

Falling through the cracks:

An analysis of impacts of child abuse, child neglect, and juvenile justice programming deficits as

Predictors of adult antisocial behavior

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An analysis of impacts of child abuse, child neglect, and juvenile justice programming deficits as
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Acknowledgments

It has taken me longer than I wanted to get to this place in my life. It took me almost 10 years to leave an abusive relationship to start finding the true me. Those ten years of abuse had distorted my thinking to hover under the idea that I would amount to nothing without my abuser in my life. Somehow, though, with support of family and friends, I found the inner strength and the financial means to leave the abusive marriage and file for divorce. With my divorce granted, I moved back home to Wisconsin and started anew. Becoming a domestic abuse survivor has caused me to realize that I truly can do anything I put my mind to. Earning a Bachelor's Degree, pursuing a graduate degree, and obtaining a career as a Probation and Parole Agent are tangible proofs of my resiliency and determination. However, the real growth occurred inside of me which is, I suppose, to some degree less tangible. But there are ways I demonstrate my inner healing, passion, and life-learning – through my family, friends, and, of course, running races – half and whole marathons. The world is at my fingertips and I now know and believe that I can make a difference!

*First I would like to thank my **mom and dad**. Mom and Dad gave me the opportunity to start over by first letting me move back home in order to get my life back on track. At that point, I knew I needed to go back to school to help me build a new life for myself and become a stronger person. Receiving my Bachelor's Degree was a big moment for me; but, my thirst for more was a motivating factor for pursuing a graduate degree. Without Mom and Dad giving me the time to heal through those couple of years at home getting my feet underneath me again, I would never have made it this far. Thank you, Mom and Dad, for opening your home to your 30-something daughter and allowing her to move back into her old bedroom. You have been a lifelong support for me and I am grateful for everything you have done for me.*

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WE'VE GOT THIS!

Abstract

Falling through the cracks:

Juvenile delinquency programming deficits in treating abuse and neglect yielding violent adult offenders (An analysis of juvenile justice programming regarding abuse and neglect)

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Under the Supervision of Dr. Amy J. Nemmetz

Reports of child maltreatment soared after mandated reporting went into effect in the 1960s in the United States. Rates of juvenile delinquency also rose suggesting a correlative link between these two measureable statistics. Modern research has documented that neither genetics nor environment exist in a vacuum and both play a role in a child's progression towards adulthood. This same research points toward the greatest motivator of human behavior is the resulting interaction of nature and nurture. As such, when development is impeded by maltreatment, programming must be delivered in a manner that addresses the effects of the abuse and neglect or it is unlikely that any programming will deliver lasting behavioral change and life-long healing. Furthermore, empirical research indicates a correlative relationship between juvenile delinquency and adult offending. Intervention programming needs to be aimed at disrupting this cycle so that delinquency does not necessarily lead to adult offending. Characteristics identifying risks for delinquency as well as recommendations for effective programming are provided to support youth on the path to breaking the cycle.

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I. INTRODUCTION

Children born into this society are full of innocence and completely impressionable. These young individuals' lives are blank canvases whose final images have an infinite number of possibilities, each unique in their technique, medium, and expression of color. Scholars across time and academic disciplines have lamented the unanswered nature-versus-nurture debate as to which component has a more significant effect on the development of motivational behavior. Darwin's theory of evolution hinged upon the intellectual development of modern humankind as the result of countless years of natural adaptation to environmental stimuli (Sherry, 2009). Up until the last 20 years, it was theorized that while "nature" did have a role in predictors of mature behavior, the most heavy-hitting role was found within the constructs of "nurture" (Sherry, 2009). Advances in many disciplines, especially neurophysiology, in the most recent 20 years have yielded solid and consistent evidence that human behavior is more of result of the interaction of nature (including genetics and brain physiology) and nurture (including learning and culture) (Sherry, 2009). Adults whose canvas' foundations that are primarily composed of impressions of abuse and neglect have, without doubt, distorted the view of the world around them. This maladaptive paradigm breeds dysfunction upon dysfunction; and, as such, is likely a primary component in the construction of antisocial thought processes and motivation behind behavioral choices. "Today, violence within the family is seen as the training grounds for violence outside it" (Widom, 1989, p. 355). In other words, violence begets violence (Widom, 1989).

Early maltreatment of children is linked to exacerbated severe disorders in adulthood including antisocial personality disorder and other severe forms of psychopathology (Dargis, Newman, & Koenigs, 2015). Nearly 80% of the adult prison population meets diagnostic criteria

for antisocial personality disorder (Dargis et al., 2015). Therapeutic programming and treatment for juvenile offenders with histories of abuse and neglect victimization largely fail to address unique deficits in cognitive and emotional development which strengthens the correlation between juvenile adjudication and adult criminal behavior. Likewise, identifying these deficits and implementing specific treatment and programming as an intervention can disrupt the maladaptive cycle and promote prosocial adult engagement.

Definition of terms

An important foundation lies in cohesively defining appropriate terms. Child abuse is defined as “to maltreat, exploit, take advantage of, harm physically, hurt emotionally” (Karmen, 2016, p. 491). Child abuse involves deliberating actions that result in non-accidental injury by a person who has care, custody, or control of a child (Wallace & Roberson, 2015). Wallace & Roberson (2015) stipulate that an abusive act is an “act [that] is intentional or willful” (p. 157).

Noticeability of neglect falls along a spectrum of sorts: from overt and pronounced evidence to a silent invisibility (Erickson & Egeland, 2011). Sadly, the invisibility can continue until it is already or nearly too late (Erickson & Egeland, 2011). Regardless of context (i.e., legal, medical, psychological, social services, etcetera.), neglect is astutely defined as parental or caregiver failure to meet a child’s basic needs (Erickson & Egeland, 2011). Neglect can be delineated into six main categories. Physical neglect is defined as parental failure to protect a child from physical harm or provide child with basic necessities (food, shelter, clothing). Psychological/emotional neglect is overlooking children’s cues and signals of pleas for warmth and comfort. Another category is health neglect which involves withholding medical care. Mental health neglect involves refusing to comply with recommended therapeutic interventions for a child with serious or behavioral disorders. Educational neglect is the failure to comply with

laws requiring a child to attend school or approved educational program. Finally, collective neglect is society's role in failing to provide adequate health care, child care, preschool education, and policies that support families (Erickson & Egeland, 2011). One way to reduce collective neglect would be for all members of society (e.g., families, citizens, lawmakers, physicians, psychologists, school professionals, nonprofit agencies, etcetera) to continually bring awareness to the plight of children in poverty (Erickson & Egeland, 2011). It is estimated that one in four U.S. children experience maltreatment with 78% of cases as victims of neglect and 70% of cases involve children younger than age three (Center for Disease Control, 2014).

Defining delinquency is astutely surmised as "registered law breaking" occurring primarily in childhood and adolescence (Robbins, 2000, p. 75). Robbins (2000) noted that high rates of aggression yielded future criminal behavior. Levels of aggression remain fairly stable over time. As such, many young children who display high levels of aggression continue to demonstrate high levels of aggression as they transition into adulthood (Robbins, 2000).

Statement of the Problem

As of 1967, all 50 states of the U.S. enacted child abuse and neglect reporting laws; and, as such, statistics soared. To show sequence of these statistics, approximately 60,000 cases were reported in 1974, and by 1980, over one million cases were reported (Meyers, 2011). By 1990, over two million cases were reported and three million were reported in 2000 (Meyers, 2011). "Child abuse reporting laws, coupled with enhanced awareness of child abuse produced an increase in intervention" (Meyers, 2011, p. 11). Maltreatment is often the end result of a consortium of personal, familial, genetic, cultural, and environmental conditions that converge resulting in an interaction of nature and nurture (Daro, 2011). Preventing occurrence is hinged upon identifying appropriate trigger conditions and designing programs aimed at strengthening

the abilities of parents and caregivers to divert attention from triggers and/or prosocially strengthening conditions leading to reducing impact of trigger points (Daro, 2011).

Children who experience child abuse and neglect are about nine times more likely to become involved in criminal behavior both as juveniles and adults (Snyder, 2000). An estimated 80% of adults age 21 that were abused as children meet criteria for at least one psychological disorder (Fang, Brown, Florence, & Mercy, 2012). Furthermore, approximately 1/3 of abused and neglected children will later abuse their own children, thus perpetuating the cycle of violence ("Long-term consequences," 2013). The financial cost of child abuse and neglect is estimated at \$585 billion annually (Harlow, 1999).

An overview of research and case studies suggests that untreated abuse and neglect in childhood leads to an increased propensity towards adult antisocial behavior. Juvenile justice interventions aimed at addressing the psychological impact of abuse and neglect can result in a reduction in adult criminal behavior. Years of multidisciplinary research concludes that the greatest impact on brain development after birth comes from experiences occurring in the first few years of life (Gowin, 2012). In other words, an ideal balance of "right" learning opportunities, nurturing childhood environments, and proactively addressing genetic and biological components provides a foundational basis for a healthy and happy adult life (Gowin, 2012). However, stress, trauma, abuse, and neglect can yield permanent negative outcomes on adult life (Gowin, 2012).

Hanson et al., (2010) led a team of researchers to discover specific impacts trauma had on brain development and behavioral outcomes. By comparing magnetic resonance imaging of brain structure, Hanson et al., (2010) discovered noticeably smaller volumes of both amygdalae and hippocampi in children who experienced high levels of stress from abuse and neglect as

opposed to children who did not experience this kind of trauma. Hanson et al., (2010) also noted a strong correlation that as the size of hippocampi and amygdalae decreased, rate and severity of behavioral problems increased.

Gowin (2012) highlights the importance of developmental disruption to these brain regions which exemplifies aforementioned research outcomes. Gowin (2012) explains the primary purpose of the amygdala involves balancing emotional regulation and decision-making processes. The amygdala is also a crucial structure in the brain for regulating aggressive behavior (Gowin, 2012). Thus, a smaller volume of the amygdala is often correlated with an increase in aggression, affect dysregulation, and behavioral problems (Gowin, 2012). The hippocampus area in the frontal cortex region of the brain is crucial for memory formation and also plays an important role in emotional processing (Gowin, 2012). A smaller volume of the hippocampus is correlated with increased learning problems and impeded progress in school (Gowin, 2012).

Longitudinal studies dating back to the 1950s and 1960s consistently document trends that abused and neglected children grow to have behavioral problems that include increased aggression and violence (Gowin, 2012). Traumatic experiences of abuse and neglect in childhood increase risks for criminal behavior, depression, drug abuse, post-traumatic stress disorder, and physical health disorders such as heart disease and diabetes (Gowin, 2012). Gowin (2012) summarizes that high stress events cause the brain to release cortisol to aid in the reduction of stress. However, in chronic high stress, such as ongoing abuse and neglect, the brain continues to release cortisol which leads to toxic levels in the brain (Gowin, 2012). These toxic cortisol levels disrupt and impede brain development and permanently alter the physical structure of emotional brain regions including amygdala and hippocampus regions (Gowin,

2012). Furthermore, there is growing research indicating fallibility in retrospective reports of child abuse in that just under half of adult women who were questioned about known abuse in their childhoods could not recall key details or the specific incident that elicited a Child Protective Services report (Fergusson, Horwood, & Woodward, 2000). Examining the constructs of why this bias occurs in retrospective reporting corresponds with the aforementioned findings regarding the changes in brain structure. Fergusson et al., (2000) noted that the following also contributes to reporting inaccuracies: normal process of forgetting, individual's psychological state at the time of reporting, unconscious repression, and/or conscious reluctance to report past painful or embarrassing experiences.

Child Protective Services researchers indicate that individual reports of child maltreatment likely underestimates true rates of occurrence (Fergusson et al., 2000). Due to the very nature of abuse and the long-term physiological and psychological impacts, as well as the unreliability of retrospective reporting, research continues to support that child abuse is a much greater problem than statistics suggest due to underreporting (Fergusson et al., 2000). Additionally, perceived stigma and self-blame permeates victims well into their adults lives (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996). Furthermore, significant errors in reporting, mostly leading to underreporting, occur when reports are linked to psychiatric outcomes, such as, if abuse victims develop disorders in which repression constituted a symptom of the disorder (Fergusson et al., 2000).

Purpose and Significance of the Research

An initial survey of research indicates evidence of brain alterations that correlate with increased juvenile delinquency requiring intervention. A preliminary review of literature also suggests that if the impact of childhood abuse and neglect is under-treated or ignored altogether,

childhood victims of abuse and neglect develop maladaptive coping skills which promulgate compensation for these deficits in more antisocial ways as adults. The purpose of this paper will be to examine components of juvenile delinquency programs aimed at behavioral modification, identifying programming deficits with regards to psychological and emotional treatment of abuse and neglect, and provide recommendations for intervention strategies to disrupt the progression from juvenile delinquency to adult antisocial behavior as well as interrupting the generational cycle of violence. Reducing incidents of child abuse and neglect altogether will, undoubtedly, reduce victimization of others and overall criminal behavior. Furthermore, reduction of child abuse and neglect should disrupt the generational cycle of violence, therefore reducing criminal behavior resulting from maladaptive youth development environments. Thus, identifying intervention strategies that address societal and global impacts of abuse and neglect and slow or reverse chronic antisocial behavioral patterns will continue to have prosocial benefits in generations yet to come. However, immediate significance for evidence-based interventions for abuse and neglect victims is found through relief of economic burden to society. In the United States, the total lifetime economic burden resulting from new cases of fatal and non-fatal child abuse and neglect is approximately \$124 billion ("Center for Disease Control," 2014).

II. LITERATURE REVIEW

Predictions of delinquency and adult criminal behavior

It is only in recent times in modern society that women, children, and minorities have been elevated to a more equal existence. As such, these groups have often struggled in a muffled silence void of protections and rights a society's system of laws could provide. Individuals of the 1960s American society not-so-proudly boasted a surge in public interest in the topic of child abuse and neglect largely attributed to physician discourse on the silence of the medical

community in both training and evidence-based information on best practices for treating injuries as a result of victimization (Meyers, 2011). Fortunately, pediatrician Henry Kempe and colleagues published a ground-breaking article entitled “The Battered-Child Syndrome” in 1962 which propelled child maltreatment to a topic of national interest and this was proliferated through various media outlets (Meyers, 2011).

Child maltreatment arrests normal emotional development processes in children. Young & Widom (2014) identified maltreating parents showing less positive emotion and more negative emotion during formative years of abused and neglected children. Furthermore, inconsistent and/or harsh caregiving leads to a child having difficulty predicting consequences of his/her behavioral choices which further manifests in deficits in processing emotional information (Young & Widom, 2014). Furthermore, neglecting parents were markedly less expressive in interactions with children and elicited little exchange of affective information with children (Young & Widom, 2014). It follows that these reduced expressions provide notably less support in children learning to understand emotions in a more generalized sense (Young & Widom, 2014).

Social development theory has contributed to understanding antisocial behavioral life trajectories; however, a number of longitudinal studies have emerged correlating the relationship between early life experiences and adult antisocial behavior (Leschied, Chiodo, Nowicki, & Rodger, 2008). This longitudinal link suggest that parental inability to foster self-control in their children, neuropsychological disorders, coercive family interactions, various negative parenting practices, and an inability of children to develop age-appropriate social skills all correspond with adult antisocial behavior (Leschied et al., 2008). Furthermore, childhood factors such as mood/temperament, levels of impulsivity, social withdrawal, aggression, and hyperactivity were

also linked with disruptive behavior, poor parenting practices, low supervision, physical punishment, neglect, and poor communication (Leschied et al., 2008). Individual behavioral concerns resulting from early identification of aggression, attention-related deficits, motor restlessness, hyperactivity, and attention-seeking behaviors, as well as emotional concerns consistent with depression including withdrawal, anxiety, self-depreciation, and social alienation represented the bulk of childhood and adolescent predictors of antisocial behavior and later adult criminal justice involvement (Leschied et al., 2008). Family descriptors including various negative parenting strategies (e.g., coerciveness, authoritarian mindset and behavior, lack of supervision) as well as variables and deficits in family structure (e.g., witnessing violence, inter-parental conflict, family stressors, poor communication) also play a role in establishing a foundation that yields to juvenile delinquency and later adult antisocial behavior (Leschied et al., 2008). With regards to enhanced criminogenic risks, the older the child is at the time he/she experienced aforementioned predictors correlated with higher and more significant adult criminal behavior (Leschied et al., 2008).

Children struggling with clinical, psychopathological behavioral issues are often experiencing a co-occurrence of psychiatric diagnoses rather than delineating symptoms down to one diagnosis (Bartels et al., 2003). The concept of comorbidity of psychopathology is gaining momentum in the clinical psychology fields (Bartels et al., 2003). This comorbidity serves to show that etiology of child psychopathology is, indeed, complex (Bartels et al., 2003). It has been argued that conduct disorder needs to be divided into two distinct constructs: Rule-breaking/non-aggressive and aggressive delinquency (Bartels et al., 2003). Additionally, males and females express characteristics of conduct disorder and oppositional defiant disorder in different manners so it is important to take into consideration any potential gender bias (Bartels

et al., 2003). Evidence from twin studies indicates that both aggressive and delinquent conduct disorder and comorbid conditions stem from similar risk factors including genetic predisposition (nature), environmental constructs (nurture), and the presence of abuse and/or neglect has a significant impact on future delinquency and/or aggressive behavior (Bartels et al., 2003).

In terms of identifying a direct link between physical abuse and juvenile delinquency, Lansford et al., (2007) hypothesized and concluded that adolescents who had been physically abused during the first five years of life were more likely to be arrested as a juvenile for violent and nonviolent offenses, although they were not more likely to self-report serious violent or nonviolent delinquent behaviors. According to arrest data, physical abuse predicts subsequent violent delinquency (Lansford et al., 2007). Furthermore, abused children are more likely to develop biased patterns of thinking as well as compromised processing of social information (Lansford et al., 2007). Lansford (2007) explains that abused children are more likely to associate hostile attributes about others' intentions, access retaliatory aggressive responses, and view aggressive behavior as morally acceptable.

Longitudinal studies are key in establishing the existence of a correlative relationship over the span of lifetimes, which is important in identifying risk factors and developing early intervention programming. McCord (1983) conducted a significant 40-year longitudinal study on the long-term effects childhood abuse and neglect with regards to adult behavioral choices. McCord (1983) noted that children exposed to abuse and neglect were much more likely to engage in violent criminal behavior as adults; however, she noted that there was no significant difference between the abused and non-abused control groups in terms of arrests for becoming perpetrators for child abuse. Dutton & Hart (1992) corroborated the aforementioned research and surmised that childhood victims of abuse and neglect were three times as likely to engage in

violent behaviors as adults. Leschied et al., (2008) further substantiated longitudinal correlations between adverse early childhood experiences and subsequent adult antisocial behavior.

Children's responses to maltreatment can take many forms including increased depression, unhappiness, social isolation, eating disorders, inadequate or undernutrition, suicidal tendencies, lack of concentration, disturbed behavior, and runaway ideation and/or behavior (Christoffersen & DePanfilis, 2009). The extent to which an individual experiences these characteristics is noted by levels of disinterest in the world; inability to learn, inability to build positive and healthy interpersonal relationships, general pervasive mood of unhappiness or depression, fear, anxiety, and suicidal tendencies (Christoffersen & DePanfilis, 2009). Reactive symptoms to abuse and/or neglect include: self-management problems, impulse control inadequacies, frequent outbursts of anger, substance abuse, developmental delays, antisocial behavior, concentration abnormalities and difficulties, and psychopathology (e.g. depression, psychotic disorder) (Christoffersen & DePanfilis, 2009). The strongest environmental predictor of child maltreatment is unemployment, specifically maternal unemployment (Christoffersen & DePanfilis, 2009). Child maltreatment was found to be 1.9 times higher with paternal unemployment and 2.5 times higher with maternal unemployment (Christoffersen & DePanfilis, 2009).

Parenting styles and familial environments play a significant role in a child's development and response to social norms. Leschied et al., (2008) identified parental management that is coercive, inconsistent, or laissez-faire supervision, particularly during middle childhood was the strongest predictor of a child's maladaptive development and future adult antisocial behavior while a child witnessing family violence and other maltreatment only yields modest predictors of adult crime.

Young & Widom (2014) found that neglectful parents are less expressive and engaging and have minimal exchange of affective information in interactions with their children; and, thus, provide less support in learning to understand emotions in general. Neglected children have a more difficult time understanding social cues and exhibiting normal social behaviors (Young & Widom, 2014). Research continues to show individuals who are victims of childhood abuse and neglect display negative consequences across many realms of performance which explains the elevated risk for deficits in emotional processing abilities with histories of childhood abuse and/or neglect (Young & Widom, 2014).

Numerous studies have documented a strong correlation between child abuse and poor health that lasts well into adulthood particularly among females (Cannon, Bonomi, Anderson, Rivara, & Thompson, 2010). These health issues create a myriad of chain-reaction effects across the life span (Cannon et al., 2010). Even if children are not directly victimized by abuse and/or neglect, studies consistently show similar health problems into adulthood among individuals who witnessed intimate partner violence (IPV) between parents and/or caregivers (Cannon et al., 2010). It is hypothesized that witnessing violence among parents/caregivers produces similar emotional and physical reactions to the stressful and adverse experiences of abuse and neglect victims (Cannon et al., 2010). Furthermore, the greater the intensity and frequency of experiencing abuse or witnessing violence, the poorer the health symptoms in adulthood (Cannon et al., 2010). Among women, there is a markedly increased use of prescription drugs among child abuse and/or neglect victims as well as experiencing an exposure to IPV during childhood. Additionally, particularly among women, research indicates long-lasting adverse health status, relationship struggles, and disproportionate healthcare utilization (Cannon et al., 2010).

A strong link between child maltreatment and adverse adult health is repeatedly supported in research. Unfortunately, many of these empirical studies exclusively honed in on female sexual abuse victims (as children) or failed to control for family background or childhood characteristics which compromises the validity of the study and strength of the correlative link (Springer, Sheridan, Kuo, & Carnes, 2007). Child maltreatment is linked to adult psychiatric diagnoses including depression, anxiety, eating disorders, and post-traumatic disorder (Springer et al., 2007). Somatic diagnoses also are more apparent in abuse victims and largely consist of syndromes characterized by pain and disabilities in the absence of laboratory findings (Springer et al., 2007). Furthermore, child abuse victimization is associated with increased medical diagnoses include chronic pain, headaches, fibromyalgia, chronic fatigue syndrome, and irritable bowel syndrome (Springer et al., 2007). Childhood maltreatment is a strong predictor of adult physiological health problems (Springer et al., 2007).

Consequences of child maltreatment reach well into adulthood. This link has been supported time and time again since Bakwin (1949) and Bowlby (1951) published evidence on childhood experiences, stress, and adversity that were consistently followed by the development of various forms of somatic and/or mental health problems (Christoffersen & DePanfilis, 2009). Abusive parents struggle with multiple problems and children learn from the struggling parents' creation of hostile environments, thus creating maladaptive atmospheres hindered by the lack of positive nurturing (Christoffersen & DePanfilis, 2009). Furthermore, disturbed parent-child relationships are a strong predictor of psychopathology (Christoffersen & DePanfilis, 2009).

Specifically, sexual abuse, physical abuse, and neglect have been found to have unique effects on children as they develop into adults. Children who are neglected often exhibit various social and emotional problems including hostility, aggression, learning problems, language

delays, low self-esteem, and high levels of juvenile delinquency (Christoffersen & DePanfilis, 2009). Sexual and physical abuse victims are correlated with an increased risk of violent crime, conduct disorders, antisocial behaviors, suicide attempts, depressive disorders, and alcohol problems (Christoffersen & DePanfilis, 2009). Parents who have diagnosed psychiatric disorders and/or suicidal behavior are linked to increased incidents of child abuse and neglect and suicide attempts by children (Christoffersen & DePanfilis, 2009). Finally, emotional/psychological abuse nearly always coincides with physical abuse, sexual abuse, and/or neglect (Christoffersen & DePanfilis, 2009). Emotional maltreatment is linked with long-lasting damage including anxiety, depression, low self-esteem, suicidal tendencies, substance abuse, eating disorders, social competency problems, and antisocial functioning (Christoffersen & DePanfilis, 2009).

Programming and Intervention Research

From 1990 to 2003, the correctional population grew by 50% to almost 6.9 million offenders with the prison population experiencing the most growth (Lowenkamp, Latessa, & Smith, 2006). Recidivism rates continue to reach as high as 65% in the first three years following a criminal conviction (Lowenkamp et al., 2006). Furthermore, many studies indicate continuing criminal behaviors while on probation and/or parole (Lowenkamp et al., 2006). These startling statistics indicate that current correctional programming is not effective in terms of behavior modification to adhering to societal norms and laws. It also suggests that underlying core motivations for engaging in maladaptive behavior are not effectively being treated to yield law-abiding, positive citizens. One promising means of reducing recidivism and enhancing long-lasting behavioral modification is through implementation of clinically relevant and evidence-based correctional interventions and consistent programming (Lowenkamp et al., 2006).

It is no surprise that early intervention and risk assessment programs have burgeoned in response to the need to disrupt the continuum of juvenile delinquency to adult antisocial behavior. Early childhood prevention programs have a wide appeal across a large spectrum of constituencies in that they help society's most vulnerable members (Welsh & Farrington, 2007). Explicit goals, functional mission statements, and passionate visions encompass the betterment of children's immediate learning, development of positive social and emotional competencies, and long-term improvement of success over children's life courses (Welsh & Farrington, 2007). For maximum benefit, it is important to identify developmental milestones when children are most impressionable and implement these interventions and prevention programs when these at-risk children are most receptive (Welsh & Farrington, 2007). Risk prediction and assessment have assisted program service planning in two distinct ways: providing a context in which to consider the intensity of needed services and prioritizing targets of service (Leschied et al., 2008).

Identifying intervention programming to reduce risk of adult antisocial behavior must also encompass an understanding of what risk factors are static and what risk factors are most amenable to change over time. Leschied et al., (2008) found that youth risk factors most amenable to intervention to change the trajectory and strength of the correlative relationship yielding adult antisocial behavior include hyperactivity, aggression, and conduct disorders whereas internalizing concerns, depressive symptoms, and anxiety only had moderate effects on the correlative relationship. In other words, intervention programming that not only addresses the trauma of abuse and neglect but also targets hyperactivity, aggression, and the roots of conduct disorders yielded a greater reduction in adult antisocial behavior (Leschied et al., 2008). The other factors are important to address but result in much more variable trajectories in adult

behavior which may or may not involve antisocial behavior (Leschied et al., 2008).

Systematic and meta-analytic research identified two effective individual-based intervention programming both of which were most effective at the preschool and elementary school age in preventing delinquency and adult criminal offending: preschool intellectual enrichment and child skills (e.g., social skills) training (Welsh & Farrington, 2007). The most effective individualized programs in preventing delinquency and related externalizing behavioral programs (e.g., violent or aggressive behavior) were those that were tailored to the specific needs of highest risk students (Welsh & Farrington, 2007). After-school and mentoring programs hold promise as efficacious approaches to preventing delinquency and later offending; however, more analytical and evaluative research needs to be substantiate these initial findings (Welsh & Farrington, 2007).

In terms of family-based programming interventions, research supports targeting the most important risk factors including poor child rearing, poor parental supervision, and inconsistent and/or harsh discipline (Welsh & Farrington, 2007). More specifically two types of family-based programs most effective in preventing delinquency and later adult criminal offending involve generalized parental education (i.e., in context of home visits and parent education plus daycare services) and parental management training (Welsh & Farrington, 2007).

The psychology of criminal conduct suggests that treatment efficacy is compromised when criminal sanctioning occurs without provisions for rehabilitative services (Andrews et al., 1990). As such, judicial administration of criminal sanctions without intervention programming does little to reduce recidivism or enact long-term behavior modification (Andrews et al., 1990). There are three main psychological principles essential for delivery of appropriate correctional services to foster long-term change (Andrews et al., 1990). Correctional services must focus

primarily on higher-risk cases (Andrews et al., 1990). Programming and services must target identified criminogenic needs (Andrews et al., 1990). The styles and modes of treatment must be matched to offenders' diverse learning styles (Andrews et al., 1990).

Theoretical Foundations

Harry Harlow pioneered modern experimental research on the role of love and affection (i.e., nurture) in the development of behavior and personality by way of rhesus monkeys (Harlow, 1958). Up until Harlow's groundbreaking research, he points to the psychological and sociological steadfast positions that human behavior is motivated by primary drives (i.e., hunger, thirst, elimination, pain, and sex) while love and affection are derived or secondary drives (Harlow, 1958). Harlow challenges this paradigm by pointing out that initial love responses are made between infants and their mothers or surrogate mothers and it is learned, or secondary, that an infant associates the mother with a reduction of primary drives (Harlow, 1958). Through controlling for variables of love and affections versus food in different surrogate mothers, Harlow discovered that nurture plays an important role in healthy development (Harlow, 1958).

In 1969, Travis Hirschi presented the Social Bond (or Social Bonding) Theory. Hirschi (1969) assumes that individuals are predisposed to commit crimes. A positive and prosocial parental/caregiver relationship, or conventional bond, prevents or reduces individuals' predisposition to criminal behavior (Hirschi, 1969). This bond is made up of four constructs: attachments, commitment, involvement, and moral beliefs regarding committing crime (Tibbetts & Hemmens, 2010). Hirschi (1969) postulates that the stronger a person is bonded to conventional society, the less prone he/she is to engaging in crime. More specifically, the stronger the social bond, the less likely an individual will commit criminal offenses or be considered a juvenile delinquent (Hirschi, 1969). Social bond theory is described as bonds to

conformity such as attachment, commitment, involvement and having a value system that keeps individuals from engaging in socially unacceptable, sometimes labeled delinquent or criminal activities (Bates & Swan, 2014).

Lawrence W. Sherman proposed a theory of criminal sanction based on defiance, deterrence, and irrelevance in 1993. Sherman's basis for developing this theory was based on his belief, supported by empirical research, that asking "Does punishment control crime?" is, indeed, the wrong question to be asking (Sherman, 1993). He developed a more useful question: "Under what conditions does each type of criminal sanction reduce, increase, or have no effect on future crimes?" (Sherman, 1993, p. 445). Sherman firmly believed that answering that question was central to the future of research on crime and delinquency (Sherman, 1993). The heart of his theory centers on his definition of defiance as "the net increase in the prevalence, incidence, or seriousness of future offending against a sanctioning community caused by a proud, shameless reaction to the administration of a criminal sanction (Sherman, 1993, p. 459). He further delineates specific or individual defiance as the reaction of one person to that person's own punishment while general defiance is the reaction of a group to the punishment of one or more of its members (Sherman, 1993). Direct defiance is defined as "crime committed against a sanctioning agent" while indirect defiance is defined as "displaced just deserts committed against a target vicariously representing the sanctioning agents provoking the anger" (Sherman, 1993, p. 459). "Defiance theory explains variation in criminal events, not criminality...and may encompass many types of crimes but may also be more powerful a predictor of predatory and competitive offenses than of mutualistic or retreatist offenses" (Sherman, 1993, p. 459).

Sherman's theory postulates that defiance occurs under four conditions, all of which are necessary: the offender defines a criminal sanction as unfair, the offender is poorly bonded to or

alienated from the sanctioning agent or the community the agent represents, the offender defines the sanction as stigmatizing and rejecting a person rather than a lawbreaking act, and the offender denies or refuses to acknowledge the shame the sanction has actually caused him or her to suffer (Sherman, 1993, p. 460). Sherman's theory then predicts three reactions to punishment defined as unfair:

When poorly bonded offenders accept the shame as unfair stigmatizing sanction provokes, the sanction will be *irrelevant* or possibly even deterrent to future rates of offending. When poorly bonded offenders deny the shame they feel and respond with rage, the unfair stigmatizing sanction will *increase* their future rates of offending. This unacknowledged shame leads to an emotion of angry pride at defying the punishment. That pride predisposes the defiant offender to repeat the sanctioned conduct, symbolically labeling the sanctions or sanctioners, and not the offender's own acts, as truly shameful and morally deserving of punishment. In the process, the victims or targets of the sanctioned acts become vicarious substitutes for the state or its sanctioning representatives. The full shame-crime sequence does not occur, however, when a well-bonded offender defines a sanction as unfair. The unfairness may weaken the deterrent effect of the sanction and make it irrelevant to future conduct. But even if the offender denies the shame, proud defiance is unlikely because it is less valued than the pride associated with social bonds (Sherman, 1993, p. 461).

Defiance theory postulates that "when criminal justice loses legitimacy, peer disapproval of crime takes its place" and "those who are bonded to peers who disapprove of crime would seem to be shielded from defiance" (Sherman, 1993, p. 461). Sherman's (1993) theory, then, is

largely formulated around presence or absence of prosocial networks, intimacy in relationships, and healthy bonding. Sherman's (1993) theory identifies a relationship between increased bonding and lower levels of criminogenic risk factors and criminal behavior. Conversely, the absence of positive bonds in relationships would increase the likelihood of criminal behavior and sanctions not having an effect on lowering criminogenic risks (Sherman, 1993).

III. A SAMPLING OF NORTHEAST WISCONSIN PROGRAMS AVAILABLE

Localized programs offer a myriad of services specific to the communities they serve. Collaboration of service prevents duplicity in an already tight economic environment (Henkin & Dee, 1998). A sampling of various Northeast Wisconsin programs highlight variety of services offered to youth and families in order to alleviate pressures contributing to systemic problems often attributed to abuse, neglect, and delinquency.

Boys and Girls Club of America

Boys and Girls Club of America have several sites in Northeast Wisconsin that focus on the greatest needs impacting their specific communities. The Boys and Girls Club of Oshkosh, Wisconsin offers the following program areas: academic success, arts, healthy lifestyles, good character and citizenship, sports, fitness, and recreation. The Boys and Girls Club of Appleton, Wisconsin has added programming to address needs of kids in crisis including Truancy Reduction and Assessment Center, Center for Grieving Children, and Runaway and Homeless youth services. Both locations also offer separate programming for teens and adolescents called "The Club."

Programming at The Boys and Girls Club centers around the mission of improving the lives of children and families. Their vision is "To be a generation-changing leading provider of programs emphasizing youth development services and family outreach support to meet the

needs of young people ages six to 18 and their families.” Facilities include fitness center, technology space, gymnasium, theater, lounge areas, music/drama rooms, and game rooms. Truancy and runaway programming proactively address school attendance concerns, assess underlying factors leading to truancy and running away, connecting youth and families with outside resources, provided legal assistance, empowering youth to acquire skills for healthy decision-making skills, and crisis intervention and support (Boys and Girls Club, n.d.).

Parent Connection (Family Services of Northeast Wisconsin, Inc.)

The Parent Connection Program of Family Services of Northeast Wisconsin operates under the mission of providing parent education and early learning programming that encourages, strengthens, and supports families. Objectives of Parent Connection include easing the transition to parenting, helping to lower stress in parenting, and creating a more enjoyable parenting experience. Parent Connection utilizes Parents as Teachers Home Visitation structured intervention to provide parenting information, child development information, constructive play ideas, developmental screenings, and service referral information. Parent Connection also engages teen parents through in-home and group settings. Fatherhood programs address the unique needs of fathers in their children’s lives. Parent Connection also connects area families through planned family fun events and Family Wellness Workshops (Parent Connection, n.d.).

Big Brothers Big Sisters

Big Brothers Big Sisters of the Fox Valley region is associated with Big Brothers Big Sisters of America and specializes in pairing youth with positive adult mentors to foster healthy relationship skills. Big Brothers Big Sisters (BBBS) has operated under the foundational belief that inherent in every child is the ability to succeed and thrive in life. The mission of BBBS is to provide children facing adversity with strong and enduring, professional supported, one-to-one

mentoring relationships that change children's lives forever. Program outcomes include higher aspirations, greater confidence, better relationships, higher levels of avoidance of risky behavior, and increased educational success (Big Brothers Big Sisters, n.d.).

Family Training Program

The Family Training Program (FTP) is a non-profit agency contracted by counties both in the greater Northeast Wisconsin region and beyond headquartered in Neenah, Wisconsin. The program helps parents manage their children's behaviors with approaches and techniques specifically designed for each family's unique set of needs. The ultimate goal of the program is to preserve families by keeping children in their natural homes. FTP works in teams of two that meet with families in their homes. Typical program process involves staff gathering relevant information about family's history and current dynamics, emphasizing family strengths, addressing safety programs, and assessment of family needs (Family Training Program, n.d.).

Birth to 3 Program

Birth to 3 Program is a program of the Wisconsin Department of Human Services that meets federally-mandated early intervention services for at-risk families. The program operates under research indicating the first three years of a child's life are the most important in developing a foundation and building blocks for the child's future. Birth to 3's mission involves a commitment to serving children under the age of three with developmental delays and disabilities and their families. Birth to 3 works in a partnership form with the families out of attribution of value to the primary relationship between parent and child. The program aims to enhance a child's development, support the family, enhances family's knowledge, skills, and abilities while providing opportunities for parents to actively engage with and raise their child. Optimal development occurs when a child is viewed first as a child and second as a child with a

disability and a child's greatest resource is his or her family. Birth to 3 programming recognizes the extension that just as children are best supported within the context of family, the family is best supported within the context of community. Birth to 3 workers collaborates with other agencies and professionals to provide the most comprehensive services possible (Birth to 3, n.d.).

IV. PROSPECTIVE PROGRAMS

Interventions, for juveniles at risk, must address criminogenic needs if they are to be effective (Lipsey, 2009). Criminogenic needs are defined as "malleable risk factors predictive of subsequent criminal conduct such as antisocial attitudes and peer associations, self-control and self-management skills, drug dependencies, and the like" (Lipsey, 2009, p. 126). Interventions are most efficacious if they are prioritized first to higher-risk offenders and apply cognitive-behavioral-based interventions (Lowenkamp et al., 2006). Effective programming must consistently include the following characteristics: comprehensive programming involving various treatment methods, sufficient dosage of teaching, modules, evidence-based theoretical foundation, provisions of opportunities for development of positive relationships that are appropriately timed, content that is socioculturally relevant, evaluative outcome research, and provided well-trained staff (Nation et al., 2003)

Recommendations to enhance individual therapeutic interventions

It is evident that both nature and nurture each play significant roles in the development of prosocial and antisocial behavioral patterns in adults. When examining criminal populations, early intervention is key. Most chronic adult offenders can trace their antisocial behavioral choices and criminal thinking patterns to unaddressed risks during their childhood and teen years. Common thinking constructs, risk factors, upbringing, and genetic predispositions link offenders together. Thus, early intervention for youth with high risk of delinquency can prove

efficacious in breaking the progression to adult antisocial behavior (Day et al., 2012). Targeting risk factors by way of children and youth programming is the best method for overall crime reduction and makes the most economic sense as well (Day et al., 2012).

Youth programming, in order to be an effective intervention for delinquency, must target specific risk factors and observations including: early conduct problems, attention problems, aggressive behavior, adjustment problems, sensation-seeking, depression, suicidal ideation and gestures, substance abuse and/or dependence, risky sexual behavior, psychosocial immaturity, poverty, and non-Western ethnic background (Day et al., 2012). However, a youth does not, generally, exist in a vacuum and, therefore, programming must expand beyond simply the youth to incorporate and address family dynamics (Day et al., 2012). Family factors to take into consideration include: experiences of adversity, authoritarian parenting style, poor parental monitoring and supervision, low parental empathy, attribution of negative labels, contact with child welfare agency, and criminality within immediate and extended family members (Day et al., 2012). It is also imperative that programming take into consideration peer influence by addressing association with other delinquent youth (Day et al., 2012). School-based interventions need to address poor academic performance (Day et al., 2012). Finally, all of these factors must be addressed within the context of environmental risk factors including social disadvantage, exposure to violence within the community, and availability of drugs (Day et al., 2012).

Once at-risk youth are identified to be in need of services, various levels of intervention based on the individual's age have shown promise in disrupting the path of delinquency to antisocial behavior. For infants, frequent home visits by nurses and professionals have been proven to reduce risks of maltreatment (Sherman et al., 1998). Upon the development of

preschool age, classes with weekly home visits by preschool teachers have shown promise (Sherman et al., 1998). Pre-adolescents and adolescents struggling with delinquency have been positively affected by family therapy and parent training (Sherman et al., 1998).

Schools play an integral role in reducing delinquency in individuals struggling with various risk factors and can play a significant role in providing intervention to prevent the slippery slope of delinquency (Sherman et al., 1998). Schools can clarify and communicate societal norms about behavior through consistent rules, reinforcement of positive behavior, and schoolwide initiatives (i.e., antibullying campaigns) (Sherman et al., 1998). These efforts have shown to reduce crime, delinquency, and substance abuse (Sherman et al., 1998). Finally, training or coaching in thinking skills for high-risk youth using behavior modification techniques or rewards and punishments also reduces rates of substance abuse (Sherman et al., 1998).

It is recommended that individual interventions be modeled after Wisconsin's Department of Corrections evidence-based cognitive interventions program (CGIP). CGIP is taught in two distinct phases. Phase I discusses underlying thought patterns that lead to behavioral choices and Phase II teaches specific skills to disrupt unhealthy thought patterns (Wisconsin Department of Corrections [WI DOC], 2005). Essentially, Phase I teaches active listening to thought patterns, documenting these patterns and evaluating how thoughts affect behavioral choices through the use of Thinking Reports (WI DOC, 2005). Phase II teaches practical ways to interrupt and replace problem thought patterns (WI DOC, 2005). In other words, the program slows down the process from impulse to action by implementing an evaluative component that assesses the situation and potential choices. The foundational idea behind CGIP is that how people think determines how they act (WI DOC, 2005).

Combatting negative external influences is best accomplished by effective classroom

instruction; student engagement in positive activities in and out of the classroom; broad student, parent, and community collaboration in program planning, implementation, and evaluation (Greenberg et al., 2003). Ideally, the school-based component should incorporate social and emotional learning (SEL) and begin in a systematic way during preschool instruction and continue through high school (Greenberg et al., 2003). The SEL approach in school-based prevention incorporates health promotion, competence enhancement, and youth development systems that integrate strategies for reducing risk factors and enhancing protective mechanisms (Greenberg et al., 2003). Additionally, SEL-based systemic programming also targets specific problem behaviors, substance use, and violence (Greenberg et al., 2003). Well-designed, well-implemented school-based intervention can positively influence a diverse array of social, health, and academic outcomes (Greenberg et al., 2003). Effective school-based intervention characteristics include an organizational foundation that is student-focused and relationship-oriented (Greenberg et al., 2003). It is important that school-based individual initiatives teach children and youth to apply SEL skills and ethical values in daily life, best achieved through interactive classroom instruction and provisions for frequent self-directions, participation, and school or community service (Greenberg et al., 2003). Also imperative, individual interventions must foster respectful and supportive relationships (Greenberg et al., 2003).

Recommendations to enhance familial therapeutic interventions

Characteristics of the family unit have empirically-supported data to demonstrate a correlative association with levels of delinquency in youth (Hoeve et al., 2008). In general, high levels of poor parenting lead to high levels of delinquency; although, different types of delinquent behavioral paths can have various etiological derivatives (Hoeve et al., 2008). On tests of intellect and/or language development, neglected and abused children score lower than

children who have not experienced maltreatment which is generally attributed to deficiencies in the family system (Block, Oran, Oran, Baumrind, & Goodman, 2010).

In home visits to at-risk parents by professionals have demonstrated reduced rates of neglect, child abuse, and other injuries to children (Sherman et al., 1998). Home visits have also shown to substantially reduce arrests when children reach ages 15-19 years (Sherman et al., 1998). Reduced levels of aggression and hyperactivity have been correlated with family therapy and parent training in preadolescent and adolescence (Sherman et al., 1998).

Families, in general, face increased economic and social pressures, weakened community institutions focused on nurturing children's social, emotional, and moral development (Greenberg et al., 2003). Additionally, youth have significantly easier access to media outlets that encourage health-damaging behaviors (Greenberg et al., 2003). Surveys of youth behavior have continued to support statistics that large percentages of American high school students are involved with substance use, risky sexual behavior, violence, and mental health difficulties that can often be traced back to untreated deficiencies in family systems (Greenberg et al., 2003).

V. CONCLUSION

Empirical evidence leaves little doubt that biological and genetic (nature) and environmental factors, as well as the interaction of both factors, play a key role in the etiology of delinquent, criminal, and antisocial behavior (Barnes & Jacobs, 2013). Programming and intervention require support from many systems beyond the family. The harsh reality is that many systems are hard-pressed to meet the demands they currently face (Greenberg et al., 2003). But the greater reality needs to address the importance of such interventions and the burden of cost to society when youth, indeed, fall through the cracks. Frankly, children's behavior has a learned component and is succinctly and powerfully provided to us in the power of literary verse

entitled “*Children Learn What They Live* (Nolte, 1998).”

If a child lives with criticism, she learns to condemn. If a child lives with hostility, he learns to fight. If a child lives with ridicule, she learns to be shy. If a child lives with shame, he learns to feel guilt. If a child lives with tolerance, she learns to be patient. If a child lives with encouragement, he learns confidence. If a child lives with praise, she learns to appreciate. If a child lives with fairness, he learns justice. If a child lives with security, she learns to have faith. If a child lives with approval, he learns to like himself. If a child lives with acceptance and friendship, he or she learns to find love in the world (Nolte, 1998, p. 1).

However, the burden and blessing of raising a child extends beyond the sometimes fragile home system. Sometimes abuse and neglect can occur in hidden entities beyond a child’s immediate home surrounding. And sometimes a family system can do the very best yet that very best is not enough. It take a community to raise a child as there are a myriad of influences impacting a child’s development. Researchers have documented social service deficiencies insofar as services may be duplicated, fragmented, inflexible and uncoordinated (Henkin & Dee, 1998). Practitioners may be isolated from each other, and clients may encounter a beaucratic maze of forms and eligibility processes in defracted systems” (Henkin & Dee, 1998, p. 22).

In order to effectively reach traumatized children and their families, as well as delinquent and struggling youth, it is imperative that human services programming be collaborative, cohesive, and deliver services through multiple disciplines (Henkin & Dee, 1998). Collaborative service delivery models are only able to develop integrated and multidisciplinary services through comprehensive, extensive, and effective communication which can be complex and challenging (Henkin & Dee, 1998). “Effective practice and service delivery may depend on the

quality of interaction among social service professionals” (Henkin & Dee, 1998, p. 22). Henkin & Dee (1998) define communication as “a social process through which individuals create and share interpretations of reality” (p.22). Thus communication must begin with understanding the scope of influences impacting a client and his/her family.

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