Juvenile Violence and Addiction: Tangled Roots in Childhood Trauma

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ABSTRACT. Adolescents commit more than 50 percent of the nation’s crimes, and their use of substances both accompanies and facilitates criminal activities. Juvenile offenders exhibit three prominent features: drug involvement, a history of family violence, and intrinsic neurological and/or cognitive vulnerabilities. This article documents the connection between physical abuse and its impact on cognitive and intrapsychic functioning, as well as the physiological impact on brain function and body chemistry. The implications for the clinical treatment and prevention of juvenile violence and addiction are described. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: <getinfo@haworthpressinc.com> Website: <http://www.HaworthPress.com> © 2001 by The Haworth Press, Inc. All rights reserved.]

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The United States endures more murders and assaults than any other nation in the industrialized world (Prothrow-Stith, 1991), and adolescents are moving quickly to the center of this stage of violence. Although only eight percent of the population, adolescents commit more than 50 percent of the nation’s crimes (Steiner, Garcia, Matthews, 1997) and these statistics are rising. Juvenile convictions for murder and nonnegligent manslaughter increased by 142 percent in the decade ending in 1992 (Vitiello and Stoff, 1997; Federal Bureau of
Investigation, 1993). Since age of first arrest is a significant predictor of criminal recidivism (Martinez, 1997) this trend implies a future of widespread community violence unless the problem is recognized and addressed.

What do we know about juvenile criminality, about its connection to substance abuse, and how can this knowledge guide our plans to protect the future?

**CHARACTERISTICS OF JUVENILE CRIMINALS**

Examined collectively, juvenile criminal offenders exhibit three prominent features: drug involvement, a history of family violence, and intrinsic neurological and/or cognitive vulnerabilities. As the paragraphs that follow show, each feature contributes to the potential for violence. Crime coexists with substance abuse and juvenile crime is no exception. Incarcerated juveniles display a high degree of drug involvement as Steiner and his colleagues (1997) found in a recent study of adolescent criminals. Eighty-two percent of the 85 adolescents in the sample were drug dependent (Steiner, Garcia, Matthews, 1997). Furthermore, drugs are found more often in connection with violent crime. Violent crimes include: assault, battery, battery with injury, aggravated assault, manslaughter, reckless homicide, murder, attempted murder, rape, sodomy, and burglary with injury. When these violent crimes are compared with nonviolent crime, such as property offenses, criminals who use violence display a greater degree of drug involvement than nonviolent criminals convicted of property offenses. A study of 89 incarcerated juveniles that compared these two types of offenses found that 71 percent of their sample of juveniles who committed violent crimes were drug involved compared to 51 percent of juveniles who committed property offenses (Haapasalo and Hamalainen, 1996). Substance abuse not only accompanies violence, it also appears to facilitate criminal activity. For example, a study of pedophiles, 33 percent of who committed their first offense as juveniles, found that 22 percent of their sample used drugs or alcohol immediately prior to their offense (Elliot, Browne, Kilcoyne, 1995).

Juvenile offenders also have histories of family violence, either as witnesses of extreme violence or as targets themselves of brutality. A history of family violence is the second characteristic of juvenile criminals and is defined by the occurrence of family or household
members physically assaulting or threatening one another with weapons. Definitions of child abuse vary somewhat from study to study, and may or may not specifically include sexual abuse. Lewis et al. (1989) consider a child to have been abused if the child is “punched, beaten with a stick, board, pipe, or belt buckle, or beaten with a belt or switch other than on the buttocks. . . . cut, burned, thrown down stairs or across a room. A child is considered not to have been abused if he [were] . . . struck with an open hand or beaten with the leather part of a belt or a switch on the buttocks only” (p. 432).

A preponderance of research documents the correlation between witnessing and/or experiencing violence and later violent behaviors (Kalmuss, 1984; Lewis et al., 1983; Lewis, Shanok, Grant, Ritvo, 1983; Lewis, Shanok, Pincus, Glaser, 1979; Lewis, Moy, Jackson, 1985; Lewis, Lovely, Yaeger, 1988; Lewis, Yaeger, Lovely, Stein, Cobham-Portorreal, 1994; Luntz and Widom, 1994; Straus, 1990; Straus, 1994; Straus et al., 1980; Widom, 1989 a,b,c).

This correlation stands firm whether the starting point of study is incarcerated criminals whose histories are examined or abused children whose aggressive behavior is followed into their adolescence and adulthood. The correlation between witnessing or experiencing violence is substantiated also by a rigorous method of investigation where the research sample is matched with a control group, such as in the work of Widom (1989a, 1989b, 1989c). Rather than examining criminals, Widom’s research examines abused and neglected children and follows their development into adolescence and young adulthood. Comparing her research sample with a control group of children who had not been abused, Widom found that abused and neglected children are arrested more frequently as juveniles (26 percent versus 17 percent) arrested more frequently as adults (29 percent versus 21 percent) and arrested more often for violent offenses (11 percent versus 8 percent) (1989b). Abused and neglected children seen as a group have a greater mean number of offenses, an earlier mean age of first arrest, and a higher proportion of chronicity, defined as 5 or more offenses (Widom, 1989b). Although males have a higher rate of violence, abused and neglected females also exhibit higher arrest rates than the matched females (Widom, 1989b).

These conclusions are substantiated further when the unifying concept of the diagnosis Post Traumatic Stress Disorder is used. Steiner’s investigation of 85 juvenile criminals found that 82 percent of them
were drug dependent, and more than half met or almost met the criteria for Post Traumatic Stress Disorder (Steiner, Garcia, Matthews, 1997).

Clearly, violence and drugs go hand in hand, and the data establishing these links is compelling. To be meaningful, however, the data must be appreciated in its appropriate context. About her conclusions, Widom writes:

> These findings indicate that abused and neglected children have significantly greater risk of becoming delinquents, criminals, and violent criminals. These findings do not show, however, that every abused or neglected child will become delinquent, criminal, or a violent criminal. The linkage between childhood victimization and later antisocial and violent behavior is far from certain, and the intergenerational transmission of violence is not inevitable. Although early child abuse and neglect place one at increased risk for official recorded delinquency and adult criminality, many do not succumb. Twenty-six percent of child abuse and neglect victims had juvenile offenses; 74 percent did not. Eleven percent had an arrest for a violent criminal act, whereas almost 90 percent did not. (Widom, 1989b, p. 244, emphasis added)

There are many variables that may reduce the actualization of this risk potential. Some of these include a child’s attachments to caring adults, the child’s temperament, the child’s areas of competence that may help him rise above adversity (van der Kolk, 1996), the child’s available emotional or material resources, and many others. Research delineating these variables is much needed and would help focus prevention efforts to maximize their effectiveness.

If violent behaviors and substance dependence are not inevitable consequences of family violence, what are the particular markers that can alert professionals to a greater likelihood of a future of violence and addiction?

A series of carefully constructed studies by Dorothy Ottnow Lewis and her colleagues identified a third characteristic of juvenile criminals. This characteristic is the presence of “intrinsic vulnerabilities,” that is, “impairments or dysfunctions that impede or limit normal socialization of the child” (Lewis et al., 1989). Since the criteria of these intrinsic vulnerabilities are key both to identification of high-risk
children and to clinical intervention, Lewis’ definitions, criteria and conclusive data warrant delineation here.

“Intrinsic vulnerabilities” of adolescents include episodic psychotic symptoms, neurological/limbic dysfunction, and/or cognitive impairments (Lewis, Lovely, Yaeger, Femina, 1989). Episodic psychotic symptoms include: auditory hallucinations or loose or illogical thoughts. Limbic dysfunction included three or more psychomotor symptoms or a history of seizures or abnormal EEG. Measures used as criteria for cognitive impairment include reading three or more years below that expected for age, low intelligence and either an inability to subtract serial 7’s or an inability to recall four digits backward. In general, neurological and brain dysfunction rather than low intelligence is preferred as diagnostic criteria because it is more closely associated with problems in judgment and impulse control.

According to Lewis et al. (1989), intrinsic vulnerabilities themselves do not generate violence, nor does a history of family violence by itself. Rather, it is the combination of intrinsic vulnerabilities with a history of family violence that ignites violent behavior. Classifying her sample into six categories based on the adolescents’ intrinsic vulnerabilities and history of familial abuse or violence, Lewis et al. found that the levels of violence were proportional to their number of vulnerabilities (Lewis et al., 1989, p. 434). For example, the lowest level of criminality was found in the group of juvenile offenders with neither intrinsic vulnerabilities nor a history of family violence. A middle level of violence was seen in adolescents who had only intrinsic vulnerabilities or only one intrinsic vulnerability and abusive, violent families. The most severe levels of criminality, including murder, were found in those who had two intrinsic vulnerabilities and abusive, violent families as well as in the group that had three intrinsic vulnerabilities and abusive, violent families. Lewis found that this scheme was a better predictor of future violence than the traditional indicators, namely the age of first offense.

Key to the findings of Lewis et al. is the critical nature of the interaction between intrinsic vulnerabilities and a history of family violence. When these two elements, history of family violence and intrinsic vulnerabilities, are joined by the disinhibiting effect of drugs or alcohol, the resulting instabilities come close to a recipe for violence.

Lewis’ data is compelling and constitutes a major contribution to
our understanding of criminal behavior and its causes. The data, however, does not explain how the combination of intrinsic vulnerabilities, witnessing family violence and being abused mingle in such a way to lead to a high risk future of substance abuse and criminal violence. An explanation lies in the domains of physiology and psychology. Experiencing and witnessing violence has an emotional impact upon the child as well as a physiological impact upon body and brain function. These issues are discussed below.

**THE EMOTIONAL IMPACT OF WITNESSING FAMILY VIOLENCE**

Children carry the impact of witnessing family violence deep within their psyches. When one parent assaults another, powerful emotional forces are initiated both in the consciousness of the child and within the unconscious where defense mechanisms are formed and personality is shaped. First, consider the impact by focusing on what occurs in the consciousness of the child.

The initial shock of witnessing one parent batter the other first leads to the gripping realization that home is no longer safe. Worry about when the next episode of violence will occur becomes a primary and perhaps the only relevant concern, thus ushering children into a war zone where constant vigilance becomes the key to protection. Concentrating on anything other than the next eruption—school, homework, play, or favorite activities—feels irrelevant, dangerous, and potentially even life threatening.

In one swift lesson, children learn from example that force and violence are acceptable ways to communicate, to resolve disputes, and to assert one’s point of view. Reason, compromise, and discussion are sacrificed to a primitive value system where force replaces verbal persuasion. Witnessing how their parents are unable to protect themselves from each other reinforces this lesson. How can such parents protect their children? Children of violent homes come to an early conclusion that life is dangerous, both inside and outside their home, and that they must become their own protectors.

Unless clearly told otherwise, the natural egocentricity of children leads them to believe that they are the cause of their parents’ discord (Fraiberg, 1959). Children often try to stop the violence and failing this, may resort to diversion tactics to distract or postpone one parent’s
injuring the other. Clowning is a favorite diversion tactic. Another favored tactic is for the child to develop symptoms, physical, emotional or behavioral, in an effort to unite the warring factions in a common interest in helping them. Failure to stop the violence generates feelings of helplessness and guilt. Both feelings are intolerable. Helplessness challenges the omnipotent fantasy of being able to control the violence that in turn defends against feelings of terror generated by the violence itself. Guilt leads to self-blame for failure to stop the assaults and the self-blame is fueled by the fantasy of being able to control the violence. Children need to know the violence is not their fault and that they are too little to be expected to avert it.

Parallel to these realizations, witnessing violence initiates other shifts that occur at deeper levels of the psyche where personality is forged. A child’s identifications with his parents are essential building blocks of personality structure. Before latency, around the age of 6 years, these identifications are "global." The child’s longings to be like his or her parents carries the quality of wanting to be exactly like mom or dad. As if swallowing the image of their parents “whole,” children often adopt the gestures, gait, expressions and interests of the parents they love. Later, during mid latency and adolescence, these identifications become selective, and certain aspects of adult models are chosen for identification.

When a child sees one parent batter the other, the identification process is disrupted. Rather than expansively longing “to be just like mommy or daddy when I grow up,” an ambivalence infects the process and an approach-avoidance conflict replaces the global desire to be like the parent (van Dalen and Glasserman, 1997). The child feels the characteristic global desire to become like the violent parent until the realization emerges that should this happen, he would consequently hurt those he loves in the same manner he frequently witnesses at home. As a result, the child momentarily represses this fantasy and replaces it with the expansive longing to embrace the victimized parent as the primary object of identification. This feels satisfactory until he realizes he could be injured, just like his bleeding mother. Frightened by this possibility, the child returns to images of the dominating, violent parent as the preferred model. If there are no other options, the child will be caught in a back and forth conflict of identifications that has no resting place from which to develop a sense of self. If no resolution is offered, a process of ambivalent identifications will lead
to a sense of self built upon ambivalence. Such a self will be susceptible to destabilization when threatened and will require other defense mechanisms in order to feel secure.

Children and adolescents with a self that is vulnerable to destabilization are hypersensitive to *perceived* slights of disrespect or slight shifts in the balance of power. A slight shift of power may represent a threat and may provoke a call to action to re-establish the initial position of power. Such children perceive a threat often where one does not exist, displaying moments of paranoid ideation, one of the “intrinsic vulnerabilities” characteristic of violent offenders identified by Lewis (Lewis et al., 1989, p. 433). Such children may posture in ways that convey images of power. Other children subject to the same dynamic resulting from their own family violence can perceive this posturing as provocations. When threatened, these children seek protection in the images of the dominant, powerful figure in their memories—usually the violent parent perceived to be the most powerful in warding off attack. This process, known as identification with the aggressor (Freud, A., 1936), offers a temporary illusion of comfort and protection. If used on a regular basis, this defense mechanism works against positive social interactions, leads the person who uses it away from genuine intimacy, and inevitably produces loneliness and the likelihood of repeating the cycle of violence.

**THE EMOTIONAL IMPACT OF PHYSICAL ABUSE**

The changes outlined above occur when children witness violence in their home, but are not themselves the victims of violence. When the child of a violent home also becomes a victim of violence, another set of dynamics is added to those just described. Abused children experience both an immediate and a long-term consequence of physical abuse. Since violent attacks on children are usually the result of an unpredicted flare up of adult temper, the child’s immediate response is surprise and cognitive confusion, followed by rage at the physical pain (Briere, 1992; van Dalen, 1989). Cognitive confusion, a highly uncomfortable condition, seeks speedy resolution. Since most children feel globally dependent on their parents, sustaining rage at a parent conflicts with the need to believe their parents are benignly disposed towards them. Children would prefer to believe that they are responsible for the problem rather than believe their parents wish them ill
This conviction is reinforced by the belief, similar to that mentioned above, that the child caused himself to be abused. If a child can cause him or herself to be abused, he also carries the comforting belief that they are powerful enough to prevent the abuse. This illusion provides some comfort when facing unpredictably violent parents, but also makes the child more susceptible to feelings of powerlessness and narcissistic injury when his efforts prove unsuccessful. Each additional abusive episode becomes a slight to the child’s sense of omnipotence. Each slight against perceived omnipotence renews his sense of danger since it threatens to uncover the terror that is calmed by the omnipotent defense. In this manner, narcissistic vulnerabilities, a “quick trigger” of defensive rage, and paranoid ideation are cultivated in children who are abused.

From a psychodynamic perspective, self-blame and repressed rage against the abusive but loved parent constitutes an emotionally volatile combination. Both elements demand expression. Repressed rage seeks an opportunity to erupt wherever and whenever possible towards the actual parent or authority substitute (transference figure). Self-blame and guilt also demand expression. They seek relief through some form of punishment, expiation, or self-inflicted retribution. Relief through expiation is short lived, however, unless insight into the connection between guilt and its cause is present. Since this is rarely the case, need for relief of the guilt continues and seeks additional situations that offer the promise of retribution. Guilt and the need for expiation of guilt appear to be powerful forces for the repetition of a pattern of abusive relationships. While traditional psychodynamic theory posits the wish to change the outcome of hurtful relationships as a reason for repeating the scenario, guilt over repressed rage at the abusive parent may be a more powerful explanation. The fervent love and loyalty most children display towards even the most severely abusive parents is an unforgettable phenomenon witnessed by child therapists in this field. Thus guilt for rage they feel, albeit appropriate to the injuries they sustained, remains a powerful force within the child. Criminals who commit their offenses in a way that seems they “want to get caught” exemplify this dynamic.

The psychodynamic forces described above are magnified by the phenomenon of adolescence. The developmental stage where hormonal balance, body, and self-image are changing dramatically magnifies whatever vulnerabilities exist. Added are the feelings involved with
separating from the family unit, however unsatisfactory the family. Anger about unresolved needs, and issues of loss and abandonment join the mixture, contributing to instability.

**THE PHYSIOLOGICAL IMPACT OF PHYSICAL ABUSE**

Physical abuse traumatizes the body as well as the emotions of the child. Abuse has a physiological impact on brain function and body chemistry that is recently being delineated, thanks to the advances of technology. Deregulation of affect is one of the most distressing physiological changes resulting from trauma. First identified by Pierre Janet, a contemporary of Sigmund Freud, affect disregulation means the traumatized person is subjected to a flood of feelings replicating the trauma occurring at unpredictable moments, usually triggered by reminders of the original experience. These assaults of feelings may leave as quickly as they come, and during the episode, the individual feels as if the trauma were repeating itself. These episodes are gripping, and leave the person unable to manage internal emotional processes.

The inability to regulate one’s own feelings is postulated as one of the motivations for the use of chemical substances (Khantzian, 1985; van der Kolk, 1996). Rage, for example, can be modulated by heroin, depression by cocaine, nightmares, intrusive thoughts, and other PTSD symptoms by alcohol (Jellinek & Williams, 1987; Keane, Gerardi, Lyons, & Wolfe, 1988; van der Kolk, 1996). The relief from these troubling affects lasts only as long as the duration of the active substance in the body. When the substance dissipates, the initial troubling nature of the feelings returns, renewing the need for substances. This cycle, plus the addictive nature of the substances themselves establish a gripping hold on the person. What began as a person’s effort to control himself with a substance becomes the vehicle whereby the substance takes control of the person.

Trauma brings about other changes in brain and body chemistry that foster the inclination towards violence. Technology that permits examination of the brain *in the process* of remembering traumatic events has uncovered changes in brain structure as a result of trauma. Recent use of PET scans, positron emission tomography, shows increased activity of the right brain hemisphere at the same time that there is a decline in the use of oxygen in the Broca’s area of the brain, the area used to give words to
internal emotional experience (see van der Kolk, 1996, pp. 193-196). Inability to put feelings into words inclines the person to express himself in action, the common psychodynamic conceptualization for the diagnosis of conduct disorder. This trauma engendered physiologically based limitation combined with the dynamics described above creates conditions of great volatility. Add the disinhibition of chemical substances, and we have a prime condition for violence.

**IMPLICATIONS FOR CLINICAL TREATMENT**

The material presented above has important implications for the treatment of children and adolescents. First, child treatment programs need to assess preadolescent children for their vulnerability to later drug abuse and violence. The schema of vulnerabilities developed by Lewis et al., described above, could easily be incorporated into a diagnostic assessment protocol and used to target children and their parents for preventive interventions. The earlier such detection is made, the better are the chances for preventing violence from erupting during adolescence.

Second, drug rehabilitation programs for adolescents need to focus not only on the intake of substances, but on the trauma that contributed to their initial drug use. Clinicians in drug rehabilitation programs need to be trained in the identification and treatment of PTSD (van der Kolk, 1996). Such interventions are particularly needed during withdrawal from substances or during transitions from structured to less structured situations, where issues of rejection or abandonment are likely to surface. Well-timed interventions relating to the history of trauma at the time of withdrawal may help prevent relapse.

Finally, these high-risk adolescents who are not yet criminally involved need interventions that maximize their strengths and compensate for their vulnerabilities. Emphasis on strengths and abilities is the greatest prevention intervention because it offers an alternative to crime and violence as a means to bolster self-esteem. Development of real skills offers paths to function in the world of legitimate work. The case below exemplifies the points just mentioned.

**The Case of Shawn**

Shawn, an exceedingly violent 15 year old, was admitted to a three month diagnostic treatment center through a court diversion project,
implemented after discharge from an adolescent detoxification facility. Although Shawn’s criminal activity and violence included car theft and aggravated assault, his lack of previous court record led the presiding judge to allow for a three-month evaluation before determining the outcome of his case. Shawn’s history included physical abuse and family violence. His difficulties with affect regulation, nightmares, and his extreme homophobia suggested the possibility of sexual abuse, but he vigorously denied this hypothesis. Psychological testing resulted in a very low Verbal Score and significantly higher Performance Score. Shawn had severe cognitive deficits in language, short-term memory, and word retrieval. He was better in math. On the other hand, he had gross and fine motor dexterity, athletic ability and problem solving skills involving his hands. History taking also uncovered that Shawn’s criminal activity and violence seemed to be precipitated by a move to New York from Florida, where he left behind a grandmother who had been the only steady caretaker in his life marked by many changes of residence.

Shawn’s first two weeks at the Diagnostic Center were characterized by unprovoked insults of and assaults on other adolescents in his unit. By the end of this brief period, he had alienated all his peers and was systematically shunned by them. Although disparaging everyone and everything, Shawn attended an Anger Management Group regularly as well as individual therapy sessions. He refused to participate, but at least he attended and listened. During individual sessions, he became calm when his caseworker commented about his losses and longing for the company of his grandmother and his previous neighborhood. By the end of the first month, Shawn had stopped attacking his peers. However, he continued to destroy property and in the process, forfeited all his privileges, including visits home with a mother towards whom he was intensely ambivalent. Serious disciplinary measures followed when Shawn threw a computer across the room when the Worker attempted to discuss his history of possible sexual abuse.

Shawn’s caseworker noted that he was very attached to a basketball. Whenever possible, he would practice shooting the ball into the basket. The activity seemed to soothe him. He often brought the basketball to session. Sometimes he merely held it under his arm. Other times he bounced it gently between his feet. Shawn was admired from a distance for his accuracy on the court, but he had sufficiently alienated so many of his peers that no one would play with him. Whenever
Shawn appeared especially agitated, his caseworker would invite him to spend the session on the basketball court taking turns shooting baskets. Shawn let himself feel close to his Worker at such times. His peers would sometimes gather in mute admiration.

Shawn’s caseworker accepted the client’s refusal to talk about his traumas, and instead capitalized on Shawn’s athletic ability. He suggested that Shawn pick a team from his peers, the worker would select a team from the staff and the two groups would have a match on the basketball court. The intervention was both shrewd and successful. There was an immediate interest in the event on the part of both staff and clients. Shawn’s peers, previously rejecting him, wanted to be selected and began soliciting his attention. The suggestion was pivotal. Negative attention engendered by Shawn shifted to a positive focus on his skills and attributes. Therapy sessions focused on interaction with his peers, organization of his team, frustration tolerance and implementing concepts learned in his Anger Management group.

When Shawn completed his three months at the Diagnostic Center, the judge allowed a referral to a Residential Treatment Facility. Transition from Diagnostic Treatment Center to the Residential Treatment Facility involved vulnerability to a relapse of both violence and drug use. Great care was taken in making this transition. Shawn’s caseworker took him to the Residential site, introduced him to his new caseworker, and an initial joint session was held during which the caseworker reported Shawn’s history and progress to the new therapist while Shawn listened. This technique allowed for a transfer of attachment without the client having to review painful events and hard won progress himself. Since drug use often assuages the pain of losses, plans were made to address loss issues during the adjustment phase of Shawn’s new residence.

In addition to tending to these issues, Shawn’s caseworker also focused on his hopes for the future. While trying to explore as well as instill future goals, Shawn’s career interests were explored. Shawn’s responses led to a particularly intimate exchange. When asked what kind of work activity interested him, Shawn nodded his head toward the worker’s computer that he had destroyed two months earlier. Shawn wanted to become skilled in using a computer! What a surprise—or is it? Most destructive behaviors have meaning. Just as Shawn had become involved in car theft—a means to return to the
home in Florida he had lost—so his rage and self-hatred led him to destroy the computer, the very object of his future hopes.

**JUVENILE VIOLENCE AND ADDICTION: PREPARING FOR THE FUTURE**

Adolescent violence and substance abuse are grave social problems. The recently reported decrease in the country’s overall crime rates is less comforting in the face of prodigious increases of adolescent crime. Domestic violence and child abuse statistics feed the problem by creating the situations that generate adolescents at high risk for violence and substance abuse. Every year, 1.5 million women are assaulted severely by their male partners (Straus and Gelles, 1990) while their children see, hear, and feel the violence. Reduction of both family violence and child abuse are essential if adolescent violence and drug use is to decrease. Identification of high-risk adolescents is the first step in addressing the current situation.

Adolescents entering or already in the criminal justice system need both to be held accountable for their actions and also to be understood in terms of the abuse they likely experienced. The professional literature of rehabilitation efforts within correctional facilities is beginning to include interesting studies on this topic and promises to be an expanding specialty. (See, for example, Daniel, 1996.) Adolescents both inside and outside the criminal justice system need job and career apprentice programs.

Violent, addicted adolescents who commit half of the country’s violent crimes represent an enormous loss to themselves, to their families and to our nation that is deprived of their contribution and burdened with the cost of their actions. These adolescents as well as the youths at risk for becoming like them need our acknowledgement, our commitment and our energy, now— for their sake and for ours.

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