Family Engagement in Juvenile Justice

Family engagement in juvenile justice involves establishing a collaborative relationship in which families are partners in both their children’s treatment and in developing the policies, programs, and practices of the system (New York State Council on Children and Families 2008). Efforts to increase family engagement have focused on how the juvenile justice system’s role in engaging families is to facilitate their ongoing participation while taking into consideration the multiple challenges they face (Shanahan and diZerega 2016). Some of the primary purposes of family engagement efforts are to help hold children accountable for their actions and to assist them in carrying out the obligations set by the court (National Research Council 2013; Pennell, Shapiro, and Spigner 2011); to provide a source of supervision, protection, guidance, and emotional support (Justice for Families 2012; National Research Council 2013); and to affirm the youths’ connections to their kinship networks (Pennell, Shapiro, and Spigner 2011).

Improving family engagement in the juvenile justice system and in prevention programs has been an increasing focus for many researchers and practitioners (e.g., Luckenbill and Yeager 2009; Osher, Huff, Colombi, and Amelga 2012; Pennell, Shapiro, and Spigner 2011; Shanahan and diZerega 2016). Surveys of over 1,000 family members of justice-involved youths revealed that 91 percent of family members believed that the courts should involve families more in decision making for children who are adjudicated delinquent, and 86 percent expressed interest in being more involved in their children’s treatment while the youths were incarcerated (Justice for Families 2012; Vera Institute of Justice 2014).

This literature review focuses on synthesizing descriptions of the role of family engagement for youths involved in the juvenile justice system; research documenting how jurisdictions have attempted enhanced engagement, including policies that encourage family engagement; resources that help families to understand the juvenile justice process; practices such as parent training, family therapy, and family visitation; and outcome evidence for programs with family engagement strategies as key components. In this context of this review, family generally refers to biological, foster, or adoptive parents; and grandparents, siblings, and legal guardians; it can also refer to extended family and other individuals that the youth identifies as family (Butts, Seymour, and Bauer 2013; Seigle, Walsh, and Weber 2014; Shanahan and diZerega 2016).


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Theoretical Foundation

A variety of research findings suggest that family is critical to the development of children and the main source of a child’s primary emotional, social, cultural, and spiritual development (Alvarado and Kumpfer 2000; Conger and Simons 1997; Luckenbill and Yeager 2009; National Research Council 2013). The foundation for the family relationship is generally grounded in theories of social control, which posit that delinquent acts are more likely to occur when an individual’s bond to society is weak or broken (Hirschi 1969). Based on this perspective, the family acts as a socializing agent by introducing and directing children to conventional norms and values. Proponents of this theory argue that a strong affectionate tie between child and parent is one of the fundamental means for establishing this societal bond, which thus insulates adolescents from delinquency and other problem behaviors (Brook, Whiteman, Finch, and Cohen 1998).

In regard to juvenile justice-system involvement, the role of the family has historically been examined in research as more of a cause of delinquency than as a protective factor for youths (Hoeve et al. 2009; Norman et al. 2012; Pennell, Shapiro, and Spigner 2011). Given the juvenile justice system’s doctrine of parents patriae, which gives the state authority to serve as a substitute parent to children whose parents do not provide appropriate supervision or care (Taylor 2014), the role of the family in rehabilitation of justice-involved youths has often been minimized; policies and procedures fail to provide a space for family participation; and many families feel excluded from the system charged with caring for their children (Osher and Hunt 2002). However, both parents and siblings can serve either as risk factors or as protective factors in the development of children and youth. For more information, see the Model Programs Guide (MPG) literature reviews on Risk Factors for Delinquency and Protective Factors Against Delinquency.

For youths, family involvement can provide access to legal representation, educational opportunities, and medical treatment. For example, the participation of family members is thought to help reinforce the importance of treatment, provide youths with an advocate to help articulate their needs, and increase the probability of a smooth transition to home at the end of out-of-home placement (National Center for Mental Health and Juvenile Justice 2016). Some organizations also suggest that families benefit by knowing the whereabouts of their children and what is happening to them, understanding the process and expectations of the system, and feeling valued for their information-sharing ability, such as on their youths’ treatment and medication history, behavioral patterns, and educational background (National Center for Mental Health and Juvenile Justice 2016).

Models of Family Engagement

In 2007, the Models of Change Initiative established a multidisciplinary workgroup to address the role of families in juvenile justice. It concluded that the “concept itself was poorly articulated” and that there were no established frameworks to guide this work (Luckenbill 2012, p. 1).

In 2013, however, the Campaign for Youth Justice, in partnership with Office of Juvenile Justice and Delinquency Prevention (OJJDP), published Five Features of a Transformed Justice System...
and identified the following principles of family engagement:

1) Families will be supported before and after challenges arise.
2) Families will have access to peer support from the moment a youth is arrested through exit from the system.
3) Families will be involved in decision-making processes at the individual, program, and system levels to hold youth accountable and keep the public safe.
4) Families will be strengthened through culturally competent treatment options and approaches.
5) Families will know their children are prepared for a successful future (Arya 2013).

In line with these five principles, a more recent framework has identified five characteristics of family engagement that are common to engagement practices in child welfare, behavioral health, education, and juvenile justice. These include 1) treating families with dignity and respect, 2) peer-to-peer support, 3) collaboration and partnerships between service professionals and family members, 4) meaningful communication across all involved parties, and 5) sustained familial engagement (Child Welfare Information Gateway 2017; Luckenbill and Yeager 2009).

**Dignity and Respect.** This component includes acknowledging that family members are sought out and treated with respect and dignity by system professionals (Luckenbill 2012). Family beliefs, cultures, and experiences are also acknowledged and incorporated into services in culturally, linguistically, and developmentally competent and sustainable ways (Arya 2013; Pennell, Shapiro, and Spigner 2011).

**Peer-to-Peer Support.** This involves using family members and other youths with previous juvenile justice system experience to provide peer support for families of various configurations. Such support may help build trust, establish safety, and empower families (Rozzell 2013). Some agencies have also hired staff to focus specifically on connecting families who are encountering the justice system with others who will help them navigate the system and stay better connected (Vera Institute of Justice 2014).

**Collaboration/Partnership.** Whether involved with child welfare, schools, or the juvenile justice system, families and service providers share decision-making responsibilities and work together toward the same positive outcomes and goals (OJJDP 2012). Consequently, across these disciplines, families are considered equal partners or participants and are systematically included in developmentally appropriate activities and programs that foster a sense of community, accountability, and respect for others (U.S. Department of Health and Human Services and U.S. Department of Education 2016; Shanahan and diZerega 2016; McCarthy 2012; Hock et al. 2015).

**Communication/Information Sharing.** This involves two-way communication and information sharing between juvenile justice personnel and family members or a youth’s legal representative. Families are provided information about court processes, expectations of their children, and programmatic activities. They are also considered a valuable source of
information, even during the early phases of arrest, interview, and interrogation, as they can supply information and background, including traumas that affected the child and family, and what service providers need to know to decide on treatment options, service plans, and how to improve learning, developmental, mental, and behavioral outcomes for the youths (Hock et al. 2015; Arya 2013; Rozzell 2013).

**Sustained Participation.** Understanding the context and situation of families can help to overcome most barriers to engagement such as functioning (i.e., values, norms, communication, affective expression), denial of problems, and concerns about privacy (Headman and Cornille 2008). Family buy-in increases the likelihood of commitment to treatment goals and significantly influences reunification rates and overall family outcomes (Child Welfare Information Gateway 2017). Building and sustaining relationships with families can substantially impact the safety, permanency, and well-being of children while both involved in the justice system and when they return to their communities (McCarthy 2012).

The Vera Institute of Justice has also developed a model of family partnership that focuses on identification, engagement, and empowerment (Shanahan and diZerega 2016). It includes many of the characteristics of family engagement. During identification, justice agencies are charged with identifying the family and social support available to the juveniles. This may include defining family more broadly to include non-relatives and bolstering a juvenile’s support system if needed. For engagement, agencies should be welcoming and show respect for families, and both formal (e.g., participation in team meetings) and informal (e.g., visits with youth) contact should be encouraged. To empower families, agencies should create opportunities for partnerships so that families are actively participating in the design and implementation of their children’s treatment (Shanahan and diZerega 2016).

**Family Engagement Strategies**

The literature on family engagement strategies in juvenile justice suggests that these strategies often include 1) policies that encourage family engagement, 2) materials that help families to understand the juvenile justice process, and 3) programs and practices such as family visitation, parent training, and family therapy.

**Policies.** One role families have played is to stimulate public awareness and become involved in advocating for system reform. They have also helped to evaluate and revise policies and programs to assist all families who encounter not only the juvenile justice system, but also all human service agencies (Osher and Osher 2002; Schoenwald et al. 2008). Policy changes have included providing orientation sessions or tours of residential facilities for families when their children are incarcerated; providing transportation to and from facilities; ensuring that families are included in conferences and meetings; scheduling flexible visitation times and encouraging continued communication with family; and providing easy-to-understand reading materials (Luckenbill 2012; Vera Institute of Justice 2014).

In addition to these specific policies, some agencies have adopted a set of principles, as described in the previous section, to guide their work. One example, which was designed to encourage visits and correspondence between youths and their families, occurred at the Ohio
Department of Youth Services (DYS). Selected DYS facilities created a policy that integrated the Juvenile Relational Inquiry Tool (JRIT) into staff practices. The JRIT is a 15-minute questionnaire that helps staff engage youths in a discussion about their individual and family strengths and provides information that may assist staff in youths’ programming and reentry planning (Shanahan and Agudelo 2012). Incorporating JRIT into DYS policy represented a focus on not only building rapport between staff and youth, but also helping youths to think about the resources and familial support available to them.

A study of DYS’s intervention found that these policies made it easier for juveniles to maintain relationships with their families, and that juveniles who received more visits from family reported feeling happier with their relationships and more connected and committed to family members (Shanahan and Agudelo 2012). Youths who never received visits had higher behavioral incident rates in the facility, compared with youths who did receive visits (Agudelo 2013).

**Written Materials.** Written materials can also be considered a type of engagement as they can bridge the communication gap and cultivate more information sharing between juvenile justice professionals and families. Such materials can educate families and build an understanding of 1) what happens to their children as they progress through the juvenile justice system; 2) the purpose, roles, and responsibilities of the juvenile justice professionals they encounter; 3) their rights and responsibilities as parents, and those of their children; and 4) court jargon to become more engaged in the process (Luckenbill 2012). In turn, with such materials, families can overcome some of their barriers to engagement, discussed in the section below, and cultivate more family involvement.

Written materials can take the form of brochures and short documents in plain language or longer documents with more comprehensive information (Luckenbill 2012; Osher, Huff, Colombi, and Amelga 2012). For example, a family guide written specifically for engaging families with their children’s educational experience in a juvenile justice facility could cover topics such as 1) connecting with the educational facility, 2) making sure the juvenile is doing well in the program, 3) visitation, 4) connecting with other families, 5) preparing for the return home, and 6) finding additional resources (Osher, Huff, Colombi, and Gonsoulin 2012).

In addition, toolkits and guides have been developed that focus on family engagement in education while a youth is incarcerated, family engagement in mental health treatment, and general family engagement for youths who are part of the juvenile justice system. For example, the National Evaluation and Technical Assistance Center for the Education of Children and Youth Who Are Neglected, Delinquent, or At Risk published a toolkit in 2012, which covers how families can engage with their children’s education while the youths are in a juvenile justice facility (Osher, Huff, Colombi, and Amelga 2012). The toolkit provides resources for families and facilitates healthier engagement by including sample letters to parents, contact lists, family and facility tip sheets, family engagement tools, and a facility self-assessment tool.

**Programs and Practices.** Family engagement can involve a set of programs and practices that juvenile justice systems provide to families, to help them find community support and
resources as well as assist them in making the best use of the system to meet their family’s needs. Such programs and practices focus on the family context and structure and identify how these aspects influence their children’s outcomes. They also reinforce and utilize the family’s strengths and provide training in areas that typically contribute to the youth’s antisocial behaviors (Luckenbill and Yeager 2009).

**Family therapy programs.** There are high rates of behavioral problems, mental health issues, and other at-risk behaviors associated with youths involved in the justice system (Weisz and Kazdin 2003). Family-based therapeutic interventions focus on addressing these particular issues (Rowe and Liddle 2003). Such programs are implemented for families who have youths diagnosed with mild emotional and behavioral problems such as conduct disorder, depression, and school or social problems (Kumpfer and Alvarado 2003). There are a variety of family therapy programs (e.g., functional family therapy, family-strengthening programs, child social-skills training) that can impact family dysfunction and child and adolescent problem behavior, including delinquency and crime rates (Henggeler and Borduin 1990; Sexton and Alexander 2000; Waldron and Turner 2008).

Kumpfer (1999) identified several types of family therapy practices usually conducted by trained therapists in clinical settings with parents and children. They include

- Structural family therapy (Szapocznik et al. 1983; Powell and Dosser 1992), which stresses families’ coping skills and strategies as well as learning new ways to respond.
- Strategic family therapy (Szapocznik and Kurtines 1989), which is pragmatic and goal oriented.
- Behavioral family-therapy programs (in which a therapist works with one family) or behavior family trainings (in which a therapist works with several families in a group), which contain separate skill-building training for parents and children during part of the session (Rosenthal and Bandura 1978; Gurman and Kniskern 2014). The family is then brought together for activities during the last part of the therapy session.

Such therapeutic practices are based on the idea that improving family functioning should in turn reduce problem behaviors in children and adolescents from dysfunctional families (Kumpfer and Alvarado 2003). There are several other therapeutic interventions designed to strengthen family functioning and thus prevent future problem behaviors. For more information, see the MPG literature review on Family Therapy.

**Parent-training programs.** Research suggests that improving fundamental parenting practices significantly reduces problem behaviors or time spent by youths in residential facilities or out-of-home placements (Woolfenden, Williams, and Peat 2002; Welsh and Farrington 2006). The 2013 report by the National Research Council stated that the “most important aspect of parental influence relates to parental behavior that can be modified or relied on, as appropriate, in connection with juvenile justice interventions” (p. 102). Today, there are several major categories of interventions designed to improve parenting practices and thus prevent future problem behaviors. These programs include behavioral parent training, parent education,
parent support groups, in-home parent education or parent aid, and parent involvement in youth groups.

Such parent-training programs concentrate on teaching parents and prospective parents the use of effective management skills. This highly structured approach generally includes parents only, in small groups led by a skilled trainer or clinician. Programs are designed to help parents learn to recognize both prosocial and antisocial behaviors, employ social-learning techniques (e.g., positive reinforcement, ignoring, distraction, punishment), and improve family problem-solving skills (Mason et al. 2003). Parent-training programs have been implemented with parents of children at risk for juvenile justice system involvement, parents of youths who are already in the juvenile justice system, and juvenile justice system-involved youths who are pregnant or parenting. Parenting skills learned early can have positive effects as the child matures (Howell 1995).

Parent-training sessions can occur in diverse settings (e.g., schools, community centers, churches, the workplace, or even at home with self-instructional programs) and through various types of approaches. These include

- Behavioral parenting trainings or family skills trainings, which are structured, delivered by a trained professional, and usually include about 8–14 sessions of 1–2 hours each. A curriculum guide and instructional aids (e.g., manuals, guidebooks, handouts, videotapes) are used. Positive reinforcement skills are taught, and parents learn to decrease inappropriate punitive behaviors and chastisements, manage family conflict, and strengthen family bonds (Webster-Stratton and Reid 2010; Maughan et al. 2005; Mason et al. 2003).
- Parent education programs are usually designed to reach a broader audience of families, including those who are not necessarily severely dysfunctional, but who may be at risk. Parent education programs raise awareness of good parenting practices and better ways to discipline children (Cowen 2001; Huebner 2002; Lundahl, Nimer, and Parsons 2006). They also help parents learn how to determine if a child is abusing drugs or alcohol and to recognize other warning signs of delinquent behavior (Park et al. 2000). Parent education materials may include television programs, brochures, feature articles in newspapers and magazines, and other written information. In addition, schools, workplaces, churches, and community organizations can offer parent education information.

**Family visitation.** Research suggests that youths in the justice system are disproportionally more likely to have mental health and behavioral issues and to recidivate in the months and years following their release from residential facilities (Cauffman et al. 2007; Spencer and Jones-Walker 2004). However, reconnecting with family during reentry is an important step to successful reintegration and can begin even before release. In-person visits and other methods of social support, such as phone calls and letter writing, play an important role in minimizing
the stress and isolation attributed to system involvement; these methods also improve how justice-involved youths may adjust to probation or incarceration (Monahan, Goldweber, and Cauffman 2011).

Research has also found that youths in residential facilities who have more positive family relationships during justice involvement are less likely to become depressed over time and thus exhibit greater overall emotional well-being (Stice, Ragan, and Randall 2004; Caldwell et al. 2004). A study by Monahan and colleagues (2011) found that family visitations for incarcerated adolescents who committed serious offenses resulted in rapid declines in depressive symptoms over time, when compared with adolescents who received no visits from parents. The effects were cumulative; that is, the greater the number of visits youths received from family, the greater their decrease in symptoms. In addition, one study of incarcerated youths in Ohio found that there was a positive relationship between weekly visitation by family members and maintaining good behavior and improved school performance (Agudelo 2013).

While there are barriers to family visitation (discussed in the next section), maintaining family relationships during incarceration appears to help buffer youths against depression and other mental health, behavioral, and academic issues while confined. Such relationships also offer youths motivation and material and emotional support and are instrumental in helping them reestablish ties to the community, avoid criminality or antisocial peers, and find housing placements and employment opportunities, post-release (Martinez and Abrams 2013). See the MPG literature review on Juvenile Reentry for more information.

Barriers to Family Engagement
Research studies have also documented barriers to incorporating family engagement in a youth’s treatment while the youth is in the juvenile justice system. Although a 2010 survey of juvenile justice probation and correctional leaders identified family engagement as one of four most important issues for positive youth outcomes, the survey also found that family engagement was also the most operationally challenging issue facing the system (OJJDP 2010).

One observed barrier is that family members are often considered outsiders by a justice system that was not designed to incorporate them in the process (Justice for Families 2012; Pennell, Shapiro, and Spigner 2011). Also, families often do not understand the justice system process and have misconceptions about its purpose and the roles and responsibilities of the professionals they encounter (Luckenbill 2012; Osher and Hunt 2002). An imbalance or lack of power and resources creates a barrier, because power is tied to the knowledge and information that families need to navigate the juvenile justice system (Rozzell 2013).

Other barriers to engagement may be structural or attitudinal and vary from family to family (Mendez et al. 2009). Structural barriers depend on ethnic, economic, and transportation factors. Cultural differences or mistrust have also been linked with lower rates of engagement (Littell and Tajima 2000), especially among immigrant families who may also have language barriers and limited understanding of the justice system (Kemp et al. 2009). Families may also lack the economic and social supports necessary to meet the needs of their children and to fully
participate in existing activities offered by the justice system (Arya 2013). Further, there are often multiple barriers that hamper the ability of families to visit their incarcerated children. Such visitation barriers include the narrow definition of “family” visitors, communication (e.g., access to phone calls, Internet), long distances between home and the facilities, limited transportation options for families, and restrictions on the times and days for visiting (Day 2010; Monahan, Goldweber, and Cauffman 2011; Shanahan and Agudelo 2012; Agudelo 2013).

In addition, because of attitudinal barriers, some families are simply not willing to become engaged in the treatment or rehabilitation of their children. They may choose not to engage in services because they disagree with the perception that their child is at risk for delinquency or do not believe in therapeutic or intervention services (Mendez et al. 2009).

In other cases, even where families acknowledge their children’s problem behavior, they may also believe the children will outgrow such behaviors or may decline to participate in services because they do not believe treatment would be useful for their family (Spoth et al. 1996). Headman and Cornille (2008) found that families who denied the existence of any familial problems (i.e., their family never has problems or always handles things in an ideal way) were less likely to engage in services. Even in cases where familial engagement is compelled (e.g., due to the child’s involvement with the juvenile justice system), families may schedule appointments but not show up, while others might come infrequently (Cornille, Mullis, and Mullis 2001). In these instances, the barrier to engagement is not the nature of the justice system, but the nature of the family.

**Outcome Evidence**

Most existing outcome evidence focuses more on parenting programs and family therapy than on engagement in the juvenile justice system. Examples of programs from the MPG that incorporate elements of family engagement include those below.

**Positive Family Support (PFS).** PFS is a multilevel, family-centered intervention targeting children at risk for problem behaviors or substance use and their families. Delivered to parents and their children in a middle school setting, PFS’s immediate goal is to improve parents’ family management and communication skills. The long-term goal is to hinder the development of adolescent antisocial behaviors and drug experimentation. To accomplish these goals, the intervention uses a tiered strategy and links families and youths to available intervention services.

Dishion and colleagues (2002) and Connell and colleagues (2007) found that PFS was associated with a significant reduction in substance use initiation among at-risk youths. Also, students in the treatment group reported less substance use and antisocial behaviors and had fewer arrests than students in the control group. This difference was statistically significant.

**Functional Family Therapy.** FFT, designed to help youths ages 11–18, has been successfully tested in multiethnic and multicultural contexts to treat both youths and their families. Youths are usually targeted for FFT when they are at risk for or engaged in delinquent behavior such as violence and substance abuse. Youths who have been diagnosed with conduct disorder,
oppositional defiant disorder, or disruptive behavior disorder are also able to participate in the FFT program. The FFT model concentrates on decreasing risk factors and on increasing protective factors that directly affect the youths, with emphasis on familial factors. The intervention consists of 8–12, 1-hour sessions for mild cases and up to 30 sessions for cases that are more difficult.

Studies by Gordon and colleagues (1988) and Sexton and Turner (2010) found that FFT produced statistically significant reductions in recidivism for juveniles who commit offenses. The treatment group had lower recidivism rates and, when the program was delivered by high-adherent therapists, the results were even more statistically significant. FFT was also found to have a positive effect on youths by reducing risky behavior and increasing strengths (Celinska et al. 2013).

**Multisystemic Therapy–Family Integrated Transitions (MST–FIT).** MST–FIT provides integrated individual and family services to juvenile offenders who have co-occurring mental health and substance use disorders during their transition from incarceration back into the community. The overall goal of MST–FIT is to provide necessary treatment to youths, thereby reducing recidivism. The program also seeks to connect youths and their families to appropriate community supports, achieve youth abstinence from alcohol and other drugs, improve youth mental health, and increase youth prosocial behavior.

Trupin and colleagues (2011) found that even though the program did not appear to have a statistically significant effect on overall recidivism (misdemeanor or felony), it had a statistically significant effect on felony recidivism. Fifty-eight percent of the sample had a felony by the time of the follow up. At 36 months post-release, however, the MST–FIT intervention was significantly associated with a lower risk of felony recidivism.

The Parents/Family section of the MPG lists many other family-focused and family-involved programs.

**Conclusion**

Policies, written materials, and programs and practices have been designed and developed to engage families in the justice system process. There is some research to indicate that participation of family members can improve the effectiveness of community-based and residential programs, as well as during the reentry process (Agudelo 2013). There are also reports of barriers, such as families who feel blamed for their child’s illegal behaviors, which may result in a family’s feeling of disrespect. Once in the system, the research presented here has highlighted that the perceived punitive nature of many programs can impact trust between system professionals and family members. Finally, a lack of understanding of the system on the part of family members, as well as transportation and scheduling problems, cultural differences, and language barriers, have also been documented as preventing meaningful family engagement.

Frameworks and other interventions have been developed to assist with overcoming these barriers, and juvenile justice agencies have implemented policies and procedures to improve
their capacity to engage families (Luckenbill 2012; Arya 2013). Common features of this guidance include emphases on treating families with dignity and respect, building collaborative relationships with families, presenting program information in clear and understandable ways, ensuring regular two-way communication, offering support from parents in similar situations, and providing families with opportunities for decision-making and involvement in affecting policies and procedures (Child Welfare Information Gateway 2017; Luckenbill and Yeager 2009). However, the outcome evidence is generally about multicomponent program designs that include family engagement and does not isolate the specific impact of family engagement. Ultimately, more research is needed to determine the effectiveness of these frameworks and interventions.

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