

At-risk Youth, Parenting and Delinquency: Recommendations for Successful School-based
Delinquency Intervention Programs

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At-Risk Youth, Parenting and Delinquency: Recommendations for Successful School-Based
Delinquency Intervention Programs

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ABSTRACT

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Statement of the Problem

Modern school-based delinquency intervention programs focusing on at-risk youth are effective but can exclude the parents as a variable. Misbehavior and Juvenile delinquency continues to impose great social, economic, and personal costs on individuals, communities, and society.

The Office of Juvenile Justice and Delinquency Program (2016) found about a third of American juveniles become familiar with the juvenile justice system. This data is admittedly distorted/underreported and the true problem of delinquent youth may be far greater than the 33% reported by the Office of Juvenile Justice. We are currently in a culture where authorities mandate all alternatives be exhausted before confining a juvenile. With a large percentage of juvenile offenders in a school populace, schools are now being asked to avoid expelling delinquent students. Schools are working diligently to help these juveniles through all manner of counselling, mentoring and delinquency prevention/intervention programs. While many of the effective school based delinquency prevention/intervention programs incorporate parents in the process, (or written program design) this is not always happening. School based programs are not obtaining or maintaining parental support at efficient levels. This research addresses school based intervention programs and the problem of parent participation.

Methods of Approach

This study will include a detailed literature review and summation of secondary research and statistics data related to school-based programs designed to prevent delinquency, aggression or violence in children and adolescents by providing education, improving social skills, or changing the environment. Sources will come from accredited, peer reviewed journals, textbooks, official/formal websites, and government reports. Secondary data includes but is not limited to meta-analysis program research investigating intervention program treatment groups and control groups. To examine specific delinquent or misbehavior independent variables detailed enough to measure effect. This research will analyze studies on successful diversion program characteristics including: the application of theory, universal or targeted (selective) approaches and the effectiveness of including parenting in program design.

Anticipated Outcomes

Popular school based intervention programs are not utilizing parents in the process effectively. The results of this paper will bring awareness to the unexpected, (often underfunded) burden juvenile delinquents place on our educators. Research is expected to show engaging good parenting in the intervention process is beneficial. In contrast, poor parenting and dysfunctional homes have a dramatic negative impact on young students. Scholars recognize the impact parents and parenting have on a child. However, programs resort to communicating by phone or mail with parents rather than asserting the issue. Sociological theories of at-risk delinquency, poor parenting, will demonstrate engaging parents in the process is a, “best practice” response to this problem.

Supporting theories include Labeling theory, Robert Agnew's General Strain Theory, (GST) Social Control Theory, (SCT), and Social Bonding theory, (Tibbetts and Hemmens, 2010). It is anticipated that this study will show improved "inclusion" of the parents and good parenting as a component in intervention strategies will improve efficiency of school based intervention programs resulting in reduced delinquent behavior and increased positive social growth.

TABLE OF CONTENTS

	page
Approval Page.....	i
Title Page	ii
Acknowledgement	iii
Abstract.....	iv
Table of Contents.....	vii
 Sections	
I. Introduction: An analysis of school based delinquency intervention programs and the benefits of integrating parents in the process.....	1
II. Literature Review	2
a. Historical Perspectives – Defining At-risk Youth, and Delinquency	
b. At-risk Youth, and Delinquency	
c. Peer groups	
d. Parenting	
e. Schools and delinquency	
III. Intervention Program Case Studies.....	11
a. All Stars™	
b. Families and Schools Together (FAST)	
c. Linking the Interests of Families and Teachers (LIFT)	
d. Second Step: A Violence Prevention Curriculum	
e. Big Brothers Big Sisters (BBBS)	
f. Nurse–Family Partnership program, SMILE	
g. Modernizing – Cultural Improvements and Change	
IV. Theoretical Framework.....	20
a. Labeling Theory	
b. Social Disorganization Theory	
c. Social Bonding Theory	
d. Integrated Theories	
Social Learning Theory (SLT)	
Social Control Theory (SCT)	

V.	Recommendations.....	28
	a. Positive Intervention components/strategies	
	b. Pitfalls / Lessons Learned - Non-Effective Programs	
VI.	Summary and Conclusions.....	33
	a. Overview	
	b. Stakeholders	
	c. Metrics, Accountability, and Continuous Improvement	
	d. Limitations	
	Program Data Limitations	
	Theory	
	A Need for more Research	
VII.	References	39
	Table 1.....	49
	Figure 1.....	51
	Figure 2	52

I. Introduction: An analysis of school based delinquency intervention programs and the benefits of integrating parents in the process.

According to Banspach, Zaza, Dittus, Michael, Brindis, and Thorpe, (2016) there are about 37,000 U.S. middle and high schools serving 38 million adolescents, (10-19 years of age) in America. Research shows these thousands of schools provide a chance for adolescents to learn and practice healthy behaviors that can improve their health. Teaching good character traits, and good, strong morals are important. Studies reveal learning ensures continued healthy outcomes and successful lives, (Banspach, Zaza, Dittus, Michael, Brindis, & Thorpe, 2016). But not every student has the same opportunity. A percentage of our youth engage in other than ideal behavior and become at-risk students. This means they are at risk of harming themselves or others in some fashion or another. While this research project composes information/data on juveniles at risk of involvement with the juvenile justice system we've found relating information the behavior has indirect and/or direct effects on individual(s) health as well. According to the CDC, in 2013, approximately 260,000 youths were treated in emergency departments for nonfatal physical assault injuries (excluding sexual assault), and an incredible 8% of high school students attempted suicide, (Figure 1), (Banspach, et al., 2016). In addition to poor health risk taking behaviors involve crime and the juvenile justice system. According to the Office of Juvenile Justice and Delinquency Prevention Statistic Briefing Book, (2016) a good deal of juvenile offenses goes unreported. This underreporting skews data that never becomes a part of the national statistical picture. This unknown quantity of offenses is handled informally rather than by police/arrest and the courts/adjudication. Officials openly admit these underreported offenses likely include minor fights all the way up to aggravated assaults

involving weapons. Research shows the government is scaling back enforcement (zero-tolerance behavior policies) which correlates with a raise in suspension rates in schools (Ford, 2013). Schools, juvenile intake, and criminal justice officials turn towards therapy, counseling, in school suspension, mentoring, or other restorative justice rather than monetary fines and confinement. While the courts may not receive the misbehaving children, they don't disappear. Schools are left to do the best they can with what they have available. Not only are the courts placing delinquents back in schools, authorities recommend counselling and mentoring in place of school suspension/expulsion. Operating a classroom with disruptive, dysfunctional, delinquent, or otherwise at-risk youth commingled with the student body is challenging but workable. Current economics and cash strapped social services force this responsibility on our schools.

Schools have hundreds of intervention/prevention programs at their disposal to address the issue of delinquency. Many are ineffective or don't fit the needs of the community, however several programs are functioning well. This research looks at some effective intervention programs and the inefficiency of the parenting element/component. This research aims to promote a better understanding of poor parenting effects on children and incorporate a detailed review of school based intervention programs, criminological theory, at-risk youth, and delinquency. This research will narrow, limit, and focus on including parents and parenting practices within school based delinquency/intervention programs. To ultimately provide recommendations for or, "best practices" based on literature and intervention program comparisons.

II. Literature Review: Juvenile delinquency, peers, mentors, family, and parenting relative to school-based intervention programs.

The cost of delinquent/disruptive juveniles is a big problem. This literature review looks at at-risk youth and the many pieces influencing Juvenile delinquency: peer groups, mentors, family, and parenting relative to school-based intervention programs. A Wisconsin Policy Research Institute study found, between 2010 and 2011 more than 48,000 Wisconsin students were suspended from school. Disruptive behavior leading to these suspensions is clearly detrimental to teachers, school cultures, and ultimately, student learning (Ford, 2013). Reducing this behavior, (suspension rates) in Wisconsin school districts with high numbers of disruptive pupils can substantially increase achievement levels in those districts. Increasingly, juvenile intake and criminal justice officials turn towards mentoring, diversion, and restorative justice rather than monetary fines and confinement. While the courts may not receive and place the misbehaving children, they don't disappear. Regardless of their status, it's reasonable to provide all youth with an education. This leaves our schools in a position to do the best they can with very meager resources. Not only are the courts placing delinquents back in schools, authorities recommend counselling and mentoring in place of school suspension/expulsion. This clearly places the onus of the problem at the school level.

Historical Perspectives - Defining at-risk Youth

The U.S. Census Bureau estimates that there were approximately 73.8 million youth under the age of 18 in the United States in 2012, (U.S. Census Bureau, 2012). The term "at-risk" youth is used in several different fields of societal studies. This part of the literature reviews in what context the term applies to juvenile justice. The Uniform Juvenile Court Act of 1968 reads, a Youth, (Child) is an individual who is under the age of 18-21 years who committed an act of delinquency. The delinquent act is a designated crime under the law. Including local ordinances, but excludes traffic offenses. A delinquent child is a child who has committed a

delinquent act and needs treatment or rehabilitation. A deprived child is one who is without proper parental care or control for his physical, mental, or emotional health or morals, providing this isn't due to a lack of financial means. A custodian is a person other than a parent or legal guardian who stands in "loco parentis" of the child to whom legal custody of the child has been given by order of the court, (The Uniform Juvenile Court Act of 1968 as seen in Hess, and Drowns, 2004).

At-risk Youth and Delinquency

The term "at-risk" youth may refer to a youth person with a questionable future, (less than optimal or even normal growth to adulthood). According to McWhirter, J., McWhirter, B., McWhirter, E., and McWhirter, R. (2013) at-risk youth are juveniles considered susceptible or more vulnerable to engaging in delinquent behavior. Some behaviors include: involvement with delinquent peers, runaway/homeless, drug/alcohol abuse, promiscuity/licentiousness, physically or emotionally abusive, displaying disruptive behavior, bullying/harassment, fighting, and committing acts of vandalism.

Shader, and the United States, (2001) found the juvenile justice field has dedicated a great deal of time and energy to better understand delinquency in youth. Theories propose propositions that increase/decrease likelihoods of things happening thereby we look at correlation. Different theoretical models describe the relationship between variables and outcomes. Researchers have concluded that there is no single path to delinquency and note that the presence of several risk factors often increases a youth's chance of offending, (Table 1 - Risk and Protective Factors). Studies also point to the interaction of risk factors, the multiplicative effect when several risk factors are present, and how certain protective factors may work to

offset risk factors, (Hawkins, Herrenkohl, Farrington, Brewer, Catalano, and Harachi, 1998; Shader, and the United States, 2001).

Office of Juvenile Justice and Delinquency Program (2016) found about a third of American juveniles become familiar with the juvenile justice system. This statistic is down from past years and reflects culture changes that confining delinquent youth is no longer a preference.

According to the Office of Juvenile Justice and Delinquency Program website (2016) when a juvenile commits an act that would be criminal if committed by an adult, the juvenile is/may be determined to be delinquent. The Office of Juvenile Justice and Delinquency advise delinquent acts may include crimes against persons, crimes against property, drug offenses, and crimes against public order. That delinquency prevention efforts seek to redirect youth who are considered at-risk for delinquency or who have committed a delinquent offense from deeper involvement in the juvenile justice system. In 2010, courts with juvenile jurisdiction disposed more than 1.3 million delinquency cases, (Office of Juvenile Justice and Delinquency Prevention, 2013).

Peer groups

The following portions of this literature review provides a brief look at peer groups, parents, schools, and other influences on our youth. The most effective prevention strategies involve a collaboration between families, schools, and communities. Understanding the influence and attitudes of the peer cluster are important in deterring and treating the problems caused by drug abuse (McWhirter et al., 2013, pp.186-190).

Peer groups are dynamic and can be viewed as both idiographic and nomothetic. Idiographic in that unique persons, events, or things can be studied to specify the detailed conditions that helped produce deviant persons and/or issue(s). Researching peer groups in a

nomothetic lens focuses on a class of events in an attempt to specify deviant conditions that seem common to all of those events. Peer groups and drug use in schools for instance may be generalizable and helps provide a clear (partial) explanation. Several studies have found a consistent relationship between involvement in a delinquent peer group and delinquent behavior (Shader, and the United States, 2001).

Lipsey and Derzon (1998) noted that for youth ages 12–14, a key predictor variable for delinquency is the presence of antisocial peers. According to McCord, J., Widom, C.S., and Crowell, N.A., (2001), variables such as peer delinquent behavior, peer approval of delinquent behavior, social attachment or loyalty to peers, time, (exposure) with deviant peers, and peer pressure for deviance have been affiliated with a greater likelihood of adolescent antisocial behavior.

These groups and influences are modernizing at quickening rates than ever before. Each peer group has influences and changing needs. Hate crimes, racism, cybercrime and school bullying are just some current forms of victimization and crime effecting youth today.

McWhirter et al., (2013) found youth of minority families are at greater jeopardy of becoming involved with juvenile justice than other children in the U.S.

According to Gamoran, Turley, Turner, and Fish (2012) Hispanic children face greater difficulties in the U.S., compared to non-Hispanic Whites, have been widely reported. The authors found economic differences account for some of the gaps, but the social isolation of Hispanic families also serves as a barrier to children's success. The article reads, whereas Hispanic families tend to have strong kinship networks, their social ties often do not encompass the school and other authority systems. Researchers reported as a result, Hispanic families may have less access to social capital, that is, relations of trust and shared expectations that foster the

flow of relevant information and support social norms that contribute to children's academic and social development, (Gamoran, Turley, Turner, & Fish).

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youths may present unique challenges in the juvenile justice system. Research has shown that LGBTQ youths are more likely to confront certain barriers and environmental risk factors connected to their sexual orientations and gender identities. For example, compared with their heterosexual classmates and peers, LGBTQ youths are more likely to experience bullying at school (Mitchum and Moodie–Mills 2014), more likely to experience rejection or victimization perpetrated by their parents/caregivers, often resulting in youths' running away from home, (Friedman et al. 2011), more likely to face homelessness (Burwick et al. 2014), twice as likely to be arrested and detained for status offenses and other nonviolent offenses (Irvine 2010), and at higher risk for illicit drug use (Heck et al. 2014).

Parenting

The literature review of parents, and parenting brings to light an important effect of poor parenting. While good parenting is helpful to the growth and success of children, poor parenting may cause lifechanging harm to children. The literature on children exposed to violence, Adverse Childhood Experiences (ACE), maltreatment, neglect or trauma are at critical risk for harm.

Monitoring parenting and the house of at-risk youth is not a new idea and can be found in the historical development of the Juvenile Justice System in America, in the story of John Augustus. In 1841, the practice of probation was invented by a Boston shoemaker, John Augustus. Mr. Augustus bailed out many young offenders he saw as redeemable, took them back

home to their parents, and had one of his volunteers (from the Boston Children's Aid Society) regularly visit the home and keep an eye out for lawbreaking, (Hess, and Drowns, 2004).

Scholars recognize the impact parents and parenting have on a child. According to McWhirter, J.J., McWhirter, B.T., McWhirter, E. H., & McWhirter, R.J., (2013) people and events blend the variables together, poverty, a high crime neighborhood, poor parenting, previous abuse, drug and alcohol use are all factors.

Farrington (2000) found a fundamental or basic idea in deterrence is to identify individual, “key” risk factors for offending and design appropriate prevention methods (Farrington, 2000). Engaging good parenting in the process is beneficial and may be essential to a student’s proper growth. By contrast, poor parenting and dysfunctional homes have a dramatic impact on the young. Parenting is so critical studies trace the parenting variable back to birth. Several studies have linked prenatal and perinatal complications with later delinquent, disruptive or even criminal behavior (Kandel et al., 1989; Kandel and Mednick, 1991; McWhirter, et al. 2013; Raine, Brennan, and Mednick, 1994).

Unfortunately, parents can intentionally or unknowingly cause delinquency/problematic behaviors among their children as they are the primary socialization context for children (Simons et al. 1998; Patterson, Reid, and Dishion 1992). A theoretical foundation for this relationship can be found in Hirschi’s theories of social control suggesting that delinquent acts are more common if/when an individual’s bond to society is weak or broken (Hirschi 1969). These theoretical views are discussed later in this paper.

According to Gottfredson and Hirschi (1990) poor parenting lead some children to engage in risk-taking behaviors to act on a whim, displaying behavior characterized by little or

no forethought, or consideration of the consequences. They may be defiant, and overly physical (Stewart et al. 2002; Conger, Patterson, and Ge 1995).

Miller-Perrin, and Miller, (2007) provides examples of child maltreatment risk factors. The authors found some factors associated with individual pathology include characteristics of perpetrators. Examples are: Self-expressed anger and anger control problems, depression, low frustration tolerance, low self-esteem, rigidity, deficits in empathy, substance abuse/dependence, physical health problems, and physiological reactivity. Risk factors associated with the parent-child relationship include characteristics of the child: difficult child behaviors, a young age, and physical and mental disabilities. Risk factors also include characteristics of the adult: deficits in parenting skills, unrealistic expectations of children, viewing the parenting role as stressful, and negative bias/perceptions regarding children. Risk factors associated with child maltreatment and the family environment include characteristics of the family: current abusive family practices (e.g., spouse abuse), intergenerational abusive family practices (e.g., child abuse), marital discord, and few positive family interactions. Examples of situational condition risk factors are: low socioeconomic status, single-parent household, public assistance, blue-collar employment, unemployment or part-time work, situational stress (e.g., large family size), social isolation, and lack of social capital. Examples of societal condition risk factors are: cultural approval of violence in society, general cultural approval of corporal punishment, and power differentials in society and the family (Miller-Perrin, & Miller, 2007, Table 2.4, p. 58).

Studies found young children who experience trauma are at-risk because their rapidly developing brains are very vulnerable. Researchers found early childhood trauma has been associated with reduced size of the brain cortex. This area is responsible for many complex functions including memory, attention, perceptual awareness, thinking, language, and

consciousness. The authors reported these changes may affect future health, IQ and the ability to regulate emotions, and the child may become more fearful and may not feel as safe or as protected, (Harris, 2014; McWhirter, et al. 2013; & Society for Neuroscience, 2012).

According to Felitti, Vincent, et al. (1998) the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being. The report read original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors. The authors found Adverse Childhood Experiences, (ACE) the rougher your childhood, the higher your score is likely to be and the higher your risk for various health problems later.

An ACE score is a tally of different types of abuse, neglect, and other hallmarks of a rough childhood and adverse childhood experiences (ACE) high scores indicate a greater likelihood (risk) for later health and other problems, (Harris, 2014; & Society for Neuroscience, 2012).

Schools and delinquency

This part of the literature review looks at schools and delinquency. In the past misconduct in schools was primarily addressed at the classroom level. Increases in mandatory reporting, fair and equal treatment assure even-handed measures of discipline in school.

According to Shader, and the United States, (2001) the National Research Council and the Institute of Medicine reviewed the impact of school policies concerning grade retention, suspension and expulsion, and school tracking of juvenile delinquency. These organizations

reported that such policies, which disproportionately affect minorities, have negative consequences for at-risk youth (McCord, Widom, and Crowell, 2001). Mandatory reporting and social improvements to policy increase detection of offences, (harassment, intimidation, and bullying for example). This increases administration responsibilities without additional funding.

Suspending students is no longer a socially acceptable alternative, and is now a last resort action. Research found school suspension and expulsion do not appear to reduce undesirable behavior, and both are linked to increased delinquent behavior, (Shader and the United States, 2001).

III. Intervention Program Case Studies

A review of several delinquency prevention/intervention programs was conducted in this review. The programs are listed as effective and generalizable, according to the Office of Juvenile Justice and Delinquency Program website, (2016)

Referenced programs include: All Stars™ program, (Harrington and colleagues, 2001); Families and Schools Together (FAST); Linking the Interests of Families and Teachers (LIFT); Second Step: A Violence Prevention Curriculum, Big Brothers Big Sisters (BBBS) Community-Based Mentoring (CBM) and School-Based Mentoring program, and Nurse–Family Partnership program, (Office of Juvenile Justice and Delinquency Program website, 2016).

All Stars™

According to Harrington, Giles, Hoyle, Feeney, and Youngbluth, (2001) one such program called, All Stars™ has a character-based approach to preventing high-risk behaviors such as substance use, violence, and premature sexual activity in teens. The program is based on research identifying the critical factors that lead young people to begin experimenting with substances and engaging in other high-risk behaviors. It is designed to reinforce positive

qualities that are typical of youths at this age. Based in social learning theory, that individuals are shaped by and actively model their behavior on observed behavior in others, including peers, their family, their neighborhoods, and authority figures.

Researchers evaluated the All Stars™ program curriculum where 7 specialists, hired from the communities and 23 teachers completed the curriculum. The program offers participants an experience in positive lifestyle values. The at-risk participants gained knowledge from their instructors and classmates, including perceptions of problem behaviors, and the importance of maintaining commitments.

The only parental variable in the program was found to be homework assignments, (to include parents in the program and to increase parent–child interactions).

In a study conducted on the All Stars™ program by Harrington and colleagues, (2001) researchers collected data on a student sample size of 1,655. In the report the pretest, posttest, and follow-up questionnaires measured substance use, sexual behavior, violence, and the mediating variables of bonding, commitment, ideals, and perceived norms. Researchers found that violence increased for all groups over time, there were no statistically significant differences between the groups. The report found drug use increased for all groups over time, and the students instructed by non-teachers reported the highest substance abuse rates. There were marked increases in sexual activity between posttest and follow-up data collection (Harrington, Giles, Hoyle, Feeney, and Youngbluth, 2001).

Families and Schools Together (FAST)

According to the Office of Juvenile Justice and Delinquency Program website, (2016) and Families and Schools.org, FAST is a multi-family, (8-12 family) group intervention program designed to build protective factors for children. Over 8 weeks, 8 meetings the program

empowers parents to be the “primary” prevention agents for their own children. This is a model program recognized for building supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school and thus avoid problems such as adolescent delinquency, violence, addiction, and dropping out of school. The FAST program achieves its goals by respecting and supporting parents and by using the existing strengths of families, schools, and communities in creative partnerships. The program is geared to at-risk children ages 4 to 12 and their families, (Families and Schools.org).

Families And Schools Together Inc. is a Madison, Wisconsin based program developed in 1988. FAST has been implemented in more than 800 schools in 45 States and five countries as of 2009. It is based on several disciplines, including social ecology of child development, child psychiatry, family stress, family systems, social support, family therapy, parent-led play therapy, group work, adult education, and community development. FAST offers youth structured opportunities for involvement in repeated relationship-building interactions with the primary caretaking parent, other family members, other families, peers, school representatives, and community representatives.

Knox, Guerra, Williams, and Toro, (2011) examined the effectiveness of the FAST program in relation to immigrant Latino (Mexican) families in the U.S. Researchers studied/reported findings from pre-test, 3-month post-test, and 12-month follow-up surveys of parents and children participating in the FAST program. The authors randomly selected families from communities that were randomly assigned to either intervention or control groups. A total of 282 parents (263 mothers and 19 fathers) participated in either the intervention (140 parents) or control (142 parents) condition over the course of 3 years. Each of the parents had a

participating focal child; thus, 282 children (144 females and 138 males; average age = 9.5 years) participated in the study. A primary focus of the research was to determine whether participation in FAST led to reductions in children's aggression. Using linear growth models, no differences were noted on aggression between intervention and control groups, although intervention children did show significant improvements in social problem-solving skills and perceptions of collective efficacy. In Study 2, we conducted two focus groups with ten FAST participants to explore whether other unmeasured outcomes were noted and to understand better the mechanisms and impact of FAST. All of the parents in the focus groups reported that FAST had helped them better relate to and communicate with their children, and that the greatest effect was on the behavior of their older children. Results are discussed in terms of cultural fit of the FAST program for immigrant Latino families and future directions, (Knox, et al., 2011).

Linking the Interests of Families and Teachers (LIFT)

Linking the Interests of Families and Teachers (LIFT) (Office of Juvenile Justice and Delinquency Program website, 2016). Linking the Interests of Families and Teachers (LIFT) is a preventive intervention designed to address two factors that put children at-risk for subsequent antisocial behavior and delinquency: 1) aggressive and other at-risk social behaviors with teachers and peers at school and 2) certain parenting practices, including inconsistent discipline and lax supervision. The target population is children within the elementary school setting, particularly first graders and fifth graders. The program is designed for children and their families living in at-risk neighborhoods. The program has three main components: 1) classroom-based child social skills training, 2) the playground Good Behavior Game (GBG), and 3) parent management training. It also focuses on systematic communication between teachers and parents. To facilitate communication, a “LIFT line” is implemented in each classroom. The LIFT

line is a phone and an answering machine in each classroom that families are encouraged to use if they have any questions for the teachers or have concerns they wish to share.

Reid, et al, (1999) studied LIFT and found a significant group effect on child physical aggression. Before participation in LIFT, (Preintervention), youth exhibited an average of 6.0 aggressive physical behaviors on the playground during recess each day. Reid, et al, found after participation, children in the intervention group averaged 4.8 aggressive behaviors. In contrast, control group participants averaged 6.6 a day. The authors recorded no significant group effect on mothers' behavior. Reid, et al, noted, there was a significant effect for mothers in the intervention group who exhibited high preintervention levels of aversive verbal behavior. Those mothers changed the most postintervention, compared with control group mothers with the highest levels of aversive verbal behavior. Teachers viewed social skills of LIFT participants more favorably one year after completing this program, (Reid, et al, 1999).

According to DeGarmo, Eddy, Reid, and Fetrow, (2009). over 90% of the content within each intervention component was delivered as planned. The authors found participation in each intervention component was high, with the average youth attending 90% of social and problem solving skills sessions and associated recesses, and 93% of families receiving all parent training intervention content in some manner.

DeGarmo, et al., read, while only 28% of parents attended all six group sessions, 51% received all six sessions in person (i.e., group and/or individual sessions). Research showed the primary source of parenting information (i.e., four or more sessions via the same source) was 58% group, 15% mail, 9% none, and 6% individual.

DeGarmo, et al., recorded in between sessions, families received an average of seven phone calls from their parent interventionist. The article found costs nominal, parents were

compensated \$100 for the participation time for assessments in the first year of the study, and \$75 for each follow-up assessment. Teachers were compensated \$100 and provided a half-day substitute teacher during the first year of the study, and \$10 per participant for follow-up assessments DeGarmo, et al.

Second Step: A Violence Prevention Curriculum

According to Social and Character Development Research Consortium, (2010) Second Step®: A Violence Prevention Curriculum is a prevention program designed to reduce impulsive and aggressive behavior in children and adolescents by increasing their social competency skills. In this program students are taught to reduce impulsive, high-risk, and aggressive behaviors and increase their socioemotional competence and other protective factors, (Social and Character Development Research Consortium, 2010). The program is composed of three grade-specific curricula: preschool/kindergarten (Pre-K), elementary school (grades 1–5), and middle school (grades 6–8). According to the program a parent education component, “A Family Guide to Second Step®” for Pre-K through grade 5, is also available. Second Step® elementary curriculum consists of 15 to 22 thirty-five-minute lessons per grade level taught once or twice a week. Group discussion, modeling, coaching, and practice are used to increase students’ social competence, risk assessment, decision-making ability, self-regulation, and positive goal setting, (Office of Juvenile Justice and Delinquency Program website, 2016).

Frey and colleagues (2005) found that overall there were some significant program effects detected during the first year of the Second Step® program; however many of those effects were not noticed during the second year of the program.

Holsen, Smith, and Frey (2008) found mixed results when examining the outcomes of the Steg and Steg program, the Norwegian version of Second Step®. The posttest measures of

social competence were significantly higher in the sixth-grade intervention group than in their comparison group. There was also a significant increase in social competence scores when examining the seventh-grade intervention group, but only for girls.

Big Brothers Big Sisters (BBBS) Community-Based and School-Based Mentoring program.

Big Brothers Big Sisters of America, (2010) reads, Headquartered in Philadelphia, Pa., with a network of nearly 400 agencies nationwide, Big Brothers Big Sisters serves nearly 250,000 children in mentoring programs. Big Brothers Big Sisters of America (BBBS) supports the development of healthy youths by addressing their need for positive adult contact, thereby reducing risk factors for negative behavior and enhancing protective factors for positive behavior. Offers one-to-one mentoring in a community setting for at-risk youth between the ages of 6 and 18. It was associated with a significant reduction in initiating drug and alcohol use and antisocial behavior among mentored youth, (Big Brothers Big Sisters of America, 2010). Also, mentored youth had significantly better relationships with parents and emotional support among peers. The program, however, did not have a significant effect on youths' academic performance (grades and absences) or self-worth.

According to Tierney, Grossman, and Resch (2000) mentored youths in the Big Brothers Big Sisters (BBBS) Community-Based Mentoring (CBM) program were 46 percent significantly less likely to initiate drug use and 27 percent less likely to initiate alcohol use, compared to control group participants.

Nurse–Family Partnership program

Nurse–Family Partnership (2017) provides low-income, first-time mothers of any age with home-visitation services from public health nurses. The program addresses substance abuse

and other behaviors that contribute to family poverty, subsequent pregnancies, poor maternal and infant outcomes, suboptimal childcare, and limited opportunities for the children. NFP (2017) works on theoretical social context, relationships with other family members, friends, neighborhoods, communities, and cultures. The second is the self-efficacy theory, which posits that people are more likely to engage in a desirable behavior if they believe the behavior will produce a desired outcome. The program helps parents set realistic goals and bolsters parents' confidence in their ability to reach those goals. The third, attachment theory, holds that children who receive sensitive and responsive parenting are more likely to embody these qualities themselves, (Office of Juvenile Justice and Delinquency Program website, 2016).

Olds, et al., (2004) found there were greater effects on paraprofessional-visited mothers than on nurse-visited mothers, but for children the effects were greater in the nurse-visited families than in the paraprofessional-visited families. When compared to control subjects, nurse-visited women had greater lapses between their first and second births, when a second birth occurred. Nurse-visited women also reported significantly less domestic violence from patterns during the 6-month time before the 4-year interview. Nurse-visited mothers also reported enrolling their children significantly less frequently in preschool, Head Start, or licensed day care.

Modernizing – Cultural Improvements and Change

This literature review reveals many advances or new ideas in intervention practices. Greater interest is applied to the actors, and stakeholders as individuals. The ages and maturity of the child is becoming more important. Just as early child experiences impact a person, the persons age is relevant to the appropriate intervention(s). Additionally, parents and school

employees may be resistant to changes/improvements in programs. Teachers who didn't engage parents in the learning process may be resilient to the parents' company in the process.

Youth Violence: A Report of the Surgeon General (2001) found violence prevention and intervention efforts hinge on identifying risk and protective factors and determining when during development, they emerge. To be effective, such efforts must be appropriate to a youth's stage of development. A program that is effective in childhood may be ineffective in adolescence and vice versa, (U.S. Department of Health and Human Services, 2001).

Vago's book, *Law and Society*, (2012) addresses some expected resistance to changing enforcement/detention to treatment. Vago found several social factors may be construed as potential barriers to change. According to Vago, people may resist change because they have a vested interest, a different social class, some ideological resistance or an organizational opposition. Vago described how rigid class and caste patterns tend to hinder the acceptance of change, (where cultural factors involved, when long established practices or behaviors are threatened, resistance to change is usually strong, often on the basis of traditional beliefs and values). The prerogatives of the upper strata are jealously guarded, and attempts to infringe upon by members of lower socio-economic groups are often resented and repulsed, (Vago, 2012). The author identified one cultural factor, 'Ethnocentrism,' with some groups considering themselves superior, possessing the only right way of thinking about the world and coping with the environment. The school system, parents, and the students all should make greater efforts at communication. Never in history have we undergone such advances in embracing cultural diversity including immigration and equal rights for all people. Vago, (2012) described how feelings of superiority about one's group are likely to make people unreceptive to the ideas and

methods used in other groups. One example provided was how feelings of superiority by whites have hindered integration efforts in housing, employment and education, (pp. 330-335).

Bringing parents into school based programs is a change in policy and practice for some. This may cause stress among many of the stakeholders. School teachers may not feel comfortable including parents. Neglectful parents may struggle to participate or resent other people/groups into their private lives.

IV. Theoretical Framework: Theoretical Perspectives of at-risk Youth and Delinquency. Labeling theory, Robert Agnew's General Strain Theory, (GST) Social Control Theory, (SCT), and Social Bonding theory, (Tibbetts and Hemmens, 2010).

Growing up is a social experience and all the intervention programs aspire to reinforce positive qualities and good character traits. The shaping of children is founded in social learning theory, that they are molded by and actively mirror/model their behavior on what they see in their peers, family, their neighborhoods, and authority figures.

This research project looks at several criminological theories including: Labeling theory, Robert Agnew's General Strain Theory, (GST) Social Control Theory, (SCT), and Social Bonding theory, (Tibbetts and Hemmens, 2010). Tibbetts and Hemmens (2010) identifies a social reaction or labeling theory. At first glance, the two theories appear to have nothing in common, yet they may complement each other. The labeling theory, how a person's personal identity is influenced by how society views them, (as offenders in this case). It doesn't explain the first violation very well because there is nothing to measure. However, once caught and convicted subjects are, "labeled" and return home to their home/city. Once hopelessly labeled a convicted felon there is a high recidivism rate. Juveniles committing their first offense return to the same urban area they came from and reoffend. The stigma of the label causes the kids to

think of themselves as delinquent then they only hangout with other offenders. At this point they learn and become better or bigger criminals (Tibbetts & Hemmens, 2010, pp 530-531). Uggen, Manza, and Thompson (2006) examines the impact felony criminal records have on people and society. This study identifies barriers felons have to becoming effective and responsible citizens once they're labeled. The authors accurately identified the huge growth in incarceration and prison population from 149 per 100,000 in population in 1974 to 726 per 100,000 in 2005. Researchers identified 4 million former prisoners, 11.7 million former felons, and (16 million felons). The study identified demographics of the felon population and some lifelong implications of this labeling theory. According to this study, a high percentage of black men, 32% will go to prison in their lifetimes (Uggen et al., 2006). This racial disparity corresponds with the empirical data Shaw and McKay examined. Uggen et al. (2006) exposes the dramatic societal consequences of labeling so many people with a criminal record. According to this study, 7.5 percent of the US population are currently labeled, "felon." Problems caused by labeling someone after they have served their debt to society contribute to unemployment, low education, and general urban decay (Uggen et al., 2006). Further research is needed to better understand if social deterioration and labeling theories blend to contribute to delinquency in urban areas.

Tibbetts and Hemmens (2010) point out some historically significant issues with the appearance of strain theories. First the authors compare/contrast known strain theories. One thing found across all strain theories is that crime is far more prevalent among people under great stress, especially those with poor coping skills. The origin of most variations of strain theories can be traced back to Durkheim's and Merton's concepts of anomie, (a state of unregulated chaos). Different types of strain theories were proposed and gained popularity throughout the

20th century, they all became accepted when that particular idea was politically correct. The culture and public opinion at the time matched the general ideas proposed by the researchers. People like it when others agree with their opinions and ideas which may have made these theories more acceptable. A great example is Merton's theory that involved economics. Merton's theories gained notoriety during the great depression. In the 50's it was believed most crime was committed by young, inner city, lower class male gang members. This is about when theorists; Cohen, Cloward and Ohlin were recognized for their theories involving city gangs and crime. Things evolved and in the 80's when Agnew developed his general strain model. Other 80's groups were, Gottfredson and Hirschi's low self-control theory and Sampson and Laub's developmental theory. All emphasized personality traits experiences of individuals. Theories of strain were products of their environment and the culture at the time (Tibbetts & Hemmens, 2010, p. 338-339).

Tibbetts and Hemmens (2010) Two of these theories, Clifford R. Shaw and Henry D. McKay maintained the characteristics of neighborhoods that contribute to higher crime rates and delinquencies rates. Shaw and McKay were some of the first researchers to attack the problem of juvenile delinquency in cities. Juvenile delinquency and urban areas (as cited in Tibbetts & Hemmens, 2010) focused on three classes of variables: physical status, (industrialization influences population and delinquency) economic status, and population composition. Shaw and McKay were forward thinking to include not just races, but human migration trends as a variable. This was a critical variable because it identified people of low economic status adjusting to a new environment. (Tibbetts & Hemmens, 2010, p. 396-401).

Theorists argued variations in crime rates across neighborhoods may be due to social and organizational characteristics of the area and not just the individualities of the residents. Tibbetts

and Hemmens (2010) identifies many other social disorganization researchers; Lowenkamp, Cullen, Pratt, Sampson and Groves who investigated Shaw and McKay's model. Some of the researchers may have been attempting to disprove Shaw and McKay's idea(s). The majority of this independent, empirical research supported the original theory, delinquency rates are relative to community characteristics and urbanization (Tibbetts & Hemmens, 2010, p. 401-415).

Theoretical correlations with delinquency and social learning may be simplified by examining drug abuse in schools. According to McWhirter, J.J., McWhirter, B.T., McWhirter, E. H., & McWhirter, R.J., (2013) drug use/abuse is widespread and imposes great social, economic, and personal costs on individuals, communities, and society.

Peralta and Steele (2010) examined social and cultural perspectives of youth risk taking behavior – Prescription drug abuse and social learning theory. Their research provides information about alarming trends in youth substance abuse primarily non-medical prescription drugs (NMPD). The study indicates an increase in abuse of pills; opiates, stimulants, and depressants. According to this research paper, college aged youth who try drugs for the first time are more likely to pick illegal pharmaceuticals than marijuana. The authors accepted the challenge offered in some earlier research. This earlier article, Valente, Gallaher and Mouttapa (2004) examined how social networks effect people's involvement with substance use: smoking, drinking and illicit drug abuse. The authors believed additional research is necessary in the study of social network theory, or social learning theory. In Valente, Gallaher and Mouttapa (2004) the authors stated, "The field is open to new discovery and approaches." This motivated Peralta and Steele (2010) to investigate, research and report on drug abuse and the social learning theory.

Peralta and Steele (2010) reveal an issue with NMPD abuse in American Universities. The authors identified a basic research question/problem: Does social learning theory explain nonmedical, prescription drug abuse in colleges today? This research is critically important because it may help identify the true cause(s) for the epidemical rise in prescription drug abuse among our youth today. This problem plagues American youth today and may be harming the country's college system. This journal article effectively described the problem, then argued and substantiated the case. The authors also brought forth ideas and new issues that warrant further exploration, family involvement for instance. The approach or avenue the authors used was inductive initially. The authors transformed the specific observations of NMPD abuse into a general theory. Student's behavior was motivated in part by social learning. The authors transformed their general theory into the specific, testable hypothesis: Social learning theory may explain an increase in nonmedical prescription drug abuse occurring in colleges. Peralta and Steele (2010) believed social learning correlated with substance abuse and college students. The theory is that students who have friends who use/used drugs are more likely to engage in the same behavior. The authors believed this drug abuse will be exacerbated if/when the behavior is reinforced through peer associations. According to Peralta and Steele (2010), Social learning theory is composed of four major components/independent variables: differential association, definitions, imitation, and differential reinforcement.

Differential association: Criminal behavior is learned; specifically, it is learned through intimate social interaction girlfriends/boyfriends, classmates, peer groups. This association is about how these peer's attitudes, beliefs, and behaviors influence someone's own conduct.

Definitions: The definitions reflected on how a person sees things, their own character traits. Their attitudes and values on morality of the law in general and the wrongfulness of a specific criminal act, in this case using prescription drugs.

Imitation: Imitation refers to students who imitate/model the criminal behavior of others, particularly if they like or respect whoever is setting the example. This modeling has a more severe impact when the student notices the example being rewarded. Like an athlete using steroids, or a student taking Ritalin for improved performance.

Differential Reinforcement: Differential Reinforcement is how the youth perceives gain after weighing the costs and benefits associated with a given behavior. In this case the illegal drug use is hard to detect and possession of the pills easy to explain (Akers, Lanza-Kaduce, & Radosevich, 1979).

Peralta and Steele (2010) selected 465 college students at a Midwestern university to complete a self-administered questionnaire. The study was relevant to our at-risk youth class exploring all three of the at-risk tree roots: family, school, and peer groups (McWhirter et al., 2013). The mean age of NMPD use onset was 18. The sample was predominantly white (88%), 43% were female. Peralta and Steele (2010) supported their premise non-medical prescription drug use correlates to social learning theory. Results suggest that peer associations, or having friends that participate in NMPD use/abuse, make it more probable that an individual will engage in NMPD use themselves. The three most common drugs respondents reported using were Vicodin, an opiate (22.4%), Adderall, a stimulant (20.9%), and Ritalin, a stimulant (11.2%). When these drugs were organized into categories, opiates were the most common (27.3%) followed closely by stimulants (26%) and depressants (12.5%). About 31% reported NMPD use

in the last year, 23.4% in the last three months, and 14.4% in the last thirty days. 39% reported NMPD use at least once in their lifetime.

Theoretical blending of Social Learning Theory (SLT) and Social Control Theory (SCT). Thornberry's (1987) article, "Towards an interactional theory of delinquency" provides a good example of integrated criminological theories. Thornberry studied how combining social control and social learning theories may explain some frequency of deviant behavior. The effects of either or both theories may influence the other (Thornberry, 1987). It's fascinating how closely these theories correlate with the delinquent behavior.

Tibbetts, S.G., and Hemmens, C. (2010) describes Thornberry's integrated model as applying three social control bonding variables and two social learning /differential association reinforcement variables into a framework. The first three are: commitment to school, attachment to parents, and belief in conventional values/norms. The other two variables, respectively; adoption of delinquent values and association with delinquent peers. Thornberry believes these five "micro" constructs, or individual experiences contribute to delinquency at greater and/or lesser degrees depending on age or maturity level. The new variable Thornberry added was reciprocity or a feedback loop, (Tibbetts, & Hemmens 2010, pp. 667-668). This could be loosely interpreted as a loop, perpetual or endless cycle of criminals flocking together and offending/reoffending. Thornberry's model integrates some individuals, free will, or self-selection, with the effects of social learning or peer pressure. Thornberry's reciprocity claim delinquents engage in group behavior which promotes less social/parental bonding, which promotes new delinquent behavior, or a snow balling effect. The theory realizes associations with delinquent peer's manifest in the social learning of delinquent values. The depreciation of

personal values further degrades attachments and commitments to conventional norms (Tibbetts, & Hemmens 2010, pp. 714-715).

There are some contrasting theories, for instance Thornberry (1987) took on a difficult challenge by attempting to show such an intangible variable as “reciprocity.” Academics agree with law enforcement officials; the best determinant factor of criminal behavior is past criminal behavior. Generally good people are good, and bad people are bad. If you want to see what happens next, look at what happened in the past.

Tibbetts, & Hemmens (2010) promotes Thornberry’s theory as an improvement over Elliott’s integrated model. The authors found that most delinquent activity is committed among groups of juveniles, implying it’s a natural, predictable connection not previously identified.

Thornberry’s research was originally unique in that it included age at the time of offending as another variable (Tibbetts, & Hemmens, 2010, p. 666, para 3). Mears and Field (2002) studied a considerable amount of research on the age, peer, and peer association relationship. However, exactly how age is involved remains a source of ongoing debate (Elliott, Huizinga, and Ageton 1985; Gottfredson and Hirschi 1990; Sampson and Laub 1993; Warr 1993; Thornberry, Lizotte, Krohn, Farnworth, and Jang 1994; Lauritsen 1998; Jang 1999). Academics found there were indications of association among delinquency, age, and delinquent peer association. Thornberry was one of the first to examine the interrelationship among these three variables (as cited in Mears & Field, 2002).

Hirschi, T. (1979) argues within control theory, crime precedes delinquent peer association(s). Hirschi spoke against multiple integrated theories, calling the minor variances involved, “petty.” Hirschi found attempts to combine social control and social learning theories, “splits the child in two.” Adding, attempts to integrate or blend theories unnecessarily blurs the

lines between theories. Hirschi even made a claim integrating theories may destroy the healthy competition between theories/theorist (Hirschi 1979, pp. 679-681). Other researcher's present evidence for an interactional relationship, with delinquent peer associations preceding delinquency, then with delinquent behavior reinforcing delinquent peer associations (Thornberry et al. 1994). More research is needed if we wish to settle the conflicting theories, whether delinquent peer association precedes or follows delinquency.

In conclusion, the literature found at-risk youth suffer from negative peer cluster, deviant peer group behaviors throughout their adolescents. These people/experiences supply the attitudes, motivations, rationalizations, and opportunities for engaging in in anti-social and delinquent behaviors (McWhirter et al., 2013; Peralta & Steele, 2010). No one group or demographic can be excluded from the problems of these at-risk behaviors.

Counselors, teachers, psychologists, police, and all human service professionals should keep the theoretical implications in mind when aiding at-risk children. Looking at the big picture of what theories suggest schemes that increase/decrease likelihood of delinquency may prove a valuable process in intervention(s).

IV. Recommendations

In the literature review and examination of current available programs, it is apparent that intimidation and, "get tough on crime" castigation does nothing to reduce juvenile delinquency and misconduct. The best practices recommendation is for a qualitative, individual approach in programs. Rather than punishing offenders a medical, clinical evaluation of the at-risk youth is recommended. The U.S. Surgeon General recommendations almost intentionally avoid terminology like, "identify offenders." Instead using calculated phrases like, "risk group identification," identifying individuals at greatest risk of disease or injury and the places, times,

and other circumstances associated with increased risk. This research recommends looking at the whole picture, or the totality of circumstances taking a symptomatic-style approach in treating delinquency. Work at identifying independent variables in behavior, and what is in the background in the life of the juvenile, and forming intervention strategies is suggested. The U.S. Surgeon General more specifically defines a risk factor as, “anything that increases the probability that a person will suffer harm,” (U.S. Department of Health and Human Services 2001).

A key factor identified in this research was the need for greater parental involvement during program implementation and follow-up. A Surgeon General report on youth violence advised little is known about the effectiveness of hundreds of youth violence prevention programs currently in use in schools and communities. They found any well-intentioned youth violence prevention programs have been found ineffective, or worse may even have negative effects on youth, (U.S. Department of Health and Human Services, 2001). Realizing this “Gap” in our knowledge of what works, and what doesn’t work helps to reinforce the point of this paper, to encourage greater parental involvement. Working together with parents and including them at greater levels throughout the process is a proven part of what works in intervention programs.

Positive Intervention components/strategies

School based intervention/prevention programs focus on reduce delinquency, aggressive behavior, and misconduct at school. Research has shown to be effective programs must assure at-risk students, “feel” safe, a feeling that encompasses freedom from actual or preserved threat of physical and or emotional risk. The authors described this harm as: physical harm (such as peer violence and substance abuse) and threats of physical harm as well as freedom from

emotional harm (such as teasing, racial and gendered micro-aggressions, and relational bullying). A safe school environment fulfills students' core psychological needs, including the need to belong, be autonomous, and be physically secure, (Miller-Perrin, & Miller, 2007; Osher, Penkoff, Sidana, & Kelly, 2016). Complimenting this safety net of the school with good parenting and safe homes promotes nurturing and growth.

Blending or coordinating delinquency prevention/intervention programs more directly with homes and families was first notable in David Olds' Nurse Home Visitation Program, which trains and supervises registered nurses as the home visitors. According to Greenwood (2010) this program is found on just about every list of promising strategies based on the strength of evidence regarding its significant long-term effects and portability. The author described the program as attempting to identify young, poor, first-time mothers early in their pregnancy, conduct home visits before during and after childbirth to the age of two years old. Transportation and other services are offered or referred with childcare training and social skills development, (for the mother). Greenwood found a fifteen-year follow-up of the Prenatal/ Early Infancy Project in Elmira, New York, showed that the nurse home visits significantly reduced child abuse and neglect in participating families, as well as arrest rates for the children and mothers. The women who received the program also spent much less time on welfare; those who were poor and unmarried had significantly fewer subsequent births. This information substantiates the main point of this paper, engaging parents is effective in prevention programs, (Olds et al., 2004). David Olds' Nurse Home Visitation Program is now called the Nurse Family Partnership, the program identified in the literature review. The Olds model, (the Nurse Family Partnership), has been successfully evaluated in several sites and is now replicated in more than 200 counties and many countries, (Greenwood, 2004).

The school year schedule routinely has one or more breaks throughout the school year. The gap in contact disrupts intervention program but can be overcome or abridged by having the parents educated on maintaining progress.

According to Greenwood, (2004) the most successful programs are intervention programs that include parents in the process. Programs accentuating home life and family interactions tend to have a higher success rate than others that focus merely on academics. Greenwood felt this may be because they focus on providing skills to the adults who are in the best position to supervise and train the child. The conflict of delinquent crime control pits Peralta and Steele's social and cultural perspectives of youth risk taking behavior, (social learning theory) against potentially more powerful parent/child social bond, (Peralta and Steele, 2010).

Research published by the Surgeon General identified some effective social services programs. These are applied after juvenile justice contact or serious incidents with a juvenile. The stakeholders in addition to the juvenile and family are county social service workers. Programs like Functional Family Therapy and Multi-Systemic Therapy are effective but normally don't include the school/teacher. Functional Family Therapy (FFT) targets youth aged eleven to eighteen facing problems with delinquency, substance abuse, or violence. The program focuses on altering interactions between family members and seeks to improve the functioning of the family unit by increasing family problem-solving skills, enhancing emotional connections, and strengthening parents' ability to provide appropriate structure, guidance, and limits for their children, (U.S. Department of Health and Human Services, 2001). Including the teachers may help bridge the communication gap between, youth, parents, school, and social workers. Some school systems have recognized this and incorporated social workers into their academic staff.

Pitfalls / Lessons Learned - Non-Effective Programs

Fear and intimidation are not very effective ways to deter or correct juvenile delinquency, or poor behavior. Labeling a child as a felon, or offender don't work and are even counterproductive. Greenwood, (2004) read programs that focus on the individual offender rather than on the family are much less successful than family programs. The author found programs placing attention on intensive supervision, surveillance, extra services, and early release, have not been found effective. Programs including strategies like vocational training, bringing younger offenders together for programming, specifically deterrence approaches such as "Scared Straight" are not efficient or effective, (Greenwood). The lack of effectiveness can be drawn from criminological theory. As mentioned earlier in this research, social learning theory is composed of four major components/independent variables: differential association, definitions, imitation, and differential reinforcement, (Tibbetts, & Hemmens 2010). The non-effective programs are engaging a decision, differential reinforcement, (how the youth perceives gain after weighing the costs and benefits associated with a given behavior). The individual is placed in a negative view or even a confrontational position generating frustration or failure. Triggering frustration and "strain" may explain some part of program failure. As discussed earlier in this paper, Tibbetts and Hemmens (2010) read, crime is far more prevalent among people under great stress, especially those with poor coping skills. Any part of a program that engrosses stressing out a student who is already at-risk is likely to fail or in theory bring on negative results.

A difficult barrier to school based intervention programs is the stigma of being "labelled." The labeling theory talked about earlier, identified how the stigma of the label causes the kids to think of themselves as delinquent, affiliate with other delinquent and act out, learn and grow towards criminal behaviors (Tibbetts & Hemmens, 2010). Expanding greater parent

participation is effected by this same stigma. Parents will be resistant to participate if they feel a negative stigma is attached to their family name or credibility.

The “Yin and Yang” of delinquency

Tibbetts and Hemmens, 2010 highlighted the idea of interactional theory. The contrary forces of good and bad are interconnected and interrelated. This research reveals how human behavior: parenting, education and delinquency relate to a Durkheimian tradition of social control. That a fundamental cause of delinquency lies in the weakening of social constraints over the conduct of the individual. Thornberry found unlike classical control theory, however, it does not assume that the attenuation of controls leads directly to delinquency. The author found the weakening of controls simply allows for a much wider array of behavior, normal behavior and/or “at-risk” behavior as indicated by school dropout and sporadic employment histories, alcoholism, mental illness, delinquent and criminal careers, or some combination.

This is perhaps the greatest supporting argument for the correlation of parentings’ effect on behavior. For the freedom resulting from weakened bonds to be channeled into delinquency, especially serious prolonged delinquency, requires an interactive setting in which delinquency is learned, performed, and reinforced, (Tibbetts & Hemmens, 2010).

These intervention programs are successful by using education, social support networks, crisis hotlines, support groups, and home visits. Better informed educators can provide parents with good parenting skills and information on other valuable services. Government assistance programs that include financial aid, food stamps, or free child care reduce stress induced behavioral issues on at-risk families (Miller-Perrin, and Miller, 2007).

V. Summary and Conclusions

Overview

Juvenile delinquency continues to impose great social, economic, and personal costs on individuals, communities, and society. Uncontrollable, delinquent and or disruptive juveniles continue to consume vast resources in our educational and criminal justice system(s). While programs are helpful more research and attention needs to be placed on parental involvement in approaching delinquency and at-risk youth intervention programs.

Dysfunctional, neglectful homes and absentee parents continue to cause harm to American youth. Poor parenting correlates with increased victimization, greater involvement with the juvenile justice system and delinquency. Altering a dysfunctional trend or path from poor parenting onward improves schooling and will ultimately reduce misbehavior throughout a person's lifetime. Awareness of this parenting variable may help administrators better prepare at all levels of intervention program planning/implementation.

Stakeholders

Stakeholders are students, parents, educators, and criminal justice professionals directly involved in controlling/reducing adolescent misconduct. The community: indirect stakeholders including, community representatives, municipal leaders, and tax paying citizens are now more aware of this problem and attentive towards dwindling economic resources and the cost of delinquency.

Clearly, the at-risk youth has an investment in their own future. Commitment to school refers to the stake in conformity the adolescent has developed and includes such factors as success in school, perceived importance of education, attachment to teachers, and involvement in school activities, (Tibbetts & Hemmens, 2010). The youth as a stakeholder in this process can be denoted by their own conviction to good character traits. The authors described this committed belief in conventional values as legitimizing middle-class values of education,

personal industry, financial success, and deferral of gratification, among other constructive core values.

Parenting is the metaphorical, “linchpin” connecting the at-risk youth to a prosperous, hopeful future. Tibbetts and Hemmens (2010) found attachment to parents includes the affective relationship between parent and child, communication patterns, parenting skills such as monitoring and discipline, parent-child conflict, and the like.

The stakeholders are in the school system, (administrators, teachers, and classmates). It is only reasonable the teachers would place their efforts with improving classroom behavior. Some teachers may frown on parents in the classroom, citing too much of a distraction or too many authority figures. The pessimism of, “parent over the shoulder” idea brings discredit to the idea to include parents. These and other school based deterrence programs become synergetic and exponentially more effective when they increase parent involvement and broaden the scope of “good behavior” everywhere, not just at school. Bonding students, parents and teachers helps the community reducing delinquency and promoting good behavior by are youth.

Metrics, Accountability, and Continuous Improvement

Looking at-risk and protective factors, (table 1) as measurable metrics help enhance prevention programs that frequently have limited staffing and funding. According to the U.S. Department of Health and Human Services, 2001, identifying which risk factors may cause delinquency for identified groups/sets of youth at specific stages of their development may help programs target their efforts in a more efficient and cost-effective manner.

Assessments, a dreaded necessity in accountability looks at the youth/individual, and the school. Individual strengths-based assessments are an advancement over older, deficit instruments. Research has identified the Behavioral and Emotional Rating Scale (BERS) as a

valuable assessment tool. The BERS is a 52-item scale normed on a racially and ethnically representative national sample of 2,176 children without disabilities and 861 children with emotional and behavioral disorders, ages 5–18. BERS measures emotional and behavioral strengths with a student's interpersonal strengths, family involvement, intrapersonal strengths, school functioning/completes school tasks on time, and affective strengths (e.g., accepts a hug), (Epstein, 1999; Osher, Penkoff, Sidana, & Kelly, 2016).

Accountability at the school administrative level is complex and beyond the scope of this research paper. The National Center on Safe Supportive Learning Environments (2017) School Climate Survey is a resource available for school assessment. The school climate surveys demonstrate the need to focus on a safe environment by collecting data, then reporting with climate scale scores for the three school climate domains, as well as for topics within each domain: engagement, safety, and environment, (Safe and supportive schools model – Figure 2). The measurement of school climate provides educators with the necessary data to identify school needs, set goals, and track progress toward improvement. Teachers/administrators can access further measurement/improvement information, available School climate improvement reference manual, (Yoder, Darling-Churchill, Colombi, Ruddy, Neiman, Chagnon, & Mayo, 2017).

Parents and teachers are more likely to have children/students who experience a positive school climate and have high levels of academic achievement when they are knowledgeable about their children's school and experiences at school, have consistent contact with each other, and hold each other accountable for maintaining a positive, healthy climate. With a mindset of continuous improvement each can help improve the climate of their respective school/home by become and remaining involved, and by reinforcing academic, social, and emotional lessons learned at school and in the home, (Hughes, & Kwok, 2007).

Program Data limitations

This research included secondary data and meta-analysis program research/review of several valuable intervention programs: All Stars™ program, (Harrington and colleagues, 2001); Families and Schools Together (FAST); Linking the Interests of Families and Teachers (LIFT); Second Step: A Violence Prevention Curriculum, Big Brothers Big Sisters (BBBS) Community-Based Mentoring and School-Based Mentoring program, and Nurse–Family Partnership program, (Office of Juvenile Justice and Delinquency Program website, 2016). Previous research of these programs reflected limitations from small sample size and samples missing minority demographics. There was no inclusion of lagged effects, (controlling for prior delinquency and/or prior parenting behaviors). Also, failing to control for delinquent peer effects and cultural influences. Studies suffered from limitations of inclusion of samples of largely only white males, samples of only high school students or mostly at-risk or high-risk examples. Parenting and family sampling was limited to respondents, (available participants) from two-parent families or predominantly nonresident fathers only. Absentee parents, (who could have benefited the greatest by participating in these programs) were the same ones that failed to participate in the surveys.

Theory

Limitations with contemporary theories of delinquency. Thornberry, (1987) described three concepts influencing researchers: they tend to rely on unidirectional causal structures that represent delinquency in a static rather than dynamic fashion, they fail to examine developmental progressions, and they don't adequately link processual concepts to the person's position in the social structure.

More Research is needed

These few researched school-based programs designed to help at-risk youth foster positive behaviors, reduce negative behaviors, and, ultimately, improve academic, and social behaviors are valuable; however, more evidence from rigorous evaluations is needed to better understand their effects. Such data is important because the development of social competencies during childhood has been linked to adjustment to schooling/academic success, and even a person's health throughout their lifetime.

Conclusion

Finally, a reader's take away from this research project can be found in the American idea of freedom. According to Osher, Penkoff, Sidana, and Kelly, (2016) to create a positive and culturally and linguistically competent learning environment for all students we will need one that promotes positive educational outcomes, it is important to assess and enhance the four social and emotional conditions for learning. The authors found students must feel both physically and emotionally safe from harm. That all the adults in their lives care and are there to support them. Students also must be equipped with the social and emotional skills to deal with their behaviors and actions in nonviolent, mature, and reasoned ways. The authors agree it is important that students feel engaged and challenged in their learning environment, with high expectations set for everyone. The American idea of being free from threat of harm, bullying, neglect, or unfair treatment are critical before a program can be implemented. Once we gained the trust of both the at-risk youth and the parent can effective learning take place. All the stakeholders must demonstrate they stand behind the intervention program. Osher, Penkoff, Sidana, and Kelly, (2016) read, creating such a plan requires buy-in, (long term commitment) from key stakeholders—students, parents, facility staff, (teachers, administrators, counselors), and members of the community. This research highlights the importance of engaging parents in the

process by illustrating a correlation between poor parenting and developmental failure with at-risk youth.

VI. References

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Table 1 - Risk and Protective Factors

Risk and Protective Factors, by Domain			
Risk Factor			
Domain	Early Onset (ages 6–11)	Late Onset (ages 12–14)	Protective Factor*
Individual	General offenses Substance use Being male Aggression** Hyperactivity Problem (antisocial) behavior Exposure to television violence Medical, physical problems Low IQ Antisocial attitudes, beliefs Dishonesty**	General offenses Restlessness Difficulty concentrating** Risk taking Aggression** Being male Physical violence Antisocial attitudes, beliefs Crimes against persons Problem (antisocial) behavior Low IQ Substance use	Intolerant attitude toward deviance High IQ Being female Positive social orientation Perceived sanctions for transgressions
Family	Low socioeconomic status/poverty Antisocial parents Poor parent-child relationship Harsh, lax, or inconsistent discipline Broken home Separation from parents Other conditions Abusive parents Neglect	Poor parent-child relationship Harsh or lax discipline Poor monitoring, supervision Low parental involvement Antisocial parents Broken home Low socioeconomic status/poverty Abusive parents Family conflict**	Warm, supportive relationships with parents or other adults Parents' positive evaluation of peers Parental monitoring
School	Poor attitude, performance	Poor attitude, performance Academic failure	Commitment to school Recognition for involvement in conventional activities
Peer group	Weak social ties Antisocial peers	Weak social ties Antisocial, delinquent peers Gang membership	Friends who engage in conventional behavior

Community		Neighborhood crime, drugs Neighborhood disorganization	
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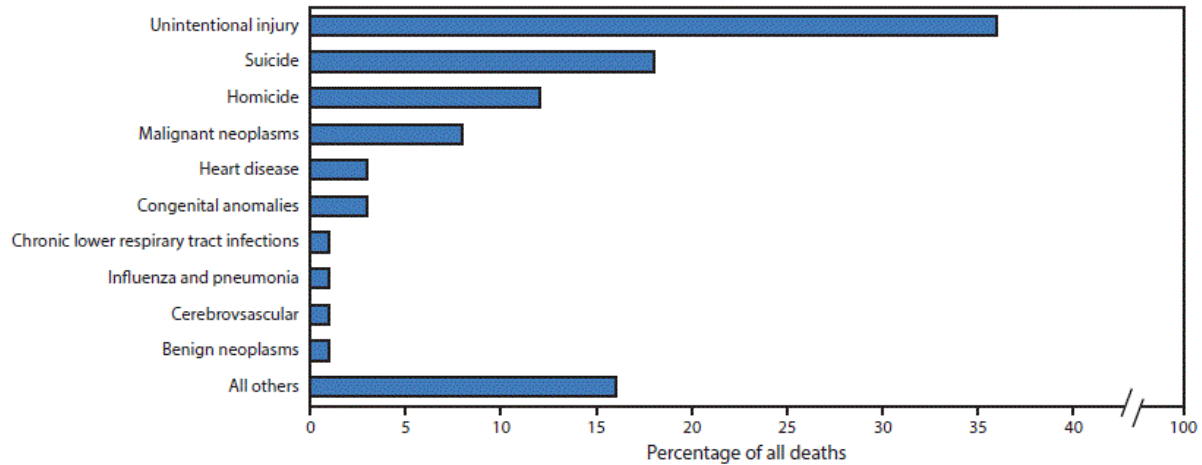
* Age of onset not known.

** Males only.

Source: Hawkins, J.D., Herrenkohl, T.L., Farrington, D.P., Brewer, D., Catalano, R.F., and Harachi, T.W. 1998. A review of predictors of youth violence. In *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*, edited by R. Loeber and D.P. Farrington. Thousand Oaks, CA: Sage Publications, pp. 106–146.

Adapted from Office of the Surgeon General, 2001.

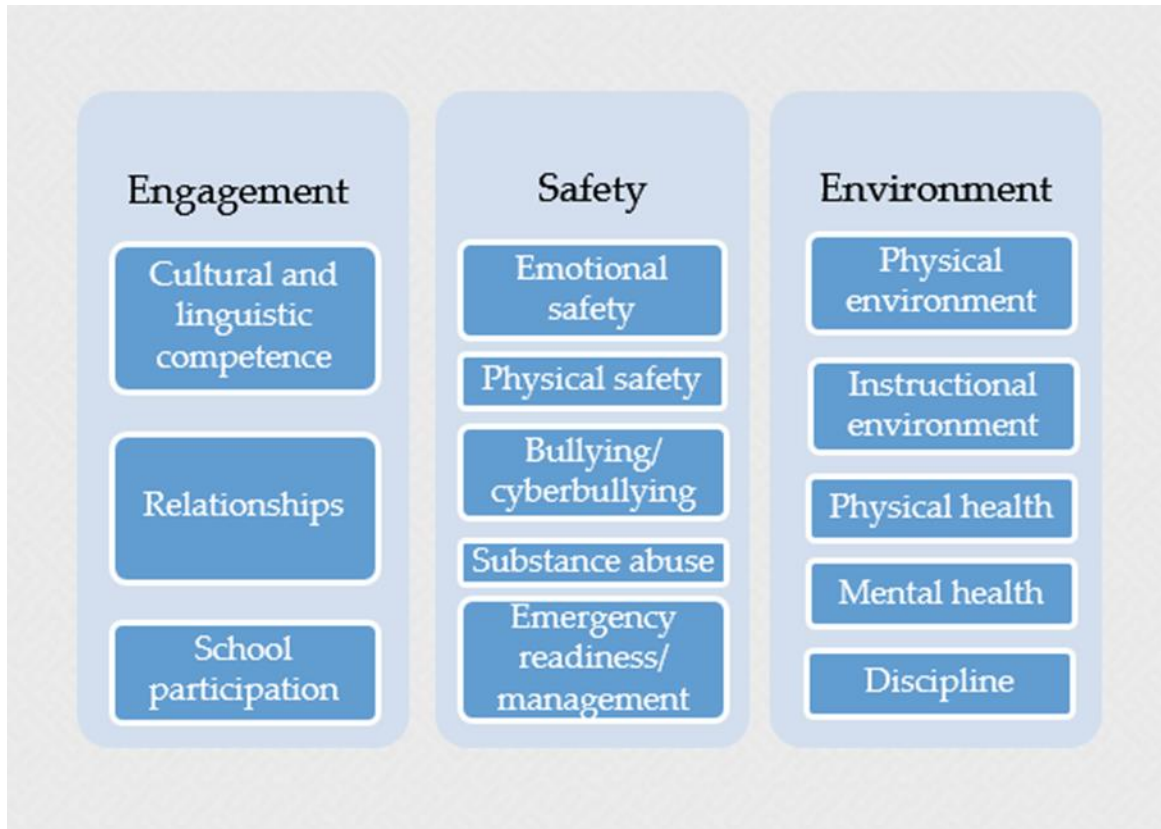
Figure 1 - Proportional distribution of leading causes of death* among adolescents aged 10–19 years — United States, 2014



* Unintentional injuries include motor vehicle/traffic (2,834; 63%), poisoning (589; 13%), drowning (350; 8%), and other (713; 16%).

Source: CDC. Web-based Inquiry Statistics Query and Reporting System (WISQARS). http://webappa.cdc.gov/sasweb/ncipc/leadcaus10_us.html. As seen in: Banspach S, Zaza S, Dittus P, Michael S, Brindis CD, Thorpe P. CDC Grand Rounds: Adolescence — Preparing for Lifelong Health and Wellness. *MMWR Morb Mortal Wkly Rep* 2016;65:759–762. DOI: <http://dx.doi.org/10.15585/mmwr.mm6530a2>

Figure 2 - The three domains of school climate and the topics within each are measured in the U.S. Department of Education, School Climate Survey, (EDSCLS).



Source: The National Center on Safe Supportive Learning Environments (2017) School Climate Survey, (EDSCLS): U.S. Department of Education, Retrieved from: <https://safesupportivelearning.ed.gov/edscls/measures>; Yoder, N., Darling-Churchill, K., Colombi, G. D., Ruddy, S., Neiman, S., Chagnon, E., & Mayo, R. (2017). School climate improvement reference manual. Washington, DC: U.S. Department of Education, Office of Safe and Healthy Students, Retrieved from: <https://safesupportivelearning.ed.gov/scirp/reference-manual>

