

Learning Disabilities and Juvenile Delinquency

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The tangled cause-and-effect relationship between learning problems and juvenile delinquency has inhibited empirical study of their relationship. Additionally, our greater willingness to accept the reality of LD while wishing to remain distant from the problems of JD has made empirical study difficult. The critical question is not whether the two disorders are correlated — rather it is how to distinguish the various subgroups so that appropriate assistance can be rendered. — G.M.S.

This study looks beyond the established link between juvenile delinquency and learning disabilities to investigate the effects of remediation on learning disabled juvenile offenders. The data indicate that the juvenile offenders who were offered remediation in the form of special education, tutoring, or perceptual-motor training exhibited a significantly lower recidivism rate than those who were not.

For the past 25 years, numerous studies have demonstrated a relationship between learning disabilities and juvenile delinquency (Dzik 1966, Mauser 1974). At this time, very few people would question the correlation between learning problems and juvenile delinquency. However, statisticians tell us one cannot infer causes from

correlational studies, no matter how strongly one feels about the relationship.

In a survey of a specific diagnostic team approach to juvenile delinquency, Love and Bachara (1975) suggest including as part of the team developmental optometrists, educators, and others dealing with academic problems. This suggestion is offered as an alternative to the commitment to the state department and traditional probationary measures, since more probation and punitive measures have not been found to be effective in the past (Hippchen 1978). They also state that the learning disabled juvenile delinquent (LD-JD) is a different type of delinquent youth, requiring specific programs requiring the courts, psychiatric facilities, and schools to work hand in hand in offering academic

therapies, sometimes in lieu of or in addition to traditional counseling and family therapies.

The idea of specific educational measures for the delinquent is not new. Kirkpatrick and Lodge (1935) stated in a study dealing with truancy that it was futile for juvenile courts to attempt to deal constructively with the truancy (learning disabilities) problem until the school curriculum has been modified to fit the child. Courts that have extended treatment plans to incorporate academic therapies seem to be enjoying much success in the areas of remediation and recidivism rates (Dzik personal communication, 1975, Bierce 1973).

In a recent extensive General Accounting Office study (Fogel, Hunt, Bauer, & Brockway 1976), it was found that the special educational needs of juvenile offenders were not met. Although the courts in the Tidewater, Virginia, area have not formally incorporated academic therapies in the treatment plan, they have been amenable to referring to private special education schools and working with special education departments in public schools in drawing up comprehensive treatment plans. In many cases, learning disabilities are considered the primary aspect of the child's difficulty and involvement with the court. It is because of the court's keen awareness of the problem and its open-mindedness that many of the juvenile delinquents are helped by channels never ventured in the past.

The present study investigated the effectiveness of using appropriate academic therapies in working with the juvenile offender. It was hypothesized that there is a particular type of juvenile delinquent whose primary difficulty is a learning disability, and if this learning disability is dealt with as the primary form of rehabilitation and remediated, then this group of juvenile delinquents will exhibit a significantly improved recidivism rate.

SUBJECTS

The subjects were 79 juvenile delinquents (58 male and 21 female) ranging from 14 yrs. 10 mos.

to 16 yrs. 11 mos. The 47 blacks and 32 whites came to the Tidewater area juvenile courts for various status offenses, including incorrigibility, truancy, and disruption in the school. All the subjects were found within the purview of the court, and were evaluated by psychiatric, psychological, educational, visual-perceptual, and audiological evaluations.

The subjects were at least two grade years behind in reading as measured by the Wide Range Achievement Test, and 90% of the subjects were at least one year behind academically according to age equivalent grade placement. All subjects fell within the normal range of intelligence (90-110) as measured by the Wechsler Intelligence Scale for Children and the Wechsler Adult Intelligence Scale. Subjects were from all socioeconomic classes, but the highest percentage were from a lower socioeconomic group. A breakdown of the percentage of the subjects receiving specific examinations beyond the initial psychological and psychoeducational evaluations show that:

- (1) 33% had developmental visual-perceptual examination;
- (2) 6% had further educational psychoeducational evaluation; and
- (3) 16% had audiological speech and hearing examination.

In each case the problem was diagnosed as learning disabilities based upon psychological testing and supplemental data available. This diagnosis conformed to the definition of specific learning disability offered by the National Advisory Committee on Handicapped Children (1968). Subjects did not exhibit any specific serious emotional disturbance, as determined by psychiatric examination. The learning disturbance was considered the primary difficulty.

PROCEDURE

This study was carried out in the post hoc fashion, with the data collected over three and a half years. The 79 subjects fell into two groups, not by random placement, but by particular

treatment offered and ordered by the juvenile courts. The specific reasons for any of the treatments are numerous, ranging from finances of the court system, motivation of parents, probationees, recommendations from the probation officers, and the situation of the family. Although this variety created some extraneous variables, they could not be controlled.

Group A

For 48 juvenile delinquents with learning disabilities (mean age 15 yrs. 3 mos.) no remediation was prescribed for their learning problem. They were committed to the state department or placed on probation with the usual methods of rehabilitation employed, i.e., weekly reporting, possibly group counseling, curfews, or family counseling. In Group A, 93% received counseling of some type, whether group, family, drug, or individual counseling.

Group B

For 31 juvenile delinquents with learning disabilities (mean age 13 yrs. 1 mo.) primary attention was given to the particular learning problem. In this group seven were placed in a special education or private school, 10 were placed in a special education class in the public school system, eight were given visual-perceptual-motor training, and six were tutored. In Group B, 84% received supportive counseling in addition to the academic therapy or other type of educational program or treatment.

To test the experimental hypothesis, recidivism rates as a measure of the efficacy of either program were used to compare the two groups. Many discrepancies in terminology are found in the literature, necessitating an operational definition of the term. For the purposes of this study, recidivism is considered to be the rate at which offenders come back within the purview of the courts and have, for whatever reason, a petition filed against them.

The initial encounter and diagnosis of LD took place in the first year and a half of the study, with the follow-up data collected in the next two

years. Subjects were considered recidivistic if they came into contact with the court (petitions filed) during this two-year period.

The subjects in Group B demonstrated the following patterns:

(1) Subjects referred to special education in a public or private school remained there during the entire two-year period.

(2) Subjects exposed to visual-perceptual-motor training remained in training, on the average, for six to nine months. The techniques used depended on the particular defect in receptive and cognitive area of the visual process (Wold 1969).

(3) Subjects continued with the tutoring for an average of one year and three months, with a range of nine months to two years.

RESULTS

The recidivism rates for both groups were Group A, 41.6% (20 of 48); Group B, 6.5% (2 of 31). A chi-square was run to determine if there were differences between the remediation group and the nonremediated group with recidivism as the variable. Chi-square was found to equal 27.70, $df = 1$, $p \geq .01$, indicating that those juveniles receiving educational treatment had a significantly lower recidivism rate. Supplemental data collected to compare the general recidivism rate of all juvenile delinquents in the same geographic area found a 55% recidivism rate.

DISCUSSION

The 6.5% recidivism rate found is a respectable number as far as juvenile delinquency is concerned. To make this recidivism rate more meaningful, consider these figures. Of 319 juvenile delinquents found within the purview of the courts in Tidewater, Virginia, 60%, or 191, were found to be learning disabled (Bachara & Lamb 1974). If one applies the recidivism rates of this study, one finds that 80 of these LD-JDs will return to the court if academic therapies are not available. If we accept the figure of 80% as the

number of juvenile delinquents who, upon initial involvement with the courts for status offenses, return for something more serious than we have 64 juveniles with learning disabilities whose learning problem possibly initiated the process. These LD-JDs will return to the court as repeaters and are on their way to incarceration. This compares with only 11 juveniles returning to the courts (nine of them for more serious offenses) if appropriate academic remediation and programs are employed. With juvenile delinquency on the rise, and the trend toward higher rates of status offenses, these results would seem to be significant and important for the treatment of status offenders who exhibit learning disabilities.

Possible Hawthorne Effect

Although these results are striking, one must not be naive concerning the possibility of a Hawthorne effect, which would dictate that giving these juveniles special daily or biweekly attention in any form would, alone, help many of the juvenile offenders and keep them from returning to the court. However, in many cases where appropriate educational attention was not offered, the juveniles were given special attention in the form of group counseling, involvement with the probation officers in weekly visits, and other forms of attention which did not prove efficient in preventing recidivism.

There was some supportive and concomitant counseling for many of the cases of the juvenile delinquents who received educational remediation. Much of this was on a short-term basis, primarily apprising the parents of the child's specific difficulty, working out some of the family communication problems, and dealing with the JD-LD's poor self-confidence and feelings of inadequacy and helplessness.

Further Caveats

As was stated earlier, there was no control over the assignment of subjects to treatment, and this may have been a crucial factor affecting recidivism. Judges and probation officers make

their specific recommendations based on bits of information gleaned from various sources. Assigning JD-LDs to academic remediation is not a haphazard process and most assuredly accounts for some of the lower recidivism of these individuals. There is a considerable difference between the chronological ages of both groups. This difference could mean that other variables were working toward lower recidivism other than the academic treatment. As is the case with most diseases, problems, or difficulties, the earlier they are checked and treated, the more favorable the prognosis. Since the data indicate that it was generally the younger juvenile offender who was offered treatment in any form, this enthusiasm to remediate this younger offender may account for improved recidivism. Also, it may have been that this younger offender may have exhibited a lower recidivism rate whether offered academic treatment or not. In any case, age is a factor that must be kept in mind in dealing with both juvenile delinquency and learning disabilities.

Although it was found that many juvenile delinquents can be helped significantly through educational channels, in no way is this treatment appropriate for all juvenile delinquents. It should be emphasized that a percentage of juvenile delinquents who have primary learning disabilities possibly have poor self-concepts and suffer from depression. They seem to turn to acting-out behavior that is exhibited in school as a means of dealing with this internal frustration. This juvenile delinquent makes up a large percentage of the overall delinquent population, and will, if not dealt with appropriately and immediately, return to the court for a possibly more serious offense.

CONCLUSION

The authors feel that it is time to take the question of juvenile delinquency beyond the correlation phase that has been dealt with long enough. There appears to be significant evidence that remediation incorporating various educational

and academic programs, along with traditional means of dealing with delinquent youths, has greatly reduced recidivism and helped many learning disabled children. Although the delinquent child with a learning disability presents a formidable challenge, this challenge can be met with a multidisciplinary approach in diagnosis and remediation.

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