



Briefing Report
Analysis of Serious, Violent, & Chronic
Delinquency in Florida
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Issue:

In keeping with the *Roadmap to System Excellence* and juvenile justice reform, the Department has examined the prevalence of serious, violent, **and** chronic (SVC) offenders in the population of youth that receive a delinquency referral each fiscal year.

Methodology:

To determine whether a given youth was classified as an SVC offender, Research and Planning examined the total number of youth that received a delinquency referral within the last five fiscal years (2007-08, 2008-09, 2009-10, 2010-11 and 2011-12). The referral must have resulted in diversion, adjudication withheld, adjudication, or deferred prosecution or referral to adult court. Data were taken from the most recent Positive Achievement Change Tool (PACT) risk assessment administered to each juvenile in a given fiscal year (therefore each youth was counted one time in any given fiscal year). The PACT captures criminal history elements for each youth. These elements were used to construct the SVC categories as follows: A serious offender was defined as any youth with a history of a felony referral (not necessarily the presenting offense in a given fiscal year, but any history of felony referral). A violent offender was defined as any youth with a history of a felony against-person referral, or a referral for which the most serious offense was a firearm/weapon charge (again, not necessarily the presenting offense in a given fiscal year, but any history of). A chronic offender is defined as a youth with a history of at least four prior referrals (either misdemeanor or felony, not necessarily in a given fiscal year, but any history of). A serious, violent, chronic (SVC) offender was defined as a youth who was defined as serious, violent, **and** chronic. The age at which the youth was referred to juvenile court for the first time on a non-traffic misdemeanor or felony was also taken from the PACT to examine the age at first referral differences between the SVC categories of youth.

Results:

The resulting analysis determined the percent of Department referrals of serious, violent, chronic, and SVC youth averaged over the five fiscal years examined and for each fiscal year individually. On average, 54.7% of the youth referred in a given fiscal year are serious, 29% violent, 15.4% chronic, and 8.9% are SVC (serious, violent, **and** chronic). Furthermore, on average, 43.5% of the youth are not serious, not violent, or not chronic (none of the three categories) in a given fiscal year (see SVC Venn diagram for visual representation, and Table 1 for SVC by Fiscal Year).

SVC Venn Diagram

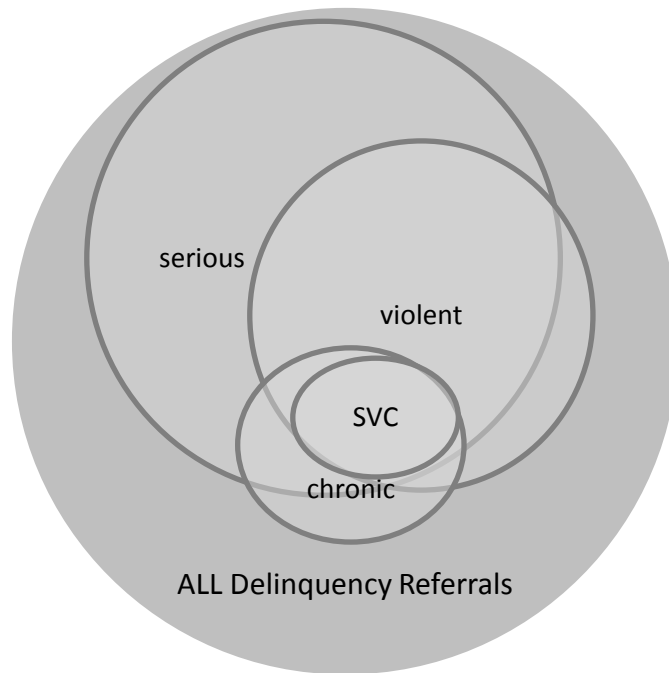


TABLE 1.

SVC by Fiscal Year					
	Serious	Violent	Chronic	SVC	Not S, V, or C
FY 2007-08	56.5%	30.2%	15.3%	9.2%	41.8%
FY 2008-09	55.7%	29.4%	15.3%	9.0%	42.5%
FY 2009-10	52.1%	29.0%	15.1%	8.9%	45.8%
FY 2010-11	54.1%	28.2%	15.5%	8.7%	44.1%
FY 2011-12	54.6%	27.9%	15.6%	8.7%	43.6%
Total	54.7%	29.0%	15.4%	8.9%	43.5%

Note: SVC= Serious, Violent, and Chronic; Not S, V, or C= youth was not Serious, not Violent, and not Chronic.

The age at first offense was twelve years old or younger for 22.4% of the entire sample, yet was twelve or under for 53.9% of the SVC youth, and only 19.4% of the youth who were not SVC. The five year trend indicates the proportion of youth referred in a given fiscal year who were twelve years old or younger at the age of their first referral has been declining each year (see Table 2 for SVC by Age at First Referral). This pattern is true overall and for SVC youth offenders. However, the vast disparity

of SVC youth who were twelve or under at the age of their first offense is cause for concern and indicates SVC youth disproportionately have an earlier age of onset than non-SVC youth.

TABLE 2.

SVC by Age at First Referral		
	Not SVC	SVC
	12 & Under	12 & Under
FY 2007-08	20.2%	56.0%
FY 2008-09	19.6%	55.0%
FY 2009-10	19.2%	53.5%
FY 2010-11	18.8%	52.2%
FY 2011-12	18.6%	51.4%
Total	19.4%	53.9%

Note: Not SVC= youth was not Serious, Violent, and Chronic, but may have been 1 or 2 of those categories; SVC= Serious, Violent, and Chronic.

The Fiscal Year 2011-2012 sample was used to examine the SVC classifications for males and females separately, as well as across race/ethnicity subgroups (see Table 3). Results show the percentage of males meeting the Serious, Violent, Chronic, and SVC classifications approximately twice that of females. Furthermore, females were twice as likely to not be Serious, Violent, or Chronic. Results by race/ethnicity show youth classified as "Other" are less likely to be Serious, Violent, Chronic, or SVC, followed by White youth and then Hispanic youth, with the highest percentage of Black youth being Serious, Violent, Chronic, and SVC.

TABLE 3.

FY 2011-2012 SVC by Gender and Race/Ethnicity					
	Serious	Violent	Chronic	SVC	Not S, V, or C
Male	62.2%	31.5%	18.2%	10.2%	36.0%
Female	34.2%	18.1%	8.7%	4.7%	64.1%
White	49.3%	20.3%	11.7%	5.1%	49.1%
Black	59.6%	35.4%	20.6%	12.8%	38.4%
Hispanic	54.8%	26.2%	11.6%	6.5%	43.7%
Other	42.5%	17.7%	8.5%	3.7%	56.6%
Total	54.6%	27.9%	15.6%	8.7%	43.6%

Note: SVC= Serious, Violent, and Chronic; Not S, V, or C= youth was not Serious, not Violent, and not Chronic.

The Fiscal Year 2011-2012 sample was then used to examine the SVC classifications for each of the twenty Judicial Circuits (see Table 4). The data indicate variation throughout the state across the various SVC categories. The percent of youth referred that are not Serious, Violent, or Chronic ranges from a low of 25% (Circuit 11) to a high of 55.9% (Circuit 20). The percent of youth referred classified as SVC ranges from a low of only 5% of youth meeting those criteria (Circuit 20) to a high of 14.5% (Circuit 17). It is essential to examine the percent Serious, Violent, and Chronic for each Circuit in analyzing why the SVC prevalence rate is as high (or low) as it is in each Circuit. For example, Circuit 10 has a higher than average SVC rate (10.5%), yet lower than average Serious and Violent rate. The high SVC rate in Circuit 10 is due primarily to the much higher than average percent of youth with four or more official referrals (Chronic).

TABLE 4.

FY 2011-12 SVC by Circuit					
Circuit	Not S,V,or C	Serious	Violent	Chronic	SVC
1	51.2%	47.7%	23.4%	12.2%	7.4%
2	42.8%	54.8%	29.6%	18.5%	10.7%
3	41.0%	57.7%	26.1%	16.3%	7.6%
4	47.4%	50.4%	25.8%	12.3%	6.4%
5	45.1%	53.6%	26.8%	12.4%	7.1%
6	35.8%	62.2%	32.3%	21.2%	11.4%
7	46.4%	51.2%	26.3%	15.9%	8.4%
8	44.5%	53.7%	26.3%	15.2%	7.5%
9	49.5%	48.9%	27.5%	12.5%	7.7%
10	49.7%	47.2%	24.1%	20.1%	10.5%
11	25.0%	74.1%	39.6%	11.0%	6.9%
12	49.4%	49.1%	23.1%	11.2%	5.5%
13	43.0%	55.1%	28.7%	18.6%	10.7%
14	53.0%	45.4%	18.8%	11.9%	5.5%
15	35.0%	63.1%	33.3%	17.7%	10.7%
16	38.9%	60.1%	22.8%	15.5%	5.7%
17	31.6%	67.0%	35.2%	23.7%	14.5%
18	46.6%	51.1%	25.7%	13.5%	6.5%
19	53.4%	45.3%	21.3%	15.6%	8.7%
20	55.9%	42.3%	16.9%	12.2%	5.0%
Statewide	43.6%	54.6%	27.9%	15.6%	8.7%

Implications:

These results may help assist the Department with resource allocation efforts by demonstrating the proportion of referred youth most appropriate for deep-end residential commitment in any give fiscal year. Circuit variations in SVC prevalence demonstrate a “one size fits all” approach to resource

allocation would be inadequate and strategies will be different for each area of the state. Furthermore, results demonstrate that a large proportion of SVC youth present with an early age of onset (twelve years old or younger) illustrating the importance of prevention and early intervention to break the cycle of antisocial behavior. Male youth are twice as likely to fall into the Serious, Violent, Chronic, and SVC classifications as female youth. Race/ethnicity results demonstrate the need for continued efforts at reducing Disproportionate Minority Contact (DMC) and ensuring intervention services are available and accessible to at-risk members of this population.