk offenders, rely on a cognitive-behavioral orientation, design customized intervention strategies that focus on the particular needs of each offender, use local and community-based services whenever possible, and provide comprehensive aftercare services for youth after their release from placement or supervision (Table 2).

Accurate assessment is essential for ensuring that an appropriate and effective response is developed for each individual youth. High-
TABLE 2
Policy and Practice Principles for Reducing Juvenile Crime: Guidance From Research

Utilize different types of interventions
Hold youth accountable with a range of sanctions
- Implement graduated sanctions, including treatment and youth development services, to ensure appropriate, predictable, and proportionate responses whenever delinquent youth commit additional crimes or violate probation or parole.
- Ensure a balance of punishment with rehabilitative and restorative programming.
- Incapacitate and treat chronic, serious, and violent youthful offenders.
- Provide reentry assistance and aftercare during transitions back into communities.

Identify, treat, and rehabilitate offenders
- Use objective risk and needs assessment screening criteria to identify and intervene with youthful offenders who are at highest risk to reoffend or have special service needs.
- Provide immediate intervention and appropriate treatment for delinquent youth.
- Develop treatment programming based on the principles of effective intervention (risk/needs assessment, targeting of criminogenic needs and of high-risk offenders, use of cognitive-behavioral approaches responsive to the unique needs of particular youth, reliance on local, community-based services, and provision of aftercare services).

Intervene early and support prevention
- Support intensive early childhood intervention programs to promote the healthy development of infants and toddlers in high-risk families.
- Provide research-proven treatment and services for young children with behavioral problems and their families.
- Provide a network of programs designed to strengthen communities, families, and schools.
- Organize to reduce the victimization, abuse, and neglect of children and youth.
- Organize to reduce youth involvement with guns, drugs, and gangs.

Emphasize restorative justice
- Include victims, families, and communities in the sanctioning process.
- Facilitate offender reparations to individuals, families, and communities harmed by juvenile offenses.

Target different populations, areas, and organizations
- Coordinate and organize the efforts of all actors in the juvenile justice system (including child welfare, social service agencies, schools, etc.)
- Maintain an appropriate and continuous focus on victims and offenders, their families, schools, and communities.

Share responsibility for interventions
- Mobilize communities to plan and implement comprehensive youth crime prevention strategies that involve families, schools, and neighborhoods.
- Reinforce the idea that crime and crime prevention are as much community responsibilities as government responsibilities.
- Recruit local volunteers and engage community-based organizations to work directly with high-risk and delinquent youth.
- Involve the victims of juvenile crime in the sanctioning process.
risk offenders clearly represent more of a danger to society, and programs will naturally focus a great deal of resources on them, but other youth may respond well to early intervention that could substantially reduce their likelihood of recidivism. Identifying these various subpopulations among juvenile offenders requires accurate assessment. Unfortunately, many jurisdictions rely on informal risk assessment although actuarial-based instruments, such as the Level of Supervision Inventory, are considerably better at identifying high-risk and high-needs offenders (Cullen & Gendreau, 2000; Harland, 1996).

A second principle of effective intervention involves targeting criminogenic needs, or factors that predict recidivism and are amenable to change (e.g., attitudes and behaviors) (Cullen & Gendreau, 2000), as well as factors that may discourage criminal behavior (Howell & Hawkins, 1998). Examples include drug use; education;
vocational training; antisocial attitudes, values, and beliefs; association with criminals; and low self-control and impulsiveness (Andrews & Bonta, 1998). High-risk offenders should be targeted for services because they are the most likely to recidivate and are amenable to treatment (Cullen & Gendreau, 2000; Lipsey et al., 2000).

A third cornerstone of effective intervention is a reliance on general responsivity, or the use of programming grounded in cognitive-behavioral treatment modalities that address the particular needs and abilities of specific youth. Cognitive-behavioral approaches, which focus on individual counseling and interpersonal skill development, are well suited to addressing antisocial attitudes, behaviors, and personality characteristics and have been shown to be particularly effective in reducing recidivism among certain populations of offenders (Andrews & Bonta, 1998; Lipsey et al., 2000). However, programs must focus on specific responsivity, which means that treatment accommodates the particular strengths and limitations of each offender as well as individual learning styles (Andrews & Bonta, 1998). The emphasis on general and specific responsivity recognizes that juvenile offender populations may differ considerably. For example, research increasingly suggests that adolescent girls may have needs that are distinct or potentially more pronounced than those of boys, including patterns of physical, sexual, and emotional abuse and victimization as well as self-abuse or criminal behavior (Prescott, 1998).

Finally, where possible, intervention programs should be located in the same communities where their clients reside to allow for greater community involvement and to assist offenders with transitioning back into social environments that might have contributed to their behavior (see, generally, Cullen & Gendreau, 2000). For youth with serious substance abuse problems or mental illness or histories of sex or violent offending, follow-up services must be provided after release from probation, incarceration, or any other form of supervision. As always, it is important that treatment programs be implemented as designed, that they be well staffed, and that treatment and service delivery be monitored and evaluated routinely.

Policy makers inevitably ask, “But is treatment and rehabilitation cost-effective?” The answer, almost invariably, is yes, assuming that treatment is based on principles of effective intervention and is implemented appropriately and consistently. Cost-benefit analyses have
shown that effective rehabilitative programs, especially those targeting high-risk offenders, can provide substantial long-term savings (Cohen, 1998; Greenwood, Model, Rydell, & Chiesa, 1996). As Snyder and Sickmund (1999) noted, “Under almost any reasonable set of assumptions, intervention efforts that are narrowly focused on high-risk youth and that succeed at least some of the time are likely to pay for themselves many times over” (p. 83).

One of the most widely known and evaluated treatment programs that embodies many of the principles of effective intervention described earlier is multisystemic therapy (MST) (Henggeler, 1997, 1999). MST has been shown to reduce recidivism among high-risk, serious offenders and to be effective across many different places (Cullen & Gendreau, 2000). It is grounded in the notion that individuals are parts of interconnected family, school, peer, and neighborhood systems and that individual behavior can be influenced by any or all of these factors. Thus, MST focuses on systematically addressing each dimension (i.e., developing family strengths, disengaging youth from peer influences, etc.).

MST may be one of the more widely known programs for juvenile offenders, but it is not the only program with documented results. Researchers have evaluated a range of other programs that focus on individual, family, and community interventions, and these studies are available for review by policy makers and practitioners (e.g., American Youth Policy Forum, 1997; Coordinating Council on Juvenile Justice and Delinquency Prevention, 1996; Cullen & Gendreau, 2000; Elliott, 1998; Howell, 1995; Lipsey & Wilson, 1998; MacKenzie, 2000; McCord, Widom, & Crowell, 2001; McGuire, 1995; Mendel, 2000; Mrazek & Haggerty, 1994).

Of course, some interventions have been studied and found not to work, including boot camps, simple incarceration, and increased sentence lengths. Indeed, research suggests that these interventions may actually increase recidivism (Cullen & Gendreau, 2000; MacKenzie, 2000). Unwanted effects are especially likely when programs fail to implement rehabilitative programming and aftercare services along with punitive sanctions (Cullen & Gendreau, 2000). Given the emphasis on get-tough reforms during the past decade, such findings assume particular importance because they suggest many states have focused their juvenile justice resources on the very interventions that are least
likely to reduce juvenile crime. Although it may be an increasingly acceptable practice to impose sanctions on juveniles for purely retributive purposes, it is important for policy makers to realize that such measures are unlikely to have long-term benefits for the community as a whole.

PREVENTION AND EARLY INTERVENTION

There has also been a renewed and growing interest in prevention and early intervention in recent years. Studies show that such efforts can significantly reduce both criminal behavior and other unhealthy or injurious social behaviors (see e.g., Coordinating Council on Juvenile Justice and Delinquency Prevention, 1996; Howell, 1995; Mrazek & Haggerty, 1994; Sherman et al., 1997). Yet, prevention and early intervention programs are difficult to sustain politically because their effects are often evident only in the long term. For policy makers who want to demonstrate a short-term effect on public safety, such policies may lack appeal. Effective prevention and early intervention programs, however, provide the greatest chance of achieving lasting benefits to individuals, communities, and society at large.

For example, programs that target young children with conduct disorders may reduce behavior problems in 70% to 90% of the children involved through the use of parent training and social competency development (Mendel, 2000). Indeed, researchers have found that prevention policies are cost-effective and that the earlier an intervention occurs, the more likely it is to be cost-effective and to reduce negative outcomes such as criminal behavior (Aos et al., 1998; Cohen, 1998; Coordinating Council on Juvenile Justice and Delinquency Prevention, 1996; Crowe, 1998; Cullen & Gendreau, 2000; Durlak & Wells, 1997; McCord et al., 2001; Mendel, 2000; Mrazek & Haggerty, 1994).

There are many varieties of prevention and early intervention initiatives (see Mrazek & Haggerty, 1994). They can be classified according to the following two dimensions: the target of the intervention (specific individuals, groups, populations, social/geographic locations, etc.) and the timing of the intervention (prior to the development of a problem, as soon as certain risk/need markers emerge, immediately after a problem has emerged, only after a certain threshold of
problem severity has arisen, etc.). Clearly, many juvenile justice interventions are aimed at individuals (i.e., youthful offenders) who have already shown evidence of a problem (i.e., delinquent behavior). One of the more important trends in recent years, however, is the recognition that crime problems may be most effectively prevented by targeting interventions on specific groups (e.g., at-risk youth) or on communities rather than individuals.

One prominent example is the Boston Gun Project (see Braga, Kennedy, Piehl, & Waring, 2000), which used a problem-oriented policing strategy to substantially reduce gun-related crime. The Boston Gun Project focused on a particular problem, high homicide victimization rates among youth, and selectively targeted the high-profile gangs that committed most of the homicides. The project’s strategy emerged from discussions among researchers, police, juvenile and criminal justice practitioners, and local community organizations. They reviewed the findings of quantitative and qualitative research on the nature and causes of youth crime in Boston, and the intervention that emerged reflected an understanding of local problems coupled with systematic, coordinated action. The strategy involved not only the police but also the entire community (youth workers, probation and parole officers, churches and community groups, etc.). The success of the Boston Gun Project shows that targeted, problem-centered, collaborative interventions can work. Their success may stem from drawing on the strengths of many different groups, being selective about the problem being addressed and the strategy for changing it, and taking proactive steps to stop or reduce a problem rather than merely reacting to it.

Other types of prevention and early intervention initiatives have focused on specific factors linked to crime and on different groups or areas. In recent years, for example, researchers have found support for community-, school-, and family-oriented interventions designed to prevent crime and other problems or to reduce their prevalence (Sherman et al., 1997). Effective family-based interventions (e.g., functional family therapy) can focus on risk factors such as poor socialization practices, family conflict, low parental/child attachment, and lack of supervision and discipline (Alvarado & Kumpfer, 2000). School-based interventions, such as Families and Schools Together (McDonald & Frey, 1999), focus on early and persistent antisocial be-
behavior, academic progress, and gun and drug availability within schools (Howell, 1995; Mrazek & Haggerty, 1994). At the community level, potential targets for effective intervention can include reducing drug and gun availability, enhancing neighborhood organization and integration, alleviating poverty, and reducing media portrayals of violence (Coordinating Council on Juvenile Justice and Delinquency Prevention, 1996). Without careful implementation, however, interventions targeting these factors are unlikely to have a substantial effect (Mendel, 2000). In each instance, research indicates that the most effective policies and programs are those that reduce or eliminate risk factors while enhancing protective factors that minimize the likelihood of crime occurrence (Coordinating Council on Juvenile Justice and Delinquency Prevention, 1996; Howell, 1995; Sherman et al., 1997; Wilson & Howell, 1993).

For youth entering the juvenile justice system, early assessment and intervention in cases of substance abuse, mental health, and co-occurring disorders may be one of the most prominent program strategies of the past decade (Cocozza & Skowyra, 2000; Crowe, 1998; Durlak & Wells, 1997; Mendel, 2000; Tonry & Wilson, 1990). Recent research suggests the importance of adopting several strategies for addressing the needs of youthful offenders, with early screening representing one of the most important tools for effective intervention:

All individuals entering the criminal justice system should be screened for mental health and substance use disorders. Universal screenings are warranted due to the high rates of co-occurring disorders among individuals in the criminal justice system and to the negative consequences for nondetection of these disorders. (Peters & Bartoi, 1997, p. 6; also see Howell, 1995; Morris, Steadman, & Veysey, 1997)

Additional strategies that can effectively address offender needs include screening and assessment throughout all stages of juvenile court processing, use of court liaisons to ensure that offender needs are addressed throughout processing, development of crisis intervention and short-term treatment programs, coordination and collaboration with local and state agencies, and implementation of discharge plans and assistance with transitioning offenders to specific services (Morris et al., 1997). Truly effective interventions are ultimately derived
from empirical knowledge about crime problems and the risks and needs of youth in specific communities. As Howell and Hawkins (1998) emphasized,

To be effective, a change strategy must be grounded in research on the problems to be addressed. Communities are likely to have different profiles of risk and protection. The greatest effects will likely result from interventions that address those factors that put children in a particular community at most danger of developing criminal or violent behavior. (p. 301)

**TRANSFORMING JUVENILE JUSTICE**

Public discussions about juvenile justice usually focus on the big issues, such as the legal ethics of criminal court transfer, the value of punishment versus rehabilitation, and the relative effectiveness of prevention. Although elected officials and the general public concentrated on these issues during recent decades, there was another, vitally important area of policy and program development undertaken by professionals inside the juvenile justice system. In many areas of the country, judges, attorneys, probation workers, and others were transforming the administration and organization of juvenile justice. These changes show great promise for creating more effective approaches to addressing juvenile crime.

For example, many parts of the juvenile justice system have begun to adopt the framework of community justice or problem-solving justice. Drawing on various program innovations, including community crime prevention, community policing, community prosecution, and community courts, the concept of community justice refocuses the nature of justice system intervention (see e.g., Connor, 2000; Karp & Clear, 2000; Rottman & Casey, 1999). Rather than simply identifying offenders, weighing the evidence against them, and imposing punishment, the community justice perspective calls on all actors in the justice system to use the processes of investigation, arrest, prosecution, and sentencing to solve problems in the community. Each incident of criminal behavior is viewed within the context of the community in which it occurs, and professionals within the justice system work to
develop relationships with community leaders and other residents to understand why crime happens and to prevent future occurrences.

A community justice perspective shifts the focus of the justice system to the well-being of the entire community, and the community becomes the client for all crime-fighting agencies. Within juvenile justice, this shift in focus was suggested by the Office of Juvenile Justice and Delinquency Prevention’s *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders* (Wilson & Howell, 1993) and the Coordinating Council on Juvenile Justice and Delinquency Prevention’s (1996) *National Juvenile Justice Action Plan*, both of which feature prominent emphases on community-based initiatives.

Another equally important shift in juvenile justice thinking is the growing emphasis on *restorative justice*. Restorative justice is an alternative framework for justice system intervention, replacing or at least counterbalancing retributive justice. Whereas retributive justice ensures that each offender suffers a punishment in proportion to the harm inflicted on the victim of the offense, restorative justice provides a means for each offender to restore that harm or at least to compensate the victim even if the victim is only the general community. There are several programs and interventions that could be called part of the restorative justice movement, but the most popular are victim-offender mediation and family group conferencing. The number of these programs increased sharply during the 1990s, and research suggests that they may offer an effective alternative to traditional court processing, especially for young offenders (Bazemore & Umbreit, 1995, 2001; McGarrell, Olivares, Crawford, & Kroovand, 2000).

Courts themselves are also being reinvented by the juvenile justice system. Many jurisdictions recently began to experiment with specialized courts for young offenders, especially teen courts and juvenile drug courts. The number of teen courts across the country increased from a few dozen programs in the 1970s to more than 600 by the end of the 1990s (Butts & Buck, 2000). In some jurisdictions, such as Anchorage, Alaska, teen courts are beginning to shoulder a majority of law enforcement referrals involving first-time delinquent offenders charged with relatively minor offenses, and early evaluations on these programs are beginning to show promise.

In addition to new program models, many states are implementing the graduated sanctioning approach (Howell, 1995; Torbet et al.,
Grounded in both research and common sense, graduated sanctioning ensures that there is at least some response to each instance of illegal behavior as juveniles begin to violate the law. In jurisdictions that embrace graduated sanctioning, there is a full continuum of sanctions available for responding to young offenders, including immediate sanctions for first-time offenders, intermediate and community-based sanctions for more serious offenders, and secure/residential placement for those youth who commit especially serious or violent offenses. Such approaches have the ability to introduce a greater degree of consistency in how youth within and across jurisdictions are sanctioned. More importantly, they can promote balanced and restorative sanctioning that includes victims, families, and communities; relies on the demonstrated effectiveness of rehabilitation and treatment; and emphasizes responsiveness, accountability, and responsibility as cornerstones of an effective juvenile justice system. (For more discussion of restorative justice concepts, see the articles by Bazemore, 2001 [this issue], Braithwaite, 2001 [this issue], and Karp & Breslin, 2001 [this issue].)

Many jurisdictions are also discovering the importance of providing better and earlier screening and assessment of youth to identify those with special needs and to provide appropriate and timely interventions (Cocozza & Skowyra, 2000; Crowe, 1998; Rivers & Anwyl, 2000). Juvenile Assessment Centers (JACs), for example, are an emerging approach. JACs provide centralized, systematic, and consistent assessment of youth referred to the juvenile justice system. The underlying goal of a JAC is to provide an empirical basis for decision making for young offenders (Rivers & Anwyl, 2000). Potential benefits of the JAC model include the ability to identify and eliminate gaps and redundancies in services, better integration of case management, improved communication among agencies, greater awareness of youth needs, more appropriate interventions, and ultimately, improved outcomes for youth (Oldenettel & Wordes, 2000).

The lack of coordination and collaboration among service agencies is one of the most potent barriers to effectively preventing and reducing juvenile crime (Cocozza & Skowyra, 2000; Howell, 1995; Lipsey, 1999a; Lipsey & Wilson, 1998; Rivers, Dembo, & Anwyl, 1998; Slayton, 2000). Traditionally, human services agencies were established to provide specific programs (substance use/abuse interven-
tion, sex offender treatment, education, mental health, etc.), and each agency worked individually with its own particular client population. The result was often inefficient and ineffective interventions, and jurisdictions found it difficult to identify and work with youth who presented co-occurring disorders involving mental health problems, family problems, substance abuse, educational deficits, and other social problems (Peters & Bartoi, 1997; Peters & Hills, 1997). In response, many states have made intra- and interagency collaboration a priority in recent years (National Criminal Justice Association, 1997; Rivers & Anwyl, 2000).

Finally, in recent years, jurisdictions across the country began to recognize the need for greater investments in long-term planning as well as research and evaluation of their policies and programs (Danegger, Cohen, Hayes, & Holden, 1999). Research and evaluation in juvenile justice has been difficult in the past due to the lack of quality data. During the 1980s and 1990s, however, many states worked to enhance their data collection and analysis capacity as well as their ability to share information across agency boundaries (National Criminal Justice Association, 1997; Torbet et al., 1996). Confidentiality and privacy issues have required agencies to move carefully in this area, but the juvenile justice system has gained much from the increased availability of reliable and valid data for monitoring program operations and evaluating interventions. With sound, reliable data, agencies can assess whether a particular policy, such as a change in sentencing, has been implemented consistently (Mears, 1998). They are also more likely to identify any unintended consequences that could offset the potential benefits of a new policy (National Criminal Justice Association, 1997). With good information, agencies are beginning to finally be able to answer those all-important questions: “What works, when, and for whom?”

CONCLUSION

Juvenile justice policy received much attention during the 1980s and 1990s. Policy makers implemented a range of new programs designed to make the system tougher. Even as the rate of juvenile violence dropped from 1994 through 2000, policy makers continued to
demand that young offenders be transferred more often to adult courts and treated with more harshness by juvenile courts. Researchers investigated the effects of these changes but were unable to detect any clear benefits. The broader use of criminal court transfer, for example, did not appear to increase public safety significantly either in terms of individual behavior by affected juveniles or in the overall rate of juvenile crime.

While the critics of juvenile justice were focusing on criminal court transfer, professionals within the juvenile justice system continued working to develop new program models and intervention strategies. Juvenile justice practitioners improved the quality and scope of prevention, broadened the range of treatment techniques for juveniles, and enhanced the community orientation of the juvenile justice system. In the past 20 years, state and local agencies have produced a steady stream of new ideas in substance abuse treatment, family-focused interventions, and community-wide crime prevention. These lesser known innovations, supported by the findings of evaluative research, helped to revive the juvenile justice system in the face of withering attacks from the political arena.

For the juvenile system to survive another century, policy makers, practitioners, and researchers will need to work together to focus on what works and to avoid polarizing debates that result in symbolic and ineffective policies. It is tempting for each new generation of policy makers to look for a silver-bullet solution to juvenile crime, but it is highly unlikely that such a strategy will generate lasting rewards. The public will benefit far more from a juvenile justice system that focuses on broad prevention efforts, early intervention with young offenders, proven rehabilitation programs, and meticulous administration. An effective system would rely on community- and restorative-based models of justice as well as greater collaboration and communication among child welfare, social service, and justice agencies.

Effective juvenile justice policy will always include the use of incarceration, but lawmakers must realize that beyond the immediate benefits of incapacitation, getting tough on juvenile offenders has limited long-term value for crime prevention and public safety. Ultimately, responsible juvenile justice policy comes from being clear about who or what is the target of each intervention, focusing first on the conditions that are most susceptible to change and least costly to
change, carefully implementing and monitoring interventions, and continually evaluating whether each intervention actually works. A juvenile justice system in this mold would be more efficient and effective. It would embody the principles envisioned by the founders of the juvenile court and be consistent with the theoretical foundations of community and restorative justice.

REFERENCES


Jeffrey A. Butts, Ph.D., is a senior research associate at the Urban Institute in Washington, D.C. As part of the institute’s Justice Policy Center, he directs research on juvenile justice policies and programs, including recent studies of teen courts, juvenile drug courts, and juvenile corrections. He has authored numerous reports for the Department of Justice as well as articles in a wide variety of justice-related journals.

Daniel P. Mears, Ph.D., is a research associate in the Urban Institute’s Justice Policy Center. His research focuses on the causes of crime and effective ways to prevent or intervene with crime and justice problems. He has conducted research on juvenile and criminal justice, community courts, domestic violence, immigration and crime, and homicide. He has published in numerous criminology and justice journals.
Restorative justice has emerged in recent years as a promising approach to youth crime focused on repairing harm and rebuilding relationships. Although the practice of restorative justice has already demonstrated significant effect on individual crime victims and offenders in a number of jurisdictions around the world, a greater community-building potential has yet to be realized as a result of the failure to understand and apply restorative principles in diverse contexts. This article presents an overview of the normative theory of restorative justice focusing on three core principles. It then considers the connection between restorative theories of intervention and informal social control and social support mechanisms and the application of restorative justice practices as a means of strengthening both as core components of social capital in the response to youth crime and troublesome behavior.

In much of the world today, citizens and juvenile justice professionals are engaged in new and distinctive conversations about how to respond to youth crime and harmful behavior. In a growing number of U.S. cities and towns, this discourse is operationalized in the form of young offenders meeting with their victims and community members in various neighborhood settings in informal decision-making and dialogue sessions called family group conferences, victim-offender
meetings, neighborhood accountability boards, or peacemaking circles (Bazemore & Umbreit, 2001; Braithwaite & Mugford, 1994). The purpose of these sessions is to discuss the effect their crimes or other harmful behaviors have had on others and to then develop specific contracts that require that offenders make amends to individual victims and the community as an alternative to court or other formal sanctioning processes—for example, to formal disciplinary procedures in schools that may result in suspension or other actions (see Karp & Breslin, 2001 [this issue]). Following these decision-making processes, young offenders in some communities solicit input from civic and charitable organizations about service projects they would like to see completed and then work side by side with neighbors on such tasks as housing restoration, community cleanup, voter registration, working with handicapped children, helping out in soup kitchens for the homeless, and completing odd jobs for the elderly as a component of their obligation or court sanction (Bazemore & Maloney, 1994).

Crime victims are often actively engaged in the aforementioned decision-making processes and are provided with opportunities to discuss how the crime affected them, get information about the offender’s motivation, and have input into the sanction or obligation. Victims also receive service and/or restitution and in some locations are increasingly assisted by volunteer victim support groups who may aid those injured by violent crimes in a healing journey. Such journeys may involve talking about the effect of crime on their lives with groups of offenders in residential facilities, meeting with the person who committed the crime against them, supporting other victims of crime, or working with young offenders or at-risk youth in delinquency treatment or prevention programs. In many of these initiatives, citizen volunteers and local community groups take increased responsibility and play prominent leadership roles in collaboration with juvenile justice professionals in various phases of decision making, organization, and follow-up to provide offender and victim support and/or monitor completion of reparative agreements. For their part, criminal and juvenile justice professionals are gradually changing their roles to facilitate the participation of these new stakeholders in informal community-based justice processes.
The purpose of this article is to provide an overview of the new discourse and emerging practice associated with what is generally referred to as restorative justice as a distinctive policy framework for understanding and responding to crime and a variety of harmful behaviors by young people. From a restorative justice perspective, what is most important about crime has less to do with legal issues and problems presented by individual lawbreakers and more to do with the harm caused by crime and other intentional acts that hurt others (Van Ness & Strong, 1997). If these harmful actions are important because of the pain and suffering they cause, justice must amount to more than punishing or treating those found guilty of lawbreaking or rule infractions. Rather, as a violation of individuals, communities, and relationships, crime “creates obligations to make things right” (Zehr, 1990). Restorative justice includes all responses to such behavior aimed at doing justice by repairing harm to victims, offenders, and communities (Bazemore & Walgrave, 1999; Van Ness & Strong, 1997).

A first premise of this article is that the full potential of restorative justice as a holistic response to youth crime, substance abuse, disciplinary infractions, and a variety of harmful behaviors has yet to be exploited. This limited application has been a primary result of failure to articulate and apply the core principles of restorative justice to diverse situations and contexts as a generic problem-solving approach to repairing harm. A second premise is that if restorative interventions are to live up to their potential as a response to more serious offenses, more chronic offenders, and more diverse and complex problems such as substance abuse, it will be necessary to link theory and practice to broader concerns than those related to the problems of individual offenders and crime victims. Specifically, the normative theory and practice of restorative justice should be connected to mechanisms for achieving informal social control (Hunter, 1985) and informal social support (Cullen, Wright, & Chamlin, 1999) as forms of community social capital in the socialization of young people (Coleman, 1988; Putnam, 2000). In the response to youth crime, such social capital can be accrued as interventions to repair harm, strengthen, build, or rebuild social relationships.

First, it is important to note that as the juvenile justice systems have expanded and become more institutionalized, they have gained in-
creasing jurisdiction over a variety of youth problems, especially those related to substance abuse, even while losing jurisdiction over more serious juvenile offenders (Feld, 1999; Torbet et al., 1996). Before considering specific principles and theories of restorative justice and their implications for intervention, it is therefore important to consider how restorative justice fits within the larger scheme of dominant juvenile justice ideologies and policy models.

THREE VISIONS OF THE RESPONSE TO YOUTH CRIME: RESTORATIVE JUSTICE AND THE JUVENILE JUSTICE POLICY LANDSCAPE

Three policy models have in recent history competed for the heart and soul of the juvenile justice system. These dominant juvenile justice models have tended to view the problem of youth crime and deviance through distinctive policy lenses (Ingram & Schneider, 1991) that have in turn placed conceptual and practical limits on intervention possibilities. Although traditional concerns with offender punishment, treatment, and incapacitation continue to dominate the mainstream juvenile justice agenda (see Butts & Mears, 2001 [this issue]), a growing number of juvenile justice professionals and community members are beginning to view youth crime and harmful behavior such as substance abuse through a new lens (Zehr, 1990) that implies a different policy vision and intervention response.

INTERVENTIONIST, LIBERTARIAN, AND CRIME CONTROL LENSES

Perhaps the most familiar juvenile justice policy perspective is the traditional mission of the juvenile court to act as substitute parent in the “best interests” of delinquent and troublesome youth. Following in this tradition, those who view youth crime and problems of socialization through the interventionist lens tend to assume that deviant and delinquent behaviors are symptoms of underlying psychological disturbance or deficits (Platt, 1969; Rothman, 1980). Interventionists also assume that these causes can be effectively diagnosed through clinical assessment and then treated through various forms of therapeutic or remedial intervention (Whitehead & Lab, 1996).
In the 1960s and 1970s, based in part on an examination of harsh conditions of confinement under which thousands of young people around the country were held in juvenile treatment facilities, youth advocates concluded that such conditions could scarcely be viewed as consistent with the best interests rationale for court intervention. In response, these advocates initiated the first and most significant challenge to the interventionist policy perspective in the form of national reform policies (e.g., diversion and deinstitutionalization) aimed specifically at reducing the court’s discretion and sphere of influence over young people in trouble (Jensen & Rojek, 1998). Through the libertarian lens (Guarino-Ghezzi & Loughran, 1995; see Packer, 1967), even the most benevolent programs may “widen the net” by bringing more young people into what is perceived to be a harmful system from which it is difficult to exit (Polk, 1984). From this perspective, young people involved in minor crimes and trouble, if left alone and not stigmatized, will naturally “grow out of” this relatively normal and generally episodic behavior (Becker, 1960; Lemert, 1971; Schur, 1973). Juvenile justice libertarians therefore remain skeptical of intervention in general.

In the 1980s, advocates of a new get-tough focus challenged what they saw as leniency in both libertarian responses that seemed to argue only for “expanding community tolerance limits” in the response to youth crime (Schur, 1973) and the interventionist emphasis on providing treatment in the best interests of the child. Those who had begun to view delinquency and youth deviance through the crime control policy lens argued that these problems were a consequence of general permissiveness and the absence of a sufficiently punitive response and gave highest priority to suppression and deterrence policies (Regnery, 1980). Moreover, strengthened by a new just-deserts emphasis that seemed to give new academic legitimacy to punishment (Feld, 1999; von Hirsch, 1976), the crime control agenda by the end of the decade of the 1980s had brought about an unprecedented increase in the incarceration of juvenile offenders (Castellano, 1986; Irwin & Austin, 1994).

The crime control agenda gained dominance in the 1990s and also ushered in a structural transformation in juvenile courts that today includes determinate and mandatory sentencing and a range of new policies and procedures designed to expedite transfer of juvenile cases to
adult court (Butts & Mears, 2001; Feld, 1999; Torbet et al., 1996). Although much less potent than in the 1960s and 1970s, libertarian policy perspectives also remain part of the current juvenile justice dialogue as the primary opposition to much current policy—with practice focused primarily on due process and preadjudicatory detention reforms as well as opposition to discriminatory policing and court processing practices and new forms of net widening (Guarino-Ghezzi & Loughran, 1995; Miller, 1991; Schwartz, 1987, 1992). Despite the increasing dominance of the crime control agenda and ongoing critiques of interventionist policy assumptions from a variety of perspectives (Bazemore & Terry, 1997; Benson, 1997; Polk & Kobrin, 1972), the core philosophy of individualized treatment remains largely intact in juvenile corrections.

ROOM FOR RESTORATIVE JUSTICE?

Restorative justice practice in the United States emerged somewhat suddenly in the mid-1990s when decision-making processes (e.g., victim-offender mediation) and reparative sanctions programs (e.g., restitution and community service) piloted in juvenile justice systems in the previous decade (Schneider, 1986, 1990) began receiving a high level of interest as part of a broader international movement (Bazemore & Umbreit, 1995; Hudson, Galaway, Morris, & Maxwell, 1996; Messmer & Otto, 1991). In the United States, juvenile justice systems in 35 states had by the end of 1999 adopted restorative justice principles and/or the balanced and restorative justice model in policy or statute, and 20 of these had changed their juvenile codes to give priority to restorative justice (O’Brien, 1999). Perhaps more important, in some jurisdictions, restorative principles became a more common feature of policy discussion and began making initial inroads in schools, the workplace, treatment and prevention programs, and a variety of neighborhood settings.

Where, then, does restorative justice fit within the ideological mix of juvenile justice policy agendas described earlier? To say the least, there appears to be a clear disconnect between the intent and focus of restorative justice intervention and reform protocols and those filtered through the lenses of the three more dominant and familiar policy
models. Although sharing some of the concerns of each of these perspectives, the restorative vision and intervention agenda appears to either challenge, rise above, or sidestep long-standing strands of debate in criminal and juvenile justice informed by the three dominant policy perspectives. Specifically, the outcome focus on the extent to which harm is repaired and the extent to which communities increase their capacity to respond to crime and conflict seems to offer a broader framework that replaces punishment and treatment as the primary currency of intervention. In so doing, this focus also provides a new standard for gauging the success of such intervention that is neither soft on crime nor supportive of expanded punishment (Bazemore, 1998; Van Ness & Strong, 1997). Most restorative justice proponents stand with advocates of rehabilitation and treatment (interventionists) in affirming the need to actively respond to a range of problems that may be related to offending and at-risk behavior with a variety of evidence-based interventions. Yet, restorative justice advocates also insist that the complex problems of youth crime and deviant behavior cannot be resolved by policies based on offender-driven services and surveillance alone (Bazemore, Nissen, & Dooley, 2000; Braithwaite & Mugford, 1994).

In addition to this distinctive intervention focus, restorative justice principles have implications for redefining the role and boundaries of juvenile justice and providing a new continuum for gauging the success of juvenile justice reform. Restorative justice advocates will ultimately stand with libertarians on many issues because they too question the value of much system intervention and are especially critical of recent expansionist trends in juvenile justice (Bazemore, 1999). However, acknowledging the concern of crime control advocates that youth crime and behavioral problems do not go away simply by ignoring them, the new restorative vision is not anti-intervention, and it cannot be reduced to a “hands-off” approach. In contrast to the interventionist or expansionist view, however, intervention is not a job that should be left to government alone. More consistent with a communitarian approach (Braithwaite, 1994; Etzioni, 1996), restorative justice seeks rather to promote a community “hands-on” agenda and to do so in part through government action that casts justice agencies and professionals in a significantly different role. The restorative lens in turn
brings into focus strengths in offenders, victims, and communities that can be mobilized to rebuild or strengthen relationships.

WHAT IS RESTORATIVE JUSTICE TRYING TO ACCOMPLISH? PRINCIPLES FOR A NORMATIVE THEORY OF INTERVENTION

PRINCIPLES TO PRACTICE

Three “big ideas” provide the basis for a normative theory of restorative justice. These core principles—repair, stakeholder involvement, and the transformation of community and government roles in the response to crime (Van Ness & Strong, 1997)—most clearly distinguish restorative justice from other orientations and define the core outcomes, processes, practices, and structural relationships that characterize restorative approaches.

Restorative practices are essentially different ways of doing justice by seeking to repair the harm of crime wherever it occurs. Because repair is a difficult prospect in the absence of the active involvement of those most affected by the crime, proponents of restorative justice promote informal decision making in the response to crime, employing a variety of nonadversarial processes designed to include victim, offender, and community in developing a reparative plan. The restorative justice framework also includes such reparative obligations or sanctions as restitution, community service, apologies, and victim service, as well as a variety of policies and orientations that support these practices and are grounded in a commitment to change system roles and relationships to empower communities to better address the needs of victim, offender, and community as primary stakeholders in the justice process.

As a holistic, principle-based, problem-solving model for responding to crime and other harms, restorative justice does not limit intervention to certain types of offenders and victims or to certain points in the criminal or juvenile justice process (e.g., diversion). Indeed, in the relatively short modern history of restorative justice, a wide array of reform initiatives has emerged within criminal and juvenile justice systems ranging from the point of neighborhood police encounters
with troublesome behaviors or disorder, through residential placement, to aftercare. In addition, preventive peacemaking and conflict resolution efforts based on restorative principles have emerged in schools and other neighborhood settings that may have no formal connection to juvenile justice systems (see Table 1). Unfortunately, restorative justice is often misunderstood within the terms of dominant interventionist/treatment, crime control, and libertarian models as a particular program or practice rather than a holistic model. From this perspective, some may unnecessarily limit the applicability and potential effect of restorative justice beyond its use as a response to relatively minor crimes, and critics may charge that restorative practices such as conferencing are less effective than other interventions. For example, if restorative justice interventions are viewed as treatment programs whose primary or sole purpose is reducing offender recidivism, one may question why anyone should expect a single meeting between victim and offender, or one experience providing community service, or participating in a peacemaking circle to have any significant effect on recidivism (Levrant, Cullen, Fulton, & Wozniak, 1999). Restorative justice practitioners would not indeed expect such one-time encounters to produce much in the way of long-term effects on offense behavior. But, although research on the effect of even short-term restorative practices on recidivism shows promising results compared to those of most treatment programs (Lipsey, 1992; Schneider, 1986; Umbreit, 1998; for summaries, see Bazemore, Zempolich, Titus, & Godley, 2000), reducing reoffending is only one of several objectives of a restorative decision-making process such as family group conferencing or of restorative sanctions such as community service.

Popular new ideas are of course vulnerable to being co-opted. Principles therefore first play an essential gatekeeper role by grounding practice in values necessary to prevent a watering down of restorative justice by relabeling traditional practices as restorative while also reinforcing norms of intervention and providing safeguards to guard against abuses. Second, if restorative justice is to be effectively applied to substance abuse (Bazemore, 2000; Braithwaite, 2001 [this issue]) in the same way that it is now beginning to be applied to school discipline (Karp & Breslin, 2001 [this issue]; Reistenberg, 1996), family violence (Braithwaite & Daly, 1994), and conflict resolution in
<table>
<thead>
<tr>
<th>Objective/Focus</th>
<th>Practice</th>
<th>Location</th>
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<tr>
<td>Conflict resolution, prevention, and peacemaking</td>
<td>Community mediation, alternative dispute resolution, school and neighborhood conferencing, victim awareness education, and youth development</td>
<td>Schools, neighborhoods, churches, and civic groups</td>
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<td>Provide decision-making alternative to formal court or other adversarial process for determining obligations for repairing harm</td>
<td>Victim-offender dialogue, family group conferencing circles, reparation boards, and other restorative conferencing</td>
<td>Police and community diversion; court diversion, dispositional/ sentencing alternatives, postdispositional planning, residential alternative discipline; conflict resolution; and postresidential reentry</td>
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<td>Victim and community input to court or formal decision making</td>
<td>Written or oral impact statement to court or other entity</td>
<td>Court, probation, and residential</td>
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<tr>
<td>Provide reparative sanctions or obligation in response to crime or harmful behavior</td>
<td>Restitution, community service, service to victims, service for surrogate victims, and payment to victim service funds</td>
<td>Diversion, court sanction, probation condition, residential program, and postincarceration</td>
</tr>
<tr>
<td>Offender treatment/rehabilitation/education</td>
<td>Victim impact panels, victim awareness education, Mothers Against Drunk Driving panels, and community service learning project designed to build offender competency and strengthen relationships with law-abiding citizens</td>
<td>Probation, residential facilities, diversion program, and jails</td>
</tr>
<tr>
<td>Victim services and support groups</td>
<td>Counseling, volunteer support groups, and faith community groups</td>
<td>Multiple settings</td>
</tr>
<tr>
<td>Community building</td>
<td>Family support and discussion groups</td>
<td>Neighborhood and community</td>
</tr>
</tbody>
</table>
residential treatment programs for offenders, it is likely to be because principles have informed a transformation in current practice in these areas of intervention rather than because new programs have been implemented. Finally, most important for our purposes here, principles form the basis for theory and provide standards and dimensions to assess the extent to which interventions are being implemented in a restorative manner (Bazemore, 2000).

PRINCIPLE 1: REPAIRING THE HARM OF CRIME

The first and most important big idea of the restorative perspective is that justice requires that we work to heal victims, offenders, and communities that have been injured by crime or other harmful behavior. Restorative justice responses to intervention therefore begin with a focus on identifying and then repairing the damage caused by the actions of offenders. The restorative commitment to repair harm means that intervention cannot focus only on the offender and must ultimately be driven in each case by the needs of victim, offender, and community as primary stakeholders in the justice process. As part of a more naturalistic attitude toward crime and the offender that according to citizen surveys is widely supported by the general public (Doble & Immerwahr, 1997; Moon, Sundt, Cullen, & Wright, 2000; Pranis & Umbreit, 1992; Schwartz, 1992), the obligation to repair what one has damaged builds on virtually universal norms of fairness and reciprocity. And, as even critics of restorative justice acknowledge, because such norms work against the idea that someone who has hurt another citizen should receive help or service without making amends for what has been damaged, the failure to repair harm is therefore a barrier to meaningful offender reintegration. By moving “away from the principle of entitlement to the principle of social exchange” (Levrant et al., 1999, p. 22), however, restorative justice practically and explicitly engages the community and victim side of the reintegration equation that has been missing from standard “best practice” juvenile justice treatment models. At a theoretical level, the focus on repair may also help (e.g., Andrews & Bonita, 1994) to avoid the individualizing tendencies of offender-focused treatment and punishment paradigms while providing “a community-level perspective . . . [that] lead[s] away from a simple ‘kinds of people’ analysis to a focus on social characteristics
of collectivities that foster violence (and crime)” (Sampson & Wilson, 1995, p. 54).

PRINCIPLE 2: STAKEHOLDER INVOLVEMENT

Because harm cannot be understood in a vacuum, repair cannot be achieved in the absence of input from those most affected by crime. Hence, the second core principle of restorative justice—that victims, offenders, and community members be provided with opportunities for input and participation in the justice process as early and as often as possible (Van Ness & Strong, 1997)—follows logically from the principal of repair. Unfortunately, the structure and formal procedures of courts typically present a barrier to meaningful input, problem solving, the expression of emotion, and creative dialogue (Young, 1995; Stuart, 1996). Hence, in much of the world today, Principle 2 is being operationalized in restorative conferencing approaches that seek to find common ground between the interests of victim, offender, and community in a more user-friendly, informal decision-making process that gives consideration to the roles and needs of each of these key stakeholders (Stuart, 1996) (see Table 2). (For more discussion of strategies for and challenges to balancing needs and participation of various stakeholders—including young people and adults—see Achilles & Zehr, 2001; Bazemore & Umbreit, 2001; Braithwaite & Parker, 1999; Pennell & Burford, 2000.)

PRINCIPLE 3: TRANSFORMATION IN COMMUNITY AND GOVERNMENT ROLES AND RELATIONSHIPS

The third big idea in restorative justice stems from the conviction that there are limits on the role of government in the response to crime and trouble and the parallel view that communities have an essential role to play in this response. If we wish to repair the harm of crime by actively involving those most affected in justice processes, we must “rethink the relative roles and responsibilities of government and community. . . . Government is responsible for preserving order, but the community is responsible for establishing peace [italics added]” (Van Ness & Strong, 1997, p. 25). Although most will agree that some problems require application of professional expertise, young people
grow up in communities—not treatment programs—and it is families, extended families, teachers, neighbors, clergy, and others who provide both support and guidance in the socialization process. For example, neighborhood groups and community members as natural helpers may assist young people in developing new skills, improving school performance, and connecting with other community organizations or small businesses who may provide employment opportunities (Annie E. Casey Foundation, 2001) and may also support victims in their healing process. The collaborative relationship between professionals and citizens (and between justice systems and communities) required to facilitate victim, offender, and citizen participation in the coproduction of community safety, peace, and justice by healing the harms of youth crime implies dramatic transformation in the role of the juvenile justice professional, essentially from primary service and surveillance provider, to facilitator of informal, problem-solving community responses to crime and mobilizer of community resources (see Figure 1) (Perry & Gorczyk, 1997; also see Earle, 1996; McCold & Wachtel, 1998; Pranis, 1996, p. 10).

### TABLE 2

**Some Restorative Decision-Making Processes**

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim-offender dialogue mediation</td>
<td>Trained mediators facilitate face-to-face discussion between offender and victim to allow for expression of feelings, discussion of harm and obligation, and arrival at agreement with offender to repair the harm</td>
</tr>
<tr>
<td>Family group conferencing</td>
<td>Allows for community, victim, and family input into the development of a restorative sanction for juvenile offenders in a process initiated by a trained facilitator usually known as a convener or coordinator</td>
</tr>
<tr>
<td>Peacemaking circles/circle sentencing</td>
<td>A sentencing and/or problem-solving process currently being implemented throughout Canada and several locations in Minnesota, Colorado, and a limited number of other U.S. jurisdictions, usually facilitated by a community in the role of keeper who manages dialogue by use of a talking piece; circles are attended by victims, offenders, and a variety of local citizens who support both and wish to develop a local resolution of the crime</td>
</tr>
<tr>
<td>Community reparative boards</td>
<td>Currently being widely implemented in Vermont, Arizona, and parts of California and Colorado, these citizen sentencing panels develop agreements with offenders that focus on victim and community reparation, understanding of harm caused by their crime, and avoidance of future offending behavior</td>
</tr>
<tr>
<td>Merchant accountability boards</td>
<td>Local merchants volunteer their time to sit on reparative panels that hear cases of shoplifting, vandalism, or other crimes committed by juveniles against downtown businesses</td>
</tr>
</tbody>
</table>
REPAIR, INTERMEDIATE OUTCOMES, AND RESTORATIVE THEORIES OF INTERVENTION

How and why might restorative justice interventions have an effect on offenders, victims, and communities? In a recent focus group in San Jose, California, citizen volunteers in one of the city’s neighborhood accountability boards in response to the question, “Why does this work?” suggested a number of theories-in-use linking their restorative practice—and the role of the community—to a reduction in reoffending and other outcomes. Their explanations included the following: “We aren’t getting paid to do this,” “We can exercise the authority that parents have lost,” “We live in their [offenders’ and victims’] community,” “We give them input into the contract,” “We are a group of adult neighbors who care about them,” “They hear about the harm from real human beings,” and “We follow up.” Other such practical theories of intervention that have emerged from volunteers and staff members in a variety of restorative justice programs include victims’ getting a voice as a first step in their healing, a greater sense of fairness for offenders in conditions of supervision than what is provided by the court, an easily understood sanction related directly to the
harm done, offenders’ feeling good about giving back to the community, adult neighbors’ building relationships with juvenile offenders while working together on service projects, offenders’ developing feelings of empathy, reducing victim fear, and community members’ gaining a sense that they have personal efficacy and are needed by their communities.

**DIMENSIONS OF REPAIR**

Although repairing harm is generally understood in the concrete and tangible sense (e.g., paying restitution to victims or providing service to victims and the community), restorative justice practice seems to be moving toward a broader, more inclusive definition that suggests outcomes for intervention that are individual, multiple, and collective. Based on current practice, it is possible to identify five primary dimensions of repair. These dimensions include repair as compensation to individuals and communities for loss and damages or more direct efforts to fix what was broken (e.g., by paying restitution or completing service to victims or community), repair as stakeholder satisfaction (generally assessed by surveys/interviews with participants in restorative processes about feelings, reductions in fear, etc.), repair as norm affirmation or community and victim expression of harm and disapproval, repair as relationship building (generally measured by the development of mutual respect and connections between individuals and their respective communities), and repair as crime prevention (measured, e.g., by recidivism and by building community capacity to prevent and control crime in a general sense).

Although restorative practice may at times be concerned exclusively or primarily with one dimension, the nature of harm in most crimes and the desire to take account of the needs of each stakeholder require consideration of all five dimensions. It is important to note, however, that one dimension, relationship building, appears to be emerging as an important overarching indicator of repair in much restorative justice practice (Pranis & Bazemore, 2001; Stuart, 1996; Van Ness & Strong, 1997). One practitioner (Pranis, 1996), for example, provided the following logic for this focus on relationships as building blocks of community: “The fabric of community is the weaving of relationships; crime harms relationships and thus weakens community;
our response to crime needs to attend to these relationships in order to 
 rebuild or strengthen the community fabric” (p. 10). From this per - 
 spective, crime and other destructive behaviors such as substance 
 abuse not only harm individual victims, offenders, and other citizens 
 but also damage the social fabric of communities. Moreover, crime is 
 both a cause of breakdowns in individual and community relation-
 ships and a result of these breakdowns. To break the well-known cycle 
 of crime, fear, withdrawal, weakened connections, and more crime 
 (see Skogan, 1990), restorative justice interventions seek to reweave 
 the community fabric (Earle, 1996) by rebuilding or strengthening re-
 lationships to increase collective efficacy (Sampson, Raudenbush, & 
 Earl, 1997) in addressing harm and conflict that may lead to future 
 crime.

Grounded in a sense of community as interconnected networks of 
 citizens who have tools and resources that can be mobilized collect-
 ively to promote healing and reintegration, this logic suggests new in-
 termediate outcomes for gauging the likelihood of success in achiev-
 ing traditional criminal justice goals and meeting community needs 
 including public safety, sanctioning, victim healing, prevention, and 
 rehabilitation. Indeed, one approach to evaluating the short-term ef-
 fectiveness of a restorative intervention might be to ask whether a spe-
 cific process or program created new positive relationships or 
 strengthened existing ones, increased community skills in problem 
 solving and constructive conflict resolution, increased participants’ 
 sense of capacity and efficacy in addressing problems, increased indi-
 vidual awareness of and commitment to the common good, and cre-
 ated informal support systems or safety nets for victims and offenders 
 (Pranis & Bazemore, 2001). In general, through the relationship-
 building focus, restorative justice intervention can in turn also be more 
 closely and logically connected to propositions derived from extant 
 theories of community and crime (e.g., Braithwaite, 1989; Bursik & 
 Grasmick, 1993; Sampson & Laub, 1993; Sampson et al., 1997; 
 Skogan, 1990) and, as I will suggest later in this article, to processes of 
 social control and social support.

More broadly, relationship building is consistent with emerging 
 frameworks that challenge medical and public health perspectives on 
 communities. As McKnight (1995) suggested, the ascendency of the 
 professional and service establishments may be associated with an ex-
pansion in the number of clients and a decline in the capacity and authority of citizens. Whereas the “raw material” of this establishment is disease and deficiency (giving emphasis to the “half-empty” portion of communities), the raw material of community, on the other hand, is capacity. Communities are built using the capacities and skills of needy, deficient people, and indeed, “no community was ever built by a group of ‘full,’ unneedy people” (p. 76). Unlike the focus of medical and public health theories on community risks and deficits, these new community frameworks are therefore often critical of intervention driven primarily by service and criminal justice system protocols, choosing instead to emphasize resiliency, strength, and community resources at both individual and social ecological levels (Benson, 1997; McKnight, 1995; Rose & Clear, 1998).

THEORIES OF INTERVENTION

Where might restorative practices and the intervention theories around them fit into a larger agenda for building safer communities and decreasing the risk presented by youth crime? Outcomes associated with the various dimensions of repair discussed previously suggest different theories about how such outcomes are related to developing safer communities, reintegrating offenders and victims, and generally improving the quality of community life. Table 3 includes four intervention theories that give priority to different dimensions of repair and imply that outcomes associated with these dimensions are ultimately most important in achieving long-term macro outcomes. For example, the emphasis on repair as compensation must make a logical connection between reparation of loss or damages and victim healing, between meeting the reparative obligation and future offender behavior such as recidivism (Schneider, 1990), and between citizen and community group participation and input into compensation agreements and a collective sense of efficacy, justice, and general satisfaction. Similarly, the focus on condemnation of the act with support for the offender in reintegrative shaming theory requires a connection between this response and a sense of remorse about the wrongdoing and care and concern from the community; at the macro level, community condemnation of the wrongful act coupled with support for offenders and victims is expected to increase community
efficacy in the response to crime (see Table 3) (also see Bazemore, 1998; Braithwaite, 1998, for discussion of linkage with symbolic interaction and control theory). The important question, however, is how such theories and restorative outcomes based on repair fit into a larger agenda for building safer communities and reducing the risk of youth crime and trouble (Melton, 1995; Pranis, 2001).

RESTORATIVE JUSTICE AND SOCIAL CAPITAL: TOWARD A THEORY OF INFORMAL SOCIAL CONTROL AND SOCIAL SUPPORT

THE CHALLENGE OF COMMUNITY INVOLVEMENT AND THE SPACE FOR CITIZEN EFFICACY

Many adults born in the decades of the 1950s and 1960s recall urban neighborhoods, small towns, and rural communities in which adults took responsibility for looking after children other than their own. In addition, there were numerous informal means of resolving disputes and disturbances peacefully and for imposing consequences and limits on harmful behaviors—including many crimes—without resorting to formal court processes. In effect, community members—with the encouragement and support of local police as well as schools, churches, and other socializing institutions—usually took care of problems that now end up in juvenile and criminal justice systems.

In the past three to four decades, as juvenile justice agencies and systems have expanded, they have taken on increasing responsibility for addressing problems once dealt with by families, neighbors, teachers, clergy, and others at the neighborhood level by these less formal means. As this has occurred, these local problems have begun to find their way into arrest files, court dockets, and probation caseloads. Moreover, efforts to centralize, professionalize, and generally expand the reach of criminal justice and social services seem, over time, to have sent destructive messages to community groups and neighborhoods. While widening the system net, social service and juvenile justice agencies have in the process often weakened historically stronger community nets and inadvertently undercut the role and responsibility of citizens, neighborhood institutions, and community groups in so-
When agents of the state become the key problem solvers, they might be filling a void in community; but just as in interpersonal relationships, so in community functioning, once a function is being per-

TABLE 3
Emerging Restorative Justice Theories of Intervention

<table>
<thead>
<tr>
<th>Exchange theory</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting responsibility</td>
<td></td>
</tr>
<tr>
<td>Making things right</td>
<td></td>
</tr>
<tr>
<td>Repair . . . fixing what’s broken</td>
<td></td>
</tr>
<tr>
<td>Restoring balance</td>
<td></td>
</tr>
<tr>
<td>Earned redemption</td>
<td></td>
</tr>
</tbody>
</table>

| Interpersonal dialogue                  |                      |
| Empowering and giving voice to victims  |                      |
| and other stakeholders                  |                      |
| Gaining information and reassurance    |                      |
| Apology and acknowledgment of harm and |                      |
| wrongdoing                              |                      |
| Human connection                        |                      |
| Expression of feelings/emotions—process over outcome | |

| Reintegrative shaming                   |                      |
| Individual level                        |                      |
| Denounce the behavior, not the offender |                      |
| Strong disapproval of act and norm     |                      |
| affirmation, with expression of support for offenders and victims by family and others who matter to them | |
| Avoid stigmatizing shaming; voice of victim is sufficient to induce feelings of shame in offender | |
| Community members committed to         |                      |
| reintegration of offender and victim   |                      |

| Community/collective level             |                      |
| Low-crime communities are those where people don’t mind their own business | |
| Community members set limits on behavior and provide informal social control without exclusion | |

| Community healing/capacity building   |                      |
| Collective responsibility for crime   |                      |
| and repair/healing                     |                      |
| Inclusion and connection important in |                      |
| their own right                        |                      |
| The resolution and healing lies in the group | |
| Sanctioning, rehabilitation, and       |                      |
| community safety interventions         |                      |
| seamless and integrated—blurred       |                      |
| distinctions between quality of life, |                      |
| community needs, criminal justice, and |                      |
| social justice                        |                      |
| Emphasis on private and parochial      |                      |
| controls and mutual support versus     |                      |
| professionals and justice system—community as driver | |

socialization and informal sanctioning (Bazemore, 1999; Braithwaite, 1994; McKnight, 1995). In addition, as Clear and Karp (1999) observed,
formed by one party it becomes unnecessary for another to take it on. . . . Parents expect police or schools to control their children; neighbors expect police to prevent late night noise from people on their street; and citizens expect the courts to resolve disputes. . . . Informal control systems may atrophy like dormant muscles, and citizens may come to see the formal system as existing to mediate all conflicts. (p. 38)

In this context, a revitalization of viable neighborhood responses to crime will not be easy as communities today may be resistant to taking on increased responsibility after being told for years to “leave it to the experts.” Indeed, as the quote suggests, citizens and community groups who do not learn and regularly practice the art and techniques of norm affirmation, apology, forgiveness, and provision of support for their neighbors may become deskilled to the point that they are incapable of responding effectively to crime and disorder—and they may even become deficient in the competencies of citizenship itself (Moore, 1994).

More optimistically, despite less than hopeful prognoses from empirical evidence for sustaining community involvement in community-policing initiatives (e.g., Rosenbaum, Lurgio, & Davis, 1998), restorative practices do appear to be attracting sustained volunteer participation. Most important, these programs also seem to create new spaces for a kind of community learning process in which citizen involvement in conflict resolution and problem solving may have direct effects on community efficacy. Youth crime and other problems of adolescent trouble and substance abuse can therefore be viewed not only as tragic features of modern life but also as an opportunity for transformative change (Christie, 1977; Stuart, 1996). To make a significant dent in the reduction of youth crime and troublesome behavior, the big ideas of restorative justice and restorative practices themselves must connect with, revitalize, and strengthen community-based processes of informal social control and social support.

SOCIAL CONTROL

Sociologist Albert J. Hunter (1985) suggested that there are three general types of social control. Public controls are those imposed by the state and generally implemented through the various agencies of
the criminal justice system. Private controls, those informal constraints imposed by families and extended families, have historically been a primary concern of juvenile court intervention (Whitehead & Lab, 1996). In reality, however, this emphasis was often a deficit focus that tended to blame families for the problems of young people in trouble while providing little in the way of intervention to shore up private controls (and little in the way of social support for these families). In recent decades, public controls have played a more dominant role as juvenile and criminal justice agencies have assumed much greater responsibility in the response to youth crime and troublesome behavior. In turn, both private social controls, and what have been called parochial controls—those exercised by community groups and institutions (Hunter, 1985, p. 57)—have become substantially weaker, with often distressing consequences:

Public controls can operate in the neighborhood without regard for private and parochial controls, although often not as well. For instance, the police can do their jobs regardless of the state of the local PTA. Further, police can make the streets safe so residents can attend the local PTA meeting. They cannot, however, make residents want to attend that meeting. Only well-functioning private controls can manage that. (Rose & Clear, 1998, p. 446)

The weakening of parochial or village-level social controls that once supported adults in exercising informal sanctions over young people, and as suggested in the aforementioned quote, once reinforced family-level control is perhaps most apparent. When present in communities, this informal parochial control has been empirically associated with low rates of youth crime (Sampson et al., 1997), and when dormant or weak, it may be viewed as a net loss in an essential form of neighborhood social capital that some proponents of restorative justice ultimately wish to replenish.

SOCIAL SUPPORT

In proposing social support as an organizing concept in criminology, Francis Cullen (1994) and his colleagues (Cullen et al., 1999) observed that the “provision of affective and/or instrumental (or mate-
tional) resources . . . [through] intimate or confiding relationships
[italics added] . . . [or] as a property of (cultural or structural) macro-
level social units” is a critical but neglected causal factor “inversely
associated with crime in a variety of empirical studies” (Cullen et al.,
1999, p. 190). At the level of political economy, social support is asso-
ciated with societies that invest heavily in generous income support
for citizens and in educational opportunities (Cullen, 1994). Although
most commentators have used the concept of social support to advo-
cate for expanded social services and treatment programs (Cullen et al.,
1999), it is within informal community networks that social sup-
port has its most robust influence on young people, including preven-
tive and rehabilitative effects. As suggested in the previous quote, so-
cial support in such networks is fundamentally associated with one or
more social relationships between the providers and recipients of such
support. We may in turn view the quality and strength of such support
as directly related to the connections young people develop—through kinship, friendship, and instrumental affiliations to
social groups and individuals—namely, one or more caring adults
who provide sustained affective commitment in the socialization pro-
cess (Werner, 1986).

At the micro, informal level, where reintegration and integration
actually occur, personal relationships with natural helpers that
McKnight (1995) referred to as “community guides” often act as
bridge and buffer between the offender or substance abuser and the
community. Here, social relationships smooth the way for the de-
velopment of additional connections between the offender, law-abiding
citizens, and legitimate institutions. In this sense, these networks of
opportunities are part of the human capital young offenders and all
young people need to gain access to institutional roles (e.g., in work,
education, and community groups). Such roles provide them with a le-
gitimate identity and a bond to the conventional community
(Bazemore, Nissen, et al., 2000; Polk & Kobrin, 1972), hence increas-
ing the likelihood that they will make the transition from delinquent
and deviant careers to conventional lifestyles (Elliott, 1994; Hirschi,
1969; Sampson & Laub, 1993). As the number and strength of such re-
relationships increase, and as these relationships provide additional ac-
cess to legitimate roles for more youth at risk, they in turn build social
capital in neighborhood networks.
MOVING FORWARD: CONCLUDING REMARKS

If, as Braithwaite (1989) asserted, low-crime communities are those in which citizens “do not mind their own business,” restorative justice practitioners should seek to fill the void in informal neighborhood social control with restorative decision-making processes that provide the space and the tools necessary for adults to intervene firmly and respectfully in the lives of young people in trouble (Braithwaite, 1994; Pranis & Bazemore, 2001). Specifically, restorative conferencing models (Bazemore & Umbreit, 2001) are potentially well placed to summon the private controls of families and extended families in the broader context of parochial controls aimed at reinforcing behavioral and disciplinary norms. To the extent that such processes also continue to increase the skills and willingness of neighborhood adults to informally censure destructive and harmful behavior by young people and reinforce other families in doing so, they will have expanded and strengthened what may be conceptualized as a kind of public safety social capital.

Restorative practices—especially those focused on relationship building—also seem particularly well suited to strengthen what could be labeled private social support by, for example, engaging parents of troubled youth in conferencing or family support groups. Restorative practices also strengthen parochial social support by, for example, engaging community members in reparative boards and in community service projects in which they work together with young people on initiatives that meet local needs and may also help to reconnect victims and offenders with their natural communities of care or to mobilize new sources of support in a kind of naturalistic ceremony of reintegration (Bazemore, 2000; Braithwaite & Mugford, 1994). To the extent that restorative interventions actually do build new relationships between young people and law-abiding adults (or strengthen old ones), they can indeed contribute to the reservoir of social capital needed to guide and nurture young people and reintegrate those in trouble.

Moving forward with a larger policy and practice applying restorative justice to community building in the area around informal social control and support will of course prove a challenge to policies that view youth crime and justice systems through libertarian or interventionist lenses. The key to success will be a strict adherence to princi-
ple and an ongoing effort to integrate these principles with broader social theory and policy.

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Gordon Bazemore, Ph.D., is a professor of criminology and criminal justice and director of the Community Justice Institute at Florida Atlantic University. His primary research interests include community and restorative justice, juvenile justice, youth policy, victimology, corrections, and community policing. Dr. Bazemore’s recent publications appear in many justice journals, and he has published two books, Restorative Juvenile Justice: Repairing the Harm of Youth Crime (coedited with Lode Walgrave, Criminal Justice Press) and Restorative and Community Justice: Cultivating Common Ground for Victims, Communities and Offenders (coedited with Mara Schiff). Dr. Bazemore is also principal investigator of a national study of restorative justice conferencing funded by the National Institute of Justice and the Robert Wood Johnson Foundation and a state-wide evaluation of restorative juvenile justice programs in Vermont.
RESTORATIVE JUSTICE AND
A NEW CRIMINAL LAW OF
SUBSTANCE ABUSE

JOHN BRAITHWAITE
Australian National University

The healing process of restorative justice might contribute to the treatment of substance abuse because it can deliver the love and caring to motivate holistic change in a life. Restorative justice is about repairing injustice, and there are important ways that substance abuse is implicated in the generation of injustice. Some case studies illustrate how (a) a restorative approach to substance abuse can catalyze confrontation of a profound community injustice and (b) confronting injustice can help tackle substance abuse. At present, most restorative justice programs fail to achieve either dynamic, sweeping substance abuse under the carpet. Criminalization of the harm caused by substance abuse (e.g., burglary to support a heroin habit) may be an effective way of reducing substance abuse when it is used to trigger well-designed restorative processes. The research and development needed to test this hypothesis is outlined.

SUBSTANCE ABUSE AND INJUSTICE

In restorative justice processes, stakeholders sit in a circle and discuss how to restore the victimized, the victimizers, and the community following an injustice. Restorative justice means a process where all the stakeholders affected by an injustice have an opportunity to discuss its consequences and what is to be done to right the wrong. Is substance abuse an injustice? This is a hard question, one on which Philip Pettit and I have had a little to say in the past (Braithwaite & Pettit, 1990, pp. 92-100). The contribution of this article will not be to wade into those philosophical issues. Let me simply assert that substance

AUTHOR’S NOTE: Address correspondence to John Braithwaite, Law Program, Research School of Social Sciences, ANU, Canberra, ACT 0200.
abuse can be a source of profound injustice. Substance abuse by a family member can destroy the life of another family member in a way that is painfully unjust. Recognition by a substance abuser of the injustice caused by stealing from friends and family, lying, or other untrustworthy behavior is often the kind of recognition of injustice that motivates change through restorative processes.

In some restorative conferences I have convened or seen, victims (of theft) bearing the burden of injustice out of love for the offender, offering support from one friend or family member to another, moved substance abusers to want to be part of healing the relationships. Because substance abusers routinely steal from loved ones and friends who protect them by declining to lodge complaints and because abusers often suffer unacknowledged shame for putting their loved ones in this position, restorative justice programs outside the state criminal justice system can provide an opportunity for these hurts to be healed. The hope is that the process of confronting hurts and acknowledging shame to loved ones they care about will motivate a commitment to rehabilitation in a way that meetings with more unfamiliar victims would not.

There is much evidence reviewed by Muck et al. (2001 [this issue]) that prevention of problems such as substance abuse and crime can work. There is also a lot of evidence that mostly it does not. My hypothesis is that the key reason for the gap between preventive promise and the reality of practice is motivation. The person with the substance abuse or crime problem is not motivated to change. This hypothesis is implicit in Prochaska, DiClemente, and Norcross’s (1992) six-stage model of how people move out of addictive behaviors. The first three stages involve moving from having no intention to change, to becoming aware that there is a problem, to motivation to take action. Furthermore, my hypothesis is that love is a source of acknowledgment and motivation, as is empathic engagement with the injustices that others suffer. The empirical evidence is that the experience of love is a key ingredient in successful restorative justice processes in a way that it is not an important ingredient of successful court cases (Ahmed, Harris, Braithwaite, & Braithwaite, 2001), that empathy is greater in restorative justice conferences than in court cases (Ahmed et al., 2001), and that empathy predicts success in restorative justice processes (Maxwell & Morris, 1999). Redemption rituals assist motivational transfor-
mation (Maruna, 2001), and redemption is earned through repairing injustice (Bazemore, 1999).

In such rituals, old debates about whether it is right to blame or punish people for substance abuse are not relevant. In restorative justice processes, it is just fine to allow those who are responsible for injustice to believe “It is not my fault, but it is my responsibility” (Brickman et al., 1982). It becomes morally possible for poverty and drugs to be blamed for past errors. This follows Jesse Jackson’s political prescription: “You are not responsible for being down, but you are responsible for getting up.” For the victim of substance abuse, the “liberating life narrative” (Henry & Milovanovic, 1996, p. 224) that restorative justice might draw out can be about action under the influence of a drug as “not the real me.” Maruna (2001) defined an archaeology of hope as one that motivates a restorying (Zehr, 2000) of the self as basically good. Maruna found empirically that desistance from crime is associated with a restorying that in cases of substance abuse means redefining the self as “not like that anymore,” “not like I was when the drug had hold of me.” Maruna also found that in redemption rituals, a recurrant feature of finding the “real me” (and of desistance) is a desire to help others suffering the same struggles. For example, one of the things I have seen happen in a conference I have convened is a young substance abuser urging an adult neighbor (who he loved and had victimized by burglary) to try one of the programs he had experienced for her minor problem of substance abuse. She agreed to do so! Just as one of the best ways to learn is to teach, Maruna’s research shows that one of the best ways to be helped is to help.

So, restorative justice sidesteps questions of whether it is right or wrong to punish substance abuse with the following move. If substance abuse is part of the story of injustice, part of what it is important to understand to come to terms with the injustice, then both the substance abuse and the injustice it causes are likely to be among the things participants will wish to see healed in the restorative process. Another thing they might want to see healed is hurt and injustice arising from attempts to punish substance abuse. I have seen conferences in Australia on marijuana use where much of the discussion was around the inappropriateness of the police intervening through threatening to invoke the criminal law against the marijuana use. Justice under the restorative model is an emergent property of deliberative de-
mocracy. Citizens are given a space where they can contest laws they believe to be unjust or laws that might be just in some abstract sense but unjust in the practice of their enforcement in a particular context.

Because citizens discover through deliberation whether they feel something should be done about a particular injustice, restorative justice builds democratic commitment to doing those things. The story about restorative justice building motivation to repair the harm is therefore a relational one, not just one of the individual psychology of being moved by the revelation of injustice. Those invited into the restorative justice circle are those who enjoy the most respect, trust, and love from victims and offenders. When those we most respect sit and work through with us the reasons why something should be done to repair a harm, the collective quality of the resolve means that we will be more committed to it. We know we enjoy collective support for the resolve to embark on drug rehabilitation or to do something else (Cullen, 1994). We make a personal choice to commit to the remedy based on a process that motivates this commitment and delivers collective support to us to stick with it and to offer all manner of practical help along the way. The ideal of relational transformation is that through empowerment and recognition, all parties to the conversation acquire compassionate strength to deal with problems as they choose (Bush & Folger, 1994).

The fundamental decency of the normative commitment to deliberative democracy in restorative justice therefore bears a causal connection to the effectiveness of restorative justice in motivating the free choice to restore. These are the core theoretical claims advanced here.

**CRIME AS AN OPPORTUNITY TO CONFRONT SUBSTANCE ABUSE**

We know it takes an enormous amount of personal commitment and help from others to turn around a serious problem of substance abuse. We know that people in the grip of an addictive substance drift rather than confront the issues in their lives. It takes something special to shake the person out of this drift. Arrest for a crime has the potential for that special drama. For minor crimes, the production-line processing in a few minutes before a lower court, transacted in the techno-
ocratic language of lawyers, has been stripped of drama, especially for repeat players. Restorative justice processes have much more hope of a ritual impact that might shake a substance abuser out of drift. First there is more time—time for greeting, for building up the story of how this happened, for drawing out who has been hurt by the police being dragged into the life of the family, time for tears, and for offering a tissue or a hug in response. With drunk driving, there is time for talking about how lives actually are shattered by drunks who drive cars. Restorative justice is partly about returning ritual to criminal process, ritual that requires taking stock rather than perpetuating drift (Braithwaite & Mugford, 1994).

When a restorative justice conference is held for a teenage heroin abuser who commits a burglary, the conference can be an opportunity for the parents of the child to cry out for help. They can emerge from the conference as the bigger victims than the folk whose house was burgled. It becomes clear that the consequences of the specific burglary are minor in comparison to the way a number of lives are being destroyed by the young person’s attachment to heroin. The most important thing that happens at the conference is that the child has to sit and listen as a number of people express concern about the suffering not only the offender but also his or her parents and other family members are going through. Often the conference has no effect on the subsequent course of events, however, because it too quickly moves from the communal recognition of deep suffering to what is to be done to fix the more tractable problem of the losses suffered by the burglary victim. Everyone looks the problems of the substance abuser’s family in the face, then turns away for fear that they will be saddled with the enormity and seeming impossibility of dealing with them. Instead, they settle for the comfortable denial that by agreeing on a few practical things for the offender to do to help the victim, some justice has been done, and perhaps this will get through to the offender. This seems unlikely for an unemployed offender with a heroin habit that must be paid for somehow.

The alternative is to promote restorative justice as a safe and special opportunity for the loved ones of a person with a substance abuse problem, an opportunity to talk openly about all the dimensions of the problem. The pitch would be that the normal reason for not talking openly about an illicit drug problem—that it would bring trouble from
the police—is moot because there is already trouble with the police and the police undertake not to lay any additional charges because of drug offenses disclosed at the conference. Indeed, the fact that things have gotten to the point of trouble with the police becomes the occasion for admitting the need for getting into the open all the harms and hurts at issue. The ritual importance of a criminal arrest can also be an excuse for bringing a lot of supporters of the offender into the circle, not just a few. In the facilitator’s preparation for the conference, some of those supporters might have been persuaded to offer to do some little things for the family. When others see that there are many potential helpers in the circle, some of whom are already offering help, they will be more likely to take the risk of getting involved, to overcome the fear that if they do they may be overwhelmed by the scope of the problems. Just as abuse begets abuse, so can help beget help, strength beget strength.

Of course the other reason families do not want to openly discuss the substance abuse of one of their members, even for licit drugs, is that it brings shame on the family. Here we need to educate the community that acknowledging shame is healthy and helps us discharge shame. Shame acknowledgment also tends to elicit forgiveness and needed help from others. This forgiveness also helps us to discharge shame, to put it behind us. Eliza Ahmed (2001) showed that acknowledging shame for school bullying helps prevent further bullying. Loved ones of a drug abuser who seize the opportunity of a ritual encounter to acknowledge shame over some of the things associated with the drug abuse can also be role models for a substance abuser who is resisting shame acknowledgment, who prefers denial or discharging of shame in anger. All this adds up to the virtue of persuading families that a restorative justice circle provides them a confronting yet supportive context where it is in their interests to acknowledge the shame members of the family are feeling.

Most heroin addicts eventually get into trouble with the law. Most alcoholics, particularly in a society such as Australia that has random breath testing of drivers, eventually get into trouble with the law. Indeed, one of the strongest policy arguments for random breath testing of drivers is that it gives the community a principled excuse for confronting serious alcohol abuse. Even more controversially, laws criminalizing smoking in the vicinity of babies or children who are too
young to resist this imposition on the health of their environment might give families an opportunity to communicate their fears about the health effects of tobacco, to offer emotional support in the struggle to give up the drug. This does not imply a need to report such a crime to the police. A better approach is for a relative who is concerned about the health of the baby to use the fact that such conduct has been criminalized as a moral resource to insist on a restorative justice conference coordinator in civil society helping the family to confront her fears for the baby. This is a new strategy of the criminal law as a weapon against drug abuse. Instead of being about deterring substance abuse, this restorative strategy is about exploiting the criminalization of the effects of substance abuse to provide an occasion for a ritual confrontation of the substance abuse itself.

Such a new criminal strategy offends liberal sensibilities. Liberals will be offended by any overreach of the criminal law into regulating the right of people to go to hell in their own fashion. Yet one can be a liberal opponent of criminalizing victimless crime while supporting the criminalization of effects or forms of substance abuse that do endanger others. We can be opposed to prohibition and support drunk driving laws. And if we support drunk driving laws, we can support the right of stakeholders to advance their proposed solution to the problem in a specific case. In saying that we think stakeholders such as accident victims, family members, or drinking mates of drunk drivers should have a right to use the ritual occasion of a restorative justice conference to seek to persuade someone to moderate or desist from substance abuse, this does not mean we think they have a right to enforce their preferred solution. All they are given is a ritual opportunity to put their case to the offender. If everyone else in the circle agrees with a proposed program of moderation or rehabilitation, under the philosophy of restorative justice, the offender has a right to say no and take whatever consequences a court might seek to impose if he or she cannot persuade the conference that its proposal is inappropriate. The new criminal strategy proposed is therefore not a threat to freedom because the restriction of freedom involved is not a matter of legal enforcement but of deliberative discussion constrained by a veto right for the person whose freedom is at risk. However, the criminalizing of effects of substance abuse that do have victims is used unapologetically to advance the regulation of substance abuse by deliberative de-
mocracy, to give those victims a special opportunity to make a case for an agreement for drug rehabilitation.

Now we will develop these ideas by considering what may be some successes and failures of restorative justice in confronting substance abuse. They will all be cases of alcohol abuse. The implications may be of general import to all kinds of substance abuse. First, we will deal with a case study where confronting substance abuse led to the confrontation of injustice (sexual assault) and then a case where the deliberative confrontation of injustice (domestic violence) led to the successful confrontation of substance abuse. Then I will consider a case where a failure to confront underlying substance abuse led to a failure to confront the injustice.

**SUBSTANCE ABUSE CONFRONTED, SEXUAL ABUSE CONFRONTED**

Healing circles in the Manitoba Ojibway community of Hollow Water were convened to deal with community concerns about an epidemic of alcohol abuse. As citizens sat in these circles discussing the alcohol problems of individual people, they realized in 1986 that there was a deeper underlying problem, which was that they lived in a community that was sweeping the sexual abuse of children under the carpet. Through setting up a complex set of healing circles to help one individual victim and offender after another, in the end it had been discovered that a majority of the citizens were at some time in their lives victims of sexual abuse. Most of the leading roles in this process were taken by women of Hollow Water (Bushie, 1999). Fifty-two adults out of a community of 600 (Jaccoud, 1998) formally admitted to criminal responsibility for sexually abusing children, 50 as a result of participating in healing circles, 2 as a result of being referred to a court of law for failing to do so (Lajeunesse, 1993; Ross, 1996). Ross (1996) claimed that the healing circles have been a success because there have been only two known cases of reoffending. Tragically, however, there has been no genuinely systematic outcome evaluation of Hollow Water. So we do not have data on pre- and post-levels of either alcohol abuse or sexual abuse.
What is more important than the crime prevention outcome of Hollow Water is its crime detection outcome. When and where has the traditional criminal process succeeded in uncovering anything approaching 52 admissions of criminal responsibility for sexual abuse of children in a community of just 600? Before reading about Hollow Water, I had always said that the traditional criminal investigation and trial process is superior to restorative justice processes for justly getting to the truth of what happened. Restorative justice processes were only likely to be superior to traditional Western criminal process when there was a clear admission of guilt. The significance of Hollow Water is that it throws that position into doubt.

In his discussion of the Hollow Water experience, Ross (1996) emphasized the centrality of restoring communities for restoring individuals:

If you are dealing with people whose relationships have been built on power and abuse, you must actually show them, then give them the experience of, relationships based on respect... the healing process must involve a healthy group of people, as opposed to single therapists. A single therapist cannot, by definition, do more than talk about healthy relationships. (p. 150)

Ross also found special virtue in the participation of healed victims and healed victimizers of sexual abuse who can cut through the (often shared) neutralizations that they had to cut through in confronting their own abuse.

In Hollow Water, ex-offenders are not shunned forever, but seen as important resources for getting under the skin of other offenders and disturbing the webs of lies that have sustained them. Better than anyone, they understand the patterns, the pressures and the ways to hide. As they tell their personal stories in the circle, they talk about the lies that once protected them and how it felt to face the truth about the pain they caused. (p. 183)

Indeed, at Hollow Water, before they met their own victim in a healing circle, sexual abusers met other offenders and other offenders’ victims who would simply tell their stories as a stage in a process toward breaking down the tough-guy identity that pervaded the dominating
relationship with their own victim. Note what an interesting strategy this is from a defiance theory perspective (Sherman, 1993). Averting defiance is about getting offenders to put their caring identity rather than their defiant self in play.

I find the fundamental hypotheses to take away from Hollow Water to be that

- abuse of substances and abuse of people is a vicious circle,
- communal caring for people and effective confrontation of abuse is a virtuous circle,
- by confronting abuse of substances communally we might confront abuses of people that have been swept under the carpet.

If there is in play here a virtuous circle of healing begetting healing that has flipped the vicious circle of hurt begetting hurt, it follows that by confronting communally the abuse of people, we might effectively deal with the abuse of substances. Our next Canadian case study is about just that.

VIOLENCE CONFRONTED,
SUBSTANCE ABUSE CONFRONTED

The award-winning Health Canada video Widening the Circle: The Family Group Decision Making Experience, based on the work of Gale Burford and Joan Pennell (1998) with family violence in Newfoundland and Labrador, shows how to advance best restorative justice practice in a number of respects. We see on the video the family sit in the circle and discuss the problems they share as an extended family. A social worker puts up on butcher paper the range of options available locally for dealing with family violence and other problems (including substance abuse) that the family identifies as concerns. Later the experts leave but are called in to explain some other kinds of treatment options that the family thinks might help in their situation.

The hypothesis here is that the plurality of deliberation in restorative justice conferences will increase the effectiveness of rehabilitation programs. This plurality would push out one-size-fits-all pet psychotherapeutic programs often spewed up by state monopolies of
welfare provision. The experts under the restorative model have to persuade the affected communities of care that this really will be the best option for them. Most critically, they must persuade the offender or the victim who is to be helped. We hypothesize that this will increase the odds of the help being effective (in comparison with coerced help). Although the evidence is not clear that this hypothesis is correct, it is far more clear that commitment to rehabilitation in a context of family and community support is more effective (Cullen, 1994).

Burford and Pennell’s (1998) research found a marked reduction in both child abuse/neglect and abuse of mothers/wives after the intervention. A halving of abuse/neglect incidents was found for 32 families in the year after the conference compared to the year before, whereas incidents increased markedly for 31 control families. Pennell and Burford’s (1997) research is also a model of sophisticated process development and process evaluation and of methodological triangulation. Although 63 families might seem modest for quantitative purposes, it is actually a statistically persuasive study in demonstrating that this was an intervention that reduced family violence. There were actually 472 participants in the conferences for the 32 families, and 115 of these were interviewed to estimate levels of violence affecting different participants (Pennell & Burford, 2000). Moreover, within each case a before and after pattern is tested against 31 different types of events (e.g., abuse of child, child abuse of mother, attempted suicide, and father’s keeping income from mother) where events can be relevant to more than one member of the family. Given this pattern matching of families × events × individual family members, it understates the statistical power of the design to say it is based on only 63 cases. The Newfoundland and Labrador conferences were less successful in cases where young people were abusing their mothers, a matter worthy of further investigation.

Burford and Pennell (1998) also found reduced drinking problems after conferences. Although dealing with substance abuse was not a principal objective of this program, the empirical findings do support the hypothesis that communally confronting the abuse of people can assist with confronting abuse of substances. Also beyond the positive effects on the direct objective of reducing violence, the evaluation found a posttest increase in family support, concrete (e.g., babysit-
ting) and emotional, and enhanced family unity, even in circum-
cstances where some conference plans involved separation of parents
from their children. The philosophy of this program was to look for
strengths in families that were in very deep trouble and build on them.
This seemed to deliver high levels of participant satisfaction. In
Pennell and Burford’s (1995) conferences, 94% of family members
were “satisfied with the way it was run,” 92% felt they were “able to
say what was important,” and 92% “agreed with the plan decided on.”
My diagnosis is that the key to the success of the Newfoundland and
Labrador programs was the depth of the empowerment of families to
define what were the important problems to put in the center of the cir-
cle. The hypothesis is that where substance abuse is one of the under-
lying problems with abuse of people, family members will know this.
If the process is rich in the way it empowers them, they will target the
substance abuse as a problem they need to commit collectively to
solve. Our next case study is a restorative justice failure story where
communal empowerment was too constrained to allow this to occur.

SUBSTANCE ABUSE NOT CONFRONTED, DRUNK
DRIVING NOT EFFECTIVELY CONFRONTED

Sherman, Strang, and Woods (2000) recently reported that whereas
the RISE violence restorative justice experiment in Canberra, Austra-
lia, reduced reoffending by 38 crimes per 100 per year, restorative just-
ic increased drunk driving reoffending by 6 crimes per 100 offenders
per year. I will put aside here possible reasons for the success of the vi-
cence experiment and focus on possible reasons for the failure of the
drunk driving experiment in which 450 offenders were randomly as-
signed to a restorative justice conference and 450 randomly assigned
to court. Perhaps the most likely reason for the failure of the RISE
drunk driving experiment is about the incapacitative effects of license
suspensions being available in court cases and not in cases assigned to
the restorative justice conferences. Certainly the pattern of early anal-
yses fits this interpretation (Sherman et al., 2000).

Perhaps, then, if only conferences were put on a level footing with
courtroom adjudication by empowering conferences to suspend driv-
ing licenses, conferences would prevent more drunk driving than
court processing. But there seem to be other reasons why the drunk driving experiments might not have had the success reported in other restorative justice evaluations (Braithwaite, 2001a). One is that the drunk driving cases were all ones where there was no victim. They were all detected by roadside stops and random breath tests. To assure homogeneity, the rare cases where the driver had hit someone or something were excluded. So the emotional power that comes of hearing from a victim of the consequences that were suffered as a result of the wrongdoing was missing from these conferences.

But the other deficiency I observed in these conferences that is theoretically relevant here arose from a decision by the police who convened these conferences that the offense being dealt with was drunk driving and conferences should be prevented from delving critically into aspects of the life of the offender that were not specifically implicated in the offense. This constraint was motivated by admirable liberal anxieties about averting the overreach of the criminal law (Morris & Hawkins, 1969). Yet the problem can be read as an underreach of citizen empowerment rather than an overreach of the law. What I and others (Retzinger & Scheff, 1996) observed to happen in drunk driving conferences was that when the conference would begin to struggle with confronting an underlying alcohol problem, the police convener of the conference would intervene with a constraining comment such as “It’s not a crime to drink. We only break the law when we get behind the wheel of a car after drinking too much.” At times, the consequences of this policy against net widening were palpably sad. There would seem to be a mother or other loved one in the conference who was deeply concerned about the effect that excessive drinking was having on the life of the offender and the family and who wanted to talk about this. Because of interventions such as that quoted earlier, these loved ones were denied the space to put this problem in the center of the circle. It was sad at times to watch the lost opportunity. Drinking mates, who often themselves had serious alcohol problems, rallying around the offender were also a big part of the problem (Inkpen, 1999). They would conspire with the police to prevent the needed net widening that would have occurred had there been undominated empowerment of the loved one who wanted to put confrontation of substance abuse on the conference agenda. The worst patterns of drunk driving arise in the lives of people who are chroni-
cally under the influence of alcohol. If you are drunk every day, in a sense you have to make a choice between drunk driving and abstaining from driving altogether. A criminal justice program that fails to confront the substance abuse problem that underlies these, the worst cases of repeat offending, is bound to have a limited effect on repeat offending. In the case of the RISE experiment, the effect was too limited to outweigh the increase in reoffending caused by not being able to suspend licenses. It must be said, however, that this is a speculative interpretation of the failure of this RISE experiment that needs more detailed empirical exploration.

CRIMINALIZING THE HARM, NOT THE ABUSE

A fundamental hypothesis to develop empirically through an ambitious program of research is that drug rehabilitation can work but that we can widen and deepen the front on which it works by making restorative justice the primary vehicle for collective choice of rehabilitative programs and follow-up of their completion (as in the Hollow Water and Newfoundland case studies). This is because restorative justice delivers superior commitment and superior follow-through compared to the professionalized therapeutic state (Braithwaite, 2001a). It is also more democratically decent. In Latimer, Dowden, and Muise’s (2001) meta-analysis of restorative justice programs, the effect size for compliance with restitution agreements was .33, meaning approximately one third higher compliance for restorative justice cases than for comparison groups. The collective commitment of loved ones to ensure that the offender honors an agreement is more effective than the enforceable orders of a court. The importance of this strength of restorative justice in building motivation to follow through on commitments is underlined by the Williams, Samuel, and Addiction Centre Adolescent Research Group (2000) literature review conclusion that key issues treatment programs must address are treatment dropout and the maximization of treatment completion.

Under such a dispensation, the new role for the criminal justice system is to trigger restorative justice, to use the crisis of laying charges to ask families to work together to face their problems—or else. The
criminal justice system is not a useful instrument for the control of substance abuse. But its usefulness as an or else to programs that are extremely useful, as the gravitas in the catalysis of crisis, is sadly underdeveloped in theories of drug rehabilitation. This does involve a kind of criminal justice coercion of democratic deliberation—offering a conference as an alternative to a criminal trial.

It has been argued that there is a reciprocal relationship between substance abuse and abuse of people. Obversely, getting motivated to help others helps substance abusers to get on top of their abuse, to find their redemption narrative (Maruna, 2001). Empathic experience of the injustices suffered by others as a result of the substance abuse—the “just and loving gaze” of those who have been hurt (Drummond, 1999)—nurture that motivation to help others. The restorative justice philosophy sidesteps debates about whether it is right or wrong to punish substance abuse. What is morally required is that those who are hurt by substance abuse are given a chance to explain their hurts and needs, what problems they would like to see solved. Restorative families can learn to do this without help from the state. Sadly, the worse the substance abuse is, the more likely state intervention will be needed to jolt the drift of the abuser. And the more likely the state will get involved because the most devastated abusers of drugs such as heroin and alcohol do eventually tend to hit serious trouble with the police. The shock to a family of this happening for the first time to one of its young members is a special opportunity when it is the substance abuse that underlies the trouble. The opportunity is that the trouble with the law gives loved ones who wish to make an issue of the harm the substance abuse is doing a ritual space, a solemn and serious dialogue it is hard not to listen to.

Hence, what the criminal justice system can offer beleaguered families of substance abusers is not deterrence of abuse but the gravitas to trigger a ritual moment in which people can be gathered and things said that it is otherwise difficult to say. People need a lot of support to make the move from incessant and ineffective nattering at the substance abuser, who drifts through the natter (Patterson, 1982), to solemn commitment to a plan of action to deal with the abuse and its consequences. The fear we have of being overwhelmed by the problems if we offer help can best be overcome by a collective process where
many are encouraged to offer help. Agreements articulated collectively with those we love and depend on most have the best prospect of sticking.

Unfortunately, restorative justice in practice, as illustrated by the RISE drunk driving experiment, still typically shies away from underlying problems of substance abuse, spurning the help desperate family members need, smugly satisfied with a bit of repair for a victim or a dose of community service that at least keeps the offender out of prison for the moment. The Hollow Water and Newfoundland family group decision-making programs show that simultaneously serious confrontation of abuse of persons and of substances is possible—with powerful results. This requires a depth of communal empowerment and some serious back-up of state resources. It probably also requires preconference meetings with an offender and his or her loved ones that encourage them to look holistically at the individual and collective life at risk—to discourage them from just sweeping an underlying substance abuse problem under the carpet. This strategy also establishes restorative justice as a framework where rehabilitative options are available for choice by the community of care.

The key institutional questions are therefore not about whether to punish but about how to trigger and support problem-solving dialogue where the people who count in this particular life have a voice. It is certainly a good democratic thing if this group of people also decide to turn their private troubles into a public issue by getting involved with drug law reform, campaigns for funding more rehabilitative options, and so on. Here the institutional challenge is to create a space where that is a democratic option that citizens will occasionally be motivated to take up but not an expectation. The expectation is that normally the overwhelmed families will do well to come to grips with their private troubles. The democratic aspiration is mostly more banal—to give beleaguered people a deliberative space that they actually lack to roundly discuss a central problem in their little lives. The systematic evidence of satisfaction with participation in restorative justice processes after loved ones are arrested is that citizens of all types, but especially mothers, appreciate and use this bit of voice (Braithwaite, 2001a).

The new criminal justice of substance abuse is therefore to move resources from state punishment of drug criminals to restorative justice
processes backed up by well-resourced rehabilitative options. These conferences are triggered when the substance abuse becomes serious enough to cause real crime such as burglary, assault, pushing drugs to others, drunk driving, and even what I provocatively suggest should be the crime of blowing cigarette smoke in the face of one’s children. The crime that has a victim becomes a ritual occasion for loved ones to confront the substance abuser’s victimization of himself and collateral victimization of his family. The criminal law can make a very major contribution to reducing drug abuse by catalyzing loving concern that confronts substance abuse instead of nattering at it, that delivers an empathy, practical help, and support that motivates substance abusers to jettison fatalistic scripts, rediscover what they perceive to be their real selves, to restory their lives as lives where they are in control.

Some would say this program of criminal justice reform could be implemented by drug courts. Perhaps a lot of it could. That is an empirical question. Family empowerment and love seem to me the crucial ingredients for success, and a court controlled by a judge seems an unlikely context for these to flourish. All the criminal justice system needs to provide is the gravitas, perhaps even the sword of Damocles (Braithwaite, 2001a), to trigger the ritual moment where the just and loving engagement of family and friends might motivate rehabilitative resolve, might build out from their strengths. Before it escalates from help to desperate resort to the sword of Damocles, however, it may do better by escalating to even more support and help. These too are empirical assertions that demand much more rigorous testing. First, however, I suspect we need more qualitative research and development on how to prevent restorative justice processes from sweeping substance abuse under the carpet when it is a driver of criminal behavior.

SYNERGIES WITH CIVIL SOCIETY PROGRAMS

The suffering of victims of the harms inflicted by drug abusers often runs very deep. These victims desperately need vindication of that suffering, especially if they are loved ones of the abuser who need to keep finding the compassionate strength to provide support. Although they may be parents of the offender, they are victims of serious crimes and should not be seen as anything less. The wonderful opportunity
with such victims is that they are often not retributive victims. They want to forgive and help. Publicly funded restorative justice programs in civil society should be available to support them as victims. Without involving the police, such programs can convene restorative justice circles to help heal the hurts of victims. The crisis that provides motivation and ritual moment in this scenario is not trouble with the police, but it is still the recognition that someone has been a victim of a serious crime (that he or she does not wish to report to the police). Just because a citizen does not want to report a loved one to the police, this does not mean he or she should be left to suffer alone as a victim of serious crime. The victim right of community support for repair of the harm suffered can be honored without resort to the criminal process. My hypothesis is that honoring this victim right in civil society can create a special kind of opportunity for confronting abuse of persons to lead to the confrontation of abuse of substances.

A second kind of civil society program I have advocated for confronting drug abuse that involves no connection with criminal justice is youth support circles (Braithwaite, 2001b). These are universal programs oriented to the educational development of young people. The circle keeps meeting with each young person in a school until he or she finds a place in a tertiary institution or a job. They are not problem-centered circles so much as development-centered circles, although they can deal with a specific problem such as drug abuse if it comes up as an obstacle to educational and vocational development. Part of the idea of this kind of circle is that because it is universal, it is less stigmatizing than other approaches to life problems. It is about building the excellence of the problem-free children as well as tackling the obstacles that confront the weakest ones. The most disadvantaged children would benefit most, however, because they most desperately need an outside adult or older pupil who can spend a couple of hours a week with them on their math homework. They most need a middle-class friend with the contacts to help them get a job on graduation. Retirees as well as older buddies are seen as especially valuable resources for challenges that single mothers in particular are overwhelmed in meeting.

Finally, there is a case for another kind of civil society program that takes referrals from the police. Good police services get to know the names of offenders who are supporting an addiction by selling drugs...
themselves or by persistent property crime. They target them and
eventually catch them. Once the police have possession of this intel-
gence, I have suggested an alternative to targeting and arrest. This is
prearrest conversations with such offenders that their pattern of of-
fending is known to the police. They are advised that a judge has ap-
proved that there is “reasonable suspicion” for their being targeted for
special surveillance. However, they are given the opportunity to get
off this targeting program before it succeeds in arresting them by par-
ticipating in a healing circle with their loved ones about the problems
that are besetting their life (Braithwaite, 2001a). The same kinds of
conversations are advocated in Braithwaite (2001a) for targeted orga-
nized criminals who market drugs, drawing on experience with gang
retreats and gang surrenders in Papua New Guinea (Dinnen, 2001) and
some of the Giuliani strategies for cleaning up the Mafia in New York
(Jacobs, 1999). The Papua New Guinea restorative justice initiatives
with organized crime are often brokered by the church, although often
with state participation at a level as high as the prime minister.
Whether we are thinking about drug barons or street-level addicts,
when the police do prearrest targeting they can refer the case to a re-
storative justice process run totally in civil society rather than convene
it themselves.

CONCLUSION

The orienting empirical insight in this article is that abuse of sub-
stances causes abuse of people and vice versa. Abuses of people but
not abuses of drugs are appropriate for criminalization. A direct focus
on the criminal abuse of people is therefore advanced as a promising
indirect way of confronting substance abuse. Arrest for a burglary can
supply an occasion of crisis in a life and a moment of ritual that is a
special opportunity for creating the motivation and social support nor-
mally lacking for confronting substance abuse. Equally, a friend of a
substance abuser who has something important stolen but who does
not want to report the abuser to the police can trigger the crisis by say-
ing she might go to the police unless the offender joins him or her in a
restorative justice circle convened in civil society. Or, the police can
create a prearrest crisis by communicating their targeting decisions to
targets instead of treating them as secret. Finally, universal youth development circles that are not only prearrest but preproblem could be useful both to prevent the reasons for substance abuse before they arise and to deal with them when they first arise in a minimally stigmatizing fashion. The possible synergies between these four different kinds of restorative justice programs is the stuff of an exciting research and development program that comes at the substance abuse problem from a fresh angle that has deep theoretical roots for its effectiveness claims.

**NOTE**

1. LaPrairie (1994) in a study of this problem in another context found that 46% of inner-city native people in Canada had experienced child abuse. For an outline of the Hollow Water procedures for dealing with sexual abuse, see Aboriginal Corrections Policy Unit (1997a, 1997b). At Canim Lake, the site of another innovative Canadian First Nations healing circle approach to sexual abuse, “The research showed us that up to eighty percent of our people had been sexually abused at one point in their lives” (Warhaft, Palys, & Boyce, 1999, p. 171).

**REFERENCES**


Braithwaite / RESTORATIVE JUSTICE  247


*John Braithwaite, Ph.D., is a professor in the Research School of Social Sciences, Australian National University. His recent work on restorative justice includes* *Restorative Justice: From Philosophy to Practice (coedited with Heather Strang), Restorative Justice and Civil Society (coedited with Heather Strang), Restorative Justice and Responsive Regulation, and Shame Management Through Reintegration (with Eliza Ahmed, Nathan Harris, and Valerie Braithwaite).*
In response to recent school violence, most schools in the United States have adopted increasingly punitive disciplinary policies. However, some schools have embraced restorative justice practices. This article explores the recent implementation of these practices in school communities in Minnesota, Colorado, and Pennsylvania, examining how school communities can make use of this approach to address drug and alcohol problems and how this approach may offer an alternative to zero-tolerance policies.

Theorists of the American community argue that socialization, moral integration, and social control operate in the context of social institutions (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1991; Sullivan, 1995). "Strong communities," wrote Philip Selznick (1992), "are institution-centered. Their cohesion and moral competence derive from the strength and integrity of families, schools, parties, government agencies, voluntary associations, and law" (p. 370). With regard to crime, the essential argument derived from social disorganization theory is that institutionally strong communities are better able to prevent crime as well as respond to crime when it happens (Bursik & Grasmick, 1993; Sampson, 1995). Schools as an institution at the societal level and as communities at the micro level are a cornerstone for youth socialization and the social control of delinquent behavior. Restorative and community justice programs in the school setting prioritize activities that try to reduce delinquency and find just solutions to delinquent behavior. Moreover, they try to build
community capacity—to respond to problem behavior without resorting to the criminal justice system and to create a safe and supportive learning environment that effectively expresses the values of the culture (Chavis, 1998; Karp & Clear, 2000).

As a response to juvenile delinquency, the social control practices of two important community institutions—families and schools—need to complement one another. Braithwaite (1989) argued that loving families engage in disciplinary practices that focus on the moral dimension of misbehavior—how the behavior is harmful to oneself or others and the obligation of making amends—and the sanctions families impose are reintegrative. Children may be grounded, but they are not abandoned. The theory behind restorative justice is often associated with Braithwaite’s family model of crime control (Bazemore, 1998b; Clear & Karp, 1999; Van Ness & Strong, 1997). When children go to school, they experience a shift to more formal practices of social control, although typically not as impersonal, bureaucratic, and retributive as what they encounter in the justice system. In this article, we examine how the family model of restorative justice is being applied in the school setting. We examine three school-based models, each of which may be characterized by its attempt to strengthen community capacity as it responds to problem behavior.

The focus of this special issue is the relationship between substance abuse treatment and restorative justice. However, the three programs we describe here do not focus specifically on drug and alcohol problems in the school setting (although we focus case examples on such problems). They are comprehensive and often focus on problems of interpersonal conflict. Nevertheless, there are two reasons why these programs are particularly relevant to this special issue.

First, as alluded to earlier, restorative justice programs focus on building community capacity. In this model, drug and alcohol abuse is not merely a problem in its own right but symptomatic of youth alienation, oppositional youth subcultures, and weak community controls. Consequently, restorative practices are not directed simply at curbing drug and alcohol use but changing student culture and strengthening the social ties of youth to conventional people and institutions. This is achieved through comprehensive restorative justice programs rather than ones focusing narrowly on a particular set of disciplinary problems.
Second, although the programs described here are more broadly defined, drug and alcohol use figure prominently in the repertoire of school disciplinary problems. In a 1997 national survey of high school students (Kaufman et al., 2000), 51% had consumed alcohol in the 30 days prior to the survey, and 26% had smoked marijuana. Although most reported that they did not use alcohol or other drugs at school, 32% said that drugs were made available to them on school property. Drug and alcohol use is also a warning sign for other student problem behavior such as poor academic performance and interpersonal conflict (Dwyer, Osher, & Warger, 1998; Gottfredson, 1997). In this article, we examine how three school-based restorative programs respond to drug and alcohol problems and how these responses are located within a larger conceptual framework that seeks to change student culture by strengthening behavioral norms and cultivating individual responsibility.

COMMUNITY CAPACITY AND RELATIONAL REHABILITATION

In a recent analysis, Bazemore (1999) argued that restorative justice practices are implicitly engaged in “relational rehabilitation,” which is contrasted with traditional conceptions of rehabilitation. He defined it as an approach that “links crime to a breakdown in social relationships and hence prescribes a reintegrative response to crime focused on attempts to repair, rebuild and enhance bonds or ties between young offenders and their communities” (p. 155). This approach differs from traditional rehabilitation, he argued, for three reasons. First, rather than focus singly on offenders, attention is equally paid to all stakeholders in a criminal event, including the victim and other relevant community members (i.e., the offender’s family, school teacher, etc.). Second, rather than based in the clinical work of a counselor/offender relationship, the basis for offender adjustment is in his or her natural or community relationships that need strengthening. Third, the approach extends beyond the focus of offender needs and obligations to the larger social context, building wherever possible community capacity to deliver opportunities to the offender, such as education, job training, employment, and community service work. In this approach, rehabilitation as an outcome is better understood as reintegration through the strengthening of social ties and social functioning rather than...
than as individual cognitive or emotional adjustment. Bazemore, Dooley, and Nissen (2000) wrote,

The problem among some advocates of effective treatment, however, has been a failure to acknowledge that rehabilitation is a bigger issue than changing the attitudes, thinking, and problematic behavior of offenders. The question restorative justice might pose then is: What good is an initial change in thinking and behavior patterns if the offender’s relationships with law-abiding adults and peers are weak or non-existent? (p. 18)

School-based restorative justice is characterized by its focus on relational rehabilitation. Contemporary education theory emphasizes that school effectiveness is predicated on community building in the school (Sergiovanni, 1994). Distinguishing a community from an organization, Sergiovanni (1994) argued that relationships between school members (teachers, students, and staff members) are not merely instrumental but have a moral interdependence. “Relationships within a community of mind are based not on contracts but on understandings about what is shared and on the emerging web of obligations to embody that which is shared” (Sergiovanni, 1994, p. 7). Thus, when school rules or the criminal law is broken, harm is defined not in terms of the technical infraction but by the effects on other members of the community. The web of obligations includes the needs of both the victims and the offender as well as the needs of the community to sustain a safe learning culture. Such a school community would be characterized by its social support (Cullen, 1994; Maruna, 2001) rather than its coercive control.

RETRIBUTIVE AND RESTORATIVE PRACTICES

At this stage, restorative justice in the schools is largely an abstract idea. Given recent concerns for school safety, most U.S. schools have adopted retributive, disintegrative disciplinary policies. For the 1996-1997 school year, most public schools (K-12) maintained zero-tolerance policies for alcohol (87%) and other drugs (88%). Forty-five percent of public high schools conducted drug sweeps, and 22% of all public schools (K-12) had taken disciplinary actions against students
for alcohol or drugs (including tobacco) in that year. This amounts to nearly 21,000 schools taking more than 170,000 disciplinary actions of expulsion, transfer, or out-of-school suspensions of more than 5 days (Kaufman et al., 2000).

What we have seen in the past decade is a retrenchment of school disciplinary policies that are based on authoritative control and greater collaboration between school administrators with private security and local police. School policies emphasize zero tolerance for rule breaking and exclusion of offenders from the school community. In other words, community is built on fear rather than care. Restorative practices, therefore, require a radical shift in philosophy, and the tension between retributive, authoritarian controls and restorative, communitarian controls is a major theme in community justice.

In Australia, where school-based restorative practices emerged in the early 1990s, a similar problem of clashing philosophies has proven problematic for wide-scale implementation. Cameron and Thorsborne (1999) observed,

> While some schools have adopted humane philosophies closely aligned with what we now understand to be a restorative justice philosophy, it would be rare that misconduct is generally viewed from a harm-to-relationships perspective, with decisions about what to do about the incident centering around how to repair the harm. It is more likely that responses to (even low-level) wrongdoing are still driven by a belief that punishment works, and compliance is all about maintenance of control. (p. 5)

Restorative justice requires a shift in philosophy away from authoritarian controls because they effectively deny offenders and victims a meaningful role in the sanctioning process. Without having a participatory role, the resolution is much less likely to become a learning experience for the offender and an opportunity for him or her to develop a sense of personal responsibility. And the needs of the victim as well as the harm to the community are unlikely to be addressed. At their extreme, authoritarian controls in the school can be characterized as coercive, engendering the possibility that delinquency will increase as an oppositional response to perceived oppression. In a general theoretical statement, Colvin (2000) argued, “Coercion produces alienated
bonds, which, if reinforced by continual coercive relations, produce chronic involvement in serious delinquent behavior” (p. 16). He went on to write,

While most students resign themselves to [coercive social control], a significant number of students actively (usually as individuals) resist. Such resistance leads to further coercive controls and ultimately to complete alienation from both the school and external authority in general. While the intended outcome of schools is to create compliant students, the latent outcome is the creation of a number of young people who become more marginalized with even greater social-psychological deficits. (p. 70)

School programs that have been found to be effective responses to drug and alcohol use share the following features, each of which is consistent with restorative approaches to the problem. First, effective school programs articulate clear norms and behavioral standards. Second, they institutionalize competency development by providing long-term programming in such areas as developing self-control, stress management, responsible decision making, social problem solving, and communication skills (Gottfredson, 1997). Unfortunately, the need for restorative practices may be all the more pressing because when schools are not busy suspending and expelling, they often make use of ill-conceived drug and alcohol educational programs. This article explores an alternative approach.

At present, the following three geographical locations represent the collective ideological and pragmatic center of the school-based restorative justice movement in the United States: the statewide school system in Minnesota, 15 schools in the Denver metropolitan area, and a small band of 6 “alternative” facilities located in southeastern Pennsylvania. To be sure, restorative justice practices in various forms and in various settings have surfaced in other pockets of the country. But nowhere is the idea practiced more widely or has the philosophy been bought into more completely than in these three locations. In this article, we describe the restorative practices of these sites. Data were collected from published reports by the schools and telephone interviews with key informants.
Each of the three school-based restorative justice projects emerged from a combination of factors, beginning with a shared sense of concern on the part of teachers and administrators that the growing incidents of school-related violence were disrupting the central mission of the educational community. Recent studies have demonstrated that youth violence steadily increased during the 1980s, reaching its peak in the early 1990s at the precise moment when many school officials were searching for more effective ways to control student misbehavior (Snyder & Sickmund, 1999). Whereas most school administrators believed the solution to ineffective disciplinary policies was to increase the severity of traditional punishments, a few adopted a new philosophical approach.

MINNESOTA PUBLIC SCHOOLS

The genesis of Minnesota’s restorative justice project dates back to 1995 when, together with the federal government, the state allocated money in an attempt to guide districts and communities in developing effective violence prevention and peacemaking programs. At that time, the Minnesota Department of Children, Families and Learning (the state’s department of education) was charged with the responsibility of constructing a 5-year plan to reduce violence throughout the state’s public school system. The hope was that stronger communities could be fostered by tackling both the factors contributing to violence among adolescents and, perhaps more important, the reactions of schools to individual incidents of harm. The original sponsors of the program were troubled by the fact that occasions of school violence were typically managed by institutions outside the school setting that had little tangible connection to the enterprise of teaching itself. Most notably, the state’s juvenile justice system was the primary venue for the resolution of major youth conflicts.

Restorative justice advocates were concerned that in most schools, all types of offenses were (and are still) resolved through a structure that allows authority figures—principals, teachers, counselors, and so on—to dictate punishments without much consideration of the victim’s feelings or the offender’s needs. Based on the retributive model,
schools dole out sanctions in line with precedent and with little acknowledgment of the broader communal implications. The focus is not on making amends but is directed at the specific violation of the law. When a harm is done, in other words, there develops a clear separation between the authority figure, the offender, and the community at large; the relationship between offender and the school is described as one way, much like the relationship between the state and the criminal. The victim is marginalized and told that he or she is not important to the process, and the result is often suspension or the removal of the offender from the learning environment. In such instances, the offender likely becomes bitter and antiauthoritarian, the victim becomes dissatisfied because of a lack of closure, and the community loses one of its members.

Accordingly, the state’s 5-year plan included the adoption of a restorative philosophy to provide teachers and administrators with an alternative to the more common methods of punishment. The embrace of restorative measures was not directed at replacing traditional means of discipline but to provide an additional resource for schools to handle their own internal problems. A follow-up to the original 5-year plan noted that “by applying restorative measures in schools, school personnel have another tool to use with children and youth to repair harm and teach problem solving skills” (Minnesota Department of Children, Families and Learning, 1996, p. 3). Administrative personnel, teachers, and members of the community at large (corrections officers, interested citizens, etc.) are trained in restorative conferencing techniques and are asked to use the skills gained as both a means and an end. One of the common techniques used is circles that bring together victims, offenders, supporters of each, and other community members to discuss the effect of the offense, find strategies for repairing the harm and reintegrating the offender, and build community. For a comparison of the major restorative models, including circles, see Bazemore (1998a).

Currently, almost half the school districts in Minnesota are making some use of restorative practices, and four districts are using them extensively. These four districts each received a share of a $300,000 appropriation from the Minnesota State Legislature to evaluate “alternative approaches” to school discipline problems (Minnesota Department of Children, Families and Learning, 2000). In particular,
the districts developed strategies for combating common rule violations that resulted in suspensions and expulsions by infusing restorative justice measures into the school’s internal judicial or disciplinary structures. Beginning in 1998, the goal of the 3-year project has been to evaluate the effect restorative measures have in both the classroom and the larger educational community. Although the evaluation remains incomplete at this time, we refer here to evaluation information currently available.

The preliminary numbers from this study are intriguing. In the Minneapolis school district, the Seward Montessori Elementary School witnessed a 27% reduction in the number of suspensions and expulsions during the 1st year of the project. Similarly, the Kaposia and Lincoln Center elementary schools observed an equally dramatic drop in the number of disciplinary actions. Lincoln Center Elementary School, which has data from 1997, has seen the number of referrals for violent behavior decrease by more than half. After 2 years of restorative practices, the number of reports of violence decreased from seven per day to fewer than two. Such progress is impressive, particularly in light of the fact that the school district implemented a new policy requiring teachers to report all violent activity to school authorities. The numbers emerging from the Kaposia Elementary School reflect similar trends.

What is most interesting is that the two high schools participating in the study—Princeton High School and South St. Paul High School—also saw dramatic reductions in major disciplinary action. At Princeton High, officials noted that there was a simultaneous reduction in the number of detentions and the number of out-of-school suspensions. The same is true of South St. Paul High, where administrators imposed 110 out-of-school suspension days in the 1st year of the program but only 65 in the 2nd. Nancy Riestenberg, violence prevention specialist at the Minnesota Department of Children, Families and Learning, admitted that a percentage of the reduction may be due to a number of structural variables, including the fact that the existence of state funds has no doubt influenced school administrators to comply with the study. But she also suggested that creating additional options for disciplinary action—options that seek to reintegrate offenders and restore victims rather than simply separating them and punishing the former—has allowed school administrators the freedom to construct
creative remedies. Such freedom, she contended, does in fact contribute to deterrence and reduced levels of recidivism.

The four Minnesota districts that have thus far embraced restorative justice as an alternative means of control are no different than traditional schools in terms of the prevalence of drugs and alcohol among the student population. What is different is the schools’ response to these ubiquitous problems. Where traditional schools immediately turn hard-core offenders—particularly repeat offenders—over to the juvenile justice system, schools that employ restorative justice seek to reintegrate offenders back into the community by educating them about the effect of their individual actions. And this is particularly true with regard to drug and alcohol use. The belief that possession and use constitutes a victimless crime is antithetical to the principle of restorative justice where at the very least, a harm is done to the community every time a student comes to school under the influence.

To help anticipate these and similar problems, officials at the Minnesota Department of Children, Families and Learning have identified chemical health coordinators within individual schools as the most obvious targets for restorative justice training. At the four demonstration sites already in operation, the chemical health coordinator participates in restorative conferences when the harm involves the use of drugs or alcohol. This policy is meant to minimize any potential liability that may accompany a sensitive and delicate issue as well as to provide the group with an expert trained in the field of drug and alcohol abuse. Indeed, the educational approach to dealing with major issues such as alcohol and drug use has always been one of caution.

Mary Ticiu, assistant principal at Stillwater High School, described a recent case in which a teenager was suspected of using marijuana on school grounds. The school’s initial response to these particular accounts of drug use was to approach the young woman and inquire as to the accuracy of such reports. The woman apparently was not altogether forthcoming at the beginning of the process, and thus school officials had further reason to suspect that the rumors of her marijuana use were in fact true. At that point, administrators asked the student whether she would agree to an informal search, from which a small stash of rolling papers was discovered. No illegal substances were found on the student. Ticiu noted that this provided an ideal scenario for the inclusion of restorative justice in the case.
A restorative conference was organized with the offender, those that were described as her suppliers, the chemical health specialist at the school, affected members of the student body, and some members of the faculty and staff. The goal, Ticiu noted, was not to punish the young woman or to create a police state in which students’ rights and privacy would be threatened but rather was to create an environment for all the major stakeholders to learn from each other. The offending student was first permitted to tell her story, to articulate to the entire community the reasons for her actions. She also took the opportunity, Ticiu remarked, to seek forgiveness from those around her. All the additional members of the conference were then permitted to raise issues and concerns relevant to their relationship with the offender. The end result was that the student was made aware of the effect of her actions and thus agreed to periodic checks to monitor her continued sobriety.

Ticiu noted that such cases are rare. Drug and alcohol cases within the schools are not altogether common, she says, and those situations that do surface are often handled outside the academic setting. Sometimes, she argued, the seriousness of the drug and/or alcohol abuse warrants action from officials in the juvenile justice system. Other times, the offender may choose to go outside the school to seek some kind of resolution. In cases involving low-level drug and alcohol use (similar to the aforementioned case), a student will most likely have the option of staying within the disciplinary structure of the school—and thus participating in a restorative justice meeting—or taking his or her chances within the traditional juvenile justice system. Ticiu noted that a fair number—close to 50%—choose the more traditional route. She speculated that they make this choice primarily because they are less knowledgeable about restorative practices and prefer traditional punishment because it is a known quantity.

DENVER METROPOLITAN SCHOOLS

In 1997, the Colorado School Mediation Project (CSMP), a non-profit organization devoted to the principles of conflict management, identified 15 schools in the Denver metropolitan area as potentially receptive to the idea of implementing restorative measures into their disciplinary systems. Most of the schools in the ongoing pilot project are
elementary and middle schools, but a few are secondary schools. The core question addressed has been, What would the addition of restorative justice practices do to improve the well-being of the community?

According to David Claassen-Wilson, restorative justice cocooridnator at CSMP, schools are ideal communities for restorative practices. The educational mission of a school aligns well with the core principles of restorative justice, which emphasize conversation and dialogue. An interchange between the major stakeholders in a given community is at its most basic an exercise in learning, he said. It is an inquiry into the nature of relationships, group dynamics, and the understanding of the self. Indeed, one learns about the effect of an offense when the victim, interested members of the community, and the offender all share their feelings, concerns, and reactions. Thus, the restorative ethos, Claassen-Wilson insisted, is merely an extension of the entire educational enterprise.

Depending on the particular school and the specifics of the case, a variety of formats are used in Colorado to resolve differences. They tend to range from the more informal classroom meetings where the teacher calls an impromptu circle to address a student’s misbehavior to the more formal victim impact panels where student offenders learn about the effects of their type of offense from victims of similar offenses. Victim impact panels and more formal conferencing are favored when the case involves a higher degree of severity. Possession of drugs, vandalism, theft, assaults, and harassment are characteristic of offenses that warrant a more formal approach.

A typical conference, Claassen-Wilson explained, begins with the offender telling his or her side of the story. The victim, who recounts his or her memory of the events, then follows the initial contribution by the offender. At that point, supporters (family members, friends, etc.) of both the offender and the victim have an opportunity to address the group and discuss how they were affected. Finally, school administrators offer their perspective on the event. After everyone has had a chance to speak, all participants, including the two major stakeholders, discuss possible solutions. The goal is for the offender to take responsibility for the harm and make amends to those who have been injured. An agreement or contract is then drafted, and the offender is expected to both sign the contract and fulfill its various conditions.
Along the continuum of possible responses, alcohol and drug use obviously demands a more formal approach. Claassen-Wilson noted that their possession and use in the schools raise complicated issues from a restorative justice perspective. They are on the one hand illegal and thus require the intervention of the police. But on the other hand, restorative justice practices can be quite helpful in demonstrating to the offender how his or her actions have affected the community. Often it is that intimate connection to the community that induces an offender to claim responsibility for his or her actions. One of the main components of a successful restorative justice program, Claassen-Wilson argued, is that it encourages greater accountability on the part of the offender.

CSMP therefore recommends a loose combination of restorative justice and traditional punitive responses when dealing with the more severe criminal offenses. Typically, when a student is caught selling drugs, the authorities are called in and the student is expelled. After re-entry back into the school, however, restorative justice techniques can be an effective tool in helping prevent a recurrence of the original behavior. Proponents suggest, in other words, that an offender can learn how his or her activities affected the community even after he or she has moved through the juvenile justice system. Here, however, the focus of the conversation changes from one based on restoration and making amends to one that is primarily relational. In other words, a conference that takes place at reentry will likely focus on questions regarding the safety and health of the offender as well as the community rather than on the original offense itself.

The frustration for most advocates of the restorative justice philosophy when considering examples of drug and alcohol use is that by default, restorative measures remain subordinate to the more punitive-oriented juvenile justice system. Even when the state enters into an agreement with the school and thus defers to the school’s internal judicial system, the state still retains primary authority. That is to say, because of the illegal nature of the offense, restorative justice practices must give way to the interests of the state. The possession, use, and distribution of illegal substances cannot be tolerated, and thus traditional forms of punishment are the first lines of defense for most schools. The difficulty in conceding such a reality is that the restor-
ative and punitive models are based largely on incompatible paradigms. A punitive system is centered on the notion of retribution, whereas the foundation of the restorative model, in the words of official CSMP documents, should be viewed as “a re-definition of crime as injury to the victim and the community rather than an affront to the power of authorities” (Colorado School Mediation Project, 2000, p. 2). Combining the two responses within the single arena of drug and alcohol use requires some accommodation of the school to the larger claims of the state.

David Hines of the Woodbury Police Department in Woodbury, Minnesota, captured the essence of this frustration most accurately when he remarked that traditional forms of discipline, whether they be for common misbehavior or the most serious harms, are not meeting the needs of the community. Suspension and dismissal, he suggested, run counter to the mission of the entire educational system because they remove the offender from the environment, thereby not allowing the community of educators to do what it does best. In addition, informal studies have revealed that certain students are not deterred from engaging in misbehavior because suspension or removal from school is an attractive option. Many delinquent students, in other words, want to be suspended. Hines thus argued that standard responses to misbehavior can be more detrimental to the overall effectiveness of the school.

BUXMONT ACADEMY

High schools typically are more resistant than elementary and middle schools to substantial philosophical and pedagogical changes. The experience of older students (and/or their parents) can contribute to a conservative mentality whereby the entire community, set in its ways, prefers the status quo. Introducing a philosophical change of the magnitude proposed by restorative justice supporters, therefore, is often met with comparatively high resistance in the high school setting. In addition, elementary schools are also more receptive to the general practice of restorative justice because of the organizational structure of American schools more generally. In secondary schools, a teacher may see a student for at most approximately 1 hour per day, whereas
an elementary school teacher has the benefit of constant and continual interaction with the same group of students. Bonds are thus formed in the elementary schools that are more difficult to cultivate within the high school setting.

It is perhaps all the more surprising that restorative practices have been implemented so seamlessly in six alternative schools in southeastern Pennsylvania. There, the entire student body falls into the 12-to 18-year-old range. Community Service Foundation (CSF) is the parent organization of Buxmont Academy, the collective name for these alternative schools, located in the communities of Bethlehem, Feasterville, Lansdale, Sellersville, Trevose, and Upper Providence. Founded in 1977 by two Pennsylvania educators, Ted and Susan Wachtel, CSF oversees the operation of Buxmont Academy as well as the academy’s sister organization, Real Justice, an international training and advocacy group that promotes restorative practices as a novel way of responding to crime and wrongdoing. The outgrowth of the intersection of these various organizations—CSF, Buxmont Academy, and Real Justice—is a school system that advocates alternatives to traditional conflict resolution and champions the principles of restorative justice.

The students attending Buxmont Academy are all “troubled” or “at-risk” youth referred by their public high schools to one of the locations because they have demonstrated one or more of the most common behavioral or emotional problems. Many are on probation and have encountered the juvenile justice system in a variety of ways. Typical problems may include legal difficulties; dysfunctional family situations; aggressive behavioral problems; sexual, physical, or emotional abuse; and mental health impediments. Far more frequently, however, Buxmont Academy teachers and counselors educate students who have had drug and alcohol problems in their home schools. Indeed, the institution devotes a significant portion of its resources to aftercare programs. Much of the energy of the place is directed at providing a haven for young men and women leaving residential drug and alcohol treatment facilities so that they can successfully reintegrate back into more normal social and educational environments.

Bob Costello, assistant director of Real Justice and former director of the Bethlehem site, describes the six satellites of the Buxmont Academy as combining the components of a traditional academic
school with the services of a day treatment program. The facilities are licensed by the State Departments of Public Welfare and Public Health as day treatment programs; the only significant difference between Buxmont Academy and other programs that aim to resolve juvenile drug and alcohol problems is that the former places an equal emphasis on education. Costello thus suggested that Buxmont Academy should be viewed by outsiders primarily as a hybrid of the two important institutions. It is not exactly a traditional school, he argued, but neither is it exactly a recovery treatment center; it combines elements of both. Indeed, the six sites act as micro communities into which students can find a place to reintegrate, both educationally and socially, before returning to schools in their home districts.

The restorative justice philosophy, as it has been applied to Buxmont Academy, was described most accurately by Wachtel (2001):

Our society’s fundamental assumption is that punishment holds offenders accountable. However, for an offending student punishment is a passive experience, demanding little or no participation. While the teacher or administrator scolds, lectures and imposes the punishment, the student remains silent, resents the authority figure, feels angry and perceives himself as the victim. The student does not think about the real victims of his offense or the other individuals who have been adversely affected by his actions.

Accountability for Wachtel is more than just taking responsibility for one’s actions. It also involves active participation in the process of adjudicating disputes. Resolving problems, in other words, is an ongoing enterprise where all parties share in the discussion and the ultimate resolution. This, obviously, is where the principles of restorative justice surface. Restorative practices allow students to take responsibility for their decisions without making them passive observers in the process.

For the entire disciplinary system to work, Wachtel (2001) insisted, the schools must do their part. The specific philosophy that informs much of Buxmont Academy is loosely borrowed from Braithwaite (1989) and Baumrind (1996), who independently argued that the family model of social control is largely at odds with the more punitive
style that pervades many of our contemporary institutions. Indeed, Baumrind (1989) argued that the disciplinary style of a parent is importantly distinct from that outside the home in that a child may be reprimanded for wrongdoing by a family member but is then not banished or abandoned from the family altogether (Brower, 1989). There is usually no question that a child will be reintegrated back into the family unit. Restoration, therefore, is a critical component of the informal disciplinary structure that pervades the modern family.

Baumrind further suggested that reconciling the different paradigms of social control may result in widespread benefits to all (Brower, 1989). Buxmont Academy has adopted this view, insisting that schools can be more productive and more effective in controlling misbehavior if they adopt some of the core principles of the family model. To that end, Wachtel (2001) proposed showing “disapproval of [the] wrongdoing, while [simultaneously] supporting and valuing the intrinsic worth of the student who has committed the wrong.” High control combined with high support is their approach to introducing a family model into the school systems. Wrongdoing by students, Wachtel said, is not to be tolerated but neither is a standard response by school administrators that does not recognize the capacity of young men and women to respond positively to adversity. Buxmont Academy rests most profoundly on this fundamental principle.

Paul McCold, a criminologist who works closely with Real Justice, noted that the use or possession of illegal substances on school grounds most often results in the immediate notification of the local or state police. At a minimum, juveniles on probation will be required to meet with their probation officers if they are caught with illegal substances. School authorities around the country, McCold said, have some discretion depending on the particular situation, yet possession of an illegal substance more often than not warrants the inclusion of public authorities. Thus, all of the schools must negotiate a path between internal restorative practices and the more dominant retributive approach the students will likely encounter in the juvenile court. They work in complement, however, when high social control is combined with strong social support.

A student who has been caught with drugs or alcohol at one of the Buxmont sites has the opportunity to make amends to the community. He or she will have to face his or her peers and explain the circum-
stances surrounding the event. An offender who goes exclusively through the juvenile justice system will not have those same opportunities. It is unlikely that he or she will have the chance to learn from his or her colleagues and peers about the personal and collective effect of his or her actions. The juvenile justice system, according to officials at Real Justice, simply does not subscribe to a philosophy that promotes high levels of support.

On one level, drug and alcohol use at Buxmont Academy is handled in a similar fashion to the other sites. Conferencing will be used to bring offenders before the affected community to repair the harm and rebuild fractured relationships. Yet because Buxmont is fundamentally a treatment program, restorative justice practices are embedded in the daily activities of educational learning and group therapy. Discussion of the effect of drug abuse, for example, is not limited to a particular conference in response to a particular offense but is likely to take place in a more informal talking circle. The basic focus of restorative justice—that drug and alcohol abuse is dangerous not only to oneself but to close others and the community as a whole—is a recurring theme in Buxmont’s treatment paradigm. Behavioral change based on the principle of relational rehabilitation (Bazemore, 1999) occurs because offenders are given the opportunity to learn about the consequences of their actions and take steps to redefine their place in the larger community.

CONCLUSION

Despite their common interests, there has been very little coordination between the three sites discussed here. Yet the three major centers share a common philosophy, a commitment to the idea that restoration is a more appropriate educational tool than traditional punitive measures for handling harms done to both individuals and communities. Some practices and interests notably diverge, however.

Differences begin with language. None of the three centers shares the same title for its restorative experiences, and only one—the Denver program—even uses the word justice in the title. In Minnesota, restorative justice practices in the schools are referred to as restorative measures. Riestenberg remarked that the name change was adopted
consciously to draw a clear distinction between the restorative activities undertaken in the schools and the juvenile justice system itself. In contrast, Buxmont Academy administrators take a more ideological approach, suggesting that their embrace of the term *restorative practices* rather than *restorative justice* is related to their shared belief that the concept of justice is elusive and virtually unattainable. To assume that whatever mechanisms available would result in the realization of justice—whether they are punitive or restorative in nature—would, according to officials at Buxmont Academy and Real Justice, be presumptuous.

Another difference lies in the schools’ varying commitments to the philosophy of restorative justice. In traditional school settings, such as those in Denver and Minnesota, restorative practices are used primarily as a formal way of resolving differences. A child misbehaves, for example, and a community group conference or circle is organized in response to that misbehavior. Note, however, that there is typically a clear separation between the event and the attempt at restoration. That separation likely results in a few days’ elapsing before the facilitator can convene a restorative meeting. The deliberative nature of conferencing or circle sentencing often precludes the possibility of resolving problems immediately. Spokespersons for both organizations noted that certain teachers and administrators employ restorative practices informally but that a majority of school personnel are largely unfamiliar with the philosophy of restoration. In Minnesota’s Seward Montessori School, for example, only 18 teachers, administrators, and aides were trained in 1999. The entire staff “received an overview presentation of the circle process at the beginning of the [1999-2000] school year” (Minnesota Department of Children, Families and Learning, 2001, p. 1), but that does not mean that all members are prepared to adopt restorative measures in all settings. To be sure, certain teachers at Seward and other Minnesota schools have taken the restorative philosophy to a different level by using circles and other forms of conflict resolution as a way to offset any potential problems. And the same is true in Denver. Some teachers in both locations are conferencing with their classes at the opening of every school day to prevent future misbehavior. But generally, restorative practices in more traditional educational settings act as an alternative form of conflict resolution and not necessarily as a broader, more comprehensive
presence. Indeed, most teachers and administrators at these schools still adhere to traditional disciplinary paradigms.

This is all in contrast to Buxmont Academy where every teacher/counselor is trained in the practices of restorative justice. Observers of the various Buxmont sites have often commented that there is restorative justice going on all day, in every classroom, involving virtually every relationship. Perhaps because of the mission of these academic institutions—a mission that includes not just education but also rehabilitation and support—the principles of restoration and reintegration are more central. Group sessions are arguably the most critical aspect of the Buxmont experience, and they are modeled on the restorative justice ideal. They are also the primary venue for the community’s ongoing dialogue about the implications of substance abuse. Discussions about harm, making amends, and taking responsibility for one’s actions—including those related to illegal substances—are a necessary part of the process of enabling at-risk youth to become whole again, noted Costello. Teachers and administrators, therefore, are more likely than in other academic settings to handle minor offenses as well as major offenses in a restorative manner.

The findings from our examination of restorative justice in the school setting disclose both commonalities and differences between the three cases. Certainly, our data cannot provide evidence regarding the effectiveness of the restorative approach either between one another or in contrast to traditional disciplinary measures. Rather, the purpose has been exploratory—what does the school-based approach look like in practice?

What we have discovered is that these sites draw no particular distinction between substance abuse problems and other types of offenses. The approach is seen as applicable to any situation involving harm to oneself or others in a community setting. The common approach, whether applied by conferencing or circles, is to create a collective opportunity to reflect on the behavior and its consequences, seeking a resolution that repairs harm and reconnects marginalized stakeholders. The solution is determined collectively and can vary dramatically depending on circumstances, needs, and desires of those involved. At its best, the restorative approach transforms a student violation into an opportunity for learning—learning about the harm of the
offense, learning about the responsibilities of community membership, and learning about democratic decision making and participation.

Three areas stand out as especially problematic for implementation. Restorative justice programs simply take a lot of time, particularly in contrast to traditional sanctions. Restorative justice programs face resistance from the outside, for example, from school district superintendents and juvenile justice professionals. And these programs face resistance from within; this new philosophy is difficult to fully grasp and embrace.

First, school administrators are concerned about the time needed to (a) train facilitators, (b) see a meaningful change in the school’s attitude toward punishment (typically 1 to 3 years), and (c) repair specific harms. In the past, the typical school response was swift and decisive: If the harm were significant enough, the child would automatically face suspension. Yet with the use of circles and conferences and because the core philosophy has changed so dramatically, swift action is sacrificed in favor of community-wide debate and contemplation.

Second, each of the programs has an awkward relationship with broader institutional policies that are grounded in retributive justice. In no consistent way do they reconcile an inevitable philosophical tension. They either develop arbitrary policies that distinguish what kinds of offenses can be diverted to the restorative justice practices, coexist by having students proceed through both systems simultaneously, or seek to implement restorative practices after the punitive processes have done their work. Umbreit (1999) speculated that restorative justice programs are particularly vulnerable to co-optation unless clear standards can be articulated.

The final area that remains problematic is not external co-optation but internal inertia. Every principal, teacher, counselor, and student has been socialized in a culture of retribution, and its language, even veneration, permeates all sanctioning processes. Even when restorative practices are fully adopted, it is hard to accept them without suspicion. Where a partial staff implements the practices and where training, even for these staff members, is not comprehensive, we can expect the tension between retribution and restoration to be a significant obstacle.

In each of these case studies, restorative justice approaches are taken to address school disciplinary problems. Although drug and al-
Alcohol use are pervasive among youth, these programs have not developed specific responses to these problems except insofar as they require intervention by the juvenile justice system. Nevertheless, what is distinctive about their approach is the location of intervention within the context of the school environment. Rather than exclude the student or “treat” the student in isolation from his or her social world, the response is embedded in the student’s community. This approach, therefore, enjoins the student to consider the consequences of the misbehavior on himself or herself and others. It also creates the opportunity for the student to reevaluate and rebuild his or her social ties. Perhaps most important with regard to drug and alcohol use, the restorative approach seeks to change student culture by confronting the behavior in the context of student life and helping students to identify compelling alternatives.

REFERENCES


David R. Karp, Ph.D., is an assistant professor of sociology at Skidmore College in Saratoga Springs, New York, where he teaches courses in criminology and criminal justice. He conducts research on community-based responses to crime and has given workshops on restorative justice and community justice nationally. Currently, he is engaged in a qualitative research study examining Vermont’s community reparative probation boards and is a member of the New York State Community Justice Forum. He is the author of numerous academic articles and technical reports and two books—Community Justice: An Emerging Field and The Community Justice Ideal (with Todd Clear).

Beau Breslin, Ph.D., is an assistant professor of government at Skidmore College. He teaches courses on constitutional law, judicial process, and civil liberties. His research interests include constitutional theory and the interplay between the First Amendment right to free speech and the country’s most valued social and political institutions. He is currently completing a manuscript titled The Unconstituted Community: Communitarianism and the Problem of Constitutional Theory.
RESTORATIVE JUSTICE
AND THE PROSOCIAL COMMUNITIES SOLUTION

ELAINE A. BLECHMAN
University of Colorado at Boulder
MATTHEW G. HILE
Missouri Institute of Mental Health
DANIEL B. FISHMAN
Rutgers University

Balanced and restorative justice argues for greater accountability, competency, and public safety through community care of juvenile offenders. Toward these ends, the Prosocial Communities Solution builds an infrastructure around key elements of information sharing, coordinated supervision, and immersion in prosocial activities. Assisted by a clinical, cross-organizational management information system, each community horizontally aligns parents with professional caregivers responsible for at-risk youth. The caregiver alliance deploys a cross-organizational ad hoc caregiver team for each juvenile offender on community diversion, probation, or parole. Ad hoc teams negotiate individualized risk reduction contracts with youth and parents providing round-the-clock caregiver-supervised prosocial activities, including restorative justice practices. Through prosocial activities, at-risk youth get natural lessons in self-regulation. The caregiver alliance can learn from locally collected data about the procedures that successfully embody restorative justice goals and elevate the standard of care for at-risk youth.

American society spends $1.7 to $2.3 million in lifetime costs for each youth who becomes a chronic adult offender (Cohen, 1998). At least 10% of Americans ages 5 to 18 are at risk for a first or repeated criminal offense given their own past violations of either school or criminal conduct codes (Howell, 1998). Conventional prevention

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strategies appear ineffective at deterring youth from chronic offending. In 1997, juvenile homicide rates were the lowest in the decade but 21% above the average of the 1980s; about 2,300 murders (12% of all murders) had at least one perpetrator younger than age 18 (Snyder & Sickmund, 1998). Conventional intervention strategies also appear ineffective at reducing recidivism. Of the 8% of 12-to-16-year-old youth who reported ever being arrested on the National Longitudinal Youth Survey, 40% reported two or more arrests (Bureau of Labor Statistics, 1998). Among young parolees, approximately 69% were rearrested for a serious crime within 6 years of prison release (Beck & Shipley, 1987).

COMMUNITY RESPONSIBILITY FOR JUVENILE OFFENDERS

Accountability, competency, and public safety. American communities entrust the habilitation of juvenile offenders to diverse professional caregivers including schools, police, mental health practitioners, social service agencies, lawyers, judges, probation departments, family courts, assessment centers, residential detention, treatment, and aftercare facilities. Arguably, juvenile crime results from caregivers’ inability to meet at-risk youth’s exceptional needs for external and internal controls. Balanced and restorative justice argues for greater accountability, competency, and public safety through community care of juvenile offenders. In this article, we argue that a community must use local resources and expertise to build an infrastructure compatible with restorative justice ideals and necessary for the resilience of youth ages 8 to 18 at risk for the onset and persistence of criminal behavior. This segment of the general at-risk youth population includes those who have been charged by school authorities with a violation of the school’s code of conduct (e.g., a threat of violence) but have not been charged with a criminal offense and those who have been convicted of one or more delinquent or criminal of-
fenses. In the remainder of this article, unless we indicate otherwise, the term *at risk* denotes a youth vulnerable to the onset and persistence of criminal behavior. We offer the Prosocial Communities Solution (PSC) as one way for stakeholders to build community infrastructure and achieve accountability, competency, and public safety.

**System flaws.** Contributions of flawed caregiver systems to juvenile crime are widely recognized. Insular juvenile justice, mental health, school, and social service systems neither share information nor coordinate care of at-risk youth (Slayton, 2000). Detention of juvenile offenders away from their families and communities increases the chances of abuse and recidivism among serious, chronic, and violent juvenile offenders (Butterfield, 2000; Wilson & Howell, 1993). Recidivism is a likely result when juvenile offenders return to the care of dual-career families or low-income parents who must work out of the home to make ends meet (Belle, 1999). Indifference to victims in juvenile justice proceedings fuels “lock ‘em up” attitudes and antagonism toward community-based care of juvenile offenders (Baron & Hartnagel, 1996). Racial bias in police arrests and sentencing increases tolerance for a criminal lifestyle in minority communities (Freeman, 1996; Hsia & Hamparian, 1998). Confusion about legal principles (Puritz, Burrell, Schwartz, Soler, & Warboys, 1995) impedes collaborative efforts by schools, police, and juvenile justice systems to deter youth from violence. Even when attempted, integrated care systems for juvenile offenders that coordinate status quo assessment and intervention programs (Oldenettel & Wordes, 2000) are difficult to evaluate and, if evaluated rigorously, unlikely to yield better than usual outcomes (Bickman, 1996, 1997). Conventional piecemeal programs for juvenile offenders perpetuate insular, unresponsive bureaucracies while jeopardizing public safety.

**Balanced and restorative justice.** The restorative justice philosophy provides a refreshing new look at the relationship between at-risk youth and their communities (Bazemore, Zempolich, Titus, & Godley, 2000). From the restorative justice perspective, crime is more than breaking laws, and justice cannot result from simply punishing or rehabilitating offenders. Putting practices and principles together, Bazemore and colleagues (2000) argued for a balanced and restorative
justice model that equally weights accountability, competency, and public safety outcomes (also see Bazemore, 2001 [this issue]). Therefore, they emphasized achievement of restorative justice outcomes rather than uncritical acceptance of any program merely packaged as restorative justice.

RESTORATIVE JUSTICE GOALS

Cracks in the community infrastructure. Experience is teaching us all that we cannot achieve the goals of restorative justice without a functional community infrastructure. On May 17, 2001, Colorado Governor Bill Owens reported the findings of the Blue Ribbon Panel on Columbine: “Apparently there was potential for early detection of Harris and Klebold, and that fell through the cracks” (Nicholson, Pankratz, & Simpson, 2001). On June 16, the Denver Associated Press (2001) reported about the cracks in the community infrastructure to which Governor Owens alluded:

Eric Harris and Dylan Klebold shot and killed 12 students and a teacher and injured more than two dozen other people before taking their own lives in the April 20, 1999, attack at Columbine High School. Anderson attended a gun show with Harris and Klebold, who were too young to legally buy the weapons. Anderson, who was 18 at the time, provided the seller with her identification and Harris and Klebold bought the firearms used in the shootings. Several families have sued the gun show’s operator and two dealers who sold the weapons. Families have also filed lawsuits against the sheriff’s department and school officials, claiming they failed to do enough to prevent the massacre. The gunmen’s parents, Wayne and Kathy Harris and Sue and Tom Klebold, settled several of the lawsuits against them for about $1.6 million from their homeowner insurance policies.

The Columbine tragedy graphically illustrates a widespread phenomenon. Cracks between insular caregiver organizations limit a community’s capacity to achieve restorative justice goals—accountability for at-risk youth, protection of public safety, and promotion of at-risk youth’s competence.
**Host provocation theory.** The goals of restorative justice are thoroughly consistent with the developmental needs of at-risk youth. Host provocation theory (shown in Figure 1) offers a means of understanding how youth become vulnerable to harmful behavior and how parents and caregivers can support youth’s recovery efforts (Blechman, Cohen, Neimeyer, Helberg, & Mabry, 1999). All youth are vulnerable to antisocial behavior given sufficient exposure to antisocial provocations (e.g., deviant peers, alcohol and drugs, violent media, guns, and socially disorganized neighborhoods). External controls that keep youth away from antisocial provocations and internal controls that teach youth to control themselves in the face of antisocial provocations are essential for healthy socialization. At-risk youth’s *host characteristics* (e.g., irritable temperament) attenuate external and internal controls and increase exposure to antisocial provocations and vulnerability to harmful behavior. For all these reasons, at-risk youth need but rarely receive better than usual socialization. In their own homes, schools, and neighborhoods, at-risk youth need continuous immersion in supervised prosocial activities that limit opportunities for harmful behavior, teach self-control, and hasten emotional bonding with law-abiding friends, family members, and authority figures.

**Host characteristics.** A youth’s current level of antisocial characteristics—behavior problems, risk factors, personality traits, and behavioral dispositions—indicates how hospitable the youth host will be to future antisocial provocations, for example, from deviant peers. Some youth hosts are more vulnerable than others to the same absolute amount or intensity of antisocial influence. Youth with childhood-onset host characteristics appear particularly vulnerable to antisocial provocations (Loeber & Stouthamer-Loeber, 1986). Although delinquency is usually limited to the adolescent years (Moffitt, 1993), early onset host characteristics (e.g., attention deficits—McDonald & Achenbach, 1996; hyperactivity—Taylor, Chadwick, Heptinstall, & Danckaerts, 1996; behavior problems—McGee, Williams, Share, Anderson, & Silva, 1986; unconstrained risk taking—Krueger et al., 1994; and unprovoked hostility—Vitaro, Gendreau, Tremblay, & Oligny, 1998) predict persistent offending.
External controls and exposure to antisocial provocations. Juvenile offenders are distinguished not just by antisocial host characteristics but also by a history of antisocial acts that eventually culminate in violations of school codes and then criminal codes by inadequate supervision and by consequent overexposure to antisocial provocations. Juvenile crime peaks in the after-school hours (Department of Justice, 1999). Parents who provide inadequate out-of-school supervision contribute to drug abuse and violence, as Paths 1 and 2 in Figure 1 suggest, by providing inadequate external controls, thwarting the development of internal controls, and overexposing their children to antisocial provocations (Loeber & Dishion, 1983). In a group of youth with comparable antisocial host characteristics, juvenile offenders appear to have much more unsupervised access to deviant peers, drugs, weapons, violent video games, Internet sites and mass media, and hate
speech. The greater the number of antisocial host characteristics, the greater the apparent susceptibility to antisocial provocations. As susceptibility increases, youth need more effective adult supervision, thereby preventing above-threshold overexposure to violent stimuli, drugs, and other provocations. The susceptibility of inadequately supervised inner-city latchkey youth to toxic peer and neighborhood influences has been recognized since World War II (Zucker, 1944). The susceptibility of inadequately supervised suburban teens to antisocial provocations demands similar recognition.

**Socialization, surveillance, and delinquency.** According to Loeber and Stouthamer-Loeber (1986), inadequate parental supervision, parental rejection, and parental uninvolved are the strongest predictors of antisocial behavior and delinquency. Wasserman, Miller, Pinner, and Jaramillo (1996) reported that among 126 younger (and high-risk) brothers of convicted delinquents, inept monitoring, supervision, and communication each contributed significantly to worsening of conduct problems over time. Smith and Thornberry (1995) found that child maltreatment increased the probability of violent delinquency by 11%. Widom (1998) calculated that abuse and neglect increase the risk of violent crime by 29%. Healthy adolescents seem to benefit from having parents who insist on knowing where, with whom, and how their children spend their time. Juvenile offenders suffer from an excess of punitive surveillance and a deficit of attention from warm, concerned, and sensitive caregivers.

**Better than usual socialization of at-risk youth as intervention.** At-risk youth have a greater than usual need for warm, involved, and skilled caregivers (Kochanska, 1997; Stice & Gonzales, 1998), but they are unlikely to get the type and amount of attention they need. Jang and Smith (1997) concluded from a study of 838 urban adolescents that delinquency and parental supervision are reciprocally related but that the quality of the parent-child relationship is a consequence of delinquency, not a cause. Ge, Best, Conger, and Simons (1996), studying 45 adopted adolescents, found that an adoptee’s hostile behavior and an adoptive mother’s parenting practices affected each other. In a longitudinal study of 88 adopted children at varying genetic risk for antisocial behavior, O’Connor, Deater-Deckard,
Fulker, Rutter, and Plomin (1998) found that children at genetic risk were most likely to receive negative parenting and concluded that most of the association between negative parenting and children’s antisocial behavior was environmentally mediated. Bates, Pettit, Dodge, and Ridge (1998) reported that children who were impulsive and difficult to manage were most likely to evidence later behavior problems if their mothers exerted little supervisory control. The best intervention for at-risk youth may be an intensified socialization process involving better than usual external controls, patient training in prosocial internal controls, and firm protection from antisocial provocation. The result should be better than usual youth prosocial skills (Blechman & Culhane, 1993; Blechman, Prinz, & Dumas, 1995) and attachment bonds (Rutter, 1985). A community infrastructure is needed to support the accountable, coordinated efforts of parents and caregivers as they provide at-risk youth with exceptional socialization, promote competency in at-risk youth, and protect the public.

BUILDING COMMUNITY INFRASTRUCTURE WITH THE PROSOCIAL COMMUNITIES SOLUTION (PSC)

There are many ways to build community infrastructure to achieve restorative justice goals. The approach we have devised is called the Prosocial Communities Solution. PSC provides the infrastructure for specific prevention and intervention programs mounted by caregiver agencies and offered to at-risk youth and their families. By adapting the PSC infrastructure to suit local needs, expertise, and resources, each community can elevate the standard of care for at-risk youth and achieve restorative justice goals. In this section, we focus on key elements in the PSC infrastructure.

Supervision. Few U.S. children have a parent at home to supervise their after-school activities (Belle, 1999). In 1990, 75% of mothers with school-age children were employed, most full-time (Department of Labor, Bureau of Labor Statistics, 1991). Multiple jobs among women increased by 500% from 1970 to 1989 (Coontz, 1992). According to Stanford University Economist Victor Fuchs, by 1990, parents were on average available 10 hours less per week to their children.
than they were in 1980 and 40% less than they were in 1965 (Anelauskas, 1999). In 1990, 3.5 million school-age children in the United States regularly spent time unsupervised by adults or older teens (Hofferth, Brayfield, Deich, & Holcomb, 1991), twice as many as in 1984 (Cain & Hofferth, 1989). As for the effect of inadequate supervision, Richardson et al. (1989) found that unsupervised eighth graders were at twice the risk of using alcohol, tobacco, and marijuana as supervised classmates. Greenwood, Model, Rydell, and Chiesa (1996) found that supervision of delinquent adolescents was more cost-effective than California’s mandate of extended sentences for repeat offenders. One key PSC element is the sharing of supervisory responsibilities among parents and professional caregivers such as school social workers, probation officers, and psychotherapists. This diminishes parents’ burden of supervision. At the same time, community-based caregivers increase their accountability for at-risk youth clients and promote public safety.

Information sharing. In May 2001, Governor Bill Owens’s Columbine Review Commission reported, “A failure among authorities [at Columbine] to share the information they had about the two allowed the pair to cloak their deadly intentions from law enforcement officials, prosecutors and school teachers and officials” (p. 46). But insufficient information sharing is not limited to the Columbine tragedy. On January 14, 1999, Lisa Duy bought a gun, entered Salt Lake City TV station KSL, killed a young mother, and wounded the building manager.

“If we had known about (her) threat against the FBI, we would have taken it seriously,” said . . . the city attorney. “This is a common problem we have even in an era of all this technology. . . . She was able to . . . buy a gun because of a lack of communication between the mental health and . . . criminal justice system.” (Butterfield, 2000, p. A23)

The establishment and maintenance of information sharing among caregiver organizations (e.g., schools and police) is handicapped by unresolved legal questions and inadequate information technology systems (Slayton, 2000). A second key PSC element is the regular sharing of information among parents and caregivers about youth’s achievement of their goals and attendance at their scheduled activities.
(e.g., school attendance, meeting with probation officer, and attendance at community service program). This lightens parents’ burden of responsibility and increases professional caregivers’ accountability for at-risk youth clients.

**Self-regulation through internal controls.** Peer Coping Skills Training is a manualized peer group intervention designed to integrate at-risk youth into the activities of a nondeviant peer group and familiarize them with prosocial coping skills (Blechman, Dumas, & Prinz, 1994). In a controlled evaluation of children in Grades 1 through 3 with high rates of aggressive behavior, this intervention significantly increased prosocial coping and social skills and reduced aggression. Improvements were maintained to the next year, as reflected in 6-month follow-up assessments by teachers (Prinz, Blechman, & Dumas, 1994). Also, competent nonaggressive peers enhanced their skills without adverse effects, and children, parents, and teachers in the ethnically diverse sample rated the intervention as highly acceptable. Blechman, Maurice, Buecker, and Helberg (2000) compared juvenile offenders’ recidivism following nonrandom assignment to juvenile diversion (JD) \((n = 137)\), JD plus prosocial activities skill training (ST) \((n = 55)\), or JD plus mentoring (MEN) \((n = 45)\). They found (after propensity score blocking on intake characteristics) that ST was more cost-effective than MEN, achieving a 14% relative reduction in recidivism at a savings of $33,600 per 100 youth. Vitaro, Brendgen, and Tremblay (1999) reported that a program combining social-cognitive skill training and parent management training among 149 second- and third-grade disruptive boys from families with low socioeconomic status reduced disruptiveness and school dropout. A third key PSC element is a parent- and caregiver-coordinated supervision process that immerses at-risk youth in a 24/7 schedule of prosocial activities together with law-abiding peers. Heightened exposure to prosocial activities and peers distances at-risk youth from antisocial provocations, provides naturally occurring opportunities to acquire and refine internal self-regulatory skills, and builds youth competency.

**The recovery of at-risk youth.** During the process of recovery from antisocial behavior, for example, when a juvenile offender returns to
the community from maximum-security residential detention, the juvenile court and the youth corrections system expects parents and professional caregivers (e.g., probation officers) to be accountable for supervising the youth’s daily activities. It is self-evident that during community diversion, probation, and parole, at-risk youth struggle with self-regulation and personal accountability and need parents and caregivers who are concerned enough to monitor daily activities. In isolation, neither parents nor professional caregivers can be thoroughly accountable for any poorly self-regulated at-risk youth. At-risk youth need round-the-clock schedules of prosocial activities coordinated by all the natural and professional caregivers who are responsible for them. A fourth key PSC element is an individualized parent- and caregiver-coordinated daily activity schedule tailored to the interests and strengths of at-risk youth. At-risk youth need motivation to engage in prosocial activities with law-abiding peers before they can achieve self-regulated competency.

Standard of care. Regarding juvenile offenders, Yoshikawa (1994) concluded that family-focused interventions alone, without broader efforts to attack neighborhood-level causal factors, may not have their intended effect. Focusing on community-based intervention, the Annie E. Casey Foundation’s New Futures Initiative awarded $5 million to $12.5 million each to 10 midsized cities to improve the life chances of disadvantaged youth by restructuring and realigning existing institutions. However, an evaluation by the Center of the Study of Social Policy (1995) found that no site achieved the program’s goals, possibly because “our collective rhetoric about cross-system change is far ahead of any operational knowledge about how to get there from here” (p. 184). The Communities That Care (CTC) strategy (Hawkins, Catalano, & Miller, 1992) is a comprehensive system for planning and implementing risk- and protection-focused prevention at the community level. CTC is being implemented in about 300 U.S. communities, although it has not been rigorously evaluated (Howell & Hawkins, 1998). Each of these efforts builds community infrastructure to elevate the standard of care for at-risk youth (Blechman et al., 1999). The PSC builds an infrastructure around its key elements of information sharing, coordinated supervision, and immersion in prosocial activities.
THE PSC AS INFRASTRUCTURE

Departing from the status quo. The difficulties inherent in building community infrastructure consistent with restorative justice goals are obvious. The status quo insularity of caregiver organizations may seem insurmountable, whereas a community-wide cross-organizational alliance of caregiver organizations may seem like pie in the sky. Nevertheless, according to Dr. Charles Neimeyer (personal communication, July 15, 1998), dean of the U.S. Naval War College, a horizontal alliance of the American Navy, Air Force, and Army is a strategic necessity that has been achieved with the help of modern information technology. Military organizations that formerly communicated on separate and incompatible radio frequencies are now aligned by a joint strategic plan that relies on information technology for implementation, monitoring, and refinement. Recognition of the impossibility of building community infrastructure without modern information technology motivated our design, development, and current pilot testing of a clinical, cross-organizational management information system—the Prosocial Applications Toolbox.

Moving toward restorative justice goals. In the remainder of this article, we briefly suggest how a community could build community infrastructure, integrate key PSC elements such as information sharing, and support the specific restorative justice programs discussed in this special issue. For more information about PSC implementation via the Toolbox, readers may consult a recent book (Blechman, Fishman, & Fishman, in press) or visit the Web site (www.prosocialApps.com). The PSC infrastructure horizontally aligns parents with professional caregivers responsible for at-risk youth. The resulting caregiver alliance deploys a cross-organizational ad hoc caregiver team for each juvenile offender in the community. Ad hoc teams negotiate individualized risk reduction contracts with youth and parents providing round-the-clock caregiver-supervised prosocial activities, including restorative justice practices. Through prosocial activities, at-risk youth get natural lessons in self-regulatory prosocial coping skills.

Strategic planning. At first glance, caregiver agencies may seem locked into insularity and competition for at-risk youth clients by cur-
rent revenue sources. But an elevated standard of care requires coordination and resource pooling by caregiver agencies. Efforts to build community infrastructure supported by foundations and mandated by state legislation recognize the need to overcome fiscal and administrative barriers to horizontal alliance of caregiver organizations. This effort is assisted by a contractual interagency agreement that stipulates the endpoint of a community-based strategic planning process (for a model interagency agreement, see Blechman et al., in press).

THE CAREGIVER ALLIANCE

Few communities have an efficient mechanism for meaningful coordination of the many caregivers responsible for each juvenile offender. In other words, few communities have a locally integrated system of care. This is not surprising given the number of caregivers with responsibility for juvenile offenders including parents, guardians ad litem, public defenders, private defense lawyers, medical and mental health practitioners, substance abuse counselors, and representatives of schools, police, juvenile justice system, correctional facilities, diversion program, probation department, and child protective services. A caregiver alliance that adds to the operational difficulties of member organizations and multiplies their reporting requirements has no future. An in-name-only caregiver alliance that preserves the status quo makes member organizations feel and look good but has little effect on measurable outcomes such as recidivism. A functional caregiver alliance must be horizontal, a group of organizations that despite size, community status, or financial resources works together on equal terms. A horizontal alliance is preferable to a hierarchical power structure that alienates caregiver organizations relegated to lower status in the alliance. A horizontal cross-organizational caregiver alliance is possible only if parents and other stakeholders recognize that caregiver insularity and parochialism actively contribute to juvenile crime and recidivism. In addition, leaders of caregiver organizations must recognize that they are most likely to achieve their individual missions through sharing of resources and distribution of efforts.

Alliance structure. An optimal caregiver alliance has a board of directors that includes liaisons from the following three levels of each
member organization routinely involved with juvenile offenders: executive, management, and front line. Executive liaisons to the alliance might include the superintendent of schools, the police chief, the district attorney, the chief family court judge, the public defender, and directors of local community mental health, substance abuse treatment, and child protective service agencies. Executives of each member organization appoint one manager liaison, such as a special education director or a probation supervisor, whose job in the member organization is to supervise front line personnel. Managers of each member organization appoint one front line worker liaison, such as a school social worker or a probation officer, whose job in the member organization involves regular face-to-face contact with juvenile offenders.

**Distribution of alliance functions.** Each alliance must develop local policy supporting distribution of case management and risk reduction functions across member organizations. A cross-organizational team of alliance managers translates that policy into procedural rules such as these. The alliance creates a pool of front line workers drawn from each member organization who are available to serve on ad hoc caregiver teams responsible for individual juvenile offenders. These front line workers continue to be supervised by managers in their own organizations. A cross-organizational ad hoc caregiver team is assigned to each juvenile offender residing within the alliance’s boundaries. A front line worker from the juvenile court leads these ad hoc caregiver teams. A manager from the school system such as the special education director supervises these teams. Front line workers from the local community mental health center serve on these teams. Caregiver teams have access to recreational resources at local churches and the YMCA/YWCA for supervised prosocial activities. With the immediate aim of preventing new offenses, each ad hoc caregiver team negotiates and monitors a risk reduction contract with the youth (and parents if available), involving a caregiver-coordinated round-the-clock schedule of prosocial activities.

**Broadband prevention.** When the alliance is ready to discharge a broadband prevention function, the board would develop general policies such as the following with stakeholder input. Local schools and mass media offer ongoing universal citizenship education about the
school and criminal conduct codes and about healthy ways of dealing with the adolescent experience. Local businesses support a teen center that operates after school and on weekends and holidays, offering activities that attract diverse young community residents, including those with youth culture, counterculture, and social activist interests.

**Broadband risk reduction.** All at-risk youth who initiate or persist in harmful behavior despite community prevention efforts are engaged in selected or indicated risk reduction programs. Assessment coordinators employed in alliance organizations use common procedures to identify youth as at risk based on a confirmed school or criminal offense, threat of violence, and suicide threat or attempt. They assign identified at-risk youth to appropriately staffed cross-organizational ad hoc caregiver teams. The team negotiates an individualized risk reduction contract with youth and parents to reduce harmful behavior through a round-the-clock schedule of caregiver-supervised prosocial activities. Caregivers on the team recommend and cooperatively supervise prosocial activities that make up each youth’s daily schedule. Depending on their work schedules, parents supervise some of the activities in the youth’s daily schedule. To complete an individualized round-the-clock supervised schedule for each youth, alliance member organizations offer activities consistent with their aims and capabilities, including educational, health care, mental health and substance abuse treatment, recreational, restorative justice, and community teen center programs.

**Broadband program evaluation.** Every caregiver organization has some routine needs to report statistics to directors, funding sources, and government agencies. Most organizations use in-house personnel to collect, analyze, and report evaluation data. To capitalize on existing resources, the alliance can establish common procedural rules and distribute responsibilities across evaluation coordinators already employed by member organizations. These evaluation coordinators can provide the regular and on-demand statistical reports needed for alliance functioning and for each organization’s specialized needs. From the outset, the alliance needs regular statistical reports that summarize the status of juvenile offenders and the aims and capabilities of member organizations. Once the alliance has agreed on policy functions
and procedural rules, the alliance needs regular statistical reports that summarize the contributions of member organizations to alliance functions and the adherence of caregiver alliance personnel to procedural rules.

These caregiver accountability reports identify faulty procedural rules in need of recalibration and provide invaluable information to managers within alliance organizations about how well their frontline caregiver personnel perform on ad hoc caregiver teams. They also provide executives of alliance organizations with information about how managers in their organizations respond to emergency requests pushed up to them by ad hoc caregiver team members. Perhaps the most important reports to be generated by the alliance’s evaluation coordinators document youth outcomes, such as repeat arrests. Effectiveness reports are most useful to the alliance when they show how recidivism varies as a function of poor versus good caregiver adherence to procedural rules. Effectiveness reports enable the alliance to recalibrate its procedural rules and to reallocate functional responsibilities across its organizational members. Effectiveness reports provide the basis for after-disaster failure analysis that search for contributory infrastructure flaws.

*Ad hoc caregiver team structure.* Immediately after a youth’s first or repeat arrest, an alliance assessment coordinator assigns the youth to an ad hoc caregiver team. The team’s members include youth, parents, and frontline workers from relevant caregiver organizations. For a juvenile offender on probation, the team might include the youth, his or her parents, school social worker, substance abuse counselor, and a lead caregiver, such as his or her probation officer. A public defender, private defense attorney, or guardian ad litem might be participating or ex officio members of caregiver teams. By constituting cross-organizational ad hoc caregiver teams, the alliance builds the capacity to support overburdened but concerned parents of juvenile offenders. Cross-organizational ad hoc caregiver teams enable the alliance to care for high-risk juvenile offenders whose parents are unwilling or unable to participate in the risk reduction process. Cross-organizational ad hoc caregiver teams enable the alliance to care for at-risk youth with multiple problems. Each caregiver team is accountable for col-
laborative supervision of juvenile offenders so that youth have little opportunity or motivation for harmful behavior.

**Prosocial activity schedule.** Supervised prosocial activities depend on the status, needs, and interests of the youth and on local resources and priorities. Caregiver team members collaborate to identify meaningful prosocial activities and to monitor attendance at scheduled activities. When restorative justice is a community priority, each risk reduction contract schedules involvement in restorative justice practices suitable for the victim and the offender. Unique youth educational and treatment needs can all be accommodated, given available local resources, by appropriate scheduling of suitable activities. Unique youth interests can also be accommodated, given ingenuity of team members, by daily activity scheduling. For one youth, scheduled prosocial activities might include a day-long victim-offender conference, daily school attendance, daily after-school attendance at a reading remediation program, a monthly meeting with a probation officer, 6 hours of volunteer service a week at an animal shelter, and weekly attendance at substance abuse treatment sessions.

**Skill training.** Youth break laws in part due to a lack of prosocial self-regulatory skills that allow them to satisfy their own needs without harming others. With limited prosocial skills, at-risk youth have a hard time adhering to a poorly specified or poorly supervised daily activity schedule. The ad hoc caregiver team’s first responsibility is to ensure that the risk reduction contract provides reasonably sufficient external controls for a youth whose internal controls are still immature. Administered by caregivers who all take their contractual responsibilities seriously, a daily schedule of caregiver-coordinated prosocial activities provides many natural lessons in self-regulatory skills. The schedule may also include skill-training programs offered by an alliance member organization. Meetings with the caregiver team should support the youth’s enthusiasm for finding personally meaningful methods of self-control.

**Accountability evaluation.** Once the ad hoc caregiver team negotiates a risk reduction contract, team members need regular bulletins that summarize youth and caregiver accountability for their contrac-
tual duties. The alliance’s evaluation coordinators, acting as ex officio members of each ad hoc caregiver team (so that they have authorized access to confidential information), prepare regular accountability reports for each team. Later, the evaluation coordinators summarize accountability reports, removing identifying information when they prepare statistical reports for the alliance. The team’s accountability report shows information necessary for deployment and modification of individual risk reduction contracts, including new school and criminal offenses, youth’s adherence to their schedules, caregivers’ adherence to their supervisory responsibilities, and youth and caregiver satisfaction with risk reduction contracts.

CONCLUSIONS

Restorative justice as described by Bazemore (2001) should be at the center of juvenile offender habilitation efforts. In time, balanced and restorative justice practices will be eclipsed by a new intervention fad unless we get serious about balanced and restorative justice aims—accountability, competence, and public safety. Yet balanced and restorative justice aims are not feasible without a community infrastructure that aligns caregiver organizations. A caregiver alliance that pools resources and distributes functions multiplies the capacity for achieving individual member and joint alliance missions as well as balanced and restorative justice aims. Alone, no parent or caregiver organization can protect the public from a gun-wielding juvenile offender. Together, as Shenk and Zehr (2001 [this issue]) as well as Karp and Breslin (2001 [this issue]) indicated, caregiver organizations including schools, police, and juvenile justice and mental health programs can join with parents to keep juvenile offenders away from guns (and drugs and deviant peers) and immersed in engaging prosocial activities. A recognition of the need to distance youth from the antisocial provocations represented by drugs and alcohol is compatible with the recommendations of Braithwaite (2001 [this issue]) and of Muck et al. (2001 [this issue]).

Alone, no parent or other stakeholder can monitor the accountability of all the professional caregivers involved in the habilitation of local juvenile offenders. With stakeholder involvement, an alliance of
local caregiver organizations can develop general policies and specific procedures for care of at-risk youth that keeps them in the community and out of prisons as Maloney and Holcomb (2001 [this issue]) recommended. The alliance can monitor the adherence of professional caregivers to its procedural rules, rewarding caregivers with good accountability track records and revising faulty procedural rules that evoke poor caregiver adherence or poor youth outcomes.

The caregiver alliance has the capacity to learn from local experience about the procedures that successfully embody restorative justice goals embraced by the whole community. As Butts and Mears (2001 [this issue]) indicated, lessons learned from diverse communities about what works best locally could generate an empirically driven and reasonable standard of care for all our at-risk youth.

REFERENCES


Elaine A. Blechman, Ph.D., is a professor of psychology, University of Colorado at Boulder, and a licensed clinical psychologist. Dr. Blechman has published six books and numerous articles and chapters about coping, competence, and resilience promotion among at-risk youth and women. She has also developed and evaluated family, school, and peer group interventions for at-risk youth with an emphasis on juvenile offenders. Dr. Blechman directs a longitudinal study of juvenile offenders that has yielded unique findings about early-onset and late-onset offending subgroups. Following the Columbine High School shootings, Dr. Blechman convened a series of cross-disciplinary meetings focused on the social system failures that allow youth at risk for violence, crime, substance abuse, and suicide to fall between the cracks of caregiver organizations. A result of this effort is Dr. Blechman’s newest book, *Building a Prosocial Community: School-Based Violence, Substance Abuse, and Suicide Prevention*. 
Matthew G. Hile, Ph.D., is a licensed psychologist and research associate professor and director of Behavioral Informatics at the Missouri Institute of Mental Health. He has published numerous articles and edited two books focusing on issues in behavioral informatics. Dr. Hile developed and implemented a number of automated systems, including the Micro Missouri Adaptive Behavior Scale for tracking adaptive and maladaptive behaviors in persons who are developmentally disabled; the Clinical/Management Information System for client assessment and case management in mental health purchase of service and outpatient agencies; the first mental health performance support system, the Mental Retardation-Expert, for clinicians treating significant behavior problems; and the Initial Standardized Assessment Protocol.

Daniel B. Fishman, Ph.D., is a professor of clinical and organizational psychology at the Graduate School of Applied and Professional Psychology of Rutgers University. He has served as the associate director of a large community mental health center, the principal investigator of a National Institute of Mental Health contract to develop a cost-effectiveness methodology for community mental health centers, and an assistant professor of behavioral medicine at the University of Colorado Medical School. Dr. Fishman’s extensive publications address the case study method, qualitative research, pragmatism and postmodernism, program planning and evaluation, cost-effectiveness analysis, community psychology, cognitive behavior therapy, and professional psychology training. His books include The Case for Pragmatic Psychology, The Human Side of Corporate Competitiveness, Paradigms in Behavior Therapy, Assessment for Decision, and A Cost-Effectiveness Methodology for Community Mental Health Centers.
IN PURSUIT OF
COMMUNITY JUSTICE
Deschutes County, Oregon

DENNIS MALONEY
DEEVEY HOLCOMB
Deschutes County Department of Juvenile Community Justice

Although it is a relatively new development, community justice has many permutations and manifestations. Deschutes County, Oregon, applies a particular set of community justice principles and philosophies that have produced tangible, useful, and successful programs that build community, reduce risk, and repair harm. This article describes some of Deschutes County’s community justice history and programs, including revamped victim assistance programs, victim-offender mediation, and a community youth investment program that treats youth locally instead of sending them to state institutions, earning state resources that otherwise would be destined for corrections costs and reinvesting them in juvenile crime prevention efforts.

WHAT IS COMMUNITY JUSTICE, AND HOW IS IT DIFFERENT?

In Deschutes County, Oregon, justice system officials have teamed up with local elected officials, legislative representatives, and private citizens to acknowledge the justice system’s shortfalls and, more importantly, to build a better system of criminal justice—a system we have come to identify as community justice. For citizens in Deschutes County and elsewhere, community justice represents a new social

EDITORS’ NOTE: In 1996, Deschutes County began a process of engaging citizens into juvenile justice problem solving. That process spawned a comprehensive systems change effort that produced the current Deschutes County community justice approach. As stated throughout this edition, restorative/community justice approaches must come from a set of principles that are fundamentally different from traditional criminal justice approaches. That is how Deschutes County began, educating its citi-
contract between people and their governments to keep the public safe. This contract results in a process that builds community, reduces the risk of either committing or being victimized by crime, and repairs the harm done to all—the victims, the offenders, and the community—when crime does occur. It places as much emphasis on prevention as on responding to criminal activity and is only realized when equal consideration is given to crime prevention, the restoration of victims and the community, and reducing the risk presented by offenders.

In Deschutes County, several philosophical foundations were actualized during the development of their community justice approach. They are as follows:

Everyone is responsible for and affected by community safety. Crime is a local problem. Citizens must participate in creating conditions that promote safety and well-being. Citizens must also be involved in response strategies when crime does take place and the peace of the community is shaken. They must support restorative measures that promote offenders’ reconnection with the community. Sentencing sanctions should tangibly strengthen the community—for example, by requiring offenders to perform community service work that visibly improves the community or helps those in need.

Crime victims are the primary customers of our justice system. As offenses occur, our first responsibility is to attend to the victims’ needs even if we have yet to determine who committed the crime. Once an
offender has been clearly identified, victims should play a central role in helping to determine reasonable restorative responsibilities that must be fulfilled by the offender.

*Restorative service helps repair the victim and the community.* Offenders responsible for inflicting trauma on crime victims and disturbing the peace of the community should fulfill reparative responsibilities to their victim and contribute to the community’s peace through restorative service.

*Government must be accountable to citizens.* The primary roles of government in community justice are to facilitate community-building strategies, ensure fairness in judicial proceedings, hold offenders accountable and enforce the fulfillment of their restorative duties. The community provides leadership in identifying prevention strategies. Crime victims and community members shape restorative expectations of the offender.

These philosophies shape an approach to justice that stands in sharp contrast to the traditional criminal justice/corrections system model. Table 1 illustrates some of these differences.

The criminal justice and corrections systems rely on formal social control to manage community safety in the hope that widespread awareness about punitive consequences will cause people to avoid criminal activity. While making use of some formal social control techniques, the primary focus of community justice systems is to facilitate and support “the community’s capacity for self-regulation” and to help “build up the forces of social control that occur naturally in a community” (Clear & Karp, 2000). This philosophy translates into a methodology that can be applied universally, wherever and however communities are defined.

In a community justice framework, the goal is to engage as many citizens as possible in building a better community. This process inherently results in a stronger sense of community, hypothesizing that people who share a strong sense of community are far less likely to violate the trust of others. Their stake in and bond with the community is the strongest force of guardianship to prevent crime from flourishing.
When the community bond is violated and one community member commits an offense against another, the community does not abdicate its responsibility to government. The community, led by the victim, is centrally involved in determining what is required to restore the victim and restore the community. This occurs even if the offender is never identified, by providing the victim with information about the development of an investigation, support systems, counseling, and so on. When an offender is found responsible, the primary focus of the community is to determine the appropriate reparative duties for the offender. The role of government is to ensure that those duties are fulfilled.

Incarceration clearly has a place in community justice, but it is imposed for different purposes than under the traditional model. Community peace and restorative outcomes are of paramount importance. Offenders who continue offending and who demonstrate a disdain for fulfilling reparative duties may well be required to face incarceration. Under such circumstances, reparation and risk reduction become the primary conditions for release. Furthermore, using incarceration to manage our most violent offenders is consistent with a community justice peacekeeping approach. Incarceration, however, is not the sum total of the system’s ability to sanction but rather only one tool to repair damage to the victim and the community and to reduce risk.

Citizens in Deschutes County understand the differences between criminal justice and community justice approaches and have elected to follow a community justice approach. The key concepts outlined in Table 2 illustrate the basic philosophical foundations citizens have examined in understanding these differences between the two approaches. The following sections of this case study will outline what has emerged, why, and how well it is serving the people of Deschutes.

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>Criminal and Community Justice Frameworks</th>
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<tbody>
<tr>
<td>A criminal justice/corrections framework</td>
<td>Deterrence + Offender Accountability to the State</td>
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<tr>
<td>A community justice framework</td>
<td>Community Development + Prevention + Restoration of Victim and Community</td>
</tr>
<tr>
<td><strong>Criminal Justice</strong></td>
<td><strong>Community Justice</strong></td>
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<tr>
<td>Reactive: Almost all resources come in to play after a crime has occurred. The process is to investigate the offense, locate an offender, prove guilt, determine punishment, and manage risk.</td>
<td>Emphasis? Preventive and restorative: What can be done to build the bond of all citizens with their community? When crime occurs, what responsibility does the offender bear to restore the victim and return peace to the community?</td>
</tr>
<tr>
<td>Institutional: Sanctions imposed by the state. Legislative bodies determine accountability measures.</td>
<td>Offender accountability? Personal: Make things right with victim and community by fulfilling restitution requirements and performing restorative services.</td>
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<tr>
<td>To state: Government staff works to satisfy court-ordered sanctions imposed on offender.</td>
<td>System accountability? To victim and community: Staff members support offenders in their efforts to restore victim(s) and the community and build bond between offender and community.</td>
</tr>
<tr>
<td>Deterrence: If punishment is strict enough and enough people know, people will be deterred from committing crime.</td>
<td>Crime prevention? Inclusion: If people feel legitimate belonging, they will choose not to hurt or steal from fellow community members.</td>
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<tr>
<td>Offender focused: receives primary services: legal counsel, needs and risk assessments, educational and/or job training, and residential treatment services.</td>
<td>Clientele? Community and victim focused: Crime prevention strategies designed and steered by community. Victim receives care during and after legal proceedings. Victims articulate restitution requirements.</td>
</tr>
<tr>
<td>Retribution: Courts exact measures designed to condition or remove the offender’s standing in community.</td>
<td>Purpose of sanction? Reparative: Offender restores losses. Paying debt to society amounts to fulfilling restitution and restorative service requirements.</td>
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A SHORT HISTORY OF COMMUNITY JUSTICE IN DESCHUTES COUNTY

Community justice in Deschutes County today is not just an idea but a visible product. Volunteers, victims and offenders and their families, juvenile court judges and district attorneys, community-based prevention and intervention workers, and county staff members pass under the very words community justice every day as they walk into the offices of the Department of Juvenile Community Justice.

Innovative legislation and policy resolutions have created programs under community justice’s auspices, ranging from home visitation with at-risk newborns and their families to an extended local accountability program for serious young offenders who in earlier days would have been sent to far-off state institutions to “do time.”

Today, such youth have built three homes for low-income families in partnership with the international nonprofit organization Habitat for Humanity, using supplies donated by local businesses. They have just put the finishing touches on a new juniper wood boardroom table for the Department of Juvenile Community Justice administrative offices. They have contributed a total of more than 13,000 hours to these and other creative work service projects.

Volunteer ambassadors greet all who walk into the building with fresh cookies and comforting assistance to those participating in a community-based prevention program upstairs or waiting for court hearings with family downstairs.

Community justice workers (there are no more probation officers) work in one of the following three teams:

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<table>
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<tr>
<th>Primary form of accountability: Removal from community is price to be paid for committing crimes.</th>
<th>Purpose of incarceration?</th>
<th>Enforcement tool: Ensures offender does in fact complete reparative duties.</th>
<th>Community Justice</th>
<th>Community Justice</th>
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TABLE 2 Continued
• community outreach, which roves the county creating and supporting community-building efforts for youth development;
• community restoration, which works with victims and young offenders on informal and formal accountability agreements, runs competency-building groups for these offenders, and operates a victim-offender mediation group; and
• community accountability, which works with the victims and offenders in formal, adjudicated cases.

This new system did not emerge overnight but has developed over several years (see Table 3) as a testament to “community activism, innovation and collaboration in social policymaking” (Community and Justice Solutions, 2000).

As research about and practical application of community justice grows, it is clear that although a few key elements must be in place for it to happen, there is no constraint on what may emerge in any given community that embarks down its path. “Myriad models are plausible, and a community might adopt and reject several options before finding a good fit” (Clear & Karp, 2000, p. 26).

Table 3 illustrates the key tools that either were in place or were developed in Deschutes County during the past 15 years of the development of juvenile and adult community justice. Whereas it is not necessary to start from one particular point in the continuum in implementing community justice principles or to follow in any particular order, natural patterns of development will emerge. The following section summarizes the way in which these different tools worked to create and sustain community justice in Deschutes County.

Shared community vision and values. The path of community justice in Deschutes County was illuminated by the key shared value that all members of the community are responsible for public safety. This value has been expressed and quantified in a number of ways, including the following:

a. Over several years, community members were asked—in focus groups, phone calls, and mail-in surveys—about their hopes, fears, needs, and ideas concerning community safety and justice. These responses were tabulated, analyzed, and articulated a number of times
and eventually crystallized into unified and strong support for community justice principles.

b. Voters passed bond measures to finance community justice facilities and programs.

c. Lay citizens demanded and continue to play an active role in setting community safety priorities and designing programs. A variety of related county departments have directed specific staff resources toward facilitating this participation and fusing county decision making and program design with the input of the community.

**Community and government leadership.** Leadership is demanded of everyone when creating a path on which no one has yet walked. In Deschutes County, ordinary community members, citizen leaders, elected officials, and county staff members have all taken leadership roles in the ongoing experiment that is community justice.

a. Community leaders lobbied the state legislature to create mechanisms that ensure lay citizen involvement and approve budgets and programs related to community safety and community services for children and families.

b. Community members, business people, local elected officials, and county staff and management all participated in lobbying the appropriate levels of government to lay the legal foundations necessary to create community justice.
c. Front line county staff members, many of whom had worked for years in more traditional criminal justice/corrections settings, stepped up to the challenges of working with the same people in different ways and for different purposes.

Policy. In the context of public safety, leadership and shared vision alone are not enough to create the necessary legal foundations for operating in a new way. Deschutes County community justice operates within a framework of local and state resolutions and laws, including the following:

a. In 1996, the Board of County Commissioners adopted a resolution creating a unified Juvenile and Adult Department of Community Justice. The text of that resolution appears in Table 4.

b. In 1997, the county successfully lobbied the Oregon legislature to enact House Bill (HB) 3737, a pilot project that instituted the Community Youth Investment Program (CYIP). This program (described in detail in the following) is a bold effort to ensure resources for crime prevention and community-based youth offender accountability.

c. In 1999, the county successfully lobbied the state of Oregon to allow the county to use state juvenile crime prevention dollars (used by many other counties to fund basic juvenile detention and probation services) for early intervention efforts, supporting the community’s desire to focus resources on prevention wherever possible.

Systems that reflect policy. The county has followed both the letter and the spirit of the laws that facilitate community justice.

a. The Department of Juvenile Community Justice reports annually to the community and other stakeholders on a consistent set of key benchmarks related to community justice principles. These benchmarks require county staff members and management to focus intense and near-constant attention on the process and outcomes for youth and the community.

b. All programs funded with dollars earmarked for community justice endeavors are required to show the research base of their services and to report annually on progress toward designated outcomes.

c. County community justice workers have realigned their workloads and priorities to serve victims, the community, and offenders in new ways appropriate to the community justice model.
Evaluation and monitoring. All programs involved with community justice are subjected to and subject themselves to rigorous evaluation and monitoring processes.

a. The CYIP is funding a 5-year evaluation of its development as well as outcomes for youth and the community.
b. Training policies and procedures for the Department of Juvenile Community Justice have been realigned to dovetail with community justice priorities and strategies.
c. Researchers documenting the change process in the county have come to see the community justice entities as “learning organizations” that push themselves to achieve constant improvement.

Long-term commitment. Perhaps the most difficult part of embarking on something new is staying the course (while making adjustments as needed) in an ever-changing climate of public finance and policy.
a. County staff members and management must work to sustain the momentum created by community support at the beginning of a new process. Keeping members of the public informed, asking for their opinion, and showing them that their opinions have been incorporated where applicable are important ways to maintain support when the process hits the inevitable bumps in the road.

b. In particular, investing in early intervention efforts requires patient and vigilant attention to program effectiveness. The county has committed to evaluating key early intervention programs for the medium and long term to ascertain if the new way of doing business improves outcomes for those in the community who are at risk of committing crime or being victimized by it.

COMMUNITY JUSTICE PROGRAMS IN DESCHUTES COUNTY

The tools listed earlier describe the framework, principles, and ethic behind community justice in Deschutes County. The following is a summary of some specific county programs embodying the idea of community justice.

BETTER VICTIM ASSISTANCE

The Deschutes County District Attorney’s Office has developed a full complement of victim services. The department attends to the victim’s needs from the time a crime is reported to the time the last restitution payment is made. The structure of this victims’ assistance program is modeled after hospital emergency coding. Person-to-person crimes are regarded as code blue situations—the equivalent of a life-threatening medical emergency—and the program will assure that the victim has a supportive volunteer by his or her side within minutes of a call. Lesser violent crimes are responded to within hours, and victims of minor crimes are contacted within a couple of days of the report. Victims also receive other services such as trauma counseling, temporary housing if required, legal information, and assistance with recording losses.
The message is clear to crime victims:

You are an upstanding member of our community, you have been wronged, and it is our job to do everything we can to make certain you are restored to the highest degree possible. We will stand by your side until a sense of safety returns.

CIRCUIT COURT LEADERSHIP

The circuit court has supported a continuum of opportunities for victims to be directly involved in the justice process. The court has placed a particularly high priority on victim-offender mediation services. In this approach, victims can choose to meet face to face with offenders to explain the human consequences of their losses, state their need for recovery of financial losses, and determine appropriate community service requirements. A highly trained volunteer facilitates the session. The Department of Community Justice coordinates the program for the court.

Early results of this approach are very encouraging. Victims report a much higher level of satisfaction with mediation than with traditional justice system processes. And the agreements reached are far more durable than standard orders of probation. Offenders pay restitution at a much higher rate—approaching 90%, compared to a national average of just 33% payment under standard probation arrangements.

The Community Justice Department is converting staff positions once focused on offender counseling to a new focus on victim support and counseling. The old system asked, “What is the status of the offender? What are his or her needs? What services are required to change his or her behavior?” The new system asks, “What is the situation of the victim? What is the degree of his or her hardship? What does the offender need to do to repay the victim?”

The department continues to manage and supervise the offender’s behavior. But the supervision concentrates primarily on the offender’s responsibility to restore the victim and pay restitution. Accountability, not counseling, is the highest priority of offender supervision.
CREATIVE MANAGEMENT OF PROPERTY OFFENDERS

The business community has joined forces with the Department of Community Justice to form what has become known as the Merchant Accountability Board. This board was developed for several reasons, including the following:

a. Shoplifting, retail theft, and bad checks were taking a terrible toll on area merchants, even threatening the survival of some small businesses.

b. The District Attorney’s Office was reaching a point where it could hardly afford to prosecute the flood of such cases as each prosecution was costing $600 to $900 from the department’s budget for attorney fees and other staff member costs. This cost was the same whether the theft was a $100 item or a $10 item.

c. Merchants, although supportive of the victim-offender mediation program, could not afford to take the time to go through mediation on every case.

In response to this situation, the merchants developed a program in which one merchant serves as the surrogate victim for a dozen or so cases and helps determine an appropriate level of restitution. Through this process, the case is handled without the need for costly prosecution, the merchant-victim gets to impress on shoplifters and petty thieves the serious effect their offenses have on a small family business, and the merchants receive their restitution more quickly and at a higher rate than through conventional justice processes.

BETTER RESTORATION OF VICTIMS AND OFFENDER CONNECTION WITH COMMUNITY

Traditionally, community service has been seen primarily as a punishment for offenders. One of the significant changes that has occurred through the department’s commitment to community justice is to view offenders sentenced to community service as a labor force to build better communities. Work service now is seen as a means to restore victims and the community.
Within this context, the department has worked diligently with community nonprofit agencies to tackle an array of innovative projects. These include

- partnering with a local Rotary Club to help build a child abuse center,
- joining forces with a local antipoverty agency to help raise money for a 70-unit transitional housing shelter,
- working to construct a community park in honor of a long-time local educator, and
- most recently, developing a formal relationship with Habitat for Humanity under which offenders have built two Habitat for Humanity homes.

Through this approach, the community gains tangible benefits, and offenders begin to build a bond with the community, thereby reducing the likelihood of vandalism or other crimes on their part. The community has demonstrated overwhelming support for this approach.

MORE MUSCLE BEHIND CRIME PREVENTION

The crime prevention issue may well have stirred the county’s most creative thinking. While other states and counties across America are struggling to curb burgeoning corrections costs, Deschutes County and the state of Oregon have forged an innovative partnership called the CYIP. Together, they have achieved the most dramatic reduction in state juvenile incarceration in the United States—a 78% reduction in the use of state juvenile beds by the county. This initiative has also allowed the county in just 2 years to take approximately half a million dollars in state funds that otherwise would have been spent on incarceration and reinvest it in research-supported prevention programs. County commissioners have granted authority to a citizen council to oversee this reinvestment.

In Oregon, as in most states, when county governments require a juvenile to be placed in a state corrections facility, the state provides such services at no cost to the county with no legally mandated limit on the number of placements. In a way, this creates a financial incentive for counties to put more juveniles in state corrections facilities. Corrections populations, bed capacity, and expenditures continue to
rise. With many states (including Oregon) in a capped tax revenue situation, money to pay for more incarcerations is diverted from other vital public needs such as education and social services. Sadly, dollars are taken from the very services that could prevent juvenile crime in the first place. We dig our own hole deeper.

Cognizant of this vicious cycle effect, in 1997, the Oregon legislature and Gov. John Kitzhaber, with the unanimous support of local public safety officials and the Deschutes County Commissioners, enacted legislation (HB3737) to embark on an innovative venture to reverse the trend. In return for the county’s offering to manage youth who were otherwise destined for state correction facilities, the state refunds 100% of the cost of incarceration—approximately $48,000 per year per youth—to the county. The county expends about 70% of those funds to treat delinquent youth locally and reinvests the balance in primary prevention programs.

Prevention programs currently in operation or under development include the following:

- home visits for at-risk families with newborns
- early intervention for kindergartners with behavioral problems
- parenting classes
- reading tutoring for K-2 schoolchildren
- after-school activities for at-risk youth

This initiative has taught us that although some violent youth do require secure incarceration, many, particularly repeat property offenders, can be handled effectively outside of state institutions. The county now has an alternative to state institutionalization in dealing with such offenders. These youth now can be treated locally, using a process that blends mental health and competency-based behavioral restructuring. Youth are referred to the program by a resource development team in which state youth authority staff members, county program staff members, community-based service providers, the young offender, and his or her family take part. The district attorney either concurs with the recommendation or argues for other options, and the juvenile referee makes the final referral.

Once a judge refers a youth to the program, he (the majority of youth in the program are boys) is required to successfully complete a
secure custody residential treatment program lasting a minimum of 4 months. During that time, youth are evaluated using a variety of assessments (strengths based, risk based, mental health, family and social, psychiatric, physical, vision, educational, and vocational). Primary counselors assist youth in increasing their competencies and strengths to cope more productively when they return to the community. School engagement, community work service, progression through a peer-influenced level system, positive home visitations, and good attitudes are part of the requirements.

Once residential placement is complete, youth transition back to the community and remain involved in intensive aftercare with aftercare specialists for a minimum of 6 months. As youth move from external control over their behavior in residential treatment to developing the internal controls necessary to function productively in the community, a similar-level system is employed. Youth need to show maintenance or improvement in key areas to advance during their aftercare and eventually to successfully end their probationary period.

Program results are encouraging on all levels, including improvement in school functioning and other competency development (49% of youth have left secure custody on schedule to graduate, 41% have earned four or more credits in their average 4-month placement, and 20% have earned diplomas or GEDs in that same time period), restitution paid (68 youth have paid a total of more than $11,000), and work service completed (68 youth have completed a combined total of more than 13,000 hours, averaging 184 hours each) (Deschutes County Commission on Children and Families and Department of Juvenile Community Justice, 2001). Recidivism rates are comparable to those of the state institutions, although the sample of program youth is small enough that evaluators hesitate to draw direct comparisons. Just as important, the program has increased and bolstered community support for community justice and gives community members the opportunity to positively connect with young people who often are assumed to represent only a threat to their safety.

Prevention programs that are funded with reinvestment funds also are showing impressive results, including those that serve the highest risk participants. For example, families with newborns and one or more parent on parole or probation initially scored lower on all indices than a comparison group. After 1 year of intensive home visitation,
they showed a higher rate of improvement in family literacy, child health care, child development, and positive parenting practices (Deschutes County Commission on Children and Families and Department of Juvenile Community Justice, 2001). Eighty-eight percent of kindergartners receiving behavioral assistance from consultants in the classroom and in their homes showed improvement in academic engagement and prosocial behavior (Deschutes County Commission on Children and Families and Department of Juvenile Community Justice, 2001). Eighty-five percent of families receiving parent skills education showed improvement in family management skills (Deschutes County Commission on Children and Families and Department of Juvenile Community Justice, 2001).

CONCLUSION

In Deschutes County, we are not optimistic about the value of punishment as a deterrent. We are not convinced that traditional corrections models are very effective in reducing recidivism. We do know that we will never know as much about a community as the community residents themselves do.

Our relationship to the community, therefore, is based on the reality that citizens must step forward and become centrally involved, working daily to build community, prevent crime, assist victims, and help offenders make reparation. If safety is the highest concern for citizens, our relationship with them must engage them. They must become stewards of community well-being rather than passive recipients in a government-delivered scheme.

The specific elements of community justice in Deschutes County have evolved in response to the specific conditions of our region, our risk population, our youth population, the political climate in our state, and the atmosphere in our county government. Although these factors will be different in each county, region, and state, the community justice model can succeed anywhere provided that the key principles of community justice and the key tools to make it happen are in place.

The second Habitat for Humanity home built by CYPI participants was dedicated on a cloudy, early winter morning. The retired vet-
erinarian who had acted as a mentor for the duration of the project spoke proudly and lovingly. The young men present scuffled their feet, looked down, a little shy. As the proud family cut the ribbon and opened the door with a key passed from hand to hand of each youth who had participated in construction, the sun emerged, bathing the proceedings in bright light.

The effect of these young men’s criminal behavior on their victims and the community may never be known and surely will never be erased. The specific ways that other victims, other communities, and other young offenders may experience community justice cannot be scripted. But, the hammers that had rung out loudly for months while the home was being built and the applause that broke out when that door opened would sound like responsibility, reparation, and restoration anywhere in the country.

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*Dennis Maloney is the director of the Department of Juvenile Community Justice in Deschutes County, Oregon, and a national advocate for community justice and balanced and restorative justice concepts. Mr. Maloney has written two books and more than 30 published articles on balanced and restorative justice and community justice. He is currently a community justice fellow for the Department of Justice, Office of Juvenile Justice and Delinquency Prevention, working on increasing citizen and business participation in community justice, developing balanced and restorative justice policy and legislation across the country, and melding theory and practice of community justice in the academy and for the future justice workforce.*

*Deevy Holcomb is a program development specialist in the Department of Juvenile Community Justice in Deschutes County, Oregon. She holds a master of arts in women’s studies from Rutgers University and spent 4 years in Pretoria, South Africa, where she authored and contributed to several publications on democratic local government structures and women and local government. She currently works in program development and public information.*
In bringing together restorative justice and adolescent treatment, a dialogue has been created between two fields that have developed quite separately. This dialogue is just beginning, and there remain many paths to follow up, many fault lines to explore. Following a clarification about the basic concept of restorative justice, this article explores paths that might benefit from further exploration such as concepts of harms, causes, and obligations; offenders as victims; shame and vindication; and the fundamental and guiding questions of restorative justice. Possible fault lines and dangers, such as co-optation and victim exclusion, are explored. The article concludes with suggestions for ways to stay true to the restorative justice vision through attention to values and evaluation, revisioning the role of the “expert” and the language of respect.

The authors in this issue imply a drastic change not just in how we approach treatment for young people but in how we do justice. They propose new programs as well as new values and new measures. Instead of serving as a kind of afterthought to justice, a mitigation of retribution, these approaches suggest a more integral relationship between justice and treatment.

In bringing together restorative justice and adolescent treatment, this journal begins a dialogue between two fields that have developed quite separately. Such a dialogue is overdue and likely to be fruitful to

AUTHORS’ NOTE: Address correspondence to Howard Zehr, Professor of Sociology and Restorative Justice, Conflict Transformation Program, Eastern Mennonite University, Harrisonburg, VA 22802; e-mail: zehrh@emu.edu.

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both. However, this represents only the beginning of the dialogue, and there remain many paths to follow up, many fault lines to explore.

In this article, we want to explore some paths that might be worthwhile and suggest some possible fault lines or dangers that may need attention. Both authors come from the restorative justice community, however, and our delineation of the issues inevitably reflects that orientation and experience.

THE CONCEPT OF RESTORATIVE JUSTICE

The first step along the path requires clarity about the basic concept of restorative justice. Stripped to its basics, restorative justice involves the identification and reparation of harms experienced by victims, an obligation on the part of offenders to repair the harms, and a process involving victims, offenders, and communities in sorting this out. This shifts the framework of justice from one that is law centered to one that is victim and relationship centered. Similarly, the focus of justice shifts from punishment or retribution to responsibility, and the circle of relevant stakeholders is significantly enlarged.

The contrast between retribution and restoration implied in the previous statement is frequently made in restorative justice literature. We are becoming increasingly uncomfortable, however, with this dichotomy because it is too adversarial and overlooks the complexities of notions such as justice, harm, and responsibility. Conrad Brunk (2001) and Charles Barton (1999) argued that in theory, retribution and restoration may not be the polar opposites that we often assume. Rather, the two perspectives have much in common. A primary aim of both concepts is to vindicate through reciprocity; where they differ is in what effectively will right the balance.

Both retributive and restorative theories of justice acknowledge the basic moral intuition that a balance has been thrown off by the wrongdoing. As a result, the victim deserves something, and the offender owes something. Both argue that there must be proportionality between the act and the response and that the offender must be treated as a morally responsible person. Where they differ is on what currency will right the balance or acknowledge that reciprocity. Retributive the-
ory argues that punishment or pain will vindicate and restore a sense of reciprocity. In reality, however, punishment is usually counterproductive for offenders and does little good for victims or society. Restorative justice theory, on the other hand, argues that what truly vindicates is acknowledgment of victims’ harms and needs combined with an active effort to encourage offenders to take responsibility, make right the wrongs, and address the causes of their behavior. By addressing this need for vindication in a positive way, restorative justice has the potential to affirm both victim and offender and help them transform their lives.

HARMS, CAUSES, AND OBLIGATIONS

Restorative justice’s focus on putting right the wrong implies a focus on victims’ needs, their roles in defining those needs, and offenders’ responsibilities and obligations for these needs. But putting right has other dimensions as well. If crime is fundamentally about violations of people and relationships, putting right refers to addressing the needs and obligations of all the people and relationships connected to the offending behavior. Central to the situation are the victim and offender but so also are immediate and even extended families as well as others who would constitute communities of concern for these people. Restorative justice requires asking what would put things right in the context of each of these relationships.

Family group conferences in New Zealand and the Hollow Water experience in Canada provide illustrations of how these relationships beyond the victim and offender are relevant to putting things right. Family group conferences bring together the victim and offender to hold the offender accountable for his or her actions (Alder & Wundersitz, 1994; Hudson, Morris, Maxwell, & Galaway, 1996). In addition, however, the process brings in family members not only as a support for the offender but also as key stakeholders in the justice process; indeed, the process is conceived in part as a family empowerment model. Families are challenged to look at themselves and ask questions about where their obligations lie in response to the crime. Along with the obligations of offender to victim, families may be called on to address obligations to their child and to identify harms in
the family that have influenced their child and should be put right among them. The process and the agreement resulting from the conference is expected to include a plan for addressing the harms experienced by the victim as well as the causes of the offending behavior, and this may include dynamics within the family. Treatment for the youthful offender is often part of this plan. As the process is based on consensus, all parties—including victim, offender, and family—must come to agreement on this.

While exploring problems with youth violence, social service providers in Hollow Water, Manitoba, Canada, uncovered a rampant problem with substance abuse and violence within the homes of their children (Ross, 1996). They dug deeper to understand the roots of violence and abuse in the home and found sexual abuse that had occurred throughout the community for generations. Their subsequent healing strategy—involving circle processes for support, accountability, and sentencing focused on the current situation as well as ways to respond to the past harms—has been largely successful in breaking the cycle of offending and harm in that community.

This two-dimensional approach to putting things right—addressing harms as well as causes—is perhaps one of the most fundamental challenges to restorative justice practice in North America. Our tendency has been to see justice as occurring primarily between two people with the victim in need of reparation and healing and the offender as the primary carrier of obligations. However, although this must remain the central axis of the process, putting things right through attention to harms requires that we examine not only the harms that result from the offending behavior but the harms and causes that have contributed to that behavior. Indeed, the family group conference processes in New Zealand, reflecting in part the traditional Maori values that gave rise to them, commonly address both harms and causes in the plan that is developed during the conference. In our experience, victims are often concerned that both dimensions of putting right be addressed: Victims want offenders to acknowledge their obligations, but they also want to know that something is being done to discourage repetition of the offense.

The emphasis on causes is not to imply that they serve as excuses for the offensive behavior. Rather, it acknowledges that in addition to attention to immediate needs of the victim, the offender may have
prior traumas and experiences that also require healing. In fact, we would argue that much youth offending is a response to harms and traumas that have not been adequately addressed.

OFFENDERS AS VICTIMS

Given our culture’s focus on individual choice and free will, there has often been resistance to recognizing harms that are contributing causes to offending behavior. Certainly it has been hard to acknowledge that offenders might be victims. However, we would suggest that this dimension is critical: Most offenders have been victims or believe themselves to have been victims, and their offenses are often a response to that sense of victimization. As James Gilligan (1996) suggested, much crime—or at least violence—is an effort to undo injustice. This is one explanation for punishment’s poor record at improving behavior: When one punishes a “victim,” it simply confirms his or her victim self-image. It also confirms that doing harm to one who has offended is the way to undo injustice.

Given the negative connotations of victimization in our culture, we have found it more fruitful to use the language of trauma. Trauma constitutes a continuum extending from very high levels of ordinary stress on one end to traumatic and posttraumatic stress on the other. As Sandra Bloom (1997) suggested, trauma that is not addressed is often reenacted: Trauma is reenacted in the lives of those who have experienced it, often in the form of offenses, and if untreated, it may be reenacted in subsequent generations. We suspect that unresolved trauma is a central reality for many offenders and helps to explain, if not excuse, their behavior. If justice—and treatment—do not address this trauma, if in fact justice adds more trauma, trauma-induced behavior is likely to be reenacted yet again.

SHAME AND VINDICATION

Since the publication of John Braithwaite’s (1989) important book, Crime, Shame and Reintegration, the topic of shame has become highly controversial within restorative justice circles. Many fear its
misuse; they worry that what people will learn is not that shame must be removed but that it should be imposed—that shame will be used as a verb rather than a noun. Some groups argue that their people have been so distorted by shame that they cannot imagine a positive use of the concept. Yet while acknowledging the legitimacy of these concerns, we are convinced that shame theory is an important key to understanding offending behavior as well as the ineffectiveness of much punishment.

We are convinced by Gilligan’s (1996) argument that shame and related trauma—along with the desire to avoid, remove, or transform shame—motivates much violence. We also have no doubt that justice often does little to remove or transform shame for the offender or victim. In fact, the process of justice, frequently resulting in incarceration, often increases shame and humiliation for all parties. Society stigmatizes offenders in ways that define their identities and encourage them to join other outsiders in delinquent subcultures. Guilt and shame become a self-perpetuating cycle, feeding one another. In fact, psychiatrist Gilligan argued that punishment decreases the sense of guilt while accentuating shame, the very motor that drives offending behavior, thus contributing to high recidivism rates. The dynamics of shame also help to explain why shame is ultimately ineffective as a deterrent to those at the fringes of society: It feeds into shame/rage cycles and forces those who are ostracized to come together more urgently. Although these realities must not be used to excuse, they do help to provide a framework for understanding crime and justice, and they must be addressed. If our responses do not address the sources of shame, if they in fact impose more shame instead of helping to remove or transform shame, they are likely to be unsuccessful or even counterproductive.

We return to the idea of vindication through reciprocity. William Ian Miller (1993) argued that a sense of reciprocity is deeply imbedded in our psyches and cultures: We have an inherent drive to pay back what we owe and to be paid back what is owed to us, both the good and the evil. The exchange of gifts and the need to reciprocate honor and shame are closely related. “The failure to reciprocate,” he wrote, “unless convincingly excused, draws down our accounts of esteem and self-esteem” (p. x). If Gilligan (1996) is right, violence itself is often driven by a need to reciprocate, to vindicate oneself, by replacing hu-
miliation with honor. Similarly, the criminal justice response to this behavior may be seen as an effort to achieve this reciprocity. A motivating force in both violence and justice, in other words, is a drive for vindication. Crime and justice both may be viewed as reciprocal systems for the exchange of humiliation and honor. What the victimizer has done, in effect, is to take his or her own shame and transfer it to the one victimized. When victims seek vindication from justice, in part, they are seeking reciprocity through the removal of this shame and humiliation. By denouncing the wrong and establishing appropriate responsibility, the justice process should contribute to this. However, if we vindicate the victim by simply transferring that shame back to the offender, we are repeating and intensifying the cycle. To progress on their journeys, both victim and offender need ways to replace their humiliation with honor and respect. Shame and humiliation must at least be removed and ideally be transformed.

**CHANGING QUESTIONS**

By focusing on harms, causes, and obligations and by involving victims, offenders, and community members, restorative justice has the potential to break the cycle of shame and harm. This requires that we consider each dimension in the questions we ask and the processes we use. In an earlier work, one of us suggested that we needed to "change our lens" on justice (Zehr, 1990, p. 95). This implies that we change our questions. Instead of the usual core question of justice—What does the offender deserve?—we suggest that questions such as the following frame our search for justice as well as treatment:

- What are the resulting harms and consequent needs?
- What are the contributing harms and consequent needs?
- What are the resulting obligations, and whose are they?
- Who are the relevant stakeholders in this situation?
- What is the appropriate process for these stakeholders in this situation?

Our questions reflect the centrality of victim harms, the necessity to explore the offenders’ harms, and the need to identify these individuals’ needs and the people who hold the responsibility for addressing
them. The offender is obligated to the victim. People with whom the offender has relationships are obligated to explore and address how their actions have shaped the offender and contributed to the offending behavior. The members of these communities of care must be identified and brought into the justice process as stakeholders and active participants.

These basic questions of restorative justice carry with them implications for a restorative treatment of substance abuse. They shift the problem from a simple focus on the offender, his or her problem with substance abuse and the eradication of that problem. Instead, the treatment question is framed around who has been hurt by the abuse and what needs to be done to repair that hurt. What follows from this victim-centered approach is a respect and valuing of the relationships in the young person’s life and the causes and effects of these relationships, whether family, friends, or others in their communities of care. These people and relationships are primary stakeholders in the treatment process and in helping the adolescent to determine his or her obligations to put things right. Furthermore, it is through these relationships that understanding will be gained about the causes of the substance abuse. With these harms identified, the person who holds responsibility for them can be invited to address those harms to repair the relationship and can be supported in doing so.

This attention to relationships is not meant to imply that the adolescent does not need to take responsibility for his or her behavior and work toward personal transformation. The young person can be called to accountability for the harms that the abuse has caused through processes that encourage practical responsibility. Personal transformation takes this process deeper by inviting the offender and his or her community of care to help the offender determine what aspects of his or her life need attention, including areas in which the offender feels he or she has been harmed. The goal of this restorative process is meant to provide opportunities for healing for offenders, victims, and their communities of care, resulting in the increased strength of the relationships between them. Instead of a process that removes these children from the community or sees them as trouble, ideally they are treated as valued members of the community to whom they are accountable and for whom the community is responsible.
A further consequence of this focus on harms and relationships is that justice, or treatment, can no longer be prescribed in advance with easy formulas. Rather, the nature of the treatment process is clarified after all the stakeholders have identified the resulting and contributing harms of the adolescent’s abuse. The centrality of communication between victims and offenders in the restorative justice process carries with it particular messages. The first message is that each person affected by crime brings with him or her a subjective and unique perspective of the crime event that is necessary for the determination of justice. Second, the meaning of the crime is only understood and constructed through these different perspectives. Finally, the construction of the meaning of the crime is derived from the relationships between those affected by the crime and their participation and interaction. The offender, victim, and community are coauthors of the story and meaning of the crime and the justice response. Due to the multiple perspectives that are introduced through the interaction, there is not usually a singular objective response to the crime. In fact, there might be multiple, even contradictory, responses to the event that need to be addressed by the stakeholders present in this process.

For treatment, this means that the abuse is not fully understood until the youth and those affected by the abuse have had a meaningful opportunity to discuss their experiences with the young person’s behavior and what it means to them. Attention should be given to differences, for instance, between how a school teacher is affected and how a school friend is affected by the abuse. A mother who was raised by an alcoholic father will experience her child’s abuse issues differently than a mother whose family has not dealt with addiction. When these varying perspectives are understood, the adolescent and his or her community have created a joint story about the abuse and can then proceed to identify what needs to happen to deal with the abuse.

**DANGER AHEAD**

We have argued that restorative justice has significant promise for improving our approach to justice and to treatment and that the dialogue between the two fields will be beneficial to both. As we observe
the growing popularity and application of restorative justice over the past quarter century, however, we also have reason to be alarmed. It is not simply that the term *restorative justice* is increasingly misused and watered down, frequently being employed as a thin veneer covering justice as usual: We have heard the term used for Megan’s law, revenge shootings, and even the death penalty! There are also significant dangers that the processes and values themselves will be weakened, subverted, and co-opted (Zehr, 1995).

One tendency has been for the restorative justice vision and process to become predominately offender oriented, losing its victim-oriented core. Given the offender-centered nature of the criminal justice process, it is not surprising that offenders and their “rehabilitation” or punishment often take precedence over victim harms and needs. Processes intended to be restorative may focus primarily on making sure offenders get what they “deserve” instead of focusing first of all on victims’ needs and roles and on obligations. Success may be defined primarily by recidivism rates and offenders’ growth. In restorative conferences, victims may be co-opted against their will into helping address offenders’ needs.

Something is going wrong when victims and victim advocates are not involved in the development and oversight of programs or when offenders are ordered to apologize to their victims in the courtroom without victim consent. Something is also going wrong when so-called restorative justice processes are in fact used as a new form of punishment. The implementation of shame theory has certainly raised warning flags for many, causing worries that some practitioners are actively working to impose shame on offenders rather than concentrating on strategies for removing shame or helping offenders transform it into pride.

The treatment community can learn from these dangers as they explore the intersection of adolescent substance abuse and restorative justice. In a field that is necessarily offender oriented, it may be easy to give the victim and other stakeholders a backseat role in the treatment. Professionals may also inadvertently find themselves just giving a new name to processes already used by calling them restorative justice. There are many ways to lose the way.
THE WAY FORWARD:
PRINCIPLES AND EVALUATION

To stay true to the vision of restorative justice, we would like to suggest the following two areas in which to focus attention when developing programs: a grounding in restorative principles and an active pursuit of evaluation.

It is essential to keep close attention to the underlying values and principles of restorative justice. It is not enough to simply develop a victim-offender mediation or conferencing program and say that you are doing restorative justice or treatment. The work and the reason for programming must be challenged by value questions such as the following:

- Are we putting harms and needs first?
- Are all victims’ and relevant stakeholders’ voices present in the process?
- Are they being given a meaningful and active role in presenting their harms and needs?
- Are adolescents being given a meaningful and active way to understand the resulting harms and the contributing harms?
- Have the obligations for contributing harms been identified and those responsible invited to take responsibility?
- Have the relationships been put on or allowed to continue on a journey of healing?

We urge that these values not only shape practice but also serve as a tool for evaluation, and this may necessitate a reexamination of traditional outcome measurements. Lowered recidivism or substance abuse may not be enough, for example, and fixed, predetermined benchmarks may be inadequate. Evaluation and success may need to measure the degree to which adolescents, victims, and other stakeholders have moved along several paths or continua, such as addressing harms, addressing causes, accepting and fulfilling obligations, and experiencing personal transformation. To complicate things further, the path toward healing is not a straight path: It will have backtracks and twists to it. Obligations may need to be refined if they are discovered to be unworkable or do not meet needs. New harms may be identified that will need attention. Each person will bring with him or her
unique perspectives to the journey that will make the path confusing and unclear. Evaluation processes and our benchmarks of success must reflect the complexities of this journey.

In addition to outcome measurements, evaluation must also monitor the application of restorative principles. In restorative justice, for example, the process used is an end in and of itself. Restorative justice processes are based on the importance of dialogue and listening, on the ability of people to solve their own problems if given the means to do so, on the building of community, and on a relational rather than purely individual understanding of problems. Even if one’s needs are not fully met, the process itself can provide the participants a healing experience. As a result, evaluation must also explore the degree to which the process itself has contributed to the journey toward healing, asking such questions as the following:

- To what degree has the process respected and valued the offender, victim, and stakeholders?
- Have the offender, victim, and stakeholders maintained active roles?
- To what degree has the process empowered people to solve their own problems?
- To what degree has the process brought people together in a way that builds relationship and community?

The participation of all the stakeholders is relevant to evaluation as well. Because it is their harms and needs under discussion, they are the ones best equipped to determine the degree to which the substance abuse has been addressed and the degree to which treatment has been successful.

FROM EXPERT TO FACILITATOR

One of the messages of criminal justice system is that the problem of crime is owned by judges and attorneys. Professionals are in control of the situation, and as experts, they know how to bring about justice. Restorative justice, however, views the crime as owned primarily by victim, offender, and communities of care with a role for the state in
undergirding the process and addressing the larger, public dimensions of the crime. Thus, the practitioner’s role often is as facilitator of a process that allows the victim, offender, and other stakeholders to determine justice. Because substance abuse is owned by the adolescent, victim, and stakeholders, the treatment professional must also become a process facilitator. As a facilitator, one is responsible for creating an environment that will encourage dialogue on the multiple perspectives and meanings of the abuse and determine the justice/treatment response. Rather than a neutral expert, such a treatment professional is interested in empowering the participants to solve their own problems.

This shift from expert to facilitator can be a difficult one. It requires humility because we no longer assume we have the answers for the abuse problem. It requires us to put aside our egos to allow others to do the work that they should be doing. Patience and flexibility are needed because we cannot predict or mandate outcomes ahead of time. The facilitator must, with the participants, go through the mess of multiple and sometimes contradictory perspectives on the abuse. This can take significant time and energy. Similarly, we cannot rely on a set process for each situation. Although there can be a general framework in place, the specifics of the process are created based on the relationships involved in the abuse pattern and the needs that each individual brings to those relationships. Restorative justice brings with it a profound shift in not only what we do and how we do it but also how we view our roles in our professions.

**A MATTER OF RESPECT**

In our discussion of vindication earlier, we used the language of honor and humiliation, but we could have easily used the language of respect and disrespect. We suspect that behind much offending and much substance abuse is a search for respect. For many victims, what makes their crime experience so traumatic is the lack of respect that is communicated by the offense, a disrespect that is often repeated by the way they are treated or neglected in the justice process. If we can provide a climate of respect for victims, offenders, communities of care—and for those of us who work in the fields of justice and treatment—we
are optimistic that we as a society can go far to break the cycle of harm. Ultimately, what unites restorative justice and restorative treatment is a deep appreciation, an unwavering commitment, to the importance of respect.

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Barb Toews Shenk, restorative justice program manager for the Pennsylvania Prison Society, develops programs that encourage incarcerated men and women to develop an attitude of responsibility and accountability toward the people harmed by their crime and to explore meaningful ways for offenders to express and demonstrate this accountability. She was the founding director of the Lancaster Area Victim Offender Reconciliation Program and provides skills training in restorative justice and victim-offender mediation for agencies operating victim-offender mediation programs. She also facilitates educational workshops and provides consultations on restorative justice and victim-offender mediation to a variety of organizations and individuals and has published articles in the area of restorative justice.

Howard Zehr, Ph.D., is a professor of sociology and restorative justice in the graduate Conflict Transformation Program at Eastern Mennonite University. Prior to that, he served for 19 years as director of the Mennonite Central Committee U.S. Office on Crime and Justice. He lectures, trains, and consults internationally on restorative justice and victim-offender conferencing programs, which he helped pioneer. His book Changing
Lenses: A New Focus for Crime and Justice has been a foundational work in the restorative justice field. Other publications include Crime and the Development of Modern Society, Doing Life: Reflections of Men and Women Serving Life Sentences, and Transcending: Reflections of Crime Victims.
Limited evidence, gaps between need and availability, and the unique developmental considerations of adolescence are sufficient reasons for examining alternative approaches for addressing substance-abusing behavior of youth. The principles and practices of restorative/community justice approaches may provide a new way of defining youth substance abuse and processes for creating responses for troubled youth, their families, and communities. Family approaches to dealing with youth substance abuse are widely acknowledged as necessary even when they are not available in practice. Facilitating community involvement in treatment, incorporating youth competence building, and considering service learning and civic engagement opportunities as part of the habilitation of substance-abusing youth are only now emerging as viable treatment approaches. The articles in this special edition argue that the restorative/community justice movements offer an avenue for actualizing these approaches for youth as well as empowering communities and strengthening democracy for all. These articles have been written to explore common ground between the two fields. As a whole, they provide an overview of the current principles of practice for both fields. In general, these two areas are often responsible for the same youth and may find much opportu-
nity in pursuing areas for cross-discipline learning and programming potential.

Furthermore, despite its incredible promise, the field of restorative justice faces substantial challenges in creating the “third way” or alternative justice paradigm (Bazemore & Walgrave, 1999). These challenges include a clear and explicit definition and vision for restorative justice, developing specific approaches for youth and adults, and moving from repair to rehabilitation of underlying causes. Incorporating and merging some of the components of adolescent treatment could assist in addressing these challenges.

Definitions of restorative and community justice focus on the principles that inform the work and the paradigm shift necessary to actualize these principles. Principles and paradigms do not always lead to applied practice. The current direction of most adolescent substance abuse treatment research is to validate models of treatment and manualize the treatment protocols for broader implementation, an approach consistent with the recommendations of the Institute of Medicine (Lamb, Greenlick, & McCarty, 1998). However, this approach is in contrast to the development of and ongoing work in restorative justice, which focuses on delivering an intervention that is rooted in a philosophy and a set of principles but may lack the specificity of interventions provided in the treatment field. Restorative justice could learn from treatment the ways of creating actionable models with measurable interim and long-term outcomes. A major benefit of aligning these two approaches could be the convergence of paradigm, principles, and action. In addition, such convergence might more fully develop the rehabilitative mission of restorative justice and ensure that underlying causes such as substance abuse are addressed when repairing the harms of crime. Likewise, it might ensure that substance abuse treatment is posed to increase competencies of youth and build on the strengths of the youth, families, and communities that they work with.

Youth substance abuse treatment is also posed to provide restorative justice with techniques that have been designed to address the unique cultural, gender, and developmental perspectives of its participants. Substance abuse treatment programs need to ensure that their treatment approaches are delivered with the unique development challenges of adolescents in mind. Whereas restorative justice processes are inclusive of communities, they may not be directly adapted to the
unique characteristics of offenders or victims. In high-quality substance abuse treatment, these unique characteristics are a major consideration of the intervention provided. Working together might forge a better way of balancing the characteristics of the community as a whole and the uniqueness of the individual.

The practice of restorative justice requires that professionals operate in a different way (see Shenk & Zehr, 2001 [this issue]). They must give up their definition of expert and move into a more facilitative role. They will not be prescribing the solution but will be assisting many others in finding a solution that will work for them. For law enforcement and other societal agents of formal social control, this change requires a substantial shift in skills, orientation, and professional identity. Substance abuse counselors have long worked closely with self-help partners to work toward recovery. Although this has not always happened seamlessly, the lessons learned in addressing the tension between the two might offer some guiding advice for the probation officers and judges finding themselves engaged in community solutions to juvenile crime.

Restorative/community justice practices could potentially contribute to implementation of evidence-based principles of effective substance abuse treatment. Williams, Chang, and Addiction Centre Adolescent Research Group (2000) suggested six findings for treatment of adolescents that have been supported by the literature. Three of the six are consistent with the practice of restorative justice, including inclusion of the family in treatment, providing services beyond substance abuse–focused interventions, and maximizing the potential for involvement of the youth with individuals who support a drug-free lifestyle. In these important areas, substance abuse treatment providers can learn valuable lessons from restorative justice practitioners.

Restorative justice interventions have developed techniques to involve the family, develop a holistic view of the adolescent and his or her needs vis-à-vis the community, and involve the community in the intervention with the adolescent. Attending to the examples from restorative justice presented in this issue as well as pursuing further information about restorative justice practices will provide the adolescent substance abuse treatment provider with proven techniques for accomplishing these tasks.
Adolescents entering substance abuse treatment are likely to have multiple problems, requiring assessment and intervention beyond the limited focus of their use of illicit substances. Restorative justice approaches view the adolescent as a whole within the context of their family and community. The principles of restorative justice lead to connecting the adolescent with his or her community and provide promising examples of how to involve the family and community in the habilitation of the adolescent. Restorative justice practices may offer a new way for adolescent treatment programs to think about continuing care. Rather than the treatment program’s trying to follow up with the adolescent for a period of several months after the treatment phase has ended, and often not being reimbursed for this effort, development of community involvement may be a cost-effective means for treatment programs to position the adolescent for continued growth.

Restorative justice offers many practical interventions that could prove to be an excellent fit for treatment programs and the youth they serve. Several of these authors comment on and provide references for practices, such as redemption rituals and family conferences, that deserve exploration by the treatment field.

Beyond the individual interventions, restorative justice frames substance abuse in a broader context, allowing substance abuse to be viewed as one piece of a whole person who is in need of a healing or restorative process. Perhaps even more important than seeing substance-abusing youth within a broader context is the opportunity to redefine substance abuse as a community harm and rethink the meaning of successful treatment.

The recognition of youth, family, and community assets is at the core of restorative justice and provides substance abuse treatment a focus on the strengthens and resources rather than the risks and deficits of young people and their communities. Focusing on assets and strengths moves inevitably toward building or rebuilding community capacity to fashion new roles for young people as resources in the context of strong youth-adult relationships. These approaches could greatly enhance substance abuse treatment effectiveness.

Restorative justice practice represents a larger movement symbolized by such phrases as it takes a village and are designed to recreate a new collective, informal response to youth crime and trouble, includ-
ing substance abuse (Schorr, 1997). Such a response could transcend traditional bureaucratic boundaries that artificially separate and compartmentalize responses to troubled youth and offer new visions that recognize the limits of an individually focused case-driven, professionalized response. Restorative responses can be intentional efforts to rebuild weakened informal networks of community social control and support. Restorative practices contribute directly to community building and “collective efficacy” (Sampson, Raudenbush, & Earls, 1997). They might even be considered a catalyst for democratization of social control and a possible mechanism for addressing issues of social justice. In fact, many restorative justice advocates are engaged in social justice concerns and defend community organizing around the issue of crime (e.g., Feld, 1999). Pranis (2001) suggested simply,

The problem of crime is generating opportunities to understand and practice democracy in the community in new ways. . . . Creating safe communities requires active citizen involvement. This calls for a reengagement of all citizens in the process of determining shared norms, holding one another accountable to those norms, and determining how best to resolve breaches in a way that does not increase risk in the community. (p. 288)

Substance abuse treatment might be well served by engaging a social justice component in their work.

This agenda is an ambitious one. Yet, by seriously asking Zehr’s (1990) three questions in the assessment of each case—what is the harm, what needs to be done to repair it, and who is responsible for this repair—practitioners can take small but potentially revolutionary steps as they direct intervention toward community-building outcomes far different than those associated with interventions focused on offender punishment or substance abuse treatment. Redefining the case as a three-dimensional problem of victim, offender, and community rather than as an individual youth in trouble helps practitioners and communities begin to transform individual problems into collective issues. Restorative justice can help reframe youth substance abuse as a collective issue, which may offer the greatest potential for real solutions.
Just as crime often creates the opportunity to address substance abuse, so too may substance abuse provide the opportunity to address the entire person through a restorative process that involves the individual, the family, and the community. Substance abuse treatment providers may find new avenues using the restorative justice framework to initiate and sustain growth. Looking beyond the adolescent in front of them and the walls of their treatment facility, the previous successes of restorative justice may assist adolescent treatment providers in their adoption of practices that will promote change and growth long after the formal treatment experience.

REFERENCES


M. Katherine Kraft, Ph.D., is a senior program officer at the Robert Wood Johnson Foundation (RWJF). Her primary areas of grant making include adolescent substance abuse and health and behavior programming. Dr. Kraft has been particularly involved in the area of community design and how it might support healthy behaviors. She is the primary developer of the RWJF Reclaiming Futures national initiative to enhance substance abuse treatment opportunities within the juvenile justice system. Prior to joining the
foundation, Dr. Kraft was on faculty at Rutgers University School of Social Work. Her research and published work examined the organizational factors, service system design, and client factors that affect treatment efficacy, especially substance abuse treatment. In addition, Dr. Kraft worked with the New Jersey Department of Human Services to examine the intersection between welfare recipients and substance abuse treatment needs.

Randolph Muck, M Ed., is a team leader/public health adviser in the federal Center for Substance Abuse Treatment’s (CSAT’s) Division of Practice and Systems Development. Mr. Muck is responsible for federal programs evaluating the effectiveness of adolescent treatment models and is the chair of the CSAT adolescent working group. He recently developed a new grant program for strengthening communities for youth that supports establishing a community-based continuum of care for youth with substance abuse problems. Prior to joining CSAT, Mr. Muck worked for 16 years with the Department of the Army as a clinician, clinical director, and administrator for substance abuse and mental health treatment programs for soldiers and family members. He also helped develop the first military program to provide substance abuse treatment services for adolescent family members living on a military facility outside of the continental United States.

Gordon Bazemore, Ph.D., is a professor of criminology and criminal justice and director of the Community Justice Institute at Florida Atlantic University. His primary research interests include community and restorative justice, juvenile justice, youth policy, victimology, corrections, and community policing. Dr. Bazemore’s recent publications appear in many justice journals, and he has published two books, Restorative Juvenile Justice: Repairing the Harm of Youth Crime (coedited with Lode Walgrave) and Restorative and Community Justice: Cultivating Common Ground for Victims, Communities and Offenders (coedited with Mara Schiff). Dr. Bazemore is also principal investigator of a national study of restorative justice conferencing funded by the National Institute of Justice and the Robert Wood Johnson Foundation and a statewide evaluation of restorative juvenile justice programs in Vermont.
RESTORATIVE JUSTICE RESOURCES

Web sites:

Restorative Justice Online: http://www.restorativejustice.org
Campaign for Equity-Restorative Justice (under construction): http://www.cerj.org
Center for Restorative Justice and Peacemaking: http://ssw.che.umn.edu/rjp/
International Victimology Web site: http://www.victimology.nl/
National Criminal Justice Reference Service: http://www.ncjrs.org
Real Justice Web site: http://www.realjustice.org
Restorative Justice: http://www.restorativejustice.com
Victim-Offender Mediation Association: http://www.vorp.com
VORP Information and Resource Center: http://www.vorp.com
Restorative Justice Ministries Network: http://www.rjmn.net/rjmn_door.html
Safer Saner Schools: http://www.safer sanction schools.org
International Restorative Justice Week: http://www.rjweek.com
Justice Fellowship: http://www.justicefellowship.org/
Restorative Justice Institute: http://www.rji.org/
Deschutes County program: www.deschutes.org; go to the community justice link.