Despite the fact that current crime statistics suggest an overall decline in juvenile arrest rates in the past few years, juvenile delinquency continues to impact society in a number of problematic ways. According to the Office of Juvenile Justice and Delinquency Prevention, in 1999 law enforcement agencies across the United States made an estimated 2.5 million arrests of persons under the age of 18. The same office reports that 16% of all violent crime arrests and 32% of all property crime arrests in 1999 involved juveniles (Snyder, 2000). The burden of delinquency does not however, rest solely on the shoulders of the juvenile justice system. Stouthamer-Loeber, Loeber, & Thomas (1992) report that as much as half of all juvenile referrals to community mental health agencies and one quarter of all special services in schools are a result of disruptive and delinquent child behavior.

Recent studies have demonstrated that maladaptive family environments are significant factors in the development and maintenance of delinquent behavior. Individual characteristics such as cognitive functioning, age, and gender play an important role in the way that delinquent activity is expressed (McMahon & Estes, 1997).

The present study examines the psychological functioning of delinquent youth and identifies differences in clinical profiles. In addition to identifying clinical profiles, the study investigates differences in cognitive functioning, age, gender, and concerns for family discord and child abuse among the profiles.
Participants in the study are 916 youth (n=522 males and n=394 females), between the ages of 12 and 18, who have undergone evaluation for the juvenile court. These youth completed the Millon Adolescent Clinical Inventory (MACI), a Wechsler intelligence scale (i.e., WAIS or WISC), and the Wechsler Achievement Test (WIAT). Analyses were conducted on males and females separately. Cluster analyses followed by profile analyses identified three distinct profiles, for both males and females, that could be differentiated on MACI Clinical Subscales.

ANOVA analyses were utilized to evaluate differences among the groups and between genders on individual factors (i.e., IQ and achievement scores) and family factors (i.e., family discord, and child abuse concerns).

The findings carry with them implications for assessment and intervention strategies. This research makes clear the need to include measures of child abuse, family factors, and individual characteristics when evaluating youth involved in delinquent behaviors and to base interventions on individual clinical profiles.
References


Cluster Analysis Results: Male Clinical Profiles

MACI Clinical Scales

Cluster Analysis Results: Female Clinical Profiles

MACI Clinical Scales
Male Clinical Profiles with Age, IQ, Achievement and Family Environment

![Graph showing Z-Scores for different groups]
Clinical Profiles with Age, Self Esteem, and Maltreatment

-0.8
-0.6
-0.4
-0.2
0
0.2
0.4
0.6
0.8
1

Grp
Grp 2
Grp 3