A Treatment Program Recommendation for Violent Juvenile Offenders Who Suffer from Battered Child Syndrome

Approved: Dr. Cheryl Banachowski-Fuller 12/06/2016

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December 2016

Acknowledgements

I want to thank two special people who have inspired me and helped me along the way in my academic journey. They kept me going when things got tough and helped me persevere.

First, to my son Trevor Conley. I love you with all my heart and you've encouraged me and challenged me as I went along. I loved teaching you the new things I've learned and hearing your questions and thoughts. You've also been very understanding when I had to take time for schoolwork. Thank you!

Second, to my best friend Crystal Bell. You too have encouraged me to keep going when things got hard and you were always eager to hear about the new things I learned throughout my courses. You are a true friend!

And to all of my professors at UW-Platteville and to my Seminar Paper Advisor, Dr. Cheryl Banachowski-Fuller. Thank you so much for your time, encouragement, wisdom and knowledge. It's been great a pleasure having you as my professors and advisor!

Abstract

Child abuse is a problem in the United States. Some severely abused children develop what is known as Battered Child Syndrome. This abuse also increases the likelihood that children will become violent offenders in their lifetimes. This research paper discusses the relationship between abuse, battered child syndrome, and juvenile offending. Statistics, theoretical framework, and case examples are presented as well. Juvenile offender treatment programs in four states are analyzed and showcase some of their strengths and weaknesses. Finally, a recommended treatment program for violent juvenile offenders suffering from battered child syndrome will be presented.

Keywords: battered child syndrome, treatment programs, juvenile offenders, child abuse

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Child abuse is one of the worst crimes to be committed. Not only is the abuser ruining the child of today, they are destroying the adult of tomorrow. It's estimated that an incident of child abuse is reported to authorities every 10 seconds (Child Abuse Statistics and Facts, 2016). Every 10 seconds there is hope for at least one abused child to receive the help they need to escape their ordeal and have the perpetrators of this crime stopped, hopefully for good.

As young children mature into teenagers, the abuse that they suffered in their younger years can have a detrimental effect on their behavior as juveniles. Specifically, abused children are 25% more likely to experience teen pregnancy; they are 59% more likely to be arrested as a juvenile; 28% more likely to be rearrested as an adult; and 30% more likely to commit a crime of violence (Child Abuse Statistics and Facts, 2016). In 2012 alone, there were 2.9 million reported cases of child abuse and 1,593 of these children actually died from their injuries (Child Abuse Statistics and Facts, 2016).

No child deserves to be battered, ever. Battering of a child can never be excused. There are reasons, however, that try explain why parents and caregivers act out against their children. These are called risk factors, which if present, increase the likelihood that a child will be a victim of battering (Latzman & Merrick, 2014). Factors that are present that will decrease the likelihood of the child becoming a victim are referred to as protective factors (Latzman & Merrick, 2014).

Risk factors can include a parent's substance abuse or mental health issues, low income, low education, being a single parent, poor parenting skills, and being at a young age (Latzman & Merrick, 2014). One positive aspect is that these risk factors aren't static and they can change as time goes on. The parent can be taught parenting and coping skills, as education increases so does income which can afford a better (happier) lifestyle, and young parents mature as time passes. Given that these factors are dynamic, it makes it that ever more essential to identify these risk factors as soon as possible in caregivers by health care professionals, educators, social workers and even law enforcement.

Protective factors include social support, living above the poverty line, higher education, and having a warm, loving, and trusting relationship with at least one parent (Latzman & Merrick, 2014). These factors pave the way for a child to have a chance to enjoy a life of love, growth, and prosperity in their home.

Prevention is the key to keeping children and juveniles free and safe from child abuse and the inevitable tragedies that follow. It takes a concerted effort between many individuals and organizations in society to help recognize the danger that child abuse could occur and stop it before it does. Some of the techniques being used to help prevent child abuse include the following (Child Abuse and Neglect: Prevention Strategies, 2016):

Enhancing parenting skills – teaching parents coping strategies, providing information on child development, and helping to strengthen existing family bonds.

Strengthen economic support for families – financial management classes, creating family-friendly work policies for parents, providing access to financial help in extreme financial difficulty.

Changing of social norms to benefit families – positive parenting campaigns, promoting the importance of marriage and family, helping men understand the importance of fatherhood.

Providing quality child care and education early on – improving the quality of child care through increased licensing and inspection laws, funding and promoting pre-school opportunities that include interaction with the entire family.

Many violent juvenile offenders who suffer from a syndrome known as Battered Child Syndrome (BCS) are in need of special treatment programs as part of their rehabilitation. Most states have rehabilitation type programs for juveniles within their detention facilities and juvenile offenders with BCS are in great need of those services and more.

BCS is defined as a collection of injuries suffered by a child as a result of being repeatedly mistreated or beaten (Parish, 2002, p. 1). A diagnosis of BCS is usually made after a visit to the emergency room when the child is taken to have the "accident" looked at. The discovery of injuries at different stages of healing is almost always indicative of BCS (Battered Child Syndrome, 2016).

Not only does the child who experience BCS suffer physical abuse, they suffer emotional abuse along with it as well. This emotional abuse can manifest itself in certain behaviors such as disruptive, aggressive or illegal behavior, self-destructive behavior, poor self-image, drug or alcohol abuse, school problems, suicidal thoughts, and the inability to trust others (Battered Child Syndrome, 2016).

Being a victim of BCS is a significant contributing factor in influencing juveniles who commit violent crimes such as assault (Child Abuse Beyond the Family, 2015). If given access to an effective and appropriate treatment program many of these juveniles could maybe show great potential for positive change.

Some treatment services that are typically offered to these juvenile offenders include counseling, interpersonal skills training, anger management, and problem solving skills. Juveniles with BCS may need these types of rehabilitation services for longer periods of time and more intensely than others. However, the treatment programs that currently exist within detention centers around the country for juvenile offenders are lacking in multiple ways. First is the problem with providing first time offenders and repeat offenders with the same treatment. Repeat offenders have offended more often and most times commit crimes that are more serious than first time offenders (Darbouze, 2008, p. 115). Because of this, treatment approaches and methods need to differ. Second, juveniles are many times treated without any treatment for the family they come from. By not treating the family as a unit, the juvenile offender is returned back into the same living/family situation from which they came that had a hand in fostering their delinquent behavior in the first place (Hoffman, 2016). Lastly, juveniles' needs on an individual basis are not routinely being addressed. Each offender is different in some way(s) than other offenders. Only treatments that are specific to the juvenile based on their specific needs can provide opportunities for successful rehabilitation (Stams, 2015, p. 1265). Also, some juveniles aren't ready or capable to receive the full benefit of the standard generic treatment program they are in and they need a more tailored approach (Fernandez, et al, 2012).

The purpose of this research is to review some of the juvenile treatment programs that currently exist within agencies in four states around the U.S. with the objective of gaining knowledge to recommend a new juvenile treatment program that would specifically benefit juveniles with BCS who have committed violent crimes such as

murder, rape, manslaughter, and aggravated assault. This research will address what within these current programs is proving to be successful along with what the weaknesses are. The research will examine treatment programs in Florida, New York, Oregon, and California and will compare and contrast the strengths and weaknesses among these programs. Social Learning Theory, Intergenerational Transmission of Violence Theory, and Opportunity Model of Victimization Theory will serve as the theoretical framework for the research. Finally, a recommendation will be made for a potential new treatment program that could be ideally suited for juvenile victims of BCS in hopes to better counsel, heal, rehabilitate and guide those particular juveniles who are so very much in need of help.

What is Battered Child Syndrome?

BCS occurs as a result of long term physical violence against a child or adolescent which produces a collection of injuries (Battered Child Syndrome, 2002). BCS is suspected when a child or adolescent presents with injuries to medical personnel or police that are more severe than would normally be expected from an accident or illness. If the child or adolescent has additional injuries that are at different stages or healing or if they have a record of being treated for injuries, the same type or various, then this is considered a warning sign that the child or adolescent is being abused and is suffering from BCS.

Child abuse is prevalent in the United States. A report of child abuse is made to authorities every 10 seconds (Child Abuse Statistics and Facts, 2016). Many of these children have been abused before and the perpetrator is usually someone they know and

trust such as a parent or family friend. Table 1 below presents a picture of child abuse statistics in the U.S. in 2012 (Child Abuse Statistics and Facts, 2016).

Table 1

2012 Child Abuse and Neglect Statistics

Description	**Statistic**
Number of child abuse reports every year in the U.S.	2.9 million
Number of children who died of abuse or neglect in 2012	1,593
Ages of the children who died of abuse or neglect in 2012	70.3% were under 3 years of age 44.4% were under 1 year old
Percentage of girls vs. boys who were victims of abuse in 2012	48.5% were boys 51.2 % were girls
Percentage of child abuse cases where the parent is the perpetrator in 2012	80%
One in <how many> children suffer and/or witness <what>	1 in 10 suffer from maltreatment; 1 in 16 suffer from sexual abuse; 1 in 10 are a witness to family violence
Age range groups of child abuse and neglect perpetrators in 2012	82.2% between 18-44 39.6% between 25-34
Gender of child abuse and neglect perpetrators in 2012	45.3% were male 53.2 % were female

The History and Evolution of BCS

Credit: www.kempe.org

In 1962, Dr. C. Henry Kempe and his colleagues were instrumental in leading the way to identify and recognize child

abuse with a paper called *The Battered Child Syndrome* (A Rich History, 2016). This paper is considered the most significant event in creating awareness and exposing the realities of child abuse (A Rich History, 2016).

Ten years after his paper was written, Dr. Kempe founded the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. Here, Dr. Kempe's goal was to improve the well-being of children and their families along with the communities they live in (A Rich History, 2016). The Kempe Foundation was formed shortly after to help fund the Kempe Center and to promote its cause on a wider scale.

Today, the Kempe Center is in the forefront of research, education and advocacy on child abuse. To date, the Center has treated 2,008 children, served 648 parents & caregivers, and trained 6,110 child welfare professionals (A Rich History, 2016). The Kempe Center is located in Aurora, Colorado.

As time has moved forward, physicians are now adept at looking for the symptoms of BCS in children that are victims of child abuse. BCS is diagnosed through observing a collection of features versus administering a single diagnostic test. Evaluating and treating BCS has also evolved into more of a collaborative and multidisciplinary process (Recognizing and Assessing Child Maltreatment, 2012). Also, not only are physicians and other health providers looking at BCS from a physical point of view but from a psychological point of view as well. The body and the mind work as one.

Professional training in understanding, diagnosing, treating, and managing child abuse is now a standard requirement for those providing care, guidance, and legal assistance to children and families in crisis. In 2009, approximately 191 pediatricians were certified in child abuse pediatrics which is a new specialty in the medical field (Recognizing and Assessing Child Maltreatment, 2012).

The Characteristics of BCS

Both the abuser and the abused exhibit features of inflicting and suffering from BCS, respectively. The abuser often poses an indifferent or hostile attitude toward the child they are abusing (Child Abuse Symptoms, 2016). Things such as not showing concern for the child's recovery from an injury or not expressing emotions such as anxiety or worry that the child is hurt can indicate indifference. Some abusers are hostile towards the child. Referring to them in a negative way, speaking harshly to the injured child, or blaming the child for the injury can indicate that the abuser may have had a hand in causing the child's condition. These behaviors aren't absolute proof that they are abusing the victim but they should give rise to suspicion by medical personnel, law enforcement, and others involved in the child's care.

The features of BCS in the child are irrefutable. Such injuries as bites, burns, broken bones, and bruises can indicate physical abuse. Emotional and sexual abuse can manifest themselves by the child being withdrawn, being afraid of adults, experiencing depression, having genital pain, and sexual behavior or knowledge that's inappropriate for the child's age (Child Abuse Symptoms, 2016). Neglect can be seen in such things as poor hygiene, lack of appropriate clothing, poor school attendance and mood swings (Child Abuse Symptoms, 2016). The prognosis for children with BCS depends on the

severity of the injuries and the type of injuries. Any child who experiences BCS, whether it be physical, mental, sexual or through neglect, will also need psychological counseling as part of their recovery.

The Special Needs of Juveniles with BCS

Juveniles who have suffered repeated abuse are often times scarred for a very long time if not for life. Abuse can change the person within as well as what's visible on outside in the form of scars, deformities, and the like. Given that children and juveniles are in the process of developing their bodies, personalities, their view of the world, and their sense of who and what to trust, those who suffer from BCS have special needs that need to be addressed and provided for. Since the highest percentage of children who are victimized are between the ages of birth to 3 years, the damage that has been done to juveniles with BCS has been with them from a very early age (Modell, 2012).

Interdisciplinary teams, sometimes called Multidisciplinary Treatment Teams, are often needed to address a child's need as a result of abuse (Modell, 2012). Since abuse inflicts physical, emotional and social damage on child, they will need specialists that are trained and well versed in dealing with abuse of children and juveniles. Pediatric specialists are often involved with other medical specialists in the physical care of children. Social workers, nurses, and mental health therapists are needed to ease and monitor the interview and exam process so as to ensure that the child is not traumatized further, if possible, during the treatment process. Many times abused children are afraid and ashamed of what's happened to them and don't know how to express themselves or understand what's needed of them so they can receive help. Individuals that are trained

to talk to children based on their stage in child development process are very helpful in interpreting the child's behavior and what's being said.

Sometimes abused children don't receive the special care they need in order to heal from the abuse they've suffered. Emotional and physical pain mounts to a point where the child can no longer deal with their circumstances and they decide to find a way out (Lichtenwald, et al, 2008, p. 43). On occasion, this way out includes eliminating the source of the abuse permanently. When the abuser is the parent, the act of killing that parent is known as parricide. Self-preservation is a human instinct and very difficult to overcome especially for a young person. What drives an adolescent to kill their parent is much different than what drives them to kill a stranger. The three types of individuals who commit parricide are mentally ill children, antisocial children, and severely abused children, with the latter category being by far the most common type (Hart & Helms, 2003). Abused adolescents become keenly aware of when to expect battering and how bad the battering might be based on the actions of the parent. When an adolescent suffers from BCS, all of the fear and anger erupts during the confrontation that ends with parricide (Hart & Helms, 2003). Since adolescents who suffer from BCS and commit parricide are very different from adolescents who kill strangers, the courts need to take that into consideration when dealing with these types of cases.

Three court case examples of adolescents where BCS was either used as a defense to committing parricide or used as a mitigating factor are presented below. Only one case had a positive outcome.

Cody Posey. At age 14, Cody Posey of New Mexico killed his father, step-mother and sister in 2004. Cody had repeatedly and severely been abused as a child (Rowe,

2006). His father would beat him with shovels, rocks, a hay hook, and other tools on the farm. Cody was also humiliated on the farm and isolated from others. The breaking point was when his father tried to force him to have sex with his step-mother. After an evaluation, it was determined that Cody suffered from PTSD and BCS. At trial, instead of being convicted of first degree murder, he was convicted of voluntary manslaughter. The judge took into account the fact that Cody suffered BCS and PTSD and convicted him of the lesser charge. The judge sentenced him to 6 years in a juvenile detention facility until his 21st birthday. Cody was released from detention on October, 8, 2010 to resume his life.

Jason MacLennan. On January 13, 2005, Jason MacLennan of Minnesota shot his father with a .22 caliber rifle killing him (Amato & Packer, 2006). Jason testified that he was acting in self-defense because he was afraid of his father. He claimed that his father severely emotionally abused him throughout his life and that he suffered from BCS because of it. Family, friends and neighbors testified that Jason's father did indeed neglect and abuse his son. However, the court felt that the severity of Jason's abuse was not to the degree of BCS so it could not be considered in the case. Unfortunately, Jason was convicted of first-degree murder and is serving life in prison.

Zachary Reid. On October 5, 2008, 16 year-old Zachary Reid killed his father by strangulation in their Neenah, Wisconsin home (Teen Goes on Trial for Killing Father, 2009). Zachary and his father were involved in a physical altercation where Zach ultimately put his father in a chokehold that resulted in his father's death. Zachary then proceeded to wrap the body in blanket, load it into the trunk of his father's car, and drive it to a local elementary school. It was here that cops found the father's body. During the

trial a forensic psychiatrist testified regarding how battered child syndrome was applicable to the case and that Zachary was afflicted with the syndrome (Teen Goes on Trial for Killing Father, 2009). Zachary's mother confirmed that he had suffered a long history of abuse from his father (Neenah teen gets life in prison for strangling his father to death, 2009). At trial Zachary was convicted of first degree intentional homicide and sentenced to life in prison with an opportunity for parole after 40 years.

BCS's Role on Violent Juvenile Behavior

Prime factors that increase violent behavior in children and juveniles include being the victim of physical or sexual abuse and also witnessing violence within the home (Violent Behavior in Children and Adolescents, 2015). Prolonged and frequent abuse can further increase the likelihood that a child or juvenile will lash out at some point in time with violent behavior towards another person either from pent up rage or actual physical abnormalities in their brain.

BCS can have an effect on the developing brain by way of neurological disturbances and brain-wave abnormalities (Teicher, 2000). This damage can produce a myriad of psychological disorders that can prompt the juvenile to project the unpleasant, and sometimes violent, symptoms inward upon themselves or outward towards others through violent behaviors.

Some of the psychological disorders a juvenile can develop include borderline personality disorder, dissociative disorder, and PTSD (Teicher, 2000). With any of these disorders, the juvenile can become quickly enraged, unpredictable and violent. Additionally, hyper vigilance, irritability, decreased judgement, and paranoia are all side

effects of abuse that can produce violent behavior in a juvenile who hasn't been provided with the treatment and care needed to help reverse the effects of the abuse.

All children who suffer from BCS need help, but not all States have the resources to provide the specialized help and care that's needed. The goal of this research is to review some of the resources that currently exist to recommend a new juvenile treatment program that would specifically benefit juveniles with BCS who have committed violent crimes such as murder, rape, manslaughter, and aggravated assault. This research will argue that of the current resources offered some are successful in helping children during their recovery efforts while many resource offerings miss the mark in their intended purpose. A recommendation will be presented that proposes a specific program tailored for helping children who suffer from BCS that includes coverage for the special needs that these children have. When those special needs are met children suffering from BCS will have a better chance at recovery and a much lower chance of committing violent crime.

Theoretical Framework

What are children battered? Why do some grow to commit violent crimes in their later adolescence? These are very important questions to be both asked and answered. Criminology and victimology theories aide in answering these questions. These theories of causation explore what drives a person to batter their child by looking at both the batterer's past and present circumstances. Also, these theories explore how the actions of the batterer drive the child to violence. Dr. C. Henry Kempe believes that education and understanding, which theories of causation can provide, is the key to successful prevention and treatment programs regarding child abuse. (A Rich History, 2016). Three

theories that most commonly explain child abuse are the Opportunity Model of Victimization, the Intergenerational Transmission of Violence, and Social Learning. Intervention strategies related to these three theories can help provide relief for the abused child and a new direction in parenting for the adult.

Opportunity Model of Victimization Theory

The Opportunity Model of Victimization combines aspects of the Lifestyle Theory and the Routine Activities Theory (Roberson & Wallace, 2015, p. 11). As a result, the opportunity model of victimization considers the time and space relationship between the abuser and victim in which victimization is the greatest (Roberson & Wallace, 2015, p. 11). Here, the child is in direct contact with the perpetrator of the abuse, there's most likely no one to protect the child and the child becomes vulnerable to victimization because of this. The child is also vulnerable due to their diminished size and strength as compared to their abuser. Given that an incident of child abuse is reported to authorities every 10 seconds (Child Abuse Statistics and Facts, 2016), perpetrators of this crime really take advantage of this type of opportunity to abuse a child. The child is in their care, dependent upon them, most times are unable to secure help, and sometimes can't put up a fight back.

Children are most likely to be victimized in the hours immediately following the end of the school day (Wordes & Nunez, 2002). They return home and become susceptible once again to violence. An intervention strategy of providing plenty of after school activities between the hours of 3p.m. to 6p.m. can help mitigate the risk of children being abused in the home during this time period. Targeting these activities

towards students who are most at risk for victimization further helps in the intervention effort.

Another advantage of targeting children who are at risk of victimization is being able to target the parents of these children. Studies have shown that by providing these parents with parenting skills, coping skills, financial assistance, and other forms of support, the instances of abuse and neglect have been lowered as well as a rise in the child's self-esteem and happiness in life (Wordes & Nunez, 2002). Many of these interventions are aimed at teenage-mothers, minority groups, and lower income families.

Foster Care programs provide a solution for children to be removed from their abusive situation so the opportunity is no longer there for them to be abused. There are many foster care programs throughout the United States. One particular program in Austin, Texas that helps place children in either basic foster care or therapeutic foster care is called Helping Hand Home for Children (HHH) (Foster Care & Adoption Program, 2016). In addition to placement, HHH provides residential treatment to children who have so severe emotional and behavioral problems that they aren't able to be placed in foster care yet. The treatment provided includes psychiatric, behavioral intervention, testing and evaluation, and more.

Juveniles with BCS who have committed violent crimes are separated from their abuser as a result of committing their crime. Sadly, time cannot be reversed to prevent abuse that's already happened, however, restricting the abuser's visitation access, etc. to the juvenile helps the victim feel safer in knowing that there's no possibility of a physical altercation happening again. Section V of this paper will detail the benefits and types of

separation along with a suggested road the juvenile needs to take so they will not have to be separated from their children for this reason in the future to come.

Intergenerational Transmission of Violence Theory

The Intergenerational Transmission of Violence Theory states that violent and aggressive behavior is learned within a family and it's passed on from one generation to the next (Roberson & Wallace, 2015, p.162). From this it's a commonly held belief that if a person was abused as a child they will most likely be abusive to their own children. According to research, parents who experienced childhood physical abuse are 19% more likely to have children that they will victimize by the age of 26 months (Appleyard, Berlin, & Dodge, 2012). Even though this figure is not 100%, it says that nearly 1 in 5 children will be abused and neglected just because their parents were abused. Accounting for the many other risk factors that can be present which may lead to abuse, 19% is a high percentage point and is never acceptable. Fortunately, some parents are able to break this cycle of violence. Having a social support network and access to professional help can be very helpful. The first step though is for the potential abusive parent to understand their feelings, understand the risks, and ask for help. The parent needs to make a rational, conscious choice not to continue the violence they endured as a child. A good first step for help is to perhaps enter into personal mental health therapy. Here, they can understand what was done to them in the past and why. The National Child Abuse Hotline at 1-800-422-4453 is a basic starting point for a parent looking for resources in their journey to self-help.

Credit: www.criminal-justice.iresearchnet.com

A child's witnessing of family violence influences how they interpret the violence and learn how to repeat it (Alif, et al., 2016). Witnessing violence and being the recipient of violence often lead children to become desensitized to it as well as justifying violence as acceptable (Alif, et al., 2016). This is a very disturbing phenomenon especially with desensitization. Here, not only will the child grow to potentially abuse others, they may not feel empathy towards people they aren't abusing as well. This contributes to a society with people who don't care to help others in order to make the world a better place, sometimes even on the smallest of terms.

Violence can also become intergenerational because the relationship between the abused child and the abusive parent becomes distorted (Alif, et al., 2016). When the child becomes a parent themselves, they don't know how to effectively parent their own child. They have no positive frame of reference from which to draw from. Without seeking help to correct their behavior, the relationship between them and their child becomes distorted too, thus, continuing the cycle. In deciding to receive help or not is the point in time of intervention for stopping the cycle.

A program in New York called the Violence Intervention Program has as one of their missions to break the cycle of violence (Theory of Change, 2015). The program is a nationwide program geared towards Latina women and children who are victims of domestic violence. Within the program, women are given the needed skills and emotional support to be successful on their own. It's through this success that the program aims to help the women break the cycle of violence and abuse they've endured and not pass it on to their children.

Witnessing and experiencing violence can be traumatic for a child. Juveniles with BCS who grow to commit violent crimes are in great need of mental health therapy. This also extends to their abusers. Individual therapy for the abuser and the victim will prepare them for entering therapy together in a controlled, monitored, non-confrontational, and safe environment. Section V of this paper will detail the many benefits of therapy and the types of therapy that could be needed as part of the juvenile's rehabilitation process.

Social Learning Theory

Social Learning Theory states that people learn to engage in crime through their association with others (Crime Causation, 2016). This behavior is modeled, supported or sanctioned, and often times rewarded. This theory is applicable in explaining the actions of both a child's abuser and the child. The abuser has previously learned to be violent and the child experiences this violence and carries it on, sort of like a contagious disease (Science of Violent Behavior, 2016).

The individual who inflicts violence upon a child has more than likely experienced violence themselves in the past (Science of Violent Behavior, 2016). This is a learned behavior from the abuser's past that they've carried forward into their present. Of course this learned behavior was not acquired intentionally by the abuser such as one would acquire knowledge through taking a college course. This type of abusive behavior is learned after repeated exposure over and over again.

The victim of BCS experiences their abuser's learned violent behavior from the past firsthand. The child learns that the way to express negative emotions and resolve

conflict is through violence (Science of Violent Behavior, 2016). They are not taught any other way and a positive role model on how to deal with conflict and emotions is lacking. As a result, sometimes the child applies this learning to their dealings with others in society. The violence learned manifests itself through delinquency which can escalate to more serious crimes.

Interventions that are based on the social learning theory have two purposes. One is to stop the current abuse that is going on and the other is to prevent future abuse (Research Theories about Child Abuse, 2016). The intervention aims to teach the abuser and the child new ways to relate to each other appropriately within the family or other type of relationship. These new ways focus on communication and using words instead of violence. In essence, this is also a way of breaking the cycle of child abuse.

The Adolescent Diversion Project based on the campus of Michigan State University uses the concepts of social learning theory in the program (Program Profile: Adolescent Diversion Project, 2016). The program is targeted at arrested youth and diverts them from being formally processed into the juvenile justice system and provides them with community based services instead. The goal is to prevent further delinquency by strengthening attachments to their families and other people in the community that will provide a positive influence in them. Social learning theory is referenced in the program as the reason why the arrested youth are delinquent (Program Profile: Adolescent Diversion Project, 2016). Delinquency is learned through association with certain peers, family members and others.

Victims of BCS who have committed violent crimes need to learn new ways of communicating in the world, to understand and develop feelings of empathy for others,

and accept that violence in society is not acceptable. Learning new ways of thinking and feeling takes practice, examples, and time. Section V will provide suggestions to accomplish this.

Theories try to provide an explanation to the questions of who and why of child abuse. They struggle to shed light on what causes an individual to hurt a child and how and why that child responds and matures the way they do. Integrating various aspects of the three theories discussed above can possibly answer the questions of who and why better than each theory standing alone. Those tasked with protecting and caring for abused children need to understand and apply the teachings of applicable theories to best help those children in need.

Overview of Juvenile Offender Treatment Programs in Florida, Oregon, California and New York

As of 2014, there were 1,852 juvenile correction facilities in the United States (Juveniles in Corrections, 2016). Of that total, 1008 are public and 844 are private facilities. Within these facilities, 50,821 juvenile offenders are held (Juveniles in Corrections, 2016). Some of these facilities offer treatment programs and some do not. This section of the paper will look at treatment programs in Florida, Oregon, California, and New York. A description of the program is provided that includes some of the treatment options used. The programs will then be compared and contrasted on select elements that are generally found in treatment programs. This will give a view into how they are alike and different with respect to those elements.

Florida Department of Juvenile Justice's Residential Commitment Program

Some delinquent youths in Florida are placed into a commitment program after being adjudicated delinquent and only on the recommendation of a judge (The Office of Residential Services, 2016). The court also determines the juvenile's specific restrictiveness level. The determination of residential commitment is based on the level of threat to public safety and also on the specific needs of the juvenile.

Florida's Juvenile Justice System is designed to rehabilitate juvenile offenders through methods of counseling, supervision, and treatment (The Office of Residential Services, 2016). During Fiscal Year 2010-2011, 8443 offenders received treatment. All youth in the program are provided with educational and vocational services in order for them to continue or complete their high school studies while in commitment or for preparing for a trade for use later in life. The time spent in commitment is indeterminate for each juvenile. Additionally, each juvenile must complete an individually tailored treatment program specific to their needs (The Office of Residential Services, 2016).

Specific sex offender, mental health, medical, and substance abuse services are also available to juveniles in commitment. Additionally, each juvenile participates in daily recreational activities. Religious services are offered but not mandatory of any juvenile. Mental health services are of great need and well utilized since 66% of males and 75% of females have at least one psychiatric disorder within the program (The Office of Residential Services, 2016). By placing each offender in specialized treatment, providers and staff try to ensure that the juvenile has the tools needed to re-enter the world with the best possible chance of not recidivating.

Oregon Youth Authority's Treatment/Reformation Services Program

The Oregon Youth Authority (OYA) is responsible for the managing, supervising, and administering Oregon's juvenile correctional facilities, the juvenile probation and parole services as well as placing offending youth in out-of-home environments (Oregon Youth Authority, 2016). Their mission is to protect the public and also hold juveniles accountable for their criminal acts while also trying to rehabilitate them for a better future.

Within the first 30 days of a juvenile's commitment, a needs assessment is performed that will determine the juvenile's needs in order to create the best case plan that will allow for success in the child's treatment. Areas such as prior criminal/delinquency history, mental health, substance abuse problems, relationship with the parents, and personality are all addressed. Treatment focuses on the behaviors, skills, beliefs, and thinking that the child needs to develop and improve upon to become functioning and law abiding members of society (Oregon Youth Authority, 2016). The outcome of the assessment is critical in helping match the offender with the appropriate OYA program offering.

The OYA offers 12 researched based programs. These programs are designed using methods and principles that are shown as being affective in rehabilitating youth in a correctional setting and also are proven to reduce rates of recidivism in juveniles. (Oregon Youth Authority, 2016). Table 2 below highlights OYA's 12 programs.

Table 2

Oregon Youth Authority's Juvenile Offender Treatment Programs

Program	Description
What Got Me Here?	Introduces cognitive skill building through reframing risky thinking and also on reinforcing pro-social behavior through modeling. Teaches group behavior and helps assess the youth's proper placement on the stages of change continuum.
Changing Offender Behavior #1 and #2	Juveniles are taught skills for recognizing, avoiding, and/or coping with situations, thoughts, feelings that lead to behaviors that could put them at high risk for criminal activity. They then have opportunities to practice and apply the knowledge and skills in order to avoid and cope with high-risk behavior in the future.
Skill Streaming	A series of pro-social psycho-educational competencies designed specifically for adolescent youth. Teaches interpersonal skills to aggressive, anti-social youth using a step by step structured format.
Core AOD Treatment (CYT-MET/CBT12)	A 12- session program focused on the internal and external triggers surrounding chemical use, management of high-risk situations and development of pro-social skills.
Social Skills/Boys Town	Social skill trainings that can be used to augment any of the cognitive curriculums. These trainings have been mapped to the major mental health diagnoses. This allows the offender's treatment to focus on skill trainings that are most necessary given the juvenile's mental health condition(s).
Coping with Depression	A cognitive-behavioral curriculum that focuses on the cognitive restructuring of adolescent thought patterns related to depression. Also provides social skill-building related to better family, peer and social relationships.
Dialectical Behavior Treatment (DBT)	DBT is a specific treatment for juveniles with a past history of suicidal behavior and difficulty regulating their emotions. This treatment requires further assessment and evaluation before implementation.
Core Sex Offender Treatment	Areas addressed include: attitudes and beliefs about sex and sexuality; healthy sexuality; sexual history disclosure; behavioral, cognitive and emotional modulation skills; patterns of offending behaviors; effects of victim awareness and understanding; ownership or taking responsibility for sexual offending behaviors.
Street Smarts	Street Smarts (Self-analysis of Mentality and Attitude through Reformative Treatment Services) is a gang intervention group that educates youth through skill development and working with them to identify criminogenic risk and risk thinking that

Program	Description
	prevents them from coping with barriers that prevent them from living a crime-free lifestyle.
Seeking Safety	Female youths having both a history of trauma and substance abuse is common. This program integrates the treatment of both of these problems. Five key principles are focused on: 1. safety is a priority 2. integrating both treatments at the same time 3. a focus on ideals 4. four content areas of cognitive, behavioral, interpersonal and case management 5. attention to the therapeutic process.
Pathways to Self-Discovery	Helps juveniles gain freedom and strength by learning how to control the most important parts of their mind—their own thoughts. Youths learn to gain control over their thoughts and feelings which in turn leads to their being able to adjust their actions. The focus includes: 1. deciding what to change 2. using the tools to change 3. ownership to change or calling the shots.
Aggression Replacement Training (ART)	Focuses on the problems associated with a youth's aggressive behaviors and provides skills to choose an alternative behavior. The core components of the program include: 1. skill streaming 2. anger control training 3. moral reasoning training 4. special emphasis is placed on motivation and resistance to change.

California Department of Corrections and Rehabilitation's Juvenile Education and Treatment Program

California's Division of Juvenile Justice provides services to offenders up to the age of 25 and is reserved for the most serious of juvenile offenders and ones who have the most intense treatment needs (California Department of Corrections, 2016). These services are provided to less than one percent of the 225,000 juveniles who are arrested each year (California Department of Corrections, 2016). Other less serious offenders are housed and treated in their home communities.

While in the program juveniles are provided with treatment regarding mental health issues, substance abuse problems, sexual offending behavior, and anger management issues (California Department of Corrections, 2016). Treatment plans are created for each juvenile based on their specific needs. These plans take advantage of each juvenile's unique strengths in order to maximize the effectives of the treatment plan. Offenders are also housed together in specific housing units with others who have the same needs as they do. The units are staffed in such a way (number and type of staff) to ensure that each offender is given enough attention and treatment that is required to meet those specific needs.

Education and vocational services are also provided to juveniles during their road to rehabilitation. The Division of Juvenile Justice has an accredited school system where the juvenile offender can receive the same education as they would in the general public (California Department of Corrections, 2016). Offenders go to school during the day just like a person would in traditional school districts. Offenders can also work to achieve a GED as well. Either a diploma or GED is mandatory for the juvenile to be granted parole. After completion, the offender may also take college courses or other vocational classes if they want.

New York State's Division of Juvenile Justice's Supervision and Treatment Services for Juveniles Program

In 2011, the State of New York created the Supervision and Treatment Services for Juveniles Program (STSJP). The STSJP provides funding for municipalities to develop and use cost effective, community-based programming to help divert at risk youth from placement in detention or residential care (Supervision and Treatment

Services for Juveniles Program, 2016). Youth that are targeted include juvenile delinquents, juvenile offenders and those deemed as a person in need of supervision.

The State of New York recommends that municipalities create programs that contain specific treatments for juveniles. One important aspect is that the treatments be family centered. Treating the family can rebuild bonds, trust, and more fully explore what is causing the juvenile's delinquency. As part of STSJP diversion initiative, the specific groups of juveniles targeted include those with substance abuse problems, mental health disorders, and learning disabilities (Supervision and Treatment Services for Juveniles Program, 2016).

In addition to providing family centered therapy, the STSJP provides placement services to juveniles in need. Helping with safe placement continues on the theme of diversion by trying to find a suitable, safe, and constructive environment that will keep the juvenile from detention or residential placement. Additionally, if a juvenile is remanded to detention or residential placement, the STSJP works provide post-release services through the community. Reducing recidivism is also a goal for the STSJP.

Compare and Contrast Matrix

The four treatment programs presented have some similarities and differences. All seem to have at their core the care and concern for the juvenile and their rehabilitation. Table 3 below lists various elements that are typically related to child abuse treatment programs (Lipovsky, 2016, p. 7). Each State in the matrix is evaluated on whether they incorporate each element into their treatment program.

Table 3

Compare and Contrast Matrix

	Florida	**Oregon**	**California**	**New York**
Individualized Treatment Plans	x	x	x	x
Extensive Treatment Options		x		
Screens for Victims of BCS				
Includes Family Members in Treatment Plan	x	x		x
Employs Research Based Treatment Techniques		x	x	
Uses an Interdisciplinary Approach to Rehabilitation	x	x	x	x
Focuses on Cognitive Behavioral Treatments	x	x	x	x
Helps Reintegrate the Juvenile Offender Back into Society	x	x	x	x

All four States have positive aspects to their treatment programs for juvenile offenders. Though none seem to explicitly screen for offenders suffering from BCS, the treatment that is provided in the program will greatly benefit the offender who suffers from BCS. Oregon's extensive treatment options within their program offer a broad range of ways to approach treating the juvenile to help them on their road to recovery and back into society. All State programs offer individualized treatment programs specific to

the juvenile. This is extremely important since each offender is different from others in their circumstances. All States also take a multidisciplinary approach by employing services from counselors, doctors, therapist, lawyers, etc. This provides for a well-rounded approach to treatment. Treating family members is essential in the healing and rehabilitation process as well. Many destructive patterns of behavior and thought have an origin within the family dynamic. By treating the family as a unit the juvenile is served best.

Section V of this paper presents a possible treatment plan for consideration for juvenile offenders affected by BCS. Some elements will reflect what is being done within the four States analyzed. Other elements strive to be innovative. The goal, however, is to present a possible treatment plan that will integrate well known treatment options with new ones in order to form a positive and useful new program for juvenile offenders specifically afflicted with BCS.

A Recommendation for a Successful Juvenile Offender Treatment Program for Offenders Experiencing Battered Child Syndrome

Juvenile offenders who are suffering from BCS need special treatment. Since juveniles with this disorder usually have a long history of abuse, an array of services are needed to treat them and sometimes more intensely and for longer durations. Additionally, a juvenile defendant with BCS can present special circumstances at trial with respect to whether the syndrome has an effect on their case. Cases where BCS is being considered lots of times need to have Frye-Mack hearings beforehand since BCS is still considered a novel scientific theory (Amato & Packer, 2006, p. 414).

This section of the research paper will present a suggested treatment and rehabilitation program for juvenile offenders who commit violent crimes. The program aims to produce program participants who recidivate less in the future, are easier to treat while in the program, and show signs of faster progress while in the program.

Objectives of the Program

The main objectives of the suggested program is to help mend the damage done to juveniles through abuse as well helping them realize the consequences of their crime through restitution that's based on the seriousness of their crime. The program also aims to rebuild a positive family structure, enforce the importance of not recidivating, and to help the juvenile develop a more positive outlook for the future through mentoring, modeling, and setting goals for accomplishment.

Additionally, the program will keep in line with the theoretical framework discussed in Section III. In total, a well-rounded treatment program strives to produce a rehabilitated individual that can fully re-enter society and live a crime free, productive life when the time comes.

Program Logistics

Any juvenile offender under the age of 18 who commits a violent crime will be screened for a history of child abuse. This screening will consist of a physical and psychological exam. An attempt to retrieve past counseling records, if applicable, will also be made.

Offenders who are deemed as suffering from BCS should be placed in special, secure housing that will protect them from further physical or psychological harm that

could come from other offenders in detention or even from facility staff members. Strict monitoring routines will be in place as well as limited visitation for the offender. The offender's batterer will not be allowed access to the juvenile unless participating in the mandatory family therapy. Others not involved with the juvenile's care will only be granted access through the juvenile's assigned case worker.

Within three days of admittance to detention a case worker will be assigned and a rudimentary plan of action for treatment will be drafted. Appointments will start to be scheduled with counselors, doctors, legal professionals, and others as deemed appropriate.

Services Provided within the Program

Services that are provided within the program are designed to both meet the objectives of the program and the needs of the offender. Table 4 below lists the services provided to the juveniles in the proposed treatment program.

Table 4

Services Provided to Juvenile Offenders in the Proposed Treatment Program

Treatment Service	**Benefit**	**Theory Based**
Mandatory Physical Healing Plan	Treats residual physical wounds from past battering. One part of the mind/body healing process. Physician attests at trial to the offender's physical condition resulting from BCS.	Intergenerational Transmission of Violence
Needs Assessment	Gathers the specific needs to be addressed during the offender's treatment to extract the maximum benefit possible from services provided.	N/A
Restitution Plan	Aims at helping the offender make amends (if possible) with the victim. Teaches the offender to own his/her mistakes and realize the harm that	Social Learning

Treatment Service	Benefit	Theory Based
	was done as a result of their actions.	
Tailored Treatment Plan	Created to put into action the outcome of the needs assessment and also focuses on the offender's existing strengths to make the plan a success.	N/A
Mandatory Family Therapy	Aimed at further helping the juvenile face, understand, and heal from battering inflicted within the family by having the juvenile be in the presence of their batterer in a safe environment. Allows for questions, emotions, and explanations to be experienced among family members in a controlled manner. Also attempts to restore some level of family relations.	Intergenerational Transmission of Violence Opportunity Model of Victimization
Mandatory Individual Therapy	Guides the juvenile in talking through and expressing emotions, thoughts, anger, and fears to provide for mental healing. Allows for other elements of the treatment program to be more effective. Also includes an element of cognitive behavioral therapy. Therapist attests at trial to the offender's mental condition resulting from BCS.	Intergenerational Transmission of Violence
Optional Spiritual Therapy	Helps the offender heal and gain strength from a higher power(s) according to their own religious beliefs. Therapy is guided by an educated and/or trained spiritual leader.	Intergenerational Transmission of Violence
Journaling/Arts/Crafts/Music Therapy	Provides a fun, creative outlet to express emotions and ideas. Allows for relaxation and socialization with other offenders (if allowed/appropriate).	Social Learning
Planning for the Future Roadmap Design	This is the final focus of the treatment program that stimulates the offender to begin thinking about their life in the days to come. Tailored to either a life expected to be lived in prison or free society. Formulates reasonable goals, affirmations, and objectives to further enhance what was learned throughout the treatment program.	Social Learning

In addition to more formal, serious treatment that the juveniles receive while in the program, some fun and educational activities are offered as well. As part of the holistic healing approach, a child's spirit that was damaged as a result of BCS needs to be rekindled and allowed to experience some of the joys that were lost to being abused.

Exercise is well known to help the mind as well as the body. For offenders that are able to participate in physical activity multiple outlets will be offered. Team sports such as volleyball and soccer not only provide exercise but also help the offender feel what it's like to be part of a common goal with others. The social skills needed to form teams presents an opportunity for interacting with others on a positive, fun, and cohesive manner. Working together with teammates can also promote a sense of trust and belonging.

The love of an animal is completely unconditional. They give love and ask for nothing in return. Facility staff will work with local animal welfare agencies to provide supervised visitation with cats and dogs onsite at the facility twice a week. Supervision will be for the safety of the offender as well as the animal given that this particular group of offenders have committed violent crimes that have hurt others. Interacting with animals provides the offender with an opportunity to express positive emotions towards another living being.

Visual entertainment provides a mental escape from everyday stress and problems. Watching a movie or reading a book engages the mind and has the ability to send messages of love, friendship, responsibility, fairness in an unfair world, and the idea that even with many setbacks and hurts in life, one can still prevail. Very carefully selected titles can present these messages that offenders with BCS so often need to hear.

Juvenile Progress Assessments

It's important to ensure that the treatment offenders are receiving is benefiting them and providing for a positive change. This treatment program is intensive and very individually focused on each juvenile to help with their specific problems and situation. They need to receive its full benefit.

Each juvenile will be assessed within the first ten days of entering the program. Areas such as acclimation to the environment, type of behaviors exhibited, attitude towards staff and other program participants, and physical health will be evaluated and assessed. If any of these areas presents a problem or issue then swift corrective action will be taken.

At the end of the first month in treatment, the offender's behavior, social interactions, progress in therapy, and participation in program activities will be assessed. At a minimum at this point, the offender must display controllable and safe behavior towards other offenders and staff. If the offender is not making progress socially and in therapy (individually and family) then the treatment plan for that particular offender will be reevaluated and adjusted as needed.

From the end of the first month and at the end of every month thereafter, the offender's progress will be monitored and the plan will be adjusted accordingly. This could include adjustments to the amount of rehabilitation time spent with the offender, adjusting the approach to their therapy plan, or adding various other types of treatment options such as medications. Each juvenile is different and what may work for one may not work for another. Additionally, as the juvenile receives treatment other needs may

surface that weren't identified early on. This helps justify the need for regular offender assessment.

Program Evaluation

The effectiveness of the program will be reflected in the positive progress that the offenders make as a result of being in the program. If the recipients of the program's services are not showing improvement in their healing (both mental and physical), interactions with others, feelings about themselves, beginning to take some responsibility for their crime(s), then the program is not being successful in either its design or implementation.

A logic model for the treatment program is shown below in Table 2. A logic model is a graphical representation of a program's structure that attempts to explain the cause and effects of linking the resources, activities, and results (Hawthorne, Huse & McDavid, 2013, p. 47). A logic model is often used to help evaluate the effectiveness of a program. The proposed treatment program's logic model is displayed in Table 5 below.

Table 5

A Logic Model for the Proposed Treatment Program for Offenders with BCS

			Outcomes		
Inputs	**Activities**	**Outputs**	**Initial**	**Intermediate**	**Long-term**
• Juvenile Offenders • Police Officers • Parents of Offenders • Social Workers • Judges • Volunteers • Victims of the Offense	• Restitution activities • Police and Social worker reports • Needs Assessments • Therapy Sessions • Sports Games • Social entertainment activities	• Increased socialization • Juveniles' progress/assessment reports • Decreased juvenile aggression/depression	• Positive control of the offender • Physical healing • Resolution of conflict within the family • Victim/Offender Closure	• Offender increased sense of self worth and trust • Emotional maturity • Experience of remorse for crime	• Less or no recidivating • Increased Emotional stability • Appreciation for community and others • Ability to create and sustain relationships

An outcome evaluation model will be used for the treatment program. An outcome evaluation typically asks questions such as: is the program meeting its goals and objectives, is the program efficient, is the program effective, and how can outcome information be used to better the program (Shalock, 2001, p. 1).

The stakeholders that hold the most interest in seeing the program succeed is the juvenile justice system, society at large, the victims, and the juveniles themselves. Each have their own reasons for the treatment program to be successful. However, the most important stakeholders are the juveniles. Through extensive therapy they can begin to potentially live a life (either in free society or incarcerated) that is free of the fear of abuse, to understand and accept what has happened to them, to establish a sense of self-worth and reliance, and to believe in and experience trust in the world.

Part of the evaluation data collected will come from recidivism rates of the offenders and the behavior and progress reports of the offenders while in the program. In addition, more qualitative data will be gathered from the victims, the parents of the juveniles, program staff, therapists, and the actual offenders themselves.

Analyzing the data will attempt to answer the evaluation questions. These include is the program meeting its goals and objectives, is the program efficient and effective, and how can outcome information be used to better the program. The answers will tell the story of the treatment program's success, weaknesses, or failures in areas. The data will likely prompt other questions to be answered about the treatment program. To ensure that the program stays on point an evaluation will take place each year.

A successful treatment program for juvenile offenders experiencing BCS is an in-depth program that focuses heavily on the therapy and socialization aspects. The cognitive behavioral therapy element seeks to reformat the destructive thoughts and beliefs about the world that the juvenile has acquired through routine abuse and replace it with a healthy and realistic foundation from which to grow. This coupled with opportunities for positive, fun social interactions and a sense of responsibility can help the offender on their way to leading a life that's not distorted by the abuse of their past.

Conclusion

Child abuse is the worst crime that exists. Children are defenseless and vulnerable in the world and abusing them tears at their being and mars their chances for a bright future. Fortunately, laws exist to punish the offenders and programs exist to help the victims find safety, recover, and move on into the future with a ray of hope.

Children suffering from long term abuse that manifests into BCS face special problems. These children often need a team of professionals to provide help. BCS sufferers have physical problems that need addressing such as the treatment of scars, wounds, and broken bones. Psychological and social problems are often treated through psychologists, mental health therapists and/or social workers.

Juveniles who have committed violent crimes and also suffer from BCS may require more extensive treatment for longer periods of time while in the juvenile justice system. The juvenile justice system provides treatment programs in many jurisdictions in the United States to juvenile offenders. However, it seems it's not standard practice to screen all juvenile offenders for BCS. Treatment plans are typically tailored to the specific offender while in treatment, however, there seems to be an absence of specially focused and more plentiful activities and treatment options for offenders who have BCS and are in the juvenile justice system.

Successful treatment programs for juvenile offenders are evidence (or research) based programs (Evidence Based Practices, 2016). These programs rely on what techniques have been proven successful in treating juveniles in the juvenile justice system. Given that juvenile offenders with BCS possess special problems and need special care, current evidence based programs can benefit from additional and/or modified treatments for BCS sufferers. Out-of-the box techniques such as animal therapy, team building sports, and carefully selected movies and books that send much needed positive messages, all enhance the standard treatments provided to violent juvenile offenders.

Children who commit violent crimes such as murder, rape, manslaughter, and aggravated assault and who have been repeatedly abused and neglected need special consideration in their treatment and in the prosecution of their crimes. Abuse and neglect can sometimes cause a person to lash out by expressing pent up anger, fear, and frustration, whereas in the absence of abuse, that same person's behavior may be totally different in the same situation. Also, violent acts by juveniles are sometimes attempts at sparing their own lives and wellbeing from their abusers. Special consideration and care for BCS survivors in the juvenile justice system is a must so these children can have a chance for a normal life without living that life behind bars.

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