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# Juvenile Risk Factors Affecting Probability of Rearrest and Treatment Options

Susan D. Kindred  
*Regis University*

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RUNNING HEAD: Juvenile risk factors affecting probability of rearrest and treatment options

Juvenile risk factors affecting probability of rearrest and treatment options

By Susan Kindred

“Research presented in partial fulfillment of the requirements for the degree Masters of  
Criminology”

Regis University

Juvenile risk factors affecting probability of rearrest and treatment options

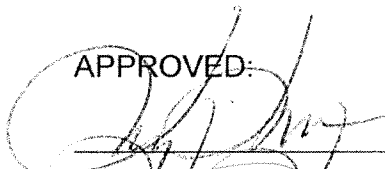

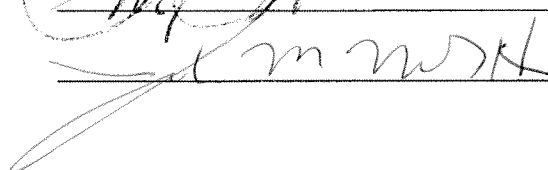
Juvenile risk factors affecting probability of rearrest and treatment options

Susan Kindred

has been approved

August, 2012

APPROVED:

 \_\_\_\_\_, Faculty Facilitator  
 \_\_\_\_\_, Thesis Advisor  
 \_\_\_\_\_, Faculty Chair

### **Abstract**

Studies have been conducted gaining insight into the effectiveness of making arrests and what the effects are to juvenile offense rates especially for those living in lower socioeconomic statuses. Researchers have attempted to develop new theories in order to prevent reoffending, while also analyzing offender risk factors. While individuals continue to reoffend, questions arise if an individual's socioeconomic status, or individual risk factors effect whether or not an arrest will be made for the offense committed and how it will be treated to prevent future offending. This study analyzes case studies addressing the issues of juvenile offending as it relates to socioeconomic status, and static and dynamic risk factors. The findings will be analyzed along with developing recommendations to assist researchers in further decreasing the effects of these risk factors on arrest rates.

*Keywords: Static and Dynamic Risk Factors, Juvenile offenses*

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## Chapter 1

### Introduction

At a young age children learn from their parents how to behave in society. These behaviors help form a foundation for the child along with indicating risk factors of a child's risk of becoming an offender. These early risk factors can include poor parenting, parents with substance abuse issues, and birth complications (Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Leober, & Petechuk, 2003). These early risk factors are built upon as the child becomes integrated into society and begins their educational career.

Juveniles entering the school system tend to learn new behaviors and increase their risk of offending from other juveniles or peer groups. Many juveniles learn while in school about substance abuse and use. Substance use in adolescents increases the chances of becoming an offender, while also increasing their vulnerability to having negative psychological, educational, and career outcomes (Chassin, 2008). The homes in which juveniles grow up in have an effect on their futures.

### Statement of Problem

The purpose of this study is to research the treatment options of juvenile risk factors for offending. Arrests are used as a means of deterring adult offenders from committing offenses multiple times, yet recidivism rates are at 75 percent for those offenders suffering from unemployment and lack of housing (Iorizzo, 2012), incarceration is used for juveniles as well but does not provide them with the means of corrective action. The purpose of this study is to answer the research question; What



are common static and dynamic risk factors present in juvenile offenders? Do the treatment programs developed for those risk factors prevent reoffending?

### Overview of Problem

An overview of the question at hand is: does juvenile offending with multiple risk factors present have an effect on the effectiveness of treatment programs. Families living with the cycle of violence have negative outcomes along with the suffering from parties receiving and witnessing violence along with the added effect of suffering economically (Putkonen, Ryyananen, Eronen, & Tiihonen, 2007). Juveniles growing up in the cycle of violence (physical, verbal, sexual, and mental abuse) see their families committing violent acts or becoming verbally abusive to an individual as a common everyday occurrence.

This cycle of violence is comparable to the cycle of offense rates. According to the Bureau of Justice Statistics, juveniles were more likely to be charged with violent felonies than adults (Bureau of Justice Statistics, 2012). Some juveniles grow up seeing their parents committing negative behaviors and learn through the application of different learning theories that certain behaviors are acceptable.

Families with juveniles who have previously been arrested were most often found to be chaotic and disorganized, while also unable to make decisions as a group when it came to discipline and expectations of the delinquent. Parents in this situation are found to be more detached, disinterested, uncaring or trusting, had unrealistic expectations, and were found to lack communication skills (Kennedy, Edmunds, Dann, & Burnett, 2010). Violent youths are more likely to come from a dysfunctional family and exposed

to domestic violence or victimization by a family member and tend to act out (Kennedy, Edmunds, Dann, & Burnett, 2010).

Juveniles growing up in households with violent tendencies or parents committing criminal offenses are at more of a disadvantage to access social service organizations in order to improve their socioeconomic situation and combat the common risk factors that can cause juveniles to be put into situations where they can commit crimes. Continuously arresting juveniles for crimes committed delays access to these organizations along with affects employment rates causing offenders to be at a disadvantage due to their living conditions.

#### Purpose of Project

The purpose of this study is to provide scholarly analysis to determine if treatment programs have an effect on dynamic risk factor found in juvenile offenders. The programs available for juvenile offenders in lower socioeconomic programs can be analyzed for the difference into offenders being arrested from lower socioeconomic brackets. While also an analysis of the common risk factors that increase a juveniles risk for committing offenses and what treatment programs are being developed to combat those factors in juveniles.

#### Definitions

For the purpose of this study there are terms that should be addressed and defined. This study defined arrest as when a subject has been taken into police custody and their right to leave had restricted (Lyman, 2005). An arrest can be affected by an officer when they have probable cause to take an offender into custody and charge

them with the commission of a crime by either taking them to jail or a juvenile detention center (Lyman, 2005).

An individual's socioeconomic status is defined as a person or persons who either lives or through the course of employment fall into the poverty income bracket or low income housing (Lyman, 2005). Individuals living in low income housing have been found to have several more contacts with law enforcement officers and view them in a less favorable light (Lyman, 2005).

With offending there is the risk of recidivating or reverting back to committing criminal behaviors. Measuring recidivism rates are difficult across time as there are many crimes that an individual commits that they may not have been caught committing. Taking this into account there is not a correct definition for any one person. For the purpose of this study recidivism is defined as any new arrest or offense that a juvenile gets charged with (OCFS Fact Sheet, 2011).

Many risk factors increase an individual's risk for committing a crime or getting caught committing the crime. Risk factors can include but are not limited to drug use, education, parental involvement and parenting styles, race, gender, and behavior problems. This study looked into several risk factors and analyzed the treatment options available for combatting factors that can increase juvenile's chances for recidivism.

### Limitations

The case studies used in the analysis did not allow for the researcher to question offenders about involvement in rehabilitation programs but analyzed information already discovered. Not all case studies involved allow for the same risk factors to be present

nor will all rehabilitation programs allow for comparisons to be made. This case study allows for juveniles committing offenses or arrested to be analyzed for comparisons into risk factors present. The limitations are not all treatment plans work for every juvenile nor are the same risk factors present for every juvenile causing them to offend.

## Chapter 2

Unruh, Gau, & Waintrup (2009) found that more than 2.2 million juveniles are arrested annually. Research has also been found to show that juveniles who commit offenses are easier to apprehend and catch committing offenses than adults (Puzzanchera, & Adams, 2011). Juveniles who continue to offend jeopardize their chances for a successful career, sustainable living options, and constant stable employment (Unruh, Gau, & Waintrup, 2009). Today's society youth involvement in criminal behavior increases their chances for having negative social, academic, health, and economic outcomes. Juveniles who enter the criminal justice system tend to have a harder time with attaining stable employment due to their criminal records (Brame, Turner, Paternoster, & Bushway, 2011). This difficulty can cause many juveniles and families to give up on the justice system before truly allowing it to benefit the juvenile.

### Family history

Studies have shown intra familial behavioral problems among children often lead to delinquent behaviors amongst peers in the school setting (Hyun-Sil, & Hun-Soo, 2008). Families are responsible for a "majority of all delinquent acts committed" (Van De Rakt, Nieuwbeerta, & Apel, p. 94, 2009). Studies have also found factors that can increase the risk for juvenile offending. The factors range from lack of father figure, to age of first referral to the criminal justice system, and any type of special education status (Dalun, Hsien-Yuan, Katsiyannis, Barrett, & Song, 2011). Family influence can both have a positive and negative effect on peer interactions and how the juvenile encounters day to day interactions.

Juveniles arrested before the age of 14 have been found to increase their likelihood of becoming a chronic adult offender by up to three times. The offense history of a juvenile is the strongest predictor of offending (Dalun, Hsien-Yuan, Katsiyannis, Barrett, & Song, 2011). Risks that can affect offending for a juvenile can include behavior problems, conduct disorders, affective, operational defiance, anxiety, family socioeconomic status, peer rejection, low academic achievement, and neighbor problems (Fite, Wynn, & Pardini, 2009).

Hyun-Sil & Hun-Soo (2008) have found that “studies have shown that delinquent and aggressive behavior by children and adolescents can be predicted by dimensions of family functioning such as parental neglect, family conflict and disruption, child sexual abuse, and parental deviance” (p. 440).

Households with a family history of criminal records increase a juvenile’s likelihood to commit crime. Research has found having a family member with a criminal history increases the probability for an adolescent to commit deviant acts (Van De Rakt, Nieuwbeerta, & Apel, 2009). Other studies have analyzed the correlation between the criminal behavior of fathers and the criminal behaviors of their children, while also finding that juveniles constantly being arrested for deviant acts are raised in families with continuous arrests occurring (Van De Rakt, Nieuwbeerta, & Apel, 2009).

Factors involving families have an effect on juvenile’s behaviors such as poor parenting from inconsistent discipline, poor supervision, and drug exposure can have negative effects on a juveniles association with peers, family, and members of communities causing an identity to be made that these individuals are from lower

socioeconomic status (Lipman, Kenny, Brennan, O'Grady, & Augimeri, 2011). Studies have also shown a relationship between family environments and delinquent adolescent behavior, and juvenile aggression is affected by parental neglect, child sexual abuse, and family disruption (Hyun-Sil, & Hun-Soo, 2008).

Dalun, Hsien-Yuan, Katsiyannis, Barrett, & Song (2011) found that:

“Family attributes and social characteristics of both the child and the family are predictors of delinquency. Youth with foster care experience are four times more likely to be early starting delinquents than youth with no foster care experience. Youth with a family member convicted of a felony are two times more likely to be early starting delinquents than youth with no family felony history” (p. 285).

Siblings with criminal histories can also have a negative effect on juvenile's criminal histories, behaviors, and attitudes. While growing up siblings are able to learn attitudes and behaviors from each other, but also take part in the same peer groups as well thus learning more negative behaviors (Van De Rakt, Nieuwbeerta, & Apel, 2009).

### Deterrence Theory

A deterrence theory presented by Van De Rakt, Nieuwbeerta, & Apel (2009) stated that there are six explanations why adolescents follow their family's footsteps and commit crime. First, criminal behavior is only a small portion of behaviors taught to the juvenile, that behavior assists juveniles select their mates. Second, men look for individuals with the same behavior characteristics making these women unfit to be mothers. Third, children learn behaviors from imitating and watching their parents. Children who consistently see their parents committing negative behaviors emulate

those behaviors. Fourth, is possibly a genetic predisposition to commit crime; while fifth is the environment where children are being raised.

Parents with criminal histories tend to reside in areas with low socio economic statuses increasing the chances and opportunity for criminal behavior. Finally, law enforcement personnel watch families and monitor the ones that have a high crime history, causing the children and officers to have negative bias towards each other (Van De Rakt, Nieuwbeerta, & Apel, 2009).

It has been found that violence is a learned behavior and is most often learned from the parents (Hyun-Sil, & Hun-Soo, 2008) it would benefit a judge to appoint the family to counseling when the juvenile is first introduced into the criminal justice system. Counseling required for both the family and juvenile and allows the counselor to assess the family dynamics and assist in making future decisions for the juvenile by assisting the family in providing a better environment for their child. Parents then become able to receive assistance and guidance providing the most benefit.

Several studies provide a solution to juvenile delinquency by conducting interventions. Interventions can focus on academic improvement and may reduce crime and recidivism rates (Dalun, Hsien-Yuan, Katsiyannis, Barrett, & Song, 2011). Education has a large impact on every socio economic status. Juvenile correction institutes are given the task of providing a quality education to juveniles who feel that the system has wronged them and their families.

The punishment that offenders receive should in a way act as a deterrent to offenders to avoid reoffending. Several programs addressed by MacKenzie (n.d) are



designed to act as a deterrent for offenders. First, is the scared straight program for juvenile offenders. Juvenile offenders are taken to maximum security prisons in an effort to scare them into correcting their behaviors so they will not go to prison. It has been found that this program has little deterrence effect and in some cases has also caused an increase in the juvenile's criminal behaviors.

The second is shock probation or parole. This program is designed to keep the offender in prison for a short period of time to shock them into becoming a productive member of society. The program does not offer any other programs to offenders while they are being incarcerated and when their period of incarceration is up the offender is supervised as they are reintegrated back into the community.

A fine system has been developed to act as a deterrent. The deterrence theory was meant to be swift, certain, and severe so offenders know exactly what they are being punished for along with knowing they would be punished. According to a study done by Ritchey and Nicholson-Crotty (2011) crime is more likely to occur when the gain outweighs the prohibited actions. This study analyzed the cost of fines and the reduction of traffic fatalities, and found the cost of the fine had little to do with reducing traffic fatalities (Ritchey & Nicholson-Crotty, 2011).

Deterrence theory programs are not having the effects that researchers had hoped. Upon learning this information researchers need to reevaluate their programs in order to provide a more effective deterrent so that offenders will be persuaded to quit reoffending.

## Social Contract Theory

The social contract theory states that a person's bond or obligations are dependent upon an agreement or contract with other individuals (Friend, 2004). If offenders at the time of sentencing are required to sign a social contract they may feel more inclined to take the punishment more seriously especially if the consequences for violating that contract are outlined in detail. Doing this offenders will know their punishment and will be able to make an informed decision as to which punishment they would rather receive.

Researchers collecting data from the government (arrest records) are collecting data that is only the offender's criminal history for the crimes that they have been convicted of (Madden, Miller, Walker, & Marshall, 2011). Developing policies based off of these studies allows researchers to take into consideration that offenders may have committed several other crimes before getting caught for their crime.

### Chapter 3

#### Research Methodology

Collection of research allows information to be evaluated or analyzed for commonalities in assessing static and dynamic risk factors for juvenile offenders. Using comparative or historical research scholarly research can be completed allowing for comparisons and the analysis of gaps in research that address underlying causes for juvenile offenses (Babbie, 2010). This study provided analysis of the gaps in current research studies pertaining to the risk factors present in juveniles who are committing offenses and allow for the evaluation of treatments addressing common risk factors.

Analyzing case studies allows for the identification of common findings in multiple research studies. With the progression of time, changes in the opinion of effectiveness of juvenile treatment programs allow for reevaluation so case studies can be analyzed to compare for consistency of criminal justice treatment programs across time. A qualitative analysis approach was utilized to analyze existing information and data regarding the static and dynamic risk factors present in juveniles who are committing offenses and getting arrested. This approach allowed the researcher to “achieve a deeper understanding of the issues” (Trochim, & Donnelly, 2008, p. 143).

This study analyzed the current trends in static and dynamic juvenile risk factors for offending and treatment options available for juveniles working to prevent reoffending. The researcher chose a qualitative design approach to enlist descriptive and explanatory research tools. A descriptive study allows primarily for the researcher to state what is actually going on or describe the issue at hand (Trochim, & Donnelly,

2008). This approach allowed the researcher to provide readers with information obtained through case studies regarding juvenile risk factors for arrests. The explanatory research tool allowed for information gathered in the study to be explained (Babbie, 2010). This tool will allowed the researcher to explain findings in commonalities of risk factors and treatment options for those risk factors.

### Specific Procedures

Case studies were used as samples to allow for an explanatory case study. This allowed the researcher to understand that there are risk factors present in juvenile offenders but also understand the reasoning of the processes that occur over time (Babbie, 2010). Analyzing patterns that occur over time allowed researchers to obtain the frequency with which arrests occur and how family structures, and causes of family attitudes towards criminal behaviors, treatment programs are being developed to combat these factors (Babbie, 2010).

All data collected was used to compare with other studies so that holes or gaps in the research can be analyzed for effectiveness. The researcher evaluated the correlation of factors relating to the study. These factors were used to compare individual's risk of being arrested while determining if certain risk factors increase an individual's risk for reoffending and the usefulness of treatment programs.

### Sample

Twenty-six studies ranging from the time period of 2000 to 2012 were obtained from several academic sites that allow for the publication and dissemination of academic research. A majority of the research was obtained in the years 2008 and

2011. The sites included Office of Juvenile Justice and Delinquency Prevention, the Future of Children, Cochran Review, Campbell Corporation, National Crime Justice Reference Service, Ebscohost, and Lexus nexus research engines. These databases allowed for numerous research articles to be analyzed for the most common risk factors present in juveniles committing offenses on a consistent basis. Along with evaluating the factors consistently present in the case of juvenile offending, treatment programs were assessed determining effectiveness of combatting the static and dynamic risk factors present for juveniles.

Due to the comparison of evaluating studies, ethical considerations for this study were taken into account. The sampling for this study is anonymous due to no personal information being collected in the course of comparing studies along with no personal or identifying factors made known to the public or researchers (Babbie, 2010).

#### Instrumentation

Using a comparative research method allowed for multiple case studies obtained from numerous databases to be analyzed for comparisons along with treatment methods for specific risk factors. Databases with access to juvenile case studies include Office of Juvenile Justice and Delinquency Prevention, the Future of Children, Cochran Review, Campbell Corporation, National Crime Justice Reference Service, Ebscohost, and Lexus nexus research engines. Data collected ranged from case studies to descriptive scholarly journal articles relating on topics of common risk factors present in juvenile offenders and types of treatment programs available. The common risk factors

analyzed were risk factors relating to juveniles that were common among the majority of research articles.

With the analysis of prior case studies a descriptive and explanatory method was utilized to compare juvenile risk factors involved in committing offenses and treatment programs addressing these factors. Current trends and treatment programs were analyzed to establish effectiveness of factors in need of being addressed when considering treatment options.

The variables involved included both static and dynamic risk factors. A static risk factor is a factor that is biological or genetic that cannot be easily changed while dynamic factors involve variables that can be modified (Greenwood, 2008). For the purpose of this study static risk factors included family factors such as genetic or biological abnormalities, while dynamic factors included individual risk factors that can be but are not limited to socioeconomic status, race, peer groups, lack of education, parenting styles and the classification and treatment of having learning disabilities or behavior issues. See Table 1.

**Static and Dynamic Risk Factors for Child Delinquency  
And Later Violent Juvenile Offending**

**Table 1**

Static Factors	Dynamic Factors
<p>Individual Factors</p> <ul style="list-style-type: none"> <li>• Early antisocial behavior</li> <li>• Emotional factors such as high behavioral activation and low behavioral inhibition</li> <li>• Poor cognitive development</li> <li>• Low intelligence</li> <li>• Hyperactivity</li> </ul>	<p>Peer factors</p> <ul style="list-style-type: none"> <li>• Association with deviant peers</li> <li>• Peer rejection</li> </ul>
<p>Family factors</p> <ul style="list-style-type: none"> <li>• Divorce</li> <li>• Parental psychopathology</li> <li>• Teenage parenthood of Juvenile</li> <li>• Family structure</li> <li>• Large family size</li> </ul>	<p>School and community factors</p> <ul style="list-style-type: none"> <li>• Failure to bond to school</li> <li>• Poor academic performance</li> <li>• Low academic aspirations</li> <li>• Living in a poor family</li> <li>• Neighborhood disadvantage</li> <li>• Disorganized neighborhoods</li> <li>• Concentration of delinquent peer groups</li> <li>• Access to weapons</li> </ul>

(Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, & Petechuk, 2003, p. 3)

**Data Collection and Analysis**

Data collection procedures used were a compilation of observation of consistent findings in research articles stating common risk factors for juvenile delinquency. When comparing the progression of offense rates across time researchers can evaluate the risk factors present to establish a comparison into whether or not these risk factors are increasing juvenile’s chances for committing offenses along with assessing the access to treatment programs for both families and juveniles.

Factors analyzed included: family's function, violence in families, parenting styles, socioeconomic status, and employment, demographics, and personality or behavior traits. These factors analyzed secondarily by using the comparison of juveniles who are living with these factors and how it is that these factors are increasing their chances for offending along with treatment program effectiveness.

The databases allowed for 26 case studies to be analyzed for common risk factors in juvenile offending. Determination of the most prevalent risk factors came from commonalities in case studies. These commonalities included static and dynamic risk factors that were present in multiple cases for juvenile offenders. When analyzing these risk factors the treatment programs were assessed for their commonalities as well.

The treatment programs meant for specific risk factors were more difficult to analyze as they did not take into account juveniles with more than one risk factor present at the time of the offense. The treatment programs were analyzed for their long term effectiveness along with their short term goals of providing the juveniles with the tools and techniques of correcting their behaviors.



## Chapter 4

### Research Findings

Using descriptive analysis; describing situations or events (Babbie, 2010), of information gathered from research articles a comparison was made into the most prevalent risk factors for juvenile delinquency.

Table 2.

<b>Static Factors</b>	<ul style="list-style-type: none"> <li>• <b>A study conducted by Van De Rakt, Nieuwbeerta, &amp; Apel (2009) found parents being arrested affects juveniles risk of becoming an offender.</b></li> <li>• <b>Lipman, Kenny, Brennan, O’Grady, &amp; Augimeri (2011) found that parents providing juveniles with early exposure to drug use increase their risk of becoming an offender.</b></li> <li>• <b>Dalun, Hsien-Yuan, Katsiyannis, Barrett, &amp; Song (2011) foster homes provide negative experiences along increasing risk for becoming chronic adult offenders.</b></li> </ul>
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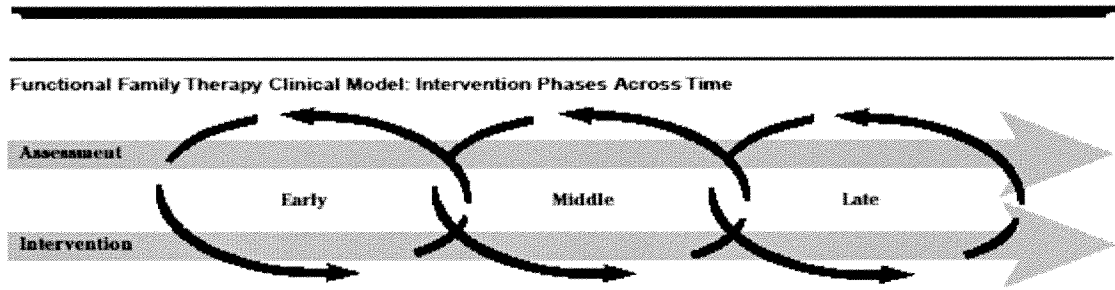
Table 2 provides a brief synopsis of static risk factors. First, it was noticed that juveniles having a family history of offending increase their chance of becoming offenders. As previously stated, juveniles arrested for committing deviant acts are being raised in families where arrests are made to parental figures (Van De Rakt, Nieuwbeerta, & Apel, 2009). Families have an effect on a juvenile’s behavior by providing them with a model of how to behave in communities, with peers, in school

settings, and with other family members. Parents who provide juveniles with early exposure to drug use also open up the possibility of their juveniles committing deviant acts (Lipman, Kenny, Brennan, O'Grady, & Augimeri, 2011). The cycle of observing parents committing offenses and watching them go in and out of jail after being arrested does not provide juveniles with a positive image of the criminal justice system.

Juveniles watching parent's cycle in and out of jail tend to emulate that behavior along with becoming affected by parent's viewpoints and attitudes on raising children. Juveniles who enter foster homes at a younger age are also more likely to have negative experiences along with increasing their risk of becoming adult offenders (Dalun, Hsien-Yuan, Katsiyannis, Barrett, & Song, 2011).

Along with foster care experience and parents with criminal records, juveniles with siblings who are also involved in deviant acts increase the risk for offending. Growing up with siblings, juveniles learn attitudes and behaviors from each other along with interaction with new peer groups (Van De Rakt, Nieuwbeerta, & Apel, 2009).

Table 3 provides a step by step process of how family therapy is an effective means of combatting the family issues that arise for juvenile offenders (Sexton & Alexander, 2000, p.3).



	<b>Engagement and Motivation</b>	<b>Behavior Change</b>	<b>Generalization</b>
<b>Phase goals</b>	Develop alliances. Reduce negativity, resistance. Improve communication. Minimize hopelessness. Reduce dropout potential. Develop family focus. Increase motivation for change.	Develop and implement individualized change plans. Change presenting delinquency behavior. Build relational skills (e.g., communication and parenting).	Maintain/generalize change. Prevent relapses. Provide community resources necessary to support change.
<b>Risk and protective factors addressed</b>	Negativity and blaming (risk). Hopelessness (risk). Lack of motivation (risk). Credibility (protective). Alliance (protective). Treatment availability (protective).	Poor parenting skills (risk). Negativity and blaming (risk). Poor communication (risk). Positive parenting skills (protective). Supportive communication (protective). Interpersonal needs (depends on context). Parental pathology (depends on context). Developmental level (depends on context).	Poor relationships with school/community (risk). Low level of social support (risk). Positive relationships with school/community (protective).
<b>Assessment focus</b>	Behavior (e.g., presenting problem and risk and protective factors). Relational problems sequence (e.g., needs/functions). Context (risk and protective factors).	Quality of relational skills (communication, parenting). Compliance with behavior change plan. Relational problem sequence.	Identification of community resources needed. Maintenance of change.
<b>Therapist/Interventionist skills</b>	Interpersonal skills (validation, positive interpretation, reattribution, reframing, and sequencing). High availability to provide services.	Structure (session focusing). Change plan implementation. Modeling/focusing/directing/training.	Family case manager. Resource help. Relapse prevention interventions.

Source: Sexton and Alexander, 1999.

According to information provided in table 3, functional family therapy is an intervention into juvenile delinquency was found to be more helpful than the common ideology of incarceration. Removing juveniles from the home who are committing

offenses does not necessarily correct the behavior of the juvenile but displaces them for the time being only to put them back into the same situation when released from incarceration.

Communities providing family therapy can provide both preventative and intervention assistance to families with troubled youth. In many cases, Functional Family Therapy intervention programs are spread over a three month time period to provide counseling assistance to families, youth, and the siblings of the delinquent juveniles. Juveniles receiving this treatment were found to have a reduced recidivism rate by up to sixty percent and also lower treatment costs (Sexton, & Alexander, 2000).

Developers of functional family therapy learned after several trials that in order to effectively aid the families in finding their strengths and weaknesses, they need to develop respect and aid in ways of improving the family's attitudes and behaviors (Sexton, & Alexander, 2000). Working on the family's core belief system and providing them with the means of corrective actions for their troublesome behaviors allows juveniles and families with the means to correct their behaviors and attitudes.

There are three phases to this program. The first phase allows for therapists to entrust in families that they are willing to help the family better themselves and that improvement in their families can happen. This phase allows for therapists and families to build trust in each other while also learning new techniques to address stressors present. In the second phase, therapists provide families with the means of correcting negative behaviors; while the third phase applies the techniques that families have used

in order to analyze their effectiveness along with providing long term solutions and goals (Sexton, & Alexander, 2000).

Family Therapy as an intervention allows therapists and communities to provide families with both a solution and a means of combatting the problem. In 1998 Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, & Petechuk (2003) reported that by providing nurse's visits to unmarried female's homes that were residing on lower socioeconomic status during pregnancy provided positive feedback for arrests, probation violation, convictions, illegal consumption of alcohol, runaway, and sexual activity. Providing this type of care also found a decreased risk of child neglect and abuse as mothers were receiving assistance.

Providing assistance to families helps communities and families, providing families with the tools to provide a better atmosphere for raising their juvenile. These tools allow family members to grow more productive as members of society while also decreasing a juvenile's risk factor of becoming a chronic offender as an adult.

Table 4.

Dynamic Risk Factors	Studies demonstrating these factors
<b>Early antisocial behaviors</b>	<ul style="list-style-type: none"> <li>• Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, &amp; Petechuk (2003) found early aggression in juveniles predicts delinquent behavior before age 13.</li> <li>• Grosso (2008) found mood disorders affected 10 to 25 percent of juveniles in juvenile justice system.</li> </ul>
<b>Boy v Girl</b>	<ul style="list-style-type: none"> <li>• Cauffman (2008) found women are becoming more masculine due to the women’s rights movement, and are also receiving lighter sentences.</li> </ul>

Table 4 shows a list of dynamic risk factors. Some families have children who are diagnosed with multiple mental disorders increasing their risk for juvenile offending. Juveniles diagnosed with antisocial behavior causes juveniles to become aggressive and commit rule violations (Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, & Petechuk, 2003). According to Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, & Petechuk (2003) “early aggression appears to be the most significant social behavior characteristic to predict delinquent behavior before age 13” (p. 2). Other research has found juveniles with increased tendencies towards hostility, anger, and irritability or mood disorders are found to affect 10 to 25 percent of juveniles in the juvenile justice system (Grisso, 2008).

Studies have been conducted throughout several countries allowing researchers to confirm that delinquency in boys can use anti-social behaviors as a predictor

(Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, & Petechuk, 2003).

Behavior studies have found predictors are troublesome behaviors between 8 and 10, expression of emotions, anxiety, fearfulness, aggression, impulsiveness, hyperactivity (Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, & Petechuk, 2003), irritability, hostility amongst youth, and belligerent (Grisso, 2008).

Juveniles diagnosed with multiple mental disorders have increased risk for committing offenses. Juveniles who have been diagnosed as having conduct disorder along with attention deficit hyperactivity disorder have been found to have an increased chance of becoming a chronic or repeat offender as an adolescent (Grosso, 2008).

Treatments for juveniles with mental disorders or behavior issues are scarce. Some researchers feel that in order to adequately assist juveniles treatment programs need to begin in the formative years of a juvenile's life. Learning to control impulses in the preschool years allows juveniles to develop a foundation of control that allows them to make sounder decisions when they become adolescents (Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, & Petechuk, 2003).

Communities providing mental health agencies are required to provide juveniles with treatment facilities and programs that will reduce delinquency (Grisso, 2008). There are programs that have been found to provide adolescent juveniles with treatment who have been diagnosed with both a mental and behavior disorder. These programs "teach youth better awareness of social cues and promote strategies for delay, problem solving, and non-aggressive responding" (Grisso, 2008, p. 153). During this time

functional family therapy is also a beneficial treatment for both the juvenile and family to combat these behaviors.

Intervention programs for juveniles are difficult to measure for effectiveness. The Blueprints for Violence Prevention provides certification for treatment programs by analyzing the program on its effectiveness for treating problem behaviors along with providing evidence that the program continues to work after leaving the program and that the research design can still be replicated by other researchers (Greenwood, 2008). This website allows for researchers to peruse a list of programs along with the design, research methods, and implementation requirements for the program.

According to the Blueprints for Violence Prevention website the brief strategic family therapy program developed in 2001 has been shown to be effective in providing youth with behavior problems the steps to combat those problems. The program has three steps to it. The first is the therapist evaluates the family structure and enlists the family into therapy. The second step allows diagnosis of the problem behavior in the juvenile's interaction with family, and the third is assisting the family with the development of a plan in order to combat the disruptive behavior (Brief Strategic Family Therapy, 2006).

Intervention programs found to work for disruptive behavior in boys involves the preventive treatment program. This program assists parents with boys who display problem behaviors by showing them skills necessary to combat issues such as gang involvement, substance abuse, and other disruptive behaviors. This program provided both parents and juveniles with the tools to promote positive non-disruptive behaviors



(Preventative Treatment Program, 2006). This program was found to be effective as juveniles and parents were given the tools to improve their situations.

In recent years the juvenile justice system has noticed a substantial increase in the amount of female juvenile offenders. Throughout history male juveniles have been the individuals who have accounted for more offenses along with violent crimes (Cauffman, 2008).

According to Cauffman (2008) the women's liberation movement has caused a change in gender expectations, females have become more masculine and are becoming more physically aggressive. Other studies have suggested that females receive lighter sentences, states' attorneys are less likely to charge a female, and females are less likely to be incarcerated (Cauffman, 2008). See Table 4 for risk factors.

Table 5 provides treatment options for dynamic risk factors.

<b>Treatment for Dynamic Factors</b>	<b>Studies demonstrating treatment</b>
<b>Family Factors</b>	Functional family Therapy found to be a preventative and intervention assistance to families, provides families with the tools for corrective actions on behaviors (Sexton & Alexander, 2000).
<b>Early Antisocial Behaviors</b>	Treatment programs in formative years help treat mental disorders and provide juveniles with tools to make sounder decisions (Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber, & Petechuk, 2003). Brief Strategic Family Therapy is effective at providing youth with steps to combat behavior disorders (Brief Strategic Family Therapy, 2006). Preventative Treatment programs for boys is designed to assist parents with boys who have disruptive behaviors by providing parents and boys with the tools to promote non disruptive behaviors (Preventative Treatment Program, 2006).
<b>Boy V Girl</b>	Not many programs are gender specific. Multidimensional Treatment Foster Care (MTFC) commit less deviant acts. Earlsout Girls Connection treats female juveniles with defiant attitudes, antisocial behaviors, and aggression (Cauffman, 2008).

The intervention programs for female juveniles are relatively similar to those for males. Some gender specific programs are effective. One study found that female juveniles placed in a gender specific Multidimensional Treatment Foster Care (MTFC) tend to commit less delinquent behaviors as other females who have not received this treatment. Another study found that Earlsout Girls Connection intervention is also

effective at treating juvenile adolescents with defiant attitudes, antisocial behaviors, and aggression based off reports made by the juveniles mothers (Cauffman, 2008).

There are not many programs designed specifically for treatment of female juvenile offenders. Research has taken a one size fits all approach to treatment in genders. Researchers need to develop more risk assessment tools for female offenders in order to adequately develop programs that will assist the juvenile in becoming a more productive citizen.

## Chapter 5

### Conclusion

There are many treatment programs made available to juveniles in the criminal justice system. There has been much research into the scared straight programs, boot camps, and shock probation and parole. The researchers found on all these programs that the anticipated results did not occur. The programs that were most likely to be effective were the family therapy programs. These programs taught parents and juveniles how to correct their behaviors along with providing them with the appropriate coping mechanisms to get them through their situation.

Many researchers have found that there are static and dynamic risk factors that are commonly present in juveniles who continuously commit offenses. These risk factors can range from lack of education, behavior problems, poor parenting skills, peer interactions, socioeconomic status, and sometimes a family history of offending. Treatment programs found to be most effective were family therapy programs. These programs were developed with multiple stages to allow therapists the ability to develop trust within the families to provide the best possible treatment. These programs allowed for families and juveniles to correct their behaviors along with allowing them the tools to better themselves in the future.

Developing these programs steps had to be taken to analyze the effectiveness. The blueprint for violence prevention provides researchers and communities with the means of analyzing programs for their effectiveness before implementing them. Communities can use this information to develop a cost effective way of determining the

best course of treatment for those in their communities. This site provides data analyzing the long term effectiveness of programs along with detailing how the program is to work.

### Recommendations

It is recommended by this researcher that judges be presented with this information so that when a parent is arrested and charged in a community that they can sentence the parent accordingly. Some research states that it is best to provide care to juveniles when they are in their formative years (preschool) in order to provide them with the tools to prevent offending. With that being said, parents being charged should go to functional family therapy in order to learn the tools necessary to help their children in the future.

Juveniles who commit offenses at a later age should also be allowed access to family therapy or preventative treatment programs to allow juveniles the opportunity to correct negative behaviors so that they do not grow up to become chronic offenders.

Much research has been done on the topic of juveniles and treatment programs. Treatment programs that involve therapy are beneficial when the juvenile and family are willing to listen and let the program work for them. Alternative programs should be developed as a means of combatting the negative mindset and stigma involved with therapy programs. Incarceration is an alternative to therapy, unfortunately when the juvenile is released they will still be released back into the same situation without new tools to prevent bad decision making.

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