TEXAS STATEWIDE JUVENILE NEEDS ASSESSMENT

September 2018

ANGELA D. BROADUS, PHD, TRAINING SPECIALIST
SHEQUITA ROYSTER, MA, GRADUATE RESEARCH ASSISTANT
SUSAN FRAZIER-KOUASSI, PHD, DIRECTOR

PRAIRIE VIEW A&M UNIVERSITY

Table of Contents

List of Tables

List of Figures

ABOUT THE CENTER

The Texas Juvenile Crime Prevention Center (TJCPC) at Prairie View A & M University (PVAMU) was created in 1997 with funding from the State of Texas, House Bill (HB) 1550. Initially conceptualized by former Prairie View A & M University President Charles A. Hines and Vice-President for Student Services, Mr. Ronald Jones, the Center was established with the valuable influence of Senators Royce West and Steven Ogden, and Representatives Senfronia Thompson, Toby Goodman, Glen Lewis, Tommy Williams and Garnett Coleman. Per HB 1550, the Center is committed to the reduction and prevention of juvenile delinquency and crime in the State of Texas through education, research, and service. Specifically, the TJCPC is mandated to:

- Conduct, coordinate, collect, and evaluate research in all areas relating to juvenile delinquency and crime;
- Provide a setting for educational programs related to juvenile delinquency and crime, including undergraduate and graduate degree programs and other educational programs such as continuing education and in-service training for criminal justice and social service professionals;
- Serve as a state and national resource for information on juvenile delinquency and crime;
- Develop community-based programs, policies, and strategies to address juvenile delinquency and crime and related social problems; and
- Create partnerships, collaborations, outreach and technical assistance programs, and public service opportunities to assist communities, governmental agencies, and private entities. Assist with implementing programs, policies, and strategies that address juvenile delinquency and crime and related social problems.

EXECUTIVE SUMMARY

This report was completed by the Texas Juvenile Crime Prevention Center (TJCPC) at Prairie View A&M University. This information extends the Regional Council of Governments' (COG) valuable work from a regional to a statewide representation of adult Texas residents (*N*=616) with adolescents (age 12-17) living within their homes. Texas participants in 111 counties (43.7% of the total 254 counties in the state) provided general beliefs about adolescents, crime within their communities, causes of delinquency, barriers to crime-free adolescence, and suggestions to reduce crime. Participants also described their child-rearing values, parent/guardian moral and legal accountability for teen crime, and the influence specific institutions hold in reducing and/or preventing juvenile delinquent behavior. Finally, these parents/guardians rated their accessibility to mental health and substance abuse treatment. Key survey findings are highlighted below.

Perceptions about teens in the city and county.

- Half (50.0%, *n*=661) of the 1312 participant descriptions of local teenagers were negative with the highest frequency of participants describing teens as disrespectful, lazy, or rude.
- Just under a third (32.0%, *n*=422) of the participant descriptions were positive with teens described as smart, good, active, and respectful.

Crime in communities

- Just over half (51.1%, *n*=315) of the participants reported no change in community crime levels in the year prior to the survey.
- Just over ten percent (10.1%, *n*=62) indicated that their teens had been victims of crime. Of these, 48.4% (*n*=30) had mental health issues and 17.7% (*n*=11) had a history of substance use/abuse.
- Few participants (4.2%, *n*=26) reported their adolescent had been arrested. However, of those arrested:
    - 65.4% (*n*=17) suffered from a history of mental health issues;
    - 61.5% (*n*=16) suffered from a history of substance abuse; and
    - 38.5% (*n*=10) had been a victim of crime.

Barriers to crime-free adolescents

- Participants attributed the increase in local crime to multiple issues; however, participants also described two major causes of juvenile delinquency:
    - Lack of parental supervision or involvement in the adolescent's life; and
    - Lack of extracurricular activities or education.

Influential institutions: Reducing crime

- The majority (78.2%, *n*=481) indicated that home life (parents and family) can have considerable influence in reducing juvenile delinquency, while fewer than half believed that school (47.0%, *n*=286) or church (46.5%, *n*=278) have substantial influence.
- Almost forty percent (37.4%, *n*=223) indicated that law enforcement had minimal influence in reducing juvenile delinquency; while another 36.7% (*n*=219) indicated that law enforcement influence was substantial.

- When asked to rate peer influence on teen's behavior using a scale from "0" (No Influence) to have "100" (Substantial Influence), participants (*n*=610) reported that peers hold an above average degree of influence on the teen's behavior (*M*=62.7, *SD*=23.9).

Child-rearing: Values, responsibility, accountability

- Over half (61.2%, *n*=376) agreed that parents or guardians should be **morally** accountable for their children's behavior, including criminal behavior.
- Fewer than half (41.6%, *n*=256) agreed that parents or guardians should be held **legally** accountable for their children's behavior, including criminal behavior.

Mental Health and Substance Use: Access to care

- A quarter of the participants (25.0%, *n*=154) revealed that their teen had a history of mental health issues (e.g., depression, anxiety, thoughts of suicide, etc.), and 4.9% (*n*=30) reported having teens with a history of substance use/abuse.
- Almost forty percent (39.1%, *n*=241) indicated that mental health treatment services were available within their community or at their teen's school; 8.8% (*n*=54) reported such services were not available. Of those stating services are available, 36.0% (*n*=86) indicated that mental health treatment availability is insufficient to meet current and emerging demands.
- Less than a third (29.7%, *n*=183) indicated that substance abuse treatment is available within their community or teen's school; 11.9% (*n*=73) indicated that services are not available, and 18.5% (*n*=114) stated that services were available within the county. Over half (53.0%, *n*=97) reported that treatment either is not sufficient to meet demand (27.3%, *n*=50) or were unsure (25.7%, *n*=47) if treatment availability was sufficient.

Solutions to Juvenile Delinquency

- The majority (from 68.6% to 91.4%, depending upon the program) agreed that community and school-related programs and services might reduce juvenile delinquency (see Table 8).
- The majority of participants (80.4%, *n*=492) noted that recreational/sports programs were available locally and a few reported these programs were available within the county (8.2%, *n*=50).
- Participants reported that other programs were not as readily available within the community or school.
    - Effective parenting programs: 26.9% (*n*=164) of the participants believed they were available locally; 17.9% (*n*=109) of the participants believed they were available within the county.
    - Specialized programs for at-risk youth: 43.6% (*n*=268) of the participants believed they were available locally; 19.9% (*n*=122) of the participants believed they were available within the county.

    - Summer programs: 60.8% (*n*=367) of the participants believed they were available locally; 12.7% (*n*=77) of the participants believed there were available within the county.
    - Afterschool programs at school: 63.5% (*n*=386) of the participants believed they were available locally; 11.8% (*n*=72) of the participants believed they were available within the county.
- The most significant barrier to accessing programs/services as noted by the respondents was that many parents were unsure about whether or not programs were available either locally or within the county.

INTRODUCTION

Councils of Government (COG) History.

Per the state Regional Planning Act of 1965, Texas' 254 counties were organized into 24 voluntary associations of local governments (COGs) to efficiently resolve problems and meet needs that cross local and regional boundaries [Smyrl, 2010; Texas Association of Regional Councils (TARC), n.d.]. Per TARC, COGs provide assistance in multiple areas, including

- Planning and implementing regional homeland security strategies;
- Operating law enforcement training academies;
- Promoting regional municipal solid waste and environmental quality planning;
- Providing cooperative purchasing options for governments;
- Managing region-wide services to the elderly;
- Maintaining and improving regional 9-1-1 systems;
- Promoting regional economic development;
- Operating specialized transit systems; and,
- Providing management services for member governments. (TARC, n.d.)

Within each COG, individual departments focus on needs relevant to their region. For example, the Permian Basin Regional Planning Commission (PBRPC) includes seven departments to meet their specific regional needs, including 911 Emergency Communications, Area Agency on Aging, Criminal Justice, Economic Development, Environmental Services, Homeland Security, and Pipeline Safety Awareness.

Annually, each COG presents TARC with a Strategic Planning Report for the subsequent fiscal year. All reports describe the region, and stipulate regional funding priorities, resources, and solutions within their specific area of service. For example, COG Criminal Justice (CJ) Departments target regional priorities in juvenile justice, victim services, law enforcement, and mental health/substance abuse.

For this study, researchers reviewed the juvenile justice priorities presented in each COG CJ report and asked COG Program Coordinators to describe their data collection methods. CJ Coordinators reported that they collect relevant information from community focus groups, town hall meetings, and regional surveys. CJ Coordinators and stakeholders then review and prioritize the information for inclusion in the annual Strategic Plan.

COG Limitations.

Our review of COG data collection noted two potential limitations that may impact the comprehensiveness of the information gathered:

1) A lack of assessment consistency exists across each COG and the majority of COGs use primarily top-down sources for their data. Several COGs surveyed community stakeholders, but the instruments were not consistent from one COG to another. Other COGs used focus groups and community town hall meetings where attendees were instructed to develop and prioritize community needs. Finally, a few COGs used community planners from each county to review and update COG needs/priorities. These inputs then were summarized in each COG's final report. While all of these methods have merit and have proven somewhat effective in assessing community juvenile justice needs,

they may not reliably or consistently capture the same scope of information across the COGs.

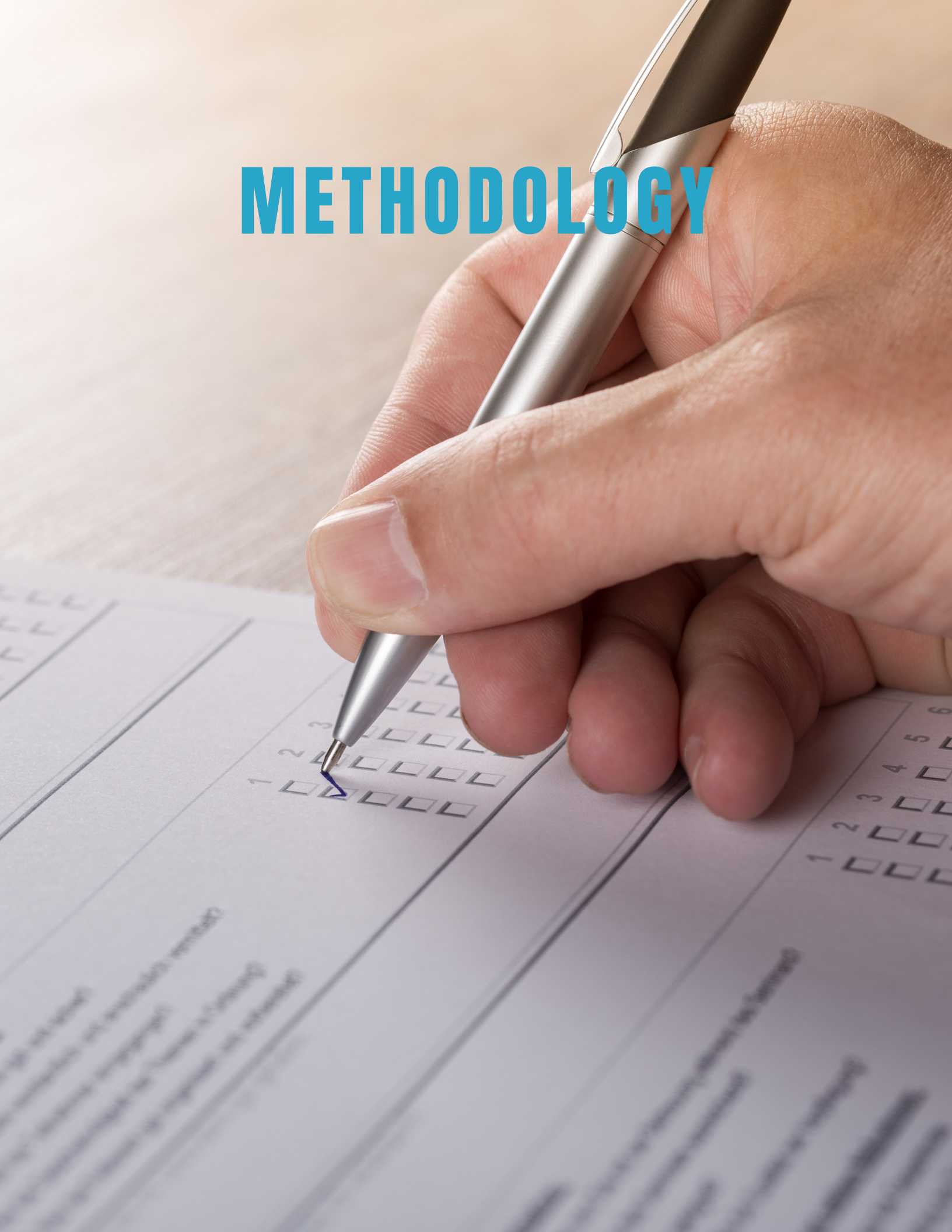
2) While the majority of COGs gather information directly from residents, those who responded to their surveys, attended the focus groups, or showed up to the Town Hall meetings were likely to have been the community leaders rather than a representative cross-section of the population. Several CJ coordinators listed stakeholders as the community mental health treatment directors, juvenile services directors, sheriff deputies, county commissioners, lawyers, judges, and administrators of teen-oriented organizations. Reliance on community leaders represents a "top-down" approach, and while such information is valuable, it may not adequately represent the opinions of residents "on the ground."

Current Study.

The current study addresses the above limitations and expands upon the work completed by each COG. First, the TJCPC addressed the lack of assessment consistency in gathering statewide information through development and use of one 56-item, online survey instrument across a statewide, representative sample of Texas residents. This information supplements rather than replaces information provided through each COG.

Second, the TJCPC surveyed a representative sample (N=616) of Texas parents/guardians with adolescents, age 12-17, living within their homes to supplement the top-down information gathered by each COG. Participants were asked to list their views about teenagers within their communities and to provide input on various issues, including community crime, juvenile delinquency, religion, and parental responsibility for juvenile crime. Participants also rated the influence of institutions and groups in reducing juvenile delinquency and offered their own ideas about how to reduce juvenile crime. Finally, based upon the COG reports regarding mental health and substance abuse treatment needs, parents/guardians rated accessibility to mental health and substance abuse services.

METHODOLOGY

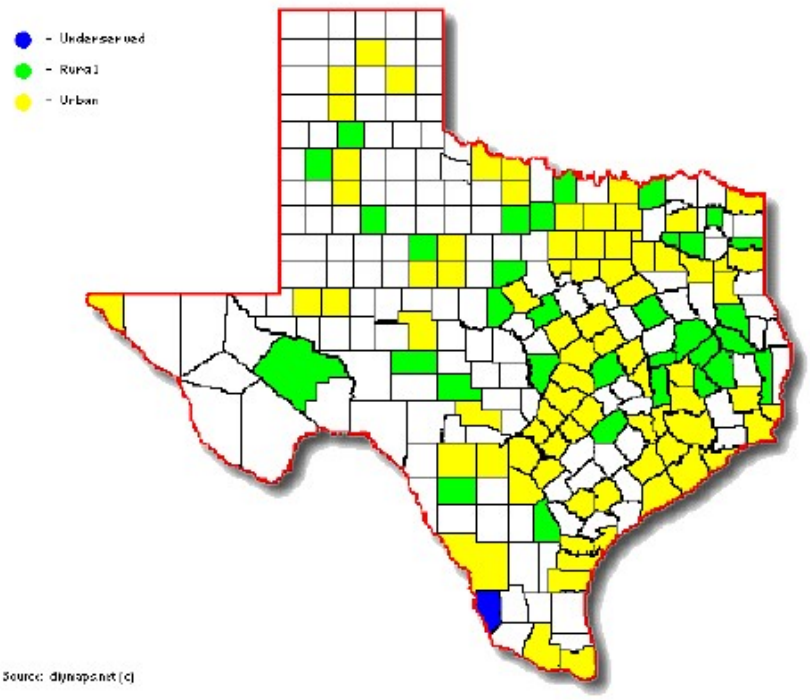


Using Survey Sampling International (SSI; https://www.surveysampling.com/about/), researchers recruited a purposive, stratified sample of Texas adult residents from their proprietary email panels based on requested demographics (e.g., age 30-65 with an adolescent, age 12-17 living in the home) and stratification (e.g., by gender and rural/urban location to match state census demographics). SSI assumed responsibility for disbursement of the survey link (via PVAMU's Qualtrics program) to participants during a two-week period in June 2017 (i.e., June 13, 2017 to June 28, 2017). The Texas Juvenile Crime Prevention Center (TJCPC) researchers monitored recruitment outcomes to ensure that the participant pool complied with contracted demographics.

Between June 13, 2017 and June 28, 2017, 1,073 individuals accessed the Statewide Needs Assessment survey. Participant data was retained if at least half of the survey items were completed. Using this cutoff, 33.9% (*n*=364) of the original surveys were deleted due to incompletion. Three participants were deleted as non-residents and eight were deleted for offering neither a zip code nor county of residence. Researchers restricted the survey age range to participants aged 30-65, when having an adolescent in the home could be more likely. Sixteen surveys were deleted because the participants failed to provide their age (*n*=6) or did not meet the minimum age requirement (n=10). Of the remaining surveys (*n*=682), 66 participants (9.7% of the final sample) were deleted as they were not the parent of an adolescent (age 12-17). Therefore, of the initial surveys accessed by Texas residents (*n*=1,073), 57.4% (*n*=616) were retained in the final data pool.

The final sample encompassed 43.7% (*n*=111) of Texas' 254 counties (Figure 1), with 31.5% (*n*=35) from rural/underserved counties (green/blue below) and 69.4% (*n*=77) from urban counties (yellow).

Figure 1. State map showing participant locations for the Statewide Needs Assessment



DEMOGRAPHICS

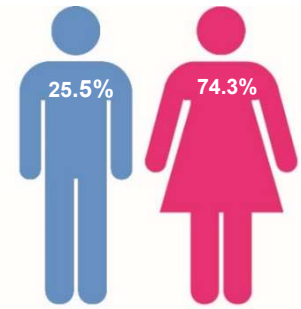
The survey encompassed 111 of the 254 Texas counties with participants closely matching the racial demographics of the 2017 Texas Census. The majority of respondents lived in Harris (12.0%, *n*=74), Bexar (8.9%, *n*=55), Tarrant (5.7%, *n*=35), or Dallas counties (5.4%, *n*=34), while El Paso and Collin tied at 3.2% (*n*=20 each; see Appendix A for the complete list of counties represented).

All participants had an adolescent (age 12 to 17) living within their home. Participants were primarily female, ranged in age from 30 to 65, and one-quarter were Hispanic. Over half were married and half had completed a college degree. Just over forty percent lived at the poverty level with incomes under $49,999, while less than a fifth earned over $100,000 in the year prior to the survey. Specific demographic data has been provided below.

SEX & AGE

The majority of participants were female (74.3%, *n*=457), and ranged in age from 30 to 65 years with a mean age of 41.9 (SD = 7.2) of age (Figure 2).

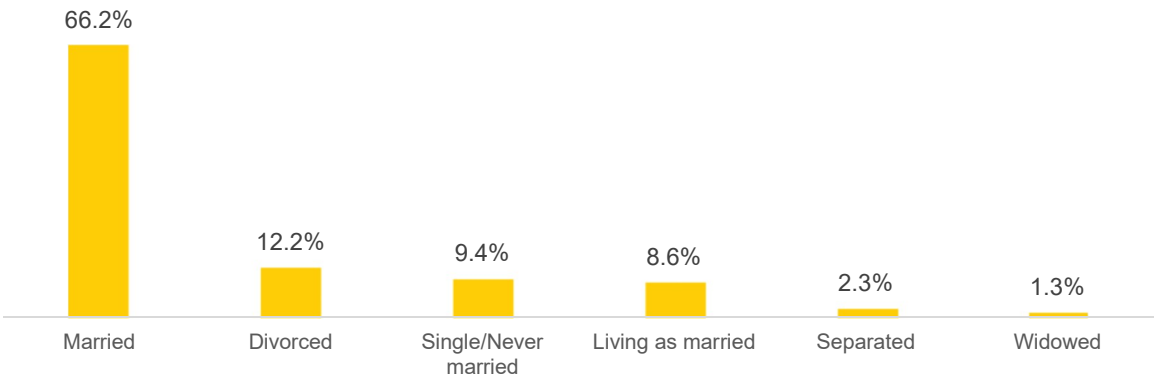
Figure 2. Gender representation in the sample



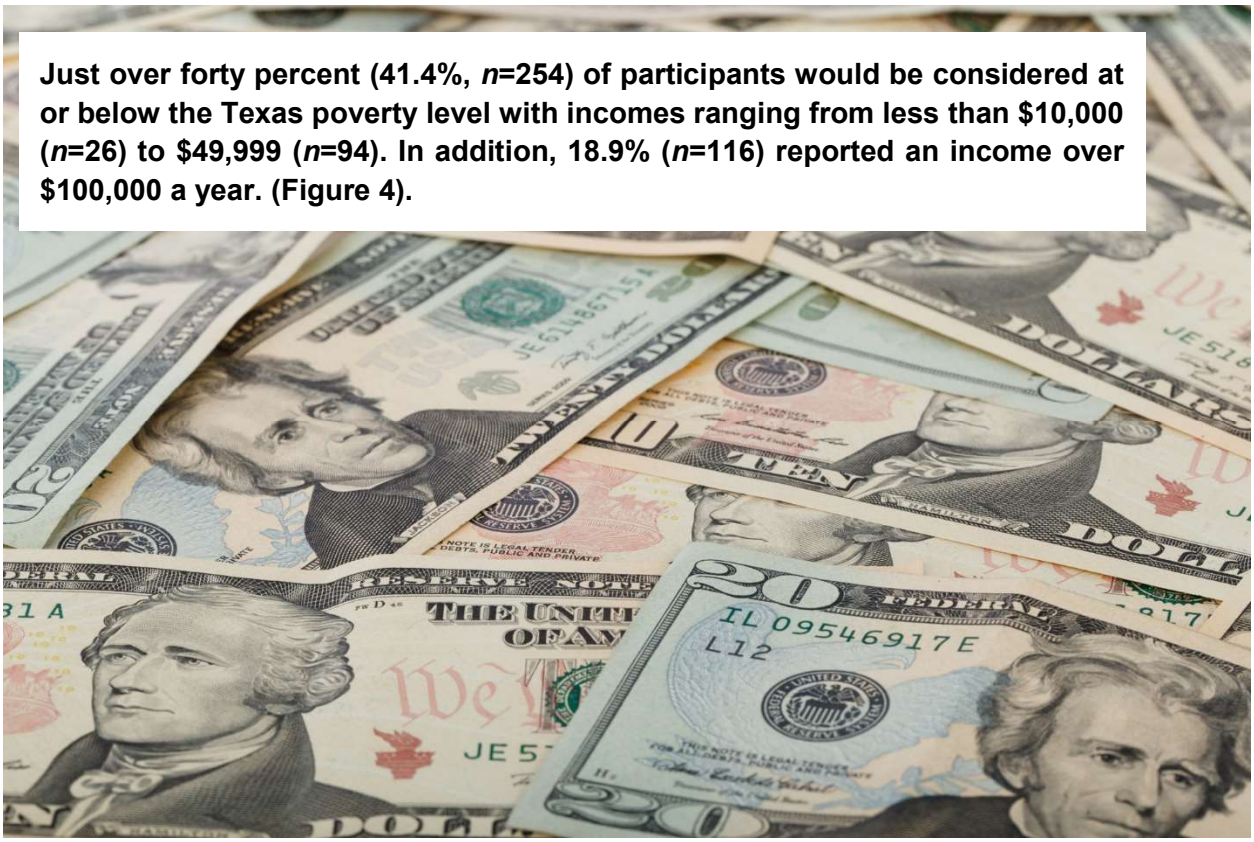
MARITAL STATUS

The majority of participants were married (66.1%, *n*=407), 12.2% (*n*=75) were divorced, 9.4% (*n*=58) were single or had never been married, 8.6% (*n*=53) were living as married, 2.3% (*n*=14) were separated, and 1.3% (*n*=8) were widowed (Figure 3).

Figure 3. Marital Status of Participants

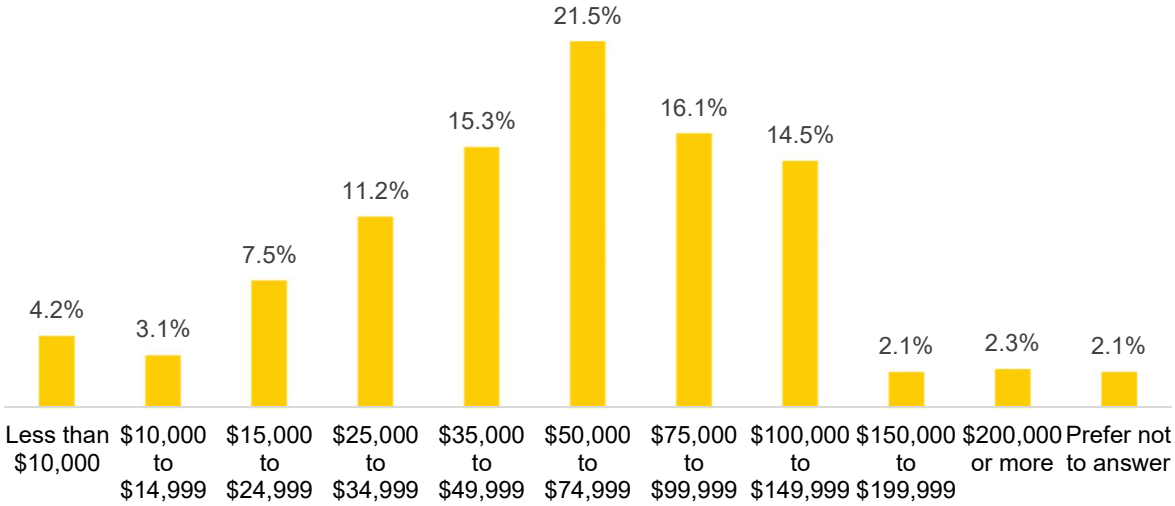


INCOME



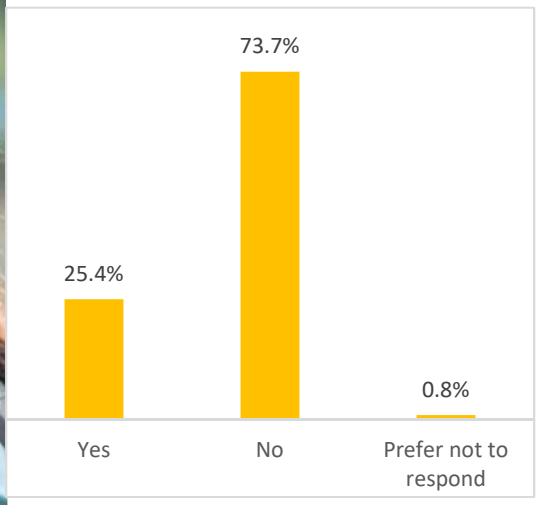
Just over forty percent (41.4%, *n*=254) of participants would be considered at or below the Texas poverty level with incomes ranging from less than $10,000 (*n*=26) to $49,999 (*n*=94). In addition, 18.9% (*n*=116) reported an income over $100,000 a year. (Figure 4).

Figure 4: Income of Participants



RACE & ETHNICITY

Figure 5: Are you of Hispanic, Latino, or Spanish origin?



As shown in Table 1, the distribution of White, Black, and Asian groups in the sample were slightly underrepresented in comparison to the Texas Census.

Table 1. Race and Ethnicity of Participants

Race	Freq.	%	Texas Census	Difference
White	461	75.2%	79.4	-4.2
Black	62	10.1%	12.6	-2.5
Asian	13	2.1%	4.8	-2.7
American Indian/Alaskan Native	9	1.5%	1	0.5
Hawaiian/Pacific Islander	2	0.3%	0.1	0.2
Multiracial	12	1.9%	1.9	0
Other	45	7.3%		
Prefer Not to Respond	9	1.5%		
Missing	3	0.5%		
Total	**613**	**100**		

EDUCATION

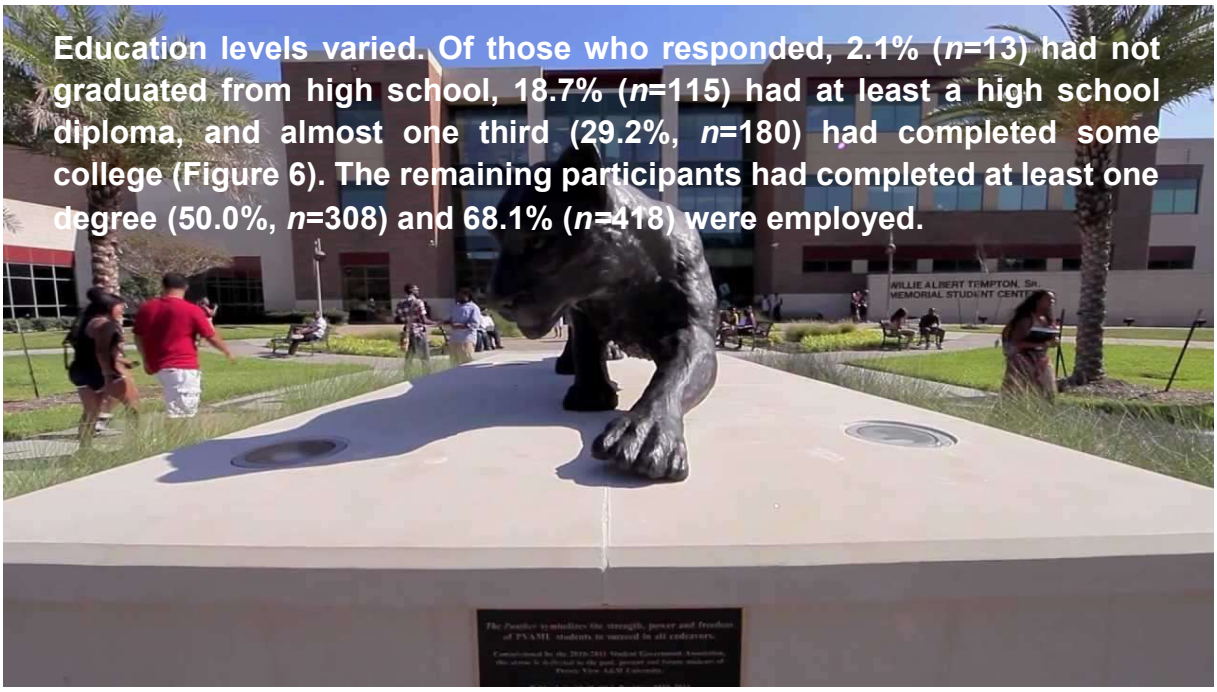
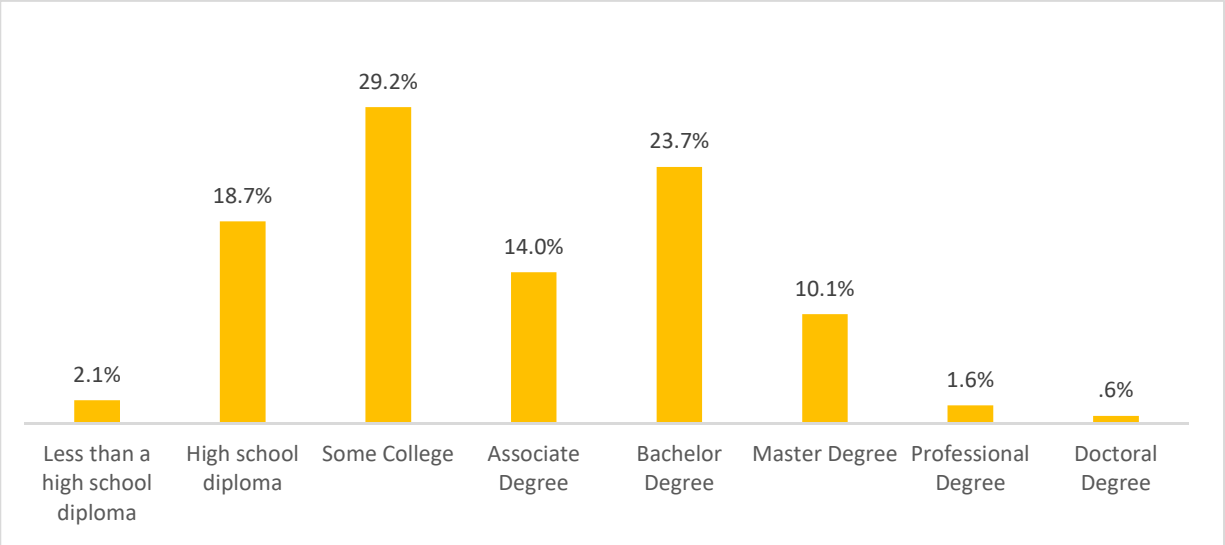
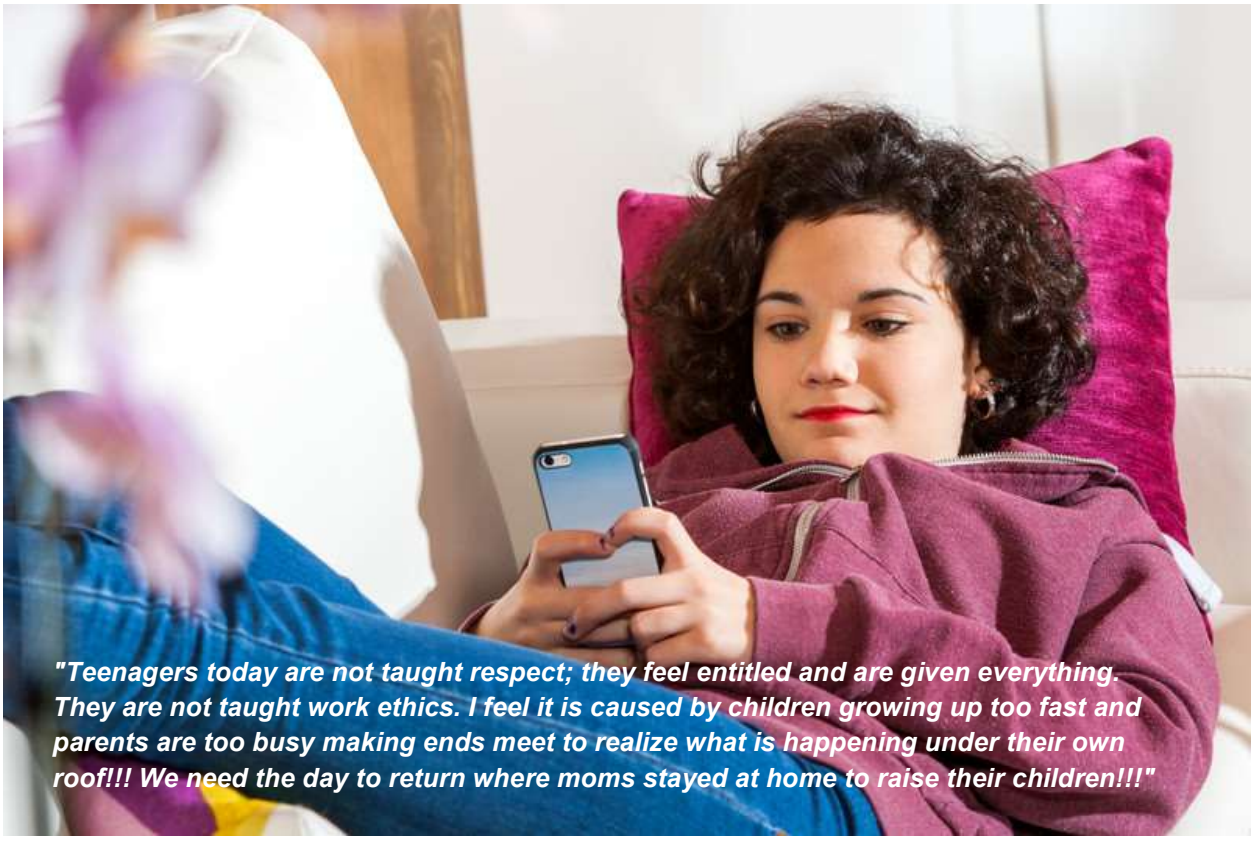


Figure 6: Educational level of participants




RESULTS

PERCEPTIONS OF TEENS



In this section, each participant (99.2%, *n*=611) provided up to three descriptive terms or phrases to illustrate their perception of teenagers within their city or county. The purpose of this question was to determine how adults with teens living in their homes generally perceive adolescents.

The resulting 1,312 terms and phrases were coded as negative (e.g., disrespectful, lazy, rude, entitled, spoiled, wild, immature, etc.; Table 2), positive (e.g., smart, good, active, respectful, energetic, friendly, fun, etc.; Table 3), or neutral statements (e.g., busy, competitive, fast, environmentalist, etc.). Items were not coded if they were clearly not descriptive (e.g., “San Antonio,” or “Austin”). In addition, descriptions were coded as “ambiguous” (e.g., risky, daring, individuals, growing, etc.; Table 3) if the five coders failed to agree on the descriptor valence (e.g., Positive, Neutral, or Negative).

The descriptors were 1.5 times more likely to be negative. The most common negative terms used were “disrespectful, lazy rude, entitled, spoiled, wild, and immature.” Of the positive descriptors, “smart and good” occurred the most frequently.

Table 2. Most Frequently Used Negative Descriptions

Term	Frequency
Disrespectful	98
Lazy	47
Rude	40
Entitled	36
Spoiled	26
Wild	23
Immature	21
Bored	17
Irresponsible	17
Privileged	13
Drugs	11
Crazy	8
Undisciplined	8

Table 3. Most Frequently Used Positive Descriptions

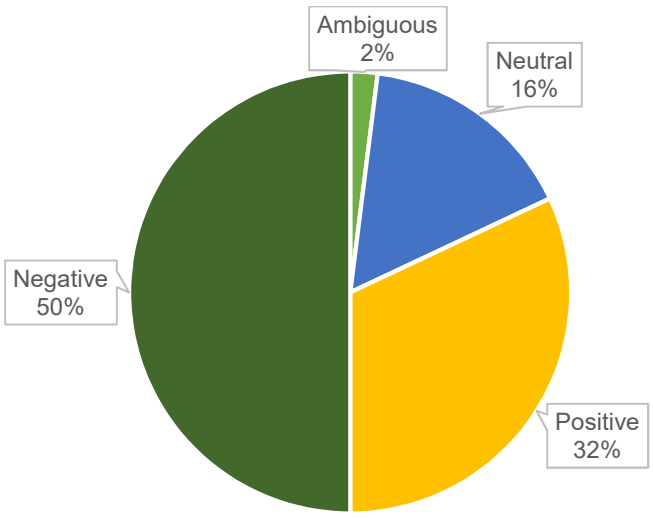
Term	Frequency
Smart	43
Good	22
Active	17
Respectful	17
Energetic	16
Friendly	15
Fun	13
Athletic	12
Ambitious	10
Creative	9
Helpful	9
Kind	9
Outgoing	9
Responsible	9
Funny	8
Intelligent	8

Table 4. Most Frequently Used Ambiguous Descriptions

Term	Frequency
autonomous	1
challenging	1
daring	3
elite	1
growing	3
ornery	1
independent thinkers	1
individuals	1
laid-back	1
relentless	1
restless	3
risky	2
sensitive	1
silly	3
tech-buff	1

Half of participants' descriptions of local teenagers were negative (50%, *n*=661; Figure 7). The highest frequency of negative terms included describing teens as disrespectful, lazy, or rude.

Figure 7. Descriptions of local Teens



CRIME

This section examines crime within participant communities, including general perceptions about juvenile delinquency and the underlying associated issues: behavioral health noted in juveniles with an arrest history, community crime trends and causal factors associated with these trends, and external institutions influence in reducing juvenile delinquency.

> *"For the most part in my area, childhood crime/problems are not a problem. But, there has been some influence of marijuana creeping into my area due to local growth and new residents bringing the problems that spread through our youth."*

Participants indicated that juveniles primarily commit petty and property crimes, and described primarily external causal factors for juvenile delinquency. These include a lack of parental supervision or involvement in the teen's life, lack of extracurricular activities or lack of education, boredom or laziness, drug abuse or mental health issues, peer pressure or gang affiliation, and economic instability. In addition, a small number of participants indicated that their teen had an arrest history. Of these, more than half also had a history of mental illness or substance abuse, and just over a third had been victims of crime. Although mental health and substance use history was generally low among participants, cross-tabulation analysis of teens with an arrest history (4.2%, *n*=26) revealed a different picture. Of teens with an arrest record, over half had a history of mental health issues (65.4%, *n*=17) or substance abuse (61.5%, *n*=16), and 38.5% (*n*=10) had been a victim of crime.

Over half of the participants believed that crime had either remained the same (51.1%, *n*=315) or decreased (3.1%, *n=19)* in their communities. Respondents attributed the decrease to multiple factors including increased police activity, parental and community involvement with teens, family movement out of the community, and teens growing up or leaving the community. Fewer than half of the participants (41.4%, *n*=255) indicated that crime had increased in their communities. These participants attributed the increase to a rise in drug use and other drug use-related behaviors, poor or neglectful parenting with unsupervised teens, population growth that often resulted in greater area access by those considered to be undesirable; boredom, exacerbated by inadequate community services; poverty, exacerbated by a decrease in jobs, inadequate law enforcement, a general change in beliefs defining acceptable behavior; and, inadequate punishment/deterrents for criminal behavior.

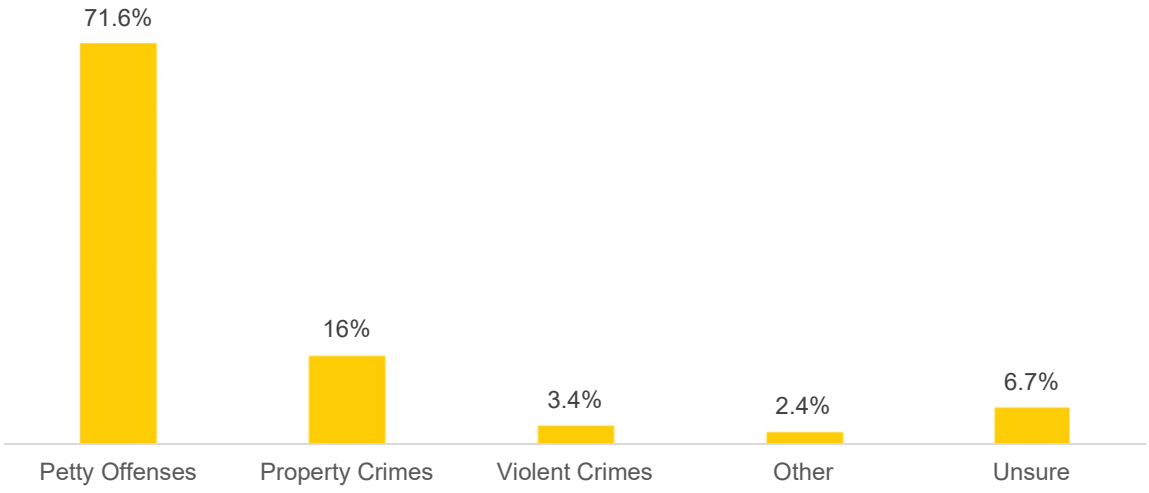
Common community institutions, such as the home (parents and family), school, church, and law enforcement often provide guidance to growing teens. Through each of these institutions, teens learn cultural norms and behaviors, develop a moral compass with definitions of acceptable and not-so-acceptable behavior, and experience the rewards and consequences for their actions. Participants were asked to describe the degree of influence they believed these institutions have on reducing delinquent behavior among juveniles. The majority (78.2%, *n*=481) indicated that Home/Parents/Family have significant influence on teen behavior. Fewer than half of participants believed that school or church (47%, *n*=286; 46.5%, *n*=278, respectively) have substantial influence, and beliefs about the influence of law enforcement was closely divided between

minimal (37.4%, *n*=223), moderate (26.0%, *n*=155), and substantial influence (36.7%, *n*=219). Interestingly, an analysis of teen arrests noted that as religion becomes more important to teens, the likelihood of an arrest declines.

Perception of types of crimes committed by juveniles.

The majority of participants reported that petty crimes (71.6%, *n*=439) were primarily committed by juveniles; while 16.0% (*n*=98) believed adolescents were responsible for most property crime. Few participants (3.4%, *n*=21) described adolescents as primarily responsible for violent crimes within their community (Figure 8).

Figure 8. Crimes committed by Juveniles



Participants were asked to use sliding scales with a range of 0% to 100% to represent the percent of crimes in their community committed by: juveniles (age 12-17; Figure 9); young adults (age 18-24; Figure 10); and adults (age 25 and older; Figure 11). The outcomes indicated that participants believed that juveniles commit far fewer crimes than do young adults or adults, while the percent of crimes committed by young adults approximate that of adults.

Figure 9. What percent of crimes in your community do you believe are committed by Juveniles (ages 12-17)?

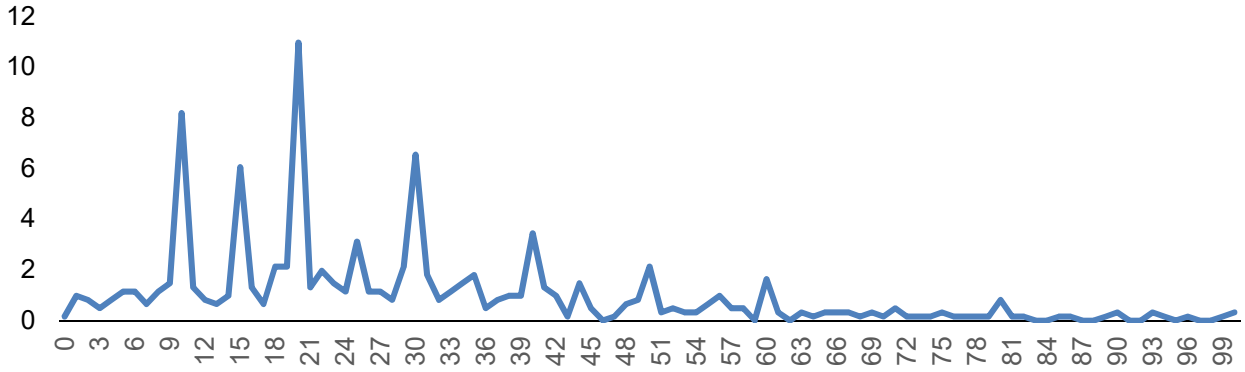


Figure 10. What percent of crimes in your community do you believe are committed by Young Adults (ages 18-24)?

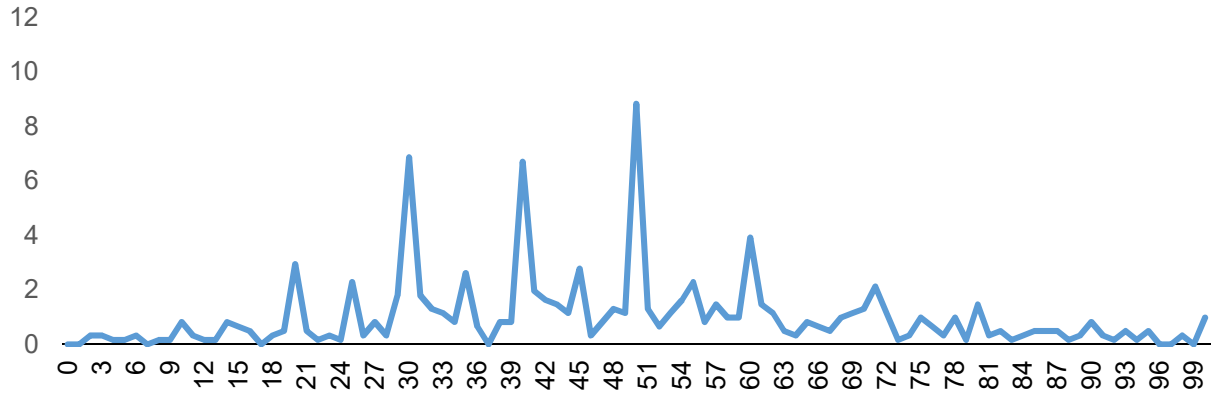
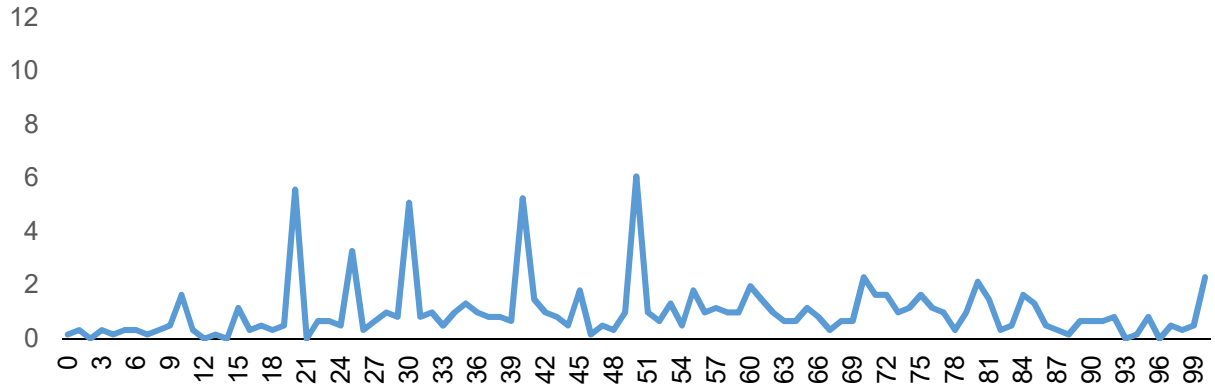


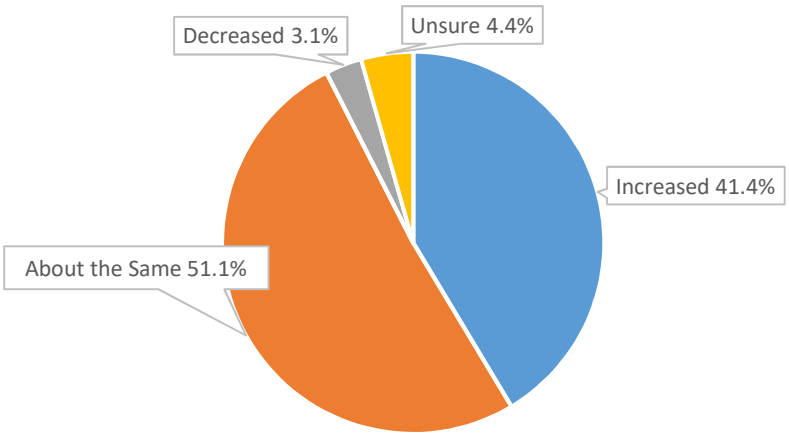
Figure 11. What percent of crimes in your community do you believe are committed by Adults (25 and older)?



Perception of community crime.

Over half of participants (51.1%, *n=315)* indicated no change in community crime levels in the year prior to the survey (see Figure 12), and only a few (3.1%, *n*=19) reported that community crime had decreased. Of the remaining, 41.4% (*n*=255) suggested that crime had increased and 4.4% (*n* =27) were not sure.

Figure 12. Perception of change in community crime



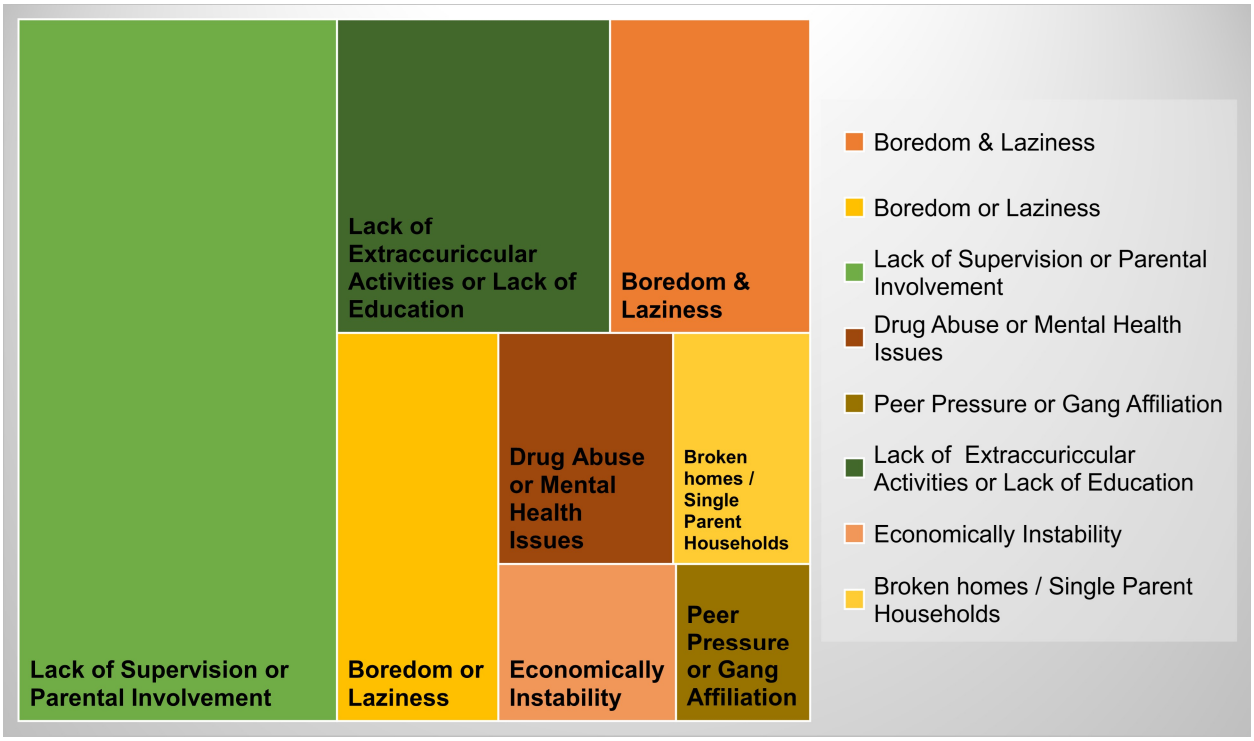
Reasons for decrease/increase in crime.

Participants attributed a decrease in crime to increased police activity/presence, greater parent and community involvement, and problematic teens moving out of the community or growing older. Alternatively, those who suggested that crime had increased cited causal factors such as increased drug availability, lack of jobs and financial instability, boredom, poor or neglectful parenting, liberal laws and beliefs around criminal behavior, a natural consequence of city growth, easy access to weapons, societal and peer pressure, inadequate deterrents such as the police and community services, social media influence on behavior, lack of motivation or discipline, increase in gang activity, and racial tension.

Major causes of juvenile delinquency.

Participants indicated that *major* causes of juvenile delinquency within their city/county included a lack of parental supervision or involvement in the adolescent's life, and a lack of extracurricular activities or education. Other causal factors included boredom, laziness, drug abuse or mental health issues, broken homes or single parent households, economic instability, peer pressure, and gang affiliation. *Note*: the size of the boxes in Figure 13 represents the number of times a particular causal factor was listed. For example, lack of supervision or parental involvement was listed 360 times, while peer pressure or gang affiliation was listed 34 times.

Figure 13. Major causes of juvenile crime in your city/county



Associated factors in juvenile arrests.

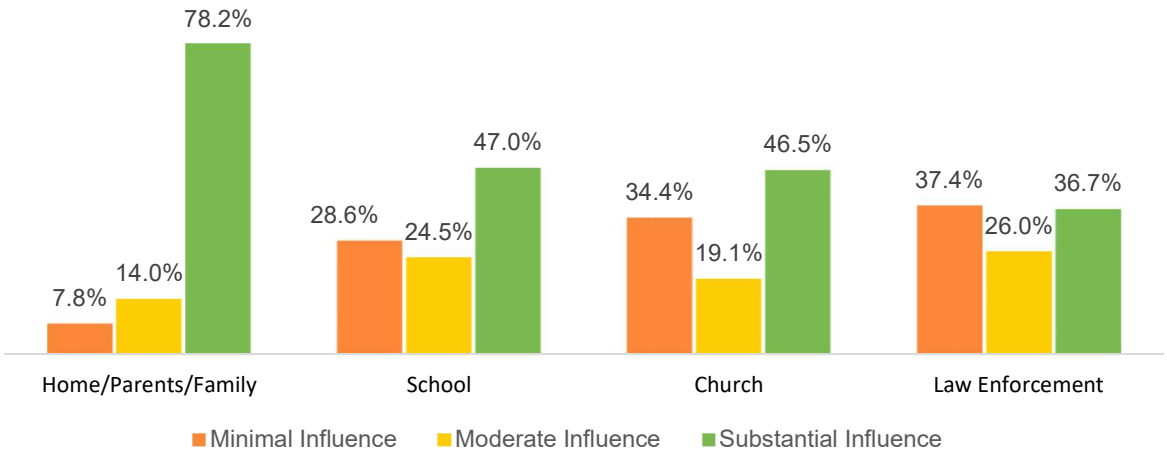
Fewer than five percent of participants (4.2%, *n*=26) indicated that their teen had been arrested for delinquent behavior. Of those with an arrest history, the majority (65.4%, *n*=17) also had a history of mental health issues (e.g., depression, anxiety, thoughts of suicide) or substance misuse (e.g., excessive use of alcohol, tobacco, any use of an illegal drug; 61.5%, *n*=16). Almost forty percent (38.5%, *n*=10) also had been a victim of crime (Figure 14).

Figure 14. Associated factors in juvenile arrests

Influential factors in reducing delinquent behavior in juveniles.

Using a scale of 0 (No influence) to 100 (A lot of influence), participants rated the level of influence four institutions (e.g., Home/Parents/Family, School, Church, and Law Enforcement) had in reducing delinquent behavior among juveniles. Scores of "0 to 39" reflect minimal influence, while "40 to 60" represent moderate influence, and "61 to 100" represent substantial influence. Over half of the participants (78.2%, *n*=481) indicated "home/parents/family" had substantial influence on reducing juvenile delinquency, while fewer than half indicated that school (47.0%, *n*=286) and church (46.5%, *n*=278) have substantial influence. Ratings of law enforcement influence was complex. Almost forty percent of participants indicated that law enforcement had minimal influence (37.4%, *n*=228), while over a third rated the influence as substantial (36.7%, *n*=219 (Figure 15).

Figure 15. Factors influential in reducing delinquent behavior in juveniles



ACCOUNTABILITY

This section examines parental moral and legal accountability for their teens' behavior and beliefs about parental involvement in teens' lives. Just over sixty percent of participants (61.2%, *n*=376) agreed that parents/guardians are **morally accountable** for their teen's behavior, including criminal behavior, while fewer than half agreed (41.6%, *n*=256) that parents/guardians should be **legally accountable**. Less than a fifth of participants responded that the degree of legal accountability (16.6%, *n*=102) or moral accountability (15.1%, *n*=93) would depend on various factors. Specifically, parent/guardian moral accountability depends upon the crime committed, age of the teen and the teen's friends, frequency of misbehavior, level of abuse in the home, parental intervention, or parental neglect within the household, and parental contributions to the misbehavior in terms of modeling criminal behavior. Several participants also noted that parent/guardian moral accountability may be reduced in cases where the teen is defiant, rebelling, uncontrollable, or has a "chemical imbalance."

Participants also suggested that parent/guardian legal accountability depends on the degree of parental knowledge about, coercion toward, or complicity in the criminal behavior; age of the teen, parental neglect or failure to provide financially for the teen, and parental contributions to the misbehavior in terms of modeling criminal behavior. Several participants believed that parents/guardians may have no control over their teen's behavior and placed legal accountability solely on the teen, particularly if the teen is older than 16 and able to drive or work outside the home.

The majority of participants (79.6%, *n*=489) reported that it is extremely important for them to spend time with their teens and to know their teen's location at all times (77.4%, *n*=476). Approximately half of the participants also noted that it is extremely important to have input into their teen's activities (55.0%, *n*=338) and choice of friends (49.0%, *n*=302).

Parents responsible for their child's behavior.

Over half of the participants (61.2%, *n*=376) agreed that parents and guardians should be morally responsible for their children's behavior, including criminal behavior. However, only 41.6% (*n*=256) agreed that they should be held legally responsibility for their children's behavior, and approximately 1/6th of those surveyed stated "it depends" (Figure 16).

Figure 16. Are parents/guardians morally or legally accountable for teen's behavior?

Participants explained that acceptance of moral responsibility depends upon proof of the child's involvement in the crime, age of the child at the time of the crime (i.e.,, under age 16) and type of crime committed, whether the child came from an intact or broken home, how the parent/guardian raised the child, whether there has been abuse in the home; and, if the parent condones, approves, or encourages the delinquent behavior. In many cases, the participant noted that teens make their own choices, are defiant, and may not be responsive to discipline.

Acceptance of legal responsibility for a child's criminal behavior depends on parent/guardian's level of complicity for the crime – including knowledge of the child's behavior, history of similar past behavior, whether the parent attempts to cover up the situation, and whether the parent is participating in the criminal behavior. Several participants also questioned whether the parent/guardian could have prevented the crime or were "negligent" in allowing it to happen. Participants agreed with parents/guardians accepting financial responsibility, but noted that the child should pay the consequences if they are age 16 or older.

Using a scale of 0 (No influence) to 100 (A lot of influence), participants rated the amount of influence their teen's friends have on their teen. The results (M=62.7, *SD*=23.9) suggest that parents perceive friends to have an above-average degree of influence on their teen's behavior.

Importance of involvement in teen's life.

Participants were asked to rate the importance of involvement in their teen's lives, including knowing their teen's location at all times, having input into their teen's choice of friends, having input into their teen's activities, and spending time with their teens (Table 5). Given their beliefs about friend influence, it logically followed that participants rated it as extremely important to spend time with their teen (79.6%, *n*=489) and know their teen's location at all times (77.4%, *n*=476). Participants also indicated that it was "very" to "extremely important" to: 1) have input into their teen's choice of friends (34.7%, *n*=214; 49.0%, *n*=302, respectively); and, 2) have input into their teen's activities (37.2%, *n*=229; 55.0%, *n*=338, respectively).

Table 5. How important is it for you to...

	Know Teen's Location at All Times	Input into Teen's Activities	Input into Choice of Teen's Friends	Spend Time with Teen
Extremely important	**77.4%**	**55.0%**	**49.0%**	**79.6%**
Very important	18.7%	37.2%	34.7%	16.8%
Moderately important	3.7%	6.8%	14.0%	3.3%
Slightly important	.2%	.8%	1.8%	.2%
Not at all important		.2%	.5%	.2%

RELIGION

In this section, we examine participant beliefs and behaviors in the area of religion. Over half of participants 58.0% (*n*=357) described themselves as belonging to a religion or religious denomination. Participant religious preferences included Protestantism (36.9%, *n*=227), Roman Catholicism (17.0%, *n*=105), other Christian-based religious denominations (1.6%, *n*=10), Judaism (1.5%, *n*=9), Buddhism (0.2%, *n*=1), and Hinduism (0.2%, *n* =1). Of the remaining, 10.4% (*n*=64) described themselves using a variety of Christian-based denominations, but did not identify with the options provided, a few described themselves as "Hebrew" or "Pagan," and 30.5% (*n*=188) indicated that they do not identify with a religion or religious denomination.

Of specific importance is a comparison of participant and teens' attendance in religious services, the importance of religion to the parent/guardian, and parental perceptions regarding their teen's perceptions about religion. Over a third of participants (36.7%, *n*=157) indicated that they attend religious services at least once a week, while approximately one-fifth attend once or twice a month (21.3%, *n*=91) or during specific times of the year important to their religion (20.3%, *n*=87). Just over ten percent indicated that they attend multiple times per week (13.6%, *n*=58), while just under ten percent do not attend religious services (8.2%, *n*=35).

Attendance at religious services was lower for teens than for parents/guardians across all but two categories. A slightly higher percentage of teens attend religious services during specific times of the year (21.1%, *n*=130). The greatest difference was noted in the percent who never attend (22.9%, *n*=141), with over one-fifth of teens not attending services compared with less than ten

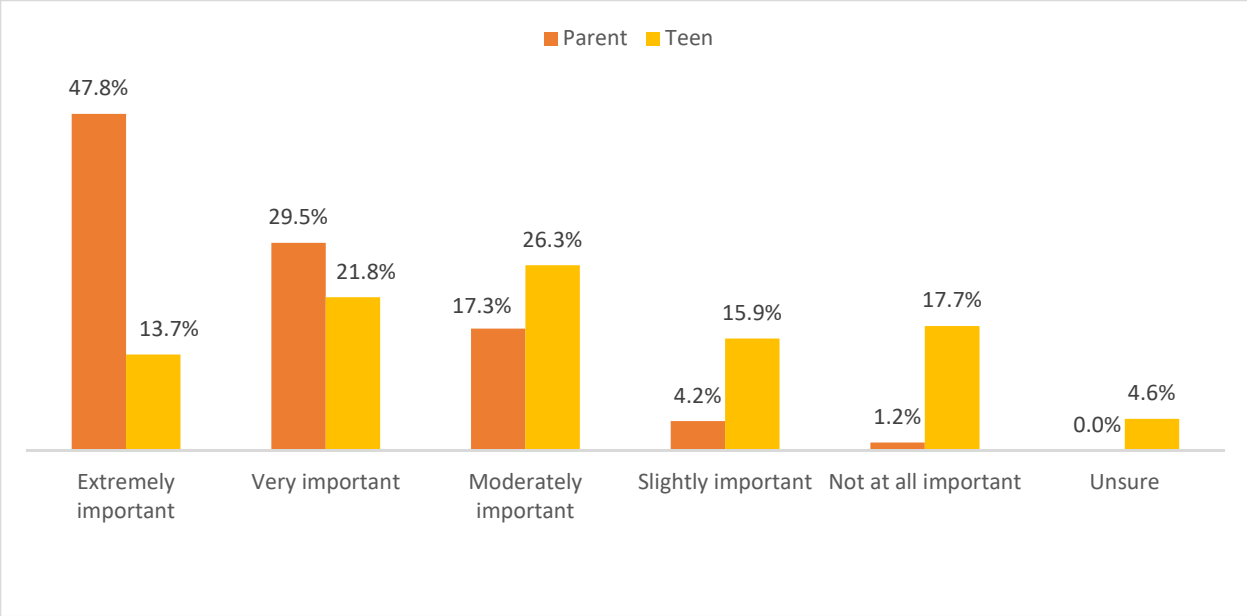
percent of adults. In addition, over one-third of participants indicated that their teen never attends activities other than regular services at their place of worship (36.4%, *n*=224).

Almost half of the participants indicated that religion is “extremely important” to them (47.8%, *n*=204). However, few of the respondents believed religion to be “extremely important” to their teen (13.7%, *n*=84). Instead, approximately one-fifth believed that religion is “very important” (21.8%, *n*=134) and just over one-quarter indicated that religion is “moderately important” (26.3%, *n*=162) to their teen.

Importance of religion.

Of those who responded, over three-quarters indicated that religion is extremely or very important (47.8%, *n*=204; 29.5%, *n*=126, respectively). Just under one hundred participants rated religion as moderately or slightly important (17.3%, *n*=74; 4.2%, *n*=18, respectively), and another 1.2% (*n*=5) indicated it is not at all important. The remaining 189 participants did not respond to the question. (Figure 17).

Figure 17. Rate the important of religion to you and to your teen



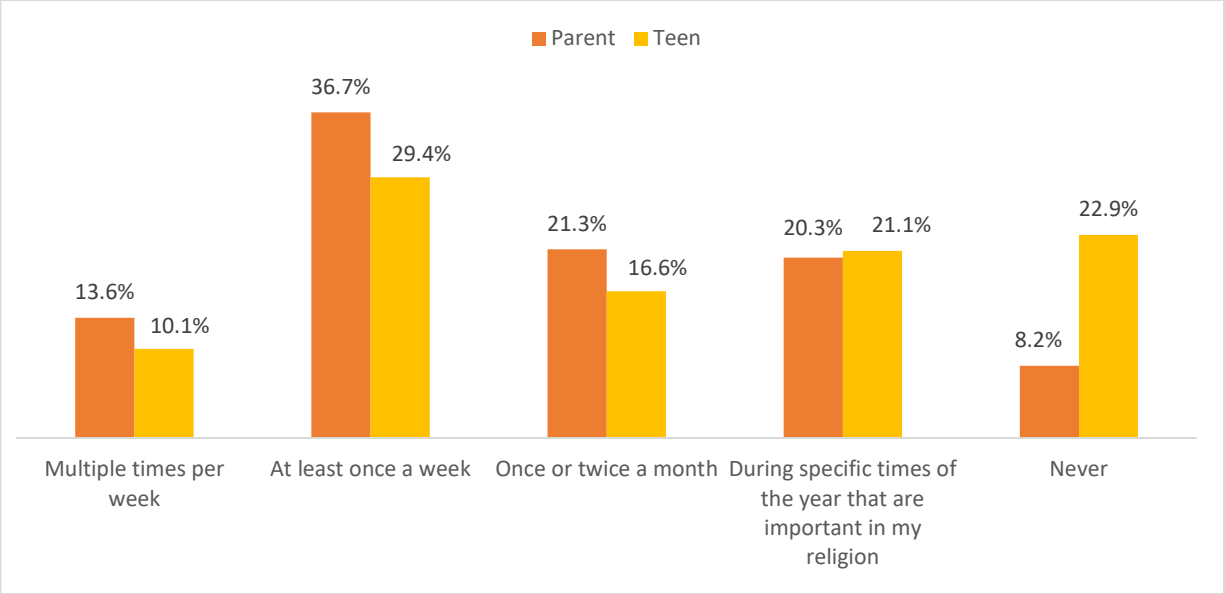
Parents versus teen’s view about the importance of religion.

Participants reported that their teens’ views about the importance of religion did not match theirs. While almost half of the participants rated religion as extremely important, only 13.7% (*n*=84) believed it to be likewise for their teen. Participants surmised that larger numbers of teens believed religion to be very important (21.8%, *n*=134), moderately important (26.3%, *n*=162), slightly important (15.9%, *n*=98), or not at all important (17.7%, *n*=109). Finally, 4.6% (*n*=28) of participants were unsure about their teens’ views on religion.

Attendance at religious services.

Over one-third of participants (36.7%, *n*=157) stated that they attend religious services at least once a week, with 13.6% (*n*=58) attending multiple times per week. Of the remaining, 21.3% (*n*=91) attend once or twice a month and another 20.3% (*n*=84) attend during specific times of the year that are important in their religion. Fewer than ten percent (8.2%, *n*=35) of the respondents do not attend religious services and 188 did not answer the question (Figure 18).

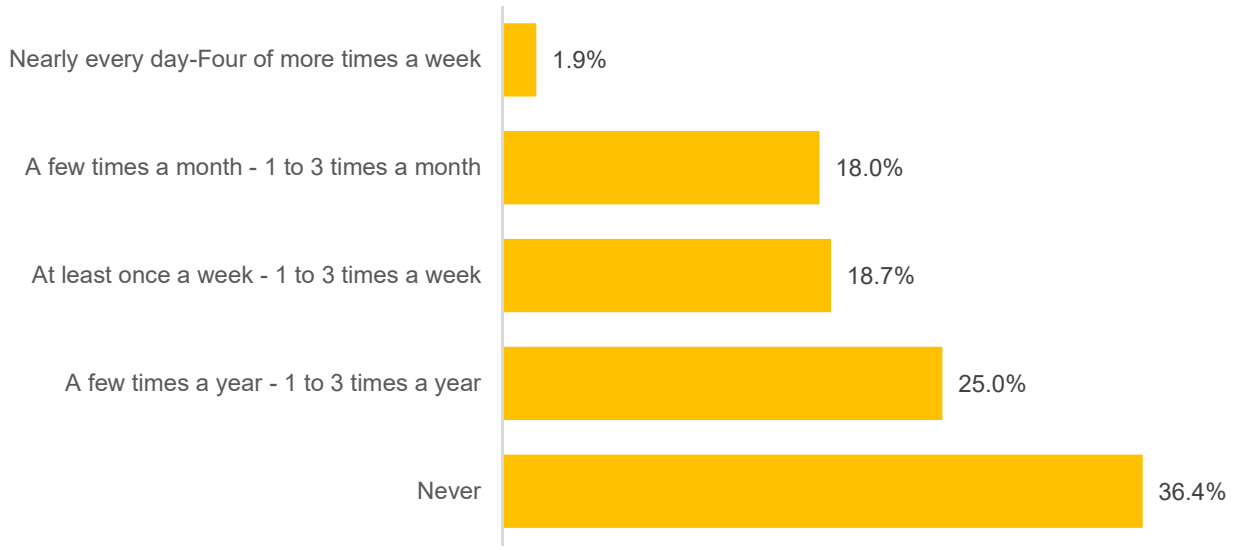
Figure 18. Frequency of attendance to religious service



Unlike the disparity between parent and teen perceptions about the importance of religion, participants' perception of teens' attendance at religious services more closely matched their own. Approximately half reported that teens attend services once a week or during religiously important times of the year (29.4%, *n*=181; 21.1%, *n*=130, respectively). However, many more teens than participants do not attend religious services at all (22.9%, *n*=141 vs. 8.2%, *n=35*).

Participants also noted that the majority of teens (61.4%, n=378) rarely participate in additional church-related activities (25.0% - A few times a year; 36.4% - Never; Figure 19).

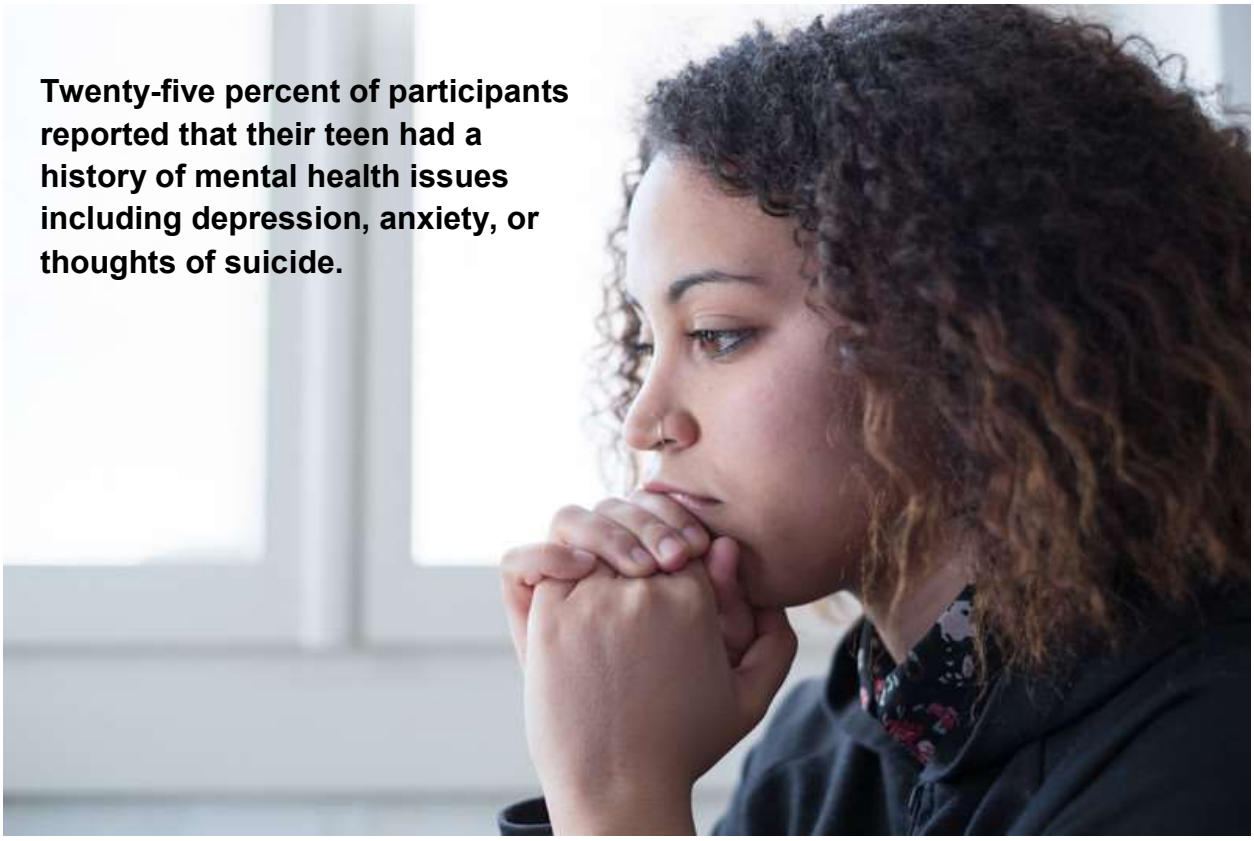
Figure 19. Besides regular services, how often does your teen participate in other activities at your place of worship?



Although the relationship is small, analysis concurs with previous literature that as religion becomes more important to teens, the likelihood of arrest declines ($\beta = -.024$, $p = 0.01$). However, there does not appear to be a relationship between the parents' self-rating of religion's importance and their teen's likelihood of arrest, nor is there a relationship between attendance in religious activity and arrest[1].

[1] Note that these values are very low as only 26 (0.4%) of the participants indicated that their teen had been arrested.

BEHAVIORAL HEALTH



Although mental health and substance use history were generally low among participants, cross-tabulation analysis of teens with an arrest history revealed a different picture. Of these, over half had a history of mental health issues or substance abuse, and over one-third had been victims of crime.

Given that juvenile delinquency was higher among those with behavioral health and victimization issues, participants were asked about the availability and accessibility of mental health and substance abuse treatment programs and services. Participant responses suggested a high degree of uncertainty about the availability of these services. Of those responding to questions about mental health treatment availability, over half indicated services were available either in the community, teen's school, or county; while just over one-third were unsure. In addition, over one-third stated that the available services did not meet current or emergent needs/demand and just over one-quarter were unsure. Distance to services did not appear to be an issue with the majority indicating that services were available within one hour of the participant's home.

Fewer than half of participants reported that substance abuse treatment services were available in their community, the teen's school, or county; with a larger percent of participants unsure about program/service availability. Just over one-quarter indicated that the services were insufficient to meet current/emergent needs/demands or were unsure. As with mental health services, distance to treatment programs/services did not appear to be an issue. The majority described services as available within one hour of the participant's home.

History of mental health issues.

One-quarter of the participants (25.0%, *n*=154) indicated their teen had a history of mental health issues (e.g., depression, anxiety, or thoughts of suicide, etc.). Fewer (4.9%, *n*=30) had a history of substance abuse and 10.1% (*n*=62) of the teens had been victims of crime (Figure 20). Cross-tabulation analysis revealed that 48.4% (*n*=30) of teen victims had mental health issues and 17.7% (*n*=11) had history of substance abuse.

Availability of mental health services.

Just under forty percent (39.1%, *n*=241) of participants indicated that mental health treatment services were available within their community or at their teen's school. However, of these 36.0% (*n*=86) of the participants reported that the services available were insufficient for teens to receive help quickly (see Table 6). Another 26.6% (*n*=165) stated that treatment services were not available at all (8.8%, *n*=54), or available in the county, but not locally (18.0%, *n*=111).

Table 6. Mental Health Treatment Services for Teens

Mental Health Treatment Services Available	**Frequency**	**Percent**
Yes	241	39.1
No, this service is not available in my community or my teen's school, but it is available in my county	111	18.0
No	54	8.8
Unsure	210	34.1
Is availability sufficient to meet emergent needs?		
Yes	89	37.2
No	86	36.0
Unsure	64	26.8
Distance to Mental Health Treatment		
Less than 30 minutes from my house	209	59.4
More than 30 minutes, but less than an hour	99	28.1
An hour from my house	18	5.1
More than an hour from my house	4	1.1
Unsure	22	6.3

In general, participants reported that distance to mental health treatment varied from less than 30 minutes from the participant's home (59.4%, *n* =209) to more than one hour's drive (1.1%, *n*=4). Of those who indicated that their teen had mental health issues and responded to the question regarding accessibility, almost two-thirds (62.5%, *n*=65) stated that treatment was accessible within 30 minutes of their residence. Just under one-third (28.8%, *n*=30) indicated treatment was accessible within one hour of their residence and 6.8% (*n*=7) reported that accessibility was one hour or more from their residence. Two participants (1.9%) were unsure about accessibility to treatment counselling.

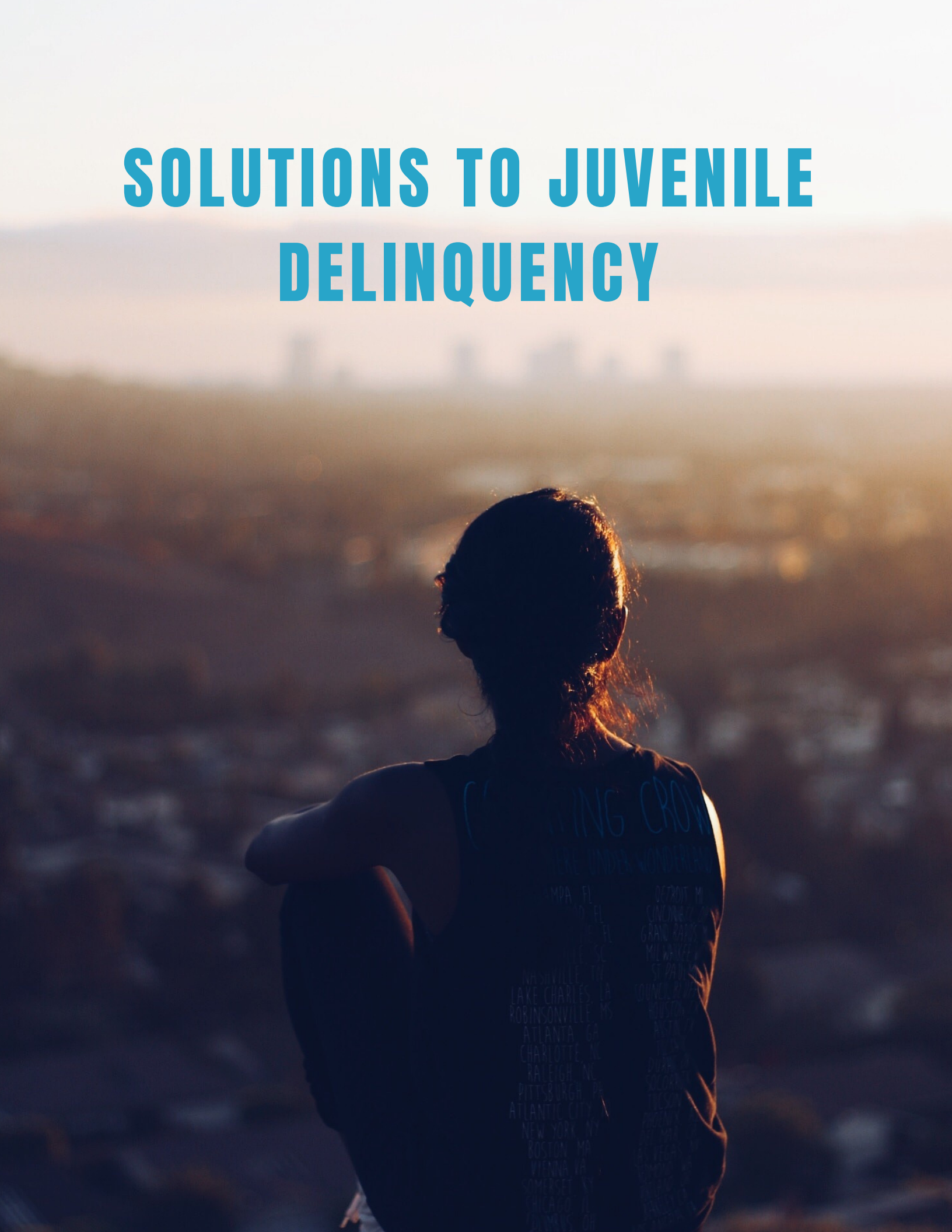
Substance Abuse issues.

Fewer participants described substance use disorder treatment availability within their community, at their teen's school (29.7%, *n*=183), or within their county (11.9%, *n*=73, see Table 7). In general, approximately half (47.0%, *n*=86) reported that the treatment available was sufficient to meet current or emergent needs and accessible within 30 minutes of their residence (55.6%, *n*=165). Of the participants who indicated that their teen had a substance abuse issue and who responded to the accessibility question, 22 (83.3%) also responded to the question regarding distance to treatment. Over half of these (54.5%, *n*=12) described treatment as available within 30 minutes of their residence, 27.3% (*n*=6) reported accessibility within an hour of their residence, one (4.5%) indicated that accessibility was over one hour, and one (4.5%) was unsure.

Table 7. Substance Use Disorder Treatment Services for Teens

Substance Abuse Treatment	**Frequency**	**Percent**
Yes	183	29.7
No, this service is not available in my community or my teen's school, but it is available in my county	73	11.9
No	114	18.5
Unsure	246	39.9
Is availability sufficient to meet emergent needs?		
Yes	86	47.0
No	50	27.3
Unsure	47	25.7
Distance to Substance Abuse Treatment		
Less than 30 minutes from my house	165	55.6
More than 30 minutes, but less than an hour	74	24.9
An hour from my house	24	8.1
More than an hour from my house	11	3.7
Unsure	23	7.7

SOLUTIONS TO JUVENILE DELINQUENCY



The majority of participants agreed that community and school-related programs and services reduce juvenile crime. Support for specific services/programs ranged from almost seventy percent for mental health and alcohol and drug counseling services to over eighty percent for summer and recreational/sports programs. The majority of participants indicated that recreational/sports programs were available for teens in their community, school or county. However, fewer participants knew whether the following programs were available:

- Afterschool programs;
- Summer programs;
- In-school educational prevention programs;
- Programs for at-risk youth; and
- Effective parenting programs.

Between one-quarter to one-third of participants were unsure about the availability of programs specifically for at-risk youth, in-school educational programs, or effective parenting programs.

……

Even though the majority of participants indicated that the presented programming/services could reduce juvenile delinquency (see Table 8), several programs were not available within the community or school. Only 26.9% (*n*=164) of the participants noted that effective parenting programs were available in their community and/or school. An additional 17.9% (*n*=109) noted that parenting programs were available within the county, but a much larger percentage (36.6%, *n*=223) were unsure.

Table 8. Do you believe that the following community or school-related service or programs reduce juvenile delinquency?

	Yes		**No**		**Unsure**	
	Freq	%	Freq	%	Freq	%
Mental Health Counseling Services	422	68.6	81	12.2	112	18.2
Alcohol & Drug Abuse Counseling Services	439	71.3	80	13.0	97	15.7
In School Educational Programs (e.g., Classes about bullying, cyberbullying, appropriate internet use, drug use, etc.)	445	72.4	95	15.4	75	12.2
Effective Parenting Programs	494	80.5	52	8.5	68	11.1
Afterschool Programs (at school)	524	81.5	48	7.8	44	7.1
Programs Specifically for At-Risk Youth (e.g., Boys & Girls Club)	509	82.8	48	7.8	58	9.4
Summer Programs	528	85.5	47	7.8	41	6.8
Recreational/Sports Programs	563	91.4	29	4.7	24	3.9

This same pattern followed for programs directed toward at-risk youth, and in-school educational programs (see Table 9). Over one half of the participants indicated that summer programs and

afterschool programs (at school) were available in the community, school, and/or county. The largest number of participants noted that recreational/sports programs were available locally (80.4%, *n*=492) and within the county (8.2%, *n*=50).

Table 9. Are the following services/programs available to teens in your community or in their school?

	Yes		**No, but it is available in my county**		**No**		**Unsure**	
	Freq	%	Freq	%	Freq	%	Freq	%
Effective Parenting Programs	164	26.9	109	17.9	114	18.7	223	36.6
Programs Specifically for At-Risk Youth (e.g., Boys & Girls Club)	268	43.6	122	19.9	78	12.7	146	23.8
In School Educational Programs (e.g., Classes about bullying, cyberbullying, appropriate internet use, drug use, etc.)	309	50.8	72	11.8	76	12.5	151	24.8
Summer Programs	367	60.8	77	12.7	60	9.9	100	16.6
Afterschool Programs (at school)	386	63.5	72	11.8	62	10.2	88	14.5
Recreational/Sports Programs	492	80.4	50	8.2	30	4.9	40	6.5

RECOMMENDATIONS

This survey provides a comprehensive snapshot into the minds of Texas parents/guardians with a teen living in their home in 2017. From their responses, the researchers offer recommendations in three core areas:

1. Behavioral Health Services and increasing awareness about community resources for teens
2. Understanding Legal Accountability
3. Raising Perceptions about Teens

Behavioral Health: Mental Health and Substance Use Disorder (SUD) Treatment.

Arrests for juvenile delinquency overall were low among the population surveyed. However, among those with an arrest record, a substantial number of teens as reported by their parent/guardian had histories of mental health issues, substance abuse, or had been a victim of crime. In addition, participants who perceived an increase in crime over the year prior to the survey listed rising drug use/abuse and use-related disorders as causal factors for the increase of crime. While we cannot ascertain from this survey which issue occurred first (i.e., chicken or the egg - juvenile delinquency or a behavioral health issue), research does support a correlation between these issues and suggests that early prevention, intervention, and treatment are protective factors in the reduction of juvenile delinquency (OJJDP, 2017).

Over one-third of the participants indicated that mental health treatment services were not available to meet the current and emergent needs of teens within their community or were unsure about the availability of mental health services at all. Likewise, over one-quarter of the participants indicated that substance abuse treatment is not available to meet current/emergent needs of Texas teens and almost forty percent were unsure about treatment availability. Based on these outcomes, researchers suggest that an evaluation of behavioral health services across Texas is in order, followed by implementation of measures to increase prevention, intervention and treatment services, particularly within rural communities. Since 2016, the Texas Juvenile Crime Prevention Center (TJCPC) has been developing and implementing a substance use prevention program (*Substance Use, Misuse, & Use Disorders)* to increase knowledge about substance use among Texas adults who work with teens. To date, the program consisting of eleven (11), two-hour workshops, has reached over 1,200 Texas adults. In addition, the TJCPC is in the planning stage to develop and implement an undergraduate addiction certification program designed to increase the number of substance abuse treatment counselors in Texas. Future endeavors will include providing mental health first aid and trauma training to adults working with juveniles. Funding is paramount for programs such as these with expansion into the area of adolescent mental health and trauma services.

A second recommendation follows from our findings about participant lack of awareness about adolescent prevention programs, treatment service availability, and community resources. Parents/guardians who are aware of the programs available and the benefits of such programs may be more likely to utilize services. For example, since 2011, the TJCPC has offered an *Effective Parent & Child Engagement* training program to empower parents to become meaningfully engaged in the lives of their children. This eight (8) hour program includes training

in communication, effective parenting and advocacy, and parental involvement to reduce teen academic disengagement. Raising public awareness and outreach about specific behavioral health prevention programs such as those offered through TCJPC, county-level treatment services, and community resources, may increase parental/guardian self-efficacy and engagement in their children's lives with the goal of reducing juvenile delinquency.

Understanding Legal Accountability.

From forty to sixty percent of participants did not believe that parents/guardians should be held accountable for the criminal behavior of their teens. Specifically, fewer participants indicated that parents/guardians should be held legally accountable than morally accountable for their children's behavior, including criminal behavior. In addition, several indicated that the level of accountability depends upon many external factors such as whether the parent is aware of or complicit in the behavior, and if there is abuse or neglect in the home.

Parents/guardians appear to need education on the level and extent of their responsibility/accountability for acts of their minor children. Our recommendation is for the TJCPC to provide relevant workshops in this area.

Raising Positive Perceptions about Teens.

Finally, it was disconcerting to see that participant descriptions of teens within their communities were 1.5 times more likely to be negative than positive. Such negative perceptions may influence adult behavior toward adolescents, influence adolescents' self-perception and self-efficacy, and impact how participants vote on monies to increase community resources. Ironically, fewer than five percent of participants surveyed stated that their child had ever been arrested and the majority reported no behavioral health issues with their teens.

Our recommendation for this issue is a concerted, statewide public social media campaign to raise awareness about the positive characteristics of Texas teens. Such media and intergenerational campaigns would raise awareness about our wonderful adolescent/young adult population and how much they have to offer our communities. As an example, Prairie View A&M University college students and the Texas Juvenile Crime Prevention Center recently developed a *YouTube* public service announcement to educate Texas teens and young adults about how to effectively respond to police encounters using the "*Calm, Comply, and Complain*" process.

REFERENCES

Abbott-Chapman, J., & Denholm, C. (2001). Adolescents' risk activities, risk hierarchies and the influence of religiosity. *Journal of Youth Studies*, *4*(3), 279-297.

Sinha, J. W., Cnaan, R. A., & Gelles, R. J. (2007). Adolescent risk behaviors and religion: Findings from a national study. *Journal of Adolescence, 30*, 231-249.

Smyrl, V. E. (2010). Regional councils. *Texas State Historical Association.* Retrieved from https://tshaonline.org/handbook/online/articles/mwrfg

Texas Association of Regional Councils (TARC). (n.d.). *Regions.* Retrieved from https://www.txregionalcouncil.org/display.php?page=regions_map.php

APPENDIX A

List of Counties represented in the sample

County	Number of Respondents	Percent
Angelina	2	.3
Aransas	1	.2
Archer	1	.2
Atascosa	2	.3
Austin	3	.5
Bastrop	2	.3
Bell	19	3.1
Bexar	55	8.9
Bowie	3	.5
Brazoria	4	.6
Brazos	3	.5
Brown	1	.2
Burnet	2	.3
Caldwell	2	.3
Cameron	12	1.9
Collin	20	3.2
Comal	3	.5
Comanche	1	.2
Coryell	6	1.0
Dallas	31	5.0
Denton	15	2.4
Eastland	1	.2
Ector	2	.3
Edinburg	1	.2
El Paso	20	3.2
Ellis	2	.3
Falls	2	.3
Fannin	2	.3
Fayette	2	.3
Fisher	1	.2
Fort Bend	16	2.6
Freestone	2	.3
Galveston	11	1.8
Garza	1	.2
Goliad	1	.2
Gray	1	.2
Grayson	6	1.0
Gregg	3	.5
Grimes	1	.2
Groves	1	.2
Guadalupe	5	.8
Hale	1	.2
Hamilton	1	.2
Hardin	2	.3
Harris	71	11.5
Harrison	3	.5
Hays	4	.6
Hidalgo	13	2.1
Hood	1	.2
Hopkins	1	.2
Houston	3	.5
Hutchinson	1	.2
Irving	1	.2
Jack	2	.3
Jasper	1	.2
Jefferson	10	1.6
Johnson	7	1.1
Jones	1	.2
Kaufman	4	.6
Kerr	1	.2
Kimble	1	.2
Kleberg	2	.3
Lake Jackson	1	.2
Lamb	1	.2
Live Oak	1	.2
Lubbock	8	1.3
Madison	1	.2
Marion	1	.2
Matagorda	1	.2
McLennan	5	.8
Medina	2	.3
Mesquite	1	.2
Midland	3	.5
Milam	3	.5

Montague	1	.2
Montgomery	18	2.9
Nacogdoches	3	.5
Navarro	1	.2
Nolan	1	.2
Nueces	8	1.3
Odessa	1	.2
Orange	3	.5
Parker	2	.3
Pecos	2	.3
Polk	1	.2
Potter	4	.6
Rains	1	.2
Randall	3	.5
Robertson	1	.2
Rockwall	4	.6
Rusk	2	.3
San Jacinto	1	.2
San Patricio	3	.5
Schleicher	1	.2
Smith	12	1.9
Swisher	1	.2
Tarrant	35	5.7
Taylor	7	1.1

Titus	2	.3
Tom Green	2	.3
Travis	14	2.3
Trinity	1	.2
Uvalde	1	.2
Van Zandt	3	.5
Victoria	3	.5
Walker	2	.3
Waller	1	.2
Webb	7	1.1
Wharton	1	.2
Wichita	8	1.3
Wilbarger	2	.3
Williamson	15	2.4
Wilson	1	.2
Wise	3	.5
Wood	2	.3
Young	2	.3
Zapata	1	.2
Zavala	1	.2

Texas Juvenile Crime Prevention Center
Prairie View A&M University
College of Juvenile Justice & Psychology
P.O. Box 519, Mail Stop 2600
Prairie View, Texas 77446
https://www.pvamu.edu/cojjp/texas-juvenile-crime-prevention-center/