

Profiles of Committed Juveniles

Fiscal Years 2004-2013



Virginia Department of Juvenile Justice

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Virginia Department of Juvenile Justice
Andrew K. Block Jr., Director
October 2015





A Word from the Director

Greetings,

Over the past decade, the Department of Juvenile Justice (DJJ) has served over seven thousand juveniles who were committed to the state for delinquent offenses and admitted to direct care. The most effective way to promote public safety with these youth is to hold them accountable while also turning their lives around with rigorous rehabilitative and educational services so they can return home to lead lives as law-abiding and productive citizens.

The data presented in this report show that these youth come to us with significant and complex challenges. Many have had difficult family and home lives, are lagging behind their peers academically, have experienced exposure to various types of trauma, and face significant mental and behavioral health problems. In other words, these youth come to us not just with a delinquent background but with an often complicated set of needs that require intensive services. It is also worth noting that, while definitely having complicated backgrounds, not all youth are committed for violent offenses, or with long and serious delinquent backgrounds. In fact, of those youth receiving indeterminate commitments, a majority are not committed for felonies against persons.

While we are working to develop more options, because of a lack of alternatives, most of the youth that are committed to DJJ's custody are confined in large, secure, juvenile correctional centers that closely resemble adult prisons in appearance.

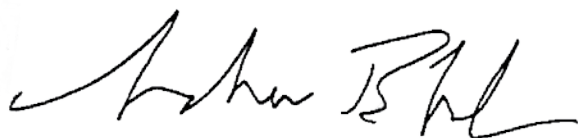
Thankfully, these facilities are staffed by dedicated and talented professionals, and the number of juveniles who walk through our doors has been decreasing: from 951 in fiscal year (FY) 2004 to 439 in FY 2013. While many assume that this smaller population represents what some might call, "The worst of the worst," the truth, as evidenced by the statistics in the book, is more complicated.

For this reason, even as our population becomes smaller, we must continue to strive to make necessary services available earlier in the court process, and to reduce our reliance on confinement for youth who could be safely supervised and rehabilitated in their community. For those youth who still require secure confinement, we need to continually support the staff that work in our facilities, and improve the education and treatment the youth receive.

From probation to confinement to parole, the Department is in the midst of a transformation, but we cannot do it alone. We hope that the data included in this book, provides a greater understanding of our system and the challenges our staff and our residents confront on the road to rehabilitation. We also hope this resource provides our community partners and stakeholders insight into the kinds of services that they need to be providing at-risk youth so they can successfully desist from further offending and deeper court involvement.

Thank you for your work and concern for Virginia's children. We look forward to continuing to work together to provide safer communities and more successful young people.

Sincerely,



Andrew K. Block Jr., Director





Executive Summary

This report provides an overview of committed juveniles, admitted to DJJ's direct care between FY 2004 and FY 2013. Below are general trends and changes that emerged in the juvenile profiles.

Overall Trends, FY 2004-2013

- » An average of 84% of admissions since FY 2004 were indeterminate. In FY 2004, most juveniles had an early release date in six months or less; in FY 2013, most juveniles had an early release date between 13 and 24 months.
- » The average age of juveniles' first adjudication increased from 13.7 to 14.7 years old.
- » The average number of committing offenses increased from 3.4 to 4.0.
- » Based on rankings established by the Virginia Criminal Sentencing Commission (VCSC), the percentage of admissions with a person offense as the most serious committing offense increased from 43% to 50%, and the percentage of admissions with a drug offense as the most serious committing offense decreased from 8% to 2%. Robbery, at 22%, was the most commonly occurring most serious committing offense category.
- » An average of 63% of juveniles were assigned mandatory aggression management treatment during this time period. The percentage of juveniles assigned mandatory or recommended substance abuse treatment increased from 70% to 86%. On average, 10% of juveniles were assigned mandatory sex offender treatment.
- » The percentage of juveniles exhibiting symptoms of a substance disorder increased from 58% to 71%.
- » Juveniles with a history of sexual offending increased from 13% to 18%.
- » In general, the percentage of juveniles with mental health disorders either increased or remained stable. The percentage of juveniles who used psychotropic medications in their lifetime also increased from 57% to 65%.
- » Juveniles' average IQ score increased from 84.7 to 86.6 but remained lower than that of the general population.
- » Average reading and math standard scores decreased from 89.2 to 86.9 and from 85.7 to 80.2, respectively; however, the average writing standard score increased from 78.2 to 87.8 during the same time frame.
- » The percentage of juveniles with special education needs remained stable at around 41%. Juveniles' history of school problems, including the number and severity of those problems, decreased slightly.

Trends by Age

- » Older juveniles' offenses were more likely to be linked to substance use.
- » Younger juveniles were more likely to be assigned mandatory aggression management treatment and mandatory sex offender treatment than older juveniles. Older juveniles were more likely to be assigned mandatory substance abuse treatment than younger juveniles.
- » Younger juveniles were more likely to be taking psychotropic medication than older juveniles.
- » Older juveniles had lower average reading, writing, and math standard scores than younger juveniles.

Trends by Race

- » Black juveniles were more likely to have determinate and blended sentences than juveniles of all other races.
- » A higher percentage of white juveniles had a history of sexual offending compared to juveniles of all other races.
- » White juveniles were more likely to have exhibited symptoms of several mental health disorders and had received more previous inpatient, outpatient, and psychotropic medication services than juveniles of all other races.

Trends by Sex

- » Females were more likely to have exhibited symptoms of several mental health disorders, except ADHD, and had received more previous inpatient, outpatient, and psychotropic medication services than males.
- » More males exhibited symptoms of a substance disorder than females.
- » Males were more likely to need special education services than females. Males also had lower reading, writing, and math standard scores than females.





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1 Introduction

The Virginia Department of Juvenile Justice (DJJ) provides services to juveniles and families by operating 32 court service units (CSUs) and two juvenile correctional centers (JCCs). Direct care programs are responsible for juveniles committed to DJJ, ensuring that they receive treatment and educational services while in a safe and secure setting. The Behavioral Services Unit (BSU), Health Services, Food Services, and Maintenance provide support to the JCCs. DJJ's Division of Education (DOE) provides educational and vocational services to meet the needs of committed juveniles. Programs within the JCCs offer community reintegration and specialized services in a secure residential setting.

Case management and treatment program staff provide oversight of treatment needs, security requirements, length of stay (LOS), and facility placements in direct care. Staff facilitate psycho-educational groups, assess progress achieved, and manage classifications and residential placements. They are responsible for ensuring that all needed services (including mental health, substance abuse, sex offender, aggression management, and independent living skills development) are available and operational at the facilities, and they serve as a liaison between the field and the administrative offices for procedures and resources. These staff also work with the community to provide a transition and parole plan for re-entry.

Evaluation Process

DJJ conducts evaluations and classifications on juveniles admitted to direct care. Evaluations provided include medical, psychological, behavioral, educational/vocational, and sociological. Juveniles are typically evaluated for three to four weeks. At the conclusion of the evaluation process, a team of evaluators meets to discuss each case to determine treatment needs, LOS, classification, re-entry services, mental health transitioning, and placement recommendations. Juveniles are then transferred to their designated housing unit.

DOE

DJJ's DOE operates the Yvonne B. Miller High School as a local education agency, providing educational and vocational instruction at both JCCs. Previously operated as separate schools, the single school system with facility campuses, established on August 20, 2012, provides an opportunity to consolidate and adapt programs for the declining population of committed juveniles. The school is staffed by administrators and teachers who are licensed by the Virginia Department of Education. Juveniles' school records are forwarded to DJJ upon notification of commitment. All juveniles who have not earned a high school diploma or general educational development (GED) credential are evaluated and placed in an educational program based on their academic history.

BSU

BSU is the organizational unit responsible for providing clinical treatment services to juveniles at the JCCs. The primary services provided by BSU staff include mental health, aggression management, substance abuse, and sex offender treatment, as well as intake psychological evaluations and pre-release risk assessments. BSU conducts comprehensive psychological evaluations of all juveniles committed to DJJ. At both facilities, BSU provides 24-hour crisis intervention; individual, group, and family therapy; mental status evaluations; case consultations and development of individualized behavior support protocols; program development and implementation; and staff training.

Health Services

The Health Services Unit provides quality healthcare services to juveniles in the JCCs. When initially admitted to DJJ, each juvenile goes through comprehensive medical history and physical evaluations. DJJ maintains a staff of physicians, dentists, and nurses on-site who provide assessment, treatment, and care to meet the medical and dental needs of the population housed in the facilities. In addition, contracted psychiatrists and optometrists provide healthcare services to the juveniles. On-site staff are supplemented by a network of



hospitals, physicians, and transport services to ensure all medically necessary healthcare services delivered are consistent with community standards.

Juvenile Profile

DJJ has been collecting detailed information on juveniles admitted to direct care using the Juvenile Profile since July 1, 1992. The first six years of this data collection effort were presented in a report entitled Profiles of Incarcerated Adolescents in Virginia's Correctional Facilities: Fiscal Years (FYs) 1993-1998 with a subsequent report being published that presented data from FYs 1999 to 2003. In April 2010, information was presented covering FYs 2004 to 2008 and the name of the publication was changed to Profiles of Committed Juveniles. The current report will focus on information covering FYs 2009 to 2013 and will also highlight overall trends for the last decade.

The Juvenile Profile contains information collected from the multi-disciplinary teams responsible for evaluating all juveniles admitted to DJJ prior to placement at a JCC. These teams include counselors, psychologists, resident specialists, educational evaluators, and medical personnel. The information generated from these evaluations is used to assist in the development of treatment plans and to provide detailed data about juveniles committed to the department. (See Appendices for forms.)

The Juvenile Profile has undergone changes over time in an effort to improve the reliability and validity of the data collected. Some items have been eliminated or modified, and new items have been added depending on departmental needs. Whenever the continuity of the data has been impacted by a change in the collection process, it is noted in the text describing the item.

In addition to the Juvenile Profile, this report uses information from the commitment packet received from the CSUs, the Initial custody Designation form, and the Custody Reclassification Form. This commitment packet includes information related to the juvenile's committing offenses, type of commitment, number of commitments, and type of committing court. The classification forms are objective instruments that DJJ uses to periodically assess juveniles' appropriate security and custody levels and assign them to appropriate housing placements within a facility. The classification forms take into account current and prior offense history, institutional behavior and adjustment, treatment needs, and special management concerns (e.g., low functioning, gang member, special medical needs).

Juvenile Profile Description

The Juvenile Profile contains data elements for the following information:

- » A detailed social history that provides information about the juvenile's development, living situations, family background, and history of substance abuse, physical abuse, and sexual abuse.
- » An offense history of the juvenile's involvement with the juvenile justice system, including committing offenses.
- » A physical health assessment and evaluation that includes a medical history, physical examination, dental evaluation, vision and hearing evaluation, and screening for certain diseases.
- » An educational assessment that includes formal test results, school history, and any educational services needed while the juvenile is committed.
- » A psychological assessment that includes current and historical information on the juvenile's mental health status and treatment needs.
- » A determination of the juvenile's LOS, including assignment of mandatory or recommended aggression management, substance abuse, and sex offender treatment programs, which may impact the juvenile's LOS.

Interpreting this Report

There are limitations associated with interpreting the data presented in this report. The data are collected from juveniles evaluated during the admission process, so only juvenile admissions during the reporting period are represented. Each juvenile's evaluation involves multiple forms that are completed and entered into the Juvenile Profile; however, some juveniles may have missing individual sections of data. These juveniles with missing data are included in the analyses and all percentages are calculated out of the total number of admissions. Unusually high percentages of missing cases for specific items or fiscal years are noted when applicable. Successfully appealed, canceled, and rescinded cases are excluded from the data. (See the table on the following page for the number of juveniles included in this report for each FY.)

It is also important to evaluate the data with respect to the nature of its source. With the exception of the medical/physical screenings, standardized tests, and information submitted by the CSUs, the majority of the information collected is self-reported. As with any self-report data source, juveniles may over- or under-represent the truth on certain topics.



Other limitations to this report include the number of form changes that were implemented between FY 2009-2013. With the exception of the Social History form, each Juvenile Profile form underwent at least one revision between FY 2009 and FY 2013. The Psychological form underwent two different changes. (See Appendices A through H for copies of the forms). Every effort was made in this report to present data for variables that were consistent across all fiscal years. In instances where this was not possible, data are presented for applicable FYs. One must also be mindful of the impact of an evaluator’s perspective. Though staff are trained on how to conduct the evaluations and the agency strives for a high level of inter-rater reliability, there can be interpretive differences between each evaluator.

Lastly, Juvenile Profile data are stored in a live database that is constantly being updated and cleaned. For that reason, it is important to note that all data presented in this book were generated in February 2014. Any updates or changes occurring after that date will not be represented. Furthermore, percentages may not always add to 100% due to rounding.

The current publication organizes the data into themes (e.g., delinquent behavior, family history). This publication goes beyond the descriptive statistics used in previous reports and includes more in-depth information through the use of t-tests, analyses of variance (ANOVAs), and the creation of indices. Each page presents the 3-, 5-, or 10-year trend for a variable or index, followed by demographic breakdowns (i.e., age, race, and sex) where statistically significant differences were found among the groups. Race was grouped into “White,” “Black,” and “Other,” and age was grouped into “15 & younger,” “16,” and “17 & older.” Though race was separated into three groups, it is important to keep in mind that the “Other” group is much smaller in number than White and Black. “Other” races include Asian or Pacific Islander, American Indian or Alaskan Native, Other, and Unknown. The age groupings were chosen in order to create similar sized groups for the analysis. Statistically significant differences were determined through the use of t-tests and ANOVAs.

Admission Demographics, FY 2004-2013

| | FY | | | | | | | | | | |
|------------------|------|------|------|------|------|------|------|------|------|------|-------|
| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Total |
| Age | | | | | | | | | | | |
| 15 & Younger | 284 | 267 | 252 | 215 | 185 | 177 | 116 | 108 | 128 | 89 | 1,821 |
| 16 | 284 | 249 | 275 | 238 | 212 | 241 | 148 | 172 | 140 | 101 | 2,060 |
| 17 & Older | 383 | 399 | 340 | 378 | 369 | 341 | 340 | 285 | 225 | 249 | 3,309 |
| Race | | | | | | | | | | | |
| White | 299 | 248 | 221 | 224 | 197 | 194 | 168 | 169 | 130 | 128 | 1,978 |
| Black | 616 | 610 | 590 | 549 | 507 | 507 | 393 | 369 | 344 | 286 | 4,771 |
| Other | 36 | 57 | 56 | 58 | 62 | 58 | 43 | 27 | 19 | 25 | 441 |
| Sex | | | | | | | | | | | |
| Female | 90 | 90 | 79 | 76 | 59 | 56 | 31 | 40 | 41 | 43 | 605 |
| Male | 861 | 825 | 788 | 755 | 707 | 703 | 573 | 525 | 452 | 396 | 6,585 |
| Total Admissions | 951 | 915 | 867 | 831 | 766 | 759 | 604 | 565 | 493 | 439 | 7,190 |



Acronyms

ADHD: Attention Deficit Hyperactivity Disorder

AECF: The Annie E. Casey Foundation

ANOVA: Analysis of Variance

AWOL: Absent Without Leave or Permission

BJS: Bureau of Justice Statistics

BMI: Body Mass Index

BSU: Behavioral Services Unit

CD: Conduct Disorder

CDC: United States Centers for Disease Control and Prevention

CJRP: Census of Juveniles in Residential Placement

CSU: Court Service Unit

DAI: Detention Assessment Instrument

DOE: Division of Education

DJJ: Department of Juvenile Justice

DSM: Diagnostic and Statistical Manual of Mental Disorders

FY: Fiscal Year

GED: General Educational Development credential

HHS: United States Department of Health and Human Services

IQ: Intelligence Quotient

LOS: Length of Stay

JCC: Juvenile Correctional Center

JDC: Juvenile Detention Center

JRFC: Juvenile Residential Facility Census

MHSTP: Mental Health Services Transition Plan

MSO: Most Serious Offense

NIJ: National Institute of Justice

ODD: Oppositional Defiant Disorder

OJJDP: United States Office of Juvenile Justice and Delinquency Prevention

PTSD: Post-Traumatic Stress Disorder

SAMHSA: United States Substance Abuse and Mental Health Services Administration

SASSI: Adolescent Substance Abuse Subtle Screening Inventory

SIB: Self-Injurious Behavior

VCSC: Virginia Criminal Sentencing Commission

Terms and Concepts

Admission: the physical arrival of a juvenile at a facility when he or she is officially entered into the facility's population count.

ANOVA: statistical test used to analyze differences between multiple groups. A significant finding indicates that at least one of the groups has a mean that is significantly different from the other groups. Using prescribed psychotropic medication and race as an example, an ANOVA will determine if there is a statistical difference in the likelihood of being prescribed psychotropic medications based on one's race.

Blended Sentence: the sentencing option for a juvenile convicted in circuit court, which combines a juvenile disposition with an adult sentence. The circuit court may impose an adult sentence with a portion of that sentence to be served with DJJ and provides that the judge may suspend the adult sentence pending successful completion of the juvenile disposition. See § 16.1-272 of the *Code of Virginia*.

Commitment: a court order at a dispositional hearing placing a juvenile in the custody of DJJ for a determinate or indeterminate period of time. To be eligible for commitment, a juvenile must be 11 years of age or older and adjudicated delinquent or convicted of a felony offense, a Class 1 misdemeanor and a prior felony, or four Class 1 misdemeanors that were not part of a common act, transaction, or scheme. See § 16.1-278.8 of the *Code of Virginia*. A commitment to DJJ differs from an admission. An admission may occur days or weeks after the juvenile is committed to DJJ (during which time he or she is held in a JDC). A single admission could



be the result of multiple commitments to DJJ (for example, a juvenile may be committed to DJJ by more than one court). For these reasons, the number of commitments to DJJ in a FY may be different from the number of admissions.

Criminal Street Gang: any ongoing organization, association, or group of three or more persons, whether formal or informal, (i) which has as one of its primary objectives or activities the commission of one or more criminal activities; (ii) which has an identifiable name or identifying sign or symbol; and (iii) whose members individually or collectively have engaged in the commission of, attempt to commit, conspiracy to commit, or solicitation of two or more predicate criminal acts, at least one of which is an act of violence, provided such acts were not part of a common act or transaction.

Delinquent: a juvenile who commits an act that would be a felony or misdemeanor if committed by an adult as designated under state law, a local ordinance, or federal law.

Determinate Commitment: the commitment of a juvenile 14 years of age or older to DJJ as a serious juvenile offender. The court specifies the length of the commitment, has continuing jurisdiction over the juvenile, and must conduct periodic reviews if the juvenile remains in direct care for longer than 24 months. A juvenile may be committed to DJJ as a serious juvenile offender for up to seven years, not to exceed the juvenile's 21st birthday. See § 16.1-285.1 of the *Code of Virginia*.

DSM: a manual produced by the American Psychiatric Association that provides standard classification of mental disorders and contains a listing of diagnostic criteria for psychiatric disorders.

Direct Care: the time during which a juvenile, who is committed to DJJ pursuant to §§ 16.1-272, 16.1-278.8 (A)(14), 16.1-278.8 (A)(17), and 16.1-285.1 of the *Code of Virginia*, is under the supervision of staff in a juvenile residential facility operated by DJJ or an alternative residential placement.

FY: the time period measured from July 1st of one year to June 30th of the following year. For example, FY 2013 runs from July 1, 2012, through June 30, 2013.

Indeterminate Commitment: the commitment of a juvenile to DJJ in which the juvenile's LOS is calculated based on statutory requirements and the LOS Guidelines. The commitment may not exceed

36 continuous months except in cases of murder or manslaughter or extend past a juvenile's 21st birthday. See §§ 16.1-285 and 16.1-278.8 (A)(14) of the *Code of Virginia*.

Index: a data point that combines multiple variables. For example, an index was created for this report called "Educational Problems" that combines weighted responses to questions regarding a juvenile's history of problems in school including attendance, behavior, academic progress, peer interactions, and staff relationships.

IQ: a score used to assess intelligence. The score is obtained by administering specially designed tests. Depending on the juvenile's age, DJJ uses the Wechsler Abbreviated Scale of Intelligence (WASI), Wechsler Intelligence Scale for Children (WISC), and the Wechsler Adult Intelligence Scale (WAIS).

JCC: a DJJ secure residential facility that has construction fixtures designed to prevent escape and to restrict the movement and activities of juveniles held in lawful custody. JCCs house juveniles post-dispositionally who have been committed to DJJ. See §§ 16.1-278.8, 16.1-285, and 16.1-285.1 of the *Code of Virginia*.

LOS Guidelines: a framework established by the Board of Juvenile Justice, as mandated by § 66-10 of the *Code of Virginia*, to determine the length of time a juvenile indeterminately committed to DJJ will remain in direct care. Factors that affect a juvenile's LOS include the seriousness of the committing offense(s), offense history, behavior while in direct care, and progress toward completing treatment goals.

Mean: the average of a discrete set of numbers.

Psychotropic Medication: drugs that affect the mind, perception, behavior, and mood. Common types include antidepressants, anxiolytics or anti-anxiety agents, antipsychotics, and mood stabilizers.

Special Education: instruction specially designed to meet the unique needs of a juvenile with intellectual disabilities, serious emotional disturbances, physical disabilities, speech impairments, hearing impairments, visual impairments, other health impairments (e.g., autism spectrum disorder), or some other specific learning disability.



Statistical Significance: a mathematical concept used to determine whether the outcome of an experiment is likely the result of a relationship between variables or the result of chance. If the p-value (i.e., the probability that the observations occurred due to chance) is less than the standard significance level of .05, then there is 95% confidence that the outcome due to a relationship instead of chance.

Subsequent Commitment: a commitment resulting from an offense that occurred in a direct care facility instead of in the community.

T-Test: statistical test used to analyze differences between two groups. A significant finding indicates that the groups' means are significantly different. Using prescribed psychotropic medication and sex as an example, a t-test will determine if there is a statistical difference between the likelihood of males and females being prescribed psychotropic medication.

Variable: an operationally defined attribute (e.g., IQ, assaultive behavior, prescribed psychotropic medication).

Woodcock-Johnson Tests of Cognitive Abilities (Woodcock-Johnson): a set of tests used to measure general intellectual ability, specific cognitive abilities, oral language, and academic achievement. DJJ uses the Woodcock-Johnson III.



2 Family & Parenting

The Family & Parenting section uses information from various Social History Information (Appendix B), Psychological Information (Appendix C), and Medical History (Appendix E) forms that are related to the juvenile's family and home life prior to commitment.

Self-reported information pertaining to physical and sexual assault victimization by a parent or family member is also collected from the juvenile. Prior to FY 2011, this information was collected by case management staff on the Social History Information form. In order to collect more detailed information, the fields were revised and moved to the Psychological Information form (collected by BSU staff) beginning in FY 2011. To accommodate the revisions, new aggregate variables were created for this publication. The aggregate variables created were: Victim of Any Sexual Abuse, Victim of Sexual Abuse by a Family Member, and Victim of Physical Abuse by a Family Member.

The Effect of the Family on Delinquency

The family is a key factor in child and adolescent development. The family is the most important social unit during early childhood and is responsible for emotional support, learning opportunities, moral guidance, self-esteem, and physical necessities. When a family fails to provide these things and instead exhibits traits such as poor parenting skills, home discord, child maltreatment, and antisocial parents, the juvenile is at a greater risk for delinquency (Lipsey & Derzon, 1998; Petrosino, Derzon, & Lavenberg, 2009; Thornberry, Smith, Rivera, Huizinga, & Stouthamer-Loeber, 1999).

Mental illness in parents also presents a risk for children. These children have a higher risk of developing mental illness and are at risk for developing social, emotional, and/or behavioral problems (Travis & Waul, 2003).

In a 2007 BJS report, Glaze and Maruschak (2010) reported the number of children under 18 years of age with an incarcerated parent was 1.7 million. In addition to these children, there are also millions of others who have parents that have been involved in the correctional system in some way. Children whose parents exhibit criminal behavior have a higher risk of committing crimes them-

selves. The timing of the parental criminal behavior might also have an impact on children. For example, if the crime was committed before the child was born it is thought that the child would have a less likely chance to offend, but when parents are more frequent offenders, children have more opportunities to observe and imitate their parents' criminal behavior and motivations (Murray, Farrington, Sekol, & Olsen, 2009). Additional attributes which could affect delinquency include the family having a lower socioeconomic status, a lower interest in education, and poor or unstable housing (Travis & Waul, 2003; Glaze & Maruschak, 2010).

Juvenile Exposure to Violence

A BJS report shows 1.6% of children between the ages of 12 and 17 were victims of rape/sexual assault (Glaze & Maruschak, 2010). According Kilpatrick, Saunders, and Smith (2003) in a NIJ report, three out of four adolescents who have been sexually assaulted were victimized by someone they knew well. A child who is the victim of prolonged sexual abuse usually develops low self-esteem, a feeling of worthlessness, and an abnormal or distorted view of sex. The child may become withdrawn and mistrustful of adults, and can become suicidal. Sexual abuse places children at high risk for serious and chronic health problems, including PTSD, depression, suicide risks, eating disorders, sleep disorders, substance abuse, and deviant sexual behavior (Listenbee et al., 2012).

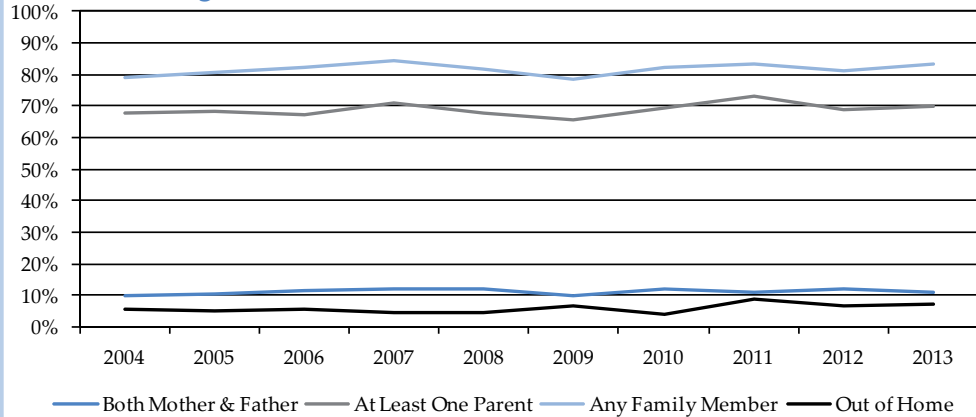
According to Finkelhor, Turner, Ormrod, and Hamby (2009), the National Survey of Children's Exposure to Violence conducted by OJJDP between January and March 2008 found that 60.6% of the children surveyed experienced or witnessed violence within the year prior to the study. Many of these children were victims of assault, robbery, vandalism, theft, or sexual assault. Of the surveyed children, 10.2% experienced maltreatment by a prominent adult in their lives, and 6.2% witnessed domestic violence between their parents within the year prior to the study.



Living Situation*

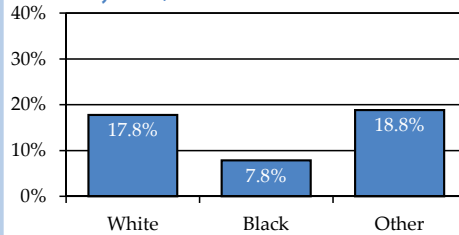
- » An average of 84% of juveniles lived with a family member at the time of admission since FY 2004.
- » Less than 10% of juveniles lived in an out of home placement at the time of admission since FY 2004.
- » An average of 11% of juveniles lived with both their biological mother and father at the time of admission since FY 2004.
- » A lower percentage of black juveniles lived with both parents at the time of admission compared to white juveniles and juveniles of other races.
- » A higher percentage of females lived in out of home placements at the time of admission compared to males.
- » A higher percentage of white juveniles lived in out of home placements at the time of admission compared to black juveniles and juveniles of other races.

Current Living Situation*, FY 2004-2013



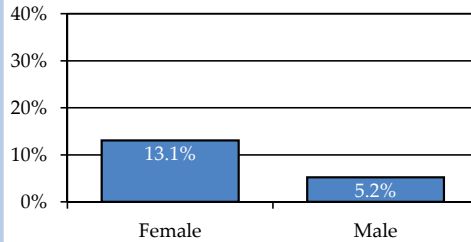
* "Both Mother & Father" includes both biological parents. "At Least One Parent" includes at least one biological parent. "Any Family Member" includes any biological family member, step-parent, and adoptive parents.

Current Living Situation with Both Biological Parents by Race, FY 2004-2013

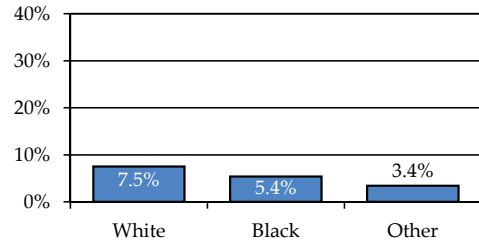


According to a report by the U.S. Census Bureau in 2009, 60% of children under the age of 18 lived with both biological parents, 94% lived with at least one biological parent, 23% of children lived with their biological mother only, and 4% lived with their biological father only.

Current Living Situation Out of Home by Sex, FY 2004-2013



Current Living Situation Out of Home by Race, FY 2004-2013

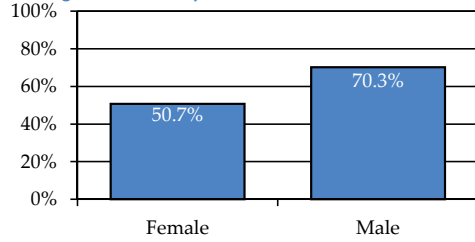


* Data on juveniles with a current living situation described as AWOL are not presented in this analysis.

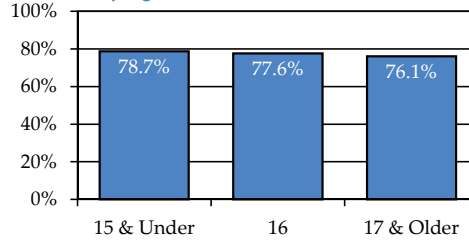


Living Situation, cont.

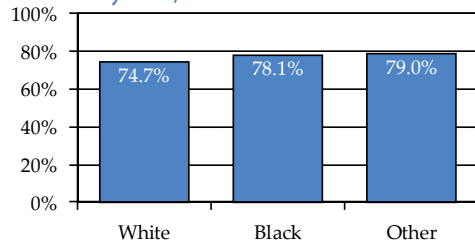
Current Living Situation with at Least One Biological Parent by Sex, FY 2004-2013



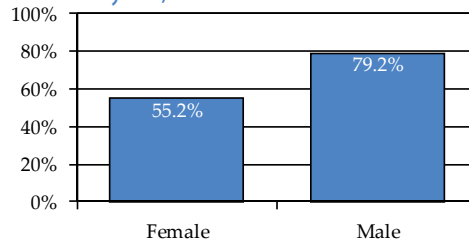
Current Living Situation with Any Family Member by Age, FY 2004-2013



Current Living Situation with Any Family Member by Race, FY 2004-2013



Current Living Situation with Any Family Member by Sex, FY 2004-2013



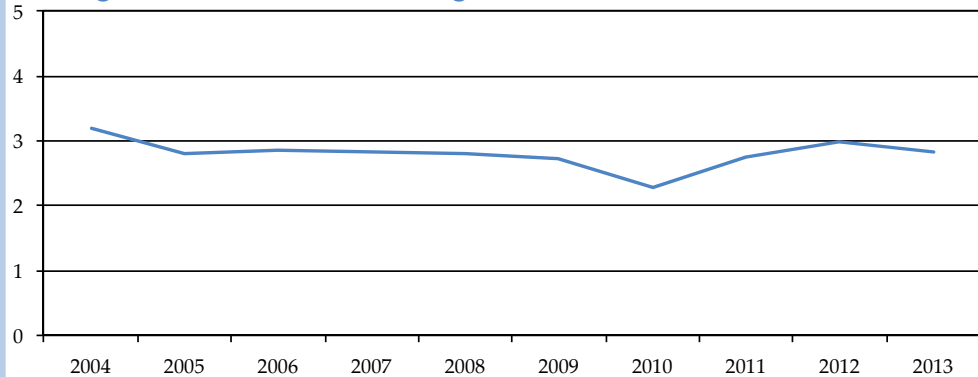
- » A higher percentage of males lived with at least one parent at the time of admission. This trend is also true for juveniles living with a family member at the time of admission.
- » A higher percentage of younger juveniles lived with a family member at the time of admission than older juveniles.
- » A lower percentage of white juveniles lived with a family member at the time of admission compared to black juveniles and juveniles of other races.



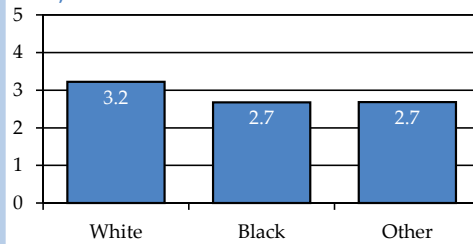
Prior Living Situations

- » Juveniles admitted since FY 2004 had an average of 2.8 prior living situations before admission.
- » White juveniles had a higher average number of prior living situations than black juveniles and juveniles of other races.
- » Females had a higher average number of living situations than males.

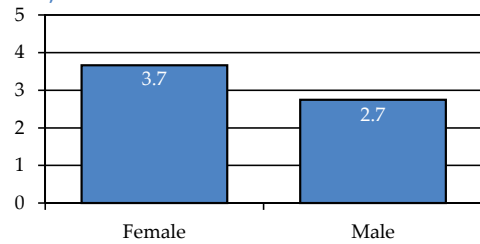
Average Number of Prior Living Situations, FY 2004-2013



Average Number of Prior Living Situations by Race, FY 2004-2013

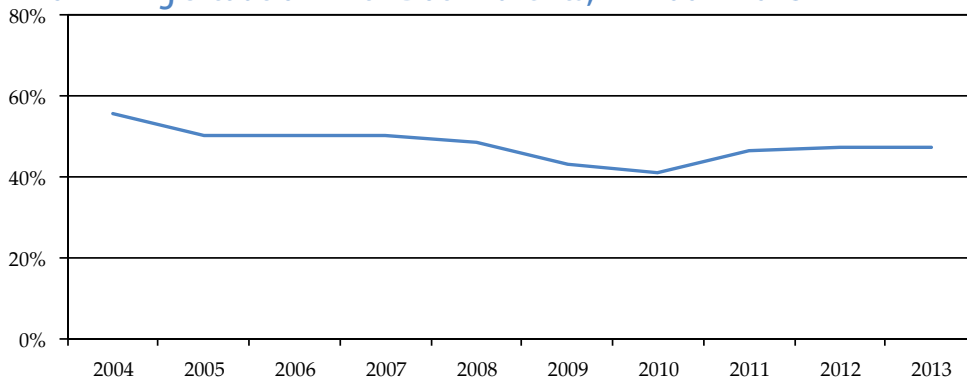


Average Number of Prior Living Situations by Sex, FY 2004-2013

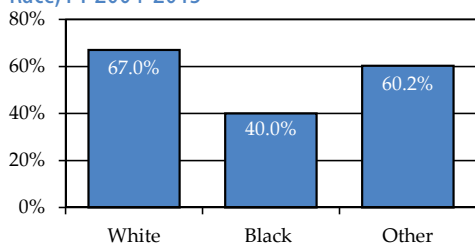


Prior Living Situations, cont.

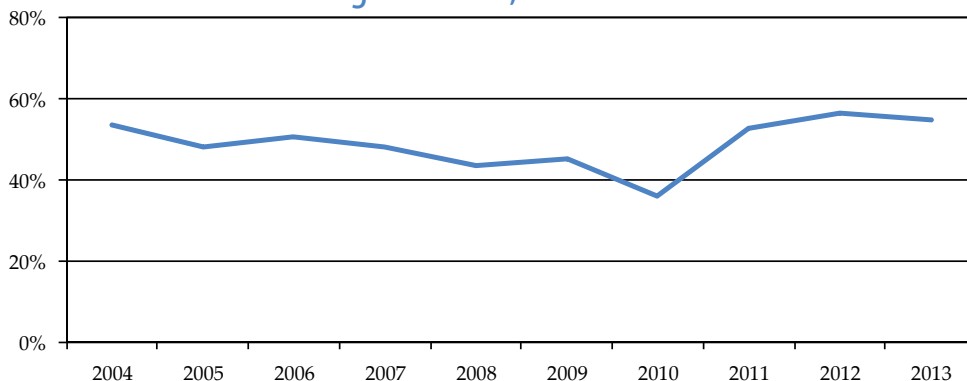
Prior Living Situation with Both Parents, FY 2004-2013



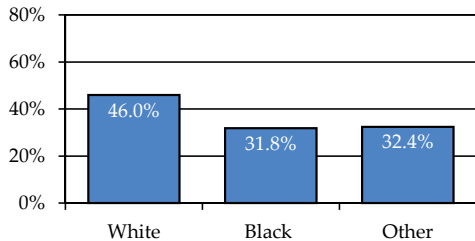
Prior Living Situation with Both Parents by Race, FY 2004-2013



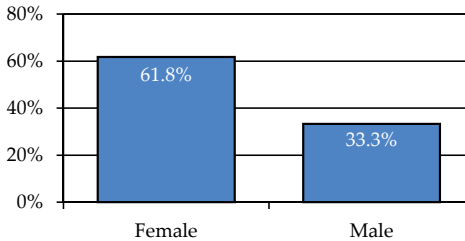
Prior Out of Home Living Situation, FY 2004-2013



Prior Out of Home Living Situation by Race, FY 2004-2013



Prior Out of Home Living Situation by Sex, FY 2004-2013



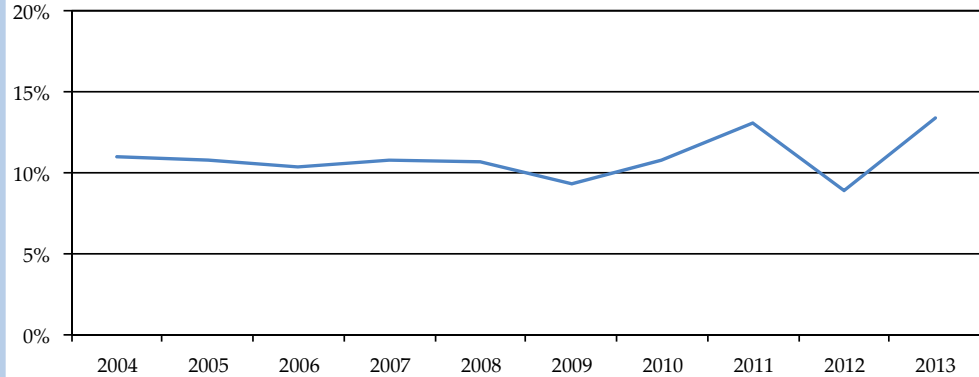
- » The percentage of juveniles who lived with both parents at any point prior to admission decreased from 56% in FY 2004 to 47% in FY 2013.
- » A lower percentage of black juveniles lived with both parents at any point prior to admission.
- » An average of 49% of juveniles lived in an out of home placement at some point prior to admission since FY 2004.
- » A higher percentage of white juveniles lived in an out of home placement at some point prior to admission compared to black juveniles and juveniles of other races.
- » A higher percentage of females lived in an out of home placement at some point prior to admission compared to males.



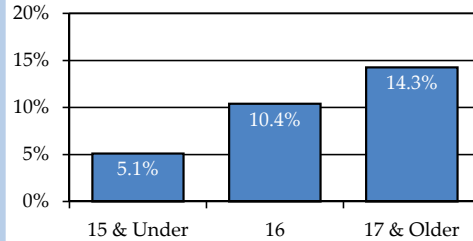
Children

- » An average of 11% of juveniles had children at the time of admission since FY 2004.
- » A higher percentage of older juveniles had children at the time of admission than younger juveniles.
- » A lower percentage of white juveniles had children at the time of admission than black juveniles and juveniles of other races.

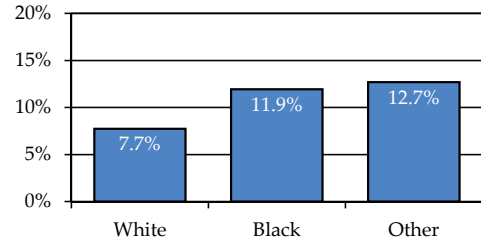
Juveniles with Children, FY 2004-2013



Juveniles with Children by Age, FY 2004-2013

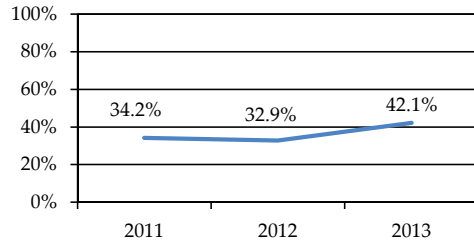


Juveniles with Children by Race, FY 2004-2013

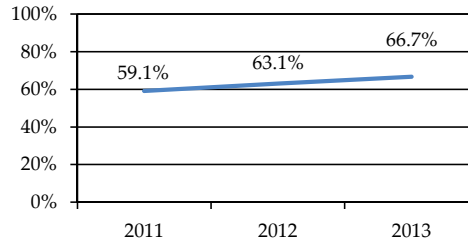


Family Issues

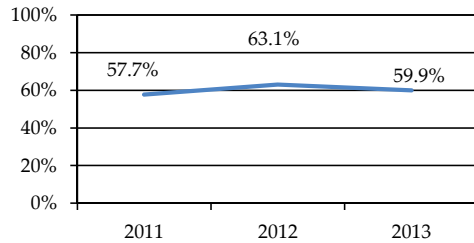
Attachment Issues, FY 2011-2013



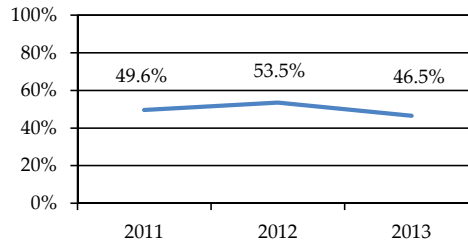
Inadequate Supervision, FY 2011-2013



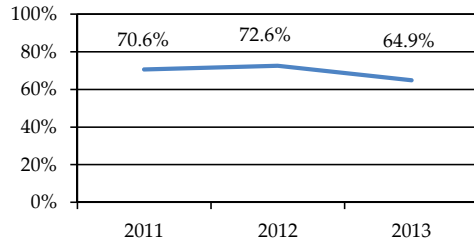
Inconsistent Parenting, FY 2011-2013



Poor Relationship with Mother, FY 2011-2013



Poor Relationship with Father, FY 2011-2013



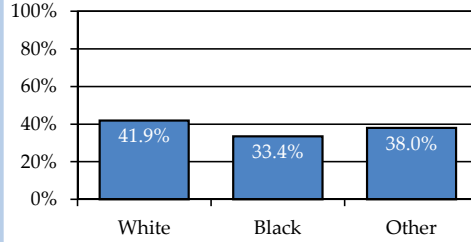
- » The percentage of juveniles with attachment issues increased from 34% in FY 2011 to 42% in FY 2013.
- » The percentage of juveniles with inadequate supervision increased from 59% in FY 2011 to 67% in FY 2013.
- » An average of 60% of juveniles had inconsistent parenting since FY 2011.
- » An average of 50% of juveniles had a poor relationship with their mother since FY 2011.
- » An average of 69% of juveniles had a poor relationship with their father since FY 2011.



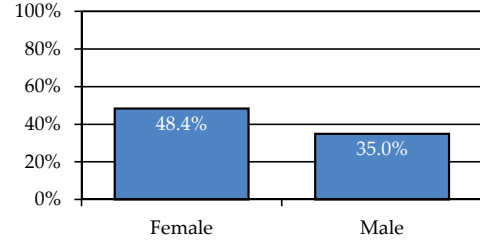
Family & Parenting Issues, cont.

- » A lower percentage of black juveniles had attachment issues compared to white juveniles and juveniles of other races.
- » A higher percentage of females had attachment issues than males.
- » A higher percentage of white juveniles and females experienced inconsistent parenting.
- » A higher percentage of white juveniles and females had poor relationships with their mother.
- » A higher percentage of females had poor relationships with their father.

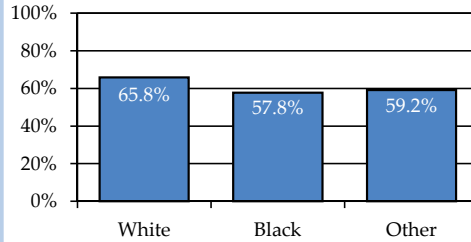
Attachment Issues by Race, FY 2011-2013



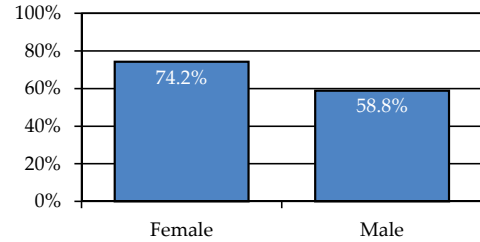
Attachment Issues by Sex, FY 2011-2013



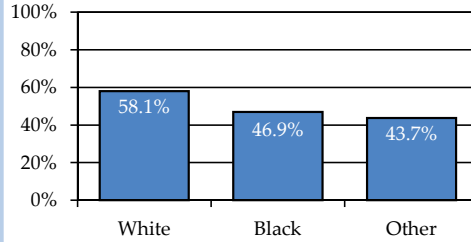
Inconsistent Parenting by Race, FY 2011-2013



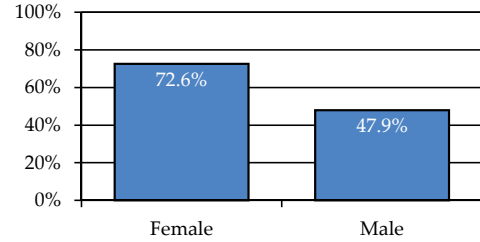
Inconsistent Parenting by Sex, FY 2011-2013



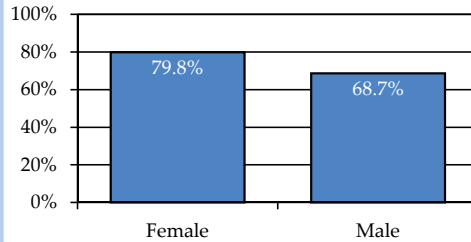
Poor Relationship with Mother by Race, FY 2011-2013



Poor Relationship with Mother by Sex, FY 2011-2013



Poor Relationship with Father by Sex, FY 2011-2013

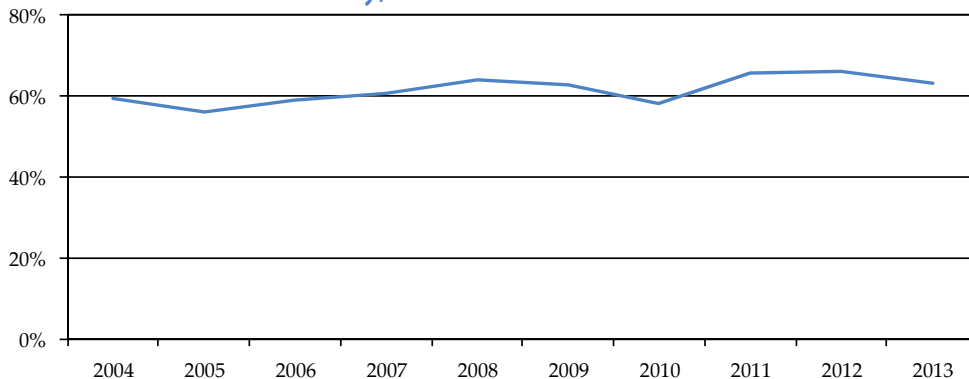


Data presented on this page are collected on the Psychological Information form.



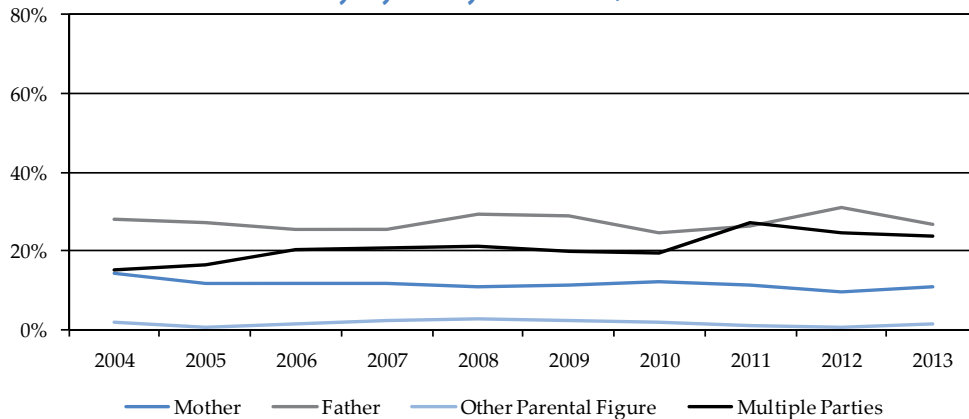
Parental Criminal Activity

Parental Criminal Activity, FY 2004-2013

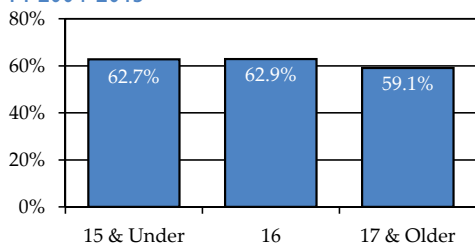


- » An average of 62% of juveniles' parents were involved in criminal activity since FY 2004. Fathers were reported as the parent involved in criminal activity most often.
- » A lower percentage of older juveniles had parents involved in criminal activities compared to younger juveniles.
- » A lower percentage of juveniles of other races had parents involved in criminal activity compared to white or black juveniles.

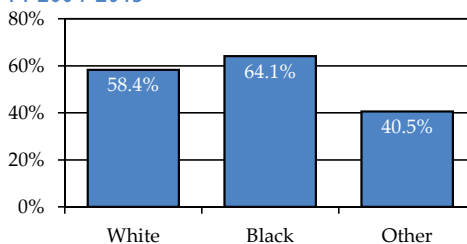
Parent Criminal Activity by Party Involved, FY 2004-2013



Parental Criminal Activity by Age, FY 2004-2013



Parental Criminal Activity by Race, FY 2004-2013

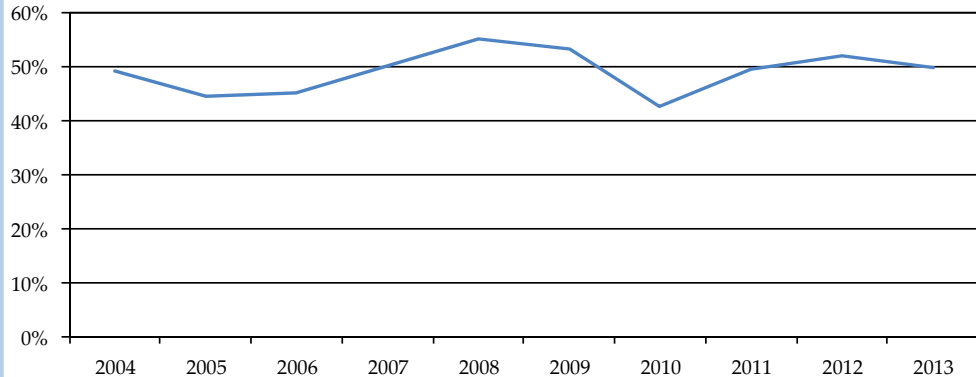


Parental Incarceration

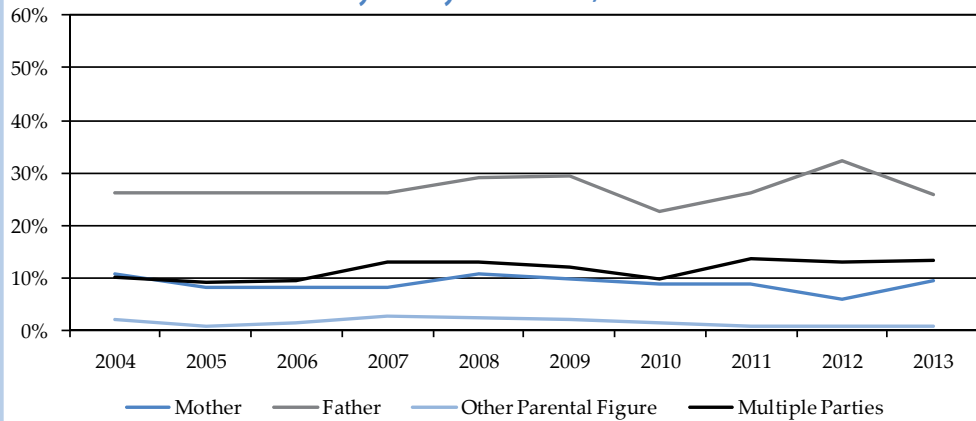
- » An average of 49% of juveniles had parents who had been incarcerated since FY 2004. Fathers were reported as the incarcerated parent most often.
- » A higher percentage of younger juveniles and black juveniles had parents who were incarcerated.

According to a 2008 special report from BJS, 2.3% of children nationwide under the age of 18 had a parent in prison in 2007; percentages varied among races: 6.7% of black children, 2.4% of Hispanic children, and less than 1% of white children had a parent in prison.

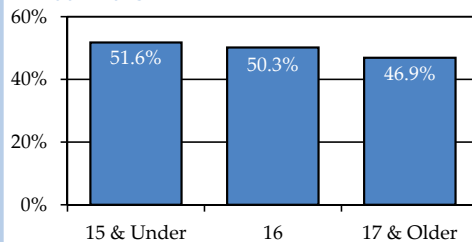
Parental Incarceration, FY 2004-2013



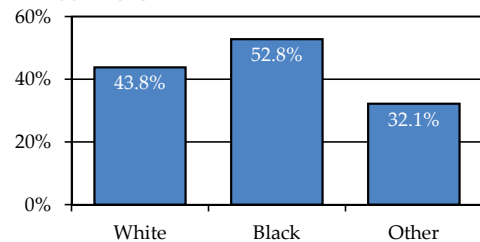
Parental Incarceration by Party Involved, FY 2004-2013



Parental Incarceration by Age, FY 2004-2013

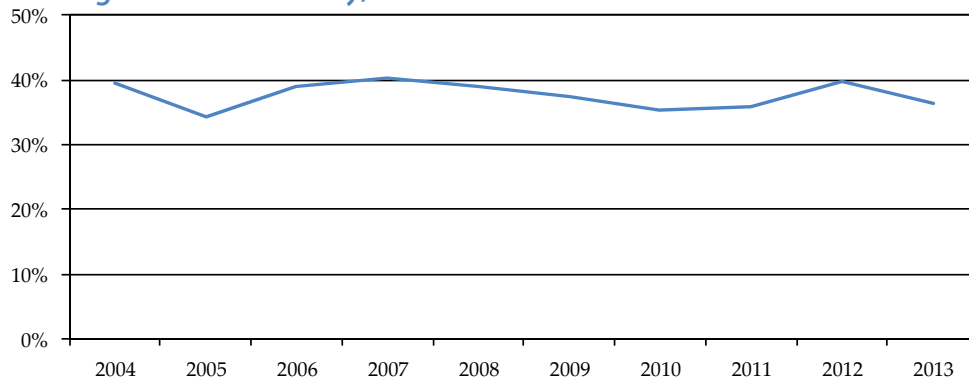


Parental Incarceration by Race, FY 2004-2013



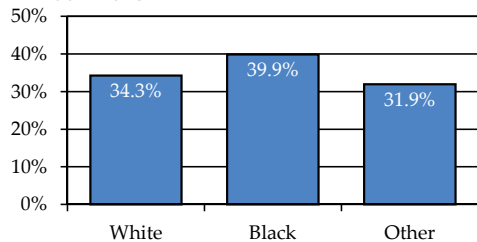
Sibling Criminal Activity

Sibling Criminal Activity, FY 2004-2013



- » An average of 38% of juveniles had siblings involved in criminal activity since FY 2004.
- » A higher percentage of black juveniles had siblings involved in criminal activity compared to white juveniles and juveniles of other races.

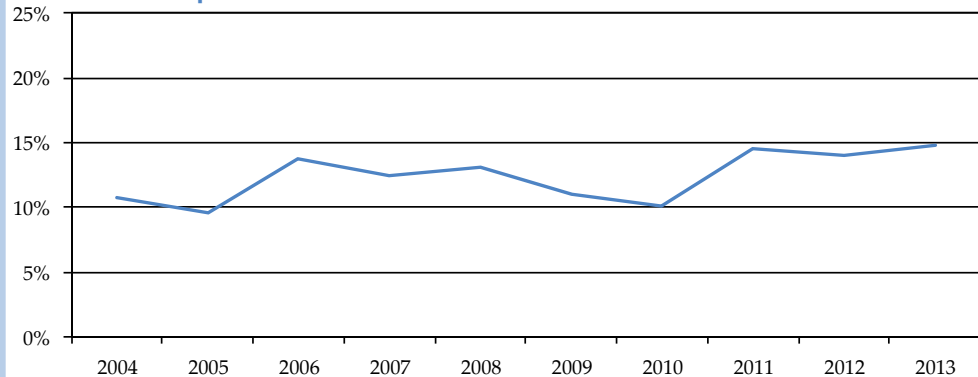
Sibling Criminal Activity by Race, FY 2004-2013



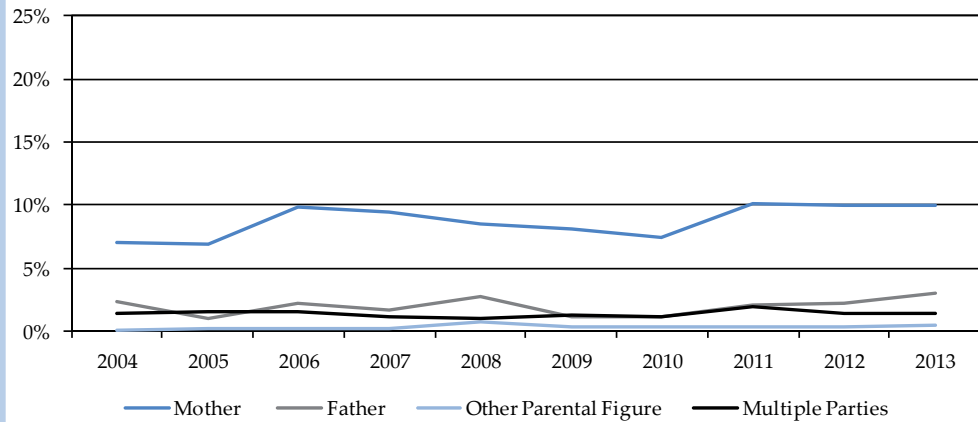
Parental Outpatient Mental Health Treatment

- » An average of 12% of juveniles reported parents or parental figures with a history of outpatient mental health treatment since FY 2004. Mothers were reported as the treated parent most often.
- » A higher percentage of white juveniles reported parents or parental figures with a history of outpatient mental health treatment compared to black juveniles and juveniles of other races.
- » A higher percentage of females reported parents or parental figures with a history of outpatient mental health treatment compared to males.

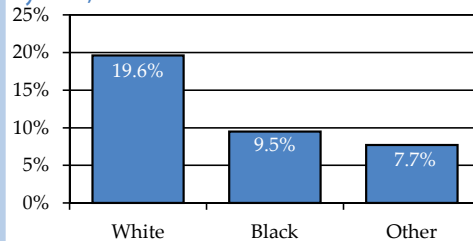
Parental Outpatient Mental Health Treatment, FY 2004-2013



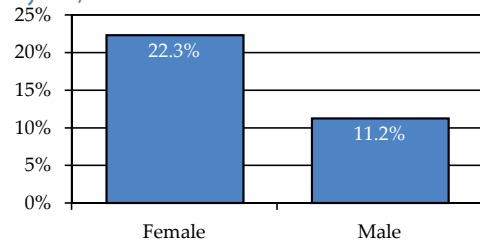
Parental Outpatient Mental Health Treatment by Party Involved, FY 2004-2013



Parental Outpatient Mental Health Treatment by Race, FY 2004-2013

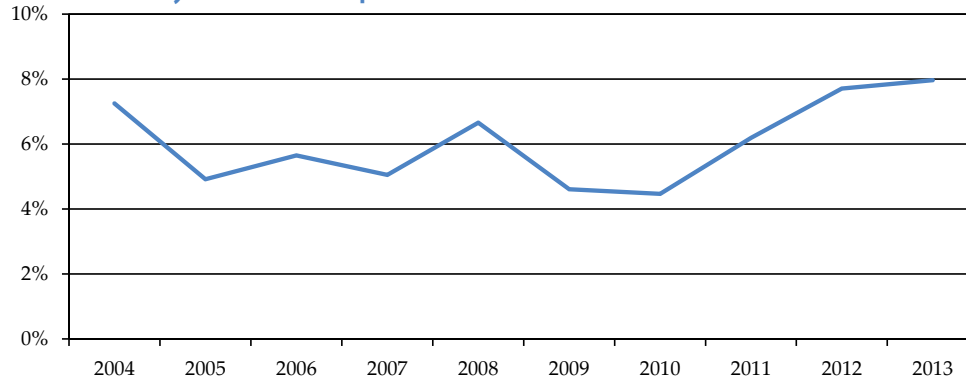


Parental Outpatient Mental Health Treatment by Sex, FY 2004-2013



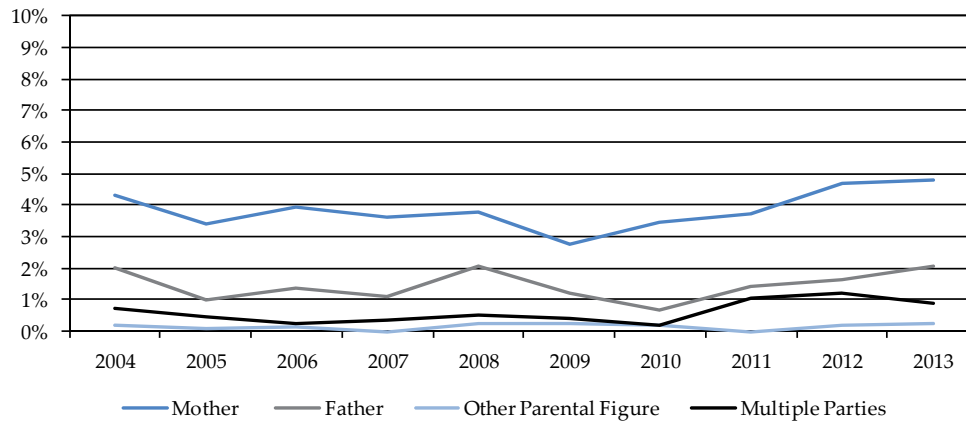
Parental Psychiatric Hospitalization

Parental Psychiatric Hospitalization, FY 2004-2013

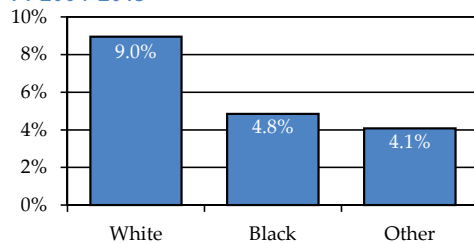


- » An average of 6% of juveniles reported parents or parental figures with a history of psychiatric hospitalization since FY 2004. Mothers were reported as the hospitalized parent most often.
- » A higher percentage of white juveniles reported parents with a history of psychiatric hospitalization compared to juveniles of any other race.

Parental Psychiatric Hospitalization by Party Involved, FY 2004-2013



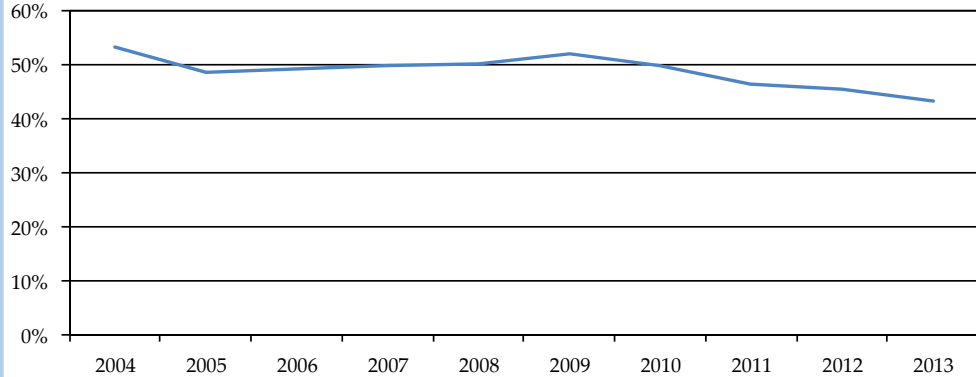
Parental Psychiatric Hospitalization by Race, FY 2004-2013



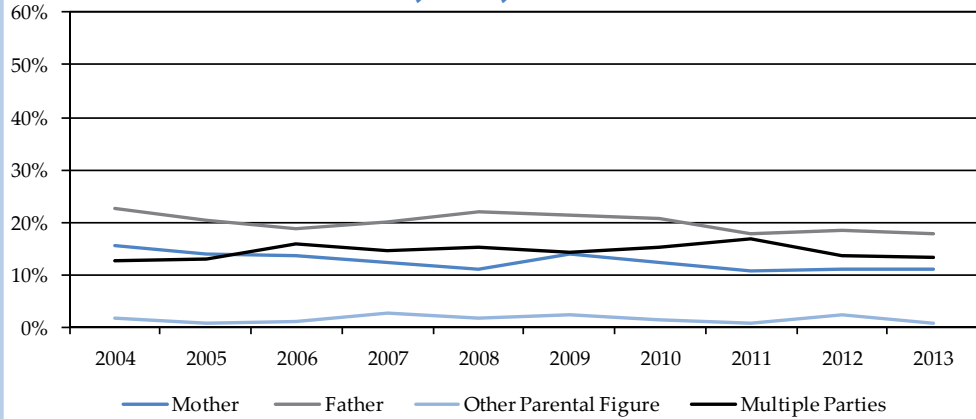
Parental Substance Abuse

- » The percentage of juveniles who reported parental substance abuse decreased from 53% in FY 2004 to 43% in FY 2013. Fathers were reported as the parent abusing substances most often.
- » A higher percentage of white juveniles reported parental substance abuse compared to black juveniles and juveniles of other races.
- » A higher percentage of females reported parental substance abuse compared to males.
- » The percentage of juveniles with signs of prenatal drug exposure decreased from 13% in FY 2011 to 10% in FY 2013.

Parental Substance Abuse, FY 2004-2013

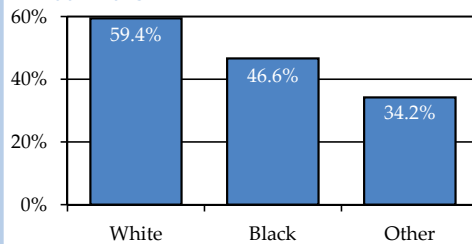


Parental Substance Abuse by Party Involved, FY 2004-2013

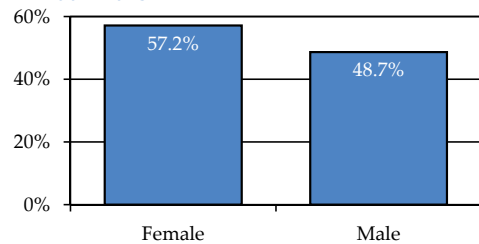


According to a National Survey on Drug Use and Health report published by SAMHSA in 2009, 11.9% of children nationwide under the age of 18 lived with at least one parent who abused or was dependent on alcohol or an illicit drug between 2002 and 2007.

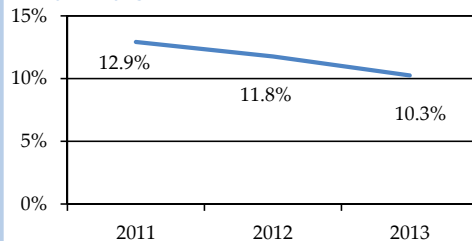
Parental Substance Abuse by Race, FY 2004-2013



Parental Substance Abuse by Sex, FY 2004-2013

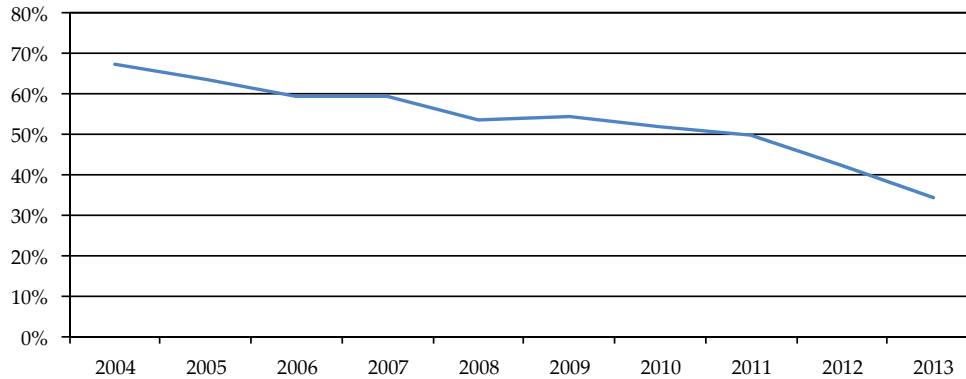


Prenatal Drug Exposure, FY 2011-2013



Parental Abandonment

Parental Abandonment, FY 2004-2013

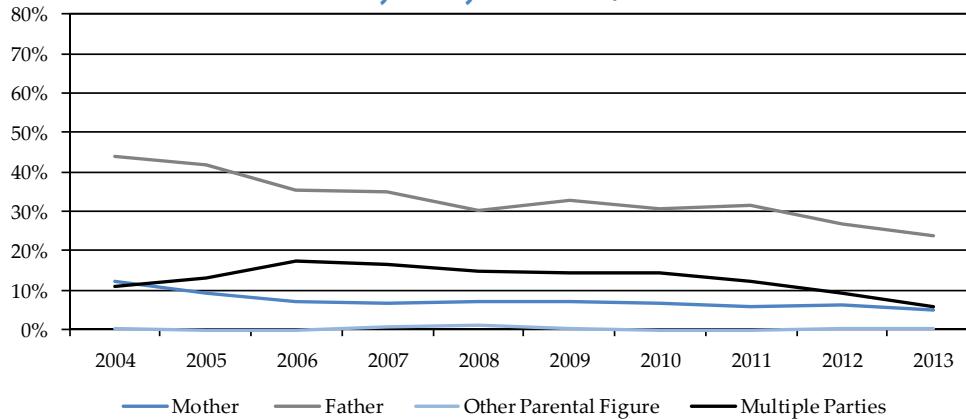


» The percentage of juveniles who reported parental abandonment decreased from 68% in FY 2004 to 35% in FY 2013. Fathers were reported as the abandoning parent most often.

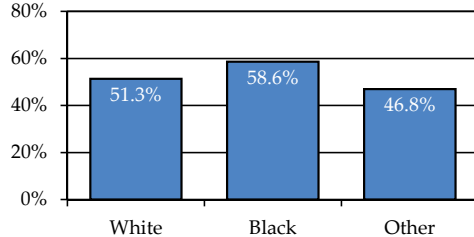
» A higher percentage of black juveniles reported parental abandonment compared to white juveniles and juveniles of other races.

» A higher percentage of females reported parental abandonment compared to males.

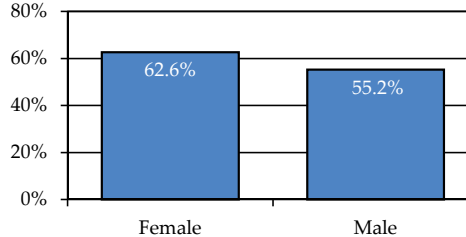
Parental Abandonment by Party Involved, FY 2004-2013



Parental Abandonment by Race, FY 2004-2013



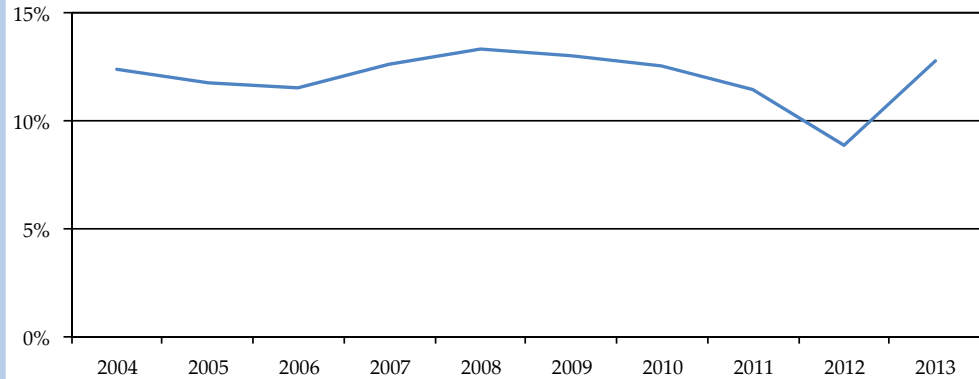
Parental Abandonment by Sex, FY 2004-2013



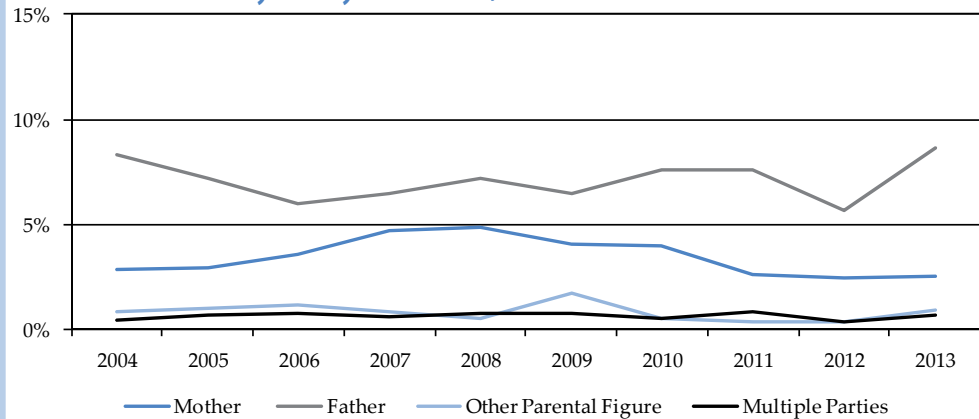
Parental Death

- » An average of 12% of juveniles had a parental figure die prior to admission since FY 2004.
- » An average of 7% of juveniles reported their father as being the parent who had died.

Parental Death, FY 2004-2013

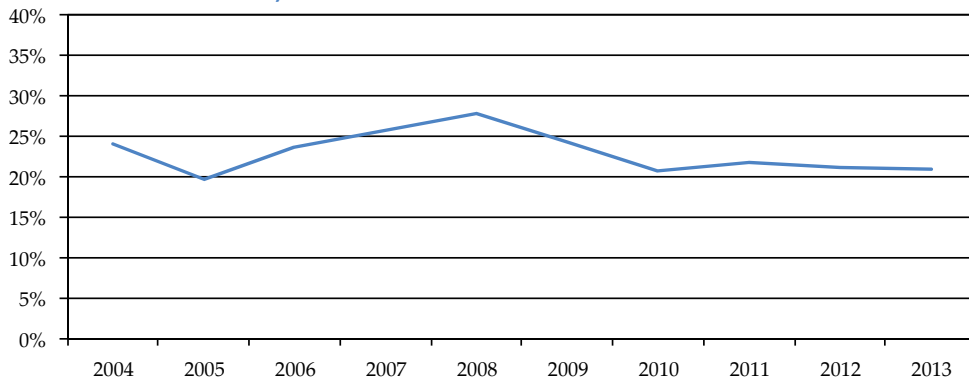


Parental Death by Party Involved, FY 2004-2013



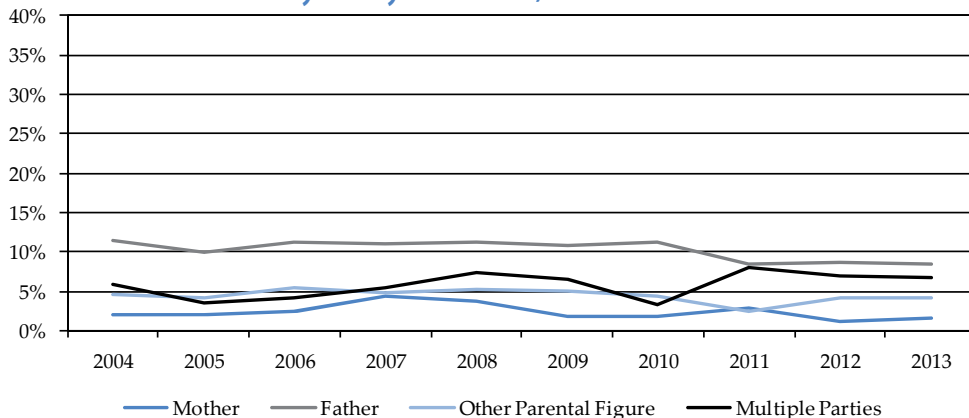
Domestic Violence

Domestic Violence, FY 2004-2013

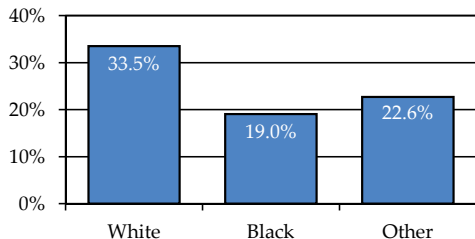


- » An average of 23% of juveniles experienced domestic violence since FY 2004. Juveniles most often reported domestic violence by their fathers.
- » A higher percentage of white juveniles experienced domestic violence compared to black juveniles and juveniles of other races.
- » A higher percentage of females experienced domestic violence compared to males.

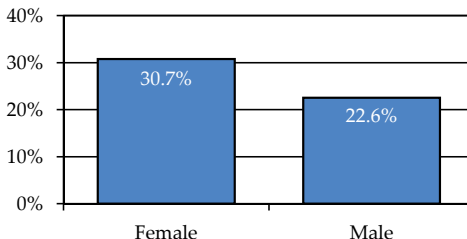
Domestic Violence by Party Involved, FY 2004-2013



Domestic Violence by Race, FY 2004-2013



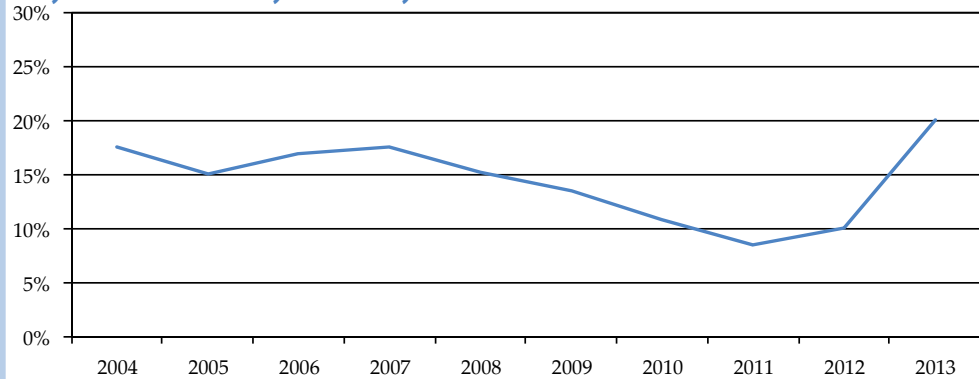
Domestic Violence by Sex, FY 2004-2013



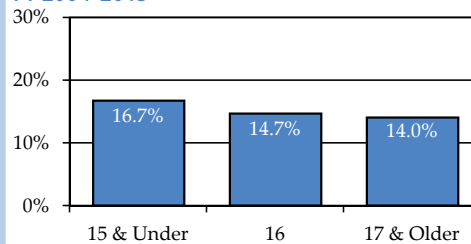
Physical Assault*

- » An average of 17% of juveniles reported physical assault by a family member between FY 2004 and FY 2008. The percentage of juveniles who reported physical abuse by a family member decreased between FY 2008 and FY 2011, then increased through FY 2013. The trends from FY 2011 to FY 2013 may have resulted from changes in data collection. (See note below.)
- » A higher percentage of younger juveniles reported physical abuse by a family member compared to older juveniles.
- » A higher percentage of white juveniles reported physical abuse by a family member compared to black juveniles and juveniles of other races.
- » A higher percentage of females reported physical abuse by a family member compared to males.

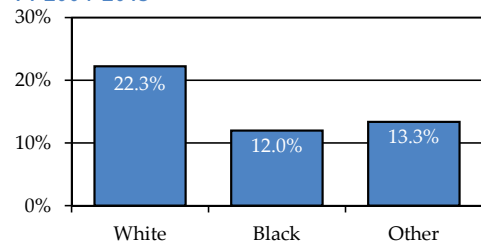
Physical Assault by a Family Member, FY 2004-2013



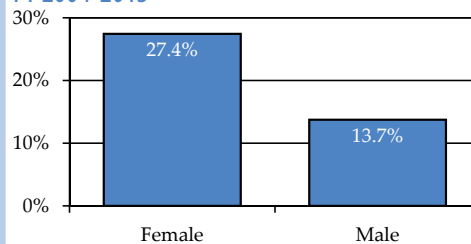
Physical Assault by a Family Member by Age, FY 2004-2013



Physical Assault by a Family Member by Race, FY 2004-2013



Physical Assault by a Family Member by Sex, FY 2004-2013



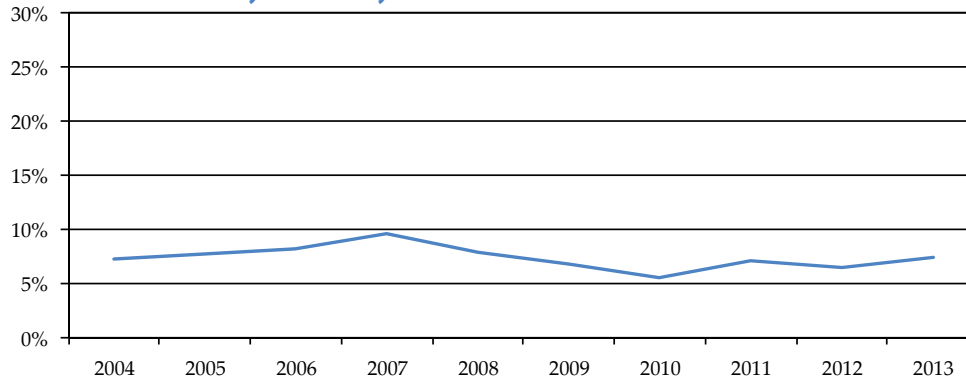
HHS published a report in 2011 estimating that 9.3 out of every 1,000 children under the age of 18 (1%) were victims of maltreatment in 2010. Out of that 1%, 16% were victims of physical abuse.

* Due to the addition of a "Multiple Parties" category on the FY 2011 and FY 2012 reporting forms that did not specify if the parties involved were family members, the percentage of juveniles reporting physical abuse specifically by family members decreased in these FYs. The form was revised and clarified in FY 2013, resulting in an increase in the number of juveniles reporting physical abuse by family members.



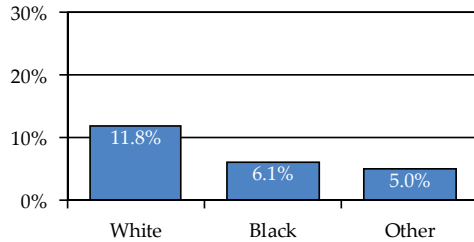
Sexual Assault

Sexual Assault by a Family Member, FY 2004-2013

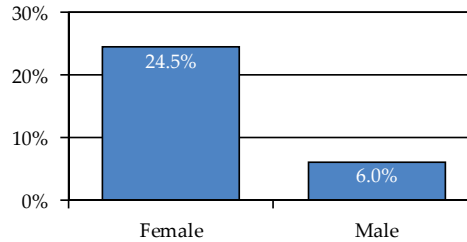


- » An average of 7% of juveniles reported sexual assault by a family member since FY 2004.
- » A higher percentage of white juveniles reported sexual assault by a family member compared to black juveniles and juveniles of other races.
- » A higher percentage of females reported sexual assault by a family member compared to males.

Sexual Assault by a Family Member by Race, FY 2004-2013



Sexual Assault by a Family Member by Sex, FY 2004-2013





3 Anti- and Prosocial Behaviors

The Anti- and Prosocial Behaviors section includes information collected using the Offense History Data (Appendix A), Social History Information (Appendix B), and Psychological Information (Appendix C) forms. The information includes a number of topics that may or may not be related to a juvenile's offense, including gang and delinquent peer associations, physical and verbal aggression, assaultive behavior, and fire setting. This information is collected using a combination of self-reporting and staff assessment during one-on-one interviews with the juveniles upon admission.

Peers and Delinquent Behavior

Juveniles' community and peer associations in early life can greatly influence their behavior. One study found that communities with weak structural organization can indirectly lead to delinquency through its association with inconsistent parenting behavior and delinquent peer influence (Chung & Steinberg, 2006), while another study found delinquent peers were a consistent risk factor for youth violence and aggression (Ferguson, Miguel, & Hartley, 2009). Many juveniles that have unstructured leisure time, limited positive interests, and lack of connection or accountability to the communities in which they live tend to associate with delinquent peers and engage in negative activities. On some occasions, association with delinquent peers can contribute to juveniles' participation in criminal, potentially violent activities, as well as gang involvement.

Gang Involvement

DJJ uses a multi-pronged approach to identifying and classifying a juvenile as being a member of a criminal street gang. After juveniles are suspected of possible gang activity, the case is sent to DJJ's Gang Management Team for a disposition on whether the juvenile is (i) a criminal street gang member, (ii) a possible gang member, or (iii) not a gang member. If the juvenile is determined to be a criminal street gang member, an alert is generated in DJJ's electronic data management system advising users of the juvenile's status. This validated information is then used to determine security level and housing.

There is a strong association between gang involvement and delinquency. A study reported by OJJDP (2004) of adolescent boys in Rochester, New York, attributed this link to two factors. First, gangs attract individuals who exhibit antisocial behavior and are more likely to perform delinquent acts; second, the gang facilitates its members' involvement in delinquent acts. The study found that boys had higher rates of violent offenses, drug sales, and illegal gun ownership during the years that they were involved with gangs compared to years before or after they were involved. The study also found that gang members were more likely to drop out of school, become parents in their teenage years, and have unstable employment (Thornberry, Krohn, & Lizotte, 2003). In addition to negatively influencing juveniles' participation in delinquent activity, gang involvement can exacerbate juveniles' risk factors that contribute to future criminality that extends into adulthood.

Antisocial Traits and Future Criminality

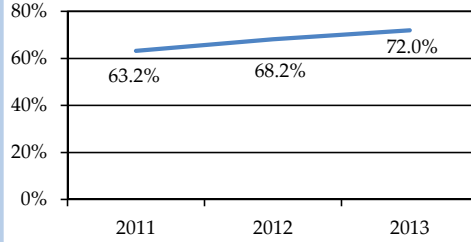
Andrews and Bonta (2003) refer to antisocial attitudes, antisocial associates, history of antisocial behavior, and antisocial personality as the "big four" risk factors in regards to future criminal behavior. Antisocial attitudes include a lack of concern for others, lack of accountability for one's own actions, and a lack of respect for authority figures or rules. Although numerous, antisocial behavior can include assaultive behaviors, cruelty toward animals, fire setting behaviors, and homicidal intent or urges. Juveniles who exhibit symptoms of the big four risk factors are at greater risk for future criminality, and are, therefore, specifically targeted for early intervention. Treatment and rehabilitation, consequently, is geared towards impacting the dynamic factors that can be changed via cognitive-behavioral and skills-based treatment programs.



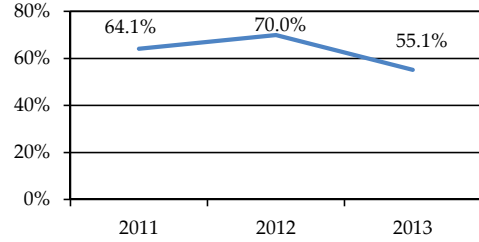
Employment & Leisure Activities

- » The percentage of juveniles with limited leisure activities increased from 63% in FY 2011 to 72% in FY 2013.
- » An average of 63% of juveniles reported limited organized activities since FY 2011.
- » The percentage of juveniles who reported no history of formal employment decreased from 59% in FY 2011 to 54% in FY 2013.
- » The percentage of juveniles who reported no personal interests decreased from 13% in FY 2011 to 8% in FY 2013.
- » A higher percentage of black juveniles reported limited leisure activities compared to white juveniles and juveniles of other races.
- » A lower percentage of 16-year-olds reported limited organized activities compared to older and younger juveniles.
- » A higher percentage of females reported limited organized activities compared to males.
- » A higher percentage of black juveniles reported no history of formal employment compared to white juveniles and juveniles of other races.
- » A higher percentage of black juveniles reported no personal interests compared to white juveniles and juveniles of other races.

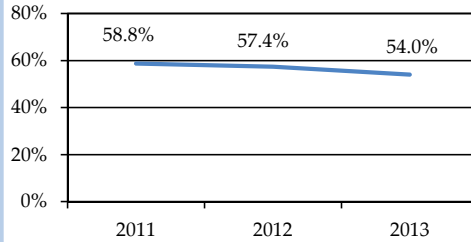
Limited Leisure Activities, FY 2011-2013



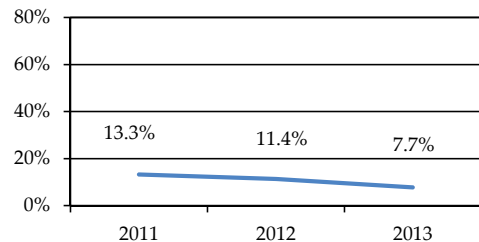
Limited Organized Activities, FY 2011-2013



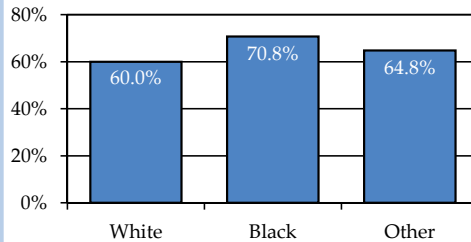
No History of Formal Employment, FY 2011-2013



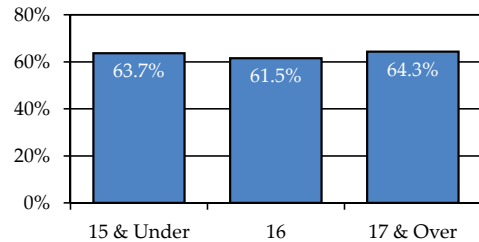
No Personal Interests, FY 2011-2013



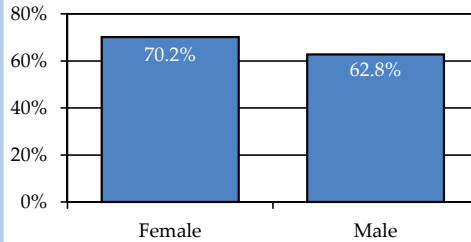
Limited Leisure Activities by Race, FY 2011-2013



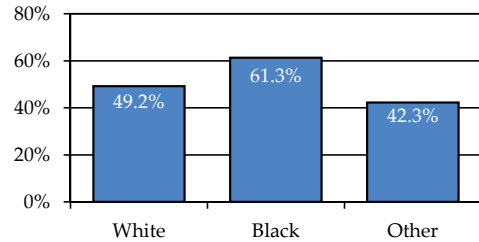
Limited Organized Activities by Age, FY 2011-2013



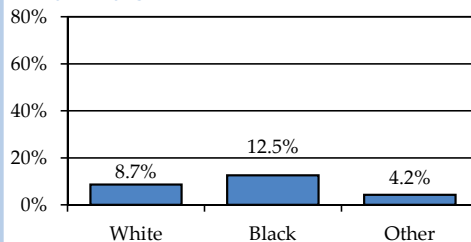
Limited Organized Activities by Sex, FY 2011-2013



No History of Formal Employment by Race, FY 2011-2013

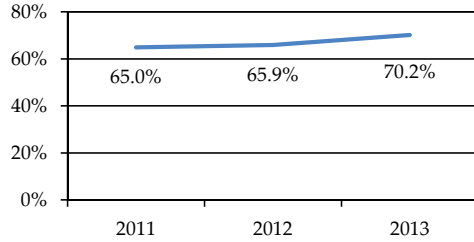


No Personal Interests by Race, FY 2011-2013

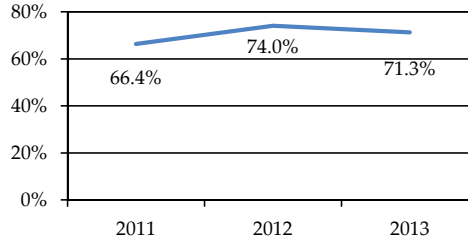


Attitudes

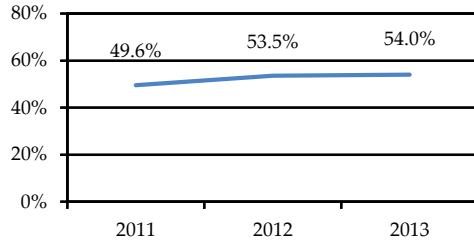
Antisocial/Pro-Criminal Attitudes, FY 2011-2013



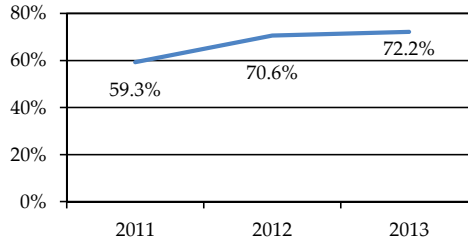
Defies Authority, FY 2011-2013



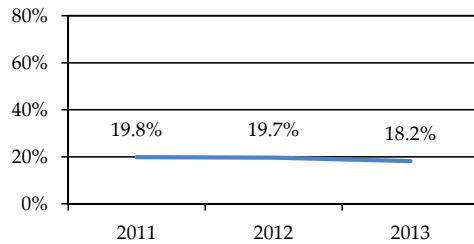
Callous/Little Concern for Others, FY 2011-2013



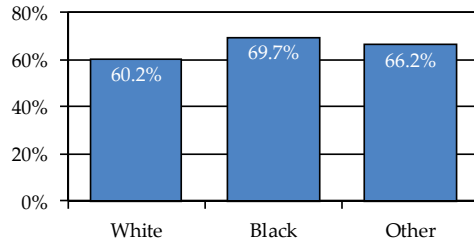
Engages in Denial, FY 2011-2013



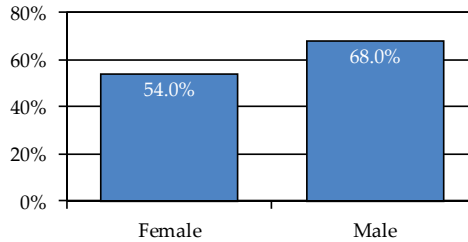
Inflated Self-Esteem, FY 2011-2013



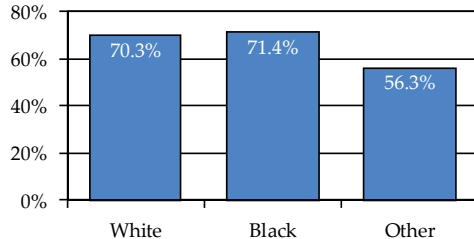
Antisocial/Pro-Criminal Attitudes by Race, FY 2011-2013



Antisocial/Pro-Criminal Attitudes by Sex, FY 2011-2013



Defies Authority by Race, FY 2011-2013



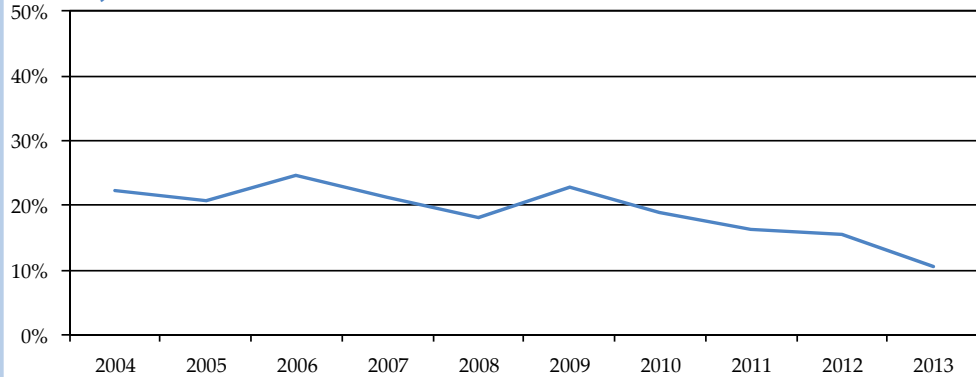
- » An average of 67% of juveniles had antisocial/pro-criminal attitudes since FY 2011.
- » An average of 71% of juveniles were indicated to have defied authority since FY 2011.
- » An average of 52% of juveniles were identified as being callous or showing little concern for others since FY 2011.
- » The percentage of juveniles who engaged in denial increased from 59% in FY 2001 to 72% in FY 2013.
- » An average of 19% of juveniles had inflated self-esteem since FY 2011.
- » A higher percentage of black juveniles had antisocial/pro-criminal attitudes compared to white juveniles and juveniles of other races.
- » A higher percentage of males had antisocial/pro-criminal attitudes compared to females.
- » A higher percentage of black juveniles were indicated to have defied authority compared to white juveniles and juveniles of other races.



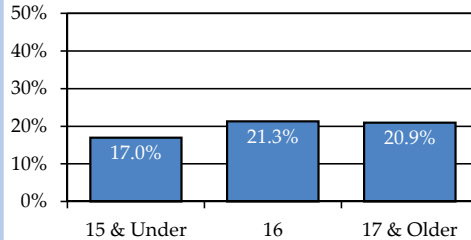
AWOL Behavior

- » The percentage of juveniles with a history of AWOL behavior decreased from 22% in FY 2004 to 11% in FY 2013.
- » A lower percentage of younger juveniles had a history of AWOL behavior compared to older juveniles.
- » A higher percentage of white juveniles had a history of AWOL behavior compared to black juveniles and juveniles of other races.
- » A higher percentage of females had a history of AWOL behavior compared to males.

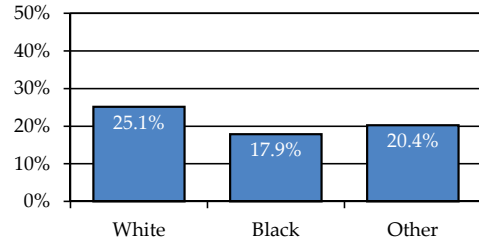
History of AWOL Behavior, FY 2004-2013



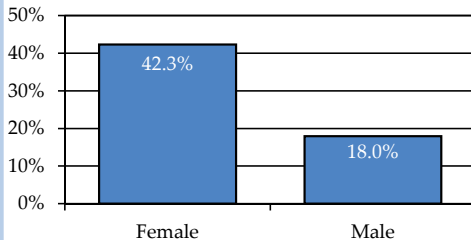
History of AWOL Behavior by Age, FY 2004-2013



History of AWOL Behavior by Race, FY 2004-2013

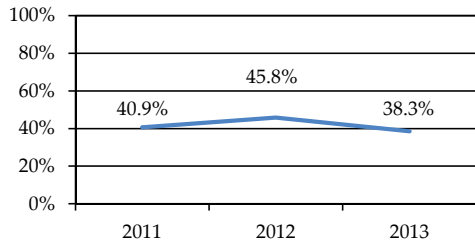


History of AWOL Behavior by Sex, FY 2004-2013

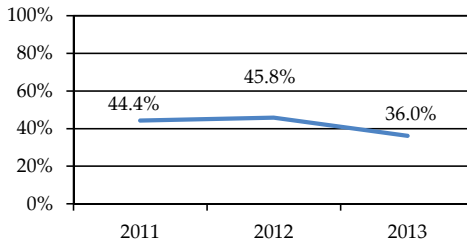


Delinquent Peer Associations

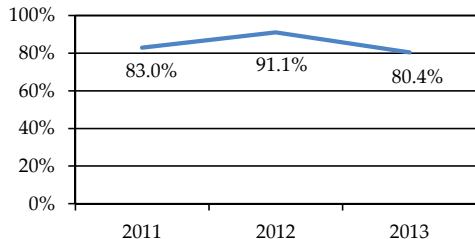
Few Positive Acquaintances, FY 2011-2013



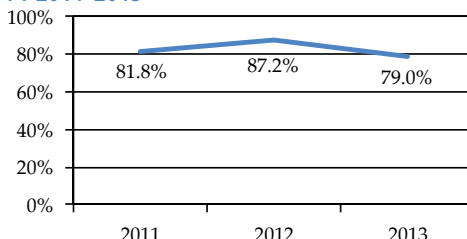
Few Positive Friends, FY 2011-2013



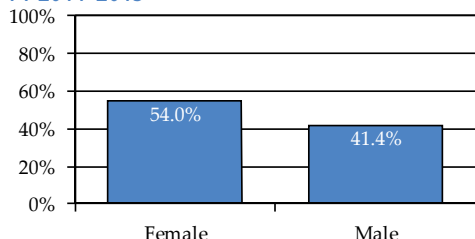
Delinquent Acquaintances, FY 2011-2013



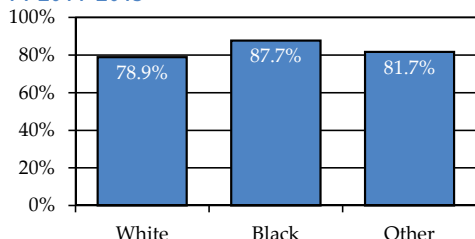
Delinquent Friends, FY 2011-2013



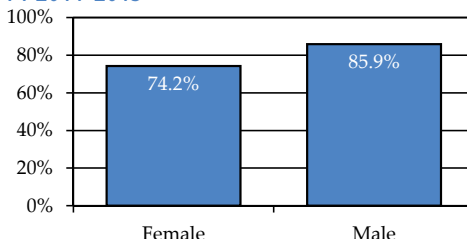
Few Positive Friends by Sex, FY 2011-2013



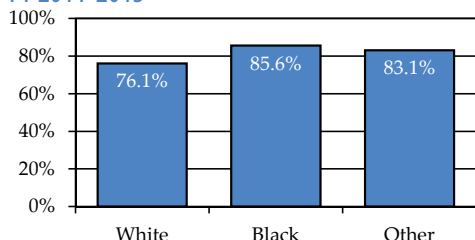
Delinquent Acquaintances by Race, FY 2011-2013



Delinquent Acquaintances by Sex, FY 2011-2013



Delinquent Friends by Race, FY 2011-2013



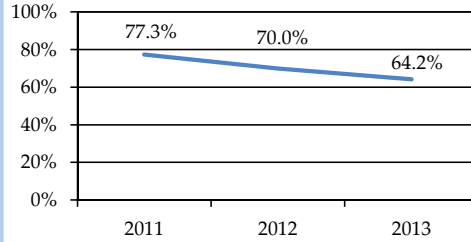
- » An average of 42% of juveniles had few positive acquaintances since FY 2011.
- » An average of 42% of juveniles had few positive friends since FY 2011.
- » An average of 85% of juveniles had delinquent acquaintances since FY 2011.
- » An average of 83% of juveniles had delinquent friends since FY 2011.
- » A higher percentage of females had few positive friends compared to males.
- » A higher percentage of black juveniles had delinquent acquaintances compared to white juveniles and juveniles of other races.
- » A higher percentage of males had delinquent acquaintances compared to females.
- » A lower percentage of white juveniles had delinquent friends compared to black juveniles and juvenile of other races.



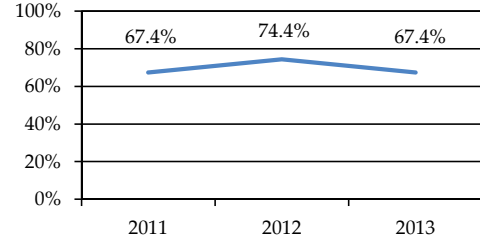
Physical or Verbal Aggression

- » The percentage of juveniles who exhibited physical aggression decreased from 77% in FY 2011 to 64% in FY 2013.
- » An average of 70% of juveniles exhibited verbal aggression since FY 2011.
- » A higher rate of black juveniles exhibited physical aggression compared to white juveniles or juveniles of other races.
- » A lower percentage of older juveniles exhibited verbal aggression compared to younger juveniles.

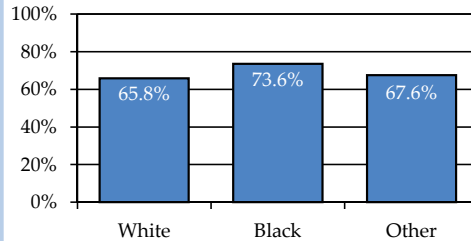
Physical Aggression, FY 2011-2013



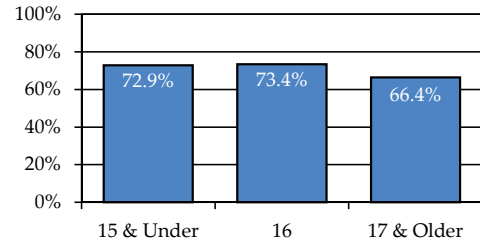
Verbal Aggression, FY 2011-2013



Physical Aggression by Race, FY 2011-2013

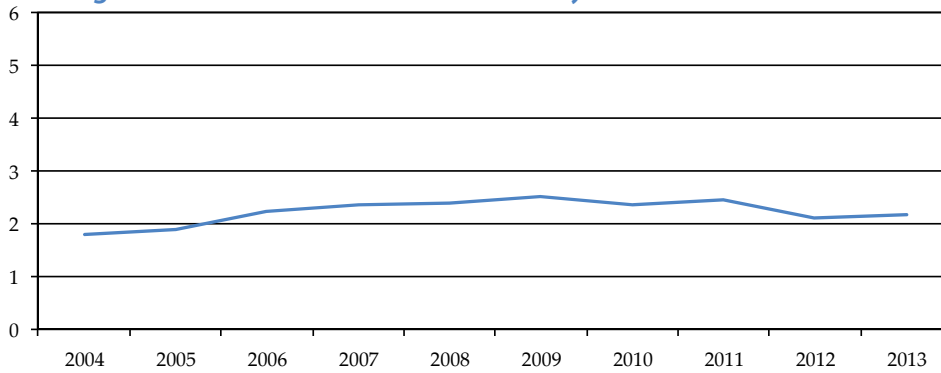


Verbal Aggression by Age, FY 2011-2013

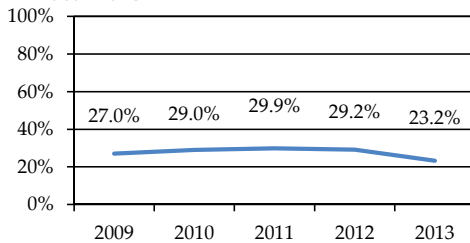


Assault Index

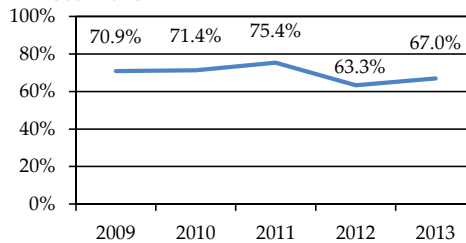
Average Index of Assaultiveness History, FY 2004-2013



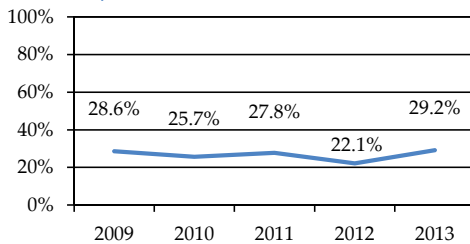
Assault on Authority Figure, FY 2009-2013



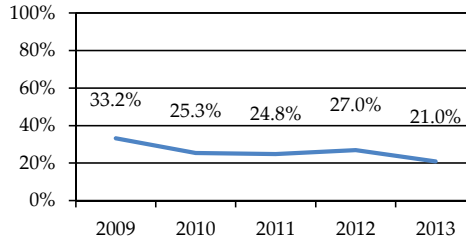
Assault on Peers, FY 2009-2013



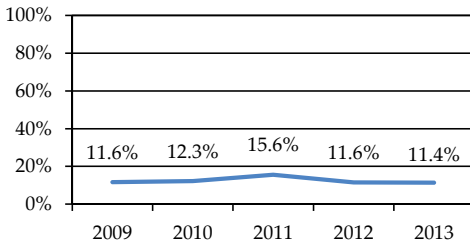
Assault Resulting in Injury Requiring Medical Attention, FY 2009-2013



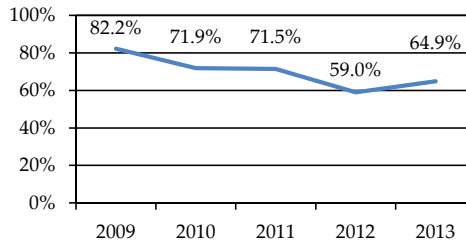
Assault Using a Weapon, FY 2009-2013



Assault While in Custody, FY 2009-2013



Unprovoked Assault on Others, FY 2009-2013



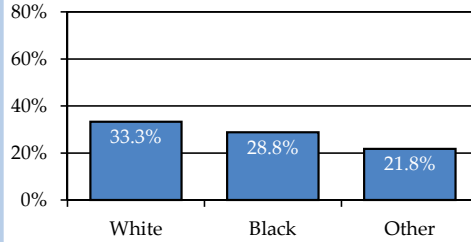
- » The index of assaultiveness history was created from the six questions on the Offense History Data form regarding assaultiveness history: assault on authority figures, assault on peers, assault resulting in injury requiring medical attention, assault using a weapon, assault while in custody, unprovoked assault on others. The more assault questions to which the juvenile responded “Yes,” the higher a juvenile’s score on the index. Six was the highest score possible.
- » The level of assaultiveness, as indicated by the index, increased from FY 2004 to FY 2013.
- » An average of 28% of juveniles had a history of assault on authority figures since FY 2009.
- » An average of 70% of juveniles had a history of assault on peers since FY 2009.
- » An average of 27% of juveniles had a history of assault resulting in injury requiring medical attention since FY 2009.
- » The percentage of juveniles with a history of assault using a weapon decreased from 33% in FY 2009 to 21% in FY 2013.
- » An average of 13% of juveniles had a history of assault while in custody since FY 2009.
- » The percentage of juveniles with a history of unprovoked assault on others decreased from 82% in FY 2009 to 65% in FY 2013.



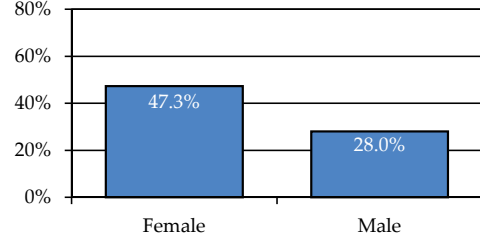
Type of Assault

- » A higher percentage of white juveniles had a history of assault on authority figures compared to black juveniles and juveniles of other races.
- » A higher percentage of females had a history of assault on authority figures compared to males.
- » A higher percentage of younger juveniles had a history of assault on peers.
- » A lower percentage of white juveniles had a history of assault on peers compared to black juveniles and juveniles of other races.
- » A lower percentage of females had a history of assault on peers compared to males.
- » A higher percentage of younger juveniles had a history of assaults resulting in injury requiring medical attention.
- » A higher percentage of juveniles of other races had a history of assaults resulting in injury requiring medical attention compared to white juveniles and black juveniles.

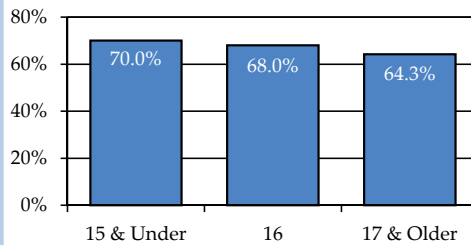
Assault on Authority Figure by Race, FY 2004-2013



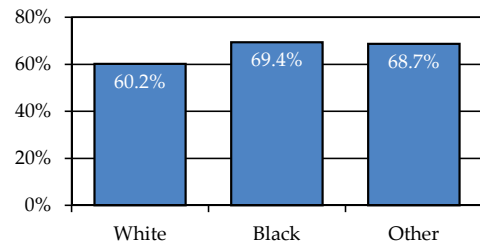
Assault on Authority Figure by Sex, FY 2004-2013



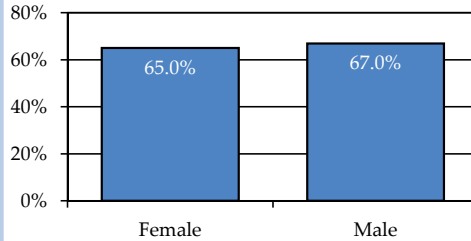
Assault on Peers by Age, FY 2004-2013



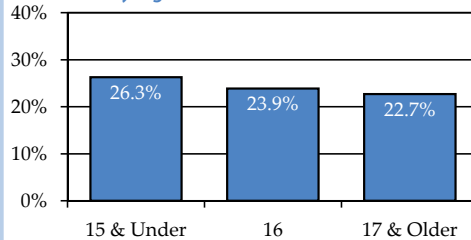
Assault on Peers by Race, FY 2004-2013



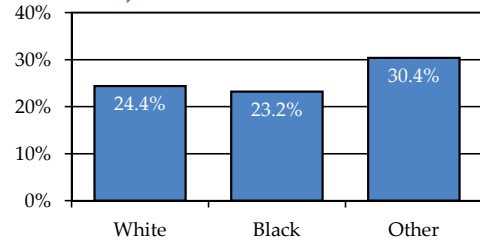
Assault on Peers by Sex, FY 2004-2013



Assault Resulting in Injury Requiring Medical Attention by Age, FY 2004-2013

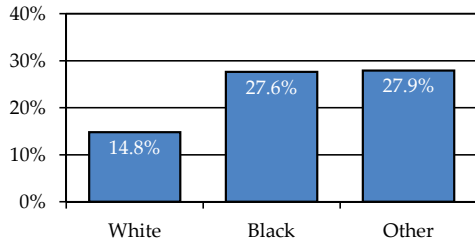


Assault Resulting in Injury Requiring Medical Attention by Race, FY 2004-2013

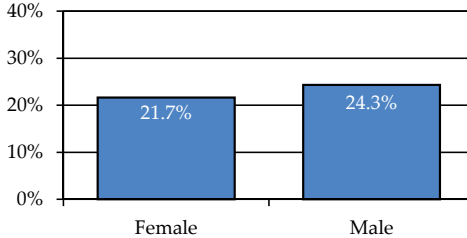


Type of Assault, cont.

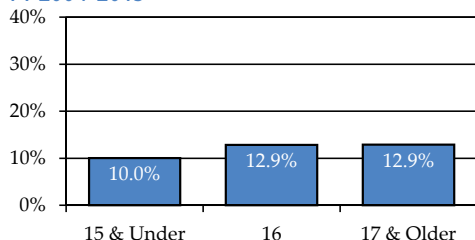
Assault Using a Weapon by Race, FY 2004-2013



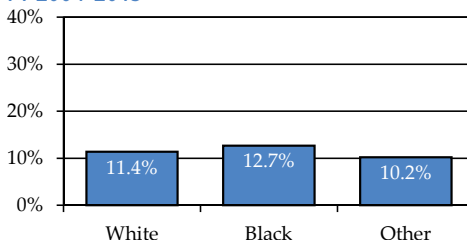
Assault Using a Weapon by Sex, FY 2004-2013



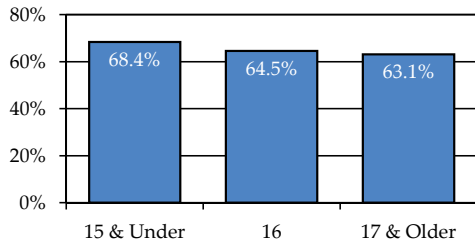
Assault While in Custody by Age, FY 2004-2013



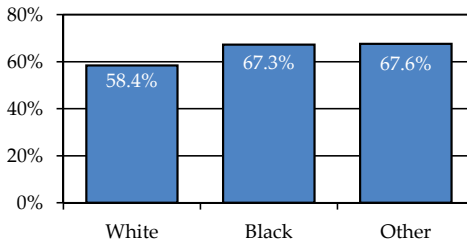
Assault While in Custody by Race, FY 2004-2013



Unprovoked Assault on Others by Age, FY 2004-2013



Unprovoked Assault on Others by Race, FY 2004-2013



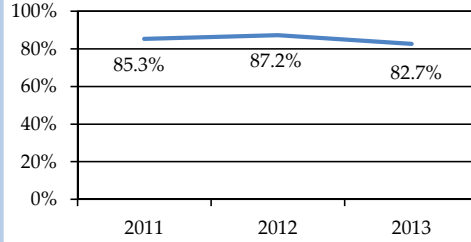
- » White juveniles had lower percentages of history of assault using a weapon compared to black juveniles and juveniles of other races.
- » A lower percentage of females had a history of assault using a weapon compared to males.
- » A lower percentage of younger juveniles had a history of assault while in custody.
- » A higher percentage of black juveniles had a history of assault while in custody compared to white juveniles and juveniles of other races.
- » A higher percentage of younger juveniles had a history of unprovoked assaults on others.
- » A lower percentage of white juveniles had a history of unprovoked assaults on others compared to black juveniles and juveniles of other races.



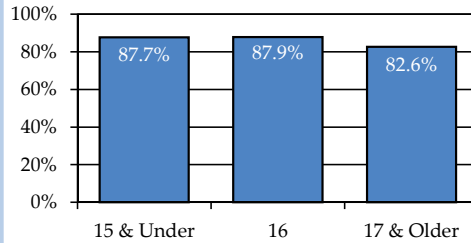
Physical Assault

- » An average of 85% of juveniles were perpetrators of physical assault since FY 2011.
- » A higher percentage of younger juveniles were perpetrators of physical assault compared to older juveniles.
- » A higher percentage black juveniles were perpetrators of physical assault compared to white juveniles and juveniles of other races.
- » A higher percentage of females were perpetrators of physical assault compared to males.

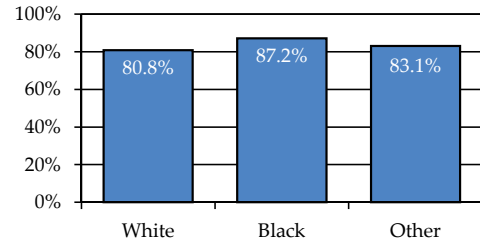
Perpetrator of Physical Assault, FY 2011-2013



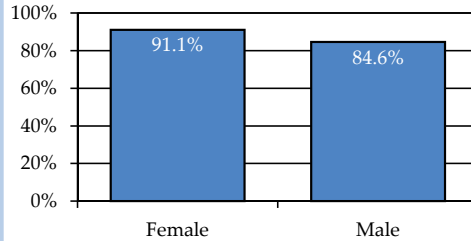
Perpetrator of Physical Assault by Age, FY 2011-2013



Perpetrator of Physical Assault by Race, FY 2011-2013

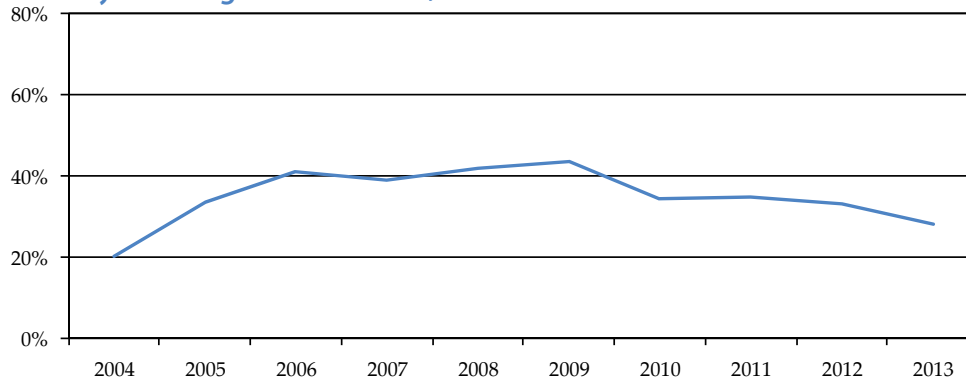


Perpetrator of Physical Assault by Sex, FY 2011-2013



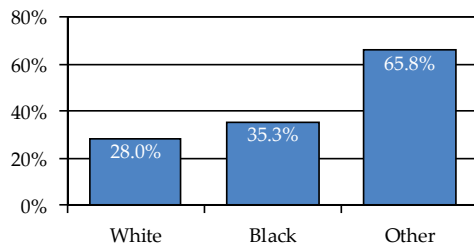
Gang Involvement

History of Gang Involvement, FY 2004-2013

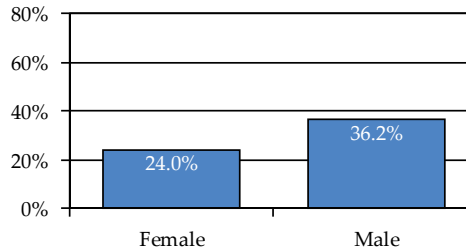


- » The percentage of juveniles with a history of gang involvement increased from FY 2004 to FY 2009, then decreased from FY 2009 to FY 2013.
- » A higher percentage of juveniles of other races had a history of gang involvement compared to white juveniles and black juveniles.
- » A higher percentage of males had a history of gang involvement compared to females.

History of Gang Involvement by Race, FY 2004-2013



History of Gang Involvement by Sex, FY 2004-2013



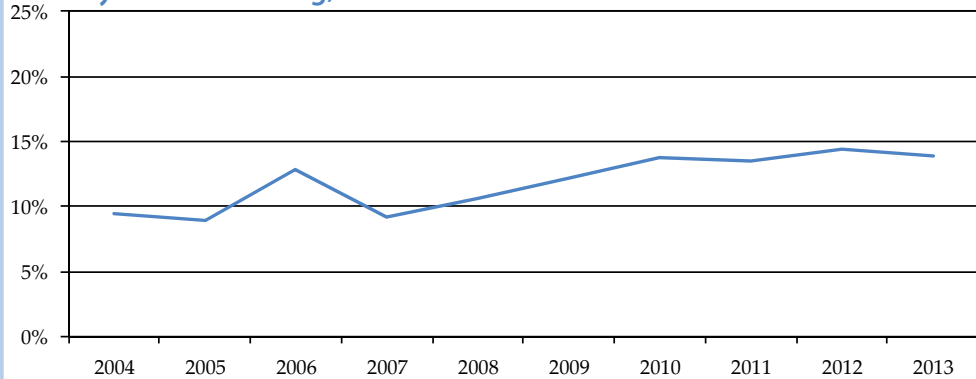
Information about gang involvement is collected on the Social History, Offense History Data, and Initial Custody Designation forms. For the purpose of this analysis, if information entered on any of these forms indicated a juvenile's gang involvement, he or she was considered to have a history of gang involvement.



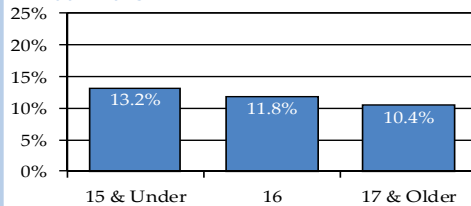
History of Fire Setting

- » The percentage of juveniles with a history of fire setting increased from 9% in FY 2004 to 14% in FY 2013.
- » A higher percentage of younger juveniles had a history of fire setting compared to older juveniles.
- » A higher percentage of white juveniles had a history of fire setting compared to black juveniles and juveniles of other races.
- » A higher percentage of males had a history of fire setting compared to females.

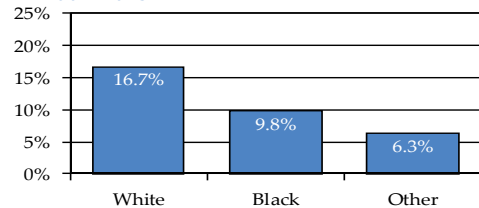
History of Fire Setting, FY 2004-2013



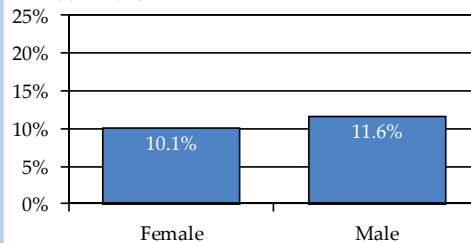
History of Fire Setting by Age, FY 2004-2013



History of Fire Setting by Race, FY 2004-2013



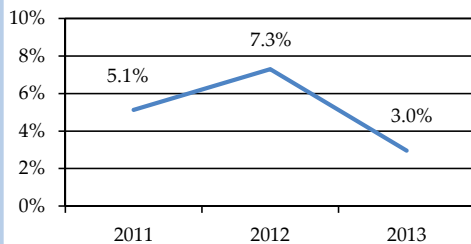
History of Fire Setting by Sex, FY 2004-2013



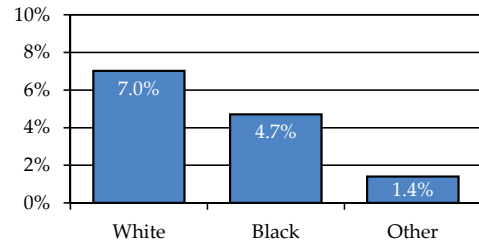
Homicidal Intent

- » An average of 5% of juveniles had documented homicidal ideation or intent since FY 2011.
- » White juveniles had higher rates of documented homicidal ideation or intent compared to black juveniles and juveniles of other races.

Documented Homicidal Urges or Intent, FY 2011-2013



Documented Homicidal Urges or Intent by Race, FY 2009-2013



4 Education

The Education section reports on data collected from the Psychological Information (Appendix C) and Educational Information (Appendix D) forms. This information includes objective measures such as scores from the Woodcock Johnson tests administered upon admission, IQ scores, special education status, last grade completed, school history, and educational needs in order to gather baseline data. Objective measures are either assessed upon admission or collected from existing school records. Subjective measures are either self-reported by the juvenile or determined by the staff conducting the educational assessment at DJJ.

Education in the juvenile justice system allows juveniles to obtain credits toward high school diplomas, earn GEDs, take post-secondary offerings, and learn vocational skills that will be beneficial to them following release. Generally, educational achievement leads to higher success rates in the job market and provides juveniles the opportunity to develop positive behaviors. While a limited amount of research examines the relationship between educational programs and their impact on juvenile offenders, studies often show that low levels of academic achievement are often related to involvement in the juvenile justice system.

Educational Programming in the Juvenile Justice System Nationwide

In 2013, OJJDP conducted the biennial JRFC, which collected data from all juvenile residential facilities in the country. The facilities reported data on their programming and juvenile populations in 2010, and the aggregate data were published by OJJDP. The types of educational services, screening for grade level and academic need, student participation, quality of education services, and student academic and vocational outcomes varied across the country. According to Hockenberry, Sickmund, and Sladky's (2013) report on JRFC findings, almost all facilities (92%) reported that some juveniles in custody attended school whether inside or outside of the facility. The JRFC found that 87% of facilities administered and reported educational screening information which indicated educational needs. Of those facilities that administered educational screenings, 89% used

previous academic records, 67% used written intake tests, and 61% conducted interviews upon admission by an education specialist.

The JRFC, according to Hockenberry, Sickmund, and Sladky's (2013) report, also found that 91% of all facilities provided high school education, and 84% provided middle school education. In those facilities, 82% offered special education services, and 71% offered GED preparation. Additionally, 38% of facilities provided vocational or technical education, and 31% provided post-secondary education. Also, 87% of juvenile facilities provided educational status information to new school placements that were being released from the facility.

Current Research on Education in the Juvenile Justice System

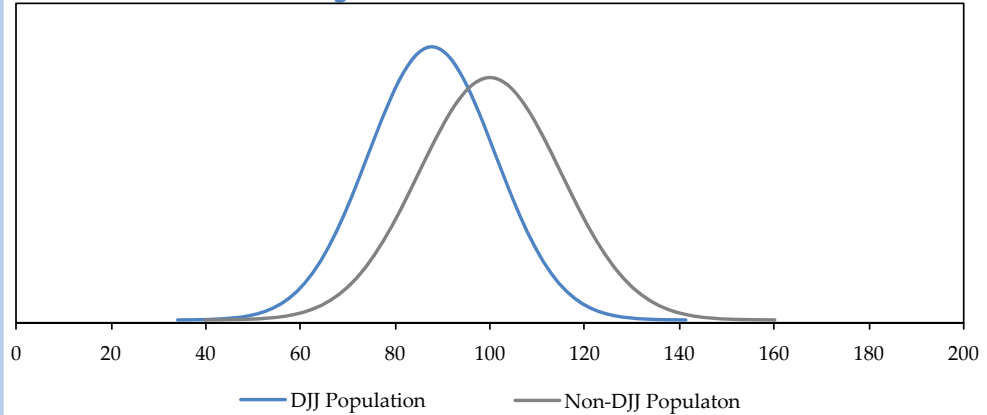
A collection of literature (Ambrose & Lester, 1988; Brier, 1994; Carney & Buttell, 2003; McCord, Widom, Bamba, & Crowell, 2000) connects educational achievement in and out of the juvenile justice system with lower rates of delinquency and reoffending. One such study, by Bloomberg, Bales, Mann, Piquero, and Berk (2011), followed 4,147 juveniles released from juvenile justice facilities in Florida for two years after release to examine their likelihood of returning to school or reoffending. It was found that the juvenile offenders with higher levels of academic achievement were more likely to return to school after release and less likely to be rearrested within the two years. Among the juveniles that were rearrested during the follow-up period, those with higher levels of academic achievement were arrested for less serious offenses when compared to those who did not attend school regularly.



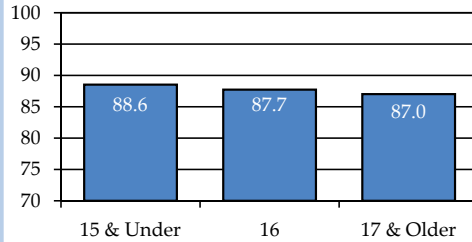
Reading Scores

- » The average reading standard scores for all juveniles decreased from 89.2 in FY 2004 to 86.9 in FY 2013. By comparison, the average reading standard score in the general population is 100 (Jaffe, 2009).
- » Older juveniles had lower average reading standard scores compared to younger juveniles.
- » White juveniles had higher average reading standard scores compared to juvenile of other races.
- » Males had lower average reading standard scores compared to females.

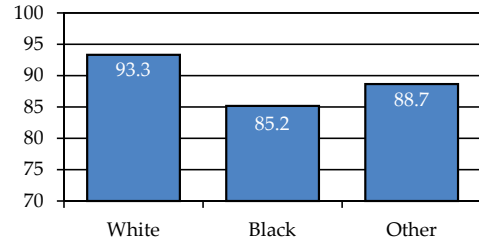
Distribution of Reading Standard Scores, FY 2004-2013



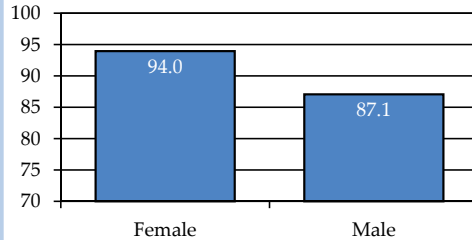
Average Reading Standard Scores by Age, FY 2004-2013



Average Reading Standard Scores by Race, FY 2004-2013



Average Reading Standard Scores by Sex, FY 2004-2013

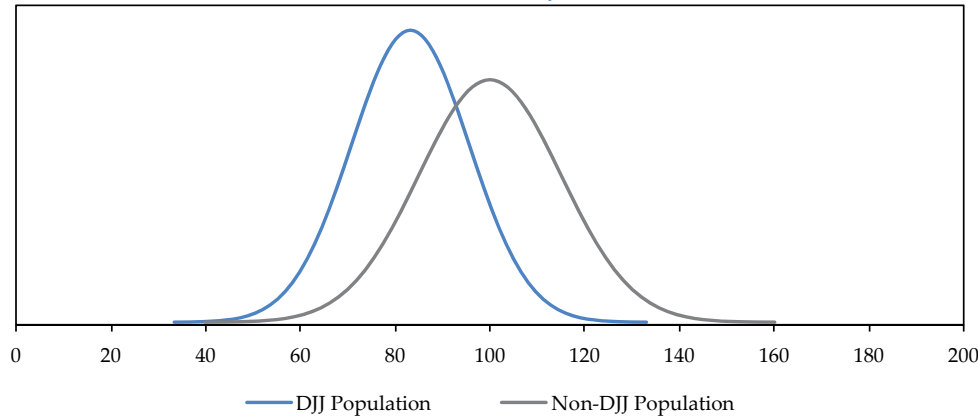


Normal distributions, as seen above, show the distribution of individual scores around the average score. Distributions that have a higher peak indicate less variability in scores.



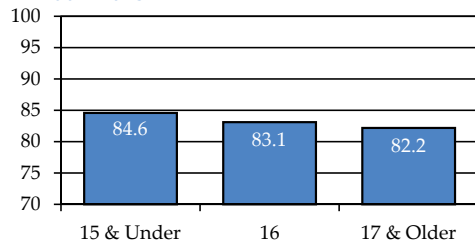
Math Scores

Distribution of Math Standard Scores, FY 2004-2013

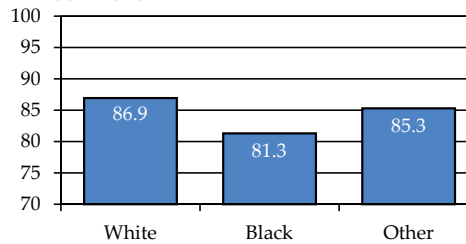


- » The average math standard scores decreased from 85.7 in FY 2004 to 80.2 in FY 2013. By comparison, the average math standard score in the general population is 100 (Jaffe, 2009).
- » Older juveniles had lower average math standard scores compared to younger juveniles.
- » Black juveniles had lower average math standard scores compared to white juveniles and juveniles of other races.
- » Males had lower average math standard scores compared to females.

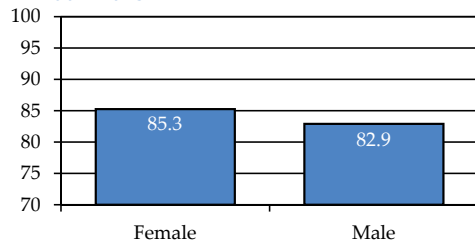
Average Math Standard Scores by Age, FY 2004-2013



Average Math Standard Scores by Race, FY 2004-2013



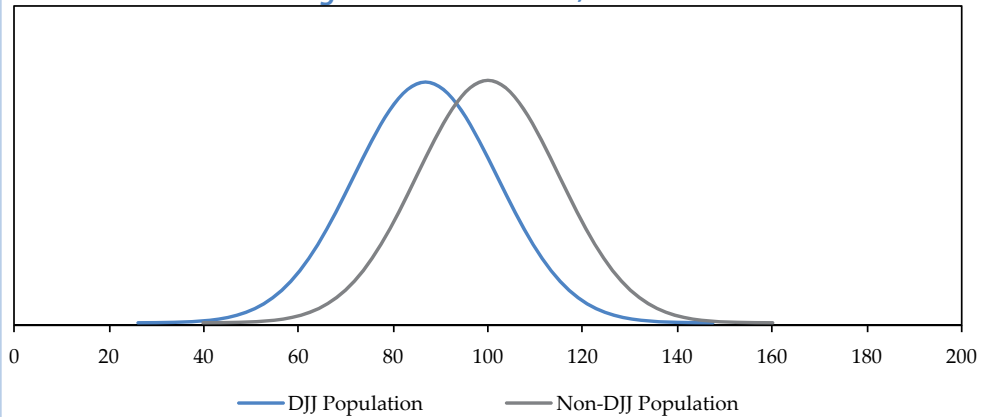
Average Math Standard Scores by Sex, FY 2004-2013



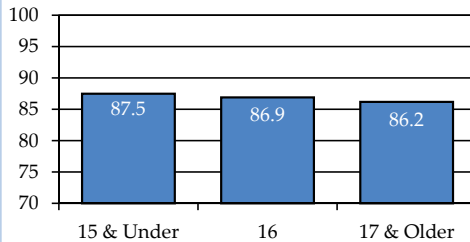
Writing Scores

- » The average writing standard scores for all juveniles increased from 78.2 in FY 2004 to 87.8 in FY 2013. By comparison, the average writing standard score in the general population is 100 (Jaffe, 2009).
- » Older juveniles had lower average writing standard scores compared to younger juveniles.
- » Black juveniles had lower average writing standard scores compared to white juveniles and juveniles of other races.
- » Females had higher average writing standard scores compared to males.

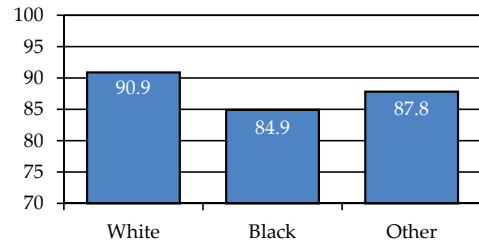
Distribution of Writing Standard Scores, FY 2004-2013



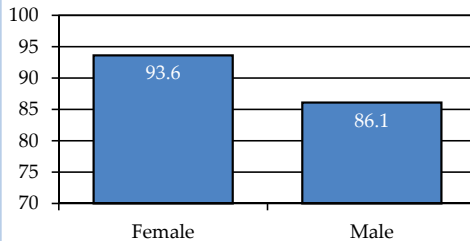
Average Writing Standard Scores by Age, FY 2004-2013



Average Writing Standard Scores by Race, FY 2004-2013

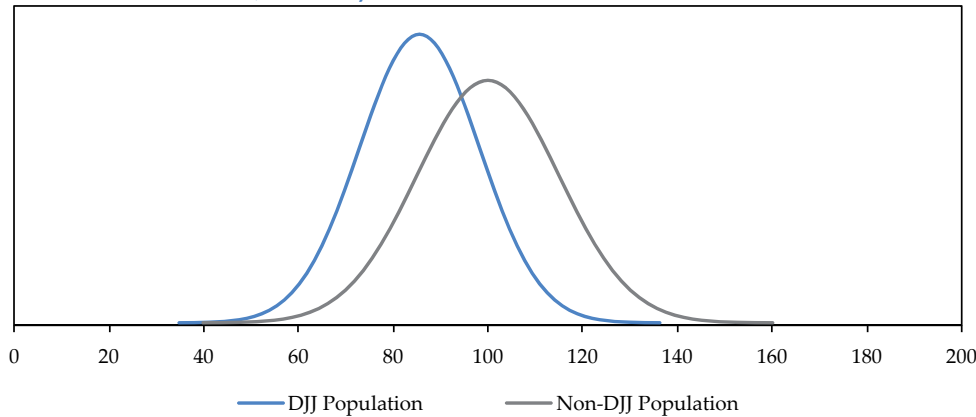


Average Writing Standard Scores by Sex, FY 2004-2013



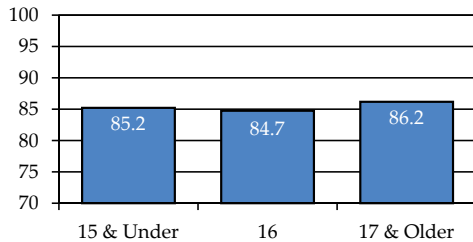
IQ Scores

Distribution of IQ Scores, FY 2004-2013

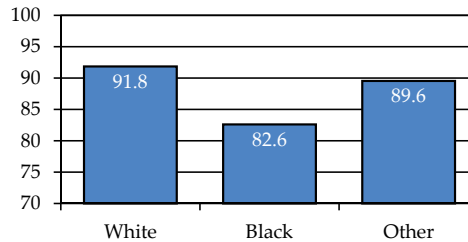


- » The average IQ for all juveniles increased from 84.7 in FY 2004 to 86.6 in FY 2013. By comparison, the average IQ in the general population is 100 (Wechsler, 1958).
- » Older juveniles had higher average IQ scores compared to younger juveniles.
- » Black juveniles had lower average IQ scores compared to white juveniles and juveniles of other races.
- » Males had lower average IQ scores compared to females.

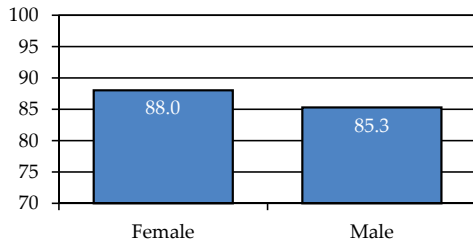
Average IQ Score by Age, FY 2004-2013



Average IQ Score by Race, FY 2004-2013



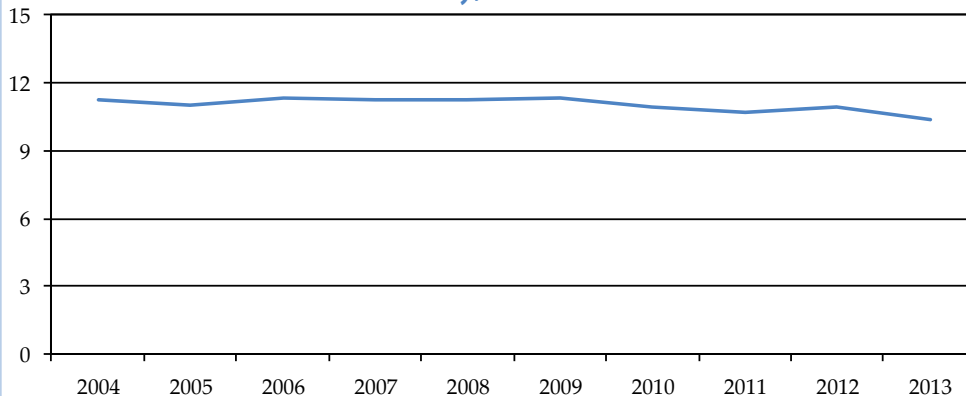
Average IQ Score by Sex, FY 2004-2013



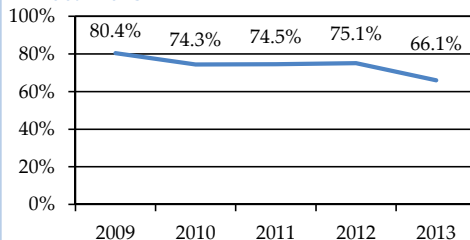
School Problem History

- » The index of school problem history was created from the five questions regarding various school problems in the community prior to admission based on juveniles' self-reporting and available records: academic, attendance, behavioral, peer, and staff. The questions were scored on a scale with 1 equaling minor problems, 2 equaling moderate problems, and 3 equaling severe problems. A juvenile could score as high as 15 when adding the scores together. The higher the number of problems and the higher the severity of those problems, the higher a juvenile's score on the index.
- » The 10-year trending graph shows the average index scores have decreased since FY 2004. The number and severity of school problems in juveniles' histories decreased over time.
- » The percentage of juveniles with academic problems decreased from 80% in FY 2009 to 66% in FY 2013.
- » The percentage of juveniles with attendance problems decreased from 85% in FY 2009 to 77% in FY 2013.
- » The percentage of juveniles with behavioral problems decreased from 88% in FY 2009 to 75% in FY 2013.
- » The percentage of juveniles with peer problems decreased from 83% in FY 2009 to 73% in FY 2013.
- » The percentage of juveniles with problems with school staff decreased from 80% in FY 2009 to 75% in FY 2013.

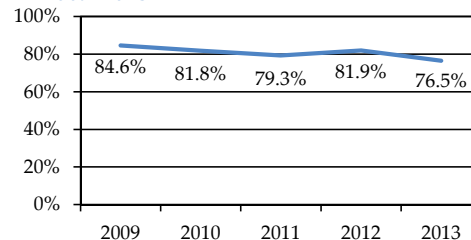
Index of School Problem History, FY 2004-2013



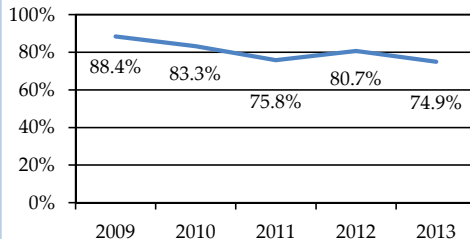
Academic Problems, FY 2009-2013



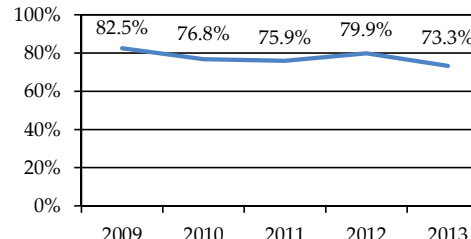
Attendance Problems, FY 2009-2013



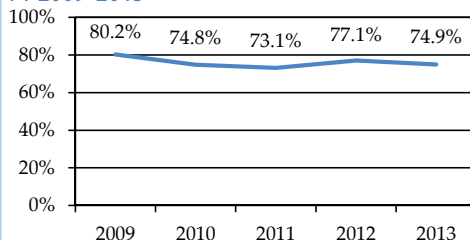
Behavioral Problems, FY 2009-2013



Peer Problems, FY 2009-2013



Problems with School Staff, FY 2009-2013

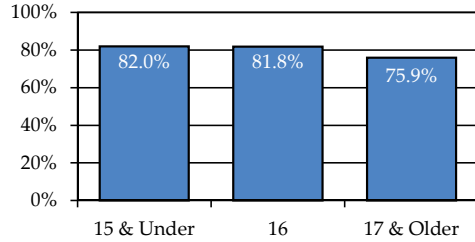


Only those school problems considered "Moderate" or "Severe" were included in these analyses.

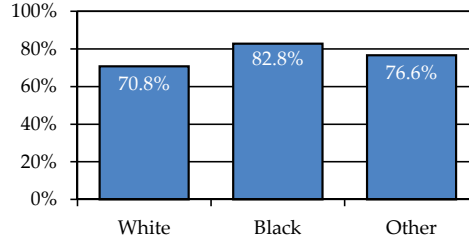


School Problem History, cont.

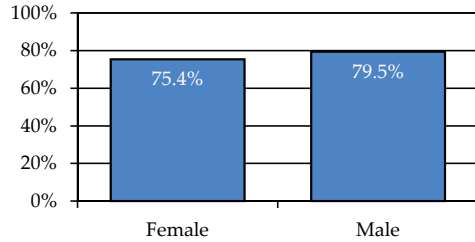
Academic Problems by Age, FY 2004-2013



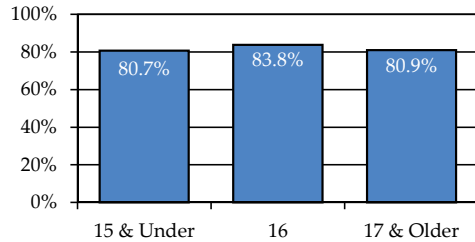
Academic Problems by Race, FY 2004-2013



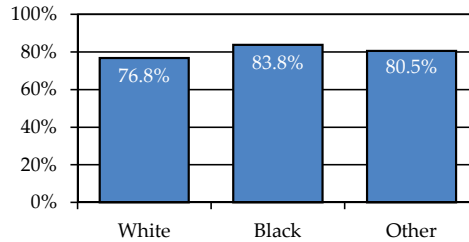
Academic Problems by Sex, FY 2004-2013



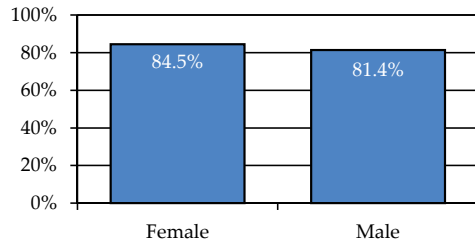
Attendance Problems by Age, FY 2004-2013



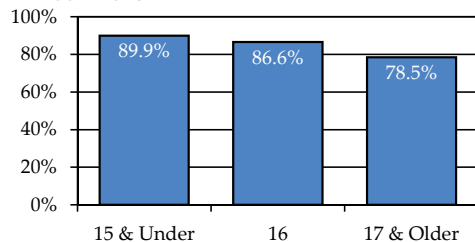
Attendance Problems by Race, FY 2004-2013



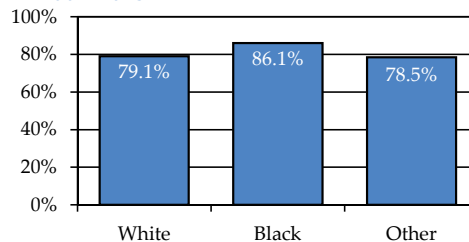
Attendance Problems by Sex, FY 2004-2013



Behavior Problems by Age, FY 2004-2013



Behavior Problems by Race, FY 2004-2013



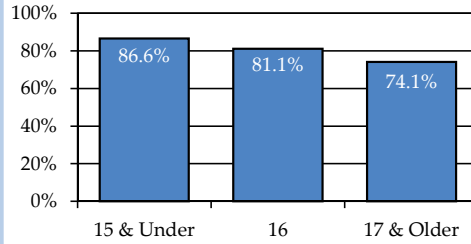
- » A lower percentage of older juveniles had a history of academic problems compared to younger juveniles.
- » A lower percentage of white juveniles had a history of academic problems compared to black juveniles and juveniles of other races.
- » A higher percentage of males had a history of academic problems compared to females.
- » 16-year-old juveniles had higher incidences of attendance problems compared to juveniles 17 and older or 15 and younger.
- » A higher percentage of black juveniles had a history of attendance problems compared to white juveniles and juveniles of other races.
- » A higher percentage of females had a history of attendance problems compared to males.
- » A lower percentage of older juveniles had a history of behavior problems compared to younger juveniles.
- » A higher percentage of black juveniles had a history of behavior problems compared to white juveniles and juveniles of other races.



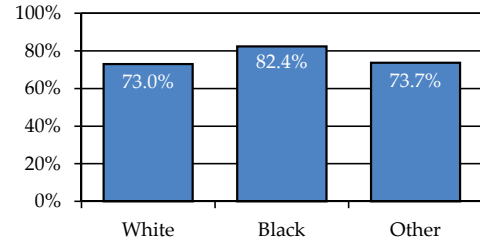
School Problem History, cont.

- » A lower percentage of older juveniles had a history of peer problems compared to younger juveniles.
- » A higher percentage of black juveniles had a history of peer problems compared to white juveniles and juveniles of other races.
- » A higher percentage of females had a history of peer problems compared to males.
- » A higher percentage of younger juveniles had a history of staff problems compared to older juveniles.
- » A higher percentage of black juveniles had a history of staff problems compared to white juveniles and juveniles of other races.

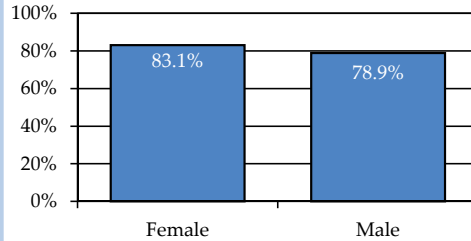
Peer Problems by Age, FY 2004-2013



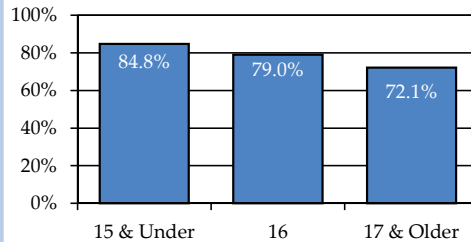
Peer Problems by Race, FY 2004-2013



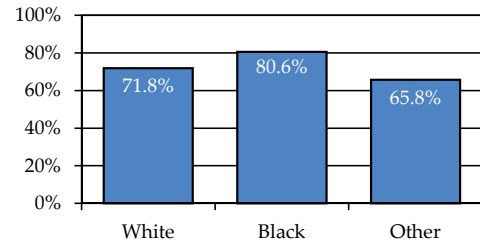
Peer Problems by Sex, FY 2004-2013



Staff Problems by Age, FY 2004-2013

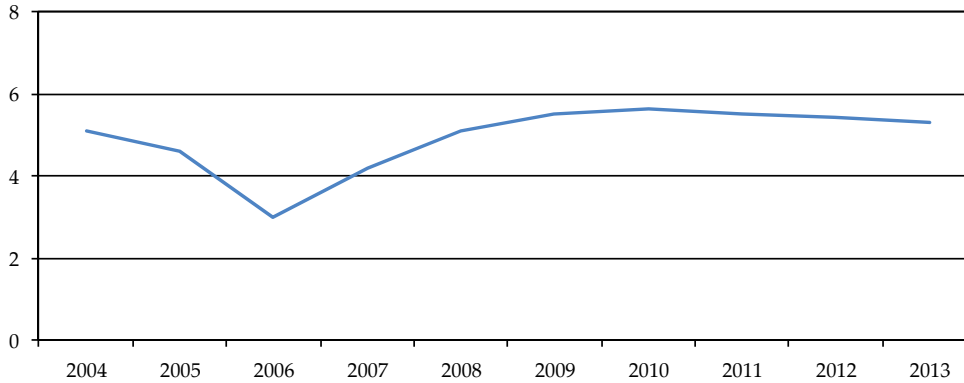


Staff Problems by Race, FY 2004-2013

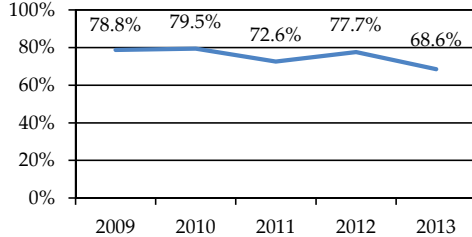


Educational Needs

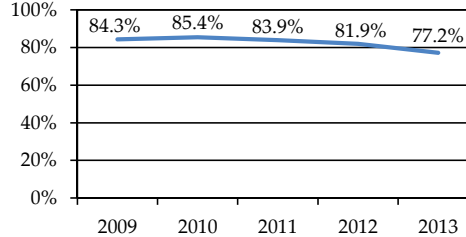
Index of Educational Needs, FY 2004-2013



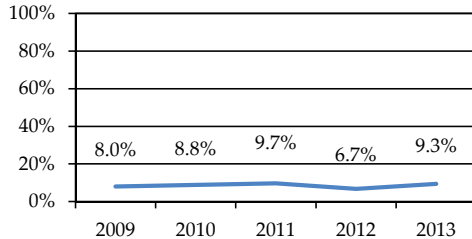
Need for Employability Skills/Career Education, FY 2009-2013



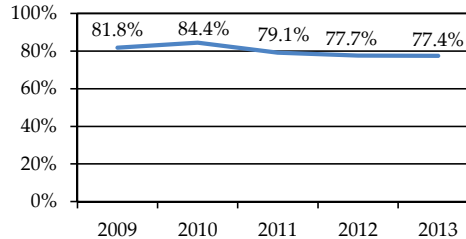
Need for Independent Living Services, FY 2009-2013



Need for Parenting Skills, FY 2009-2013



Need for Vocational Training, FY 2009-2013



Only those educational needs considered "High" were included in these analyses.

» The index of educational needs was created from the four questions regarding various educational needs: employability skills/career education, vocational training, parenting, and independent living. The questions were scored on a scale with 1 equaling moderate need and 2 equaling high need. A juvenile could score as high as 8 when adding the scores together. The higher the number of needs and the higher the priority of those needs, the higher a juvenile's score on the index.

» The 10-year trend shows that educational needs decreased from FYs 2004 to 2006 and increased from FYs 2006 to 2010. Since then, educational needs have remained relatively stable.

» The percentage of juveniles needing employability skills/career education decreased from 79% in FY 2009 to 69% in FY 2013.

» The percentage of juveniles needing independent living services decreased from 84% in FY 2009 to 77% in FY 2013.

» An average of 9% of juveniles needed parenting skills since FY 2009.

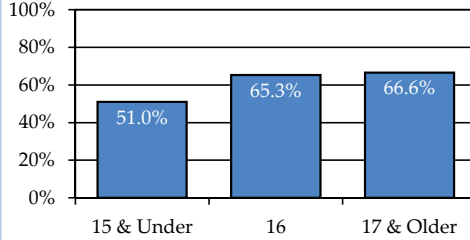
» The percentage of juveniles needing vocational training decreased from 82% in FY 2009 to 77% in FY 2013.



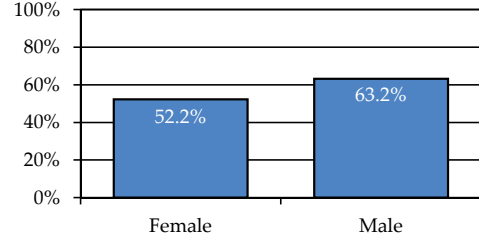
Educational Needs, cont.

- » A lower percentage of younger juveniles had a need for employability skills/career education compared to older juveniles.
- » A lower percentage of females had a need for employability skills/career education compared to males.
- » A lower percentage of younger juveniles had a need for independent living skills compared to older juveniles.
- » A lower percentage of females had a need for independent living skills compared to males.
- » A higher percentage of older juveniles had a need for parenting skills compared to younger juveniles.
- » A higher percentage of juveniles of other races had a need for parenting skills compared to black and white juveniles.
- » A higher percentage of females had a need for parenting skills compared to males.
- » A higher percentage of older juveniles had a need for vocational training compared to younger juveniles.
- » A higher percentage of males had a need for vocational training compared to females.

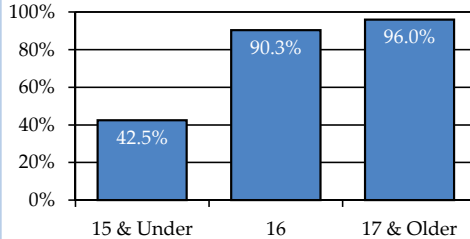
Need for Employability Skills/Career Education by Age, FY 2004-2013



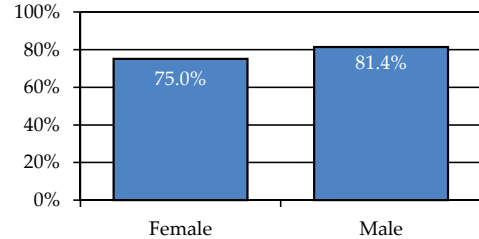
Need for Employability Skills/Career Education by Sex, FY 2004-2013



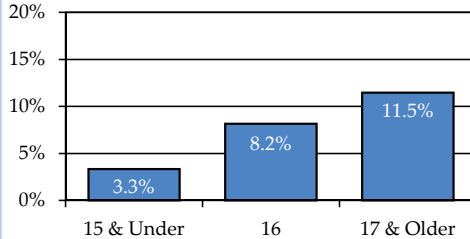
Need for Independent Living Skills by Age, FY 2004-2013



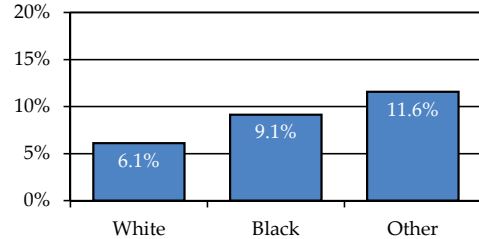
Need for Independent Living Skills by Sex, FY 2004-2013



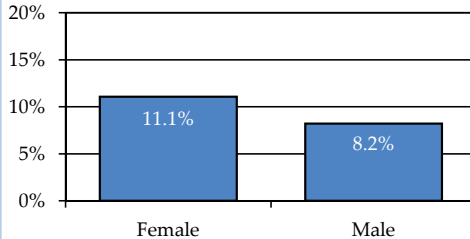
Need for Parenting Skills by Age, FY 2004-2013



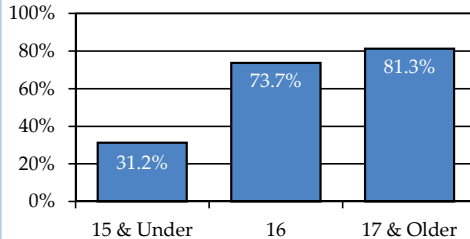
Need for Parenting Skills by Race, FY 2004-2013



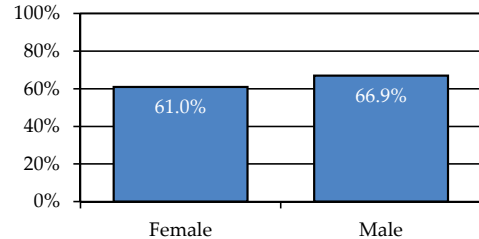
Need for Parenting Skills by Sex, FY 2004-2013



Need for Vocational Training by Age, FY 2004-2013

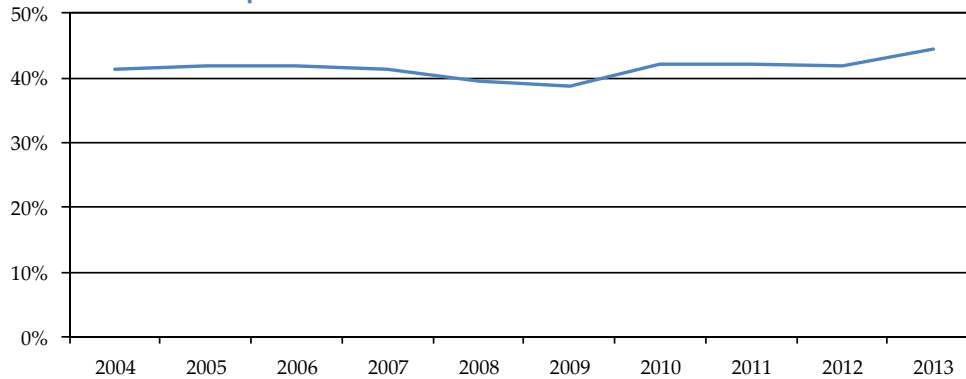


Need for Vocational Training by Sex, FY 2004-2013



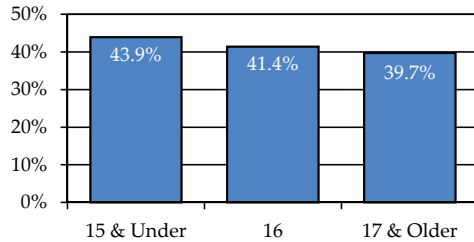
Special Education

Juveniles with Special Education Needs, FY 2004-2013

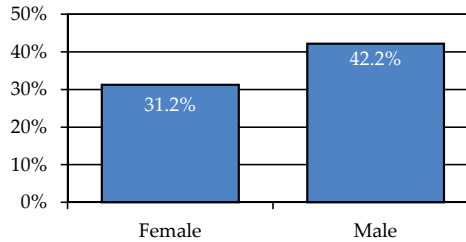


- » An average of 42% of juveniles had special education needs since FY 2004.
- » A higher percentage of younger juveniles had special education needs compared to older juveniles.
- » A higher percentage of males had special education needs compared to females.

Juveniles with Special Education Needs by Age, FY 2004-2013



Juveniles with Special Education Needs by Sex, FY 2004-2013



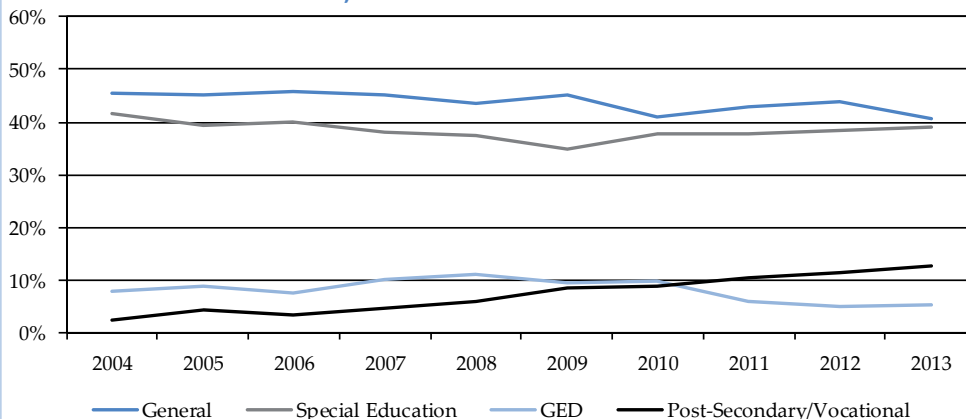
According to the U.S. Department of Education's 2013 Digest of Education Statistics, 12.9% of 3 to 21-year-olds enrolled in the U.S. were served under the Individuals with Disabilities Education Act due to a learning, emotional, physical, health, or other disability during the 2011-12 school year.



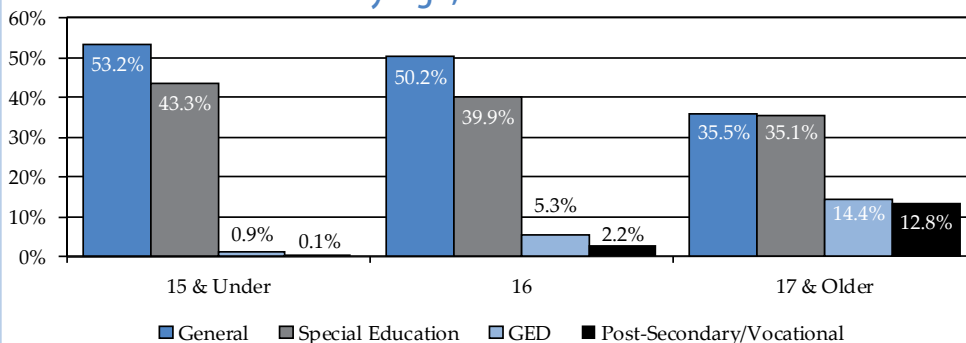
Educational Placement*

- » Suggestions for general education services, GED services, and special education services remained stable between FY 2004 and FY 2013. The percentage of juveniles placed in post-secondary or vocational offerings increased from 2% in FY 2004 to 13% in FY 2013.
- » Younger juveniles were more likely to be suggested to receive general or special education services compared to older juveniles.
- » Older juveniles were suggested to receive GED services and post-secondary or vocational offerings at a higher rate compared to younger juveniles.
- » A higher percentage of juveniles of other races were suggested to receive general education services compared to black or white juveniles.
- » A higher percentage of black juveniles were suggested to receive special education services compared to white juveniles or juveniles of other races.
- » A lower percentage of black juveniles were suggested to receive post-secondary or vocational offerings compared to white juveniles or juveniles of other races.
- » Females were suggested to receive general education services at a higher rate compared to males.
- » Males were suggested to receive special education services at a higher rate compared to females.

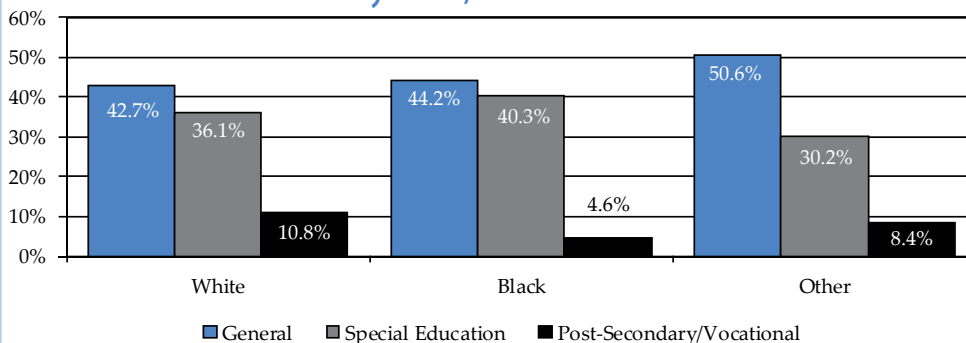
Educational Placement, FY 2004-2013



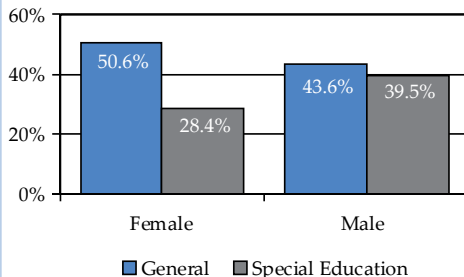
Educational Placement by Age, FY 2004-2013



Educational Placement by Race, FY 2004-2013



Educational Placement by Sex, FY 2004-2013

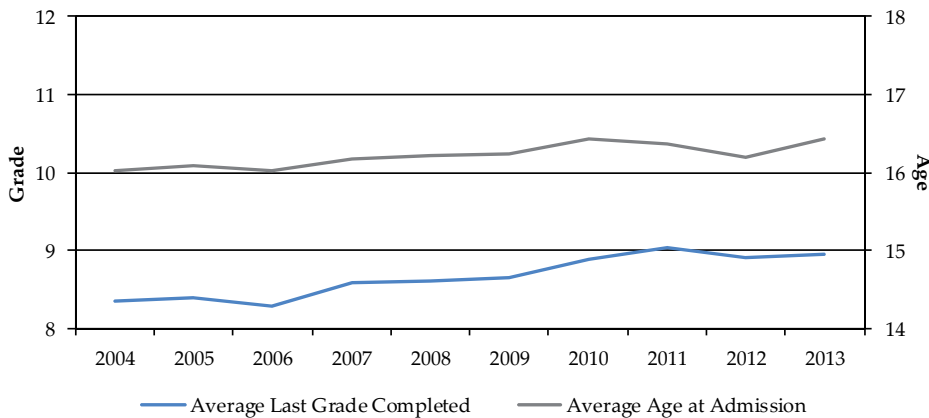


* "General" includes juveniles who were suggested to receive general or remedial education services.



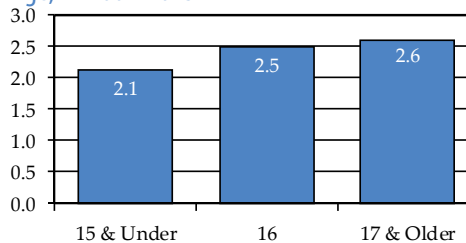
Last Grade Completed

Average Last Grade Completed and Average Age at Admission, FY 2004-2013

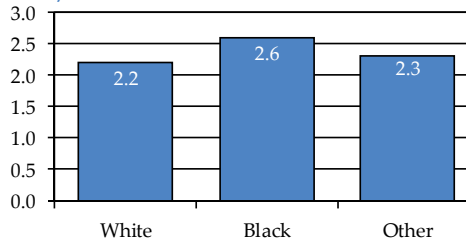


According to the U.S. Census Bureau's 2012 Current Population Survey, 65% of students nationwide aged 6-17 in 2011 were enrolled at their modal grade (the grade that corresponds with their appropriate age), and 18% of students were enrolled below modal grade. A higher percentage of male students were enrolled below their modal grade compared to female students, and a higher percentage of black students were enrolled below their modal grade compared to students of other races.

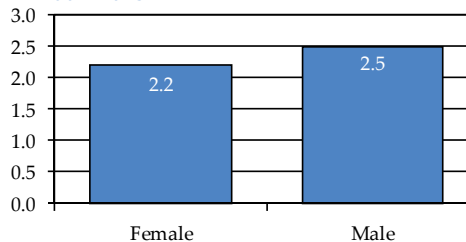
Average Number of Grade Levels Behind by Age, FY 2004-2013



Average Number of Grade Levels Behind by Race, FY 2004-2013



Average Number of Grade Levels Behind by Sex, FY 2004-2013



» The 10-year trending graph shows the average last grade completed by juveniles before admission along with the average age at admission. The scale for grade level is on the left, and the scale for age is on the right. The appropriate grade is aligned with the appropriate age (e.g., most students who were not retained in any grades were 16 years old when they completed 10th grade). Juveniles with diplomas or GEDs were included as completing grade 12. Juveniles in ungraded or alternative programs or with unknown grades were excluded.

» The average last grade completed increased from 8.4 in FY 2004 to 8.9 in FY 2013.

» The average age of juveniles at admission increased from 16.0 in FY 2004 to 16.4 in FY 2013.

» Between FY 2004 and FY 2013, juveniles admitted were an average of 2.5 grade levels behind.

» Older juveniles were further behind younger juveniles in grade level at admission.

» Black juveniles were further behind in grade level compared to white juveniles and juveniles of other races.

» Males were more grade levels behind compared to females.





5 Medical & Physical

Juveniles admitted to DJJ undergo extensive medical and physical examinations. Information from these examinations and juvenile self-reported items are collected on the Medical History (Appendix E), Physical Examination (Appendix F), and Psychological Information (Appendix C) forms. The Medical History form collects information regarding current and historic medical issues at the time of admission, including known allergies, asthma, diabetes, seizures, and past medical hospitalizations. Information is also captured regarding gunshot and stab wounds. The physical examination includes information regarding the head, eyes, ears, nose, and throat (HEENT) examination, lab results, referrals, as well as each juvenile's height and weight, which are used to calculate a BMI score. All BMI information is based on the categorizations for youth designated by the CDC.

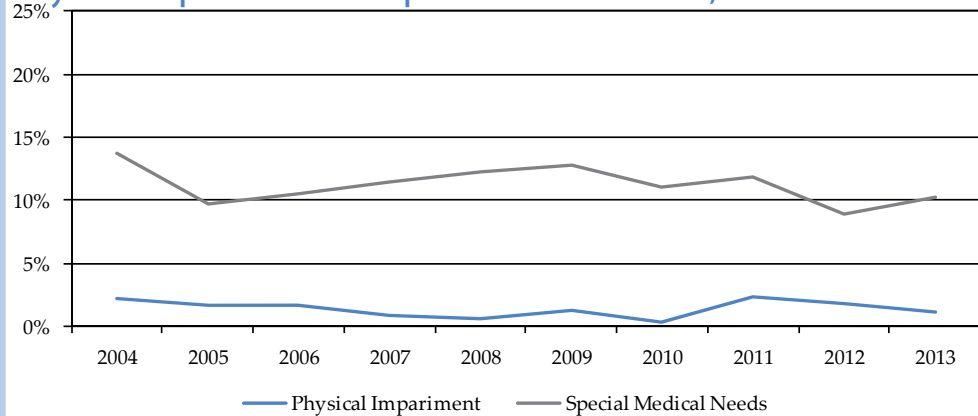
Identifying and assessing needs, as well as providing comprehensive services to address juvenile medical needs, plays an important role in rehabilitation and the process of reentry back into the community (Acoca, Stephens, & Van Vleet, 2014; American Academy of Pediatrics, 2011; McCord, Widom, & Crowell, 2001).



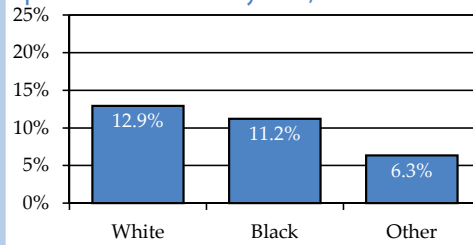
Special Medical Needs

- » An average of 11% of juveniles had special medical needs since FY 2004.
- » Less than 3% of juveniles had a physical impairment since FY 2004.
- » A higher percentage of white juveniles had special medical needs compared to black juveniles and juveniles of other races.
- » A higher percentage of females had special medical needs compared to males.

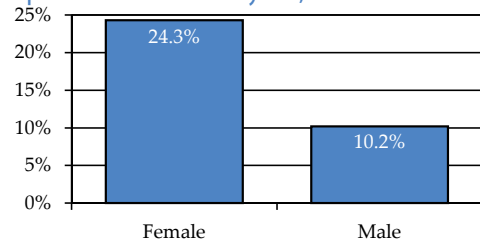
Physical Impairment and Special Medical Needs, FY 2004-2013



Special Medical Needs by Race, FY 2004-2013



Special Medical Needs by Sex, FY 2004-2013

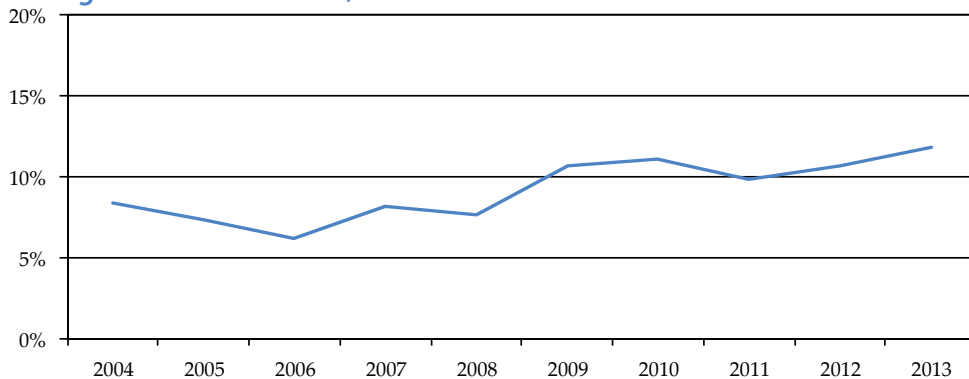


Special medical needs include, but are not limited to, chronic asthma, heart conditions, hemophilia, and sleep apnea. Data are collected on these conditions to ensure that juveniles receive special housing accommodations, if needed.



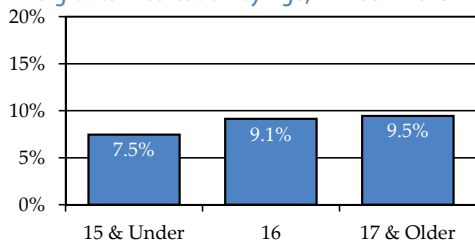
Allergies

Allergies to Medication, FY 2004-2013

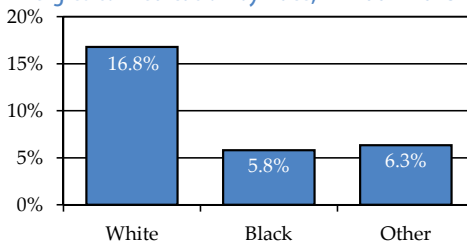


- » The percentage of juveniles with allergies to medications increased from 8% in FY 2004 to 12% in FY 2013.
- » A higher percentage of older juveniles had allergies to medications compared to younger juveniles.
- » A higher percentage of white juveniles had allergies to medications than juveniles of any other race.
- » A higher percentage of females had allergies to medications compared to males.

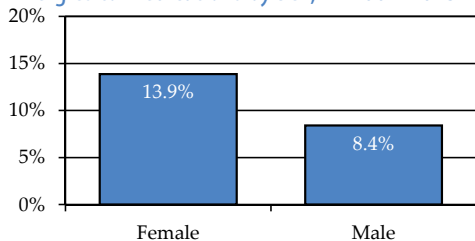
Allergies to Medication by Age, FY 2004-2013



Allergies to Medication by Race, FY 2004-2013



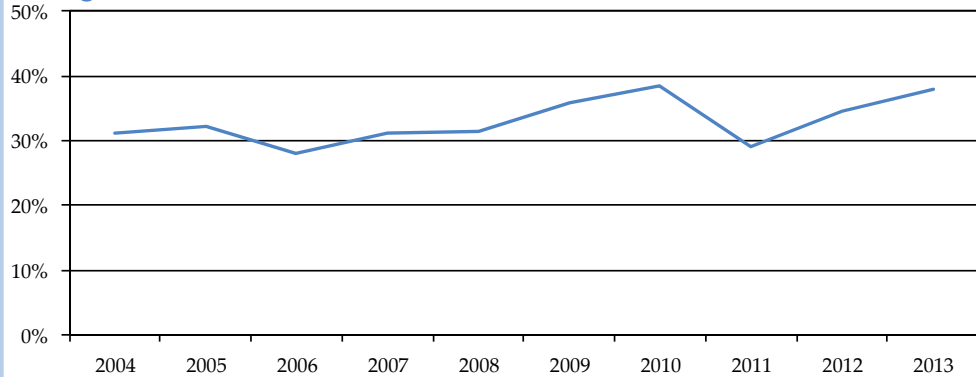
Allergies to Medications by Sex, FY 2004-2013



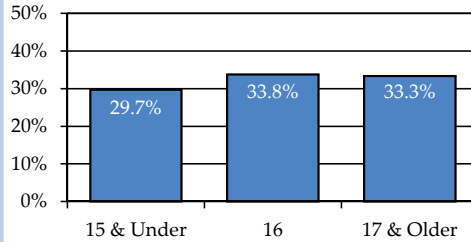
Allergies, cont.

- » An average of 33% of juveniles reported allergies to the environment or food since FY 2004.
- » A higher percentage of older juveniles had allergies to the environment or food compared to younger juveniles.
- » A higher percentage of black juveniles had allergies to the environment or food compared to juveniles of any other race.
- » A higher percentage of females had allergies to the environment or food compared to males.

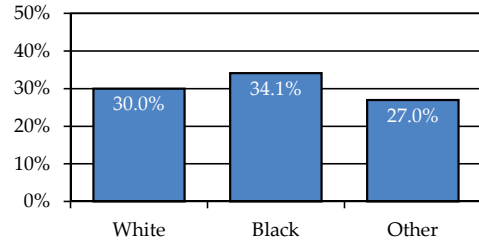
Allergies to Environment or Food, FY 2004-2013



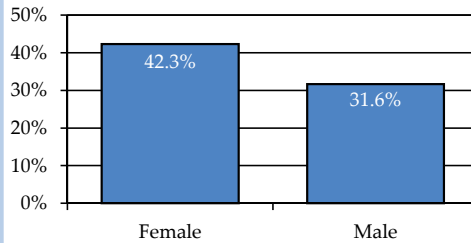
Allergies to Environment or Food by Age, FY 2004-2013



Allergies to Environment or Food by Race, FY 2004-2013

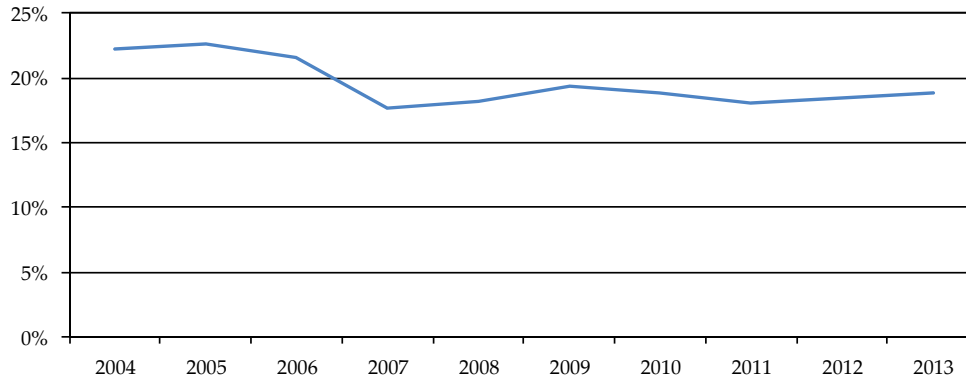


Allergies to Environment or Food by Sex, FY 2004-2013



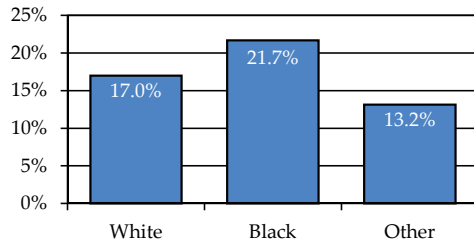
Asthma

Asthma, FY 2004-2013

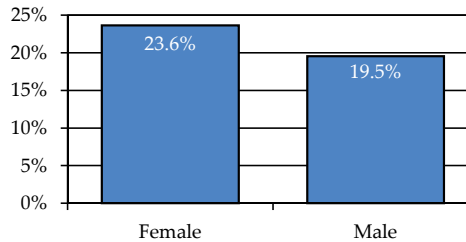


- » An average of 20% of juveniles reported a history of asthma since FY 2004.
- » A higher percentage of black juveniles had asthma than juveniles of any other race.
- » A higher percentage of females had asthma compared to males.

Asthma by Race, FY 2004-2013

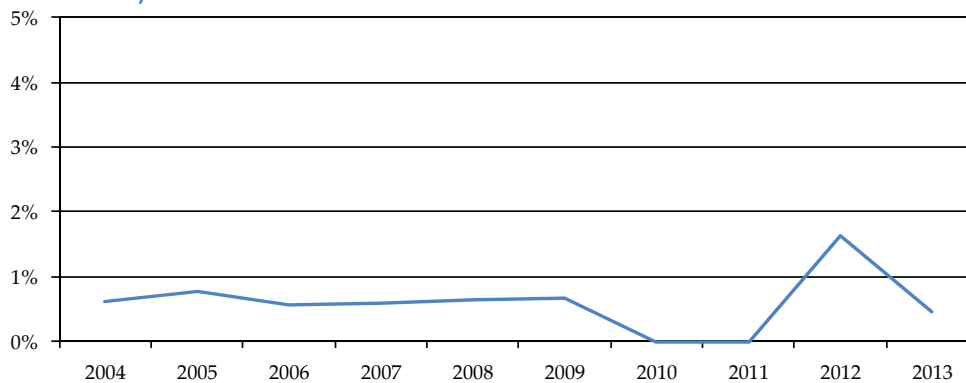


Asthma by Sex, FY 2004-2013



According to the CDC's Youth Risk Behavior Surveillance in 2011, 23% of high school students nationwide reported currently having asthma.

Diabetes, FY 2004-2013



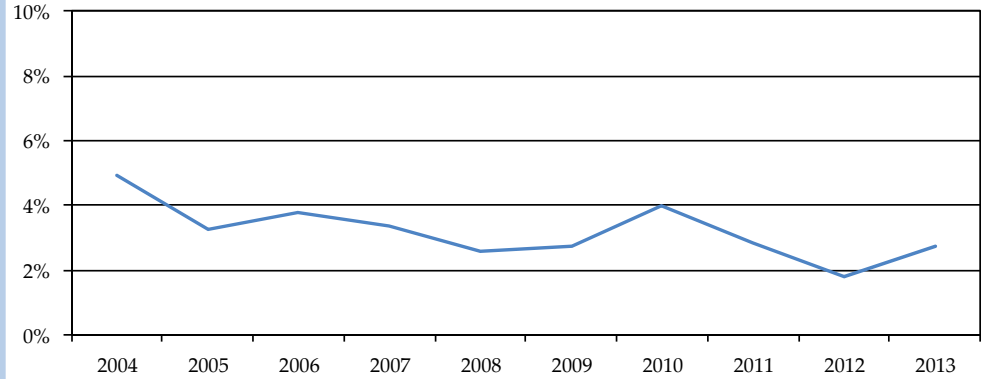
- » Less than 2% of juveniles had diabetes since FY 2004. There were no juveniles admitted in FYs 2010 and 2011 with diabetes.



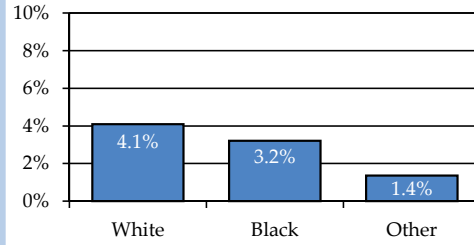
Seizures

- » Less than 5% of juveniles had a documented history of seizures since FY 2004.
- » A higher percentage of white juveniles had a documented history of seizures compared to juveniles of any other race.
- » A higher percentage of females had a documented history of seizures compared to males.

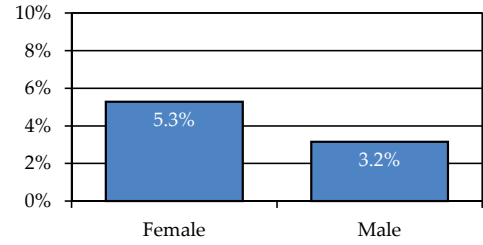
Seizures, FY 2004-2013



Seizures by Race, FY 2004-2013

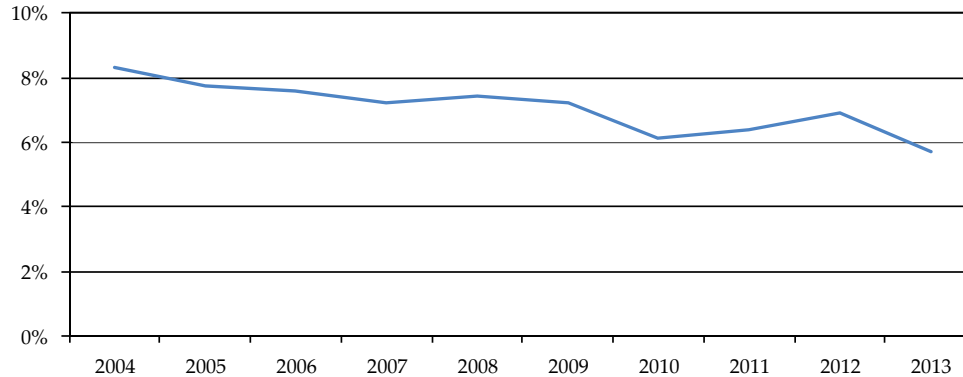


Seizures by Sex, FY 2004-2013



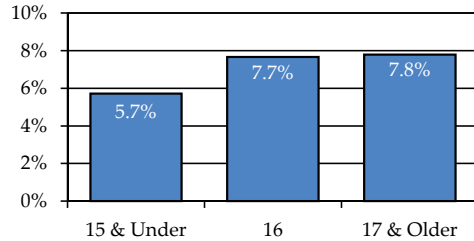
Gunshot Wounds

Gunshot Wounds, FY 2004-2013

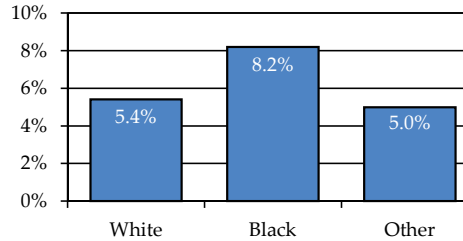


- » Less than 9% of juveniles admitted since FY 2004 had suffered a gunshot wound.
- » A higher percentage of older juveniles had gunshot wounds compared to younger juveniles.
- » A higher percentage of black juveniles had gunshot wounds than juveniles of any other race.
- » A higher percentage of males had gunshot wounds compared to females.

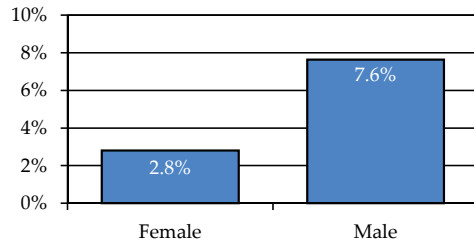
Gunshot Wounds by Age, FY 2004-2013



Gunshot Wounds by Race, FY 2004-2013



Gunshot Wounds by Sex, FY 2004-2013



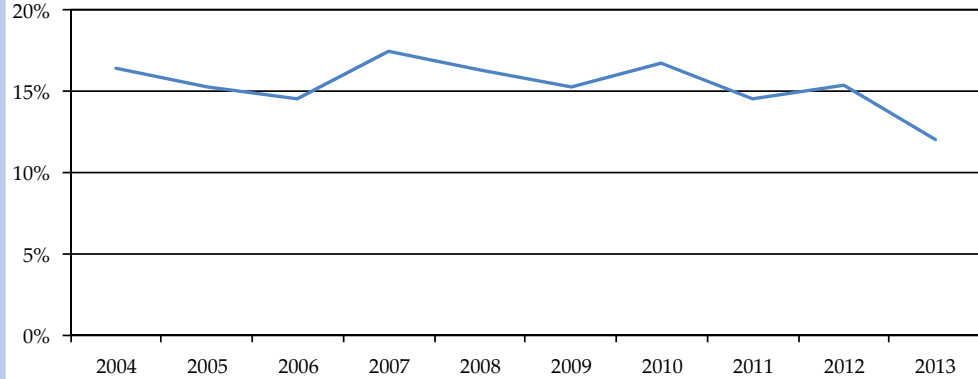
According to the CDC, from 2004-2013, 0.05% of youth 13-19 years of age were injured by a firearm at least once. Counts were taken from the Web-based Injury Statistics Query and Reporting System and represent estimates based on data collected through the National Electronic Injury Surveillance System-All Injury Program.



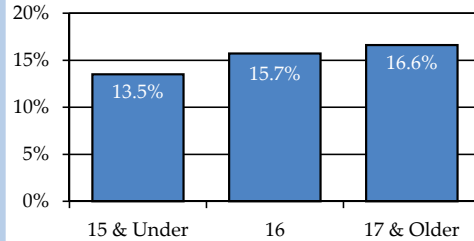
Stab Wounds

- » An average of 15% of juveniles admitted since FY 2004 had suffered a stab wound.
- » A higher percentage of older juveniles had suffered a stab wound compared to younger juveniles.
- » A higher percentage of males had suffered a stab wound compared to females.

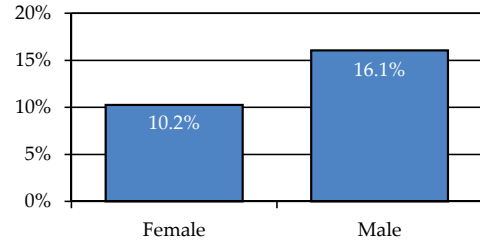
Stab Wounds, FY 2004-2013



Stab Wounds by Age, FY 2004-2013



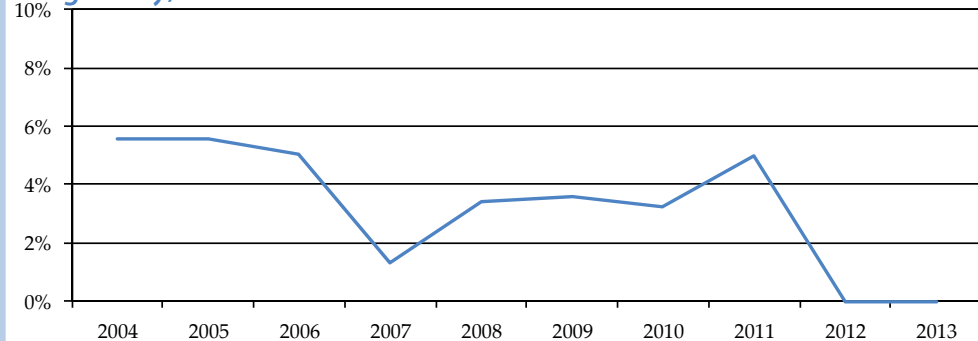
Stab Wounds by Sex, FY 2004-2013



Pregnancy*

- » The percentage of females who have been pregnant has remained below 6% since FY 2004. No females were pregnant in FY 2012 and FY 2013.

Pregnancy, FY 2004-2013

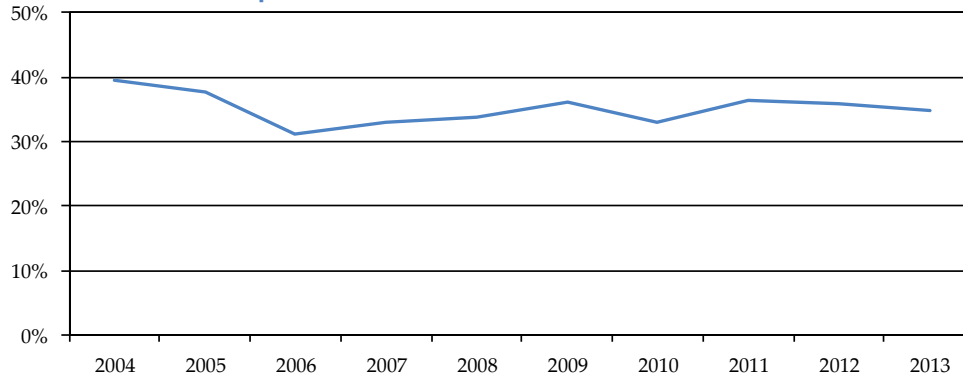


* Percentages for pregnancies were calculated for females only. Males were excluded.



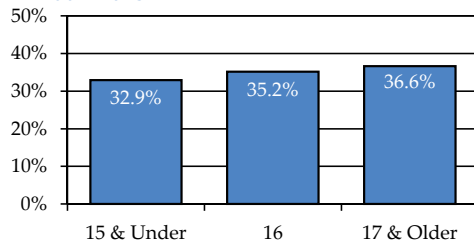
Past Medical Hospitalizations

Past Medical Hospitalizations, FY 2004-2013

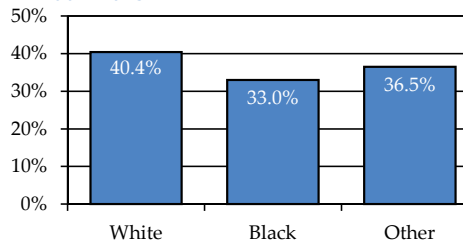


- » An average of 35% of juveniles had past medical hospitalizations since FY 2004.
- » A higher percentage of older juveniles had past medical hospitalizations compared to younger juveniles.
- » A lower percentage of black juveniles had past medical hospitalizations compared to juveniles of any other race.
- » A higher percentage of females had past medical hospitalizations compared to males.

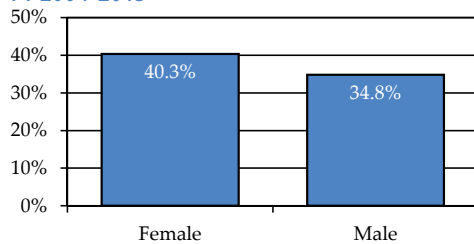
Past Medical Hospitalizations by Age, FY 2004-2013



Past Medical Hospitalizations by Race, FY 2004-2013



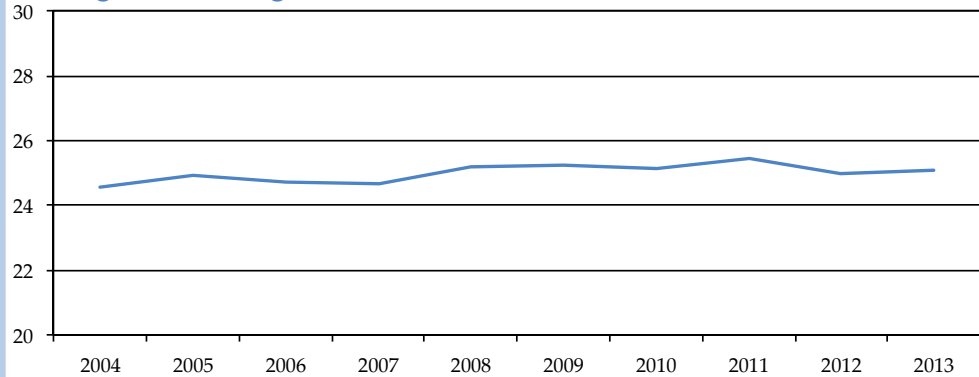
Past Medical Hospitalizations by Sex, FY 2004-2013



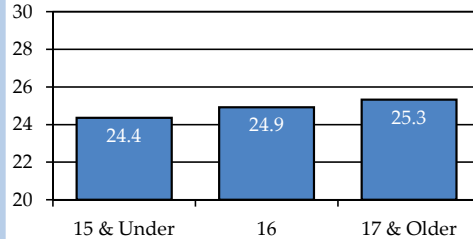
BMI

- » The average BMI was 25 from FY 2004 to FY 2013. A BMI of 25 kg/m² – 29.9 kg/m² is considered overweight, and a BMI 30 kg/m² or greater is considered obese. According to the CDC, 17-year-old males with a BMI of 25 are in the 90th percentile; 17-year-old females with a BMI of 25 are in the 85th percentile.
- » Older juveniles had a higher average BMI compared to younger juveniles.
- » Black juveniles had a lower average BMI compared to juveniles of any other race.
- » Females had a higher average BMI compared to males.

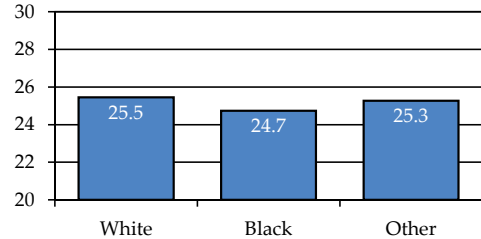
Average BMI (in kg/m²), FY 2004-2013



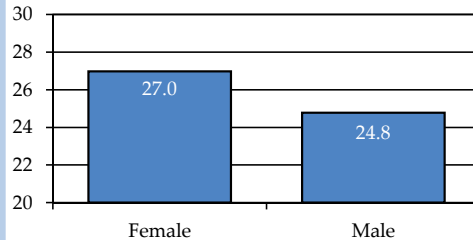
Average BMI by Age, FY 2004-2013



Average BMI by Race, FY 2004-2013



Average BMI by Sex, FY 2004-2013



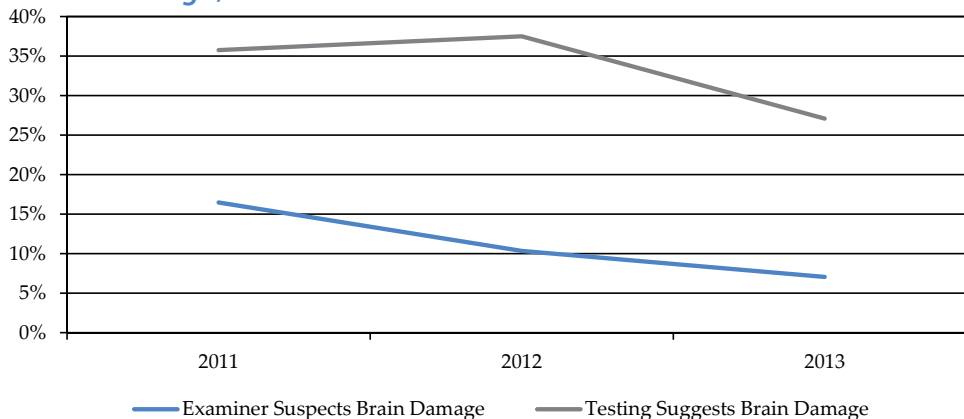
In FY 2011, 45.3% of DJJ admissions were overweight, and 14.5% were obese.

According to the CDC's Youth Risk Behavior Surveillance in 2013, 16.6% of high school students nationwide were overweight, and 14% were obese.



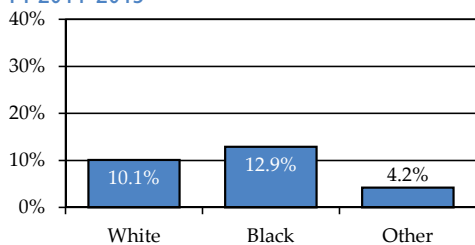
Brain Damage

Brain Damage, FY 2011-2013

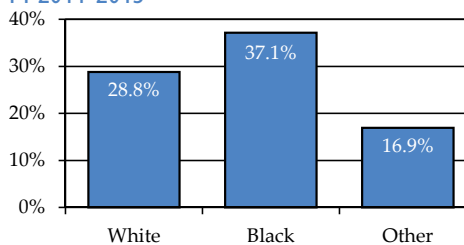


- » The percentage of juveniles with test results suggesting brain damage suggesting brain damage decreased from 37% in FY 2011 to 27% in FY 2013.
- » The percentage of juveniles with suspected brain damage decreased from 17% in FY 2011 to 7% in FY 2013.
- » A higher percentage of black juveniles were both suspected to have brain damage and had test scores suggesting brain damage compared to juveniles of any other race.

Examiner Suspects Brain Damage by Race, FY 2011-2013



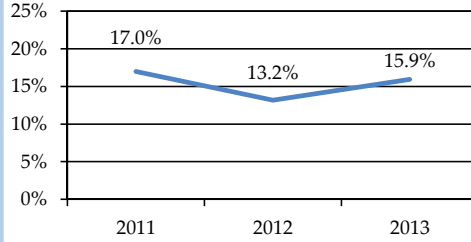
Test Suggests Brain Damage by Race, FY 2011-2013



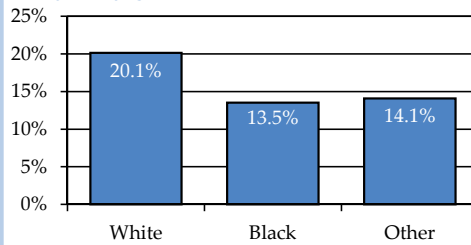
Medical Record Review

- » An average of 16% of juveniles had past incidents of hypoxia since FY 2011.
- » A higher percentage of white juveniles had past incidents of hypoxia compared to juveniles of any other race.
- » An average of 10% of juveniles had perinatal trauma since FY 2011.
- » The percentage of juveniles with prenatal drug exposure decreased from 13% in FY 2011 to 10% in FY 2013.
- » A higher percentage of white juveniles experienced prenatal drug exposure compared to juveniles of any other race.

Incidents of Hypoxia, FY 2011-2013



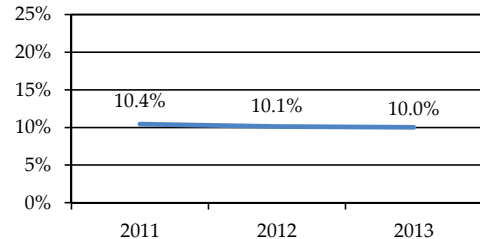
Incidents of Hypoxia by Race, FY 2011-2013



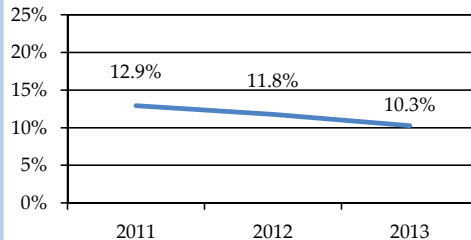
Hypoxia is a condition in which the body receives an insufficient amount of oxygen.

Perinatal trauma is a physical injury that occurs during or immediately after childbirth and can include injuries to the brain, head, nerves, spinal cord, or soft tissues.

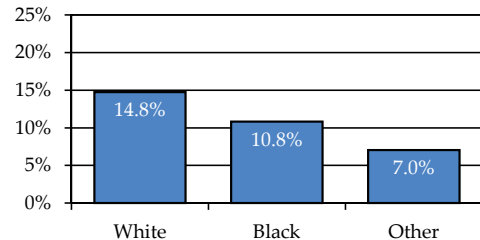
Other Perinatal Trauma, FY 2011-2013



Prenatal Drug Exposure, FY 2011-2013



Prenatal Drug Exposure by Race, FY 2011-2013



6 Mental Health

The Mental Health section includes information collected from the Social History Information, Psychological Information (Appendix C), Medical History (Appendix E), and Initial custody Designation (Appendix H) forms on a juvenile's current and past mental health concerns. Topics covered include psychotropic medication use, previous inpatient and outpatient mental health treatment, mental health disorders, personality traits, and suicidal and para-suicidal behaviors. This information is collected using a combination of self-reporting and staff assessment during one-on-one interviews with the juveniles upon admission.

The Rise of Mental Health Concerns

The collapse of public mental health services for children and adolescents in the 1990s created a rise in the number of youth with mental health disorders in the juvenile justice system (AECF, 2013a). These juveniles require individualized attention. As OJJDP points out, "Youth in the juvenile justice system are at high risk for mental health problems that may have contributed to their criminal behavior and that are likely to interfere with rehabilitation" (Wasserman, Ko, & McReynolds, 2004). Often, the mental health needs of these juveniles have gone unrecognized and untreated due to inadequate screenings and assessments before admission. In fact, 66% to 75% of court-detained juveniles nationwide suffer from mental health and/or substance abuse conditions. Twenty percent of detained juveniles suffer from severe mental health symptoms that significantly limit their activities of daily life (AECF, 2013a). Mental health disorders that are overrepresented in the juvenile justice system include substance abuse, intellectual disabilities, anxiety, and mood disorders (Council of Juvenile Correctional Administrators, 2014).

National Recommendations for Mental Health Programming

One of the most consistent findings in juvenile justice research is that interventions which aim to build skills and address human needs are far more effective than those which aim to deter or punish (AECF, 2011). In an

effort to drive change, the National Mental Health Association (2004) outlined a number of criteria to help juvenile justice agencies identify and implement better mental health practices. The Association states that mental health programs should be:

- » Driven by sound theory and backed with a scientifically valid rationale;
- » Evaluated to determine that the programs achieve their goals;
- » Focused on reducing risk factors and supporting healthy development by addressing multiple aspects of a child's life and environment;
- » Replicable in a variety of accessible, community-friendly, and culturally-sensitive settings; and
- » Comprehensive and requiring of a significant time investment—from several weeks to several years—to significantly influence behaviors and skills.

Due to the high numbers of mental health disorders among youth in the juvenile justice system, OJJDP stresses the importance of adherence to the following mental health assessment best practices. Mental health assessments should:

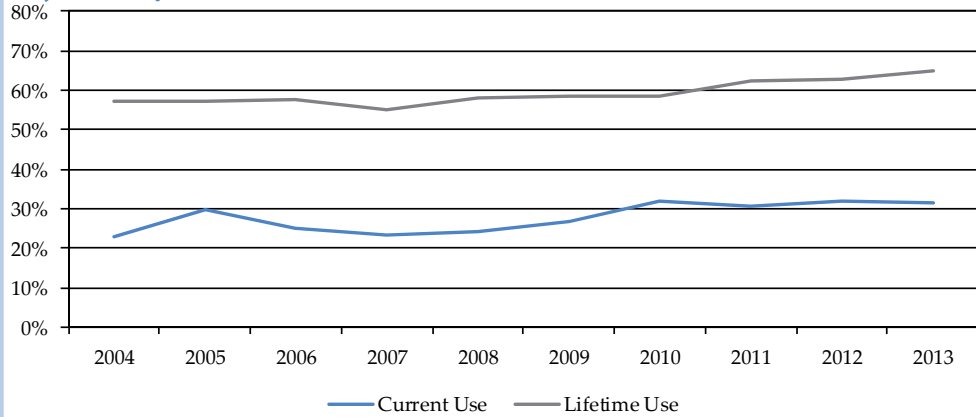
- » Be based on multiple methods of evaluation and on the input of multiple informants;
- » Be based on reliable and valid instruments;
- » Include parental input;
- » Focus on recent symptoms in order to determine current treatment needs; and
- » Be repeated periodically for reassessment.



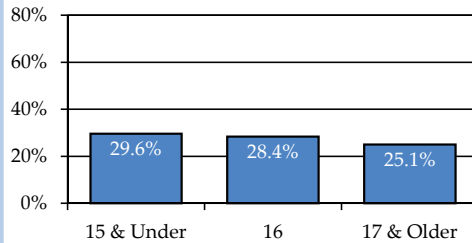
Psychotropic Medication

- » The percentage of juveniles currently using psychotropic medication at the time of admission increased from 23% in FY 2004 to 31% in FY 2013.
- » The percentage of juveniles who used psychotropic medication in their lifetime increased from 57% in FY 2004 to 65% in FY 2013.
- » Older juveniles had lower rates of current psychotropic medication use than younger juveniles.
- » White juveniles had higher rates of current use and lifetime use of psychotropic medications than juveniles of any other race.
- » Females had higher rates of current use and lifetime use of psychotropic medications compared to males.

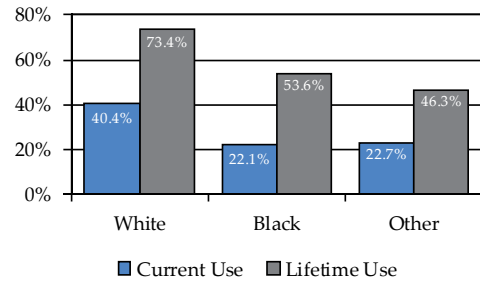
Psychotropic Medication Use, FY 2004-2013



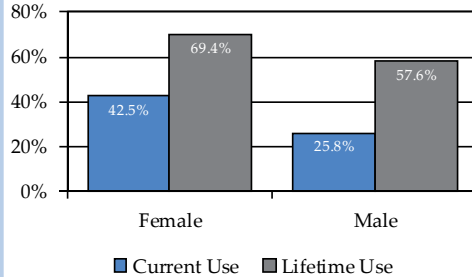
Current Psychotropic Medication Use by Age, FY 2004-2013



Psychotropic Medication Use by Race, FY 2004-2013



Psychotropic Medication Use by Sex, FY 2004-2013

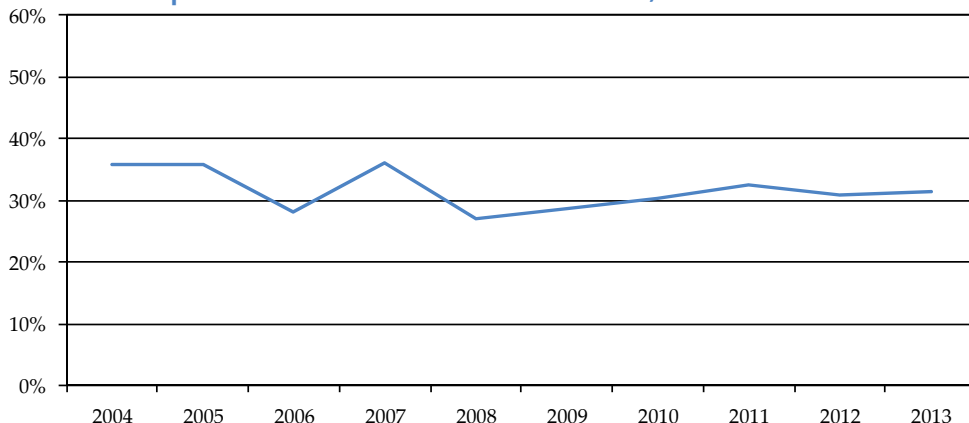


Data presented on this page are collected on the Psychological Information form.



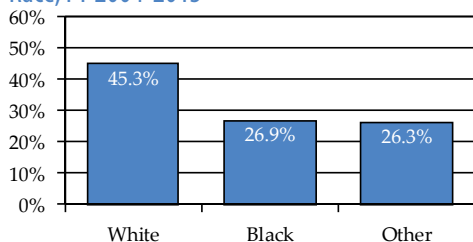
Previous Inpatient Mental Health Treatment

Previous Inpatient Mental Health Treatment, FY 2004-2013

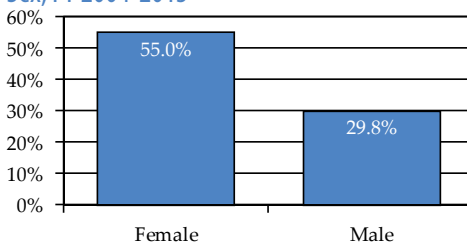


- » An average of 32% of juveniles had either a past psychiatric placement or residential treatment placement since FY 2004.
- » White juveniles had higher rates of past inpatient mental health treatment compared to juveniles of any other race.
- » Females had higher rates of past inpatient mental health treatment compared to males.

Previous Inpatient Mental Health Treatment by Race, FY 2004-2013



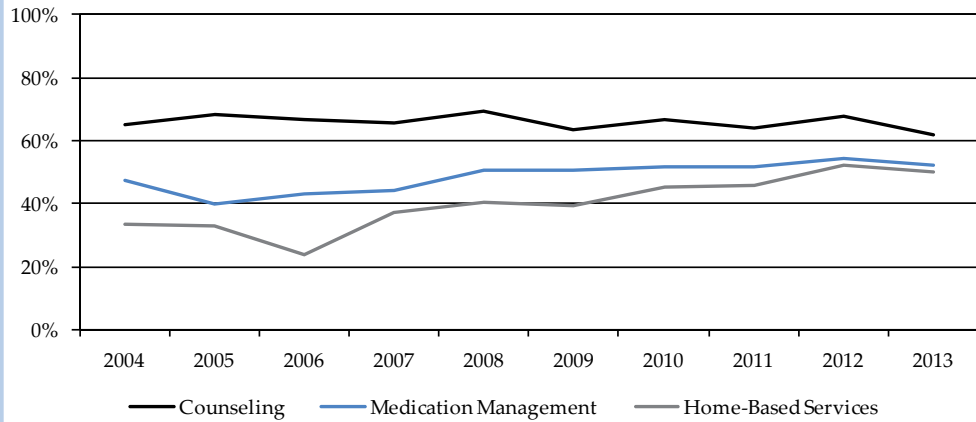
Previous Inpatient Mental Health Treatment by Sex, FY 2004-2013



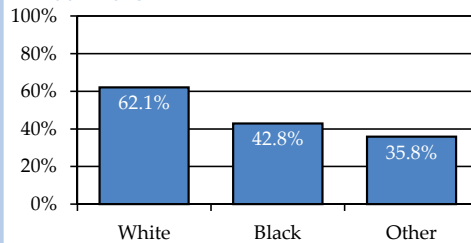
Previous Outpatient Mental Health Services

- » An average of 66% of juveniles received counseling prior to admission since FY 2004.
- » An average of 49% of juveniles received medication management prior to admission since FY 2004.
- » The percentage of juveniles who received home-based services prior to admission increased from 33% in FY 2004 to 50% in FY 2013.
- » A higher percentage of white juveniles received medication management compared to juveniles of any other race.
- » A higher percentage of white and black juveniles received home-based services compared to juveniles of other races.
- » A higher percentage of females received medication management and home-based services compared to males.

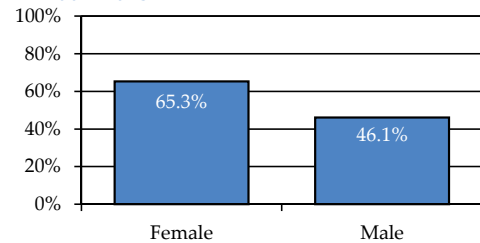
Juveniles with Previous Outpatient Mental Health Services, FY 2004-2013



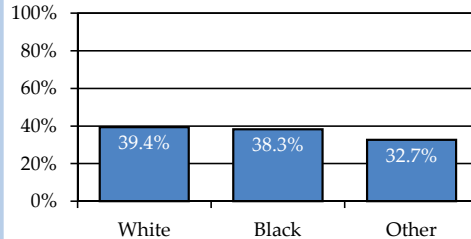
Previous Medication Management by Race, FY 2004-2013



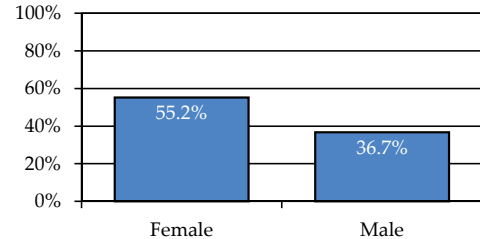
Previous Medication Management by Sex, FY 2004-2013



Previous Home-Based Services by Race, FY 2004-2013

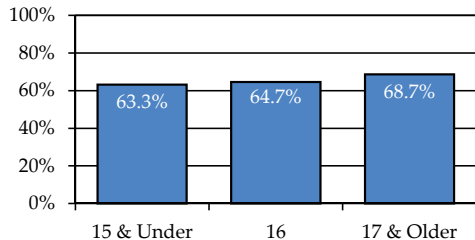


Previous Home-Based Services by Sex, FY 2004-2013

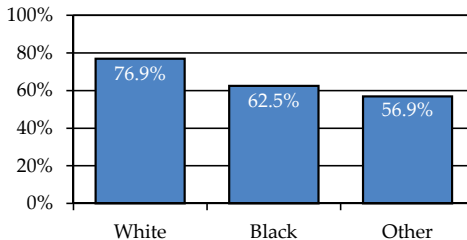


Previous Outpatient Mental Health Services, cont.

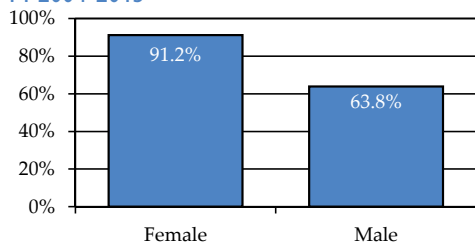
Previous Counseling by Age, FY 2004-2013



Previous Counseling by Race, FY 2004-2013



Previous Counseling by Sex, FY 2004-2013



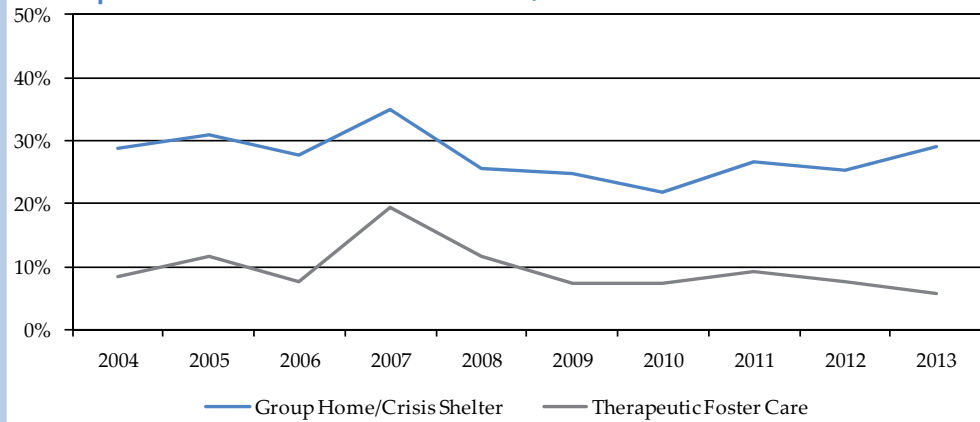
- » A higher percentage of older juveniles had previously received counseling compared to younger juveniles.
- » A higher percentage of white juveniles had previously received counseling compared to juveniles of any other race.
- » A higher percentage of females had previously received counseling compared to males.



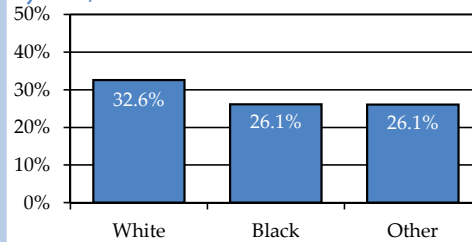
Other Previous Services

- » An average of 28% of juveniles had a group home/crisis shelter placement prior to admission since FY 2004.
- » An average of 10% of juveniles had a therapeutic foster care placement prior to admission since FY 2004.
- » A higher percentage of white juveniles had a group home/crisis shelter placement compared to juveniles of any other race.
- » A higher percentage of females had a group home/crisis shelter placement compared to males.
- » A higher percentage of females had a therapeutic foster care placement compared to males.

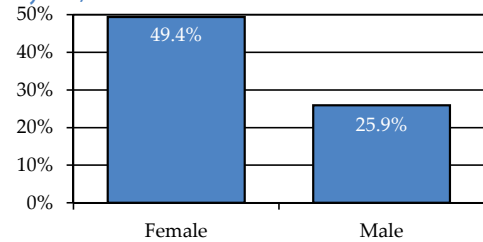
Juveniles with Previous Group Home/Crisis Shelter and Therapeutic Foster Care Placements, FY 2004-2013



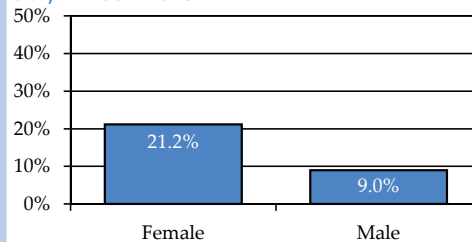
Previous Group Home/Crisis Shelter Placements by Race, FY 2004-2013



Previous Group Home/Crisis Shelter Placements by Sex, FY 2004-2013

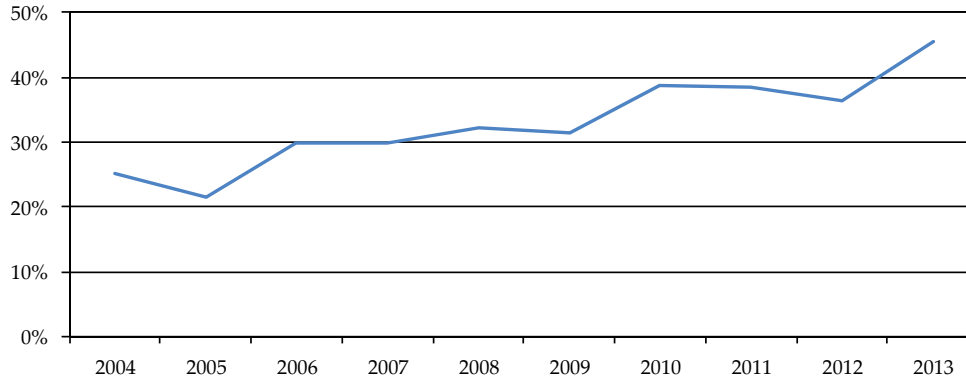


Previous Therapeutic Foster Care Placements by Sex, FY 2004-2013



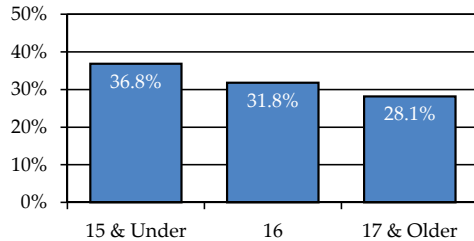
ADHD

Significant Symptoms of ADHD, FY 2004-2013

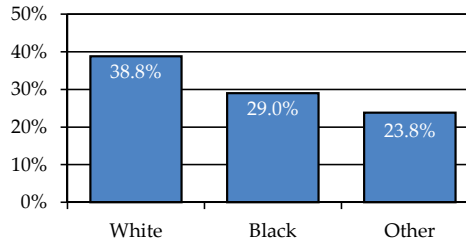


- » The percentage of juveniles that exhibited significant symptoms of ADHD increased from 25% in FY 2004 to 46% in FY 2013.
- » A higher percentage of younger juveniles exhibited significant symptoms of ADHD compared to older juveniles.
- » A lower percentage of juveniles of other races exhibited significant symptoms of ADHD compared to white and black juveniles.
- » A higher percentage of males exhibited significant symptoms of ADHD compared to females.

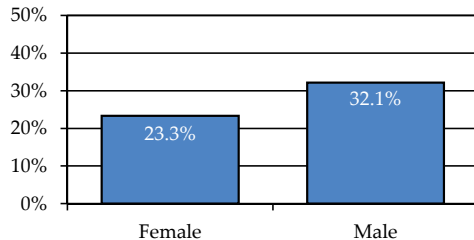
Significant Symptoms of ADHD by Age, FY 2004-2013



Significant Symptoms of ADHD by Race, FY 2004-2013

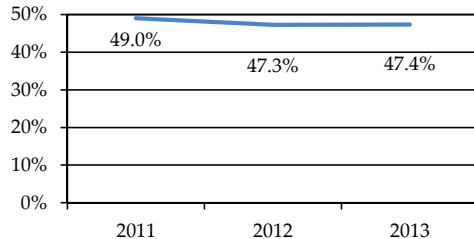


Significant Symptoms of ADHD by Sex, FY 2004-2013

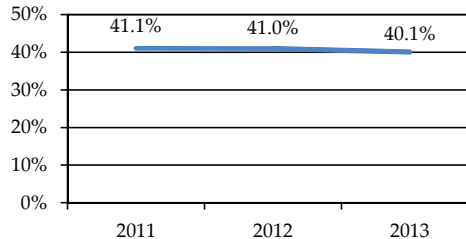


In a 2013 report by the CDC, 8.4% of parents of children aged 3 to 17 had ever been told that their child had ADHD in 2011.

Attention/Concentration Problems, FY 2011-2013



Short Attention Span, FY 2011-2013



Other Behavioral Problems

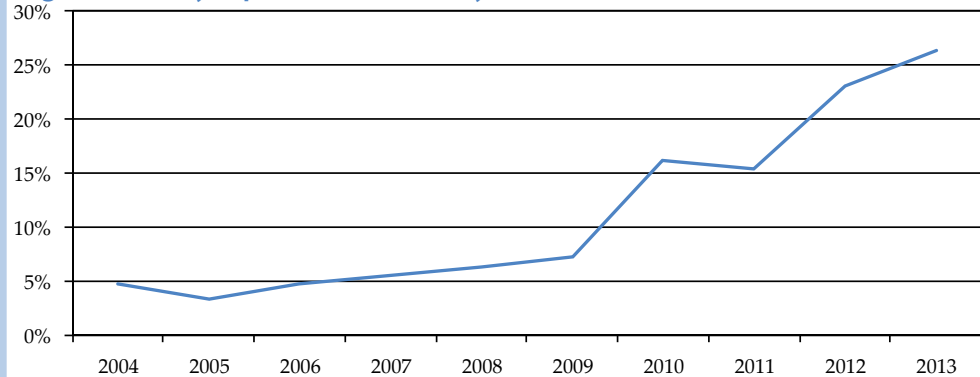
- » An average of 48% of juveniles had attention/concentration problems since FY 2011.
- » An average of 41% of juveniles had short attention spans since FY 2011.



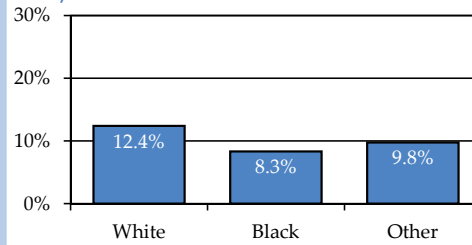
Anxiety

- » The percentage of juveniles exhibiting significant symptoms of anxiety increased from 5% in FY 2004 to 26% in FY 2013.
- » A higher percentage of white juveniles exhibited symptoms of anxiety compared to juveniles of any other race.
- » A higher percentage of females exhibited symptoms of anxiety compared to males.

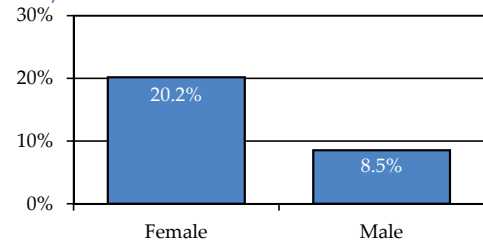
Significant Symptoms of Anxiety Disorder, FY 2004-2013



Significant Symptoms of Anxiety Disorder by Race, FY 2004-2013

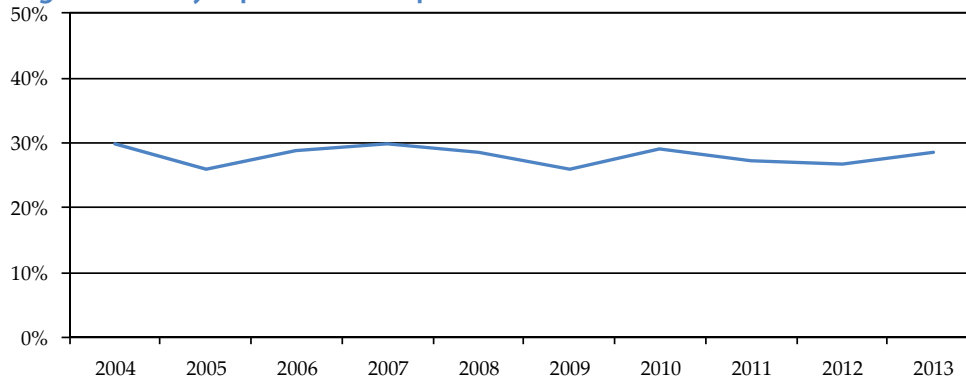


Significant Symptoms of Anxiety Disorder by Sex, FY 2004-2013



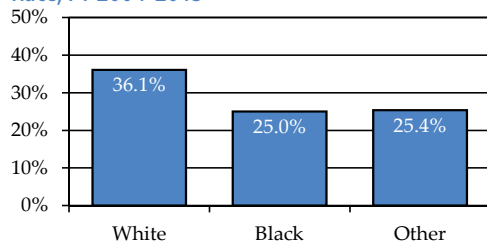
Depression

Significant Symptoms of Depressive Disorder, FY 2004-2013

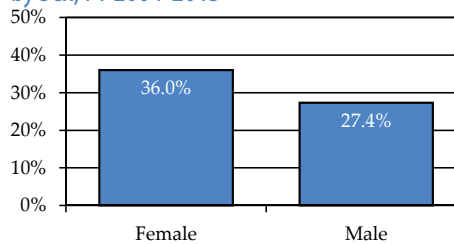


- » An average of 28% of juveniles exhibited significant symptoms of depressive disorder since FY 2004.
- » A higher percentage of white juveniles exhibited significant symptoms of depressive disorder compared to juveniles of any other race.
- » A higher percentage of females exhibited significant symptoms of depressive disorder compared to males.
- » The percentage of juveniles showing depressed mood increased from 32% in FY 2011 to 40% in FY 2013.

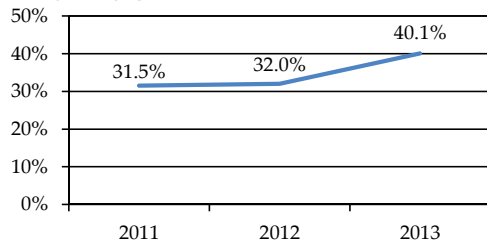
Significant Symptoms of Depressive Disorder by Race, FY 2004-2013



Significant Symptoms of Depressive Disorder by Sex, FY 2004-2013



Depressed Mood, FY 2011-2013



According to the CDC, between 2010 and 2011, 12.8% of adolescents aged 12-17 reported a major depressive episode, or period characterized by the symptoms of a major depressive disorder, in their lifetime; 8.1% reported a major depressive episode in the past year.



Cluster B Personality Disorders

» Cluster B personality disorders are grouped based upon individuals' long-standing patterns of having an inability to respond and regulate emotions in socially appropriate ways. Juveniles with Cluster B personality disorders often have poor self-regulation and interpersonal skills. They may act out impulsively, or exhibit excessive or situation-incongruent emotionality.

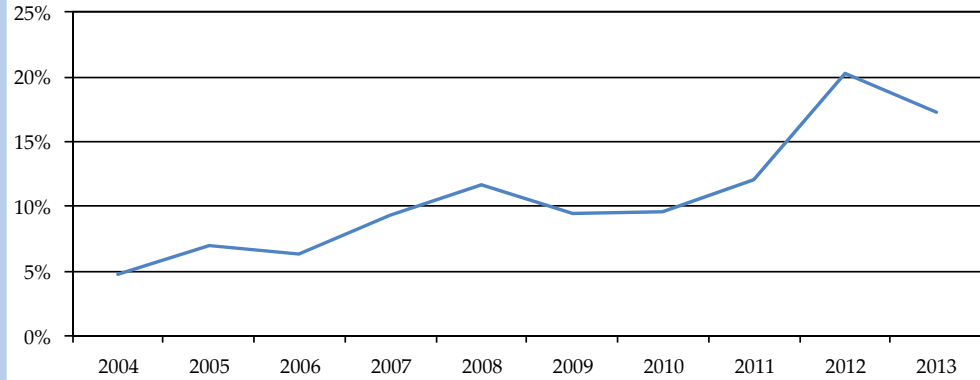
» The percentage of juveniles exhibiting significant symptoms of Cluster B Personality Disorders increased from 5% in FY 2004 to 17% in FY 2013.

» A higher percentage of older juveniles exhibited significant symptoms of Cluster B Personality Disorders compared to younger juveniles.

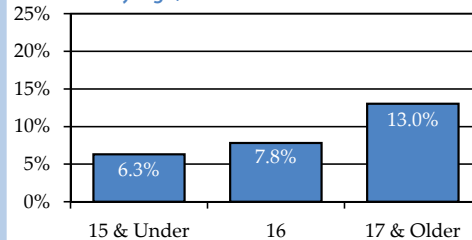
» A higher percentage of white juveniles exhibited significant symptoms of Cluster B Personality Disorders compared to juveniles of any other race.

» A higher percentage of females exhibited significant symptoms of Cluster B Personality Disorders compared to males.

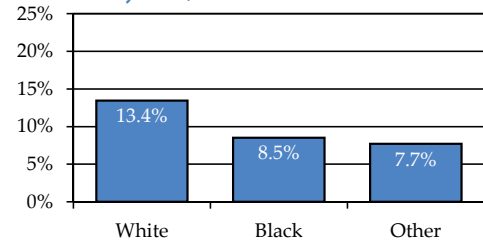
Significant Symptoms of Cluster B Personality Disorders, FY 2004-2013



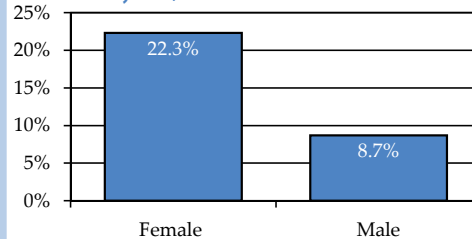
Significant Symptoms of Cluster B Personality Disorders by Age, FY 2004-2013



Significant Symptoms of Cluster B Personality Disorders by Race, FY 2004-2013



Significant Symptoms of Cluster B Personality Disorders by Sex, FY 2004-2013

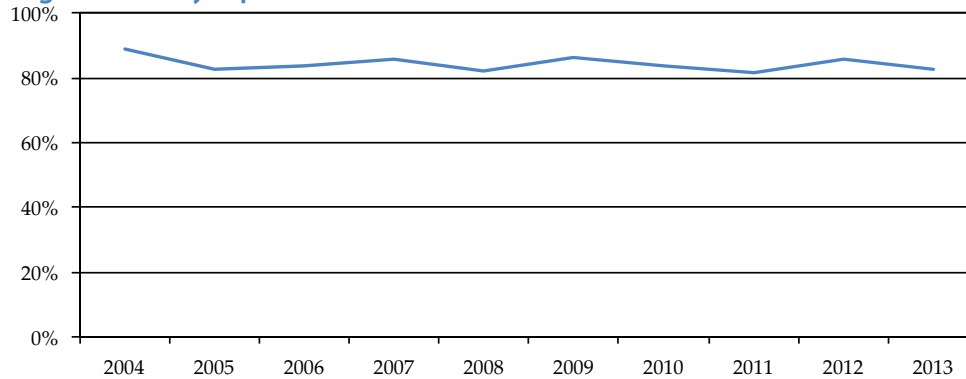


There are four recognized Cluster B personality disorders: antisocial personality disorder, borderline personality disorder, histrionic personality disorder, and narcissistic personality disorder.

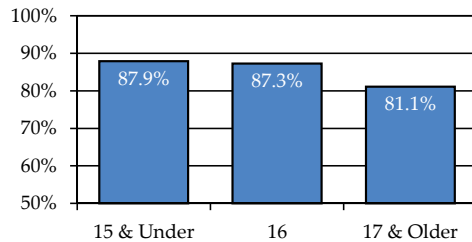


ODD and CD

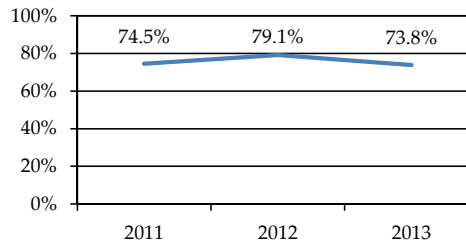
Significant Symptoms of ODD or CD, FY 2004-2013



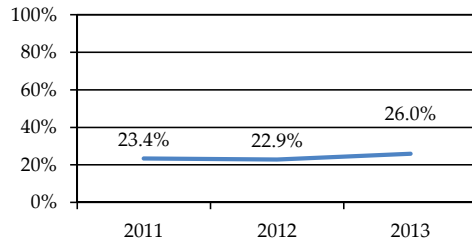
Significant Symptoms of ODD or CD by Age, FY 2004-2013



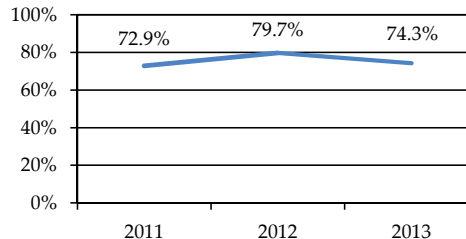
Impulsivity, FY 2011-2013



Tantrums, FY 2011-2013



Poor Frustration Tolerance, FY 2011-2013



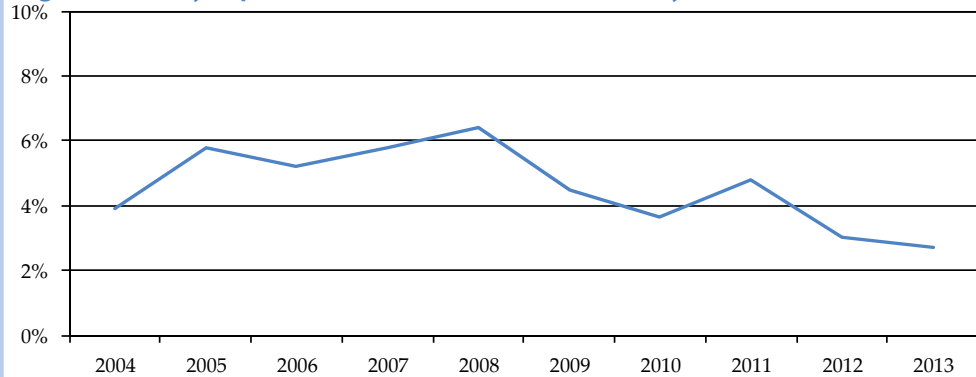
- » ODD and CD are characterized by attitudes and behaviors that violate major age-appropriate societal norms or rules. These areas are associated with risk for continued conduct problems if left unaddressed.
- » An average of 84% of juveniles exhibited significant symptoms of ODD or CD since FY 2004.
- » A lower percentage of older juveniles exhibited significant symptoms of ODD or CD compared to younger juveniles.
- » An average of 76% of juveniles experienced impulsivity since FY 2011.
- » An average of 24% of juveniles experienced tantrums since FY 2011.
- » An average of 76% of juveniles experienced poor frustration tolerance since FY 2011.



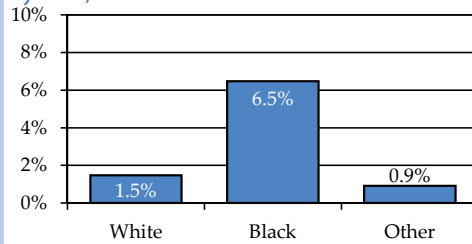
Intellectual Disability & Other Mental Health Disorders

- » An average of 5% of juveniles exhibited significant symptoms of an intellectual disability since FY 2004.
- » A higher percentage of black juveniles exhibited significant symptoms of an intellectual disability compared to juveniles of any other race.
- » A higher percentage of males exhibited significant symptoms of an intellectual disability compared to females.
- » The percentage of juveniles that exhibited significant symptoms of other mental health disorders increased from 17% in FY 2004 to 39% in FY 2013.
- » A higher percentage of white juveniles exhibited significant symptoms of other mental health disorders compared to juveniles of any other race.
- » A higher percentage of females exhibited significant symptoms of other mental health disorders compared to males.

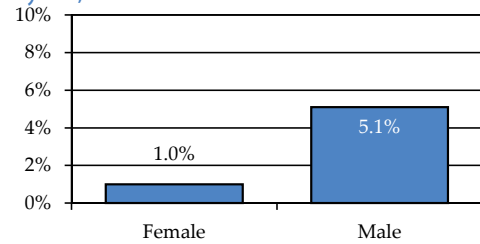
Significant Symptoms of Intellectual Disability, FY 2004-2013



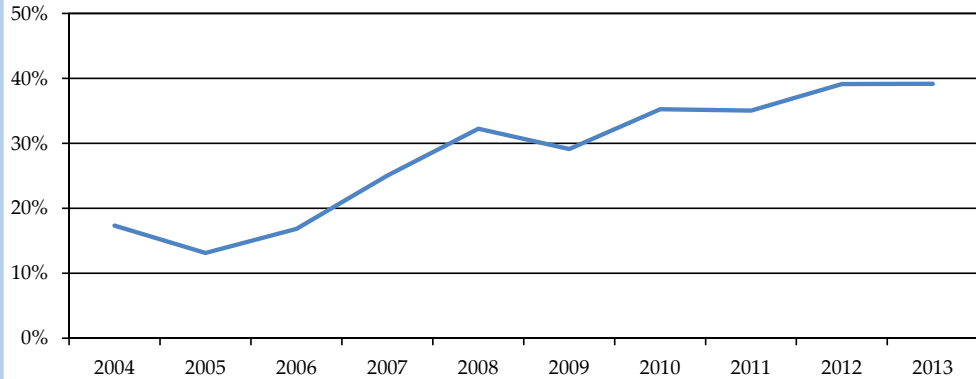
Significant Symptoms of Intellectual Disability by Race, FY 2004-2013



Significant Symptoms of Intellectual Disability by Sex, FY 2004-2013

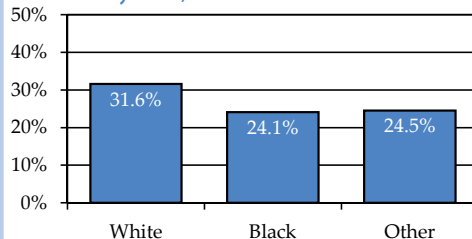


Significant Symptoms of Other Mental Health Disorders, FY 2004-2013*

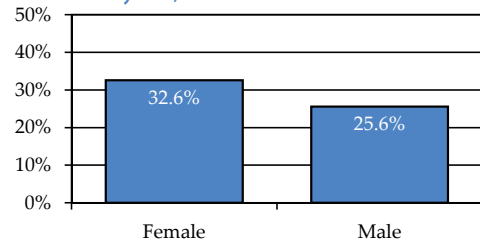


* Other mental health disorders include adjustment disorder, bipolar disorder, Cluster A personality disorders, Cluster C personality disorders, dissociative disorders, eating disorders, paraphilia, psychotic disorder, and "Other." Eating disorders and dissociative disorders were collected beginning in FY 2008.

Significant Symptoms of Other Mental Health Disorders by Race, FY 2004-2013

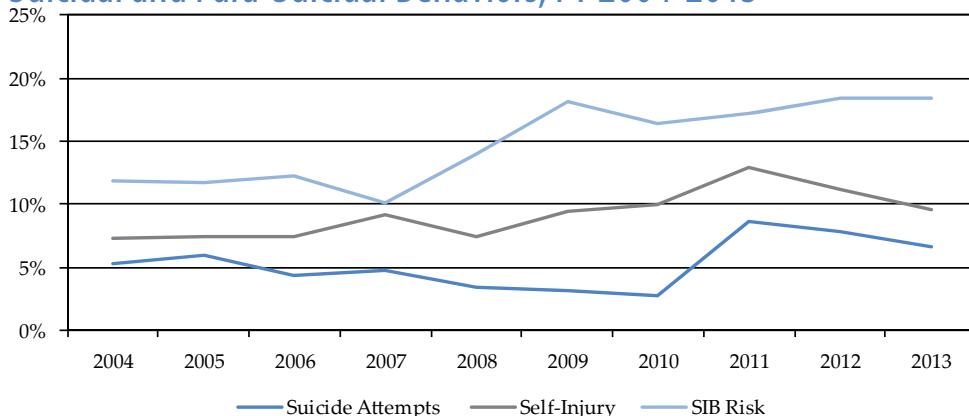


Significant Symptoms of Other Mental Health Disorders by Sex, FY 2004-2013



Suicidal and Para-Suicidal Behaviors

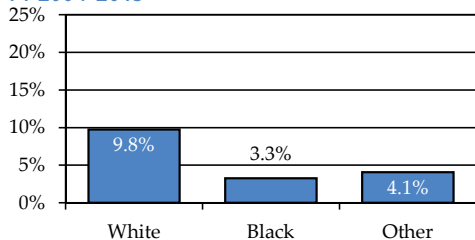
Suicidal and Para-Suicidal Behaviors, FY 2004-2013*



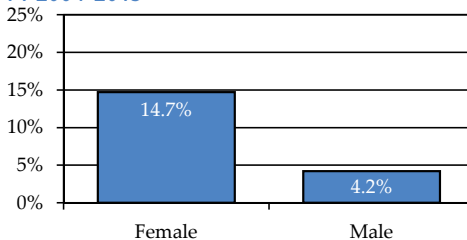
* Data on self-injury and suicide attempts are collected using the Psychological Information Form; these items were modified in FY 2011. Inconsistency in the data may be attributed to changes to the forms.

- » An average of 5% of juveniles attempted suicide since FY 2004.
- » The percentage of juveniles who self-injured increased from 7% in FY 2004 to 10% in FY 2013.
- » The percentage of juveniles determined to be at risk of SIB increased from 12% in FY 2004 to 18% in FY 2013.
- » A higher percentage of white juveniles attempted suicide compared to juveniles of any other race.
- » A higher percentage of females attempted suicide compared to males.
- » A higher percentage of white juveniles self-injured compared to juveniles of any other race.
- » A higher percentage of females self-injured compared to males.
- » A higher percentage of white juveniles were determined to be at risk of SIB compared to juveniles of any other race.
- » A higher percentage of females were determined to be at risk of SIB compared to males.

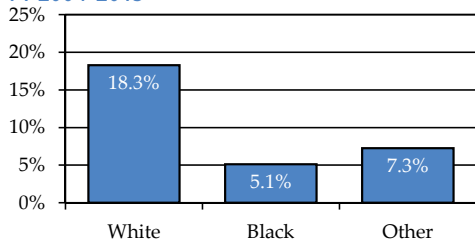
Suicide Attempts by Race, FY 2004-2013



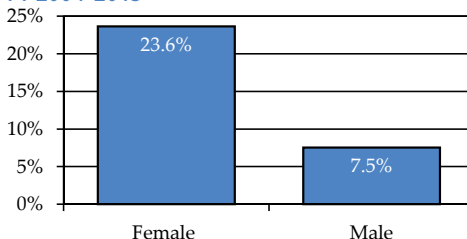
Suicide Attempts by Sex, FY 2004-2013



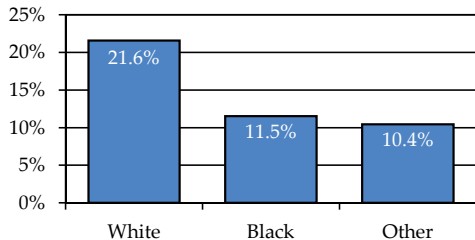
Self-Injury by Race, FY 2004-2013



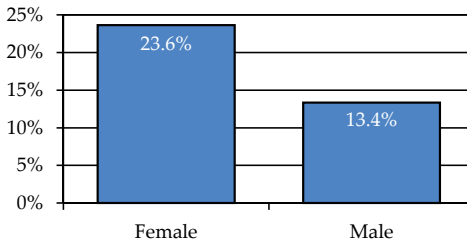
Self-Injury by Sex, FY 2004-2013



SIB Risk by Race, FY 2004-2013



SIB Risk by Sex, FY 2004-2013



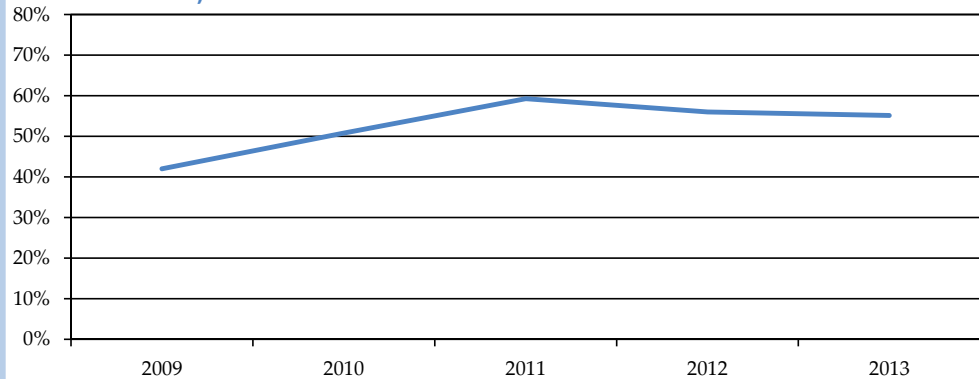
According to the CDC's 2011 Youth Risk Behavior Surveillance, 15.8% of students seriously considered attempting suicide during the last 12 months.



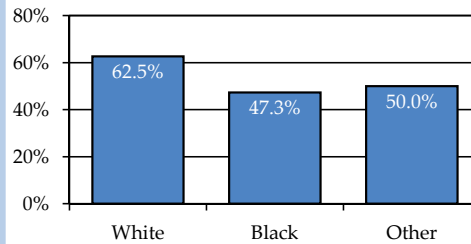
MHSTP Alert

- » The percentage of juveniles with a MHSTP alert increased from 42% in FY 2009 to 55% in FY 2013.
- » White juveniles had higher rates of MHSTP alerts compared to juveniles of any other race.
- » Females had higher rates of MHSTP alerts compared to males.

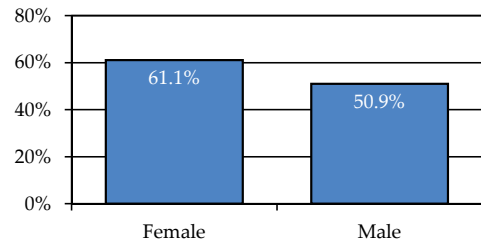
MHSTP Alert, FY 2009-2013



MHSTP Alert by Race, FY 2009-2013



MHSTP Alert by Sex, FY 2009-2013



The MHSTP process is designed to ensure the provision of mental health, substance abuse, or other therapeutic treatment services are addressed upon a juvenile's release from direct care. A juvenile receives an alert for needing an MHSTP when (i) BSU staff determine the juvenile has a current diagnosis for a mental illness that is likely to result in significant impairment to functioning in the community or (ii) the juvenile is currently receiving medication treatment for a mental illness, and it is necessary to continue treatment upon release from direct care.



7 Substances

The data presented in this section are collected using the Offense History Data (Appendix A), Social History Information (Appendix B), and Psychological Information (Appendix C) forms. These data points are presented together to paint a picture of the juvenile population's involvement with substances at a number of levels, including substance use, substance abuse, substance disorders, and trafficking.

Evaluation and Treatment of Substance Issues at DJJ

This section includes a breakdown of the juvenile population by substance abuse risk category, which is assessed and measured using the SASSI. The SASSI is a psychological assessment tool used by staff in the JCCs to identify juveniles who are at a high risk for substance disorders. The SASSI addresses a number of topics directly related to substances such as frequency of experiences with drugs and alcohol, the effect of substances on daily activities, family and social environment association with substances, and personal attitudes and beliefs about substances. The instrument also asks a number of questions that seem unrelated to substance use but have been proven to be associated with these behaviors. Juveniles are placed into one of three categories based on their results: low probability of substance disorder, abusive, and dependent.

DJJ operates substance abuse treatment programs for juveniles with a history of substance use or a high probability of future substance use. The treatment programs use a combination of motivational enhancement therapy and cognitive behavior therapy. Juveniles are placed in a basic program for 5 weeks or an extended program for 12 weeks, depending on their individual needs. Information on juveniles in the substance abuse treatment programs is not presented in this section; instead, it is included with the treatment program information in the Offenses section because it is often directly related to juveniles' offenses and can affect a juvenile's LOS if he or she requires extended treatment.

Substance Use and Delinquency

Many juvenile criminal offenses directly involve substance use, and a number of studies have found a link between substance abuse and non-substance related offenses (Chassin, 2008; Prichard & Payne, 2005). For instance, a study of teenage boys in detention centers in Australia found that a majority (70%) reported being under the influence of drugs or alcohol at the time of their most recent criminal offense. Additionally, almost half (44%) of the juveniles in the study who had a burglary charge reported committing the act in order to get money to purchase more drugs or alcohol (Prichard & Payne, 2005).

Comparison to National Statistics

According to a national survey conducted by SAMHSA (2013) on adolescents aged 12 to 17 from 2002 through 2012, 6% were classified with substance abuse or dependence disorder. The percentage of juveniles admitted to DJJ's direct care with a substance abuse or dependence disorder increased from 58% in FY 2004 to 71% in FY 2013, well over the national average reflected in the survey.

Substance Offenses

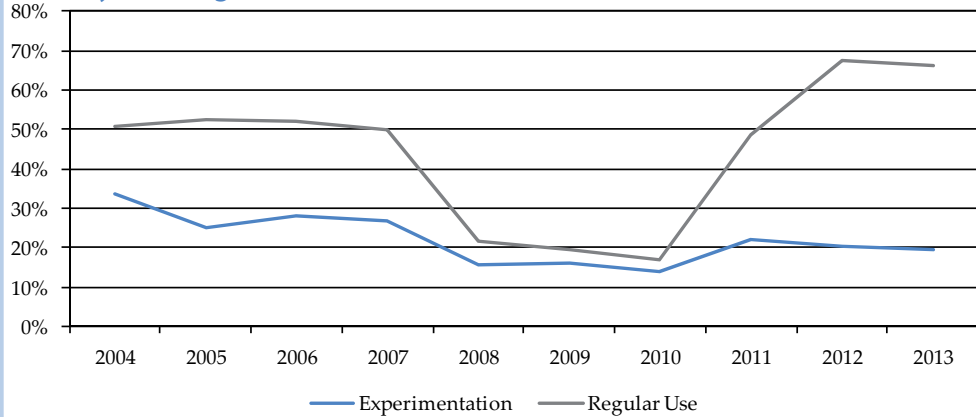
Between FY 2009 and FY 2013, 6% of juveniles were admitted for substance-related offenses as their most serious offense. Furthermore, the percentage of juveniles with a substance offense as their most serious offenses has decreased in the past 10 years. Based on VCSC offense categories, the percentage of admissions with a drug offense as their most serious offense decreased from 8% in FY 2004 to 2% in FY 2013. The percentage of juveniles with an alcohol offense as their most serious offense remained below 1% since FY 2009.



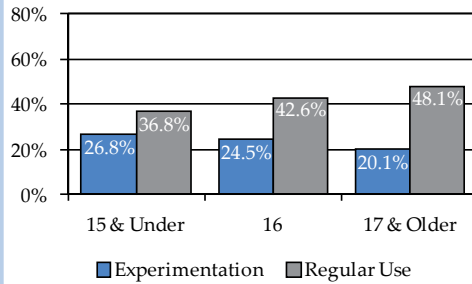
Drug Use & Drug Trafficking

- » The percentage of juveniles that reported a history of regular drug use decreased from FY 2005 to FY 2010 and increased from FY 2010 to FY 2013.
- » The percentage of juveniles that reported a history of experimentation with drugs decreased from 34% in FY 2004 to 19% in FY 2013.
- » A higher percentage of older juveniles reported a history of regular drug use, and a lower percentage reported drug experimentation compared to younger juveniles.
- » A higher percentage of white juveniles reported a history of regular drug use, and a lower percentage reported a history of drug experimentation compared to younger juveniles.
- » The percentage of juveniles who reported a history of regular drug trafficking increased from FY 2007 to FY 2010 and decreased from FY 2010 to FY 2013. The percentage of juveniles who reported a history of infrequent drug trafficking decreased from 20% in FY 2004 to 10% in FY 2013.
- » A higher percentage of older juveniles reported a history of regular drug trafficking, and a higher percentage of 16-year-olds reported a history of infrequent drug trafficking.
- » A higher percentage of males reported a history of regular and infrequent drug trafficking compared to females.

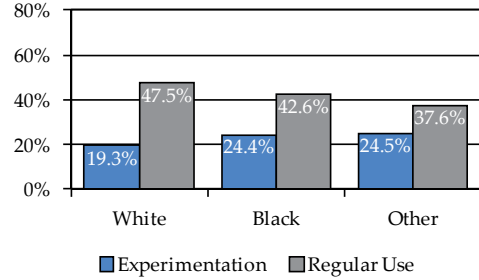
History of Drug Use, FY 2004-2013



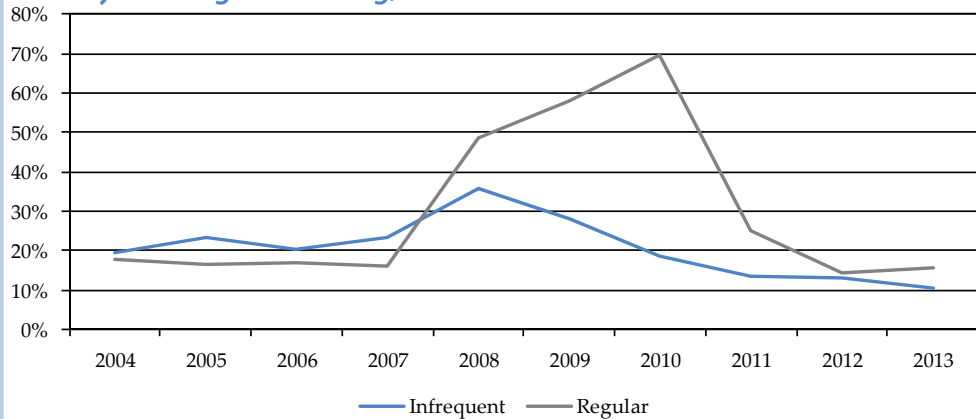
History of Drug Use by Age, FY 2004-2013



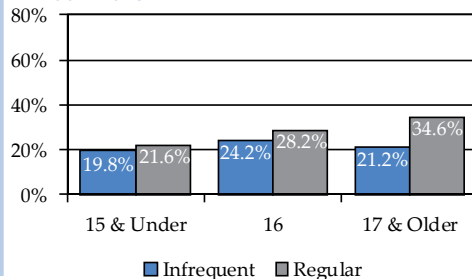
History of Drug Use by Race, FY 2004-2013



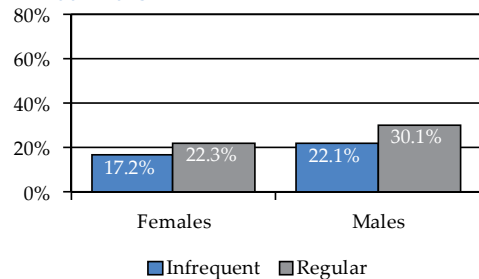
History of Drug Trafficking, FY 2004-2013



History of Drug Trafficking by Age, FY 2004-2013



History of Drug Trafficking by Sex, FY 2004-2013

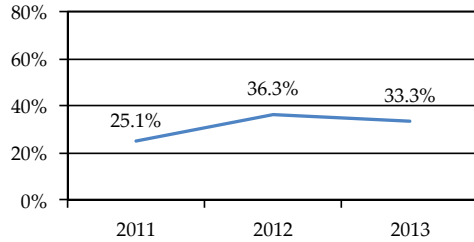


Data presented on this page are collected on the Social History Information form.

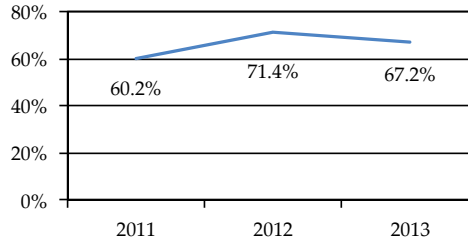


Substance-Related Problems

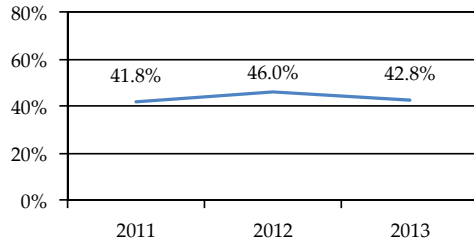
Occasional Drug Use, FY 2011-2013



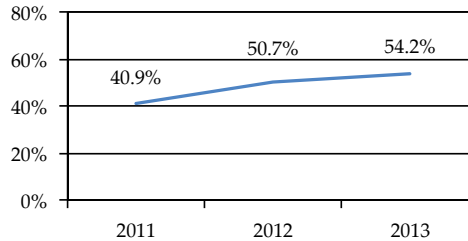
Chronic Drug Use, FY 2011-2013



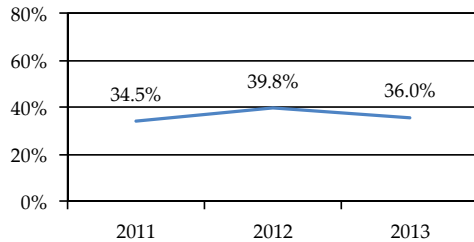
Chronic Alcohol Use, FY 2011-2013



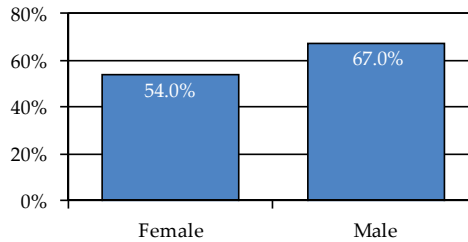
Substance Abuse Interferes with Life, FY 2011-2013



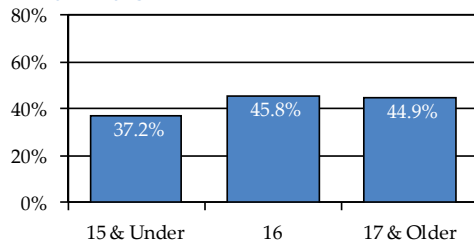
Substance Use Linked to Offense, FY 2011-2013



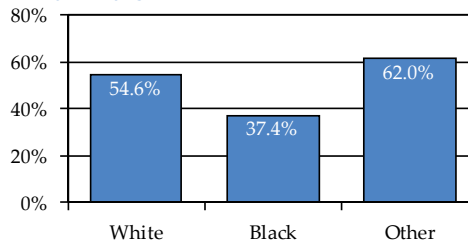
Chronic Drug Use by Sex, FY 2011-2013



Chronic Alcohol Use by Age, FY 2011-2013



Chronic Alcohol Use by Race, FY 2011-2013



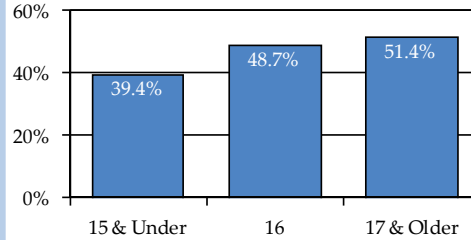
- » An average of 32% of juveniles reported occasional drug use since FY 2011.
- » An average of 66% of juveniles reported chronic drug use since FY 2011.
- » An average of 44% of juveniles reported chronic alcohol use since FY 2011.
- » The percentage of juveniles whose substance abuse interfered with their daily lives increased from 41% in FY 2011 to 54% in FY 2013.
- » An average of 37% of juveniles' offenses were linked to substance use since FY 2011.
- » A higher percentage of males reported chronic drug use than females.
- » A lower percentage of younger juveniles reported chronic alcohol use than older juveniles.
- » A lower percentage of black juveniles reported chronic alcohol use compared to white juveniles and juveniles of other races.



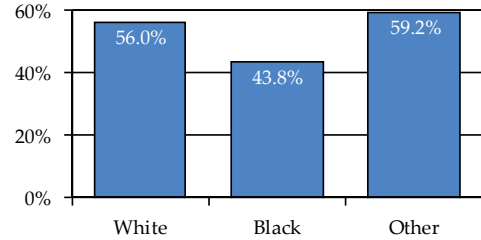
Substance-Related Problems, cont.

- » A lower percentage of younger juveniles reported that substance abuse interfered with their daily lives compared to older juveniles.
- » A lower percentage of black juveniles reported that substance abuse interfered with their daily lives compared to white juveniles and juveniles of other races.
- » A lower percentage of younger juveniles reported that their offenses were linked to substance use compared to older juveniles.
- » A higher percentage of white juveniles reported that their offenses were linked to substance use compared to black juveniles and juveniles of other races.
- » A higher percentage of males reported that their offenses were linked to substance use compared to females.

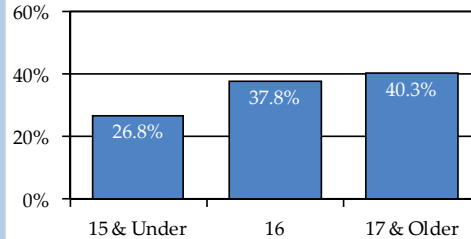
Substance Abuse Interferes with Life by Age, FY 2011-2013



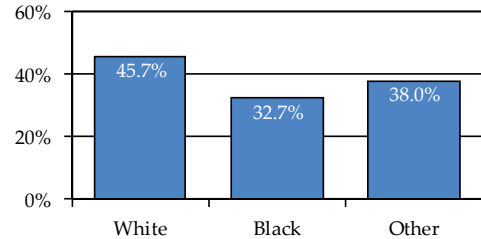
Substance Abuse Interferes with Life by Race, FY 2011-2013



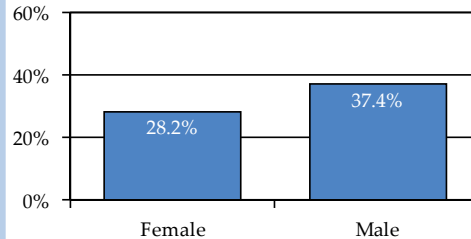
Substance Use Linked to Offense by Age, FY 2011-2013



Substance Use Linked to Offense by Race, FY 2011-2013

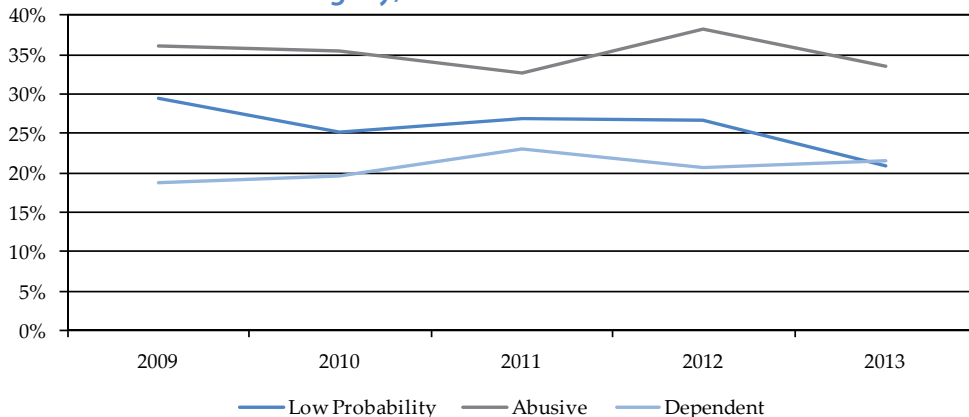


Substance Use Linked to Offense by Sex, FY 2011-2013



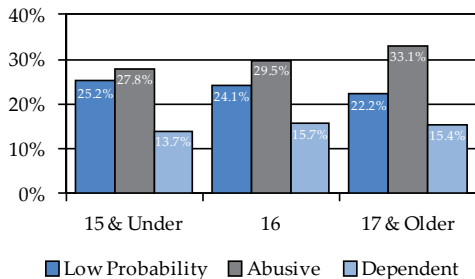
Substance Abuse Category (from SASSI)

Substance Abuse Category, FY 2009-2013

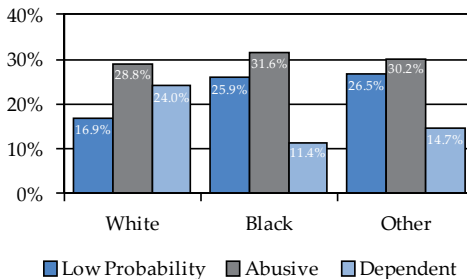


- » Juveniles are assigned a substance abuse category based on their scores on the SASSI. The percentage of juveniles given a low probability score decreased from 30% in FY 2009 to 21% in FY 2013.
- » An average of 35% of juveniles received an abusive rating, and an average of 21% of juveniles received a dependent rating since FY 2009.
- » A higher percentage of older juveniles received an abusive rating compared to younger juveniles.
- » A higher percentage of white juveniles received a dependent rating compared to black juveniles and juveniles of other races.
- » A higher percentage of females received a low probability rating compared to males.

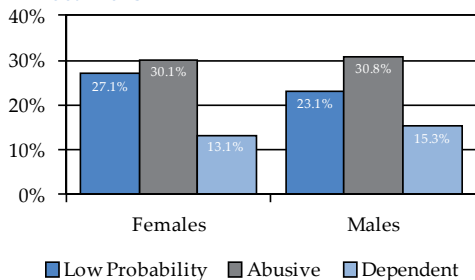
Substance Abuse Category by Age, FY 2009-2013



Substance Abuse Category by Race, FY 2009-2013



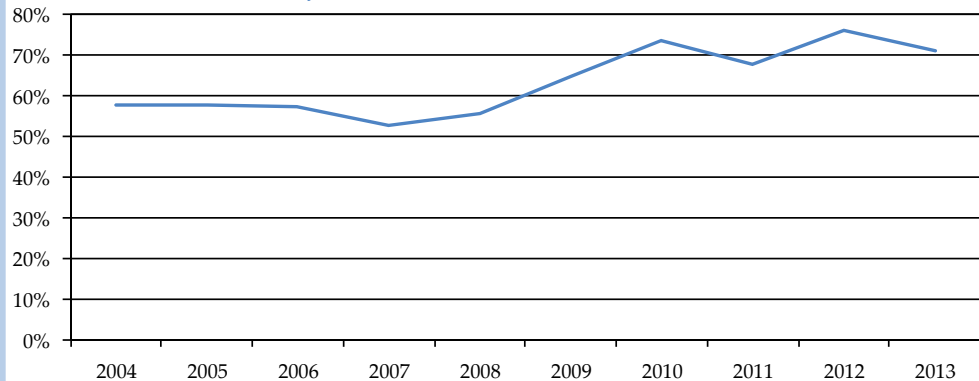
Substance Abuse Category by Sex, FY 2009-2013



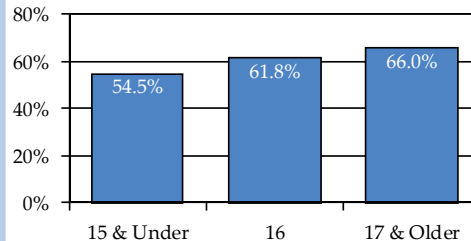
Substance Disorders

- » Prior to FY 2007, substance abuse and substance dependence disorders were captured together during a juvenile's psychological evaluation. For the purpose of presenting 10 year trending, the two disorders were combined for FY 2007 to FY 2013. The graphs on this page present the information on a juvenile with significant symptoms of either substance disorder.
- » The percentage of juveniles that showed significant symptoms of a substance disorder increased from 58% in FY 2004 to 71% in FY 2013.
- » A lower percentage of younger juveniles showed significant symptoms of a substance disorder compared to older juveniles.
- » A higher percentage of white juveniles showed significant symptoms of a substance disorder compared to black juveniles and juveniles of other races.
- » A higher percentage of males showed significant symptoms of a substance disorder compared to females.

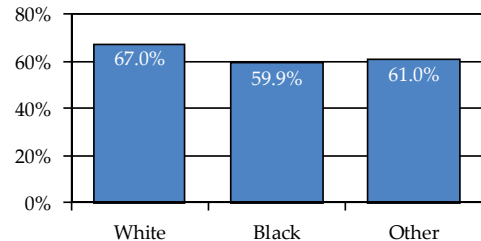
Substance Disorders, FY 2004-2013



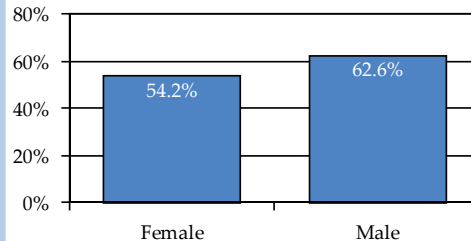
Substance Disorders by Age, FY 2004-2013



Substance Disorders by Race, FY 2004-2013



Substance Disorders by Sex, FY 2004-2013

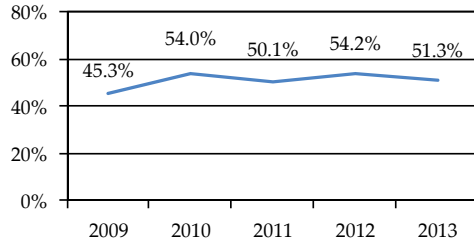


According to the 2013 National Survey on Drug Use and Health conducted by SAMHSA, the percentage of youth aged 12 to 17 with substance dependence or abuse declined from 9% in 2002 to 6% in 2012.

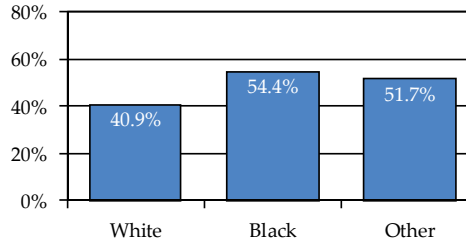


Substance Disorders, cont.

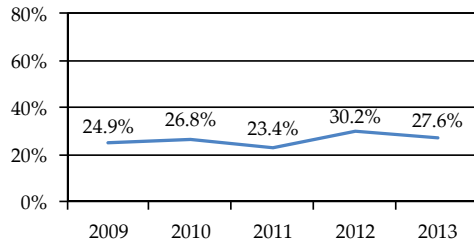
Substance Abuse Disorder, FY 2009-2013



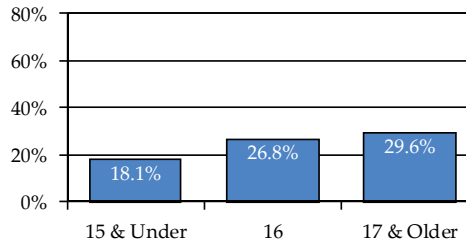
Substance Abuse Disorder by Race, FY 2009-2013



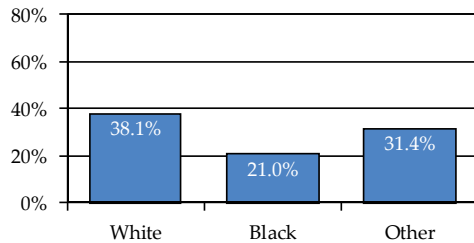
Substance Dependence Disorder, FY 2009-2013



Substance Dependence Disorder by Age, FY 2009-2013



Substance Dependence Disorder by Race, FY 2009-2013



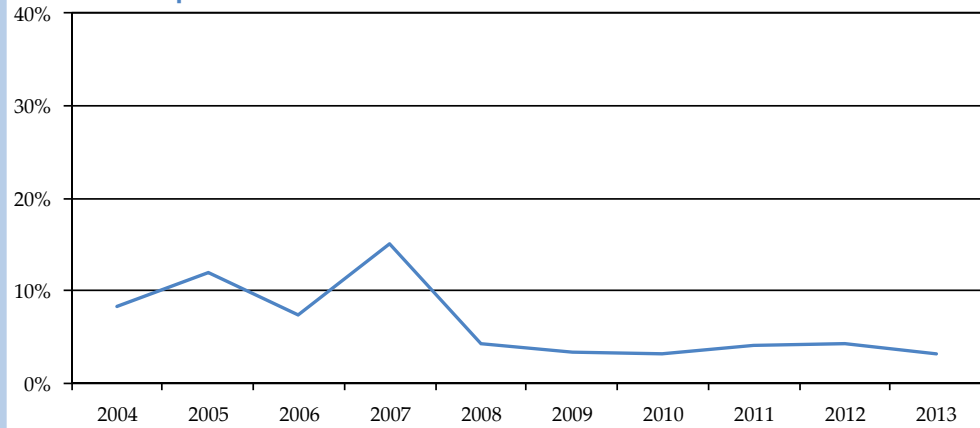
- » Five-year trending is presented for substance abuse and substance dependence disorders separately.
- » An average of 51% of juveniles showed significant symptoms of substance abuse disorder since FY 2009.
- » A lower percentage of white juveniles showed significant symptoms of substance abuse disorder compared to black juveniles and juveniles of other races.
- » An average of 27% of juveniles showed significant symptoms of substance dependence disorder since FY 2009.
- » A lower percentage of younger juveniles showed significant symptoms of substance dependence disorder compared to older juveniles.
- » A lower percentage of black juveniles showed significant symptoms of substance dependence disorder compared to white juveniles and juveniles of other races.



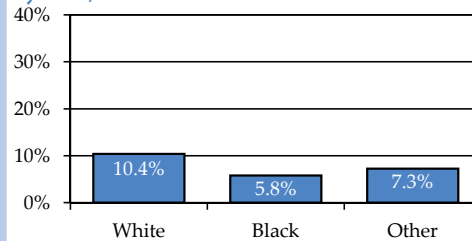
Previous Inpatient Substance Abuse Treatment

- » The percentage of juveniles with previous inpatient substance abuse treatment decreased from 8% in FY 2004 to 3% in FY 2013, peaking in FY 2007 at 15%.
- » A higher percentage of white juveniles had previous inpatient substance abuse treatment compared to black juveniles and juveniles of any other race.

Previous Inpatient Substance Abuse Treatment, FY 2004-2013



Previous Inpatient Substance Abuse Treatment by Race, FY 2004-2013



8

Sexual Topics

The information presented in this section was collected using the Offense History Data (Appendix A), Social History Information (Appendix B), and the Psychological Information (Appendix C) forms. Topics covered in this section include sexual behaviors and sexual assault. The majority of the questions dealing with sexual behavior are self-reported by the juvenile; therefore, the data may be limited in its accuracy because there is no other way to collect such information. (See the Family & Parenting section for data on sexual abuse by a family member.)

Comparison to National Statistics

Juveniles committed to DJJ have participated in certain sexual behaviors at a higher rate than juveniles in the general population. According to the CDC's Youth Risk Behavior Surveillance (Kann et al., 2013), in 2013, 47% of high school students reported ever having sexual intercourse, and 15% reported having sex with four or more partners during their lifetime. Of those youth who ever had sexual intercourse, 59% nationwide reported having sex without a condom. Additionally, the CDC's survey stated that 6% of high school students had sexual intercourse before age 13. In comparison, 87% of all admissions to DJJ in FY 2013 reported ever having sexual intercourse, and 57% reported having sex with four or more partners in the past three years. Of DJJ's admissions in FY 2013 who ever had sexual intercourse, 77% reported having sex without a condom. In FY 2013, 25% of DJJ's admissions had sexual intercourse before age 13.

Sexual Assault

According to the American Academy of Child & Adolescent Psychiatry, about 80,000 cases of child sexual abuse are reported every year. However, there are likely many more that go unreported because the child feels embarrassed or ashamed of the incident (American Academy of Child & Adolescent Psychiatry, 2014). A 2003 report from the National Institute of Justice stated that three out of every four adolescents who were sexually assaulted were victimized by someone they knew (Kilpatrick, Saunders, & Smith, 2003).

Victims of sexual assault often develop low self-esteem, distorted views of sex, mistrust of adults, and mental health problems such as depression and suicidal thoughts (The National Center for Victims of Crime, 2012). Specifically, a study of girls involved with or at risk of involvement with the juvenile justice system in Pittsburgh, Pennsylvania found higher incidences of mental health, school, substance use, risky sexual behavior, and delinquency problems among girls with a history of sexual abuse (Goodkind, Ng, & Sarri, 2006). A history of sexual abuse has also been linked to sexual offending (Seto & Lalumière, 2010).

Sex Offenders

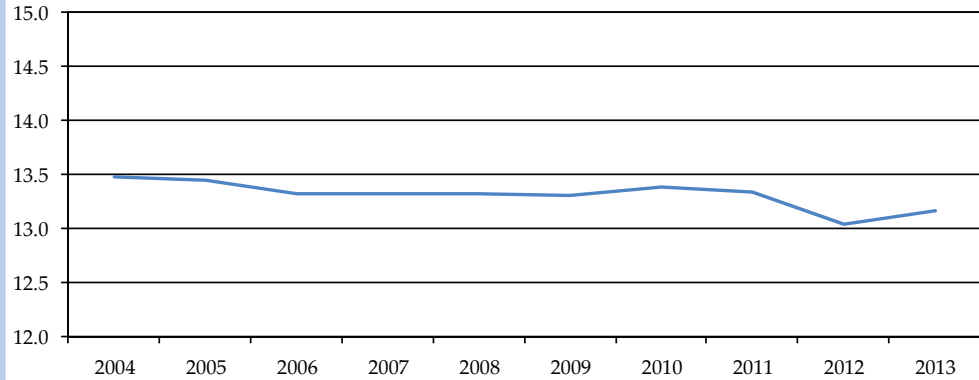
In FY 2013, 8% of all admissions to DJJ had a most serious committing offense of sexual abuse. DJJ provides sex offender treatment to any juvenile who is in need of services. Despite the seriousness of this offense category, juveniles who commit sex offenses typically have lower recidivism rates than juveniles who commit other types of offenses (Caldwell, 2007). DJJ's population reflects this trend; based on data tracked through FY 2013, juveniles with mandatory or recommended sex offender treatment needs had lower 12-month rearrest rates than all other juveniles released in FYs 2010, 2011, and 2012 (Virginia DJJ, 2014).



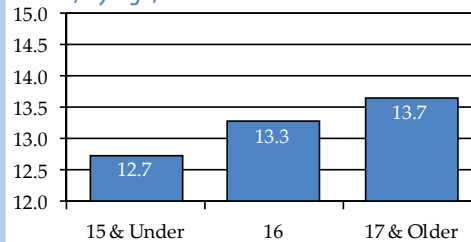
Age at First Sexual Intercourse

- » The average age at first sexual intercourse, excluding abuse, remained between 13 and 14 years of age since FY 2004.
- » Older juveniles had a higher average age at first sexual intercourse compared to younger juveniles.
- » White juveniles had a higher average age at first sexual intercourse compared to black juveniles and juveniles of other races.
- » Females had a higher average age at first sexual intercourse compared to males.

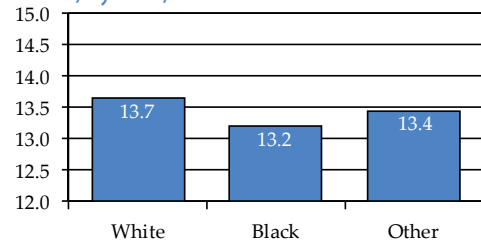
Average Age at First Sexual Intercourse (Not Abuse), FY 2004-2013



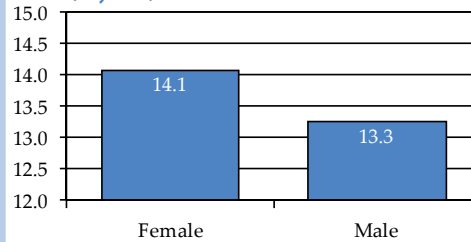
Average Age at First Sexual Intercourse (Not Abuse) by Age, FY 2004-2013



Average Age at First Sexual Intercourse (Not Abuse) by Race, FY 2004-2013



Average Age at First Sexual Intercourse (Not Abuse) by Sex, FY 2004-2013

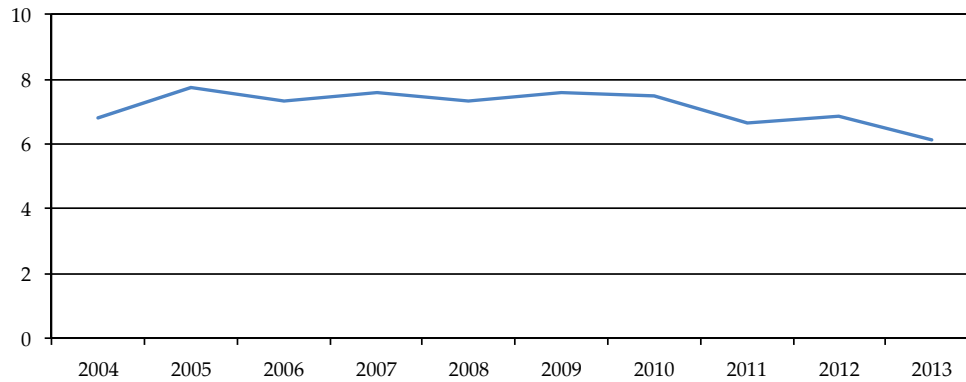


According to the CDC's Youth Risk Behavior Surveillance in 2013, 5.6% of high school students nationwide reported having intercourse before the age of 13.



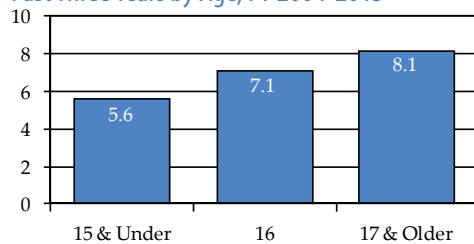
Number of Sexual Partners

Average Number of Sexual Partners During the Past Three Years, FY 2004-2013

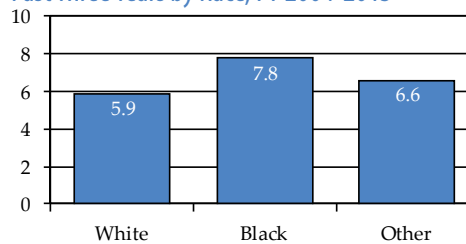


- » The average number of sexual partners in the past three years remained between six and eight since FY 2004.
- » Older juveniles had a higher average number of sexual partners compared to younger juveniles.
- » Black juveniles had a higher average number of sexual partners compared to white juveniles and juveniles of other races.
- » Males had a higher average number of sexual partners compared to females.

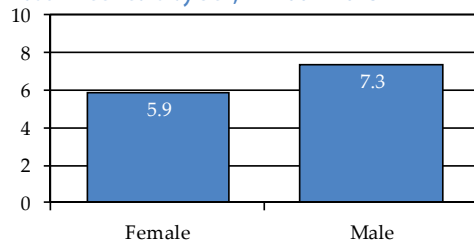
Average Number of Sexual Partners During the Past Three Years by Age, FY 2004-2013



Average Number of Sexual Partners During the Past Three Years by Race, FY 2004-2013



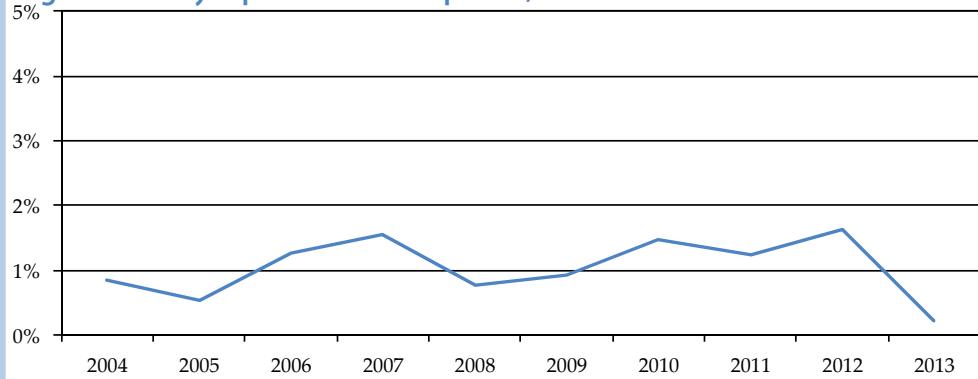
Average Number of Sexual Partners During the Past Three Years by Sex, FY 2004-2013



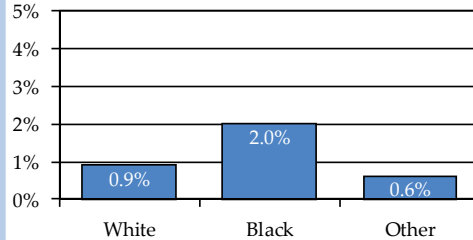
Paraphilia

- » The percentage of juveniles who showed significant symptoms of paraphilia remained below 2% since FY 2004.
- » A higher percentage of black juveniles showed significant symptoms of paraphilia than white juveniles and juveniles of other races.
- » A higher percentage of males showed significant symptoms of paraphilia; no females showed significant symptoms of paraphilia.

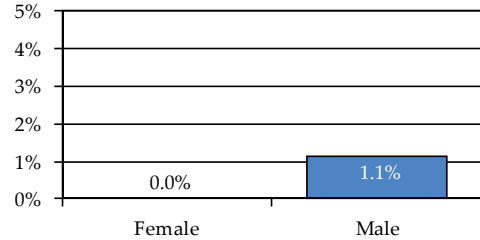
Significant Symptoms of Paraphilia, FY 2004-2013



Significant Symptoms of Paraphilia by Race, FY 2004-2013



Significant Symptoms of Paraphilia by Sex, FY 2004-2013

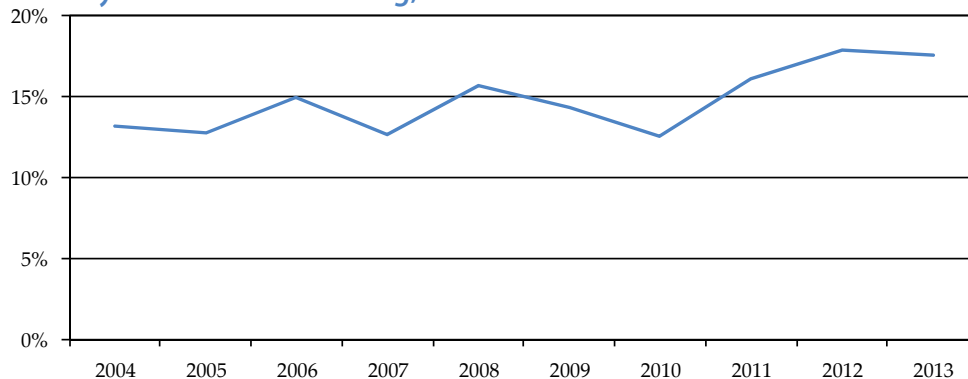


Paraphilia is a condition in which a person's sexual arousal or gratification is associated with atypical objects, situations, or individuals.



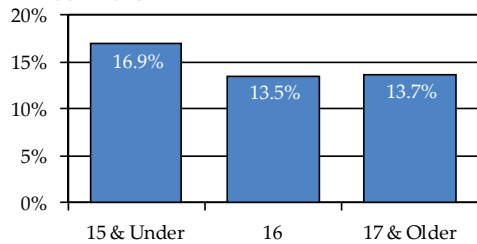
Sexual Offending

History of Sexual Offending, FY 2004-2013

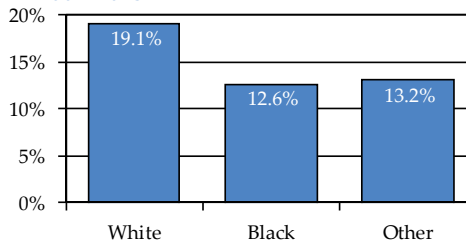


- » The percentage of juveniles with a history of sexual offending increased from 13% in FY 2004 to 18% in FY 2013.
- » A higher percentage of younger juveniles had a history of sexual offending than older juveniles.
- » A higher percentage of white juveniles had a history of sexual offending compared to black juveniles and juveniles of other races.
- » A higher percentage of males had a history of sexual offending compared to females.

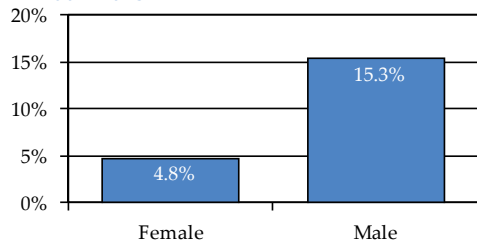
History of Sexual Offending by Age, FY 2004-2013



History of Sexual Offending by Race, FY 2004-2013



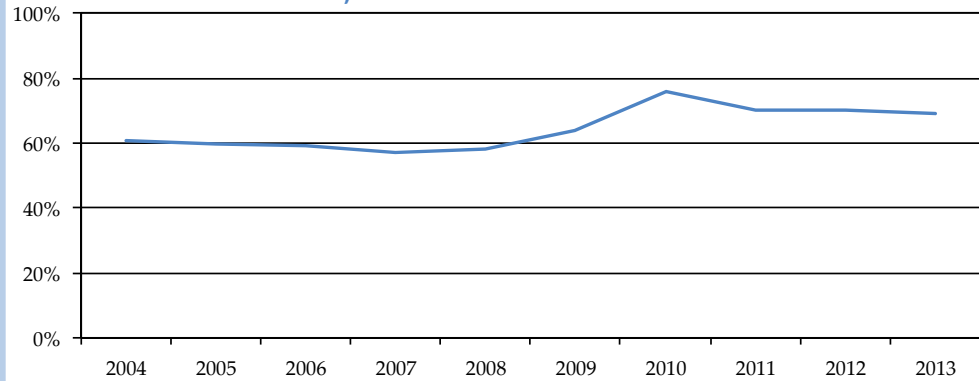
History of Sexual Offending by Sex, FY 2004-2013



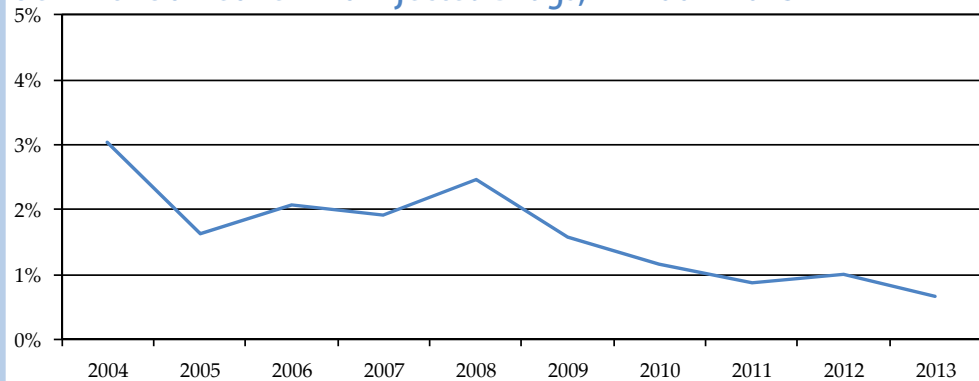
High-Risk Sexual Behavior

- » An average of 65% of juveniles reported ever having sex without a condom since FY 2004.
- » An average of 2% of juveniles reported ever having sex with someone who injected drugs since FY 2004.
- » An average of 1% of juveniles reported ever trading sex for drugs or money since FY 2004.

Sex without a Condom, FY 2004-2013

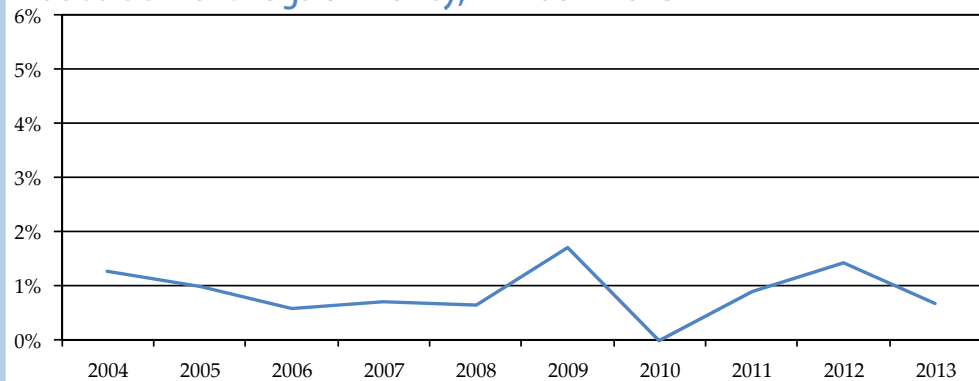


Sex with Someone who Injected Drugs, FY 2004-2013



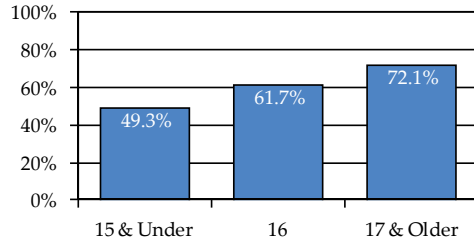
According to the CDC's Youth Risk Behavior Surveillance in 2013, 13.7% of high school students nationwide reported having sex without birth control.

Traded Sex for Drugs or Money, FY 2004-2013

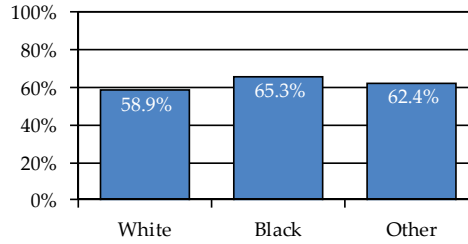


High-Risk Sexual Behavior, cont.

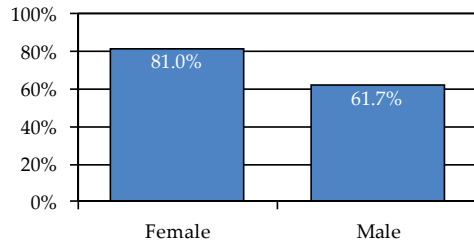
Sex without a Condom by Age, FY 2004-2013



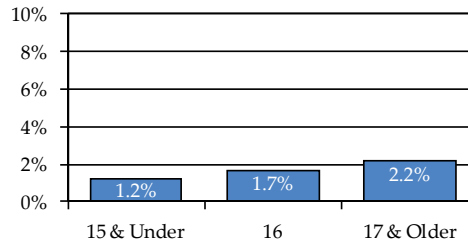
Sex without a Condom by Race, FY 2004-2013



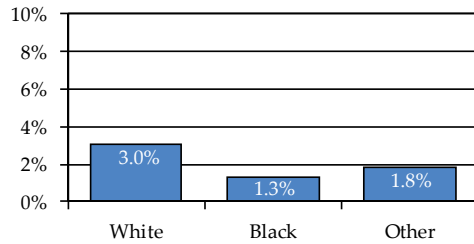
Sex without a Condom by Sex, FY 2004-2013



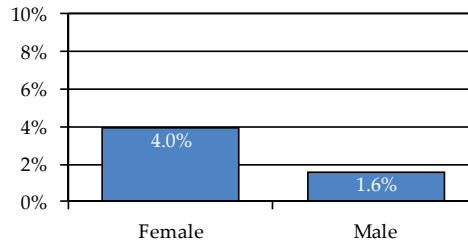
Sex with Someone who Injected Drugs by Age, FY 2004-2013



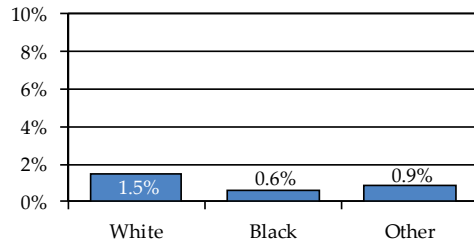
Sex with Someone who Injected Drugs by Race, FY 2004-2013



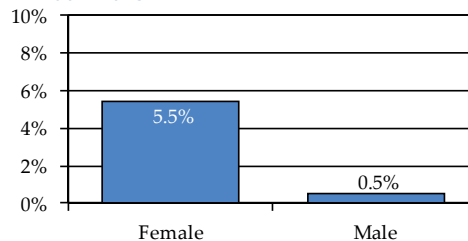
Sex with Someone who Injected Drugs by Sex, FY 2004-2013



Traded Sex for Drugs or Money by Race, FY 2004-2013



Traded Sex for Drugs or Money by Sex, FY 2004-2013



- » A higher percentage of older juveniles reported having sex without a condom compared to younger juveniles.
- » A higher percentage of black juveniles reported having sex without a condom compared to white juveniles and juveniles of other races.
- » A higher percentage of females reported having sex without a condom compared to males.
- » A higher percentage of older juveniles reported having sex with someone who injected drugs compared to younger juveniles.
- » A higher percentage of white juveniles reported having sex with someone who injected drugs compared to black juveniles and juveniles of other races.
- » A higher percentage of females reported having sex with someone who injected drugs compared to males.
- » A higher percentage of white juveniles reported trading sex for drugs or money compared to black juveniles or juveniles of other races.
- » A higher percentage of females reported trading sex for drugs or money compared to males.

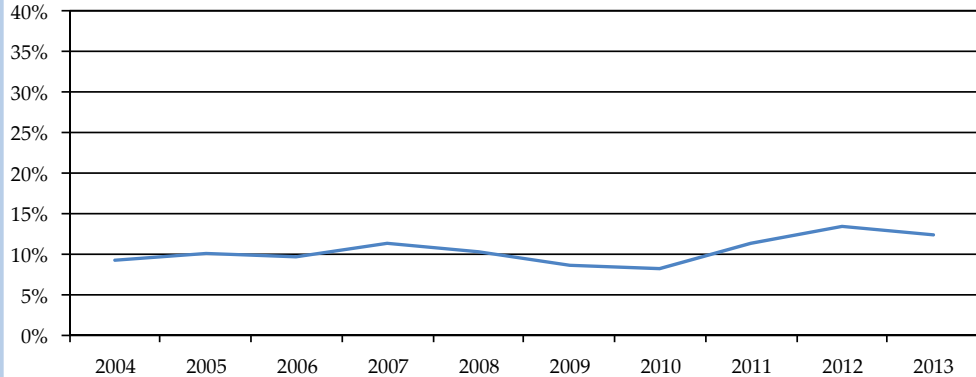


Sexual Assault

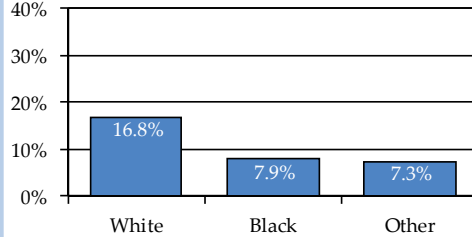
- » An average of 11% of juveniles were victims of sexual assault since FY 2004.
- » Sexual assault by family member is presented in the Family & Parenting section.
- » A higher percentage of white juveniles were victims of sexual assault compared to black juveniles and juveniles of other races.
- » A higher percentage of females were victims of sexual assault compared to males.
- » An average of 14% of juveniles were perpetrators of sexual assault since FY 2011.
- » A higher percentage of white juveniles were perpetrators of sexual assault compared to black juveniles and juveniles of other races.
- » A higher percentage of males were perpetrators of sexual assault compared to females.

HHS published a report in 2011 estimating that 9.2 out of every 1,000 children under the age of 18 (1%) were victims of maltreatment in 2010. Out of that 1%, 9% were victims of sexual abuse.

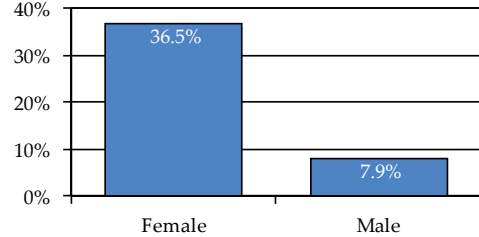
Victim of Sexual Assault, FY 2004-2013



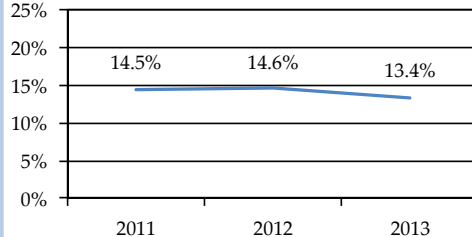
Victim of Sexual Assault by Race, FY 2004-2013



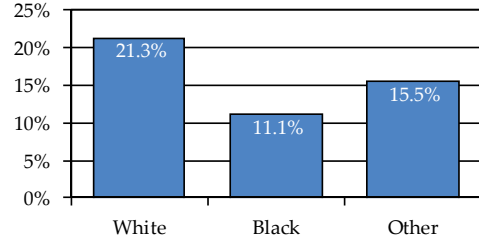
Victim of Sexual Assault by Sex, FY 2004-2013



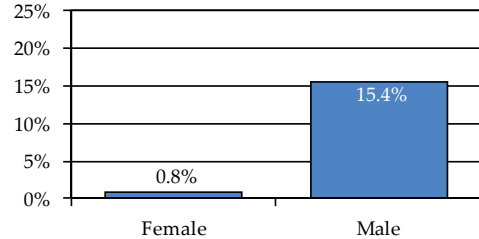
Perpetrator of Sexual Assault, FY 2011-2013



Perpetrator of Sexual Assault by Race, FY 2011-2013



Perpetrator of Sexual Assault by Sex, FY 2011-2013



9 Offenses

The Offenses section combines information from the Offense History Data (Appendix A), LOS Determination (Appendix G), and the Initial Custody Designation (Appendix H) forms as well as DJJ's electronic data management system to show the quantity and types of offenses for which juveniles at DJJ are committed. This section includes treatment needs and security risks, which can impact how long a juvenile remains committed to DJJ.

Types of Offenses Nationwide

The CJRP collects information on incarcerated juveniles every two to three years, including information on the types of committing offenses. The offense types are grouped into the following categories: person, property, drug, public order, status, and technical violations. According to the CJRP, the percentage of juveniles with a person offense as their most serious committing offense increased from 34% in 2006 to 37% in 2013; around 25% of juveniles had a property offense as their most serious offense each year that the survey was conducted since 2006; juveniles with a drug offense as their most serious offense decreased from 9% in 2006 to 7% in 2013 (National Center for Juvenile Justice, OJJDP, Office of Justice Programs, U.S. Department of Justice, 2013).

Despite the national decrease in the rate of juvenile incarceration (Juvenile Law Center, 2014), the U.S. still leads the industrialized world in the rate at which it confines youth in residential facilities (AECF, 2013b). Furthermore, a paper published by the AECF in 2013 states that 40% of juvenile commitments and detention in the U.S. are due to technical violations of probation, drug possession, low-level property offenses, public order offenses, and status offenses.

LOS and Recidivism

In response to rising juvenile crime rates in the late 1980s and early 1990s as well as the resulting "tough on juvenile crime" policies and legislation in the vast majority of states (Winokur, 2008), the U.S. Supreme Court struck down state laws imposing the death penalty or life without parole for juveniles as cruel and unusual punishment. In recent years, a renewed focus on juve-

nile rehabilitation has contributed to a proliferation of calls for evidence-based juvenile court sanctions, including a variety of programs, interventions, and incapacitation strategies to reduce recidivism.

Early studies found that a longer LOS was not associated with reduced subsequent recidivism (Saake, 1972; Fagan, 1995). Another early study argued that incarceration did not serve as a deterrent for juvenile offenders based on an examination of the relationship between the length of first confinement and number of subsequent convictions among a sample of male juvenile offenders. Furthermore, the study also found that the longer the length of the initial incarceration, the greater the number of subsequent convictions (Myner, Santman, Cappelletty, & Perlmutter, 1998). A 1999 review of Virginia's juvenile offender population conducted by the Virginia Poverty Law Center found that incarcerating juveniles beyond the point of rehabilitation may make youth more dangerous than they were when initially incarcerated and may hamper successful reintegration into the community following release (Burdeiri, 1999).

At the same time, there is some research to support opposing viewpoints and themes. A 2009 study of Washington's juvenile justice system found that juveniles sentenced to state incarceration for three to nine months have a daily hazard rate of recidivating that is approximately 37% lower than that of youths sentenced to a local sanction such as short term detention, community supervision, community service, and monetary fines (Hjalmarsson, 2009).

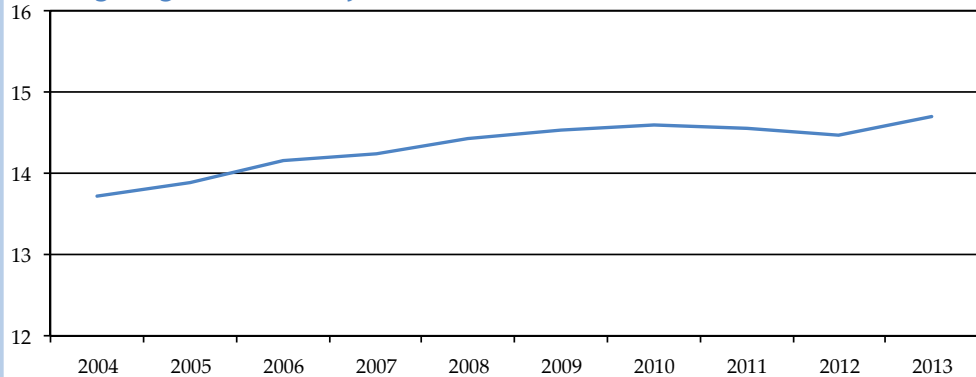
The inconsistent findings of studies examining the effect of LOS on recidivism highlight the fact that other factors may have a stronger relationship. It is well-documented that juveniles with mental health issues, disabilities, and a history of sexual abuse, dependency, or neglect have higher probabilities of recidivating (Glisson, Bailey, & Post, 2000).



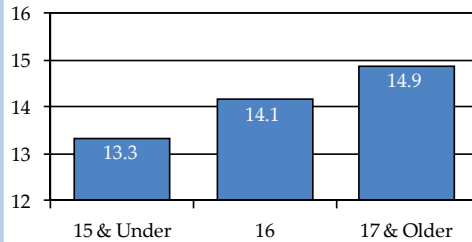
Age at First Adjudication

- » The average age at first adjudication increased from 13.7 in FY 2004 to 14.7 in FY 2013.
- » Older juveniles had a higher average age at first adjudication compared to younger juveniles.
- » Black juveniles had a lower average age at first adjudication compared to white juveniles and juveniles of other races.

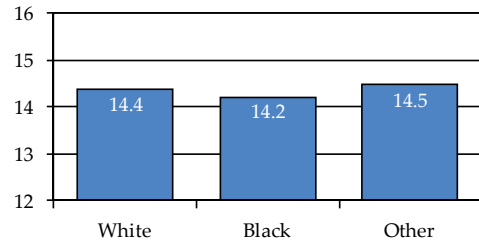
Average Age at First Adjudication, FY 2004-2013



Average Age at First Adjudication by Age, FY 2004-2013



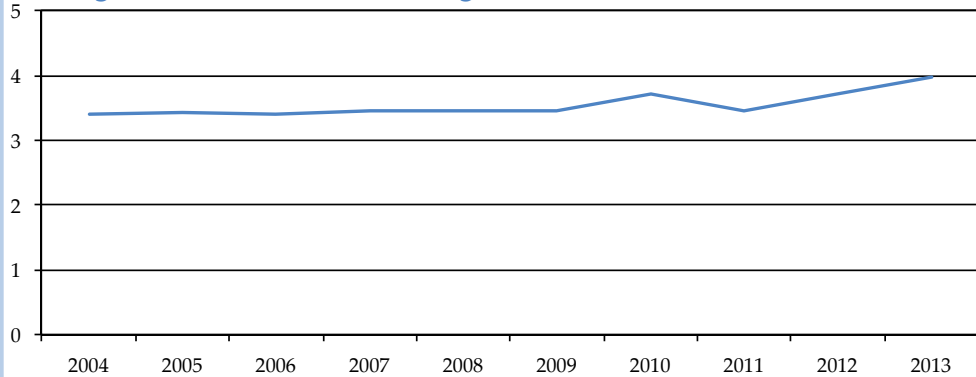
Average Age at First Adjudication by Race, FY 2004-2013



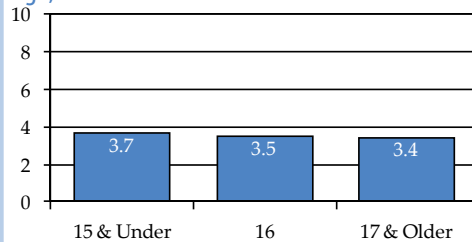
Committing Offenses*

- » The average number of committing offenses increased from 3.4 in FY 2004 to 4.0 in FY 2013.
- » Younger juveniles had a higher average number of committing offenses compared to older juveniles.
- » White juveniles had a higher average number of committing offenses compared to black juveniles and juveniles of other races.

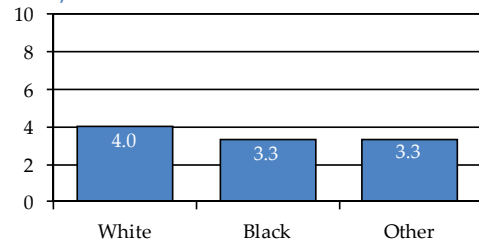
Average Number of Committing Offenses, FY 2004-2013



Average Number of Committing Offenses by Age, FY 2004-2013



Average Number of Committing Offenses by Race, FY 2004-2013

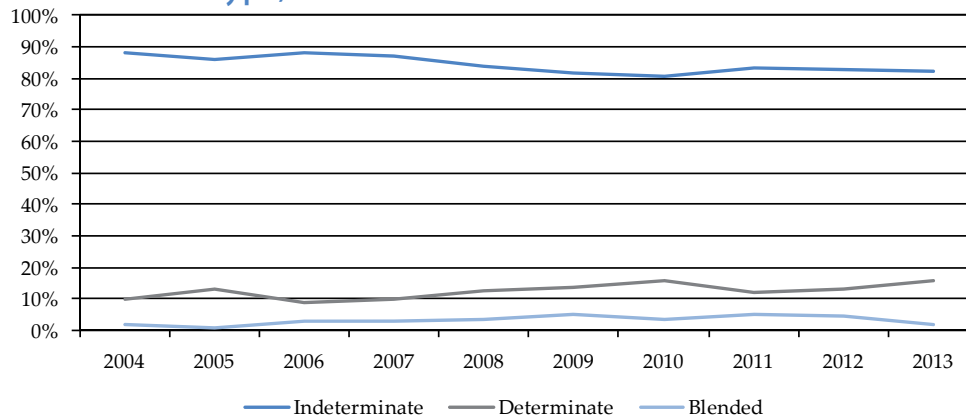


* Data include offenses during commitment that resulted in a subsequent commitment.



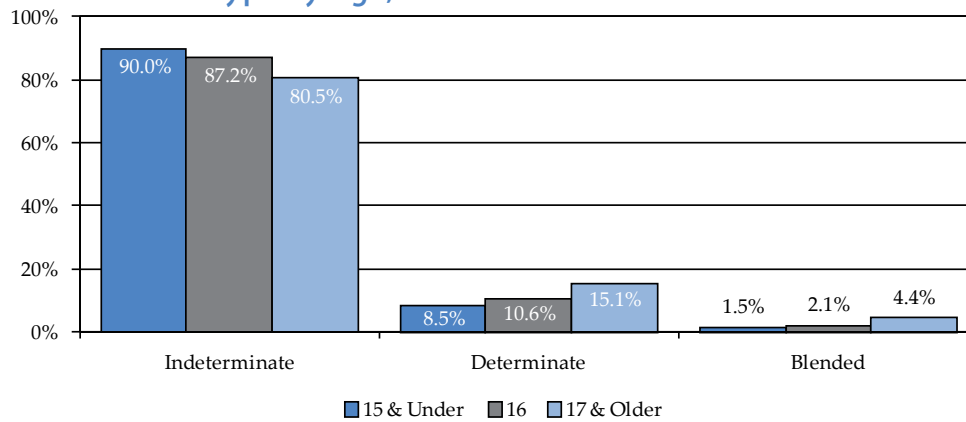
Commitment Type*

Commitment Type, FY 2004-2013



- » The majority of all commitments were indeterminate each year since FY 2004.
- » A higher percentage of older juveniles had determinate or blended sentences compared to younger juveniles.

Commitment Type by Age, FY 2004-2013



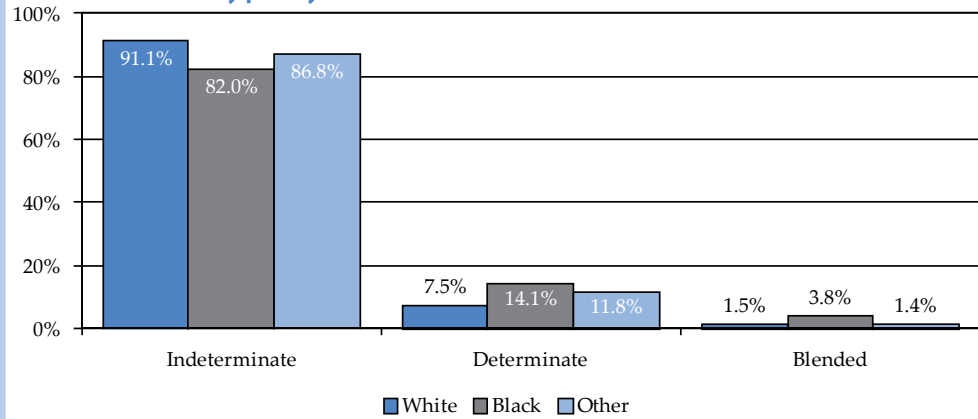
* If a juvenile had multiple commitments for the same admission (including subsequent commitments), commitment type was determined by the commitment with the longest assigned LOS.



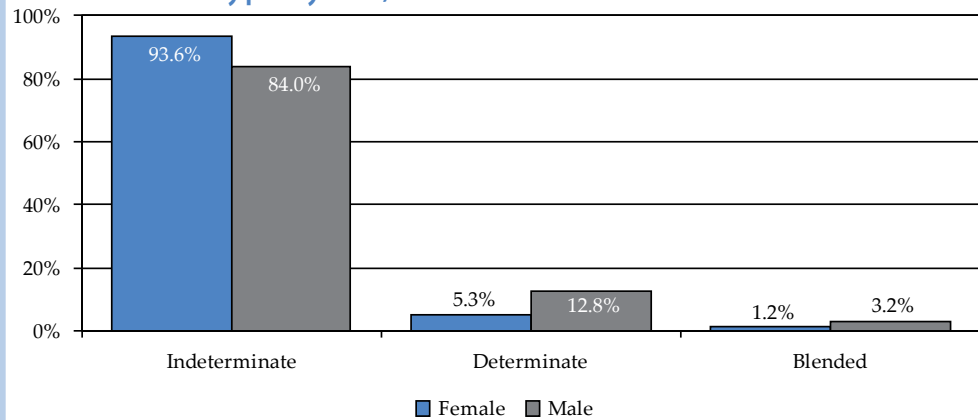
Commitment Type, cont.*

- » A higher percentage of black juveniles had determinate and blended sentences compared to white juveniles and juveniles of other races.
- » A higher percentage of males had determinate or blended sentences compared to females.

Commitment Type by Race, FY 2004-2013



Commitment Type by Sex, FY 2004-2013

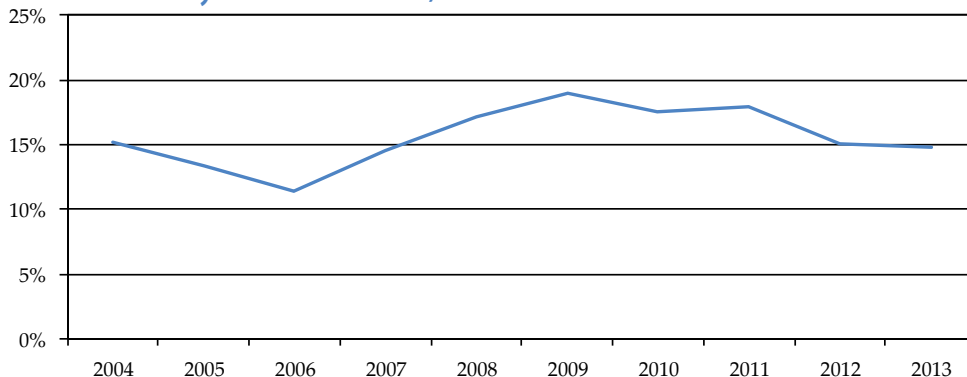


* If a juvenile had multiple commitments for the same admission (including subsequent commitments), commitment type was determined by the commitment with the longest assigned LOS.



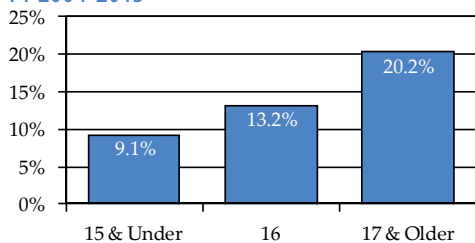
Circuit Court Commitments*

Committed by a Circuit Court, FY 2004-2013

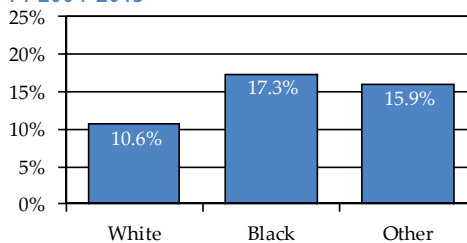


- » An average of 16% of juveniles were committed by a circuit court every year since FY 2004.
- » A higher percentage of older juveniles were committed by a circuit court compared to younger juveniles.
- » A higher percentage of black juveniles were committed by a circuit court compared to white juveniles and juveniles of other races.
- » A higher percentage of males were committed by a circuit court compared to females.

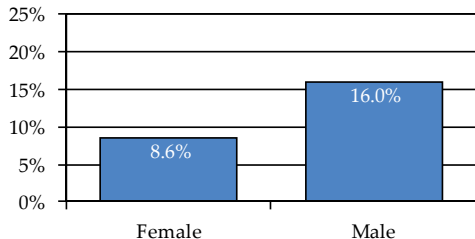
Committed by a Circuit Court by Age, FY 2004-2013



Committed by a Circuit Court by Race, FY 2004-2013



Committed by a Circuit Court by Sex, FY 2004-2013



* Court type was determined by the first commitment associated with the admission.



Committing CSU*

» Between FY 2009 and FY 2013, the highest percentage of juveniles were committed by CSU 13 (Richmond) followed by CSU 4 (Norfolk) and CSU 14 (Henrico).

Committing CSU, FY 2009-2013

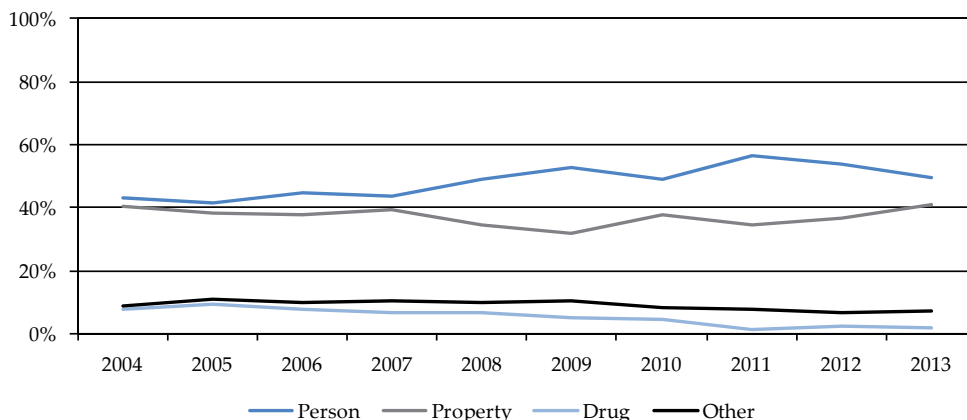
| | 2009 | 2010 | 2011 | 2012 | 2013 | Total |
|--------------|------|------|------|------|-------|-------|
| 1 | 1.4% | 1.5% | 2.1% | 2.8% | 3.0% | 2.1% |
| 2 | 5.7% | 4.6% | 4.2% | 6.1% | 6.2% | 5.3% |
| 2A | 0.7% | 2.0% | 0.7% | 0.6% | 1.4% | 1.0% |
| 3 | 2.9% | 2.8% | 3.9% | 4.1% | 3.4% | 3.4% |
| 4 | 5.8% | 5.5% | 9.0% | 9.1% | 8.9% | 7.4% |
| 5 | 2.5% | 3.0% | 2.7% | 2.6% | 5.7% | 3.1% |
| 6 | 1.7% | 1.5% | 1.9% | 1.8% | 1.8% | 1.7% |
| 7 | 6.5% | 6.0% | 6.5% | 5.9% | 7.3% | 6.4% |
| 8 | 4.9% | 4.0% | 4.8% | 5.7% | 3.2% | 4.5% |
| 9 | 1.8% | 2.3% | 3.2% | 3.4% | 3.6% | 2.8% |
| 10 | 1.8% | 1.0% | 1.1% | 1.0% | 1.1% | 1.3% |
| 11 | 4.9% | 4.1% | 3.0% | 3.9% | 1.1% | 3.6% |
| 12 | 3.8% | 4.3% | 5.8% | 3.7% | 4.8% | 4.4% |
| 13 | 9.0% | 7.8% | 6.2% | 7.3% | 11.6% | 8.3% |
| 14 | 6.7% | 7.9% | 7.3% | 7.1% | 5.5% | 7.0% |
| 15 | 6.6% | 6.1% | 6.9% | 5.3% | 6.8% | 6.4% |
| 16 | 4.3% | 3.1% | 5.7% | 4.1% | 2.5% | 4.0% |
| 17 | 2.4% | 2.5% | 1.8% | 3.2% | 1.6% | 2.3% |
| 17F | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 18 | 1.6% | 0.7% | 0.7% | 1.8% | 0.5% | 1.1% |
| 19 | 4.7% | 5.1% | 3.0% | 3.2% | 2.3% | 3.8% |
| 20L | 1.4% | 0.7% | 0.5% | 0.4% | 1.4% | 0.9% |
| 20W | 0.3% | 0.7% | 0.5% | 0.0% | 0.2% | 0.3% |
| 21 | 1.3% | 1.8% | 1.9% | 2.0% | 0.9% | 1.6% |
| 22 | 3.6% | 4.0% | 3.7% | 3.2% | 3.2% | 3.6% |
| 23 | 0.1% | 0.7% | 0.2% | 0.2% | 0.0% | 0.2% |
| 23A | 2.5% | 2.8% | 1.2% | 1.2% | 1.1% | 1.9% |
| 24 | 1.6% | 3.1% | 2.7% | 2.4% | 1.8% | 2.3% |
| 25 | 1.7% | 0.7% | 1.9% | 1.6% | 1.6% | 1.5% |
| 26 | 2.1% | 3.0% | 2.5% | 1.4% | 1.4% | 2.1% |
| 27 | 0.4% | 1.3% | 0.7% | 0.4% | 1.6% | 0.8% |
| 28 | 0.7% | 0.2% | 0.4% | 0.0% | 0.0% | 0.3% |
| 29 | 0.5% | 0.2% | 0.5% | 0.6% | 0.5% | 0.5% |
| 30 | 0.3% | 0.7% | 0.0% | 0.2% | 0.0% | 0.2% |
| 31 | 3.8% | 4.5% | 2.7% | 3.4% | 4.1% | 3.7% |
| <i>Total</i> | 759 | 604 | 565 | 493 | 439 | 2,860 |

* CSU was determined by the first commitment associated with the admission.



MSO by VCSC*

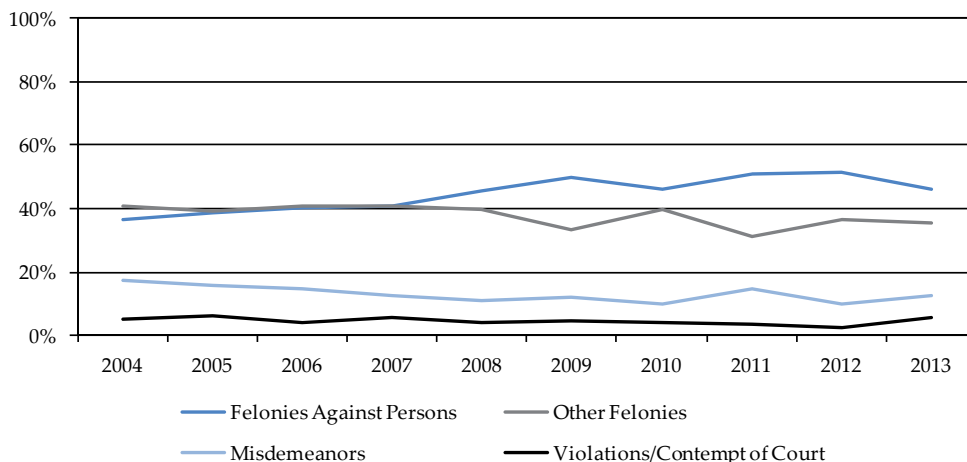
Most Serious Committing Offense based on VCSC Ranking, FY 2004-2013



- » The highest percentage of juveniles had a person offense as their most serious committing offense.
- » The percentage of admissions with a person offense as their most serious committing offense increased from 43% in FY 2004 to 50% in FY 2013.

MSO by DAI*

Most Serious Committing Offense based on DAI Ranking, FY 2004-2013



- » In FY 2004 the highest percentage of juveniles had an other felony as their most serious committing offense.
- » In FY 2013 the highest percentage of juveniles had a felony against persons as their most serious committing offense.
- » The percent of admissions with a felony against persons as their most serious committing offense increased from 37% in FY 2004 to 46% in FY 2013.

According to the CJRP, the percentage of juveniles with a person offense as their most serious committing offense increased from 34% in 2006 to 37% in 2013; an average of 24% of juveniles had a property offense as their most serious offense each year that the survey was conducted since 2006; juveniles with a drug offense as their most serious offense decreased from 9% in 2006 to 7% in 2013.

* Data include offenses occurring during commitment that resulted in a subsequent commitment.



Offense Category*

» Between FY 2009 and FY 2013, robbery was the offense category with the highest percentage of admissions followed by larceny, burglary, and assault.

Most Serious Committing Offense Category, FY 2009-2013

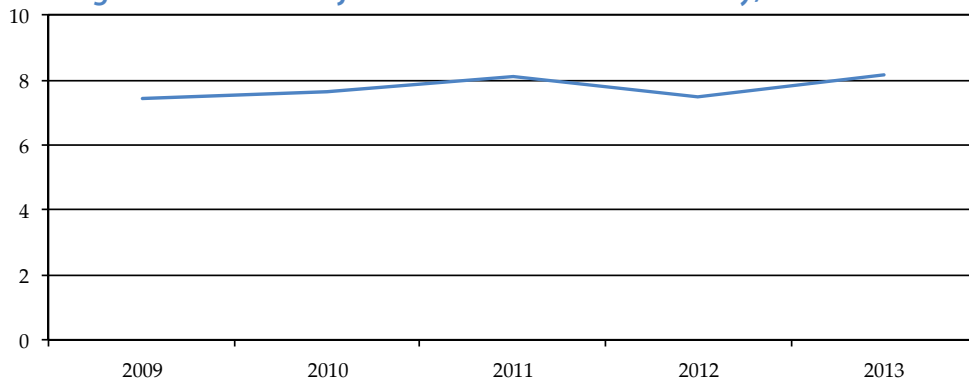
| | 2009 | 2010 | 2011 | 2012 | 2013 | Total |
|------------------------|-------|-------|-------|-------|-------|-------|
| Abusive Language | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% |
| Alcohol | 0.1% | 0.2% | 0.5% | 0.6% | 0.5% | 0.3% |
| Arson | 0.4% | 2.0% | 0.9% | 0.6% | 0.9% | 0.9% |
| Assault | 15.7% | 16.1% | 18.1% | 14.0% | 11.8% | 15.3% |
| Burglary | 13.3% | 17.2% | 12.7% | 16.8% | 20.0% | 15.7% |
| Contempt of Court | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Disorderly Conduct | 0.5% | 0.2% | 0.2% | 0.6% | 0.2% | 0.3% |
| Escapes | 0.0% | 0.0% | 0.2% | 0.2% | 0.0% | 0.1% |
| Extortion | 0.3% | 0.0% | 0.4% | 0.4% | 0.7% | 0.3% |
| Failure to Appear | 0.1% | 0.0% | 0.2% | 0.0% | 0.0% | 0.1% |
| Family Offense | 0.0% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% |
| Fraud | 1.7% | 2.0% | 1.8% | 2.0% | 0.9% | 1.7% |
| Gangs | 1.6% | 1.2% | 1.1% | 0.6% | 0.2% | 1.0% |
| Kidnapping | 0.5% | 0.8% | 0.5% | 1.0% | 0.9% | 0.7% |
| Larceny | 17.1% | 16.9% | 19.3% | 18.5% | 18.9% | 18.0% |
| Misc./Other | 0.1% | 0.3% | 0.7% | 0.2% | 0.7% | 0.4% |
| Murder | 0.8% | 0.3% | 0.4% | 1.2% | 1.1% | 0.7% |
| Narcotics | 4.9% | 4.5% | 1.6% | 2.6% | 1.8% | 3.3% |
| Obscenity | 0.1% | 0.2% | 0.2% | 0.2% | 0.0% | 0.1% |
| Obstruction of Justice | 0.9% | 0.3% | 0.2% | 0.6% | 0.2% | 0.5% |
| Parole Violation | 4.6% | 4.0% | 3.4% | 2.4% | 5.7% | 4.0% |
| Probation Violation | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% |
| Robbery | 24.8% | 19.2% | 22.1% | 22.5% | 23.2% | 22.4% |
| Sexual Abuse | 7.5% | 7.3% | 9.7% | 9.9% | 7.7% | 8.4% |
| Sexual Offense | 0.0% | 0.0% | 0.0% | 0.4% | 0.0% | 0.1% |
| Traffic | 0.8% | 1.5% | 0.9% | 0.8% | 1.1% | 1.0% |
| Trespass | 0.3% | 0.2% | 0.5% | 0.4% | 0.2% | 0.3% |
| Vandalism | 1.6% | 2.6% | 2.1% | 1.8% | 2.7% | 2.1% |
| Weapons | 2.2% | 2.8% | 2.3% | 1.4% | 0.2% | 1.9% |
| <i>Total</i> | 759 | 604 | 565 | 493 | 439 | 2,860 |

* Data include offenses occurring during commitment that resulted in a subsequent commitment.



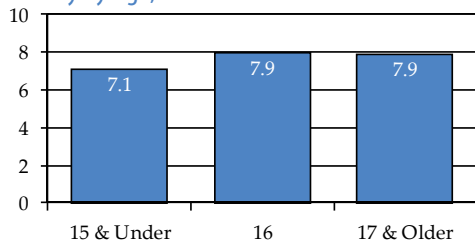
Adjudicated Offenses in History*

Average Number of Adjudicated Offenses in History, FY 2009-2013

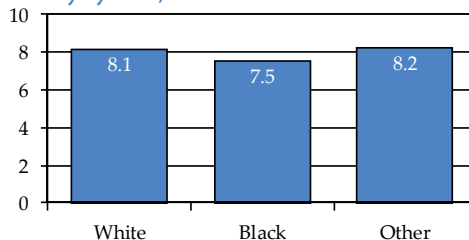


- » The average number of adjudicated offenses in a juvenile’s history increased from 7.4 in FY 2009 to 8.2 in FY 2013.
- » Older juveniles had a higher average number of adjudicated offenses in their history compared to younger juveniles.
- » Black juveniles had a lower average number of adjudicated offenses in their history compared to white juveniles and juveniles of other races.

Average Number of Adjudicated Offenses in History by Age, FY 2009-2013



Average Number of Adjudicated Offenses in History by Race, FY 2009-2013



Juveniles’ committing offenses for their current admission are included in the number of adjudicated offenses in history.

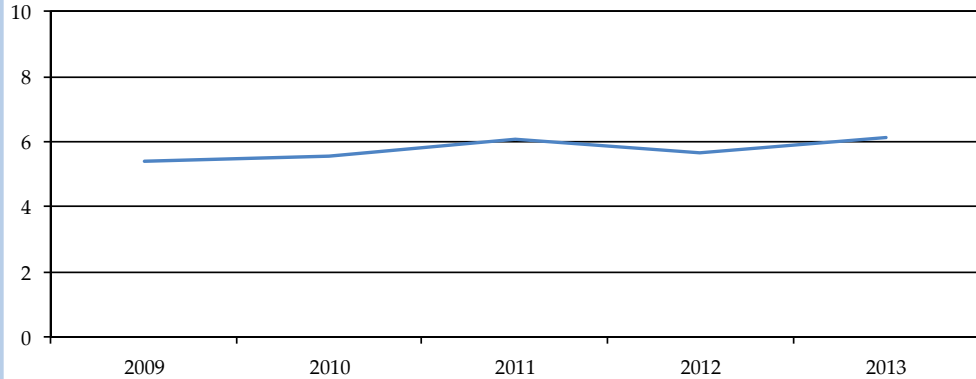
* Data exclude offenses occurring during commitment that resulted in a subsequent commitment.



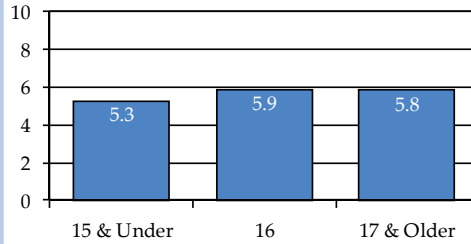
Adjudicated Offenses in History, cont.*

- » The average number of adjudicated offenses in a juvenile's history with unique offense dates increased from 5.4 in FY 2009 to 6.1 in FY 2013.
- » Older juveniles had a higher average number of adjudicated offenses with unique offense dates compared to younger juveniles.
- » Black juveniles had a lower average number of adjudicated offenses with unique offense dates compared to white juveniles and juveniles of other races.
- » Females had a higher average number of adjudicated offenses with unique offense dates compared to males.

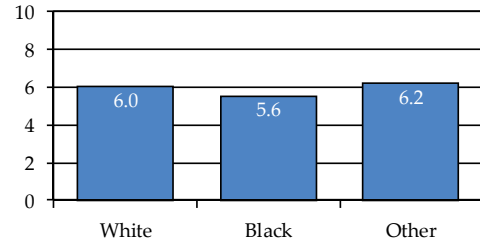
Average Number of Adjudicated Offenses in History with Unique Offense Dates, FY 2009-2013



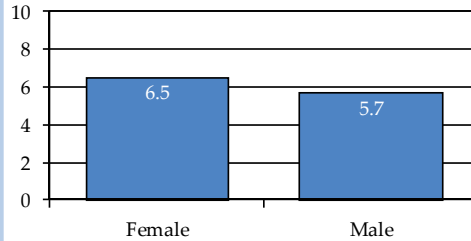
Average Number of Adjudicated Offenses in History with Unique Offense Dates by Age, FY 2009-2013



Average Number of Adjudicated Offenses in History with Unique Offense Dates by Race, FY 2009-2013



Average Number of Adjudicated Offenses in History with Unique Offense Dates by Sex, FY 2009-2013



Juveniles' committing offenses for their current admission are included in the number of adjudicated offenses in history.

* Data exclude offenses occurring during commitment that resulted in a subsequent commitment.



Adjudicated Offenses in History by Category*

Adjudicated Offenses in History by Category, FY 2009-2013

| | 2009 | 2010 | 2011 | 2012 | 2013 |
|--------------|-------|-------|-------|-------|-------|
| Assault | 52.2% | 52.2% | 54.7% | 50.3% | 48.5% |
| Burglary | 27.8% | 31.1% | 31.2% | 27.6% | 36.7% |
| Larceny | 49.0% | 53.6% | 55.2% | 52.7% | 64.0% |
| Murder | 1.1% | 0.5% | 0.7% | 1.6% | 1.1% |
| Narcotics | 18.1% | 16.9% | 14.5% | 16.2% | 15.0% |
| Robbery | 29.0% | 25.7% | 26.5% | 28.2% | 29.6% |
| Sex Offense | 8.6% | 9.9% | 12.0% | 13.2% | 10.5% |
| <i>Total</i> | 759 | 604 | 565 | 493 | 439 |

- » The highest percentage of juveniles had assault or larceny offenses in their history.
- » Out of all felony offenses, the highest percentage of juveniles had a felony larceny offense in their history.

Adjudicated Felony Offenses in History by Category, FY 2009-2013

| | 2009 | 2010 | 2011 | 2012 | 2013 |
|--------------|-------|-------|-------|-------|-------|
| Assault | 28.2% | 29.0% | 27.3% | 26.8% | 25.1% |
| Burglary | 27.8% | 31.1% | 31.2% | 27.6% | 36.7% |
| Larceny | 42.3% | 44.2% | 44.6% | 43.0% | 51.5% |
| Murder | 1.1% | 0.5% | 0.7% | 1.6% | 1.1% |
| Narcotics | 8.6% | 7.0% | 4.6% | 5.7% | 4.3% |
| Robbery | 29.0% | 25.7% | 26.5% | 28.2% | 29.6% |
| Sex Offense | 7.5% | 9.3% | 10.6% | 12.4% | 9.8% |
| <i>Total</i> | 759 | 604 | 565 | 493 | 439 |

Juveniles' committing offenses for their current admission are included in the number of adjudicated offenses in history.

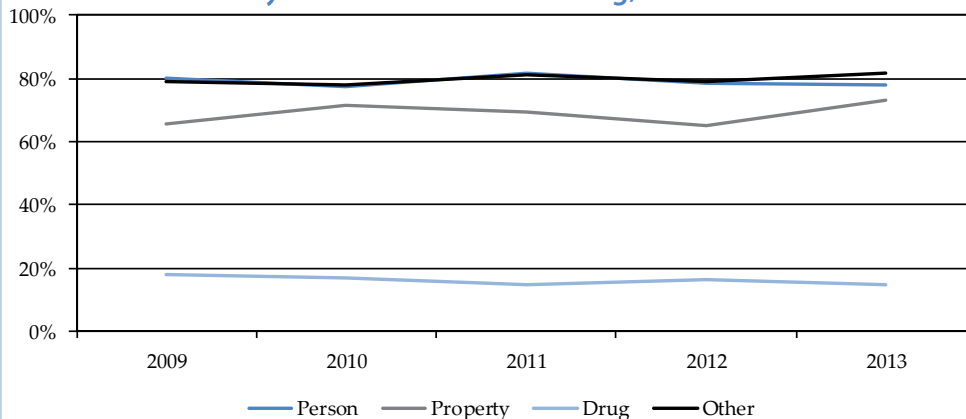
* Data exclude offenses occurring during commitment that resulted in a subsequent commitment. Percentages add to more than 100% because one juvenile may be in more than one category.



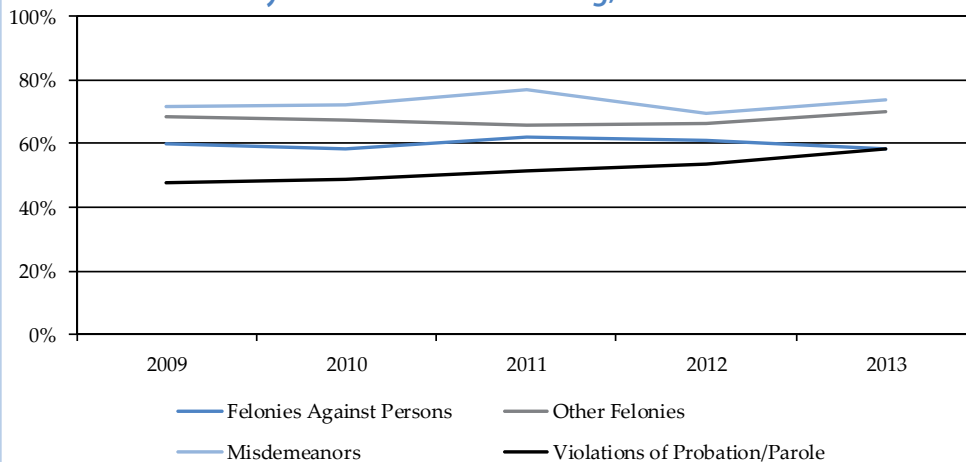
Adjudicated Offenses in History by VCSC & DAI*

- » The highest percentage of juveniles had an "Other" offense in their history. The lowest percentage of juveniles had a drug offense in their history.
- » The highest percentage of juveniles had a misdemeanor in their history.

Offenses in History based on VCSC Ranking, FY 2009-2013



Offenses in History based on DAI Ranking, FY 2009-2013



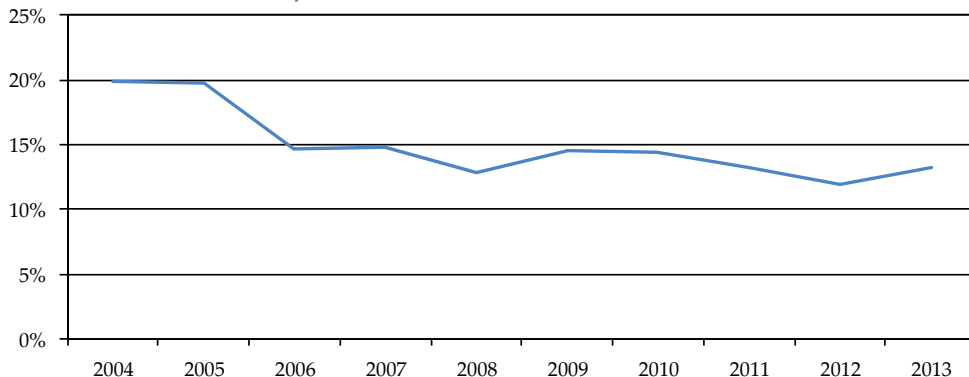
Juveniles' committing offenses for their current admission are included in the number of adjudicated offenses in history.

* Data exclude offenses occurring during commitment that resulted in a subsequent commitment. Percentages add to more than 100% because one juvenile may be in more than one category.



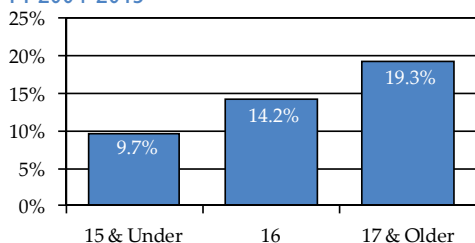
Prior Commitments

Prior Commitments, FY 2004-2013

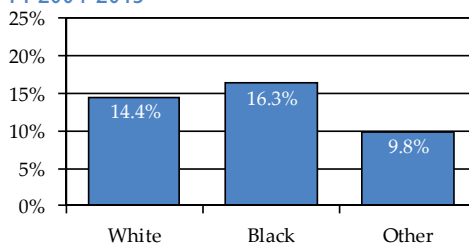


- » The percentage of juveniles with prior commitments decreased from 20% in FY 2004 to 13% in FY 2013.
- » A higher percentage of older juveniles had prior commitments compared to younger juveniles.
- » A higher percentage of black juveniles had prior commitments compared to white juveniles and juveniles of other races.

Prior Commitments by Age, FY 2004-2013



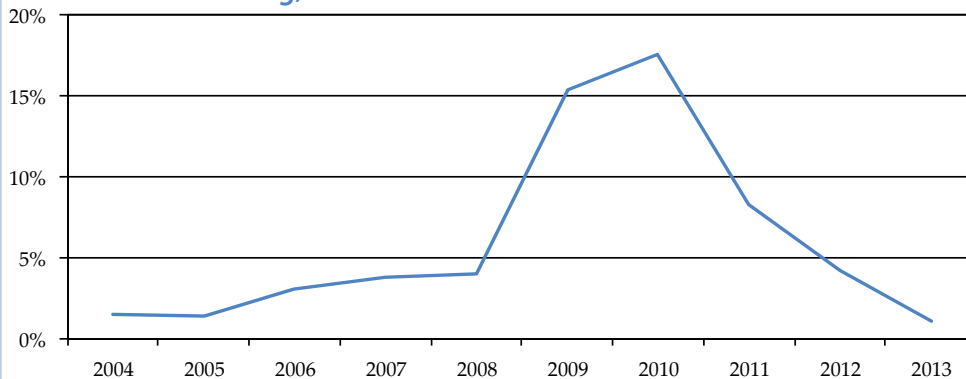
Prior Commitments by Race, FY 2004-2013



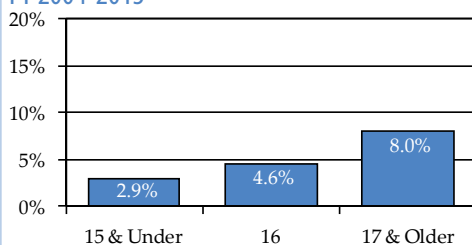
Adult Time Pending

- » The percentage of juveniles with adult time pending increased from FY 2004 to FY 2010 and decreased from FY 2010 to FY 2013.
- » A higher percentage of older juveniles had adult time pending compared to younger juveniles.
- » A higher percentage of black juveniles had adult time pending compared to white juveniles and juveniles of other races.
- » A higher percentage of males had adult time pending compared to females.

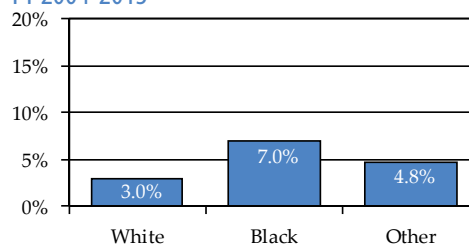
Adult Time Pending, FY 2004-2013



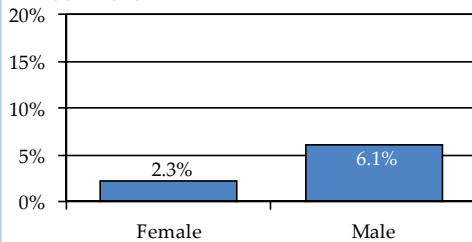
Adult Time Pending by Age, FY 2004-2013



Adult Time Pending by Race, FY 2004-2013

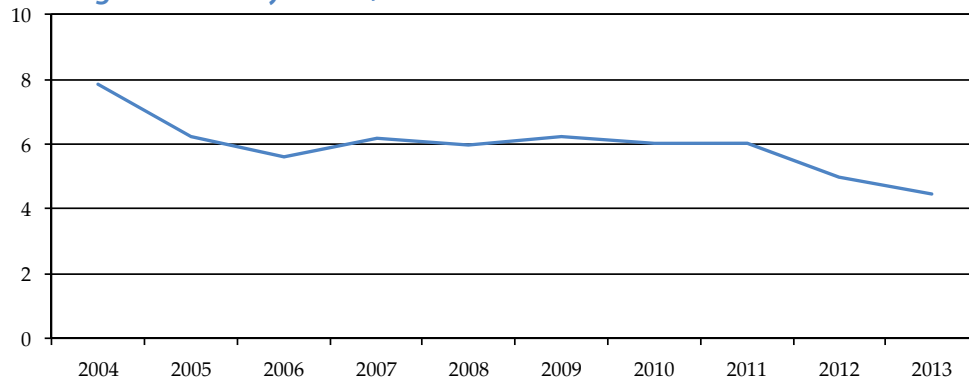


Adult Time Pending by Sex, FY 2004-2013



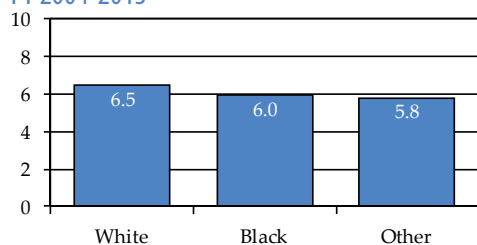
Chronicity Score

Average Chronicity Score, FY 2004-2013

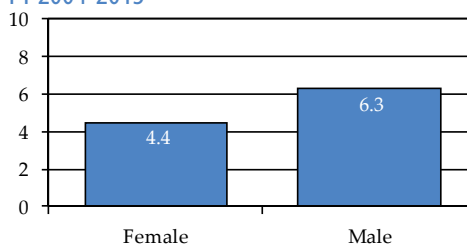


- » The average chronicity score decreased from 7.8 in FY 2004 to 4.5 in FY 2013.
- » White juveniles had a higher average chronicity score compared to black juveniles and juveniles of other races.
- » Males had a higher average chronicity score compared to females.

Average Chronicity Score by Race, FY 2004-2013



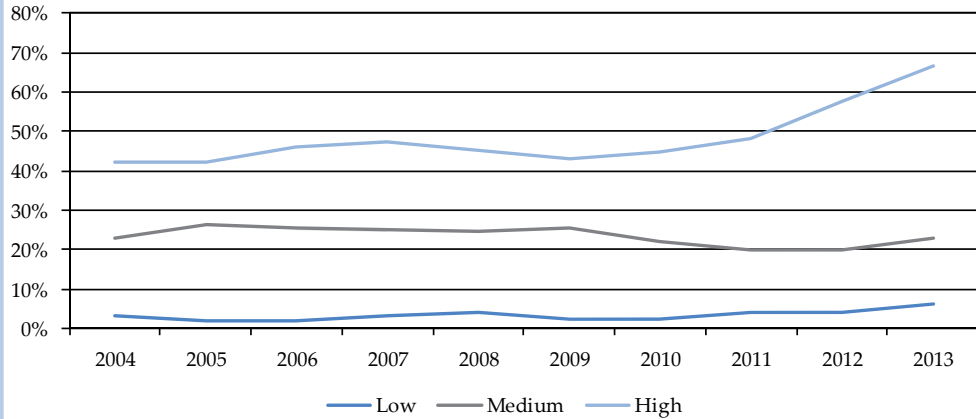
Average Chronicity Score by Sex, FY 2004-2013



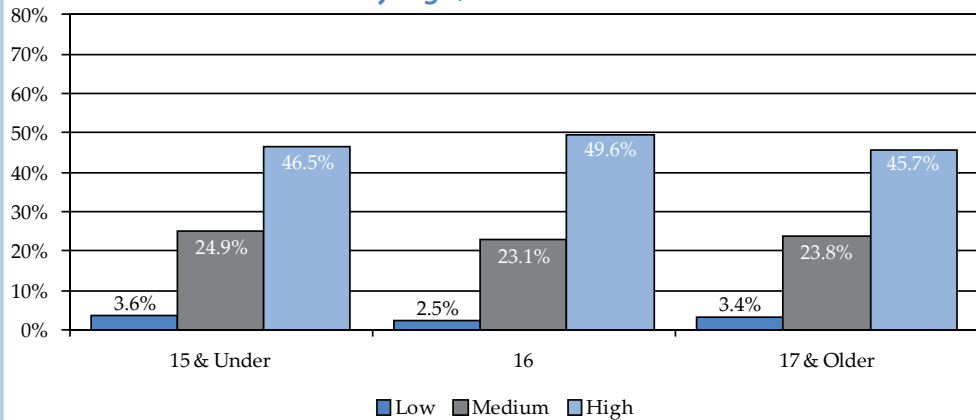
Risk Level

- » The highest percentage of juveniles were classified as high risk. The percentage of juveniles classified as high risk increased from 42% in FY 2004 to 67% in FY 2013.
- » A higher percentage of 16-year-olds were considered high risk compared to older and younger juveniles.

Risk Level at Admission, FY 2004-2013



Risk Level at Admission by Age, FY 2004-2013

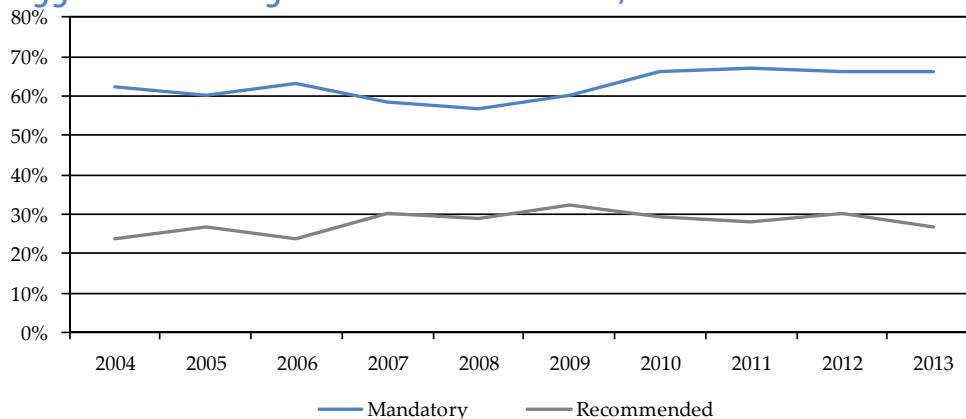


There was a high percentage of missing risk assessment scores at the time of admission.



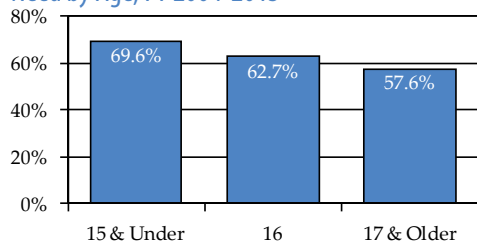
Treatment Needs

Aggression Management Treatment Need, FY 2004-2013

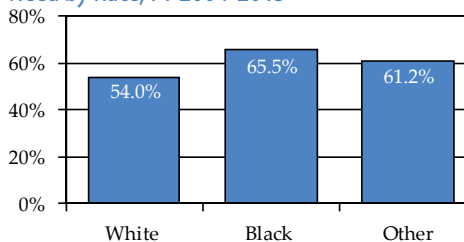


- » An average of 63% of juveniles were assigned a mandatory aggression management treatment need each year since FY 2004.
- » An average of 28% of juveniles were assigned a recommended aggression management treatment need each year since FY 2004.
- » A higher percentage of younger juveniles had a mandatory aggression management treatment need compared to older juveniles.
- » A higher percentage of black juveniles had a mandatory aggression management treatment need compared to white juveniles and juveniles of other races.

Mandatory Aggression Management Treatment Need by Age, FY 2004-2013



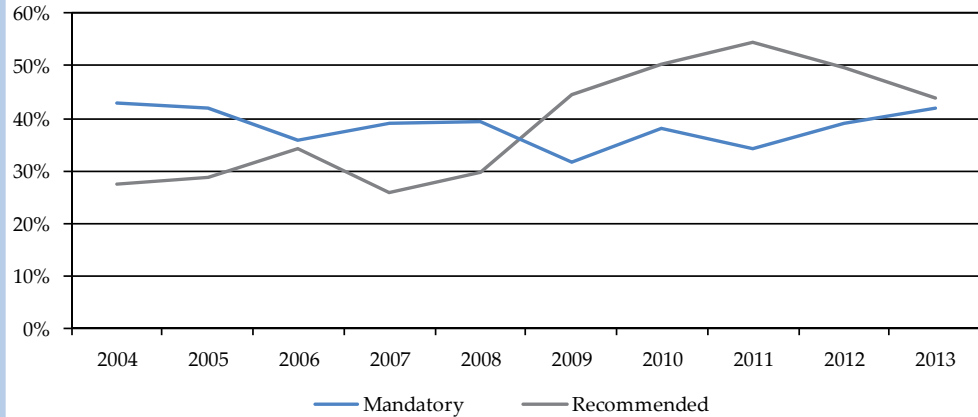
Mandatory Aggression Management Treatment Need by Race, FY 2004-2013



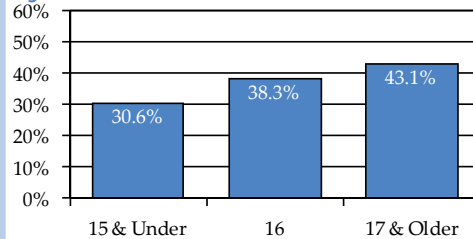
Treatment Needs, cont.

- » An average of 38% of juveniles were assigned a mandatory substance abuse treatment need each year since FY 2004.
- » The percentage of juveniles with a recommended substance abuse treatment need increased from 27% in FY 2004 to 44% in FY 2013.
- » A higher percentage of older juveniles had a mandatory substance abuse treatment need compared to younger juveniles.
- » A higher percentage of white juveniles had a mandatory substance abuse treatment need compared to black juveniles and juveniles of other races.
- » A higher percentage of males had a mandatory substance abuse treatment need compared to females.

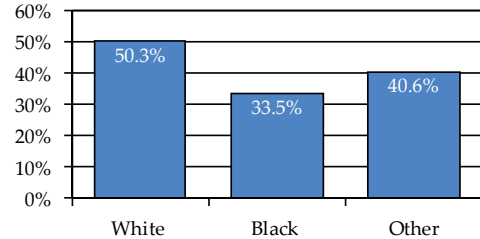
Substance Abuse Treatment Need, FY 2004-2013



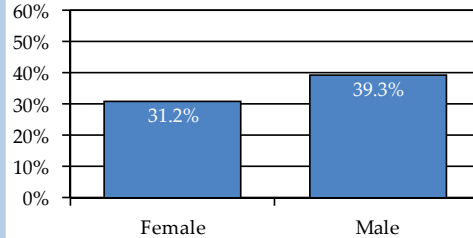
Mandatory Substance Abuse Treatment Need by Age, FY 2004-2013



Mandatory Substance Abuse Treatment Need by Race, FY 2004-2013

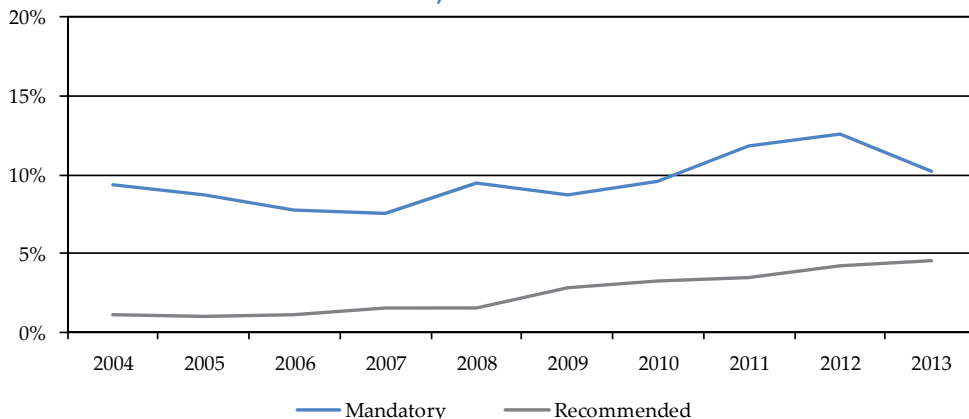


Mandatory Substance Abuse Treatment Need by Sex, FY 2004-2013



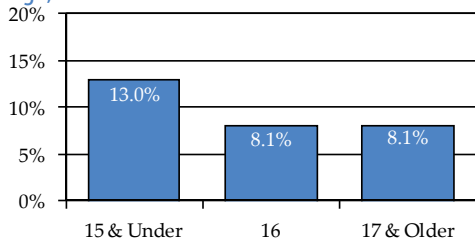
Treatment Needs, cont.

Sex Offender Treatment Need, FY 2004-2013

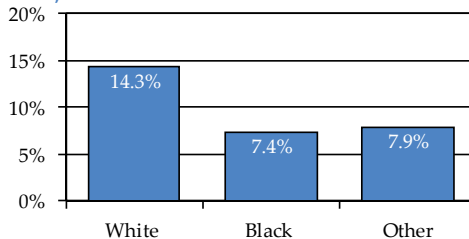


- » An average of 10% of juveniles were assigned a mandatory sex offender treatment need each year since FY 2004.
- » Less than 5% of juveniles were assigned a recommended sex offender treatment need each year since FY 2004.
- » A higher percentage of younger juveniles have mandatory sex offender treatment needs compared to older juveniles.
- » A higher percentage of white juveniles have mandatory sex offender treatment needs compared to black juveniles and juveniles of other races.
- » A higher percentage of males have a mandatory sex offender treatment need compared to females.

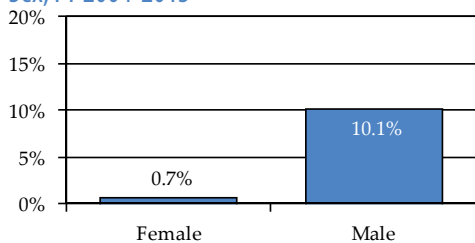
Mandatory Sex Offender Treatment Need by Age, FY 2004-2013



Mandatory Sex Offender Treatment Need by Race, FY 2004-2013



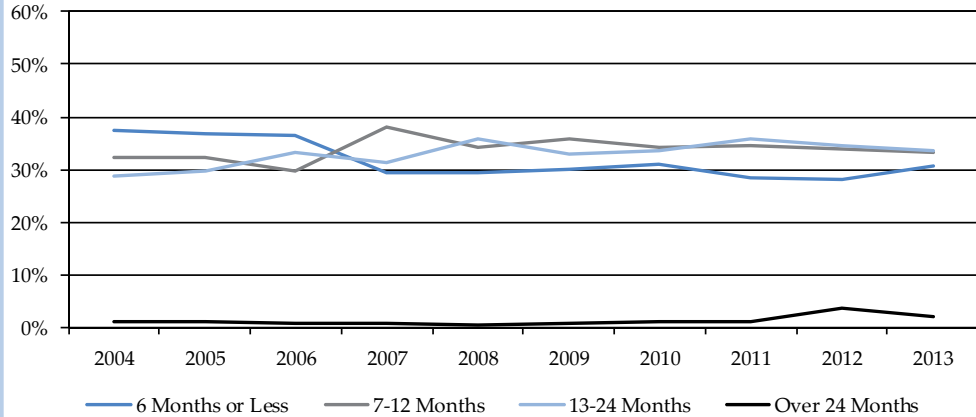
Mandatory Sex Offender Treatment Need by Sex, FY 2004-2013



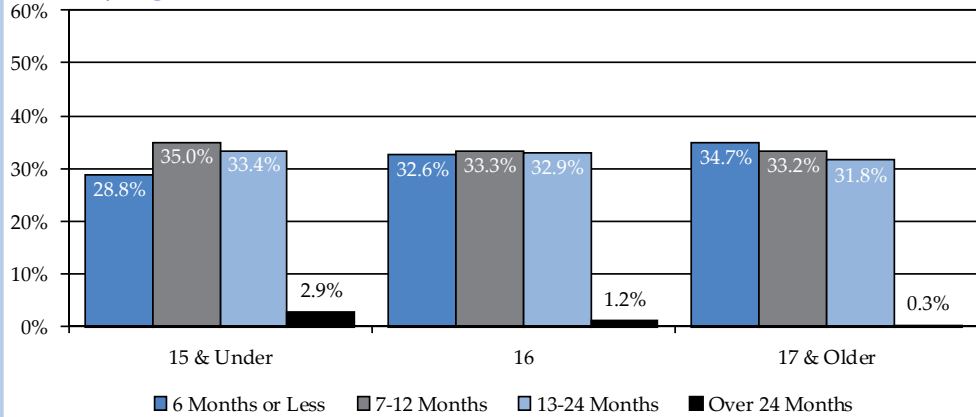
LOS

- » In FY 2004 the highest percentage of juveniles had an early release date in six months or less; in FY 2013 the highest percentage of juveniles had an early release date between 13 and 24 months.
- » A higher percentage of older juveniles had early release dates in six months or less compared to younger juveniles.
- » A higher percentage of younger juveniles had early release dates in over 24 months compared to older juveniles.
- » A higher percentage of males had early release dates between 13 and 24 months and over 24 months compared to females.

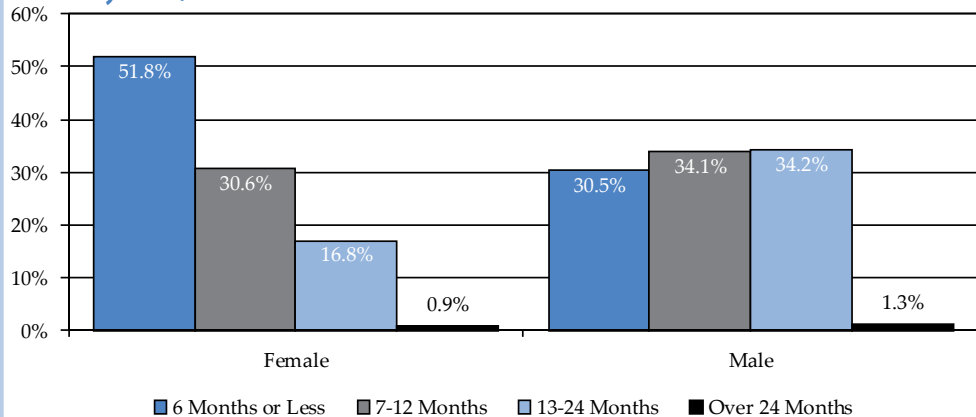
Assigned LOS for Indeterminate Commitments by Early Release Date, FY 2004-2013



Assigned LOS for Indeterminate Commitments by Early Release Date by Age, FY 2004-2013



Assigned LOS for Indeterminate Commitments by Early Release Date by Sex, FY 2004-2013

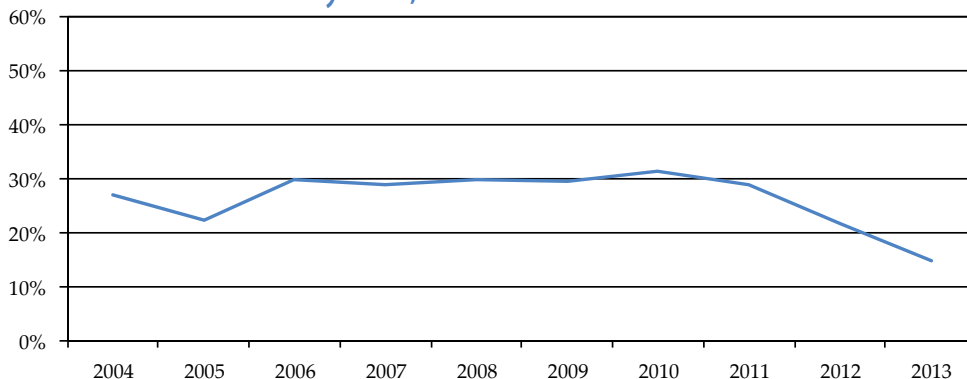


Percentages were calculated for indeterminate commitments only. Juveniles with determinate or blended commitments were excluded.



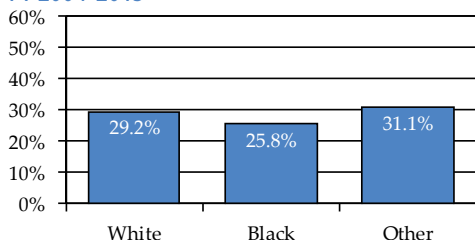
Security Risk

Identified as a Security Risk, FY 2004-2013

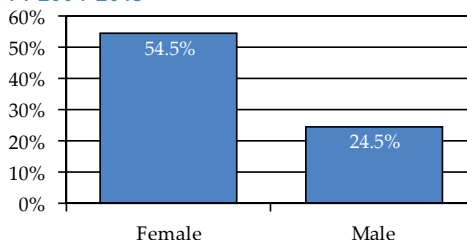


- » The percentage of juveniles considered a security risk decreased from 27% in FY 2004 to 15% in FY 2013.
- » A lower percentage of black juveniles were considered a security risk compared to white juveniles and juveniles of other races.
- » A higher percentage of females were considered a security risk compared to males.

Identified as a Security Risk by Race, FY 2004-2013



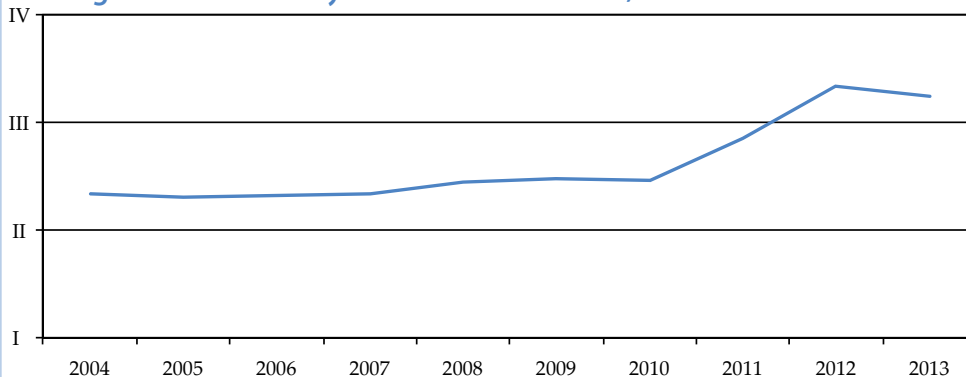
Identified as a Security Risk by Sex, FY 2004-2013



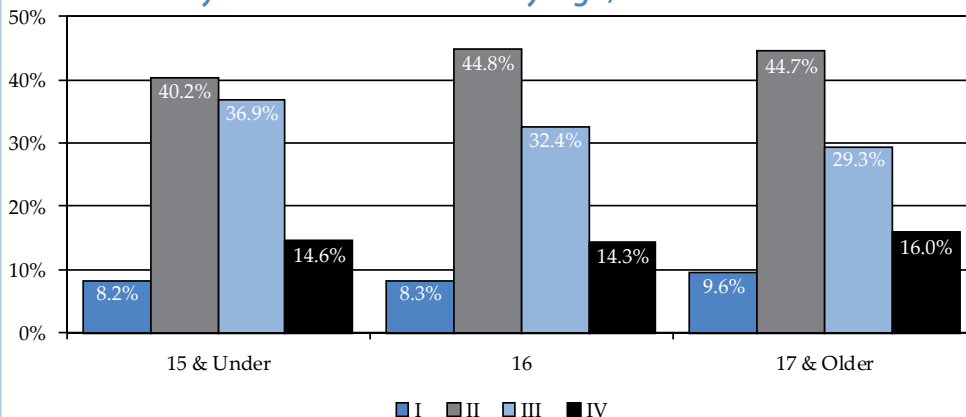
Initial Custody Classification Level

- » The average initial custody classification level has increased from an average of 2.3 in FY 2004 to 3.2 in FY 2013.
- » A higher percentage of older juveniles were classified as Level IV compared to younger juveniles.
- » A lower percentage of black juveniles were classified as Level I compared to white juveniles and juveniles of other races.
- » A higher percentage of black juveniles were classified as Level IV compared to white juveniles and juveniles of other races.

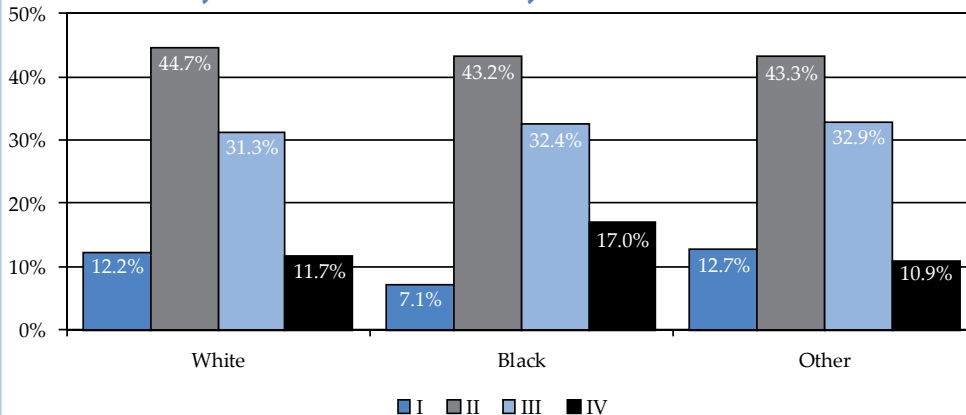
Average Initial Custody Classification Level, FY 2004-2013



Initial Custody Classification Level by Age, FY 2004-2013



Initial Custody Classification Level by Race, FY 2004-2013

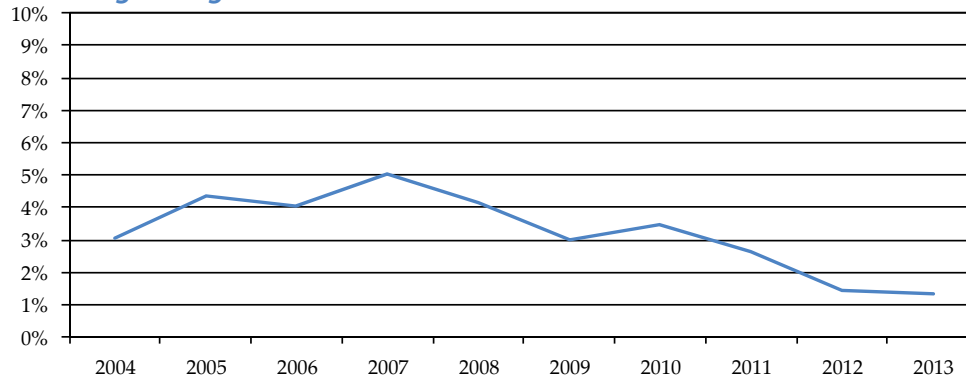


The Initial Custody Designation form changed in March 2011, resulting in more juveniles being classified at higher levels.



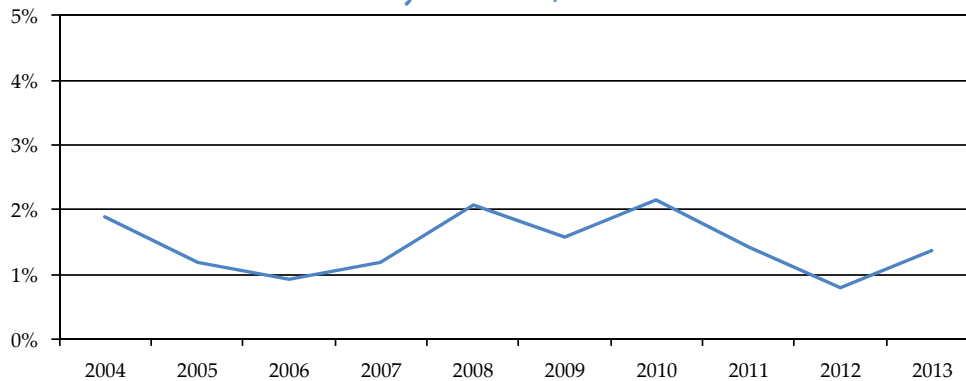
Special Management Concerns

Pending Charges, FY 2004-2013

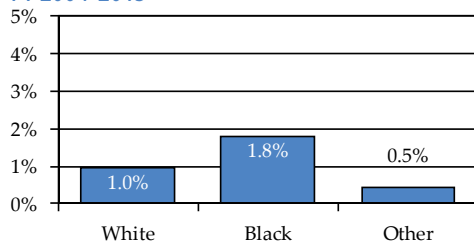


- » Less than 6% of juveniles had pending charges each year since FY 2004.
- » Less than 3% of juveniles had a prior institutional predatory offense each year since FY 2004.
- » A higher percentage of black juveniles had a prior institutional predatory offense compared to white juveniles and juveniles of other races.

Prior Institutional Predatory Offenses, FY 2004-2013



Prior Institutional Predatory Offenses by Race, FY 2004-2013



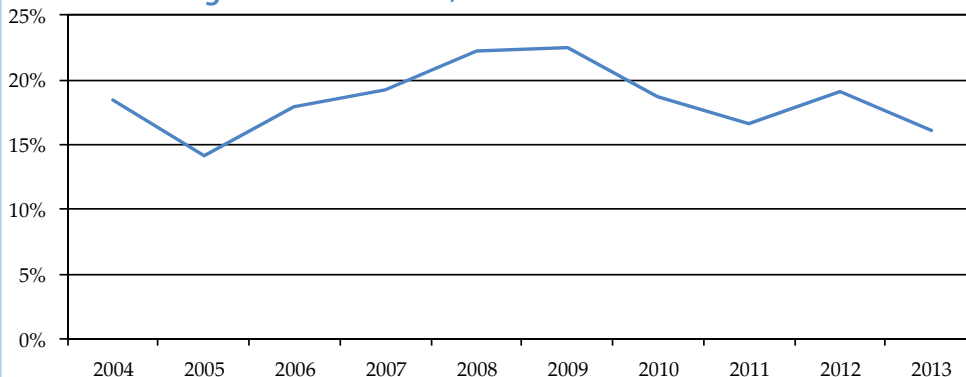
Pending charges are delinquent or criminal offenses for which the juvenile was alleged to have committed before the date of commitment on which there was not a final adjudication of delinquency or conviction of guilt before the date of commitment.



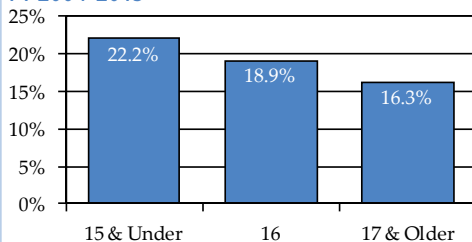
Special Management Concerns, cont.

- » An average of 19% of juveniles were identified as having a known management problem each year since FY 2004.
- » A higher percentage of younger juveniles were identified as having a known management problem compared to older juveniles.
- » A higher percentage of black juveniles were identified as having a known management problem compared to white juveniles and juveniles of other races.
- » A higher percentage of females were identified as having a known management problem compared to males.

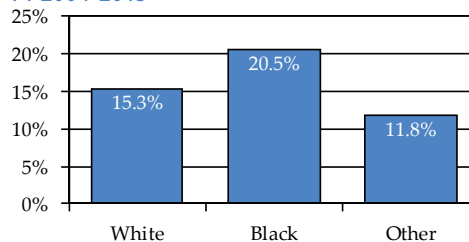
Known Management Problem, FY 2004-2013



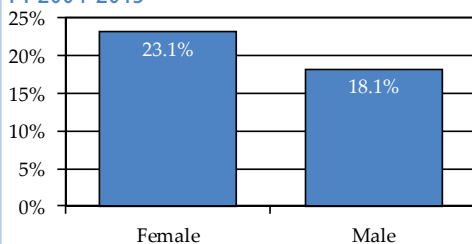
Known Management Problem by Age, FY 2004-2013



Known Management Problem by Race, FY 2004-2013

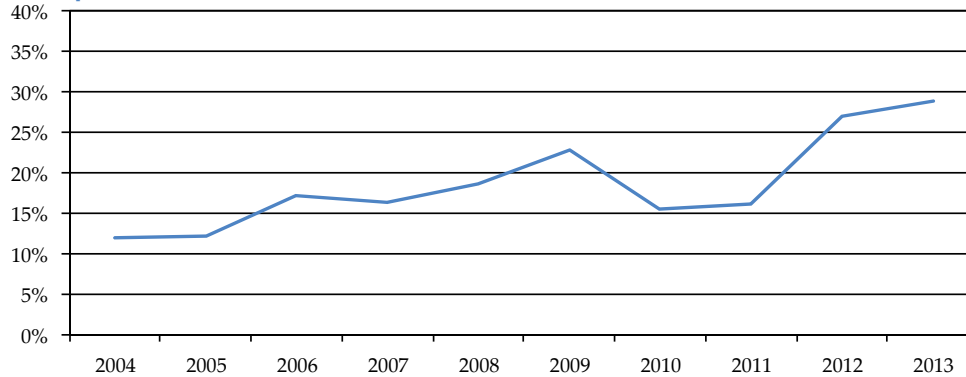


Known Management Problem by Sex, FY 2004-2013



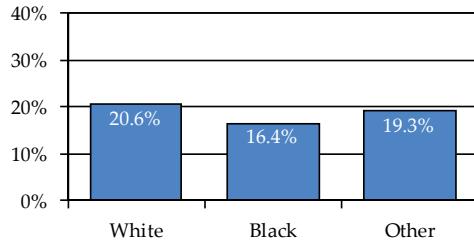
Special Management Concerns, cont.

Escape Risk, FY 2004-2013

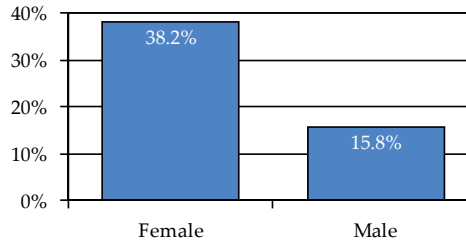


- » The percentage of juveniles who were identified as an escape risk increased from 12% in FY 2004 to 29% in FY 2013.
- » A lower percentage of black juveniles were identified as an escape risk compared to white juveniles and juveniles of other races.
- » A higher percentage of females were identified as an escape risk compared to males.

Escape Risk by Race, FY 2004-2013



Escape Risk by Sex, FY 2004-2013





10 Raw Data

The following pages present the raw counts of the data points presented in this report. Fields are ordered alphabetically, and “N/A” designates that data were not collected during that year or are not presented in this report. Counts of cases with missing data are presented where applicable in order to indicate the completeness of the field. Responses of “no” and “unknown” are not shown.

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Total |
|--|------|------|------|------|------|------|------|------|------|------|-------|
| ADHD | 239 | 196 | 258 | 249 | 246 | 238 | 234 | 217 | 180 | 200 | 2,257 |
| Missing | 31 | 20 | 14 | 17 | 6 | 12 | 12 | 83 | 32 | 113 | 340 |
| Adjudicated Offenses in History (Average) | N/A | N/A | N/A | N/A | N/A | 7.4 | 7.7 | 8.1 | 7.5 | 8.2 | 7.8 |
| Adjudicated Offenses in History with Unique Offense Dates (Average) | N/A | N/A | N/A | N/A | N/A | 5.4 | 5.5 | 6.1 | 5.7 | 6.1 | 5.8 |
| Adult Time Pending | 15 | 13 | 27 | 32 | 31 | 117 | 106 | 47 | 21 | 5 | 414 |
| Age at First Adjudication (Average) | 13.7 | 13.9 | 14.2 | 14.3 | 14.4 | 14.5 | 14.6 | 14.6 | 14.5 | 14.7 | 14.3 |
| Age at First Sexual Intercourse, Not Abuse (Average) | 13.5 | 13.4 | 13.3 | 13.3 | 13.3 | 13.3 | 13.4 | 13.4 | 13.1 | 13.2 | 13.3 |
| Aggression Management Treatment Need | | | | | | | | | | | |
| Mandatory | 592 | 551 | 547 | 486 | 436 | 458 | 399 | 378 | 327 | 291 | 4,465 |
| Recommended | 226 | 246 | 208 | 251 | 222 | 245 | 177 | 158 | 149 | 118 | 2,000 |
| Missing | 14 | 26 | 28 | 45 | 28 | 11 | 14 | 15 | 8 | 12 | 201 |
| Allergies to Environment or Food | 296 | 294 | 244 | 259 | 240 | 273 | 232 | 165 | 170 | 167 | 2,340 |
| Non-Applicable | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Missing | 22 | 31 | 42 | 27 | 13 | 27 | 15 | 6 | 7 | 1 | 191 |
| Allergies to Medication | 80 | 67 | 54 | 68 | 59 | 81 | 67 | 56 | 53 | 52 | 637 |
| Non-Applicable | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| Missing | 20 | 31 | 39 | 31 | 10 | 17 | 15 | 5 | 4 | 3 | 175 |
| Antisocial/Pro-Criminal Attitudes | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 367 | 325 | 308 | 1,000 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 51 | 20 | 56 | 127 |
| Anxiety Disorder | 46 | 31 | 41 | 47 | 49 | 56 | 98 | 87 | 114 | 116 | 685 |
| Missing | 26 | 15 | 7 | 17 | 3 | 7 | 10 | 121 | 48 | 143 | 397 |
| Assaultiveness History | | | | | | | | | | | |
| Assault on Authority Figure | 285 | 286 | 305 | 262 | 196 | 205 | 175 | 169 | 144 | 102 | 2,129 |
| Missing | 66 | 29 | 44 | 39 | 115 | 47 | 29 | 74 | 127 | 208 | 778 |
| Assault on Peers | 571 | 581 | 566 | 565 | 519 | 538 | 431 | 426 | 312 | 294 | 4,803 |
| Missing | 44 | 49 | 145 | 145 | 140 | 116 | 65 | 53 | 97 | 103 | 957 |
| Assault Resulting in Injury Requiring Medical Attention | 154 | 164 | 207 | 215 | 217 | 217 | 155 | 157 | 109 | 128 | 1,723 |
| Missing | 102 | 125 | 216 | 189 | 217 | 165 | 51 | 116 | 170 | 220 | 1,571 |
| Assault Using a Weapon | 127 | 165 | 232 | 225 | 214 | 252 | 153 | 140 | 133 | 92 | 1,733 |
| Missing | 87 | 32 | 43 | 39 | 96 | 51 | 44 | 98 | 180 | 255 | 925 |
| Assault While in Custody | 110 | 117 | 87 | 102 | 102 | 88 | 74 | 88 | 57 | 50 | 875 |
| Missing | 65 | 37 | 341 | 368 | 312 | 274 | 123 | 197 | 216 | 279 | 2,212 |
| Unprovoked Assault of Others | 466 | 411 | 554 | 605 | 589 | 624 | 434 | 404 | 291 | 285 | 4,663 |
| Missing | 111 | 171 | 159 | 78 | 47 | 22 | 60 | 68 | 112 | 102 | 930 |
| Total | 951 | 915 | 867 | 831 | 766 | 759 | 604 | 565 | 493 | 439 | 7,190 |



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Total |
|--|------|------|------|------|------|------|------|------|------|------|-------|
| Assigned LOS for Indeterminate | | | | | | | | | | | |
| Commitments by Early Release Date | | | | | | | | | | | |
| 6 Months or Less | 314 | 290 | 279 | 214 | 189 | 186 | 150 | 134 | 114 | 111 | 1,981 |
| 7-12 Months | 272 | 254 | 226 | 276 | 220 | 222 | 167 | 162 | 138 | 120 | 2,057 |
| 13-24 Months | 241 | 235 | 253 | 228 | 231 | 204 | 164 | 168 | 140 | 121 | 1,985 |
| Over 24 Months | 11 | 8 | 6 | 6 | 4 | 6 | 5 | 6 | 15 | 8 | 75 |
| N/A (Determinate or Blended) | 113 | 128 | 103 | 107 | 122 | 141 | 118 | 95 | 86 | 79 | 1,092 |
| Asthma | 212 | 207 | 187 | 147 | 139 | 147 | 114 | 102 | 91 | 83 | 1,429 |
| Missing | 21 | 30 | 39 | 23 | 9 | 17 | 12 | 3 | 2 | 4 | 160 |
| Attachment Issues | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 193 | 162 | 185 | 540 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 92 | 41 | 122 | 255 |
| Attention/Concentration Problems | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 277 | 233 | 208 | 718 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 76 | 34 | 107 | 217 |
| BMI (Average) | 24.6 | 24.9 | 24.7 | 24.7 | 25.2 | 25.3 | 25.1 | 25.5 | 25.0 | 25.1 | 25.0 |
| Brain Damage - Examiner Suspects Brain Damage | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 93 | 51 | 31 | 175 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 91 | 164 | 142 | 397 |
| Brain Damage - Testing Suggests Brain Damage | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 202 | 185 | 119 | 506 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 65 | 67 | 68 | 200 |
| Callous /Little Concern for Others | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 280 | 264 | 237 | 781 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 69 | 30 | 87 | 186 |
| Children | 105 | 99 | 90 | 90 | 82 | 71 | 65 | 74 | 44 | 59 | 779 |
| Not Applicable | 11 | 19 | 21 | 82 | 6 | 2 | 4 | 1 | 1 | 7 | 154 |
| Unknown | 2 | 0 | 1 | 4 | 2 | 1 | 0 | 2 | 1 | 2 | 15 |
| Missing | 23 | 51 | 51 | 39 | 44 | 77 | 27 | 22 | 8 | 24 | 366 |
| Chronic Alcohol Use | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 236 | 227 | 188 | 651 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 81 | 30 | 114 | 225 |
| Chronic Drug Use | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 340 | 352 | 295 | 987 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 57 | 12 | 61 | 130 |
| Chronicity Score (Average) | 7.8 | 6.3 | 5.6 | 6.2 | 6.0 | 6.3 | 6.0 | 6.0 | 5.0 | 4.5 | 6.0 |
| Classification Level (Average) | 2.3 | 2.3 | 2.3 | 2.3 | 2.5 | 2.5 | 2.5 | 2.9 | 3.3 | 3.2 | 2.5 |
| Cluster B Personality Disorders | 46 | 64 | 55 | 78 | 90 | 72 | 58 | 68 | 100 | 76 | 707 |
| Missing | 19 | 11 | 8 | 11 | 6 | 6 | 9 | 123 | 48 | 157 | 398 |
| Commitment Type | | | | | | | | | | | |
| Blended | 16 | 9 | 24 | 23 | 27 | 38 | 21 | 28 | 22 | 9 | 217 |
| Determinate | 97 | 119 | 79 | 84 | 95 | 103 | 97 | 67 | 64 | 70 | 875 |
| Indeterminate | 838 | 787 | 764 | 724 | 644 | 618 | 486 | 470 | 407 | 360 | 6,098 |
| Committed by a Circuit Court | 144 | 122 | 99 | 121 | 131 | 144 | 106 | 101 | 74 | 65 | 1,107 |
| Current Living Situation | | | | | | | | | | | |
| Both Mother & Father | 96 | 96 | 102 | 99 | 93 | 77 | 73 | 63 | 60 | 49 | 808 |
| At Least One Parent | 642 | 626 | 581 | 591 | 518 | 497 | 420 | 413 | 339 | 307 | 4,934 |
| Any Family Member | 770 | 756 | 736 | 720 | 644 | 614 | 513 | 484 | 420 | 375 | 6,032 |
| Out of Home | 56 | 49 | 50 | 40 | 35 | 53 | 26 | 49 | 32 | 31 | 421 |
| Defies Authority | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 375 | 365 | 313 | 1,053 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 59 | 14 | 62 | 135 |
| Delinquent Acquaintances | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 469 | 449 | 353 | 1,271 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 45 | 6 | 27 | 78 |
| Delinquent Friends | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 462 | 430 | 347 | 1,239 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 48 | 9 | 33 | 90 |
| Depressed Mood | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 178 | 158 | 176 | 512 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 96 | 44 | 124 | 264 |
| Depressive Disorder | 284 | 237 | 249 | 248 | 218 | 197 | 175 | 154 | 132 | 125 | 2,019 |
| Missing | 28 | 15 | 11 | 12 | 5 | 8 | 15 | 101 | 44 | 142 | 381 |
| Diabetes | 6 | 7 | 5 | 5 | 5 | 5 | 0 | 0 | 8 | 2 | 43 |
| Missing | 19 | 31 | 38 | 23 | 8 | 17 | 13 | 4 | 1 | 2 | 156 |
| Documented Homicidal Urges or Intent | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 29 | 36 | 13 | 78 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 125 | 61 | 187 | 373 |
| <i>Total</i> | 951 | 915 | 867 | 831 | 766 | 759 | 604 | 565 | 493 | 439 | 7,190 |



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Total |
|---|------|------|------|------|------|------|------|------|------|------|-------|
| Domestic Violence | | | | | | | | | | | |
| None | 698 | 723 | 651 | 595 | 544 | 566 | 467 | 435 | 386 | 338 | 5,403 |
| Mother | 20 | 18 | 22 | 36 | 29 | 14 | 11 | 16 | 6 | 7 | 179 |
| Father | 110 | 91 | 98 | 91 | 87 | 82 | 68 | 48 | 43 | 37 | 755 |
| Other Female Parental Figure | 2 | 2 | 4 | 7 | 3 | 3 | 2 | 0 | 1 | 2 | 26 |
| Other Male Parental Figure | 42 | 37 | 44 | 34 | 38 | 35 | 24 | 14 | 20 | 16 | 304 |
| Multiple Parties | 56 | 33 | 37 | 46 | 56 | 50 | 20 | 45 | 34 | 30 | 407 |
| Missing | 23 | 11 | 11 | 22 | 9 | 9 | 12 | 7 | 3 | 9 | 116 |
| Educational Placement | | | | | | | | | | | |
| General | 432 | 412 | 396 | 375 | 334 | 343 | 248 | 242 | 217 | 179 | 3,178 |
| GED | 76 | 80 | 66 | 84 | 85 | 73 | 59 | 33 | 24 | 23 | 603 |
| Special Education | 395 | 361 | 346 | 316 | 286 | 265 | 228 | 214 | 189 | 172 | 2,772 |
| Post-Secondary/Vocational | 23 | 41 | 30 | 39 | 46 | 66 | 54 | 60 | 56 | 56 | 471 |
| Missing | 25 | 21 | 29 | 17 | 15 | 12 | 15 | 16 | 7 | 9 | 166 |
| Educational Needs (High Priority) | | | | | | | | | | | |
| Need for Employability Skills/Career Education | 644 | 508 | 201 | 416 | 536 | 598 | 480 | 410 | 383 | 301 | 4,477 |
| Missing | 29 | 9 | 6 | 6 | 4 | 4 | 7 | 8 | 4 | 6 | 83 |
| Need for Independent Living Services | 699 | 744 | 676 | 683 | 637 | 640 | 516 | 474 | 404 | 339 | 5,812 |
| Missing | 27 | 13 | 13 | 8 | 8 | 8 | 13 | 11 | 6 | 8 | 115 |
| Needs for Parenting Skills | 76 | 91 | 79 | 62 | 57 | 61 | 53 | 55 | 33 | 41 | 608 |
| Missing | 15 | 11 | 15 | 8 | 5 | 4 | 8 | 7 | 4 | 7 | 84 |
| Need for Vocational Training | 710 | 569 | 206 | 430 | 561 | 621 | 510 | 447 | 383 | 340 | 4,777 |
| Missing | 28 | 9 | 6 | 6 | 3 | 3 | 7 | 8 | 4 | 6 | 80 |
| Engages in Denial | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 335 | 348 | 317 | 1,000 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 61 | 21 | 57 | 139 |
| Escape Risk | 114 | 112 | 149 | 136 | 144 | 173 | 94 | 92 | 133 | 127 | 1,274 |
| Few Positive Acquaintances | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 231 | 226 | 168 | 625 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 89 | 38 | 125 | 252 |
| Few Positive Friends | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 251 | 226 | 158 | 635 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 80 | 41 | 128 | 249 |
| Grade Levels Behind (Average) | 2.6 | 2.6 | 2.7 | 2.5 | 2.5 | 2.5 | 2.4 | 2.2 | 2.2 | 2.4 | 2.5 |
| Gunshot Wounds | 79 | 71 | 66 | 60 | 57 | 55 | 37 | 36 | 34 | 25 | 520 |
| Missing | 17 | 30 | 37 | 24 | 8 | 17 | 13 | 3 | 1 | 4 | 154 |
| High-Risk Sexual Behavior | | | | | | | | | | | |
| Sex with Someone Who Injected Drugs | 29 | 15 | 18 | 16 | 19 | 12 | 7 | 5 | 5 | 3 | 129 |
| Missing | 38 | 21 | 18 | 24 | 11 | 12 | 14 | 11 | 3 | 3 | 155 |
| Sex without a Condom | 580 | 549 | 513 | 475 | 447 | 485 | 460 | 396 | 346 | 304 | 4,555 |
| Not Applicable | 89 | 117 | 94 | 112 | 121 | 139 | 36 | 56 | 31 | 31 | 826 |
| Missing | 30 | 24 | 14 | 25 | 11 | 12 | 140 | 15 | 13 | 17 | 301 |
| Traded Sex for Drugs or Money | 12 | 9 | 5 | 6 | 5 | 13 | 0 | 5 | 7 | 3 | 65 |
| Missing | 36 | 21 | 15 | 28 | 12 | 11 | 15 | 11 | 2 | 3 | 154 |
| History of AWOL Behavior | 213 | 191 | 215 | 177 | 140 | 173 | 114 | 93 | 77 | 47 | 1,440 |
| Missing | 26 | 13 | 12 | 18 | 7 | 8 | 12 | 9 | 4 | 6 | 115 |
| History of Drug Trafficking | | | | | | | | | | | |
| Infrequent | 185 | 214 | 178 | 194 | 275 | 212 | 114 | 76 | 65 | 46 | 1,559 |
| Regular | 169 | 153 | 147 | 135 | 374 | 440 | 421 | 141 | 70 | 69 | 2,119 |
| Missing | 23 | 11 | 10 | 19 | 7 | 7 | 12 | 6 | 3 | 6 | 104 |
| History of Drug Use | | | | | | | | | | | |
| Experimentation | 322 | 231 | 243 | 221 | 121 | 122 | 85 | 126 | 100 | 85 | 1,656 |
| Regular Use | 482 | 479 | 450 | 414 | 167 | 147 | 102 | 275 | 333 | 291 | 3,140 |
| Missing | 20 | 11 | 11 | 15 | 11 | 12 | 20 | 8 | 4 | 5 | 117 |
| History of Fire Setting | 90 | 82 | 112 | 77 | 82 | 93 | 83 | 76 | 71 | 61 | 827 |
| Missing | 34 | 9 | 9 | 11 | 4 | 5 | 4 | 4 | 0 | 6 | 86 |
| History of Gang Involvement | 193 | 309 | 356 | 324 | 323 | 331 | 208 | 196 | 164 | 124 | 2,528 |
| History of Sexual Offending | 126 | 117 | 130 | 105 | 120 | 109 | 76 | 91 | 88 | 77 | 1,039 |
| Missing | 31 | 10 | 9 | 7 | 3 | 4 | 5 | 4 | 0 | 6 | 79 |
| Total | 951 | 915 | 867 | 831 | 766 | 759 | 604 | 565 | 493 | 439 | 7,190 |



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Total |
|---|------|------|------|------|------|------|------|------|------|------|-------|
| Impulsivity | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 421 | 390 | 324 | 1,135 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 45 | 10 | 58 | 113 |
| Inadequate Supervision | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 334 | 311 | 293 | 938 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 73 | 20 | 72 | 165 |
| Inconsistent Parenting | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 326 | 311 | 263 | 900 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 61 | 27 | 88 | 176 |
| Inflated Self-Esteem | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 112 | 97 | 80 | 289 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 110 | 54 | 162 | 326 |
| Initial Custody Classification Level | | | | | | | | | | | |
| I | 115 | 96 | 93 | 86 | 57 | 50 | 53 | 36 | 21 | 31 | 638 |
| II | 463 | 488 | 441 | 426 | 370 | 357 | 270 | 182 | 73 | 64 | 3,134 |
| III | 298 | 287 | 276 | 273 | 273 | 289 | 223 | 171 | 112 | 109 | 2,311 |
| IV | 71 | 43 | 50 | 46 | 64 | 63 | 56 | 176 | 286 | 234 | 1,089 |
| Missing | 4 | 1 | 7 | 0 | 2 | 0 | 2 | 0 | 1 | 1 | 18 |
| Average | 2.3 | 2.3 | 2.3 | 2.3 | 2.5 | 2.5 | 2.5 | 2.9 | 3.3 | 3.2 | 2.5 |
| Intellectual Disability | 37 | 53 | 45 | 48 | 49 | 34 | 22 | 27 | 15 | 12 | 342 |
| Missing | 23 | 10 | 7 | 11 | 5 | 7 | 9 | 128 | 62 | 186 | 448 |
| IQ (Average) | 84.7 | 84.6 | 84.2 | 85.7 | 86.1 | 85.9 | 86.7 | 86.0 | 86.4 | 86.6 | 85.5 |
| Known Management Problem | 175 | 129 | 156 | 160 | 170 | 171 | 113 | 94 | 94 | 71 | 1,333 |
| Last Grade Completed (Average) | 8.4 | 8.4 | 8.3 | 8.6 | 8.6 | 8.7 | 8.9 | 9.0 | 8.9 | 8.9 | 8.6 |
| Limited Leisure Activities | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 357 | 336 | 316 | 1,009 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 53 | 19 | 57 | 129 |
| Limited Organized Activities | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 362 | 345 | 242 | 949 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 54 | 18 | 86 | 158 |
| Math Standard Score (Average) | 85.7 | 84.3 | 83.6 | 83.7 | 82.5 | 83.0 | 81.7 | 80.7 | 81.7 | 80.2 | 83.1 |
| Medical Record Review | | | | | | | | | | | |
| Incidents of Hypoxia | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 96 | 65 | 70 | 231 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 61 | 42 | 43 | 146 |
| Other Perinatal Trauma | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 59 | 50 | 44 | 153 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 77 | 77 | 73 | 227 |
| Prenatal Drug Exposure | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 73 | 58 | 45 | 176 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 90 | 75 | 89 | 254 |
| MHSTP Alert | N/A | N/A | N/A | N/A | N/A | 319 | 307 | 335 | 276 | 240 | 1,477 |
| Most Serious Committing Offense Based on DAI Ranking | | | | | | | | | | | |
| Felonies Against Persons | 348 | 355 | 350 | 341 | 351 | 380 | 277 | 289 | 253 | 202 | 3,146 |
| Other Felonies | 387 | 360 | 353 | 340 | 303 | 252 | 241 | 175 | 180 | 155 | 2,746 |
| Misdemeanors | 166 | 143 | 129 | 104 | 82 | 92 | 60 | 82 | 49 | 56 | 963 |
| Violations/Contempt of Court | 50 | 57 | 35 | 46 | 30 | 35 | 26 | 19 | 11 | 26 | 335 |
| Most Serious Committing Offense Based on VCSC Ranking | | | | | | | | | | | |
| Person | 409 | 380 | 389 | 364 | 374 | 402 | 295 | 319 | 266 | 218 | 3,416 |
| Property | 385 | 351 | 326 | 326 | 264 | 242 | 229 | 194 | 182 | 180 | 2,679 |
| Drug | 75 | 84 | 67 | 55 | 53 | 37 | 28 | 8 | 13 | 9 | 429 |
| Other | 82 | 100 | 85 | 86 | 75 | 78 | 52 | 44 | 32 | 32 | 666 |
| No History of Formal Employment | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 332 | 283 | 237 | 852 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 68 | 24 | 83 | 175 |
| No Personal Interests | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 75 | 56 | 34 | 165 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 122 | 57 | 184 | 363 |
| Number of Committing Offenses (Average) | 3.4 | 3.4 | 3.4 | 3.5 | 3.5 | 3.4 | 3.7 | 3.5 | 3.7 | 4.0 | 3.5 |
| Number of Sex Partners During the Past Three Years (Average) | 6.8 | 7.8 | 7.3 | 7.6 | 7.3 | 7.6 | 7.5 | 6.7 | 6.9 | 6.1 | 7.2 |
| Occasional Drug Use | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 142 | 179 | 146 | 467 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 111 | 46 | 140 | 297 |
| ODD or CD | 848 | 757 | 728 | 712 | 630 | 655 | 507 | 461 | 423 | 363 | 6,084 |
| Missing | 21 | 10 | 9 | 12 | 3 | 7 | 8 | 24 | 4 | 43 | 141 |
| Total | 951 | 915 | 867 | 831 | 766 | 759 | 604 | 565 | 493 | 439 | 7,190 |



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Total |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
| Other Mental Health Disorders | 165 | 120 | 146 | 208 | 247 | 221 | 213 | 198 | 193 | 172 | 1,883 |
| Missing | 19 | 9 | 6 | 9 | 3 | 6 | 8 | 101 | 44 | 118 | 323 |
| Paraphilia | 8 | 5 | 11 | 13 | 6 | 7 | 9 | 7 | 8 | 1 | 75 |
| Missing | 19 | 9 | 9 | 11 | 4 | 6 | 10 | 136 | 63 | 191 | 458 |
| Parental Abandonment | | | | | | | | | | | |
| None | 282 | 315 | 342 | 314 | 341 | 334 | 276 | 276 | 281 | 279 | 3,040 |
| Mother | 117 | 83 | 62 | 56 | 55 | 55 | 41 | 33 | 30 | 22 | 554 |
| Father | 418 | 383 | 305 | 292 | 233 | 248 | 186 | 178 | 133 | 104 | 2,480 |
| Other Female Parental Figure | 1 | 0 | 0 | 7 | 7 | 1 | 0 | 0 | 1 | 0 | 17 |
| Other Male Parental Figure | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 5 |
| Multiple Parties | 103 | 118 | 149 | 138 | 115 | 110 | 87 | 70 | 46 | 25 | 961 |
| Missing | 27 | 16 | 9 | 24 | 14 | 11 | 14 | 8 | 2 | 8 | 133 |
| Parental Criminal Activity | | | | | | | | | | | |
| None | 365 | 389 | 344 | 305 | 270 | 268 | 240 | 188 | 163 | 155 | 2,687 |
| Mother | 137 | 108 | 104 | 99 | 84 | 86 | 74 | 64 | 48 | 48 | 852 |
| Father | 267 | 249 | 220 | 211 | 225 | 221 | 148 | 148 | 154 | 118 | 1,961 |
| Other Female Parental Figure | 1 | 1 | 3 | 6 | 6 | 2 | 1 | 0 | 0 | 0 | 20 |
| Other Male Parental Figure | 18 | 5 | 9 | 15 | 14 | 16 | 10 | 6 | 4 | 6 | 103 |
| Multiple Parties | 143 | 152 | 176 | 172 | 162 | 153 | 119 | 153 | 121 | 105 | 1,456 |
| Missing | 20 | 11 | 11 | 23 | 5 | 13 | 12 | 6 | 3 | 7 | 111 |
| Parental Death | | | | | | | | | | | |
| None | 803 | 793 | 752 | 697 | 654 | 652 | 508 | 487 | 447 | 372 | 6,165 |
| Mother | 27 | 27 | 31 | 39 | 37 | 31 | 24 | 15 | 12 | 11 | 254 |
| Father | 79 | 66 | 52 | 54 | 55 | 49 | 46 | 43 | 28 | 38 | 510 |
| Other Female Parental Figure | 3 | 4 | 2 | 2 | 2 | 7 | 1 | 2 | 1 | 0 | 24 |
| Other Male Parental Figure | 5 | 5 | 8 | 5 | 2 | 6 | 2 | 0 | 1 | 4 | 38 |
| Multiple Parties | 4 | 6 | 7 | 5 | 6 | 6 | 3 | 5 | 2 | 3 | 47 |
| Missing | 30 | 14 | 15 | 29 | 10 | 8 | 20 | 13 | 2 | 11 | 152 |
| Parental Incarceration | | | | | | | | | | | |
| None | 462 | 496 | 464 | 392 | 336 | 340 | 334 | 277 | 233 | 211 | 3,545 |
| Mother | 104 | 75 | 70 | 69 | 82 | 74 | 53 | 50 | 29 | 42 | 648 |
| Father | 248 | 239 | 226 | 217 | 224 | 224 | 136 | 148 | 159 | 114 | 1,935 |
| Other Female Parental Figure | 1 | 0 | 1 | 8 | 6 | 2 | 2 | 0 | 0 | 0 | 20 |
| Other Male Parental Figure | 18 | 8 | 11 | 15 | 12 | 15 | 7 | 5 | 4 | 4 | 99 |
| Multiple Parties | 97 | 85 | 83 | 109 | 99 | 91 | 60 | 78 | 65 | 59 | 826 |
| Missing | 21 | 12 | 12 | 21 | 7 | 13 | 12 | 7 | 3 | 9 | 117 |
| Parental Outpatient Mental Health Treatment | | | | | | | | | | | |
| None | 820 | 811 | 736 | 700 | 660 | 670 | 530 | 473 | 421 | 363 | 6,184 |
| Mother | 67 | 63 | 85 | 78 | 65 | 62 | 45 | 57 | 49 | 44 | 615 |
| Father | 22 | 9 | 19 | 14 | 21 | 9 | 7 | 12 | 11 | 13 | 137 |
| Other Female Parental Figure | 0 | 2 | 2 | 2 | 1 | 1 | 0 | 2 | 0 | 1 | 11 |
| Other Male Parental Figure | 1 | 0 | 0 | 0 | 5 | 2 | 2 | 0 | 2 | 1 | 13 |
| Multiple Parties | 13 | 14 | 13 | 10 | 8 | 10 | 7 | 11 | 7 | 6 | 99 |
| Missing | 28 | 16 | 12 | 27 | 6 | 5 | 13 | 10 | 3 | 11 | 131 |
| Parental Psychiatric Hospitalization | | | | | | | | | | | |
| None | 855 | 857 | 808 | 762 | 707 | 709 | 562 | 521 | 451 | 394 | 6,626 |
| Mother | 41 | 31 | 34 | 30 | 29 | 21 | 21 | 21 | 23 | 21 | 272 |
| Father | 19 | 9 | 12 | 9 | 16 | 9 | 4 | 8 | 8 | 9 | 103 |
| Other Female Parental Figure | 0 | 1 | 1 | 0 | 1 | 2 | 0 | 0 | 1 | 1 | 7 |
| Other Male Parental Figure | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 4 |
| Multiple Parties | 7 | 4 | 2 | 3 | 4 | 3 | 1 | 6 | 6 | 4 | 40 |
| Missing | 27 | 13 | 10 | 27 | 8 | 15 | 15 | 9 | 4 | 10 | 138 |
| Parental Substance Abuse | | | | | | | | | | | |
| None | 421 | 457 | 426 | 397 | 374 | 350 | 290 | 295 | 265 | 242 | 3,517 |
| Mother | 149 | 128 | 119 | 103 | 85 | 106 | 75 | 61 | 55 | 49 | 930 |
| Father | 217 | 187 | 162 | 167 | 169 | 162 | 125 | 100 | 91 | 78 | 1,458 |
| Other Female Parental Figure | 3 | 3 | 1 | 7 | 1 | 2 | 2 | 0 | 1 | 0 | 20 |
| Other Male Parental Figure | 15 | 6 | 9 | 15 | 12 | 16 | 7 | 5 | 11 | 4 | 100 |
| Multiple Parties | 122 | 120 | 137 | 123 | 117 | 109 | 93 | 96 | 67 | 59 | 1,043 |
| Missing | 24 | 14 | 13 | 19 | 8 | 14 | 12 | 8 | 3 | 7 | 122 |
| Total | 951 | 915 | 867 | 831 | 766 | 759 | 604 | 565 | 493 | 439 | 7,190 |



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Total |
|--|------|------|------|------|------|------|------|------|------|------|-------|
| Past Medical Hospitalizations | 376 | 346 | 270 | 275 | 259 | 275 | 199 | 206 | 177 | 153 | 2,536 |
| Missing | 23 | 33 | 41 | 24 | 11 | 22 | 20 | 4 | 5 | 7 | 190 |
| Pending Charges | 29 | 40 | 35 | 42 | 32 | 23 | 21 | 15 | 7 | 6 | 250 |
| Perpetrator of Physical Assault | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 482 | 430 | 363 | 1,275 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 15 | 6 | 13 | 34 |
| Perpetrator of Sexual Assault | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 82 | 72 | 59 | 213 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 10 | 6 | 16 | 32 |
| Physical Aggression | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 437 | 345 | 282 | 1,064 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 44 | 23 | 70 | 137 |
| Physical Assault by a Family Member | 167 | 139 | 147 | 146 | 117 | 103 | 66 | 48 | 50 | 88 | 1,071 |
| Missing | 20 | 9 | 8 | 14 | 4 | 4 | 21 | 21 | 17 | 16 | 134 |
| Physical Impairment | 21 | 15 | 15 | 7 | 5 | 10 | 2 | 13 | 9 | 5 | 102 |
| Poor Frustration Tolerance | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 412 | 393 | 326 | 1,131 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 48 | 13 | 50 | 111 |
| Poor Relationship with Father | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 399 | 358 | 285 | 1,042 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 47 | 26 | 73 | 146 |
| Poor Relationship with Mother | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 280 | 264 | 204 | 748 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 67 | 21 | 113 | 201 |
| Pregnancy (Females Only) | 5 | 5 | 4 | 1 | 2 | 2 | 1 | 2 | 0 | 0 | 22 |
| Missing | 1 | 5 | 2 | 2 | 2 | 5 | 3 | 3 | 12 | 23 | 58 |
| Previous Group Home/Crisis Shelter Placements | 275 | 283 | 240 | 290 | 195 | 189 | 132 | 150 | 125 | 127 | 2,006 |
| Missing | 15 | 21 | 23 | 10 | 5 | 33 | 68 | 54 | 5 | 3 | 237 |
| Previous Inpatient Mental Health Treatment | 341 | 328 | 244 | 299 | 207 | 217 | 184 | 184 | 152 | 138 | 2,294 |
| Missing | 10 | 3 | 5 | 6 | 1 | 1 | 5 | 2 | 1 | 1 | 35 |
| Previous Inpatient Substance Abuse Treatment | 79 | 109 | 64 | 125 | 33 | 26 | 20 | 23 | 21 | 14 | 514 |
| Missing | 15 | 24 | 25 | 12 | 4 | 35 | 78 | 62 | 6 | 3 | 264 |
| Previous Outpatient Mental Health Services | | | | | | | | | | | |
| Counseling | 618 | 625 | 578 | 547 | 532 | 483 | 404 | 362 | 335 | 272 | 4,756 |
| Missing | 19 | 16 | 12 | 12 | 2 | 12 | 8 | 12 | 1 | 3 | 97 |
| Home-Based Services | 317 | 302 | 205 | 308 | 309 | 300 | 273 | 258 | 258 | 219 | 2,749 |
| Missing | 16 | 27 | 26 | 12 | 7 | 16 | 9 | 13 | 1 | 3 | 130 |
| Medication Management | 449 | 365 | 374 | 369 | 386 | 386 | 311 | 293 | 269 | 229 | 3,431 |
| Missing | 21 | 16 | 14 | 19 | 5 | 16 | 11 | 11 | 1 | 3 | 117 |
| Previous Therapeutic Foster Care Placements | 80 | 106 | 67 | 161 | 90 | 56 | 45 | 53 | 38 | 25 | 721 |
| Missing | 15 | 25 | 27 | 13 | 8 | 39 | 80 | 59 | 7 | 3 | 276 |
| Prior Commitments | 189 | 181 | 127 | 123 | 98 | 110 | 87 | 75 | 59 | 58 | 1,107 |
| Prior Institutional Predatory Offenses | 18 | 11 | 8 | 10 | 16 | 12 | 13 | 8 | 4 | 6 | 106 |
| Prior Living Situation | | | | | | | | | | | |
| Both Mother & Father | 531 | 460 | 435 | 419 | 372 | 328 | 249 | 264 | 234 | 208 | 3,500 |
| Out of Home | 371 | 324 | 330 | 294 | 244 | 246 | 170 | 210 | 200 | 178 | 2,567 |
| Psychotropic Medication | | | | | | | | | | | |
| Current Use | 220 | 273 | 219 | 193 | 186 | 202 | 192 | 173 | 157 | 138 | 1,953 |
| Lifetime Use | 546 | 523 | 498 | 456 | 445 | 444 | 353 | 352 | 310 | 285 | 4,212 |
| Reading Standard Score (Average) | 89.2 | 87.1 | 87.2 | 87.6 | 88.3 | 88.7 | 87.2 | 86.5 | 86.4 | 86.9 | 87.6 |
| Risk Level at Admission | | | | | | | | | | | |
| Low | 31 | 18 | 18 | 28 | 30 | 18 | 15 | 23 | 21 | 27 | 229 |
| Moderate | 219 | 241 | 220 | 210 | 188 | 194 | 134 | 112 | 98 | 101 | 1,717 |
| High | 403 | 388 | 401 | 394 | 345 | 328 | 270 | 273 | 284 | 293 | 3,379 |
| Missing | 298 | 268 | 228 | 199 | 203 | 219 | 185 | 157 | 90 | 18 | 1,865 |
| Total | 951 | 915 | 867 | 831 | 766 | 759 | 604 | 565 | 493 | 439 | 7,190 |



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Total | |
|--|------|------|------|------|------|------|------|------|------|------|-------|-----|
| School Problem History | | | | | | | | | | | | |
| Academic Problems | | | | | | | | | | | | |
| Minimal or No Problem | 40 | 40 | 39 | 36 | 37 | 31 | 46 | 47 | 48 | 39 | 403 | |
| Minor Problem | 101 | 122 | 98 | 114 | 113 | 113 | 97 | 87 | 67 | 101 | 1,013 | |
| Moderate Problem | 366 | 332 | 305 | 336 | 277 | 267 | 203 | 179 | 172 | 123 | 2,560 | |
| Severe Problem | 433 | 414 | 415 | 337 | 335 | 343 | 246 | 242 | 198 | 167 | 3,130 | |
| Missing | 11 | 7 | 10 | 8 | 4 | 5 | 12 | 10 | 8 | 9 | 84 | |
| Attendance Problems | | | | | | | | | | | | |
| Minimal or No Problem | 50 | 49 | 29 | 35 | 41 | 23 | 24 | 33 | 25 | 36 | 345 | |
| Minor Problem | 131 | 130 | 102 | 96 | 80 | 92 | 76 | 78 | 59 | 61 | 905 | |
| Moderate Problem | 305 | 288 | 282 | 277 | 240 | 272 | 188 | 154 | 140 | 113 | 2,259 | |
| Severe Problem | 454 | 441 | 447 | 414 | 402 | 370 | 306 | 294 | 264 | 223 | 3,615 | |
| Missing | 11 | 7 | 7 | 9 | 3 | 2 | 10 | 6 | 5 | 6 | 66 | |
| Behavioral Problems | | | | | | | | | | | | |
| Minimal or No Problem | 43 | 35 | 35 | 30 | 31 | 30 | 33 | 65 | 40 | 54 | 396 | |
| Minor Problem | 93 | 119 | 78 | 68 | 73 | 56 | 58 | 66 | 50 | 50 | 711 | |
| Moderate Problem | 296 | 278 | 274 | 262 | 225 | 222 | 174 | 147 | 146 | 136 | 2,160 | |
| Severe Problem | 507 | 477 | 472 | 462 | 434 | 449 | 329 | 281 | 252 | 193 | 3,856 | |
| Missing | 12 | 6 | 8 | 9 | 3 | 2 | 10 | 6 | 5 | 6 | 67 | |
| Peer Problems | | | | | | | | | | | | |
| Minimal or No Problem | 80 | 76 | 66 | 56 | 54 | 44 | 60 | 67 | 50 | 49 | 602 | |
| Minor Problem | 93 | 132 | 87 | 84 | 70 | 71 | 64 | 60 | 44 | 61 | 766 | |
| Moderate Problem | 288 | 287 | 288 | 286 | 266 | 262 | 189 | 157 | 149 | 133 | 2,305 | |
| Severe Problem | 470 | 410 | 413 | 388 | 370 | 364 | 275 | 272 | 245 | 189 | 3,396 | |
| Missing | 20 | 10 | 13 | 17 | 6 | 18 | 16 | 9 | 5 | 7 | 121 | |
| Problems with School Staff | | | | | | | | | | | | |
| Minimal or No Problem | 74 | 74 | 85 | 59 | 65 | 52 | 65 | 87 | 59 | 53 | 673 | |
| Minor Problem | 96 | 143 | 93 | 99 | 95 | 77 | 70 | 56 | 49 | 49 | 827 | |
| Moderate Problem | 343 | 290 | 273 | 292 | 259 | 268 | 201 | 160 | 155 | 145 | 2,386 | |
| Severe Problem | 417 | 397 | 403 | 361 | 340 | 341 | 251 | 253 | 225 | 184 | 3,172 | |
| Missing | 21 | 11 | 13 | 20 | 7 | 21 | 17 | 9 | 5 | 8 | 132 | |
| Security Risk | 259 | 204 | 260 | 240 | 230 | 225 | 190 | 163 | 108 | 66 | 1,945 | |
| Missing | 52 | 41 | 46 | 55 | 52 | 109 | 46 | 35 | 15 | 36 | 487 | |
| Seizures | 47 | 30 | 33 | 28 | 20 | 21 | 24 | 16 | 9 | 12 | 240 | |
| Missing | 19 | 31 | 37 | 23 | 8 | 19 | 12 | 4 | 2 | 2 | 157 | |
| Sex Offender Treatment Need | | | | | | | | | | | | |
| Mandatory | 89 | 80 | 67 | 63 | 73 | 66 | 58 | 67 | 62 | 45 | 670 | |
| Recommended | 11 | 9 | 10 | 13 | 12 | 22 | 20 | 20 | 21 | 20 | 158 | |
| Missing | 24 | 135 | 166 | 188 | 136 | 194 | 258 | 214 | 208 | 209 | 1,732 | |
| Sexual Assault by a Family Member | 64 | 73 | 52 | 77 | 46 | 41 | 31 | 41 | 31 | 33 | 489 | |
| Missing | 20 | 9 | 9 | 13 | 4 | 4 | 19 | 20 | 16 | 16 | 130 | |
| Short Attention Span | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 232 | 202 | 176 | 610 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 88 | 35 | 128 | 251 |
| Sibling Criminal Activity | 377 | 315 | 339 | 335 | 299 | 284 | 214 | 202 | 196 | 160 | 2,721 | |
| Missing | 24 | 14 | 9 | 16 | 10 | 10 | 14 | 24 | 5 | 3 | 129 | |
| Special Education Needs | 392 | 382 | 362 | 343 | 302 | 294 | 254 | 238 | 206 | 195 | 2,968 | |
| Missing | 17 | 10 | 10 | 7 | 9 | 17 | 8 | 7 | 4 | 8 | 97 | |
| Special Medical Needs | 130 | 89 | 91 | 95 | 94 | 97 | 67 | 67 | 44 | 45 | 819 | |
| Stab Wounds | 156 | 140 | 126 | 145 | 125 | 116 | 101 | 82 | 76 | 53 | 1,120 | |
| Missing | 18 | 29 | 37 | 23 | 8 | 19 | 12 | 3 | 3 | 3 | 155 | |
| <i>Total</i> | 951 | 915 | 867 | 831 | 766 | 759 | 604 | 565 | 493 | 439 | 7,190 | |



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | Total |
|---|------|------|------|------|------|------|------|------|------|------|-------|
| Substance Abuse Category (SASSI) | | | | | | | | | | | |
| Low Probability | N/A | N/A | N/A | N/A | N/A | 224 | 152 | 152 | 132 | 92 | 752 |
| Abusive | N/A | N/A | N/A | N/A | N/A | 274 | 214 | 184 | 188 | 147 | 1,007 |
| Dependent | N/A | N/A | N/A | N/A | N/A | 143 | 119 | 130 | 102 | 95 | 589 |
| Missing | N/A | N/A | N/A | N/A | N/A | 60 | 79 | 41 | 28 | 67 | 275 |
| Substance Abuse Disorder | N/A | N/A | N/A | N/A | N/A | 344 | 326 | 283 | 267 | 225 | 1,445 |
| Missing | N/A | N/A | N/A | N/A | N/A | 6 | 11 | 74 | 29 | 103 | 223 |
| Substance Abuse Treatment Need | | | | | | | | | | | |
| Mandatory | 409 | 384 | 312 | 325 | 302 | 241 | 231 | 193 | 193 | 184 | 2,774 |
| Recommended | 261 | 262 | 298 | 216 | 228 | 338 | 304 | 308 | 244 | 193 | 2,652 |
| Missing | 19 | 50 | 52 | 67 | 47 | 41 | 35 | 33 | 28 | 29 | 401 |
| Substance Dependence Disorder | N/A | N/A | N/A | N/A | N/A | 189 | 162 | 132 | 149 | 121 | 753 |
| Missing | N/A | N/A | N/A | N/A | N/A | 6 | 10 | 105 | 46 | 135 | 302 |
| Substance Disorder | 549 | 530 | 497 | 438 | 426 | 493 | 446 | 383 | 376 | 313 | 4,451 |
| Missing | 20 | 12 | 6 | 12 | 4 | 6 | 8 | 51 | 16 | 61 | 196 |
| Substance Use Interferes with Life | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 231 | 250 | 238 | 719 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 95 | 27 | 92 | 214 |
| Substance Use Linked to Offense | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 195 | 196 | 158 | 549 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 101 | 38 | 120 | 259 |
| Suicidal and Para-Suicidal Behaviors | | | | | | | | | | | |
| Self-Injury | 70 | 68 | 65 | 76 | 57 | 72 | 60 | 73 | 55 | 42 | 638 |
| Missing | 22 | 7 | 6 | 9 | 2 | 5 | 7 | 122 | 58 | 174 | 412 |
| SIB Risk | 113 | 107 | 106 | 84 | 107 | 138 | 99 | 97 | 91 | 81 | 1,023 |
| Suicide Attempts | 50 | 55 | 38 | 40 | 26 | 24 | 17 | 49 | 39 | 29 | 367 |
| Missing | 22 | 7 | 7 | 9 | 2 | 5 | 7 | 124 | 58 | 188 | 429 |
| Tantrums | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 132 | 113 | 114 | 359 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 104 | 53 | 154 | 311 |
| Verbal Aggression | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 381 | 367 | 296 | 1,044 |
| Missing | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 49 | 13 | 65 | 127 |
| Victim of Sexual Assault | 89 | 93 | 85 | 95 | 79 | 66 | 50 | 64 | 67 | 53 | 741 |
| Missing | 20 | 9 | 7 | 13 | 4 | 4 | 19 | 20 | 16 | 15 | 127 |
| Writing Standard Score (Average) | 78.2 | 85.9 | 87.7 | 88.6 | 89.1 | 89.7 | 87.7 | 88.3 | 87.7 | 87.8 | 86.7 |
| <i>Total</i> | 951 | 915 | 867 | 831 | 766 | 759 | 604 | 565 | 493 | 439 | 7,190 |



11 Appendices

The forms on the following pages were used during FY 2015 to collect juvenile evaluation data. These forms are modified periodically; therefore, the most recent version of each form is presented rather than including every version that was in use for the duration of this report's data.

Additionally, the references cited throughout the report can be found in Appendix I.



Appendix A: Offense History Data Form

Department of Juvenile Justice DIVISION OF OPERATIONS OFFENSE HISTORY DATA

| | | | | |
|----------------|-------|-------|--------|-----|
| Juvenile Name: | Last | First | Middle | DOB |
| Juvenile No.: | Race: | Sex: | DOC: | |

Number this Commitment: _____ Number of Suspended Commitments: _____

Court Service Unit: _____ (use three digit locality codes) _____

_____ Committed Under **16.1-285.1** or **16.1-269.1** 1 = Yes 2 = No If (1 = Yes) , Sentence: _____ months

_____ Determinate Sentence by 0 = Neither, 1 = J&DR, 2 = Circuit, 3 = Both

_____ Adult time pending? 1 = Yes 2 = No

COMMITTING OFFENSES:

| Date | Offense Code |
|------|--------------|
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |

PRIOR OFFENSES:

| Date | Offense Code |
|------|--------------|
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |



Appendix A, cont.: Offense History Data Form

Department of Juvenile Justice DIVISION OF OPERATIONS OFFENSE HISTORY DATA

| |
|---|
| Juvenile Name: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> _____ Last _____ First _____ Juvenile Number _____ DOC </div> |
|---|

PRIOR OFFENSES: (Continued)

| Date | Offense Code |
|------|--------------|
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |

ACTIVE DOC/JAIL OFFENSES:

| Date | Offense Code |
|------|--------------|
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |
| / / | - - |

| | |
|---|---|
| Level of Most Serious Current Offense _____ | Level of Most Serious Prior Offense _____ |
| Chronicity Score _____ | Initial LOS _____ to _____ |

PROBLEM ONSET

____ 1. Age of first behavioral problems ____ 2. Age at first community intervention ____ 3. Age at first criminal adjudication

ESCAPE/A.W.O.L. HISTORY

0 = No 1 = Yes 2 = Multiple 3 = Information not provided

____ 4. From a secure facility or custody ____ 5. From a group or foster home
 ____ 6. From home

STAFF RESPONSIBLE FOR FORM COMPLETION:

Name: _____ **Contact Number:** () _____ - _____
Last First

I have filled out and reviewed this form and the information contained within is accurate and complete.

Signature: _____ **Date:** _____



Appendix B: Social History Information Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
RECEPTION & DIAGNOSTIC CENTER
Social History Information

| | | | | |
|----------------|-------|-------------|------------|-------|
| Juvenile Name: | _____ | _____ | _____ | _____ |
| | Last | First | Middle | DOC |
| Juvenile No.: | _____ | Race: _____ | Sex: _____ | |

LIVING SITUATIONS

1. Living Situation Immediately Prior to Detention/Incarceration (check ONE)

| | | |
|---|---|--|
| <input type="checkbox"/> Both Biological Parents | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Other Family member |
| <input type="checkbox"/> One Parent + One Step-Parent | <input type="checkbox"/> Adoptive Parent(s) | <input type="checkbox"/> AWOL |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Foster Home | <input type="checkbox"/> Other |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Group Home/ Crisis Shelter | |
| <input type="checkbox"/> Step-Parent Only | <input type="checkbox"/> Psychiatric Placement | |

2. Prior Living Situations (check all that apply)

| | | |
|---|---|--|
| <input type="checkbox"/> Both Biological Parents | <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Other Family member |
| <input type="checkbox"/> One Parent + One Step-Parent | <input type="checkbox"/> Adoptive Parent(s) | <input type="checkbox"/> AWOL |
| <input type="checkbox"/> Mother Only | <input type="checkbox"/> Foster Home | <input type="checkbox"/> Other |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Group Home/ Crisis Shelter | |
| <input type="checkbox"/> Step-Parent Only | <input type="checkbox"/> Psychiatric Placement | |

MENTAL HEALTH/SUBSTANCE ABUSE (MH/SA) TREATMENT SERVICES

3. Inpatient/Residential Treatment (indicate number of placements)

_____ Psychiatric Placement
 _____ Residential Treatment Facility (not primarily substance abuse)
 _____ Substance Abuse Treatment Facility
 _____ Therapeutic Foster Care

4. Outpatient MH/SA Services (check all that apply)

Home-Based Services
 Counseling
 Medication Management

FAMILY HISTORY

5. Indicate applicable parental history:

0=No 1=Mother 2=Father 3=Other Female Parental Figure 4=Other Male Parental Figure 5=Multiple Parties

| | |
|---------------------------------------|--|
| _____ Domestic Violence (perpetrator) | _____ Outpatient Mental Health Treatment |
| _____ Criminal Activity | _____ Abandonment/Rejection of juvenile |
| _____ Incarceration | _____ Death |
| _____ Substance Abuse | |
| _____ Psychiatric Hospitalization | |

6. Sibling Criminal Activity? YES NO



Appendix C: Psychological Information Form

Department of Juvenile Justice
DIVISION OF OPERATIONS
PSYCHOLOGICAL INFORMATION

| | | | | |
|----------------|-------|-------|--------|-----|
| Juvenile Name: | Last | First | Middle | DOC |
| Juvenile No.: | Race: | Sex: | | |

ASSESSMENT OF RISKS AND NEEDS

| | |
|---|---|
| 1. Special Considerations: | |
| <input type="checkbox"/> Indications of neglect | <input type="checkbox"/> Pattern of non-suicidal SIB |
| <input type="checkbox"/> Documented Homicidal Ideation/Intent | <input type="checkbox"/> History of suicide attempts |
| <input type="checkbox"/> History of harming animals | <input type="checkbox"/> Current Suicidal Ideation/Intent |
| <input type="checkbox"/> History of fire setting | |

| | |
|---|---|
| 2. Substance Use*: | |
| <input type="checkbox"/> Occasional drug use | <input type="checkbox"/> Chronic alcohol use |
| <input type="checkbox"/> Chronic drug use | <input type="checkbox"/> Substance abuse interferes with life |
| <input type="checkbox"/> Occasional alcohol use | <input type="checkbox"/> Substance use linked to offense(s) |

*Chronic=weekly or more frequently
 Occasional=less than weekly use



Appendix C, cont.: Psychological Information Form

**Department of Juvenile Justice
DIVISION OF OPERATIONS
PSYCHOLOGICAL INFORMATION**

| | | | | |
|----------------|-------|-------------|------------|-------|
| Juvenile Name: | _____ | _____ | _____ | _____ |
| | Last | First | Middle | DOC |
| Juvenile No.: | _____ | Race: _____ | Sex: _____ | |

ASSESSMENT OF SUBSTANCE USE

| 3. Substances: | Age of First Use N/A=0 15-18 yo=1 12-14 yo=2 <12 yo=3 | Current Exposure* None=0 Experimentation=1 Use Disorder (Mild, Moderate, Severe)=2 <small>*Based on DSM criteria</small> |
|--|--|---|
| Tobacco | | |
| Alcohol | | |
| Marijuana | | |
| Inhalants | | |
| Ecstasy | | |
| Crack/Cocaine | | |
| Methamphetamine | | |
| Prescription stimulants (Adderall, Ritalin, etc.) | | |
| Sedatives, Anxiolytics, and Hypnotics | | |
| Hallucinogens | | |
| Opiates | | |
| Synthetic Marijuana (K-2, Spice, etc.) | | |
| Other prescription drugs (not elsewhere captured) | | |
| Other non-prescription or other substance (not elsewhere captured) | | |

PSYCHOTROPIC MEDICATION

| 4. Psychotropic Medications: Check all that apply | Psychotropic | Sleep | Stimulant |
|--|--------------------------|--------------------------|--------------------------|
| Never Prescribed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescribed in the past | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current prescription (prior to commitment) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Newly prescribed at direct care placement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Appendix C, cont.: Psychological Information Form

**Department of Juvenile Justice
DIVISION OF OPERATIONS
PSYCHOLOGICAL INFORMATION**

| | | | | |
|----------------|-------|-------------|------------|-------|
| Juvenile Name: | _____ | _____ | _____ | _____ |
| | Last | First | Middle | DOC |
| Juvenile No.: | _____ | Race: _____ | Sex: _____ | |

ASSAULT HISTORY

| | |
|--|--|
| 5. History of Assaultiveness: | |
| 0 = No 1 = Once 2 = Multiple Times/Recurring | |
| Sexual Assault perpetrated by Resident: | Physical Assault perpetrated by Resident: |
| _____ Against Family Member Younger than Juv. | _____ Against Family Member Younger than Juv. |
| _____ Against Family Member Older than Juv. | _____ Against Family Member Older than Juv. |
| _____ Against Acquaintance | _____ Against Acquaintance |
| _____ Against Stranger | _____ Against Stranger |
| | _____ Against Authority Figure |
| | _____ Resulting in Physical Injury Req. Med. Attn. |
| | _____ Using a Weapon |

| | |
|--|--|
| 6. History of Victimization: | |
| 0 = No 1 = Once 2 = Multiple Times/Recurring | |
| Sexual Assault against Resident: | Physical Assault against Resident: |
| _____ Parent/Parental Figure | _____ Parent/Parental Figure |
| _____ Other Family Member or Trusted Adult | _____ Other Family Member or Trusted Adult |
| _____ Acquaintance | _____ Acquaintance |
| _____ Stranger | _____ Stranger |

FUNCTIONALITY INFORMATION

| | |
|---|--|
| 7. Intellectual Functioning: | |
| Testing Instrument: _____ 0=None/Invalid, 1=WASI, 2=WISC, 3=WAIS 4= Other | |
| FSIQ: _____ | |

| | |
|---|---|
| 8. Significant Symptoms of: | |
| <input type="checkbox"/> Depressive Disorder | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Bipolar/Cyclothymic Disorder | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Adjustment Disorder | <input type="checkbox"/> Conduct Disorder |
| <input type="checkbox"/> Dissociative Disorder | <input type="checkbox"/> Substance Use Disorder, Mild |
| <input type="checkbox"/> Psychotic Disorder | <input type="checkbox"/> Substance Use Disorder, Moderate or Severe |
| <input type="checkbox"/> Cluster A Personality Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Cluster B Personality Disorder | <input type="checkbox"/> Paraphilic Disorder |
| <input type="checkbox"/> Cluster C Personality Disorder | <input type="checkbox"/> Other |



Appendix C, cont.: Psychological Information Form

**Department of Juvenile Justice
DIVISION OF OPERATIONS
PSYCHOLOGICAL INFORMATION**

| | | | | |
|----------------|-------|-------------|------------|-------|
| Juvenile Name: | _____ | _____ | _____ | _____ |
| | Last | First | Middle | DOC |
| Juvenile No.: | _____ | Race: _____ | Sex: _____ | |

TRAUMA SYMPTOMS

| |
|--|
| <p>9. Trauma Symptom Checklist for Children (adolescents through age 16): Circle one</p> <p>0 = Not Administered 1 = Valid 2 = Invalid</p> <hr/> <p>Attach a copy of the Checklist to this Information Form</p> |
|--|

STAFF RESPONSIBLE FOR FORM COMPLETION:

Name: _____

Last First Middle Initials

Contact Number: () ____ - _____

I have filled out and reviewed this form and the information contained within is accurate and complete.

Signature: _____ **Date:** _____



Appendix D: Educational Information Form

**Department of Juvenile Justice
DIVISION OF OPERATIONS
RECEPTION & DIAGNOSTIC CENTER
EDUCATIONAL INFORMATION**

| | | | | |
|----------------|-------|-------|--------|-----|
| Juvenile Name: | Last | First | Middle | DOC |
| Juvenile No.: | Race: | Sex: | | |

- ____ 1. Last Grade Completed (K-12) 13=Diploma 14=GED 15=Ungraded/Alternative 16=Unknown
- ____ 2. Testing Completed 1=Community 2=Previous Staffing 3=Current Staffing 4=DJJ-DOE School 5=No Formal Testing
- ____ 3. Date of Testing (mm/dd/yyyy)

WOODCOCK-JOHNSON TEST RESULTS

| | Age Equivalency | Grade Equivalency | Standard Score |
|--|------------------------|-------------------|----------------|
| BROAD READING | ____ - - ____ yy mm | ____ . ____ | ____ - ____ |
| MATH (check one) | | | |
| <input type="checkbox"/> 1. Broad | | | |
| <input type="checkbox"/> 2. Brief | ____ - - ____ yy mm | ____ . ____ | ____ - ____ |
| <input type="checkbox"/> 3. Single Subtest | | | |
| WRITTEN LANGUAGE (check one) | | | |
| <input type="checkbox"/> 1. Broad | | | |
| <input type="checkbox"/> 2. Brief | ____ - - ____ yy mm | ____ . ____ | ____ - ____ |
| <input type="checkbox"/> 3. Single Subtest | | | |

4. If Brief or Single Subtest options checked above, indicate subtests: (check all that apply)

MATH

WRITTEN LANGUAGE

- | | | |
|--|---|---|
| <input type="checkbox"/> Calculation <input type="checkbox"/> Math Fluency <input type="checkbox"/> Applied Problems <input type="checkbox"/> Quantitative Concepts | <input type="checkbox"/> Writing Samples <input type="checkbox"/> Writing Fluency <input type="checkbox"/> Spelling <input type="checkbox"/> Spelling of Sounds <input type="checkbox"/> Punctuation and Capitalization <input type="checkbox"/> Editing | <input type="checkbox"/> Understanding Directions <input type="checkbox"/> Story Recall <input type="checkbox"/> Story Recall-Delayed <input type="checkbox"/> Picture Vocabulary <input type="checkbox"/> Oral Comprehension |
|--|---|---|

SCHOOL HISTORY 0=Minimal or No Problem 1=Minor Problem 2=Moderate Problem 3=Severe Problem

- | | |
|--|------------------------------|
| ____ 5. Attendance | ____ 8. Academic Progress |
| ____ 6. Disruptive Classroom Behavior | ____ 9. Peer Interactions |
| ____ 7. Disruptive Behavior on School Property | ____ 10. Staff Relationships |

- ____ 11. Current Status
- | | | | |
|---|----------------------|---------------------|---------------------------------------|
| 0=Diploma/GED, or appropriate attendance | 1=Occasional Truancy | 2=Excessive Truancy | 6=Released from Compulsory Attendance |
| 3=Dropped out/ Did not attend/ In detention | 4=Suspended | 5=Expelled | |



Appendix E: Medical History Form

Virginia Department of Juvenile Justice Medical History

Mark boxes where indicated.

Current Medical Problems:

Yes No Unknown Allergies:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Medication and Reactions: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Environmental and Reactions: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Food(s) and Reactions: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. TB or Positive PPD: _____ Was it Treated: _____ Date: _____ Medications: _____ CXR: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Asthma: _____ Peak Flow: _____ Last Symptoms: _____ Hospitalizations: _____ Last Date: _____ Medications: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Diabetes: _____ Age or Year Diagnosed: _____ Medications/Complications: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Hepatitis: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heart Problem: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Sickle Cell Anemia/Trait: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Orthopedic Problem: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Glasses: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Other Assistive Devices Needed for Care: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Current Psychiatric Problems: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Physical Disabilities: _____ |

Vulnerability Factors:

Yes No Unknown

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Small Physical Stature: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Developmental/Mental/Physical Disability: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Presents as Lesbian, Gay, Bisexual, Transgender, Gender Identity Issues: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. History of Sexual Victimization: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. History of Sexual Activity While in Custody: _____ |

Place ID Sticker Here

Revised: July 1, 2013

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Appendix E, cont.: Medical History Form

Virginia Department of Juvenile Justice Medical History

Past Medical History:

Yes No Unknown

20. Chicken Pox: _____ Other Childhood Diseases: _____

21. Head Injury: _____
Where Treated? _____

22. Loss of Consciousness: _____ How Long? _____

23. Fractures: _____

24. Seizures: _____

25. Gunshot Wounds: _____
Bullet or Fragments Retained: _____

26. Stab Wounds: _____

27. Medical Hospitalizations: Where? When? Why? _____

28. Psychiatric Hospitalizations: Where? When? Why? _____

29. Surgery/Operations/Procedures: _____

Females Only: *(leave blank if male)*

30. Pregnancy: G ____ P ____ AB ____
Induced: _____ Spontaneous: _____
Last Pregnancy/Delivery: _____ Vaginal: ____ C-Section: ____
Complications: _____

31. Menstrual Cycle/Pap Smears: _____
Last Period: _____ N Abn _____
Problems with Periods: _____
Last Pap Smear: _____ N Abn _____



Appendix E, cont.: Medical History Form

Virginia Department of Juvenile Justice Medical History

STIs:

Yes No N/A Unknown

- 32. Chlamydia: _____
- 33. Gonorrhea: _____
- 34. Syphilis: _____
- 35. Herpes: _____
- 36. Venereal Warts: _____
- 37. Genital Sores: _____
- 38. HPV: _____
- 39. Pediculosis: _____
- 40. Trichomonis: _____

Medications:

(check if yes)

- 41. Medical: Name? Dose? Frequency? Indication? _____

 Birth Control for Females: _____

- 42. Psychotropics: _____
 (check all that apply)

| | Psychotropic | Sleep | Stimulant |
|--|--------------------------|--------------------------|--------------------------|
| Never Previously Prescribed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescribed in the Past | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current Prescription (prior to arrival at RDC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Newly Prescribed at RDC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Current: (Name? Dose? Frequency? Indication?) _____

Previous: Psychotropic(s), if applicable: _____

Physician:

Yes No Unknown

- 44. Family Doctor or Clinic: _____ Address: _____
 Psychiatrist: _____ Address: _____
 OB/Gyn: _____ Address: _____

Family History:

Yes No Unknown

- 45. TB: Who? _____
- 46. Heart Problems: Who? _____
- 47. High Blood Pressure: Who? _____
- 48. Blood Sugar Problems: Who? _____
- 49. Asthma: Who? _____
- 50. Other: _____

Place ID Sticker Here

Revised: July 1, 2013

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Appendix E, cont.: Medical History Form

Virginia Department of Juvenile Justice Medical History

Social History:

(check all that apply)

| Substance abuse: | Frequency of Use | Age of First Use |
|---|------------------|------------------|
| <input type="checkbox"/> 51. Cigarettes | _____ | _____ |
| <input type="checkbox"/> 52. Alcohol | _____ | _____ |
| <input type="checkbox"/> 53. Marijuana | _____ | _____ |
| <input type="checkbox"/> 54. Cocaine | _____ | _____ |
| <input type="checkbox"/> 55. Crack | _____ | _____ |
| <input type="checkbox"/> 56. Heroin | _____ | _____ |
| <input type="checkbox"/> 57. Hallucinogens | _____ | _____ |
| <input type="checkbox"/> 58. Inhalants | _____ | _____ |
| <input type="checkbox"/> 59. Other Illicit/ 'Designer'/ Prescription Drugs: | _____ | |

High Risk Behavior/ Sexual History:

(check if applicable)

60. Have you had sex? Yes No

61. Was it consensual? Yes No
 If nonconsensual, did you report it to anyone? Yes No
 Who? _____

62. Age at first sexual intercourse (not abuse): _____

63. Have you ever been forced or pressured into doing something sexual that you didn't want to do? No Yes _____

64. IV drug use? Yes No

65. History of blood transfusion or blood product administration? Yes No

66. Trading sex for money or drugs? Yes No

67. How many sexual partners have you had in the past year? _____
 Past 3 years? _____
 How many (lifetime)? _____

68. Were your sexual partner(s): Male Female Both

69. High risk sexual partner (promiscuous/IV drug use/prostitution): _____

70. Condom use: No Yes If yes, sometimes or every time

71. Multiple tattoos: _____

Family:

Lives with: _____ Phone #: _____

72. Number of children you have (include age/sex): _____



Appendix E, cont.: Medical History Form

Virginia Department of Juvenile Justice Medical History

Review of Systems: (Current Only)

Constitutional: Insomnia Night Sweats Recent Weight Loss (>10lbs Past Month)

HEENT: Headaches Nasal Congestion/Sneezing Nose Bleeds Blurry Vision

Respiratory: Cough Shortness of Breath (Exertional?) Chest Pain

Cardiac: Palpitations Blackout Spells

Gastrointestinal: Nausea Abdominal Pain Diarrhea Heartburn Constipation

Genitourinary: Trouble Voiding Bedwetting Urethral Discharge (Males)
 Vaginal Discharge: _____

Skin: Acne Athlete's Foot Jock Itch Rashes Open Lesions/Wounds

Musculoskeletal: Joint Pain Which joint(s)? _____
 Muscle Pain Where? _____
 Back Pain _____
 Recent Injuries When? _____ How? _____

Psychiatric: Depressed: _____
 Thoughts or plans of hurting/killing oneself or others: _____

Signature and Credentials: _____ Date: _____



Appendix E, cont.: Medical History Form

Virginia Department of Juvenile Justice Medical History

Tuberculosis Risk Assessment

The United States Public Health Service and the Center for Disease Control and Prevention recommends that tuberculosis (TB) skin testing be performed on all individuals who may be at risk of TB. To assist us in determining your risk level, please answer the following questions:

1. Were you born in a country outside of the United States?
 No Yes What Country? _____
2. Have you received vaccinations in a country other than the United States?
 No Yes What Country? _____
3. Have you spent three or more consecutive months in a foreign country in the past 5 years?
 No Yes What Country? _____
4. Have you been exposed or had contact with a person with active TB in the two last years?
 No Yes Whom? _____ Relationship? _____
5. Have you been homeless or have you lived in a shelter during the last two years?
 No Yes
6. Do you have any of the following? (check all that apply)
 Fatigue Weight loss Chills Night sweats Productive cough
 Persistent cough (how long _____) Coughing up blood Loss of appetite
 Fever for more than one week Unexplained weight loss None of the above
7. Are you currently taking oral steroid (other than inhalers) or cancer treating drugs?
 No Yes What? _____
8. Are you currently taking medications for Rheumatoid Arthritis such as Humira, Remicade or Enbrel?
 No Yes What? _____
9. Have you ever had a positive TB skin test or taken any treatment for TB disease or a positive TB test?
 No Yes
 Where and when were you treated (city/state/county): _____
 (Month/year): _____
 Did you complete the medication? No Yes
 If no, how long did you take the medications (Months): _____
 Explain: _____
10. Do you have any of the following medical conditions? (Check all that apply)
 Diabetes Malnutrition Cancer Chronic kidney failure
 Congenital or Acquired Immunodeficiency Other _____ None of the above

To the best of my knowledge the above information is correct and complete.

Signature: _____ Date: _____

Reviewed by: _____ Date: _____



Appendix F: Physical Examination Form

Virginia Department of Juvenile Justice Physical Examination

Mark boxes when indicated.

Vital Signs: Weight: _____ lbs Height: _____ feet _____ inches BMI: _____
 Temp: _____ Heart rate: _____ per/min Resp: _____ per/min
 BP: _____/_____

Hearing Screening: Pass Fail _____

Vision Screening: Pass Fail _____

Allergies: Yes No _____

General Appearance: _____

Skin: Checked Not Checked _____
(check all that apply below)

- Birthmarks _____
- Skin marks (scars, tattoos, carvings) _____
- Acne _____
- Fungal infections _____
- Other skin infections _____
- Signs of recent trauma _____
- Other _____

HEENT: Checked Not Checked Under Investigation

- Head: N Abn _____
- Eyes: N Abn _____
- Ears: N Abn _____
- Nose: N Abn _____
- Throat: N Abn _____
- Neck: N Abn _____

Pulmonary: N Abn _____

Cardiovascular: N Abn _____

Chest: N Abn _____

Breast exam for females (if indicated): N Abn _____

Abdomen: N Abn _____

Musculoskeletal: N Abn _____

Neurological: N Abn _____



Appendix F, cont.: Physical Examination Form

Virginia Department of Juvenile Justice Physical Examination

Genital Exam: Conducted Not Conducted Under Investigation/Results not Available
(choose one below)

Males

Ext. genitalia: N Abn _____
 Circumcised: Yes No _____
 Hernia: Yes No _____
 Testicles/scrotum: N Abn _____
 Tanner Stage: _____

Females

Ext. genitalia: N Abn _____
 Vagina: N Abn _____
 Cervix: N Abn _____
 Uterus: N Abn _____
 Adnexae: N Abn _____
 Rectovaginal: N Abn _____
 Tanner Stage: _____
 PID:

LAB: Conducted Not Conducted Under Investigation/Results not Available

GC: Neg: Pos Chlamydia: Neg Pos HIV: Neg Pos
 Hgb/Hct: N Abn _____ BS: N Abn _____
 UA: N Abn _____
 UPT: Neg Pos _____
 Other: _____

Assessment:

Apparently free from communicable disease: Yes No _____

Handicaps: Yes No _____

Medical Status Changes: Yes No _____



Appendix F, cont.: Physical Examination Form

Virginia Department of Juvenile Justice Physical Examination

Plans/Recommendations:

(check all that apply)

Psychotropic medications: _____

Other medications: _____

Referral w/in DJJ: Optometrist Dental BSU Other _____

Referral outside of DJJ: Dermatology Orthopedics Neurology Cardiology

Urology OB/Gyn ENT Nephrology Audiology

PT/OT Ophthalmology Hematology Surgery _____

Diagnostic tests: X-ray _____ EKG Lab(s) _____

Other _____

Prosthetic device or equipment: _____

Patient education discussed: _____

Immunizations: No records

(check one) DJJ records only

Records from schools, family, and other non-DJJ source

Signature: _____ Date: _____



Appendix G: LOS Determination Form

**Department of Juvenile Justice
DIVISION OF OPERATIONS
Length of Stay (LOS) Determination
Mandatory and Recommended Treatment Needs**

| | | | |
|--|-------|--------|-----|
| Juvenile Name: _____ | | | |
| Last | First | Middle | DOC |
| Juvenile No.: _____ Race: _____ Sex: _____ | | | |

| | | | | | |
|---|--|---|--|------------------------|--|
| Most Serious Instant Offense: Level _____ | | Most Serious Prior Offense Level _____ | | Chronicity Score _____ | |
| LOS increased due to chronicity? _____ 0 = No, 1 = by 3 months, 2 = by 6 months (Exception: For residents in an 18 to 36 months category, the maximum LOS is 24 to 36 months) | | | | | |
| Forwarded to ICRC due to exceptional circumstances ? _____ 0 = No 1 = Staffing Team 2 = Casework Supervisor 3 = Court Service Unit | | | | | |
| Assigned LOS: _____ to _____ Months (from date of commitment) | | | | | |
| <i>NOTE: Final LOS may be affected by whether resident has completed treatment needs (see below) or whether resident is serving an institutional sanction</i> | | | | | |
| Special Categories: | | | | | |
| Determinate Sentence? _____ | | (0 = No, 1 = Yes) If yes, _____ Months, or <input type="checkbox"/> Until Age 21 | | | |
| Blended Sentence? _____ | | (0 = No, 1 = Yes) | | | |
| Treatment Needs which may affect LOS : M = Mandatory R = Recommended X = Not Applicable | | | | | |
| _____ Aggression Management | | _____ Substance Abuse | | _____ Sex Offender | |
| <input type="checkbox"/> CYT 12 <input type="checkbox"/> CYT 5 | | | | | |
| My length of stay and my treatment needs have been explained to me. I am aware that failure to complete Mandatory treatment need(s) can affect my length of stay. I am also aware that I have the right to appeal the Mandatory status of any treatment need(s) that are based only upon information supplied by me and not based upon my offense history or institutional behavior. | | | | | |
| _____ Resident Signature | | | | _____ Date | |



Appendix H: Initial Custody Designation Form

INITIAL CUSTODY DESIGNATION FORM

| SECTION A | | | | | | | | | | DEMOGRAPHIC DATA | | | | | | | | | | |
|--|--|--|--|--|--------------------------------|--|--|--|--|---|--|--|--|--|-----------|--|--|--|--|--------|
| 1. ASSESSMENT DATE: MM-DD-YYYY | | | | | 2. COMMITMENT DATE: MM-DD-YYYY | | | | | | | | | | | | | | | |
| 3. LAST NAME | | | | | 4. FIRST NAME | | | | | 5. MIDDLE INITIAL | | | | | 60 SUFFIX | | | | | |
| 7. BIRTH DATE: MM-DD-YYYY | | | | | 8. JUVENILE # | | | | | | | | | | | | | | | |
| 9. SEX: M=MALE F=FEMALE | | | | | 10. COUNSELOR | | | | | 11. COMMITTING COURT (FIPS) | | | | | | | | | | |
| SECTION B | | | | | | | | | | CLASSIFICATION SCORING | | | | | | | | | | Points |
| 1. SEVERITY OF CURRENT OFFENSE Most serious current offense (<i>according to the scale shown on the right, with "Person Felony" being the most serious</i>) for which the resident has been adjudicated guilty, including any detainers | | | | | | | | | | 500 = Person Felony or any Juvenile Sentenced with Active Adult Time 250 = Weapons Felony, or Circuit Court Commitment for Non-Person Felony 150 = Person Misdemeanor (with or without injury) 100 = Other Felony 50 = Non-Person Misdemeanor Offense 25 = Parole Violation | | | | | | | | | | |
| 2. PRIOR OFFENSE HISTORY Most serious prior offense (<i>according to the scale shown on the right, with "Person Felony" being the most serious</i>) for which the resident has been adjudicated guilty | | | | | | | | | | 250 = Person Felony 150 = Weapons Felony, or Circuit Court Commitment for Non-Person Offense 100 = Person Misdemeanor (with or without injury) 75 = Other Felony 25 = Non-Person Misdemeanor Offense 0 = Traffic Offense, Status Offense, or None | | | | | | | | | | |
| 3. PRIOR COMMITMENTS | | | | | | | | | | 25 = More than One Prior Commitment to DJJ 15 = One Prior Commitment to DJJ 0 = No Prior Commitments | | | | | | | | | | |
| 4. ESCAPE OR RUNAWAY HISTORY | | | | | | | | | | 350 = Escape or Attempt to Escape, With Force Against a Person, from Any Facility or Police Custody 250 = More than One Escape or Attempt to Escape from a Secure Facility or Police Custody 175 = One Escape or Attempt to Escape from a Secure Facility or Police Custody 50 = One or More Escapes or Runaways from Non-secure Facility or Home 0 = None | | | | | | | | | | |
| 5. ASSAULTIVE BEHAVIOR DURING PRIOR COMMITMENTS TO DJJ OR IN SECURE DETENTION Assaultive behavior refers to unprovoked assaults, not fights. Frequent fights may indicate a pattern of aggressive behavior. Does not include detention immediately preceding current commitment. | | | | | | | | | | 350 = More than One Instance of Assaultive Behavior with Injury 250 = One Instance of Assaultive Behavior with Injury 175 = More than One Instance of Assaultive Behavior without Injury 50 = One Instance of Assaultive Behavior without Injury, or a Pattern of Aggressive Behavior 0 = None or No Prior Commitments | | | | | | | | | | |
| 6. INSTITUTIONAL ADJUSTMENT (RDC/DETENTION) RDC Staffing Team Assessment Includes time at RDC and time in detention immediately preceding current commitment | | | | | | | | | | 350 = Serious Threat to Institutional Security/Safety (pattern of predatory behavior; attempts to strong-arm/harass/bully peers; assaultive with potential for injuries) 250 = Moderate Threat to Institutional Security/Safety (multiple fights or simple assaults without a clear pattern of predatory behavior; overly resistant to authority with a pattern of verbal abuse towards staff) 175 = Minor Threat to Institutional Security/Safety (pattern of oppositional/defiant behaviors but no pattern of predatory behavior; occasional mild reactive aggression whether verbal or physical) 50 = Frequent Compliance Problems, Not a Threat to Institutional Security/Safety 25 = Some Compliance Problems (slow to comply with authority) 0 = Good Adjustment | | | | | | | | | | |
| 7. CUSTODY TOTAL | | | | | | | | | | SUM OF ITEMS 1 thru 6 | | | | | | | | | | |
| 8. ASSIGNED CUSTODY LEVEL (Form-assigned) | | | | | | | | | | I = Less than 150 Points II = 155-245 Points III = 250-495 Points IV = 500 or More Points | | | | | | | | | | |
| SECTION C | | | | | | | | | | PLACEMENT CONSIDERATIONS | | | | | | | | | | |
| 1. STATURE: <input type="checkbox"/> EXTRA SMALL <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE | | | | | | | | | | | | | | | | | | | | |
| 2. SPECIAL MANAGEMENT CONCERNS – MARK "X" FOR ALL THAT APPLY: <input type="checkbox"/> NONE <input type="checkbox"/> PENDING CHARGES <input type="checkbox"/> INSTITUTIONAL PREDATORY OFFENSE <input type="checkbox"/> KNOWN MANAGEMENT PROBLEM <input type="checkbox"/> LOW FUNCTIONING <input type="checkbox"/> MENTAL HEALTH RISK/ DISABILITY <input type="checkbox"/> EDUCATION _____ <input type="checkbox"/> ESCAPE RISK _____ <input type="checkbox"/> SIB RISK _____ <input type="checkbox"/> GANG MEMBER _____ <input type="checkbox"/> PHYSICAL IMPAIRMENT _____ <input type="checkbox"/> SPECIAL MEDICAL NEEDS _____ <input type="checkbox"/> ENEMIES – INSTITUTION _____ <input type="checkbox"/> KNOWN ASSOCIATES – INSTITUTION _____ <input type="checkbox"/> OTHER _____ | | | | | | | | | | 3. RECOMMEND OVERRIDE OF FORM-ASSIGNED CUSTODY LEVEL <input type="checkbox"/> NO <input type="checkbox"/> YES – CUSTODY LEVEL (AFTER OVERRIDE) _____ – REASON (REQUIRED) <input type="checkbox"/> Criminal Investigation Ongoing <input type="checkbox"/> Pending Court Charges <input type="checkbox"/> Active Gang Activities <input type="checkbox"/> Predatory/Manipulative Behavior Resulting in the Form of Mental or Physical Abuse of Others <input type="checkbox"/> Crime More Serious than Indicated by Charge <input type="checkbox"/> Crime Less Serious than Indicated by Charge <input type="checkbox"/> Other _____ – COMMENT (REQUIRED) _____ | | | | | | | | | | |
| 5. COUNSELOR SUPERVISOR _____ | | | | | | | | | | 4. CLASSIFICATION INDICATED INSTITUTION: TREATMENT TEAM RECOMMENDED INSTITUTION: COMMENT IF DIFFERENT: | | | | | | | | | | |
| PRINT _____ | | | | | | | | | | SIGNATURE _____ | | | | | | | | | | |



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