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This article complements our current understanding of youth with a serious emotional disturbance (SED) by providing additional multi-service sector and risk factor data on youth who also receive special education services. The authors reviewed archival records for youth with SED who were served concomitantly by the special education, child welfare, and juvenile justice sectors for characteristics of early service delivery and risk factors experienced by these youth. Data were further analyzed to determine differences in service use and risk factors by ethnicity and gender. All youth were from a Northeast suburban area. The mean age of the total sample ($N = 93$) was 16.7, and over three-fourths of the youth were male. Almost half of the sample were Caucasian (46%), followed by African American (42%) and Hispanic (12%) youth.

Data from the archival records ($n = 47$) indicated that the average age of initial contact with *any* service sector was 8.4 years. About half of these youth were referred by their schools for special education services before receiving other special services (i.e., child welfare, juvenile justice). Child welfare was the first agency of contact for almost one-third of the youth, followed by juvenile justice (19.1%).

As shown in Table 1, youth who first came into contact with *special education* did so at an average age of 10 years ($n = 88$); the average age for initial contact with *child welfare* ($n = 57$) was about the same, while youth who first received services through *juvenile justice* ($n = 89$) were, on average, about two years older. Females were significantly older than males when they first received services from special education and juvenile justice, and were also older than males upon first contact with child welfare. Hispanic youth who first came into contact with special education services were significantly older than their African-American and Caucasian peers.

Of the total sample of youth ($N = 93$), over three-fourths were placed in a special education program located in a general education school. The average age at which *all* youth in the total sample were identified as being eligible for special education classes was 11.4 years (see text box).

Risk factors were analyzed with regard to delinquency, substance abuse, parent or sibling incarceration, abuse or neglect, and school-related risk factors such as retention, suspension, attendance problems, and how often a youth changed schools in an academic year. Although the number of records documenting some

Table 1. Means and Standard Deviations of Age in Years at Initial Contact by Agency

Group	Special Education			Juvenile Justice			Child Welfare			Any*		
	M	SD	n	M	SD	n	M	SD	n	M	SD	n
All	10.2	3.8	88	12.9	2.3	89	10.9	4.1	52	8.4	3.5	47
Ethnicity												
Afr Am	9.5	3.8	34	12.7	1.7	38	10.6	3.3	29	8.2	3.2	25
Cauc	10.0	3.5	43	13.0	2.3	41	10.8	5.2	18	8.0	4.0	18
Hisp	12.7	4.5	11	13.3	4.1	10	13.7	2.2	5	11.3	2.9	4
Gender												
Male	9.6	3.3	68	12.5	2.3	71	10.5	4.0	39	7.6	3.1	35
Female	11.9	4.2	20	14.7	1.4	18	12.1	4.0	13	10.7	3.8	12

*Any = First agency to officially provide service, regardless of agency or type of service rendered; *n* in this column only includes participants for whom age at initial contact data were available from all three participating agencies.

Initial Category of Disability

More than half (55.6%) of youth in the sample were labeled SED when they were first determined eligible for special education. The average age of these youth at initial identification for special education was 11.4 years....The mean age of youth not initially coded SED ($n = 40$) was 8.6 years at time of initial referral to special education. Those youth not initially assigned to the SED category were reclassified as SED at the age of 12.2 years on average. p. 223

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risk factors was small, significant findings indicated higher rates of substance abuse, neglect, and family incarceration among African-American youth when compared to Caucasian and Hispanic youth.

In conclusion, this study helps describe the multiple service use patterns and risk factors associated with secondary school students in a special education program who have SED. Based on the findings of the current study, the authors suggest that preventive interventions for SED should occur at a young age. “Optimally, interagency prevention strategies should be directed at children before age six (when 25% of our study’s participants were already identified by at least one agency) and certainly before age eight (when over 50% were already identified)” (p. 227). Furthermore, because the average age of first contact with special education and child welfare was younger than that of first contact with juvenile justice, the authors suggest that the special education and child welfare sectors did not act as protective factors for the development of delinquency in these youth. Although females entered any service sector later than did their male counterparts, their rates of covert behavior (e.g., truancy, substance abuse) were no different than male rates. Accordingly, it is unclear whether a different developmental pattern for SED exists among females. The authors also argue for the inclusion of mobility (i.e., attending more than one school in an academic year) as a risk factor for youth with SED. Limitations include the narrow range of service sectors identified for analysis, the exclusion of records of students who had dropped out of school, and the small sample size for female and Hispanic youth.

This study also supports findings of studies previously reported by the Data Trends project. For instance, Garland et al. (Data Trends #35) found that older youth comprised the largest group of youth served by the juvenile justice sector, and that high rates of youth with any disorder (70%) were served by the special education sector. Rosenblatt et al. (Data Trends #29) found that delinquent youth with SED come into contact with mental health services at an average age of 15-16 years. With regard to the role of special education, Walrath et al. (2001a; Data Trends #38) reported that the public school system referred the highest number of youth for special services. In another article, Walrath et al. (2001b; Data Trends #48) found that conduct problems were the main presenting problem among youth referred for special services by schools. Taken together, the current study, along with the work of previously published authors, adds to our understanding of the complexity involved in serving youth with SED who also experience multiple risk factors. Although youth from different referral sources can be expected to have different profiles (Walrath et al., Data Trends #3; Rosenblatt et al., #4), some overarching patterns seem to stand out. Whether these patterns are the result of service systems, risk factors, or something else, is a question for future research.

References

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