Health Services and Juvenile Delinquency

By MARTHA M. ELIOT, M.D.

In the February 1953 issue of Public Health Reports (p. 186) Dr. Martha M. Eliot states that the Children's Bureau is devoting major attention to the serious problem of getting more effective treatment for juvenile delinquents.

Her paper in this issue touches upon the close relationship between child health and child welfare, and between health services and social services. In this same issue, beginning on p. 578, Dr. George E. Gardner discusses three typical cases of juvenile delinquency referred to a psychiatric clinic by a juvenile court.

The Children's Bureau has already enlisted the interest of a wide range of juvenile experts and national and community groups in its special juvenile delinquency conferences on juvenile courts, training schools, and training of personnel to work with delinquent children.

THE MANY WAYS in which the health services have contact with children and influence their behavior need no comment, but perhaps the importance of this relationship so far as reducing juvenile delinquency is concerned does need to be explored. I believe the health services have a major role to play in efforts to solve this problem. Through the usual maternal and child health services, and in other ways, they are in a position to make a significant contribution to programs aimed at preventing juvenile delinquency; through mental health programs for children, such as child guidance clinics, they may aid materially the work of courts and institutions offering treatment to children who have already become delinquent.

The necessity for such programs cannot be stressed too greatly. More than a million boys and girls were picked up by the police in 1951 because of delinquent behavior. About 350,000 youngsters were brought before juvenile courts. Between 1948 and 1951, the number of children coming before the juvenile courts that report to the Children's Bureau increased 17 percent (see fig. 1). However, the number of children in the United States in the principal age group affected (10 to 17) increased only 5 percent. During this period, then, the delinquency rate increased faster than the rate for the particular child population category.

Thus, even now hundreds of thousands of delinquent children require prompt and sound treatment if they are to be prevented from continuing in careers of delinquency and crime. Those who are coming to the attention of the police and the courts for the first time should have this treatment early. For most of these there would be more hope of satisfactory re-

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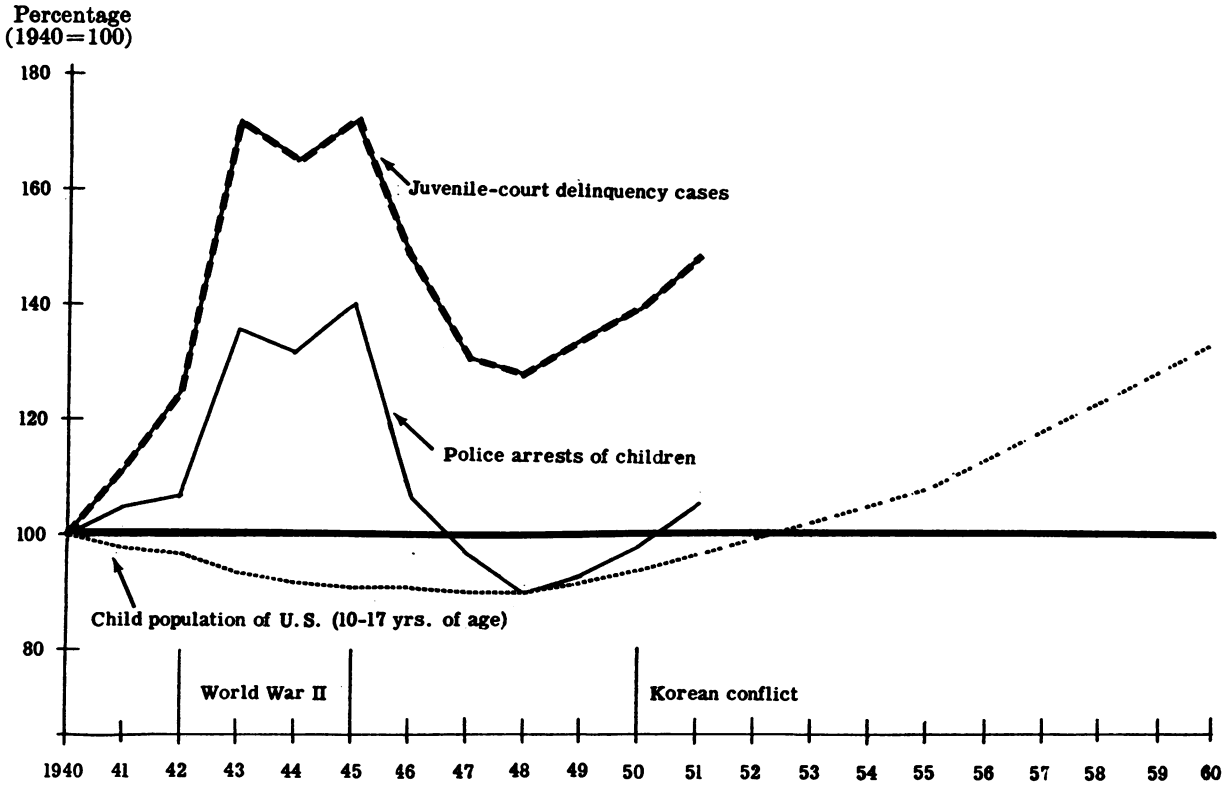
Prior to her appointment as chief of the Children's Bureau in September 1951, Dr. Martha M. Eliot was assistant director-general of the World Health Organization for 2 years. As assistant chief in 1934 and associate chief in 1941, Dr. Eliot headed the Children's Bureau health and medical services.

Figure 1. Juvenile deliquency is rising. Estimated child population (10–17 years) for 1951–60 projected by the Bureau of the Census.



habilitation if prompt help were available than for those who have repeatedly been before the courts.

At the same time, preparation for an additional load of cases must be made. During the next 7 or 8 years, it is expected that there will be a tremendous increase in the age group in which most delinquent children fall, that is, the 10- to 17-year old category. The Bureau of the Census estimates that by 1960 there will be approximately 42 percent more children in this age group than there were in 1951 (see fig. 2). In other words, for every 10 boys and girls who need our attention and care now, in a few years there may be 14 or more.

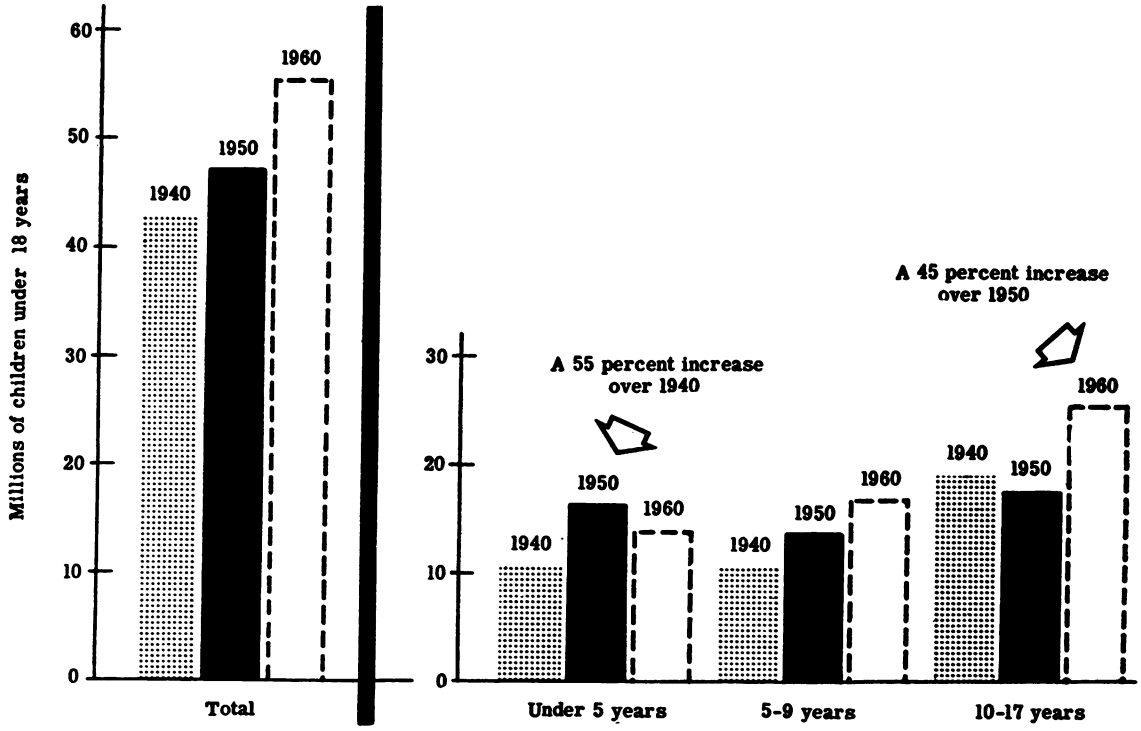
We must take every precaution we can to prevent these young people from becoming delinquent, but at the same time we must realistically face the probability that some of them will get into trouble and will need proper treatment.

Focus on Local Agencies

The current program of the Children's Bureau, therefore, is to encourage communities to do everything in their power to prevent further delinquency but not to fail to attend to the wants of those youngsters who have already become delinquent in the eyes of the law or who are on the verge of becoming so. The Bureau is recommending that communities and States strengthen certain agencies that are entrusted with the major responsibility for taking care of our young delinquents. These agencies are the police, the juvenile court, the detention home, and the training school. The Bureau is also urging that States and communities look to their administrative mechanisms that should provide focal points for coordination and integration of all the services these children need.

The experience of agencies that carry particular responsibility for treatment of delinquent children should give us sufficient warning that they need to be improved. More than one-third of the young people who come before our juvenile courts have been there previously. Even our better training schools are rarely able to claim success with more than 50 to 60 percent of the boys or girls they receive. And, of

Figure 2. The Nation now has more children than ever before—1 of every 3 persons in the United States is under 18. 1960 population estimates projected by the Bureau of the Census.



course, the most telling proof that our treatment programs for juvenile delinquents are not successful is the fact that the large majority of our present-day adult criminals started out as known juvenile delinquents.

The reasons for these failures are fairly evident. To give each delinquent young person the kind of treatment he may need is at best a difficult job. With the handicaps and lack of support they encounter, the agencies handling such youngsters for the most part can only make a rough attempt at treatment and rehabilitation.

Community Support

For example, more than half the counties in the United States offer no probation service for delinquent children. A juvenile court judge cannot do very much for a boy or girl if the court lacks a trained probation staff and competent community workers to supervise the children placed on probation and to help them adjust themselves.

In addition, each year thousands of young people are held in jail while the police or court make up their minds what to do with them. A large number of our jails are unfit for any sort of human occupation. The Federal Bureau of Prisons has been able to authorize use for adults of less than one-fourth the more than 3,000 city and county jails it has inspected. The effect of placing a frightened, insecure, and impressionable young boy or girl in a filthy cell among the casual population of some of our jails can well be imagined. Yet it happens every day. Communities are failing to provide proper facilities for those delinquent children who require temporary detention.

A catalog of failures and reasons for failure that would stretch on to great length could be compiled. But the point has been made: If community agencies are to be counted on for offering adequate treatment to young delinquents, they must be given adequate support. These agencies don't know all the answers, but they are often successful under most difficult circumstances. Given more and better trained personnel and proper physical equipment, they can do a far better job than they are presently doing. If they were given the opportunity to study methods and results, major improvements in treatment and results might be expected.

As to prevention of future delinquency, the challenge is a tremendous one. Needless to say, it involves every agency in the community.

The best way to prevent children from becoming delinquent would seem to be to make their home and community life attractive, and socially and emotionally satisfying to them. Most of the delinquent children known to our juvenile courts are from broken and economically insecure homes. Many are members of minority races that suffer economic and social restrictions and discrimination. Yet there are many also that come from well-to-do families which have been able to offer educational and other advantages to their children which families less well off economically may lack. Lack of parental understanding, of warm parent-child relationships, or of satisfactory living arrangements or group relationships in the community often seems to be at the root of the delinquent behavior of such children. With all these contributing factors, then, and with no single factor that can be isolated as the unique cause of delinquency, it is apparent that our programs of prevention must have many facets. In these, health agencies have an important role.

Any real attempt to prevent asocial or delinquent behavior must begin early, and must be based on thorough understanding of the phases of a child's emotional and social development and the factors in family and community life that affect it. Studies of large groups of known delinquent children by Drs. Sheldon and Eleanor Glueck have shown that although the majority of these children did not become officially known as delinquents until the period of adolescence, at least half of them had histories of delinquency extending back to their eighth year or earlier.

Influence of Health Worker

In this realm of prevention, public and voluntary health services can make great contributions, particularly through child health and mental health programs. Their influence here can be exerted early and through many channels. Some contacts will be direct with families; others, indirect, through joint community activities with other agencies and individual workers.

The direct contact for public health workers ordinarily occurs in maternity clinics, child health conferences, schools, community health centers, and in similar activities. Doctors, nurses, and other health specialists see practically all children and their parents, at one time or another, in private practice or in health clinics. They see them most frequently when the children are still in their formative years. Some of these meetings are admittedly brief. There may not be time to discover deep emotional problems that might be troubling a parent or a child. The public health nurse may have more opportunity and more time to learn from the mother when she visits in the home, or from the teacher in school. But, if child health services are well conducted, time will be found to make important contributions to the emotional, as well as the physical, well-being of a child. As Dr. Benjamin Spock pointed out for the fact-finding group on health services at the Midcentury White House Conference, even in fleeting contacts, doctors, nurses, nutritionists, and other specialists have real opportunities to help make parents feel proud and confident and eager to gain understanding of their child and to help make a child feel that someone is interested in him and understands him, that here is someone to whom he can turn for help if need be.

Indirectly health experts often influence a child's growth and development through the contacts they have with persons in the community other than the parents. For adolescent children this may be even more effective than working with the child's parents or even with the child himself. Often a teacher, a recreation leader, a social worker, a church worker, a club leader may have the most influence on such a child. A health expert with knowledge and understanding of a boy's or girl's problems in growing up and with skill in handling individual situations may be able to reach far more children by working with teachers, for example, than he could by contact with individual children.

Mental Health Clinic

Among the public and private health agencies well fitted to offer this kind of educational service is the child guidance clinic or community

mental health clinic. The basic staff of this kind of clinic usually consists of a psychiatrist, a psychologist, and a psychiatric social worker. These are people who could conduct discussion groups, give lectures, write simple material for distribution. But too few of our mental health clinics actually do offer this kind of preventive service to other community agencies; too few, indeed, are equipped to handle the demands for help with delinquent children. In fact, many communities—and even some entire States—have no such clinic even for the treatment of individual children. This is a serious lack in any community, but it is particularly serious when a juvenile court judge needs the help of a psychiatric diagnosis in planning treatment for a child.

Every effort should be made to increase the number of child guidance clinics so that their facilities may be available to all juvenile courts and institutions offering treatment to delinquent children. Community health workers can be influential in getting community action of this sort.

Community health workers can help with other problems that confront workers in the juvenile delinquency field. There are the mentally defective delinquent children who may be sent to training schools for delinquent boys and girls because the schools for care of mentally defective children are not equipped to meet their needs if they commit acts contrary to law. They should not be mixed up in training schools with delinquents whose mental development is normal. So, too, epileptic children should not be committed to training schools. The problems of young unmarried mothers whose babies are born while they are in training schools also demand close attention by health workers. Health officers may have powers to condemn detention facilities, even jails, when they are unsanitary firetraps.

Improved Housing

Another possible activity of health services that relates indirectly to the prevention of juvenile delinquency is the improvement of housing. Here is a place where health, welfare, education, and housing authorities and voluntary organizations can combine their activities and be of great influence. In many cities, the health department is in charge of housing inspection—to see that people are not living in unsafe or unsanitary quarters.

As a positive measure related to this work, some health departments and other interested groups encourage citizens to improve their own neighborhoods by their own efforts. Groups of citizens working together can go far in providing play and recreation space; cleaning up littered vacant lots; making gardens out of back-of-the-house eyesores; painting inside and out, and thereby creating new and better relations with their neighbors; and providing new opportunities for recreational activities for neighborhood groups or gangs of children. In some instances, of course, a neighborhood may be so run-down that nothing short of total reconstruction will suffice. But, however it is accomplished, a change for the good in the appearance of a neighborhood is usually a change for the good in the life of the children of that neighborhood.

Focus on Problem Families

At a recent meeting in New York of representatives of health agencies, Dr. Thomas Dublin, executive director of the National Health Council, pointed out that health problems and social adjustment problems occur quite commonly in combination. Dr. Dublin referred particularly to the findings of the St. Paul, Minn., study made in November 1948 by Community Research Associates—it is published as "Community Planning for Human Services." The study found that a group of less than 7 percent of the city's total number of families was absorbing 46 percent of the community's health services and 55 percent of the community's adjustment services offered by correctional, mental hygiene, and case-work agencies. The results of other studies lend substance to this finding.

These groups of "problem families" in our communities offer a focal point for work not only of the health agencies but also of all our social welfare, educational, and law enforcement agencies. Why these families have such knotty problems and why they continue to have them even after great amounts of money and

energy have been expended in their behalf are questions that have baffled students of our social and economic life. Contributions to our knowledge of causes of family breakdown will, we hope, bring to light factors in the causation of juvenile delinquency. Prolonged and multiprofessional types of social research, both basic and applied, must go forward to help us sort out the more significant factors from the less, and allow us to understand the influence of social and cultural as well as of economic factors that apparently play such important roles in the warping of the lives of many children and young people.

In Departmental Periodicals . . .

OCCUPATIONAL HEALTH

Health Hazards and Health Examinations

Are shoe-fitting fluoroscopes a health hazard? The May 1953 issue of ***Occupational Health*** quotes excerpts from a report on radiation exposure in New York State shoe stores. Sample findings and conclusions are: Shoe-fitting fluoroscopes were used only in stores selling children's shoes. . . . The growing child is known to be unusually susceptible to radiation effects. . . . Technical evaluation of the design, maintenance, shielding, and operation of the equipment revealed wide variations in exposure to radiation from different machines—even in machines made by a single manufacturer. . . . Education of the parent and the shoe clerk is essential. . . . The major hurdle is to keep shoe stores under proper surveillance so as to provide adequate protection for the shoe clerks and customers.

The industrial use of X-ray, fluoroscopy, and radioactive isotopes is no longer uncommon. Dr. Mitchell R. Zavon, in listing current industrial uses of radiation, suggests that the industrial physician consider the sources of hazard to which the worker may be exposed, one of which, ionizing radiation, "has become an increasing hazard not because of decreased regard for the possible danger involved but rather because of the increase in potential exposure."

The Industrial Nurse

The first nurse was employed in industry 50 years ago. Today, there are 14,000, but most have been in industry only a year. Many industrial nurses are excluded from active participation in industrial safety programs, contends Myrtle Montgomery who also asks: How can the industrial nurse recognize the medical importance of the complaints she treats when so often she is caught in the emergency demands of the first-aid room? The average industry assumes she is qualified to aid in preventing diseases and injuries, to aid in keeping employees well, and to educate them in good health, safety, and hygiene. Also, management sometimes places her in a position of unwittingly practicing medicine by expecting her to reduce medical case frequency costs in the absence of supervising physicians.

Occupational Health is issued monthly by the Division of Occupational Health, Public Health Service. $1 a year ($1.25 foreign mailing), 10¢ a copy, from the Superintendent of Documents, Washington 25, D. C.
