Crime & Delinquency Prevention

Professor: Robert Brame
Email Address: rbrame at umd.edu
Office: 2139 LeFrak Hall
Office Hours: Monday 2:00-3:30 and by appointment

Class Overview

This class will cover a series of case studies examining a range of crime and delinquency prevention initiatives. We will consider the theoretical assumptions, program design, and evaluation evidence pertaining to each initiative.

UMd Course Related Policies

In this class, we will follow all of the guidance and requirements described in "Course-Related Policies and Resources for Undergraduate Students" (link). Please review the webpage and let me know if you have any questions.

Grades

Course grades will be based on your performance on 4 in-class exams and 2 written prevention reports. Each of the 4 exams will be graded on a 0-100 point scale. Each of the 2 writing assignments will be graded on a 0-50 point scale. This means you can earn up to 500 points. The letter grade scale is: A+ = 484 and higher; A = 467-483; A– = 450-466; B+ = 434-449; B = 417-433; B– = 400-416; C+ = 384-399; C = 367-383; C– = 350-366; D+ = 334-349; D = 317-333; D– = 300-316; F = 299 and lower.

Excused Absences

If you need to miss an exam or submit a late report (for an excused reason), please ensure you follow University procedures (link) for timely notification and completion of late work. If you are unable to attend class due to COVID quarantine, please contact me to make arrangements.

Exams

Each exam will be a combination of multiple choice and true false questions. We will have time for review during the last class period before each exam. After exams have been graded, you can come to office hours or schedule an appointment to review your exam.

Prevention Reports

For each report, you should identify a prevention program from this website that is not discussed in class. If you have any questions about whether the program you've identified is a prevention program or whether the peer-reviewed study you're planning to use is appropriate, you should consult with me (so you don't lose points). Your written submission will then be graded according to the following equally weighted 10-point rubric:

- Describe the problem the program is targeting for prevention. Your description should include a characterization of the program as: (1) community; (2) developmental; and/or (3) situational crime prevention.

- Identify a peer-reviewed study evaluating the prevention program.

- Explain the evaluation's theoretical motivation.

- Identify the concepts that were measured in the evaluation.

- Describe 1 significant strength and 1 significant weakness of the measurement strategy.

- Explain the research design that was used for the evaluation.

- Describe 1 significant strength and 1 significant weakness of the research design.

- Explain the study's findings.

- Consider the study's policy and research implications.

- Assessment is typed and formatted with appropriate headings for each of the above items; good grammar, syntax, spelling, and writing form.

Example Prevention Report

- Prevention problem to be addressed: A concern arising in the literature is that many people who smoke tobacco products as adults began smoking when they were young. Interventions that effectively limit the initiation of tobacco smoking during the adolescent years could lead to important lifelong health benefits. Because these interventions attempt to modify the onset and trajectory of substance use among individual young people to achieve life-span outcomes, they are best viewed as developmental prevention.

- Peer-reviewed study: R. Campbell, F. Starkey, J. Holliday, S. Audrey, M. Bloor, N. Parry-Langdon, R. Hughes, and L. Moore (2008). An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial. *Lancet*, 371:1595-1602.

- Theoretical motivation: The authors raise the concern that there is an important link between adolescent onset of smoking and later adult smoking and health-related outcomes. They also recognize a long-standing pattern in the literature that one's own smoking behavior is correlated with peer smoking behavior. This correlation suggests that peers could become trusted messengers to convey health-related information to adolescents. The authors further argue that schools are a potentially useful setting for delivering health-related messages about smoking.

- Concepts measured in the evaluation: The study measured: (1) variation in specially trained staff instruction and peer support in communicating smoking related health messages outside the classroom setting; and (2) variation in smoking behaviors at the time of instruction and 1-2 years after the instruction occurred. The researchers also measured several demographic, cultural, economic, and social network characteristics of the schools and the students involved in the study.

- Strength and weakness of measurement strategy: A weakness of the measurement strategy is that a small percentage of the people (less than 10%) were not available to be studied at the 1- and 2-year follow-up points. A strength of the measurement strategy is that 2 different

approaches were used to measure cigarette smoking: (1) self-reports of smoking on surveys; and (2) saliva samples to measure cotinine levels. The authors reported good agreement between the two measurement methods (page 1599).

- Research design: The study randomly assigned students at some schools to receive the ASSIST intervention (treatment schools) while students at other schools were randomly assigned to receive the normal smoking education programs that were already in place. Students' tobacco smoking behaviors were measured at the time of the initial intervention and then again at 1- and 2-year follow-up points.

- Strength and weakness of research design: The random assignment of schools to treatment and control groups is a strength. This ensures that the 2 groups of schools are mostly comparable to each other in terms of pretreatment characteristics. A weakness of the study is that despite the randomization, there were a few differences between the two groups of schools. One important difference (discussed on page 1598) is that students in the control schools reported more smoking behaviors than the treatment school students at the baseline assessment.

- Study findings: The research found that students in the schools receiving the treatment had lower cigarette smoking rates than students in the control group schools. The patterns persisted at each of the follow-up points.

- Research and policy implications: The study was carried out in the United Kingdom and replication projects would be necessary to determine the generalizability of the results to other settings. The results do support the idea that school-based interventions that are delivered outside the classroom and with peer support may lead to lower rates of smoking initiation.

Class Outline

- Course overview.
- Methodology overview.
- Study 1: Hot spots policing (link)

- Study 2: Kansas City gun experiment (link)
- Exam #1: Friday 2/18/22
- Study 3: Treating vacant lots (link)
- First Prevention Program Assessment Due: Wednesday 3/2/22
- Study 4: Moving to opportunity (link)
- Study 5: Communities that care (link)
- Exam #2: Monday 3/14/22
- Study 6: Cambridge-Somerville youth study (link)
- Study 7: Long-term effects of preschool programming (link)
- Spring Break: 3/21/22-3/25/22
- Study 8: Baltimore City drug court (link)
- Second Prevention Program Assessment Due: Monday 4/4/22
- Study 9: Drug Abuse Resistance Education (DARE) (link)
- Exam #3: Wednesday 4/13/22
- Study 10: Street lighting and crime in New York (link)
- Study 11: Target hardening and residential burglary (link)
- Study 12: Retail theft prevention (link)
- Last Class Day Monday 5/9/22
- Exam #4: Tuesday 5/17/22; 9:00-10:00am