



24 The Strategies of Prevention and Rehabilitation

Is It Possible to Prevent Delinquency and to Rehabilitate Delinquents?

Many criminologists argue that **the juvenile justice system places too much emphasis on get-tough approaches**. They point out that such approaches have no effect or only a modest effect on delinquency. While we can increase the effectiveness of such approaches, their ultimate effect on delinquency is limited, since they address only one of the many causes of offending: low direct control. Further, such approaches are frequently expensive, and they expose many juveniles to the often brutal conditions of juvenile institutions. The Georgia Alliance for Children, a child advocacy group, ran an advertisement that showed a young juvenile curled up on a concrete floor, with the caption: “You’re in an 8 × 10 cell with four thugs twice your size. You would scream, but the underwear your grandmother sent is stuffed in your mouth” (McDevitt, 2000).

It is argued that, rather than simply getting tough, **the justice system should place more emphasis on rehabilitating juvenile offenders and preventing juveniles from becoming delinquent in the first place**. Although the juvenile justice system places much emphasis on rehabilitation in theory, juvenile offenders often do not receive effective rehabilitation programs **in practice**. And, with certain exceptions, only limited efforts are made to prevent delinquency.

Prevention and rehabilitation programs do not try to reduce delinquency by increasing direct control by the juvenile justice system. Rather, they try to **reduce delinquency by focusing on the other causes of delinquency**. At the most general level, the more effective prevention and rehabilitation programs attempt to increase the other types of control, reduce strain or the tendency to respond to strain with crime, reduce the social learning of crime, and/or reduce negative labeling. At a more specific level, they try to do such things as alter the individual traits that contribute to crime, increase family bonding, improve parental supervision and discipline, reduce family conflict and abuse, increase school attachment and performance, and reduce association with delinquent peers and gangs.

Prevention programs are distinguished from rehabilitation programs in the following way. Prevention programs try to prevent juveniles from becoming delinquent in the first place; rehabilitation programs try to reduce the delinquency of juveniles who already are delinquent. Some prevention programs focus on all or most juveniles. For example, the federal government is now sponsoring a major advertising campaign to reduce drug use among juveniles. You may have seen or heard some of these ads or ads from earlier campaigns (“Just say no,” “Life can be hard . . . sometimes I need to be harder”; see the Ad Gallery at <http://www.mediacampaign.org>). Other prevention programs target juveniles believed to be at risk for engaging in delinquency. For example, they may target low-birth-weight infants, juveniles in high-crime communities, or juveniles whose teachers or parents say they are at risk for delinquency. Prevention and rehabilitation programs are sometimes discussed separately, but we discuss them together because many of the same programs are used for both prevention and rehabilitation purposes.

This chapter has five parts. First, we provide a brief history of prevention and rehabilitation programs. Second, we discuss the effectiveness of prevention and rehabilitation programs and describe the general features of the most successful programs. Third, we describe the characteristics of successful prevention and rehabilitation programs that focus on the early family environment, parent training, the school, individual traits, and delinquent peer groups and gangs. Most prevention and rehabilitation programs focus on

these areas. Fourth, we briefly describe prevention and rehabilitation programs in several other areas. Finally, we discuss the crucial role of larger social forces in preventing delinquency. As you will see, the most successful prevention and rehabilitation programs address many of the causes of delinquency described in Chapters 6 through 18.¹

A BRIEF HISTORY OF PREVENTION AND REHABILITATION

Prevention programs have never played a major role in delinquency control efforts, except for a brief period in the 1960s and early 1970s during the heyday of the War on Poverty (see Empey et al., 1999). The *War on Poverty* was initiated by President Kennedy in the early 1960s and largely implemented by his successor, President Johnson. One of the purposes of the War on Poverty was to reduce crime and delinquency by increasing the opportunities for people to achieve success through legitimate channels. Some of the programs that made up the War on Poverty provided educational assistance and job training to juveniles in disadvantaged communities. The War on Poverty, then, was partly based on strain theory, which views the failure to achieve monetary success as a major cause of crime. Most of the programs that were part of the War on Poverty have since been dismantled, but a few remain, like Project Head Start and Job Corps.

You might wonder why prevention does not play a greater role in society's efforts to control delinquency. Prevention seems to make a lot of sense; it seems better to prevent delinquency from developing in the first place than to react to delinquency after it occurs. But several objections have been raised to prevention programs: They are said to interfere in the private affairs of individuals and families (e.g., "It is none of the government's business how parents raise their children"—unless the parents or children engage in illegal behavior). They are said to be costly and ineffective. Conservatives often point to the fact that crime and delinquency rates increased dramatically during the 1960s and early 1970s, at the very time that the War on Poverty was being mounted (data on the effectiveness of the War on Poverty are mixed; see Empey et al., 1999). Finally, prevention programs are at odds with the get-tough approach to controlling delinquency, which claims that offenders are responsible for their behavior and deserve punishment. Politicians who advocate prevention programs expose themselves to charges of being soft on crime.

Although prevention has played only a small role in delinquency control in the United States, **rehabilitation was the guiding philosophy of the juvenile justice system from its inception in the 1800s until the 1970s.** That does not mean that the juvenile justice system made a serious effort at rehabilitation; there was often a large gap between philosophy and practice. But the major goal of the juvenile justice system was said to be the rehabilitation of delinquents. And rehabilitation is still part of the guiding philosophy of the juvenile justice system, although get-tough approaches have been popular in recent decades.

Rehabilitation fell out of favor during the 1970s for several reasons. Rising crime rates during the 1960s and early 1970s caused many to question its effectiveness. These doubts about rehabilitation were reinforced by several studies in the 1970s and 1980s that claimed rehabilitation was largely ineffective. The best known of these studies, the "Martinson Report," examined a wide range of rehabilitation programs employed from 1945 to 1967. The report came to the conclusion that "with few and isolated exceptions the rehabilitative efforts that have been reported so far have had no appreciable effect on

recidivism” (Martinson, 1974:25). Finally, the political climate of the country became more conservative. Criminals, including older delinquents, were said to be responsible for their behavior. And politicians and others argued that such individuals deserved punishment and that punishment was the best way to reduce crime and delinquency. In particular, punishment would reduce crime through deterrence and incapacitation.²

The past few years, however, have seen a **renewed interest in prevention and rehabilitation**, especially on the part of many criminologists and, increasingly, on the part of the federal government and certain states. The federal strategy for controlling delinquency now emphasizes both punishment (as described in Chapter 23) and prevention and rehabilitation. The federal government has done much to publicize the prevention and rehabilitation programs that show promise. The website for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) contains much information on prevention and rehabilitation programs, including a number of publications that you can download (<http://ojjdp.ncjrs.org>). One federal publication is titled simply *Delinquency Prevention Works* (Office of Juvenile Justice and Delinquency Prevention, 1995). Further, other federal agencies, like the Centers for Disease Control and Prevention (CDC), are promoting prevention programs as well (see Thornton et al., 2002; U.S. Department of Health and Human Services, 2001).

This renewed interest in prevention and rehabilitation partly stems from the research suggesting that get-tough approaches have no effect or only a modest effect on delinquency. It also stems from the high financial and social costs of many get-tough approaches (see Currie, 1998; Stemen, 2007; Tonry, 1995). Many states, in fact, are doing away with certain of the get-tough approaches they adopted because they can no longer afford to fund them (von Zielbauer, 2003). But perhaps most important of all, the renewed interest in prevention and rehabilitation programs stems from recent research suggesting that certain of these programs are effective at reducing delinquency.

Reflecting this renewed interest, several states are now making deliberate efforts to reduce the number of juveniles they incarcerate and/or refer to the adult court system. The state of Connecticut, in fact, recently raised the age at which juvenile offenders are treated as adults from 16 to 18 (*New York Times*, 2007c). More generally, the rate at which juveniles are incarcerated and transferred to adult court has been declining since the late 1990s. Many states are instead placing an increased emphasis on the rehabilitation of offenders and the prevention of delinquency (Paulson, 2006).

In New York, for example, state officials have implemented significant reforms—increasing the availability of counseling for juvenile offenders, taking steps to curb abuse and mismanagement in juvenile facilities (such as installing surveillance cameras), and encouraging judges to place fewer young offenders in these facilities. A task force appointed by the governor suggested further reforms and, overall, recommended that the state adopt a more therapeutic, less punitive approach:

Wouldn't it make more sense, task-force members reasoned, to reserve incarceration for those who posed a threat to public safety? For youngsters who are not deemed dangerous, other methods seem more reasonable. “The state should treat and rehabilitate them, not hurt and harden them,” wrote the task force. (Close, 2010)

In the next section, we discuss the effectiveness of prevention and rehabilitation strategies.

HOW EFFECTIVE ARE PREVENTION AND REHABILITATION PROGRAMS?

Several researchers have reviewed the evaluations of prevention and rehabilitation programs. In one case, 443 evaluations were reviewed (Lipsey, 1992; also see Lipsey et al., 2010). All of these reviewers faced a major problem: Most prevention and rehabilitation programs had not been properly evaluated. That is, researchers did not employ the procedures for evaluation research described in Chapter 19. Most commonly, they did not randomly assign juveniles to the treatment and control groups. The evaluations also frequently suffer from other problems, such as high dropout rates from the treatment group, a failure to conduct long-term follow-ups, and a failure to examine how well the program was implemented. Further, many of the decent evaluations that have been done are in need of replication. As noted in Chapter 19, programs should be evaluated across different settings and populations. A program that works well in one setting or with one group of juveniles may not work well in another setting or with another group. As a result of these problems, criminologists know much less about the effectiveness of prevention and rehabilitation programs than they would like. Virtually every review of prevention and rehabilitation programs stresses the need for more and better evaluation research.

At the same time, there have been enough moderately well-done evaluations to allow us to draw some conclusions about the effectiveness of prevention and rehabilitation programs. The reviews suggest that well-designed and well-implemented prevention and rehabilitation programs can reduce rates of delinquency anywhere from 20 percent to 50 percent.³ These estimates vary because different reviews look at different programs and employ different definitions of “well-designed” programs. But the evidence is sufficient to suggest that **prevention and rehabilitation programs have an important role to play in efforts to control delinquency**. As criminologists learn more about the characteristics of effective programs and how to best implement them, the role of prevention and rehabilitation will likely increase. This is not to say that prevention and rehabilitation programs will solve the delinquency problem in the immediate future. But it is to say that society should make greater use of such programs—along with well-designed efforts to deter delinquency and incapacitate serious offenders. This strategy is precisely the one that the federal government is now advocating.

General Characteristics of Effective Prevention and Rehabilitation Programs

It is important to emphasize that the reviews of prevention and rehabilitation programs find that only some programs are effective at reducing delinquency; other programs have little effect on delinquency or actually increase delinquency. For example, some evaluations suggest that group discussions involving delinquent and conventional juveniles are counterproductive. The conventional juveniles are supposed to influence the delinquents in positive ways, but often the reverse occurs.

Criminologists now have a rough idea of what characteristics distinguish effective from ineffective programs. Such information, of course, is vital if society is to effectively control delinquency. Many individuals and groups are unaware of this information, and they continue to invest resources in programs that are likely to have little effect on delinquency. Drawing on several reviews, we can tentatively state

that the most effective prevention and rehabilitation programs have the following characteristics:

1. Focus on the major causes of delinquency in the group being treated. This may sound obvious, but many prevention and rehabilitation programs focus on factors that are not causes, or at least not important causes, of delinquency. For example, they try to increase the juvenile's level of self-esteem. Other programs have no clear focus. Many programs, for example, employ unstructured counseling sessions. Counselors frequently hold "rap sessions" with juveniles where they discuss a wide range of issues. These types of programs have little effect on delinquency. In order for a program to be effective, it must address the causes of delinquency described in earlier chapters, such as individual traits, family and school problems, and association with delinquent peers.

Further, programs should attempt to target the causes of delinquency that are most relevant to the group being treated. For example, it makes little sense to target gang membership in a group where the rate of gang membership is low. Programs should also attempt to target all or most of the major causes of delinquency in a group. Delinquency is usually caused by several factors. Programs that focus only on one factor, even if it is an important cause of delinquency, will be less effective. An example of an effective program that targets several causes is multisystemic therapy, or MST (see Box 24.1). MST draws on elements from several of the more focused programs described later.

Box 24.1 Multisystemic Therapy: Addressing the Multiple Causes of Delinquency

As described in earlier chapters, delinquency is a product of multiple risk factors that operate across various life domains, such as the family, school, and neighborhood. It makes sense, then, for interventions to recognize this complexity and to address the major risk factors in each of these domains, but often this is not the case. Many interventions, for example, focus only on the individual offender, or focus on just one or two factors that are believed to be responsible for delinquent behavior. Not surprisingly, such interventions have a poor track record of success.

One important exception involves multisystemic therapy, or MST. This intervention targets serious juvenile offenders, especially those who have experienced trouble with law and are at risk of out-of-home placement. Recognizing that behavior is influenced not only by individual traits, but by dynamics operating in the multiple "systems" that individuals are a part of, MST targets risk factors that may operate at home, at school, or in the surrounding neighborhood. Moreover, MST focuses on those risk factors that have been highlighted by criminological research and that are known to have a strong link to offending behavior, such as association with delinquent peers.

To address multiple risk factors, MST typically seeks to empower the parents of troubled adolescents. For example, a therapist may make weekly visits to the home of a juvenile offender and help the offender's parents set limits, enforce curfews, promote school attendance and academic success, decrease the child's association with delinquent peers, and promote associations with positive peers. Depending on the needs of a particular case, these weekly visits may go on for four months or more.

To illustrate, before their exposure to MST, the parents of one 15-year-old offender set few limits and rarely monitored his behavior. As a result, the boy spent much of his free time with delinquent friends and eventually dropped out of school. Further,

(Continued)

(Continued)

the parents found items in the home that they suspected were stolen by the boy. Under the guidance of an MST therapist, the parents began to set limits, encouraged school attendance, and discouraged delinquent peer associations. For example, they turned over the suspected stolen items to police and called the boy's delinquent friends, warning them that they were no longer welcome to associate with their child. Further, the parents explained to these delinquent friends that they were now cooperating with the police and would report any information about suspected criminal activities. They also contacted the parents of the boy's prosocial friends and obtained assistance from these parents in supervising the boy's behavior.

The results of several randomized experiments indicate that MST can be an effective intervention for serious juvenile offenders. Compared to offenders who received regular child welfare services, MST participants in one recent study had fewer out-of-home placements and reported lower levels of subsequent offending. In addition, parents and teachers reported fewer behavior problems among the MST participants (Ogden and Hagen, 2006; also see Timmons-Mitchell et al., 2006).

Evaluations of MST have not always produced positive results, however, leading to some recent controversy over the reliability of the program (see Henggeler et al., 2006; Littell, 2006; Ogden and Hagen, 2006). Follow-up studies, conducted by independent researchers, should help to resolve this controversy. In the meantime, the results of most evaluation studies appear to favor the use of MST, and it is listed as a model program by the Center for the Study and Prevention of Violence (for more information on MST, visit: <http://www.colorado.edu/cspv/blueprints/index.html>).

Questions for discussion

- 1 Some of the recent controversy surrounding MST involves the fact that empirical support for the program comes partly from evaluations that were conducted by its developers—individuals who have received millions of dollars in funding to implement the program and who may have a strong desire to see it succeed (see Littell, 2006). How might these interests impact the ability of such individuals to collect and analyze data, interpret findings, and arrive at conclusions about the effectiveness of the program? Why is it important that program evaluations also be conducted by independent researchers, who have no personal stake in the outcome? (Note: Independent evaluations have confirmed the effectiveness of MST, but as is often the case with evaluation studies, results tend to be less dramatic when reported by independent researchers versus program developers [see Eisner, 2009; Petrosino and Soydan, 2005; Timmons-Mitchell et al., 2006].)

2. Are intensive. The most effective programs usually last a long time and employ several techniques to influence the juvenile or group. One cannot change a juvenile's traits or alter a juvenile's social environment in a short period of time with minimal effort. For example, you cannot change the juvenile's level of irritability in a single counseling session. Likewise, you cannot change the way that family members relate to one another by simply giving parents a pamphlet to read over the weekend. Individual traits and interactional patterns have developed over many years, and they can be resistant to change. The most effective programs, then, tend to be the most intensive.

Many programs that try to change the behavior of individuals employ the following strategy, sometimes referred to as the *cognitive-behavioral approach*. First, instructors describe what they want the juvenile (or parent, etc.) to do. For example, they might tell

the juvenile that he or she should employ a particular anger management technique when mad at others. The technique and its use are described in detail. The juvenile may also be given reading material on the technique. Second, the instructors display or model what it is that they want the juvenile to do; they may stage several situations in which someone gets angry and then uses the technique. Third, they get the juvenile to practice the technique, so juveniles may participate in a number of role-playing situations: Someone pretends to anger the juvenile, and the juvenile then employs the anger management technique. The instructors provide the juvenile with feedback, taking special care to reinforce successful performances. Fourth, the juvenile begins to apply the technique to situations in the real world. The juvenile might be asked to use the anger management technique the next time someone makes him or her angry. After reporting on the real world application and receiving feedback, the juvenile applies the technique to additional real world situations. Still more feedback and reinforcement are provided. Fifth, the juvenile reaches a point where regular instruction is no longer necessary. But the instructors are available for consultation if necessary, and the juvenile may periodically participate in refresher or booster courses. Influencing individuals and groups, then, is not an easy process. You should be suspicious if you hear someone claim that a program can reduce delinquency in a short period of time with minimal effort.

The fact that the most successful programs are intensive poses some problems for policy makers. It raises the cost of such programs, although most good programs are cost-effective, saving more money than they cost over the long run (Aos et al., 2001; Greenwood, 2006). Also, the intensive nature of many prevention and rehabilitation programs makes it difficult to implement them on a large scale. Most programs have been implemented in small groups, where it is easier to ensure that they are properly run. It is more difficult to ensure that programs are properly run if they are implemented at many sites with many thousands of juveniles. The large-scale implementation of good prevention and rehabilitation programs, in fact, is perhaps the major challenge facing policy makers (beyond securing support for such programs). Not surprisingly, studies suggest that programs are much less successful when they are poorly implemented (S. Wilson et al., 2003).

3. Focus on juveniles at high risk for subsequent delinquency. Juveniles at high risk for delinquency are the ones who can benefit the most from prevention and rehabilitation programs, and programs focusing on such juveniles achieve the greatest reductions in subsequent delinquency. It makes little sense to provide programs to juveniles at low risk for delinquency; such juveniles will likely refrain from delinquency whether they participate in prevention and rehabilitation programs or not.

4. Are run in the community. Some data suggest that programs may be slightly more effective when they are run in the community rather than in juvenile institutions. It is easy to think of reasons why this might be the case. Juveniles confined in institutions are cut off from the larger community, including family, school, peer group, and neighborhood. As a result, it is more difficult for rehabilitation programs to address the family, school, and other problems that cause delinquency. Further, juveniles confined in institutions are exposed to other delinquents on a regular and intimate basis. These other delinquents often encourage delinquency and discourage cooperation with the staff. The staff, in fact, are often defined as the "enemy." Rehabilitation is obviously difficult under such circumstances. Finally, juveniles in institutions are often preoccupied with the

stresses of confinement, including the threat of physical and sexual assault from others. These circumstances also make rehabilitation difficult. It is possible to help juveniles in institutions, but it may be somewhat more difficult to do so.

5. Have a warm but firm relationship between counselors and juveniles. Some evidence suggests that programs are more effective when counselors establish a warm or close relationship with the juveniles, and when they strongly discourage deviant behavior while encouraging conventional behavior. A close bond between counselors and juveniles reduces strain. Also, the juveniles are more likely to model the counselors' behavior, accept their beliefs, and respond to their sanctions. At the same time, it is important that the counselors clearly promote conventional behavior and condemn deviance. The counselors cannot be lax or let the juveniles take advantage of them. We should note that the importance of being warm but firm was also emphasized in the context of the family and school.

WHAT ARE THE CHARACTERISTICS OF SUCCESSFUL PREVENTION/REHABILITATION PROGRAMS IN DIFFERENT AREAS?

Many programs have shown some success at preventing delinquency and rehabilitating delinquents. It is impossible to describe all these programs in this book, but this section describes the key features of programs in several areas: programs focusing on the early family environment, parent training, the school, individual traits, and delinquent peers and gangs. These programs all address one or more of the causes of delinquency described in earlier chapters.

A few words of caution are in order, however, before we present the program descriptions. First, many different programs have been employed in each of the areas cited. Rather than describing these individual programs, we describe what we believe are the key features of successful programs in an area. Many of the individual programs contain only some of these key features. Second, while the evaluation research provides reason to believe that these programs can reduce delinquency, more and better research is needed. In certain cases, our conclusions are based on a small number of less-than-ideal evaluations. Third, while we describe the programs in each area separately from one another, these programs are sometimes combined in the real world. As indicated earlier, the most effective way to prevent delinquency or rehabilitate delinquents is to combine several programs so as to address the multiple causes of delinquency. Fourth, these programs—alone or in combination with one another—should not be viewed as the definitive solution to the delinquency problem. These programs can reduce delinquency in at least some circumstances, but it is unlikely that they will eliminate delinquency.

There are several reasons why these programs are unlikely to eliminate delinquency. They are often difficult to properly implement, especially on a large scale (see D. Gottfredson and Gottfredson, 2002). It is often difficult to ensure that everyone who needs these programs participates in them. In fact, the people who need these programs the most are often the least likely to participate in them—especially prevention programs, where participation is often voluntary. Furthermore, even if these programs are properly administered to the people who need them the most, they are still able to help only some of the program participants.

Programs Focusing on the Early Family Environment

As you know, the family has a major impact on delinquency. The family affects the juvenile's level of control, strain, labeling, and the social learning of crime. Some parents, for example, fail to develop a strong emotional bond with their children, fail to properly supervise their children, and abuse and neglect their children. These (in)actions directly increase the likelihood of delinquency. Also, they indirectly increase the likelihood of delinquency through their effect on such things as individual traits, school experiences, and association with delinquent peers and gangs (see Chapter 14 and the other chapters on the causes of delinquency for a full discussion). Juveniles in certain types of families, for example, more often experience biological harms like head injuries, birth complications, and exposure to toxic substances. They are therefore more likely to develop traits conducive to delinquency.

Several early family intervention programs have been developed in an effort to **reduce the likelihood that families produce delinquent children**. These programs typically target disadvantaged families or families at risk for certain problems, such as child abuse. For example, these programs might target single parents, adolescent mothers, the parents of premature or low-birth-weight babies, and/or families where there is a history of drug abuse or family violence. Some programs begin before the birth of the child, while others begin at or shortly after birth. In the most effective programs, the parents are visited weekly by a nurse, social worker, or trained paraprofessional. When necessary, these home visitors can turn to physicians, psychologists, or teachers for further assistance. These programs last anywhere from a few months to several years, with the longer programs being more successful.⁴ Programs focusing on the early family environment address the causes of delinquency in three major ways.

First, they attempt to **reduce the child's exposure to biological harms by providing medical care to the child and mother and by providing health and safety training to the parents**. Expectant mothers may be given prenatal care and advice (see Box 19.1, from Chapter 19). Among other things, they are encouraged to avoid smoking, alcohol use, and drug use during pregnancy. If necessary, the mother will be provided with counseling and drug treatment. Such activities help prevent problems like low birth weight and birth complications. After birth, the child receives regular medical care and the parents receive assistance in caring for the child. The child in particular receives regular pediatric exams, and steps are taken to address any developmental or other problems that arise. The parents are also given information on child development and how to best care for their child. Such information and assistance can prevent a range of harmful biological events, such as head injuries and exposure to toxic substances such as lead.

Second, these programs also **attempt to foster good parenting practices by reducing parental stress and providing information on good parenting**. As you may recall from Chapter 14, two of the major determinants of poor parenting are stress and lack of knowledge. It is difficult to be a good parent if you do not have decent housing or a job, you struggle to put food on the table, you are involved in an abusive relationship, and the like. One of the first things these programs attempt to do is help parents address some of the basic problems they face. In particular, they may do such things as help the parents find decent housing, get a job, obtain food, secure medical care, arrange transportation, and end spouse abuse. Sometimes the home visitor provides this assistance. Home visitors

often function as counselors to the family, discussing problems, offering advice and assistance, and providing emotional support. The home visitors also refer family members to various social service and treatment programs when necessary. The assistance of the home visitor not only makes it easier for the parents to engage in good parenting, but it also helps foster a bond between the home visitor and the parents.

It is also difficult to be a good parent if you were never exposed to good parenting, so the home visitors attempt to teach good parenting skills. They provide information on child development, offer advice on parenting, model parenting skills, and assist parents when necessary. They also monitor the progress of the child and intervene when necessary. For example, they may provide special assistance if it appears that the parents are not forming an emotional bond with their baby. In some cases, the parents may take special parent training classes or participate in parent-support groups. Also, male home visitors may make a special effort to work with the father if the father is present.

It is important to emphasize that these home visitors do not attempt to coerce or “talk down” to the parents. Rather, they try to function as friends and allies to the parents. For example, the home visitor in the Hawaii Healthy Start program introduces herself to the parents by saying something like the following:

I work with the Healthy Start program. I have new information about babies that I didn't know when I was raising my kids. It can make being a mother easier, but not easy! Also, you can look at me as your information center about this community. I live here, too, and I didn't know about WIC [Special Supplemental Food Program for Women, Infants, and Children] or the well baby clinic before I started this job. I hope you learn to think of me as your “special” friend, someone here completely for you and the baby. I am here to talk when you need to share something that concerns you. I know that it is hard to start with a new baby and to have so much on your mind.
(Earle, 1995:6)

Third, these programs **often provide educational child care**. Such care better prepares the child for school. Also, it reduces the stress on the parents by providing them with a break from constant child care and by making it easier for them to obtain employment. In addition, the parents are taught how to provide a stimulating environment to their child so as to foster the child's cognitive development. Related to this, a toy- and book-lending library is often made available to the parents.

Programs focusing on the early family environment, then, **address several of the most important causes of delinquency. They reduce the likelihood of biological harm**, which in turn reduces the likelihood that juveniles will develop traits conducive to crime. They **address several family factors that are related to delinquency**, including the emotional bond between the parents and child, the level of parental supervision, and child abuse and neglect. (For a discussion of programs focusing specifically on child abuse, see J. Barlow et al., 2006; Cronin et al., 2006.) They also supplement the socialization efforts of parents by placing the child in a well-designed preschool program. These effects, in turn, have an impact on other causes of delinquency, such as poor school performance and association with delinquent peers. It is not surprising, then, that early intervention programs have shown some success at preventing delinquency. Such programs are becoming more common, with a few states implementing them on a large scale.