Criminal behavior in the United States has risen dramatically in the last decade among 12- to 17-year-olds. From 1985 to 1996, cases involving offenses against persons (e.g., assault) rose 93 percent, cases involving property offenses (e.g., robbery) rose 22 percent, and drug violations rose 62 percent (Office of Juvenile Justice and Delinquency Prevention, 1996). Correctional facilities are required to educate this growing population of youth, a requirement that is complicated by the fact that many incarcerated youth have disabilities and need specialized instruction.

This monograph presents a review of the literature and data on the prevalence of disabilities requiring special education and related services among youth in correctional facilities.\(^1\) Estimating prevalence requires that youth be “labeled”; although labeling is a controversial issue (e.g., Hobbs, 1975), it is essential for determining eligibility for special education services. It is, perhaps, even more important to identify youth with disabilities in the correctional system, to increase their chances of being linked with proper social service agencies after their release.

Estimating prevalence rates of youth with disabilities is complicated by the fact that the definitions of different disabilities vary. Thus, individuals identified as having a disability by one agency (e.g., the public school) may not be recognized as having a disability by another agency (e.g., the correctional facility). Moreover, researchers estimating prevalence rates may use different definitions in their work, making it difficult to draw similar findings across studies.

The second part of this monograph provides recommendations for improving the assessment and identification of youth with disabilities in the correctional system. Considerable work remains to improve the services offered while these youth are incarcerated and during their transition back to the community. The information in this monograph is critical for system-level administrative planning, personnel recruitment, and structuring intervention programs for persons with disabilities in the correctional system.

**Prevalence of Special Education Disabilities**

Considerable variation exists among estimates of the number of youth with disabilities in the correctional system. Bullock and McArthur (1994) contend that the prevalence of disabilities among this population is four to five times greater than in the general population. Nationally, approximately 10 percent of all youth in public schools have some type of disability (see Nineteenth Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act); thus, one would estimate that 40 to 50 percent of youth in the correctional system have a disability. This extrapolation is congruent with studies estimating that

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\(^1\) The research presented in this monograph was primarily collected by searching “special education” and “corrections” in PsychLit (1968 to 4/98), ERIC (Educational Resources Information Center) (1982 to 3/98), and the Criminal Justice (1968 to 3/98) databases. To expand our research base, we also consulted reference sections of newly identified studies, recently published textbooks, and government documents.
between 20 and 60 percent of youth in juvenile and adult correctional facilities are disabled (Lewis, Schwartz, & Ianacone, 1988; Murphy, 1986; Rutherford, Nelson, & Wolford, 1985).

Several factors account for the range in estimates of the prevalence of disabilities. Some factors include: different definitions of disabilities, inadequate special education screening in schools and correctional facilities, insufficient funding for special education programs in correctional settings, and failure to obtain school records to determine the presence of a special education label (Leone, 1994; Leone, Rutherford, & Nelson, 1991; Rutherford et al., 1985). Three additional factors restrict identifying youth with disabilities in the correctional system. First, the nature of corrections makes it difficult to provide effective treatment and education services (Goldstein, 1990). Second, some youth with disabilities in the correctional system have not been identified as having disabilities in school; high rates of truancy among this population mean that some students miss being assessed for special needs (Bullis & Walker, 1995; Walker & Bullis, 1995). Third, drug use, which is correlated with criminal behavior (e.g., Dryfoos, 1990; Elliott, Huizinga, & Mened, 1989; Farrington & Hawkins, 1991), can impair judgment and cause long-lasting damage to neurological and cognitive functioning (Bukstein & Van Hassel, 1995), rendering youth in the criminal justice system disabled in some way.

The variation in identifying and labeling offenders with disabilities limits the conclusions that may be drawn from existing prevalence rates (Bullock & McArthur, 1994). In fact, given the problems noted, the rates reported in the literature probably understate the prevalence of disabilities among youth in the correctional system (Leone, 1994; Warboys, Burrell, Peters, & Ramiu, 1994). Despite the weaknesses of the data, this bulletin presents available information on the three most common special education conditions: specific learning disabilities (SLD), serious emotional disturbance (SED), and mental retardation (MR) (Nelson, Rutherford, & Wolford, 1987; Rutherford & Wolford, 1992). In addition, we examine Attention-Deficit/Hyperactivity Disorder (ADHD), which is closely linked with these disabilities. (see sidebar)

**Specific Learning Disabilities**

Researchers speculate that a link exists between specific learning disabilities (SLD) and at risk of being charged with criminal behavior (e.g., Broder, Dunivant, Smith, & Sutton, 1981; Keilitz, & Dunivant, 1986; Lane, 1980; Larson, 1988; Zimmerman, Rich, Keilitz, & Broder, 1981). However, the link is difficult to establish, given debates over the exact definition of “LD” (Kirk, 1963) and the different terminology associated with SLD.

**Prevalence of SLD in the general population.** Currently more students in the public school system are identified as having SLD than any other disability. Within the general school population, students with SLD constitute between 7 and 15 percent of total enrollment (Gaddes & Edgell, 1993). In the last two decades, the number of students identified as SLD has increased substantially: 1.2 million students in the public school system were identified as SLD in the 1979-80 school year; by 1993-94, this number had increased to over 2.4 million (Vaughn, Bos, & Schumm, 1997). Hallahan (1992) and Lerner (1993) offer several explanations for the increases, including: growing public awareness and acceptance of SLD, a tendency to identify students as SLD who may be failing for other reasons, and an increase in the number of children born in poverty or to parents who are addicted to drugs or alcohol or to parents who are teenagers (risk factors for being born with SLD).

**Definitions**

**Specific learning disability** is defined as follows:

(i) **General.** The term means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

(ii) **Disorders not included.** The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

**Emotional disturbance** is defined as follows:

(i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.
Prevalence of SLD in corrections. Estimates of youth with SLD in the correctional system vary greatly. Morgan (1979) found the overall prevalence rate to be 10.6 percent. Casey and Keilitz (1990), after analyzing 22 studies of prevalence of SLD among juvenile offenders, reported an overall estimate of 35.6 percent.

Serious Emotional Disturbance

Youth who exhibit emotional and behavioral difficulties that affect their performance in school are considered to have a "serious emotional disturbance" (SED). Considerable confusion exists over the precise definition of SED (Cullinan, Epstein, & McLinden, 1986; Kavale, Forness, & Alper, 1986; MacMillan & Kavale, 1986). Persons with SED are often referred to in a variety of ways: at-risk, behaviorally disordered, emotionally handicapped, socially maladjusted, psychotic, out-of-control, antisocial. Given the number of terms used to describe the same condition, it is understandable why determining the prevalence of SED is a difficult task.

It has been shown that youth in the correctional system tend to exhibit more emotional and behavioral disorders than do other youth (Bullis & Walker, 1995; Doren, Bullis, & Benz, 1996; Rutherford et al., 1985). Rutherford and Wolford (1992) posit that the large number of youth with SED in the correctional system is due to the fact that youth with antisocial or acting-out behaviors are more likely to come into contact with the criminal justice system. Several characteristics of delinquent youth correlate strongly with SED: substance abuse; problems in school; problems with verbal comprehension; family poverty; poor management of income; broken, crowded, or chaotic homes; and behavior that precipitates erratic and inadequate parental supervision (Kauffman, 1997; McIntyre, 1993).

Prevalence of SED in the general population. Estimates of the prevalence of emotional or behavioral disorders range from .5 to 20 percent of the school-age population, with conservative estimates ranging from 3 to 6 percent (Kauffman, 1997). The U.S. Department of Education (1997) reported that only .7 percent of all students are identified as SED. These estimates are likely low, however; Brandenburg, Friedman, and Silver (1990) contend that the number of students who receive special education services is less than one-third of those actually eligible to receive this assistance.

Prevalence of SED in corrections. While the proportion of youth with SED is believed to be higher in the correctional system than in the general school population (Cocozza, 1992; Warboys & Wilbur, 1996), youth are significantly underestimated as SED in correctional facilities. Still, a large number of youthful offenders are identified: Morgan (1979) found that 16 percent of juvenile offenders in custody were identified as SED. Warboys et al. (1994) report that the prevalence of SED is 20 percent of the juvenile offender population. Other studies have provided estimates of emotional disturbance at between 16 and 50 percent of all juvenile offenders (Murphy, 1986).

Mental Retardation

The relationship between mental retardation (MR) and criminal behavior has been studied since the early nineteenth century. Although a direct relationship between MR and delinquency has not been shown, some of the social disadvantages and characteristics associated with mild to moderate MR may lead to increased likelihood of contact with the criminal justice system (Leone et al., 1991). Individuals with severe and profound MR, however, are rarely found in correctional facilities because they rarely commit criminal offenses and, if they do, are diverted to community and residential programs (Nelson, et al., 1987).

The high prevalence rates of mild to moderate MR in the correctional system (see discussion below) have ignited concern and increased support for offenders with MR. Santamour (1987, p. 106) contends that the majority of individuals with MR suffer injustice in the criminal justice
system, stating, “...people with mental retardation are more likely than those without retardation to be arrested, to be convicted, to be sentenced to prison, and to be victimized in prison.” Offenders with MR may experience disadvantages for a number of reasons, because they:

♦ may confess quickly when arrested and say what they think another person wants to hear;
♦ may have difficulty communicating with a lawyer and other court personnel;
♦ are less likely to take part in rehabilitation programs; and
♦ are more frequently denied parole and serve longer sentences than non-retarded offenders incarcerated for the same crimes. (Santamour, 1987, p. 110-111).

Although the Santamour (1987) study focused exclusively on individuals with mental retardation in corrections, these same characteristics could result from other types of disabilities such as SLD, SED, or ADHD.

**Prevalence of MR in the general population.** The prevalence of MR in the general population is estimated to be one to three percent, and varies depending on the age and gender of the population studied and the severity of MR. Specifically, more individuals are identified with MR between the ages of 10 and 14 than after adolescence, males have a higher prevalence than females, and more individuals are diagnosed with mild MR than severe or profound MR (Singh, Oswald, & Ellis, 1998). As with other disabilities, varying definitions make it difficult to estimate prevalence. While most studies define MR strictly by IQ levels, more recent definitions focus on behavioral and developmental characteristics. Estimates using the latter definitions report prevalence to be 1.6 percent of the school-aged population (Sikorski, 1991).

**Prevalence of MR in corrections.** Santamour and West (1979) found that the prevalence of mild to moderate MR in corrections was three times that found in the general population. Morgan (1979) found a similar prevalence of 9.5 percent in state correctional facilities. More recently, an analysis of the prevalence literature on juvenile offenders with disabilities estimated the prevalence for offenders with mental retardation to be 12.6 percent (Casey & Keilitz, 1990). Other studies, using different definitions of MR, estimate the prevalence rate to be between 6 and 8 percent of the incarcerated population (Day & Joyce, 1982; Prescott & Van Houten, 1982; Warboys et al., 1994).

**Attention-Deficit/ Hyperactivity Disorders**

In the past 50 years, a number of diagnostic labels have been given to children and youth with deficiencies in behavioral inhibition, sustained attention, resistance to distraction, and regulation of activity level. Attention-Deficit/Hyperactivity Disorder (ADHD) is the term most recently used to describe this disorder (Barkley, 1998). It is particularly important to estimate the prevalence of ADHD in the correctional system, because LD and ADHD are often found in the same children (Hinshaw, 1992). For example, August and Holmes (1984) and Halperin, Gittelman, Klein, and Rudel (1984) estimate the coexistence of these disorders to be 10 to 92 percent. Barkley (1990) reports a range of between 19 and 26 percent, and suggests that the estimate is affected by selection criteria, sampling, measurement instruments, and inconsistencies in the definitions for both LD and ADHD over the years.

**ADHD in the general population.** ADHD is one of the most common diagnoses for youth with behavior problems. Researchers have found a variety of prevalence ranges in schools: from 2 to 10 percent (Bauermeister, Canino, & Bird, 1994); 2 to 6.3 percent (Szatmari, 1992); 2.5 to 6.4 percent in elementary school-age children (Lambert, Sandoval, & Sassone, 1978; DuPaul, 1991); and 14.3 percent (Trites, Dugas, Lynch, & Ferguson, 1979).

**ADHD in corrections.** To date, few studies have focused on youth with ADHD in the correctional system, although the prevalence among youthful offenders appears to be significantly higher than in the population as a whole. Davis, Bean, Schumacher, and Stringer (1991) found that 18.5 percent of randomly selected incarcerated youth in Ohio had ADHD. Based upon assessments using individual clinical interviews, Otto, Greenstein, Johnson, and Friedman (1992) found that 19 to 46 percent of youth in the juvenile justice system had ADHD. Loeber (1990) found that youth with ADHD were twice as likely to suffer from substance abuse and had higher rates of arrest and incarceration than students without ADHD. In addition, Hinshaw (1992) suggests that the comorbidity or coexistence of SLD and ADHD is relatively common among adolescents with delinquent and other externalizing behavior problems.

**Conclusion and Recommendations**

This monograph suggests that there is a disproportionate number of youth with disabilities in the correctional system. Estimating prevalence is difficult, however, because not all disabilities are identified and disabilities are defined differently. The lack of accurate data—and the likely underestimation of prevalence—means that correctional systems cannot provide adequate services, since resources are largely based on the small number of youth identified with special needs. Although education offers no guarantees that incarcerated youth will have successful outcomes once released, certain interventions have been shown to have a positive effect on a portion of this population (e.g., Kazdin, 1987; Peacock Hill working Group, 1992; Walker & Bullis, 1995;
Wolf, Braukmann, & Ramp, 1987). It is critical that appropriate services be offered to all incarcerated youth who require them.

We offer several recommendations to address the problem of identifying youth with disabilities in the correctional system:

1. Establish a census of youth with disabilities. Currently, states report special education census data to the Federal government; however, they are not required to provide data on corrections. We recommend developing a national census of youth with disabilities in juvenile and adult correctional facilities and juvenile detention programs. Given the problems inherent in identifying youth with disabilities, this suggestion involves a concurrent task: examining states with sound identification procedures to develop prevalence estimates to judge the accuracy of reporting in other states. This activity will involve review of existing data, description of identification and reporting procedures, and analysis of specific programs and structure (Yin, 1984).

2. Simplify definitions of special education disability categories. One way to increase the accuracy of identifying youth with disabilities in the correctional system is to simplify the definitions used in special education. As discussed, there are numerous problems of subjectivity and interpretation of these definitions.

One way to simplify the definitions is to recognize the similarities among children with SLD, SED, MR, and ADHD and consider these categories as one condition (Hallahan & Kauffman, 1977; Kauffman, 1997). These changes require legislative and regulatory action.

3. Improve intake and assessment procedures in correctional systems. The correctional system must improve the process of identifying youth with special education needs. Improving this process will require developing better links between corrections and public schools, so the systems can quickly and easily share assessment information.

4. Improve assessment procedures. Individuals have long been assessed by “traditional” instruments (Gould, 1979); however, the accuracy of these instruments has been debated (McClelland, 1973). We recommend improving existing assessments—both by developing better instruments and by improving intake and placement procedures. These instruments should be normed on the population being assessed and be sensitive to the linguistic and cultural diversity of the individuals in detention and correctional facilities. In addition, we support ongoing assessment of individuals while in custody to adjust and improve intervention efforts and conducting post-tests prior to release to document the impact of the special education services, establish current performance levels, and foster successful transition to the community.

Conclusion
To alter the life trajectory of young people from a path of crime, it is important that the education services offered in the correctional setting be as relevant as possible. Accurately identifying youth with disabilities is a critical part of this process. Identification should provide a way for incarcerated youth to receive critical interventions that will enable them to become contributing citizens. We hope that this monograph will provide the impetus for the work necessary to achieve this goal and that it will play some small part in the effort to improve services to this population.
REFERENCES


