LINKING RISK FACTORS AND PROTECTIVE FACTORS WITH RATES OF RECIDIVISM IN THE JUVENILE COUNSELING & ASSESSMENT PROGRAM (JCAP)

by

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ABSTRACT

The purpose of this dissertation is to identify risk factors that lead to recidivism and protective factors that buffer recidivism. Specifically, it will examine intake information for youth involved in the Juvenile Counseling and Assessment Project (JCAP) in hopes of identifying features that contribute to reoffending. To do this, two studies were conducted. In the first exploratory study, risk factors were measured and compared to rates of recidivism for a sample of male juvenile offenders. In Study Two, protective factors were examined for males and females in JCAP and then compared to rates of recidivism. In Study One data analysis confirmed the endorsement of several risk factors predicting future recidivism. Results of Study Two indicated several protective factors that predict avoidance from future recidivism in the JCAP population. Differences between risk and protective factors for male and female JCAP clients in this sample were also evaluated.

INDEX WORDS: Juvenile, Adolescent, Delinquency, Offending, Risk factors, Protective factors, Recidivism, Predicting
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DEDICATION

For Leah. Without the unwavering support of my best-friend, the love of my life, and my biggest fan I could not have made it this far. You inspire me to get better each day as a person and a professional. I am forever thankful for all that you do for me.
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CHAPTER I
INTRODUCTION

Statement of the Problem

Within the field of Counseling Psychology, studying contributing factors that lead to offenses within the juvenile justice system is an established practice. While many aspects of juvenile offending have already been studied, there is a pressing need to continue evaluating the risk factors that lead youth to offending and the protective factors that foster resiliency. In 2000, Palermo (2009) cited that over 2.4 million juveniles were arrested in the United States. Of that sample, about 100,000 of the arrests were for serious crimes including aggravated assault, rape, and homicide (Palermo, 2009). Furthermore, Moffit and Caspi (2001) have noted that small portions of the offending population are classified as “repeat offenders” and they are responsible for a majority of the crimes committed. It is vital for Counseling Psychologists that work with this population to not only identify practical treatment methods with an offending population, but to also identify repeat offenders.

Previous researchers have declared that adolescents will undoubtedly face some type of risk in his or her life that leads them to committing some type of offense (Christle, Jolivette, & Nelson, 2005). There is great value in identifying individual risk factors and protective factors because they have been determined to indicate future antisocial behavior (Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber & Petechuk, 2003). These factors cut across several environments and are predominantly found in an adolescent’s home, school, and community (Loeber & Farrington, 2000). When present, risk factors increase the likelihood of offending (Fagan, Van Horn, Hawkins, & Arthur, 2007). Detailing prior research related to risk factors is a
critical process in evaluating detrimental influences and helping youth identify positive alternatives. This is especially true in community-oriented programs that serve local court-referred youth.

As practitioners, members of the Juvenile Counseling and Assessment Program (JCAP) currently provide court ordered counseling for adolescents involved with the juvenile justice system (Calhoun, Glaser, & Bartolomucci, 2001). For JCAP clinicians, there is great value in identifying risk factors for the purpose of planning treatment interventions. JCAP clinicians continually work to determine the risk factors that tend to increase an individual’s chances of engaging in antisocial or delinquent behavior. Analyzing a client’s presenting risk factors and protective factors is helpful for understanding if a client is likely to recidivate within the juvenile court system.

**Purpose of the Study**

The purpose of this dissertation is to outline the risk and protective factors present in a sample of youth involved in JCAP. Specifically, this study aims to identify those factors that lead adolescents to recidivate, or alternately, those factors that foster resiliency. This will be accomplished not only through an examination of risk and protective attributes present, but also through the administration of socio-emotional measures. A goal of this dissertation is that a better understanding of JCAP clients will be achieved through an assessment of factors that contribute to, or buffer against antisocial behavior. The risk factors assessed in this paper include: personal substance use, family substance use, a large number of siblings in the home, poor academic achievement, a peer group involved with the court system, a family member involved with the court system, a lack of extracurricular activities, and a lack of a positive role model. The protective factors assessed include: avoiding personal drug use, a family that avoids
drug use, a low number of siblings in the home, high academic achievement, a pro-social peer group, involvement in extracurricular activities, and the presence of a positive role model. The socio-emotional measure used in this dissertation is the *Behavioral Assessment Scale for Children, Second Edition (BASC-2).*

To achieve these goals, two separate studies have been conducted. These studies are intended to investigate whether the identified risk factors predict recidivism for clients involved in the juvenile justice system and in JCAP. Likewise, this study will assess if identified protective factors prevent recidivism for JCAP clients. Within each study, specific implications for clinical practice will also be explored.

**Definition of Terms**

A definition of several significant terms discussed throughout this dissertation is warranted at this point:

**Delinquency:** Throughout this dissertation, the term delinquency refers to any action or behavior that is nonconforming to the norms and laws of society. According to Kazdin (1994), “there are several specific acts that can be referred to as delinquent. This includes offenses that are considered criminal if committed by anyone (e.g., homicide, robbery), as well as status offenses that include a variety of behaviors that are illegal because of the age of the youth (e.g., use of alcohol, curfew violation, not attending school).”

**Risk Factors:** For the purposes of this dissertation, risk factors are defined as those conditions present in an adolescent’s life that lead to a higher likelihood of negative outcomes (Carr & Vandiver, 2001). Additionally, risk factors are conditions that increase the probability of a young person initially becoming involved in delinquency and continuing to reengage in delinquency throughout their adolescence.


**Protective Factors:** For the purpose of this dissertation, protective factors are defined as the key components in an adolescent’s life that buffer the influence of risk, decrease the likelihood of engaging in problem behaviors, and promote successful development. Additionally, Miller (2006) proposed that protective factors, opposed to risk factors, are more influential for mitigating risk factors and further antisocial or criminal behavior.

**Recidivism:** In this dissertation, recidivism is defined as a repeated relapsing into criminal or delinquent behavior (Upperton and Thompson, 2007). Specifically, this definition includes any type of offense that has occurred within six-months after the initial charge for a juvenile offender.

**Resiliency:** The phenomenon of remaining socially healthy in spite of negative conditions. This attribute allows youth to cope and rise about internal and external negative factors (risks), maintain a social acceptable behavior under adversity, and reject maladaptive behaviors. Further, Hartman, Turner, Daigle, Exum and Cullen (2009) stated that high risk youths who are able to refrain from wayward conduct are said to be “resilient.”

**Research Questions**

In Study One an examination was performed to examine the risk factors that contribute to recidivism for male juvenile offenders. Using a logistic regression, this study sought to determine if the following risk factors correlate with recidivism: personal substance use, family substance use, a large number of siblings in the home, poor academic achievement, a peer group involved with the court system, a family member involved with the court system, a lack of extracurricular activities, and a lack of a positive role model.

Study Two seeks to build on the prospective analysis conducted in Study One while providing insight into the gender specific risk and protective factors that contribute to recidivism
for youth involved in JCAP. Again using a logistic regression, this study intended to determine if the following risk factors correlate with recidivism for youth involved in JCAP: personal substance use, family substance use, a large number of siblings in the home, poor academic achievement, a peer group involved with the court system, a family member involved with the court system, a lack of extracurricular activities, and a lack of a positive role model. Study Two will also evaluate the following protective factors that serve as protection against recidivism for offenders involved with JCAP: avoiding personal drug use, a family that avoids drug use, a low number of siblings in the home, high academic achievement, a pro-social peer group, involvement in extracurricular activities, and the presence of a positive role model. Further, Study Two sought to find a relationship between risk and protective factors and Clinical Scales, on the Behavior Assessment Scale for Children, Second Edition, Self-Report of Personality (BASC-2-SRP).

Research Hypothesis

In Study One it is hypothesized that the logistic regression will yield predictive relationships between recidivism and personal substance use, family substance use, a large number of siblings in the home, poor academic achievement, a peer group involved with the court system, a family member involved with the court system, a lack of extracurricular activities, and a lack of a positive role model for males involved in the juvenile justice system. It is also hypothesized that analysis will yield no predictive relationships between recidivism and the examined risk factors.

In Study Two it is hypothesized that the logistic regression analysis will yield predictive relationships between recidivism and personal substance use, family substance use, a large number of siblings in the home, poor academic achievement, a peer group involved with the
court system, a family member involved with the court system, a lack of extracurricular activities, and a lack of a positive role model for males and females involved with JCAP. Additionally, it is hypothesized that Study Two will provide predictive relationship between avoiding recidivism and avoiding personal drug use, a family that avoids drug use, a low number of siblings in the home, high academic achievement, a pro-social peer group, involvement in extracurricular activities, and the presence of a positive role model for males and females involved with JCAP. Further, it is hypothesized that there will be predictive relationships between risk factors and Clinical Scales on the BASC-2-SRP for males and females involved with JCAP. It is also hypothesized that analysis will yield not predictive relationships between risk factors, protective factors, and BASC-2-SRP Clinical Scales.
CHAPTER II
REVIEW OF RELATED LITERATURE AND RESEARCH

Identifying Risk Factors

Adolescent delinquent behavior remains a widespread societal issue in the United States with rates for risky behavior, arrests, and violent crime increasing significantly (Palermo, 2009). Previous researchers have defined risk factors as those conditions present in an adolescent’s life that contribute to a higher likelihood of negative outcomes (Carr & Vandiver, 2001; Jessor, Van Den Bos, Vanderryn, 1995). Alternately defined, risk factors are conditions that increase the probability of a young person becoming repeatedly involved in delinquency (Costa & Turbin, 1995). Stressful life experiences also increase the probability that risk factors will negatively influence an adolescent and lead to antisocial or illegal behavior (Carr & Vandiver, 2001). Risk factors discussed in this dissertation include individual alcohol or substance use, family alcohol or substance use, large numbers of siblings in the household (Carr & Vandiver, 2001), poor school performance, relationships with peers who engage in risky behaviors (Lerner & Galambos, 1998), and having parents or family members involved with the court system (Feinberg, Ridenour, & Greenberg, 2007). Furthermore, researchers have drawn attention to the fact that a youth offender may be engaging in risk by not only having risk factors in their lives, but also by lacking positive influences. Palermo (2009) wrote that the absence of protective factors, such as commitment to family, school, religiosity or religious activity, sports, work, upholding traditional ideas of right and wrong, the capacity for problem solving, the ability to manage emotions properly, having acquired good skills, and maintaining positive self-esteem,
are forerunners of delinquency and antisocial behavior. Lacking support outside the family in the form of a mentor, coach, minister, or positive role model is a risk factor and often leads to a higher likelihood of reoffending (Wasserman et al., 2003). Finally, a lack of involvement in extracurricular activities has been found to positively correlate with an increase in delinquent behavior overall and reoffending (Linville and Huebner, 2005). Several researchers have stated that the cumulative effect of more than one risk factor greatly influences adolescents. Hartman et al. (2009) wrote that the isolated effects of individual risk factors contributes to overall delinquent behavior, but the combination of two or more risk factors increases that adolescents susceptibility to engaging in antisocial behavior. Therefore, while the presence of at least one risk factor often leads to offending and recidivism, a combination of risk factors ultimately leads to increasingly risky behavior. While there has been considerable research on risk factors, there are integral features of this topic that have yet to be explored for Counseling Psychologists.

Carr and Vandiver (2001) reported individual substance use as a significant risk factor for antisocial behavior, first time offending, and reoffending. Adolescents that abuse alcohol or other illicit substances have been studied on several different occasions including several studies that sought to predict future delinquent behavior in adolescent populations that perpetually abuse these substances (Carr and Vandiver, 2001). In a previous examination of risk factors, Hart, O’Toole, Price-Sharps, and Shaffer (2007) noted the relationship between juvenile offenders and illegal substance use. Furthermore, these researchers found that substance abuse often predicted future delinquent behavior in their adolescent population. Denning and Homel (2008) conducted a study in Australia and also found that adolescents were likely to recidivate if they used drugs. While prior research details the difficulty in discerning whether the substance use causes future
delinquency, or the delinquency causes substance use, this relationship is worth exploring in regards to the effect substance use has on recidivating.

In a previous examination of risk factors, Hart, O’Toole, Price-Sharps, and Shaffer (2007) point out the relationship between juvenile offenders and illegal substance use. These researchers wrote that substance abuse also has been found to predict future delinquent behavior in the adolescent offender population. Mauricio, Little, Chassin, Knight, Piquero, Losoya, Vargas-Chanes (2008) noted that substance use or abuse was highly correlated with not only a first offense, but for reoffenders as well. These researchers further highlighted alcohol use and marijuana use among the substances most used in their sample of juvenile offenders. Rivaux, Springer, Bohman, Wagner, and Gil (2006) also found that at-risk youth were more likely to offend and re-offend if they admitted use of alcohol or other drugs. While these researchers studied several risk factors, such as peer influences and stressful life events, they found that individual substance use was the strongest indicator of recidivism (Rivaux et al., 2006).

In an international study, Simoes, Matos, and Batista-Foguet (2008) conducted focus groups with incarcerated youth in order to identify risky behaviors that may have led them to offending and reoffending. These researchers found that individual substances use was one of the primary themes that emerged during qualitative focus groups (Simoes et al., 2008). With this information in mind, it is difficult to ignore the likelihood of individual alcohol or substance use contributing to high rates of recidivism for juvenile offenders. No differentiation has been found throughout previous studies in whether alcohol use, substance use (e.g., marijuana or cocaine), or tobacco use contributing most significantly to recidivism (Rivaux et al., 2006). At this point, any use of alcohol, substance, or tobacco has been grouped under “substance use.”
Carr and Vandiver (2001) also indicated that juvenile offenders that are exposed to substance use by a sibling or parent are more likely to recidivate. The presence of familial substance use has been found to be a life stressor for youth and may lead to reoffending. Researchers have demonstrated that youth are likely to imitate parents, parental figures, and siblings if there is substance use in the home (Carr and Vandiver, 2001). Having alcohol or drug use present in the home also makes those illegal substances accessible to the youth that are present. With a higher likelihood of exposure to these substances, it is also likely that the youth in the home will also use those substances and engage in antisocial behavior. Furthermore, youth are typically unsupervised if family members are using alcohol or illegal substances (Feinberg et al., 2007). Life stress, accessibility of the substances, and a lack of supervision are all products of familial substance use and put a juvenile offender at risk for recidivating. There has been no distinction in whether parental substance use or sibling substance use contributes more as a risk factor for recidivism. There are potential risks to parents using substances in the home and to siblings using substances in the home. Carr and Vandiver (2001) stated that while no specific distinctions have been made about whether parental substance use or sibling substance use contributes more to a juvenile offender using substances, the overall presence of substances in the home is typically identified as a significant risk factor.

Research indicates that a large number of children in a household will greatly increase the risk of delinquency for adolescents in that family (Burton & Marshall, 2005). The association between a large number of siblings in the household and delinquency is the result of reduced parental supervision in larger families. In general, this risk factor is a major concern for individuals that have four or more siblings present in the home. A majority of research studies have set the critical number of sibling in the home at four after finding significant differences in
the likelihood of reoffending for juveniles that have less than four siblings and for juveniles that have more than four siblings. No significant differences were found for youth offenders that have no siblings or a limited number of siblings in the home.

A previous study by Wasserman et al., (2003) indicated that with a larger number of siblings in the home, there is considerably less parental supervision and a greater likelihood of negative familial experiences as a result. With less supervision, juvenile offenders are less likely to engage in positive activities and experiences. Mulder et al. (2010) reported that homes lacking positive parental supervision and support are likely to create opportunities for delinquent behavior and could lead an adolescent offender to recidivate. Having more than four siblings in the home creates an environment with less supervision and less individual attention that is available from parental figures. Overall, having a lack of individual attention and guidance is a risk factor for recidivism for juvenile offenders.

Poor academic performance further predicts delinquency for adolescent offenders. Furthermore, making below average grades in school is often the first stepping stone for an adolescent that is moving towards engaging in delinquent behavior (Carr & Vandiver, 2001; Hart et al., 2007). A majority of research on juvenile offenders’ academic performance has indicated that juvenile offenders that make below a “C” average in school are more likely to be at-risk for recidivism compared to those students that maintain a “C” average or better (Hart et al., 2007). Even though it is possible to make below a “C” average and to pass most courses the lack of effort, attention, or ability has been found to correlate positively with recidivism (Denning & Homel, 2008).

Academic problems, such as a low grade point average or struggling to pass courses, often lead to behavioral problems in school (Hart et al., 2007). These behavioral problems
frequently result in disciplinary practices such as detention or suspension where an individual is removed from their classroom or the school environment. Placing a student away from a standardized and supportive environment often leads to antisocial behavior for that student (Hart et al., 2007). Further exacerbating the issue, these disciplinary practices routinely remove the student from extracurricular activities and the structure of an academic institution. Removing a student from these environments often does more harm than good for the student (Christle et al., 2005). While an adolescent is not in school and therefore lacking supervision, the risk for engaging in criminal activity proportionately increases.

Regarding the importance of peer influences, several studies have found that exposure to delinquent peers increases the likelihood of offending and is considered a risk factor (Fagan et al., 2007). Overall, much research has been dedicated to exploring how and why interactions with peers play such an important role in an adolescent’s development. One of the most influential factors leading to antisocial behavior for adolescents is an association with delinquent peers (Christle et al., 2005). These peer relationships may span across several environments and exist within a youth’s community, school, or home. Elliot and Menard (1996) found that having friends who are delinquent increases the probability of engaging in delinquent behavior. This is mainly due to the fact that adolescents are likely to imitate behaviors that are modeled by their peer groups (Christle et al., 2005). If an adolescent is exposed to antisocial peers engaging in illegal activity, adolescents will be likely to demonstrate similar behavior (Elliot & Menard, 1996). Additionally, Palermo (2009) stated that most juvenile offense are committed with others, and those companions typically facilitate illegal activities. Fagan et al., (2007) wrote that juvenile offenders are often likely to offend and to reengage in risky behavior in a group of
friends, rather than individually. Therefore, having a peer group that is involved with the juvenile court system would be a risk factor for recidivism.

Having a parent incarcerated or involved with the court system is an additional risk factor for adolescents. Parental incarceration indicates that a child is likely lacking supervision in the home. Fagan et al. (2007) studied the influences of parent criminality on adolescents and found that this risk factor significantly predicts antisocial behavior. Within the family, the parent-child relationship is often described as the most appreciable determinant for healthy adolescent development. The absence of this relationship contributes to unhealthy development and is considered a risk factor. Mulder et al. (2010) evaluated a population of juvenile offenders in The Netherlands and found that typically antisocial public behavior and private family problems were key predictors for adolescents that recidivated within the juvenile court system.

Adolescents with parents involved in the court systems also experience stress within their family environment. Exposure to this familial stress has been proven to predict later criminal behavior and repeat offenses in the adolescents in the family (Carr & Vandiver, 2001; Feinberg et al., 2007). Burton and Marshall (2005) wrote that the stress of having a parent or sibling involved with the adult court system or juvenile court system often leads to delinquent behavior due to a lack of supervision, or exposure to the justice system. Previous research has found no significant difference in the prediction of antisocial behavior based on whether the parents of a juvenile offender are involved with the court system, or whether siblings of a juvenile offender are involved in the juvenile court system. Therefore, simply having a family involved with the juvenile court system would be a risk factor for recidivism.

An additional suggested precursor to antisocial behavior in an adolescent’s life may be lacking a variety of positive influences. Previous research has demonstrated that lacking support
outside the family in the form of a mentor, coach, minister, or positive role model often leads to a higher likelihood of reoffending (Wasserman et al., 2003). Gould and Carson (2010) linked positive outcomes for young athletes that had a strong sense of rapport built with a coach. Their research demonstrated that youth that favored their coach displayed an attachment to their community, developed emotional regulation, and a maintained a better awareness of life skills (Gould and Carson, 2010). The lack of this positive factor, and the successive positive characteristics that it creates, is a risk for juvenile offenders.

Mulder et al. (2010) associated antisocial behavior with withdrawing from or avoiding extracurricular activities such as after school organizations or athletic teams. Linville and Huebner (2005) also found a positive relationship between a youth offender lacking extracurricular activities and an increase in reoffending. Furthermore, while an adolescent is not in school and therefore lacking supervision, the risk for engaging in criminal activity proportionately increases (Wasserman et al., 2003). In an international study, Simoes, et al. (2008) found that adolescents with low commitment to schools as a result of not being involved with athletic teams or clubs likely to recidivate. While Gould and Carson (2010) found a positive link between engaging in extracurricular activities and avoiding recidivism, it is likely that the lack of this positive factor puts juvenile offenders at risk for recidivating.

**Identifying Protective Factors**

Burton and Marshall (2005) assert that protective factors buffer the influence of risk, decrease the likelihood of engaging in problem behaviors, and often promote successful adolescent development. Additionally, Miller (2006) proposed that protective factors, opposed to risk factors, are more influential for mitigating risk factors and further antisocial or criminal behavior. Palermo (2009) wrote that negative risk factors are frequently counterbalanced by
positive factors and adolescents should attempt to focus on the available protective factors in their lives. Further, Palermo (2009) stated that focusing on protective factors would encourage the minimization of risk factors. The positive influences of protective factors cut across an individual's social, emotional, economic and educational experiences (Bynner, 2002). Protective factors are further defined as factors expected to decrease problem behavior for high-risk youth (Beam et al., 2002). These are important factors for consideration as they have the potential to improve adolescents’ chances of avoiding criminal behavior. Simply put, protective factors shield high risk individuals from negative outcomes (Carr & Vandiver, 2001). The more protective factors that remain present in an adolescent’s life, the more likely that individual will successfully progress throughout adolescence. While there is a thorough base of research on protective factors, there are key aspects to this subject that are lacking for Counseling Psychologists.

Protective factors are an important area of investigation for those studying juvenile delinquency as they help to explain why some individuals who are high risk for offending do not engage in such activity. Miller (2006) wrote that previous research that has focused on risk factors has produced an over-prediction of risk and has created an unwarranted focus on the prevention of only risk factors and not the encouragement of protective factors. However, there is current research that encourages effective methods and interventions for promoting the presence of protective factors for decreasing an individual's involvement in criminal activity (Burton & Marshall, 2005, Feinberg et al., 2007). Research has found that there are adolescents who have a high number of risk factors but do not engage in delinquent activity because the presence of protective factors prevents delinquent involvement (Miller, 2006). Protective factors that will be assessed in this paper include avoiding individual alcohol or substance use, having a
family that avoids alcohol or substance use, having less than four siblings in the household, making above a “C” average in school, avoiding a delinquent peer group, having a family that avoids the court system, having support outside the family in the form of a mentor, coach, minister, and being involved with extracurricular activities.

As described previously in this paper, there are several negative risk factors that have been associated with a higher likelihood of recidivism for juvenile offenders. It is vital to point out that the absence, or purposeful avoidance, of those risk factors has been associated with a lower likelihood of recidivism for juvenile offenders. Therefore, the absence of risk factors makes those protective factors. Furthermore, there are several positive factors that protect juvenile offenders from recidivating. Endorsement in these protective factors has been found to protect against recidivism.

Avoiding individual alcohol use or drug use has been found to buffer against antisocial behavior and recidivism (Burton & Marshall, 2005). Without the negative consequences associated with individual substance use, a juvenile offender is more likely to focus on positive behavior and activities that are not linked with delinquent behavior. Additionally, having a family system in place in which parents and siblings avoid alcohol and illegal substance use has been found to be associated with a higher likelihood of that youth avoiding recidivism (Feinberg et al., 2007). Previous studies have demonstrated that juvenile offenders that are not exposed to substance use in the home are less likely to engage in antisocial behavior. Carr and Vandiver (2001) also stated that youth offenders that are encouraged to avoid substances by their family systems are more prone to avoiding those substances and subsequently avoiding recidivism.

While having more than four siblings in the household was highlighted as a risk factor, having less than four siblings in the household is a protective factor (Wasserman et al., 2003). A
previous study by Mulder et al. (2010) noted that youth that have a low number of siblings often have a high level of parental supervisor and family cohesion which commonly protects against any type of antisocial behavior.

Making good grades in school has been a protective factor that encourages juvenile offenders to avoid recidivism. As previously stated, making a “C” average or worse in school is often associated with behavioral problems at school and a higher likelihood for recidivating. However, making better than a “C” average in school has been found to be a protective factor that helps juvenile offenders avoid antisocial behavior (Hart et al., 2007). It has been typically found that the effort, attention, and ability to earn above a “C” average in school has been found to correlate positively with recidivism (Denning & Homel, 2008).

Quality peer relationships are also an important protective factor for adolescents. Close friends offer support in times of crisis, and minimize risk factors when they are present. In addition, Beam et al. (2002) demonstrated that adolescents who have warm, supportive people in their lives have better affective outcomes. Previous research indicates that adolescence is a time of particular psychological vulnerability to the risks associated with feelings of social isolation from peers (Hall-Lande, Eisenberg, Chrestenson, & Neumark-Sztainer, 2007). Feelings of inclusion and social connectedness that result from pro-social peers have been found to promote healthy outcomes in adolescents. Adolescents that report close and meaningful relationships with their peers concordantly report high levels of motivation, self-worth, and academic performance (Hall-Lande, et al., 2007). Further, juveniles with pro-social peers are more likely to resist involvement in delinquent behavior (Guo, Hill, & Hawkins, 2002). The benefits of positive peer networks contribute greatly as protective factors and minimize risk factors while contributing to healthy development.
A youth offender is further encouraged to avoid recidivating by associating with a family system that avoids the adult court system or the juvenile court system. Simoes et al. (2008) identified familial support as a key protective factor in encouraging youth to avoid reoffending. Further, these researchers wrote that this type of support becomes increasingly difficult to encounter when parents are incarcerated or involved in the adult court system. Therefore, engaging in positive familial support is a protective factor that increases the likelihood that a youth offender will reoffend.

Past researchers have emphasized the importance of non-parental “very important persons” or role models in adolescents’ lives. It is monumentally important for adolescents to be positively influenced by a coach, teacher, or mentor. Gould and Carson (2010) linked positive outcomes for young athletes that had a strong sense of rapport built with a coach. Their research demonstrated that youth that favored their coach displayed an attachment to their community, development emotional regulation, pro-social norms, and a better awareness of life skills (Gould and Carson, 2010). These findings overall revealed youth involved in sports that had positive rapport with their coaches were more emotionally aware and healthy compared to those youth that did not participate in sports. Gould et al. (2012) reported that youth that form strong relationships with athletic coaches tend to avoid risky behavior due to a perceived level of caring from that coach. Overall, these researchers found that the more a coach is able to demonstrate caring for their youth, the more open those youth will be to engage in positive psychosocial development and the less likely they will be to engage in unhealthy activities (Gould et al., 2012).

Previous research also suggests that youth from under-privileged backgrounds in particular should work to form meaningful relationships with positive role models outside of
their home when the opportunity is possible. Carr and Vandiver (2001) found that adolescents from high risk backgrounds are more likely to avoid risk behavior if they develop relationships with supportive adults such as ministers, teachers, and neighbors throughout their communities. Mentors provide juveniles with either the support that their parents do not provide or added support above and beyond that of parents and peers (Beam, Gil-Rivas, Chen, & Greenberger, 2002). Burton and Marshall (2005) found that an adolescent’s behavior greatly depends on the perceived characteristics of their very important person. If the role model demonstrates positive characteristics, then an adolescent will pick up on those positive behavior traits and likely replicate them. Looking up to a role model also encourages adolescents to avoid risky situations and antisocial behavior.

Many researchers have highlighted adolescents’ successful participation in extracurricular activities, after school clubs, and athletic teams as protective factors (Carr & Vandiver, 2001). Involvement in extracurricular activities provides a protective influence for at risk youth. Research indicates that adolescents should be encouraged to participate in extracurricular activities by their peer groups and parents. Linville and Huebner (2004) reported high academic achievement and low rates of risky behavior, such as drug use and gang affiliation, are associated with extracurricular activity involvement. The time commitment required for extracurricular activities contributes to this protective factor because teams, organizations, and clubs provide positive peer support and positive adult role models. Gould and Carson (2010) found that those youth involved in sports and arts scored higher on initiative and overall personal satisfaction when measuring youth satisfaction from extracurricular activities. Additionally, the opportunity to participate in extracurricular activities decreases an adolescent's availability to engage in delinquent behavior (Burton & Marshall, 2005). Adolescents involved
in extracurricular activities also have the opportunity to establish positive peer supports. In addition to building friendships, adolescents also find the opportunity to build relationships with very important individuals or mentors aside from their everyday peer group.

Another type of protective factor for offending and reoffending youth is involvement in athletic teams and sports. Prior research from Gould and Carson (2010) has highlighted the idea that experience in sports plays an important role in personal and life skills development of youth. Petitpas and Champagne (2000) reported that involvement with athletic programs provides adolescents with proper time management skills and the support to encourage development in social competence. Further, Gould, Flett, and Lauer (2012) measured the relationship between the psychosocial developments of under-privileged youth that are involved in sports. These researchers found that youth involved in sports most often perceived teamwork and social skills, physical skills, and initiative as the skills they derived from their sports experience (Gould et al., 2012). Further, involvement with athletic teams decreases the chance that adolescents will develop destructive behaviors (Burton & Marshall, 2005). An added benefit to involvement in athletic teams is the requirement that a student maintain a high grade point average. Studies conducted on violent behavior and academic abilities have found that juveniles with high grades were less likely to be involved in violent behavior (Blum, Ireland, & Blum, 2003). The benefits of extracurricular activities protect adolescents from engaging in antisocial behavior and encourage the pursuit of high academic achievements.

Resiliency in Juvenile Offenders

Miller (2006) wrote that previous research that has ignored protective factors has produced an over-prediction of risk by creating an unwarranted focus on the prevention of only risk factors, and not the encouragement of protective factors. However, there is current research
that encourages effective methods and interventions for promoting the presence of protective factors for decreasing an individual's involvement in criminal activity (Burton & Marshall, 2005, Feinberg et al., 2007). Previous researchers have found that there are adolescents who have a high number of risk factors but do not engage in delinquent activity because the presence of protective factors prevents delinquent involvement (Miller, 2006). Palermo (2009) additionally wrote that some youth develop a key characteristic, resiliency, which allows that to remain socially healthy despite negative personal and social circumstances. Resiliency further allows youth to cope and rise about internal and external negative factors (risks), maintain a social acceptable behavior under adversity, and reject maladaptive behaviors (Palermo, 2009). It is possible that the most key characteristic of protective factors is their preventative benefits that direct adolescents’ focus away from antisocial behavior and lead them to engaging in pro-social activities.

Minimal research has focused on the specific attributes of protective factors that contribute to the development of resiliency. Among the many beneficial qualities of protective factors for adolescents, Larson (2000) researched the development of initiative as a core quality for positive youth development in Western culture. Further, Larson examined the usefulness of initiative in regards to fostering resiliency, creativity, leadership, altruism, and civic engagement. This point was further emphasized by stating that an adolescent that has engaged in delinquent activities is likely to be protected against further offending by focusing on the development of initiative and the activities that contribute towards initiative (Larson, 2000). The key components of developing this type of protection and resiliency arise from encouraging adolescents to develop intrinsic motivation, engagement in the environment, and dedication to goal-oriented activities. Research indicates that youth who attain intrinsic motivation, the experience of truly
wanting to be doing something, will be much more likely to avoid antisocial behavior. Research also suggests that youth that are engaged in their environment through orderly and constructive activities are much more likely to avoid reoffending. Lastly, displaying goal-oriented behavior allows for youth to focus on long term objectives that will contribute towards their resiliency from risk factors. While each aspect of initiative alone is strongly associated with resiliency, combining these three leads to protection from initially offending and from recidivism (Larson, 2000).

The integration of intrinsic motivation, engagement in the environment, and dedication to goal-oriented activities is a unique combination that is not easily identified in the many components of a typical adolescents’ life. Larson (2000) wrote that an exception to this difficulty is an examination of “structured voluntary activities.” These activities may include extracurricular school and community activities that youth participate in under the leadership of adult role models. Independently-driven activities also fall under this description as they include personal hobbies and involvement in motivating interests. Involvement in sports is the most common activity, while any type of activity outside of direct school and leisure is important in facilitating initiative and impactful as a means of protection against antisocial behavior (Larson, 2009). Within each type of structured activity, there is likely to be a leader or coach that is charged with planning or directing events. Coaches, teachers, and organizational leaders play an integral role in the development of each trait of initiative (Larson, 2000). Furthermore, the most effective leaders are the ones that encourage participants to be self-directed, voluntary, and intrinsically motivated. Additionally, previous research has demonstrated the need for adolescents to be challenged and to engage in structured activity. This unique combination, that
is not readily available to all adolescents or found in all extracurricular activities, has been found to encourage the development of individual traits associated with protective factors.

Hartman and colleagues (2009) also wrote on the topic of resiliency and found that “between 25% and 50%” of those youth from high-risk environments refrain from delinquency and crime. Further, resiliency was found to not only entail abstaining from crime; but, rather involving the ability of those in high-risk social and personal situations to avoid the antisocial behavior that lead many others to crime. Hartman et al. (2009) state that one of the most important topics to study within the broad topic of adolescent offending and re offending is to identify the specific factors that differentiate resilient youth from non-resilient youth. The key component in identifying such factors that lead to resiliency may lie in the testing of the predictive qualities of protective factors and recognizing which factors are present for non-offenders. While protective factors have already been defined, Hartman et al. (2009) builds on this definition by writing that protective factors encourage pro-social coping in the face of criminogenic conditions.

Furthermore, while modest effects have been noted in individual protective factors, the accumulation of protective factors has been found to be the most central component in fostering resiliency among high-risk youths (Hartman et al., 2009). This suggestion creates the need to produce two separate analyses when considering protective factors. This first analysis would entail examining groups of adolescent offenders that either have a high number of protective factors, or do not have a high number of protective factors, in hopes of identifying which group would be more likely to develop resiliency from recidivism. The second analysis would be identifying individual protective factors and noting how they produce resiliency.
In regards to the first analysis examining groups of adolescents with a high number of risk factors compared to those with relatively fewer protective factors, compelling results have been found. Smith, Lizotte, Thornberry, and Krohn, (1995) specifically studied the accumulation of protective factors within a familial setting to determine the likelihood of predicting substance use. Their analysis found that individuals exposed to at least eight protective factors were up to four times more likely to be resilient when presented the opportunity to use illegal substances. Additionally, they found that those individuals that were exposed to fewer than five protective factors were not as resilient to substance use. In a nation-wide study, Turner, Hartman, Exum, and Cullen (2007) additionally found that the accumulation of protective factors correlates positively to with increasing resiliency from delinquency and drug use. Overall, several studies have supported the notion that as protective qualities increase for an individual, resiliency is also likely to remain salient.

**Predicting Recidivism Rates**

A limited number of researchers have investigated specifically how risk factors and protective factors predict recidivism rates for adolescent offenders. Further, Palermo (2009) noted that the absence of protective factors often is conditionally linked to delinquency and antisocial behaviors. There continues to be a striking need to create measures of recidivism prediction in order to discourage risk factors and foster the engagement of protective factors. Recidivism is often defined as a repeated relapsing into criminal or delinquent behavior (Upperton and Thompson, 2007). Within the research field of juvenile offenders, researchers have built on to this definition to include any type of offense that has occurred after an initial charge for that individual. Schwalbe (2007) wrote that identifying risks is a key element in a comprehensive strategy for preventing recidivism in the juvenile justice system. By identifying
high risk offenders at the juvenile court level, rehabilitative services can be provided to prevent subsequent offending.

As more research continues to be explored on recidivism and the factors that lead a one-time offender to be a repeat offender, there is also a need to examine the individual factors that lead to, or buffer against, such recidivism. Miller (2006) wrote that a comprehensive self-report measure that assesses risk factors, along with protective strengths, is needed for more efficient, and possibly more effective, treatment management of offenders. Of the research that has been conducted on predicting recidivism, Moffit and Caspi (2001) wrote that a small sample of juvenile offenders is responsible for a majority of the crimes committed by the juvenile population. Additionally, Moffit and Caspi (2001) found that as juvenile offenders get older, the seriousness of their offenses and the rate of their offenses also subsequently increase. Their findings indicate the pressing need to identify meaningful interventions to curb not only juvenile offending, but to impede a progression towards more serious offending. Denning and Homel (2008) conducted a study in Australia and found that adolescents were likely to recidivate if they used drugs, had delinquent peer influences, and they did not perform well in school. These researchers also found that recidivism rates dropped considerably when community based interventions, such as family therapy, were used with the offending population. Denning & Homel (2008) also comparatively evaluated a large sample of offenders that did not receive therapeutic services. When the risk factors were not identified, or there was a lack of community interventions implemented, recidivism rates increased (Denning & Homel, 2008). At this point in time, the majority of available studies that measure recidivism and risk factors use an international population.
Prior research findings also demonstrate the important role of community based therapeutic programs for addressing present psychopathology and preventing recidivism in adolescent males. Mulder, Brand, Bullens, and Van Marle (2010) wrote that the most effective types of treatment to prevent recidivism were multi-systemic and focused on addressing problems in a juvenile offender’s home, school, and family. Mulder et al. (2010) also evaluated a population of juvenile offenders in The Netherlands and found that typically antisocial public behavior and private family problems were key predictors for adolescents that recidivated within the juvenile court system. Mulder et al. (2010) defined antisocial behavior as withdrawing from or avoiding extracurricular activities such as organizations or athletic teams. Linville and Huebner (2005) also found a positive relationship between a youth offender lacking extracurricular activities and an increase in reoffending. An additional suggested precursor to this antisocial behavior may be a lack of mentor or positive role model. Mulder et al. (2010) also reported that juvenile offenders that were diagnosed with axis I psychopathology at the time of treatment were more likely to recidivate. Further, these researchers found that homes lacking positive parental supervision and support are likely to recidivate.

Specific risk assessment instruments have also been studied for their predictive qualities in identifying those salient traits that are associated with recidivism. Schwalbe (2007) completed a study that examined the predictive validity of 28 risk assessments that are used in juvenile justice settings. This researcher found that, on average, risk assessment instruments in juvenile justice predict repeat offending as expected. Additionally, it was found that risk assessment inventories that measured risk factors across several different factors produced a higher likelihood of predicting recidivism. Specifically, a risk assessment that was able to chart risk
over a variety of factors and environments (e.g., personal, school, home, etc.) were found to most accurately predict recidivism.

Further, in order to identify offenders that were likely recidivate, Miller (2006) created the Inventory of Offender Risk, Needs, and Strengths (IORNS). This measure had two major purposes. First, the IORNS was created to provide a time-efficient and easily administered measure related to criminal behavior. Second, the IORNS was created to develop a comprehensive measure containing indexes, scales, and subscales for specificity in interpretation such that utility for offender risk assessment, treatment, and management would be available (Miller, 2006). Throughout this research, Miller found that subjects that scored significantly higher on their Overall Risk score than the mean of the population were more likely to recidivate. This research also revealed that offenders that were sent back to prison scored significantly lower on the Protective Strengths Index (Miller, 2006). Overall, these results support the assertion that the presence of risk factors lead to recidivism and the presence of protective factors mitigate the likelihood of recidivism.

Risler, Sutphen, and Shields (2000) also studied risk factors and found that there were four predominant factors that predicted recidivism in a juvenile offending population. After assessing individual at the time of their first offense with a First Offender Risk Assessment Index (FORAI), a longitudinal study was completed and four years later the researchers examined recidivism rates for those youth who were assessed (Risler et al, 2000). They found that a youth’s age at first referral, family’s history of criminal involvement, school functioning, and seriousness of the referring offense significantly contributed to the prediction of recidivism in youth (Risler et al, 2000). Specifically, these researchers discovered that youth that offend at a younger age were more likely to recidivate. Further, they also found that if a youth’s family was
also involved with the juvenile court system, then that youth was more likely to recidivate. They also found that if a youth was making poor grades in school they were likely to recidivate. Last, they found that youth that were referred for more serious offenses, especially violent offenses were the individuals that had a higher rate of recidivism.

Past research has further focused on recidivism by evaluating the personality traits of youth offenders. Taylor, Kemper, Loney, and Kistner (2009) measured personality traits by giving the Millon Adolescent Clinical Inventory (MACI) to a group of male juvenile offenders. These researchers found that male juvenile offenders classified as anxious/impulsive were less likely to recidivate than most other groups and had fewer charges after their release from detention. Conversely, these researchers also found that offenders in their population that were classified into the psychopathology group recidivated at a rate of almost 50% (Taylor et al., 2009). These researchers hoped to devise a system of prediction for reoffending for their population in hopes of controlling criminal behavior. While this study provided a valuable base for identifying personality characteristics that lead to adult recidivism, they lacked the consideration of personal and environmental variables that could lead to recidivism. Further, this type of classification system does not take into account the personality characteristics that may buffer against future recidivism.

Upperton and Thompson (2007) conducted a study in Australia in which they devised a system of assessing risk factors and treatment needs based on juvenile justice officers’ ratings of their offending youth. In this study, juvenile offenders identified risk factors through a risk-needs inventory and the juvenile justice officers rated the offending youth on a scale from “No risk of reoffending” to “Highest risk of reoffending” (Upperton and Thompson, 2007). These researchers found that youth that had a history of prior convictions, and were rated as “Highest
risk of reoffending” was more likely to recidivate than other group that was measured (Upperton and Thompson, 2007). Overall, this study demonstrated the approach of using referral information about the reoffending youth and information from juvenile justice officers to make a prediction of recidivism. Upperton and Thompson (2007) demonstrated that predicting recidivism becomes more accurate when there are multiple points of view in assessing risk and predicting recidivism.

**Gender Differences**

Several previous studies have highlighted the differences between females and males when risk factors are considered. Further, these studies have exclusively evaluated risk factors and rates of recidivism for female and male juvenile offenders. However, there remains a considerable gap in the research that has been collected for protective factors and how they contribute to recidivism for both males and females. One explanation for this paucity is that several researchers have reported that males commit more serious delinquency, and therefore most of the research and studies are completed with a predominantly male population sample (Fagan et al., 2007). Palermo (2009) wrote that in 2004 almost three quarters of adolescents prosecuted in juvenile courts were males. While there is an abundance of evidence demonstrating that male juvenile offenders are responsible for most of the offenses committed by adolescents, there is also evidence that rates for females offending is on the rise. Palermo (2009) additionally stated that in 2004 about 30% of the juvenile perpetrators arrested were female. While this percentage still places females in the minority of the overall sample, it also implies that female offenders’ antisocial acts are rising more quickly on a percentage-wise basis. Fagan et al. (2007) noted that when studying antisocial behavior and juvenile offending, a larger percentage of females are also engaging in reoffending than was historically noted.
There is not only a lack of meaningful research in regards to the importance of gender differences in regards to risk factors and recidivism. Hartman et al. (2009) stated that there is a noticeable omission in understanding how the importance of protective factors might vary across gender. Further, much less research has focused on the gender-specific effects in fostering resiliency and this research has not explicitly detailed whether protective factors vary across gender. While it is true that due to higher rates of offending and recidivism by males, there is a need to study that specific gender. However, there is also a striking need to identify relevant risk and protective factors for each gender in order to tailor specific and useful interventions when offending occurs. Identifying those protective factors that lead to an increase in resiliency for males and females could be an important aspect of encouraging positive development for males and females.

The need to thoroughly explore gender differences was proposed by Hagan, Simpson, and Gillis (1987) in which they described the different socialization processes for males and females that contribute to different rates of delinquency and crime. Furthermore, citing differences in predictors of problem behaviors for males and females, Hartman et al. (2009) reported that low self-esteem is a risk factor for female delinquency, but is not predictive for male antisocial behavior. Consequently, these researchers also noted that high self-esteem is a protective factor for adolescent females, but not for males. Previous research has also highlighted the importance of family as a major difference in predicting delinquency for males and females. Again, the majority of research completed on gender differences has been on the identification of risk factors within familial relationships. Alarid, Burton, and Cullen (2000) noted that a strong bond to the family and conflict with parents are stronger predictors of delinquency for females than males. Conversely, Anderson, Holmes and Ostresh (1999) found that high or low rates of
reported parental attachment are more relevant in explaining male delinquency. Hartman et al. (2009) identified a need to demonstrate how interactions with family may prove to be protective across gender for the youth that are at high risk for delinquency and substance use.

When studying specific risk factors associated with each gender, researchers have found that the risk factors most closely associated with recidivism for their female participants were exposure to family conflict and a low sense of protection from their families (Fagan et al., 2007). The same researchers reported that all of the males in their sample reported higher exposure to all risk factors and less exposure to protective factors. However, specific risk and protective factors were not listed. It is also important to note that Fagan et al. (2007) found no significant gender differences in the risk factors of exposure to peer drug use and delinquent behavior. Overall, these researchers reported minimal gender differences in their findings.

Hart et al., (2007) conducted a study in which risk and protective factors were evaluated for a group of juvenile offenders. Among their primary goals for their examination, these researchers hoped to identify gender differences in their sample. Hart et al. (2007) reported that for males and females in their sample that protective factors including extracurricular activities, an aggressive response to shame, parental responsiveness, and parental demandingness significantly decreased the likelihood of recidivism for both genders. In regards to specific differences between males and females, Hart et al. (2007) found that having a caring adult at school was a significant predictor of avoiding recidivism. On the other hand, these researchers also found that for males, a low GPA, learning difficulties, and alcohol and drug use significantly predicted recidivism. Overall, the researchers found more differences between violent offenders and non-violent offenders, rather than from males and females (Hart et al., 2007).
Minor, Wells, and Angel (2008) also evaluated gender differences in predicting recidivism for male and female offenders. Overall, they found that males were twice as likely to recidivate compared to the females in their sample (Minor et al., 2008). These researchers also found that the predictors of recidivism among males were inadequate in predicting research in females. They also found that male offenders that had been charged at young age and those offenders that had been abused in their lives were more likely to offend. However, the same was not true for females in their sample. Minor et al. (2008) did not report the specific factors that contributed to the differences in recidivism rates, but they advocated for organizations to tailor specific interventions to males and females instead of tailoring interventions to juvenile offenders as on distinct group.

Hartman et al. (2009) studied whether individual protective factors possess different or similar effects across gender on fostering resiliency. This study was important to studying the presence of protective factors, but more so in the field of encouraging resiliency as research on this specific topic has been lacking historically. In their study, Hartman et al. (2009) found that across male and females in their sample, a greater accumulation of protective factors was often associated with a greater self-report of resiliency. While more protective factors foster resiliency, these researchers also found that there were distinctly different protective factors that had predictive qualities for males and females. For example, Hartman et al. (2009) found that a positive school environment significantly influenced resiliency for females, but not for males. Additionally, a strong attachment and attitude towards school was found to be strongly related to drug use avoidance for females, but this was not closely linked to drug avoidance for males. Overall, Hartman et al. (2009) concluded by advocating for specific policy and treatment options that cater to the specific needs of females and males. By focusing on the specific risk factors that
lead to recidivism across gender, and the protective factors that lead to resiliency across gender, there is a greater likelihood for success in treatment and effectiveness with this population.

The Juvenile Counseling and Assessment Program (JCAP) and Community

The Juvenile Counseling and Assessment Program (JCAP) was created to address the issues of juvenile delinquency, to contribute to the body of literature related to delinquency, and to provide a service oriented training ground for graduate students who will assume professional positions working with these youth. JCAP works to address the psychological, emotional, and educational needs of court-referred youth and their families through a collaborative partnership between the Athens-Clarke County Juvenile Court, the Department of Juvenile Justice, the Gainesville Regional Youth Detention Center, and the Department of Counseling and Human Development Services in the College of Education at the University of Georgia. Thus, counseling faculty, graduate students, community members, and juvenile court system personnel come together in a mutual effort to address the unique mental health needs of an underserved population (Calhoun et al., 2001). Understanding risk and protective factors is an integral part of assessing and treating JCAP clients.

The JCAP Model of delinquency identifies contributions from multiple facets including parent, child, family, school, and neighborhood predictor variables of delinquent behaviors (Appendix A). This model is influenced by Bronfenbrenner’s (1979) social ecology model which suggests identifying relevant person-environment interactions that contribute to social influence. This idea was later expanded upon by Berry (1995), who described a model that links a microsystem, mesosystem, exosystem, and macrosystem. The family was first identified as the primary microsystem that provides the main influence on a child’s life. He referred to the mesosystem as the interactions of the family with other settings such as school, and work; and
other people such as friends and neighbors. The interactions at the exosystem level are based on the school system, social welfare system, health care system, or similar systems that influence the family. Lastly, the macrosystem refers to the ethnic or cultural influences, and the effects of various economic and political policies. By utilizing an approach that considers each specific and unique factor, a more complete view of a youth’s functioning is achieved. Furthermore, more comprehensive and individualized treatment plans and recommendations are available to the clinician.

Each year JCAP provides approximately 350 juvenile offenders with therapeutic services. These youth represent males and females of diverse racial/ethnic and socioeconomic groups, ranging in age from 9-17 years. JCAP clients attend any one of the public, private or alternative schools in the community or may be residing in a regional youth detention facility. The degree of offenses committed by these youth also varies from status offenses (e.g., truancy, curfew violations) to felonies (e.g., aggravated child molestation, theft by taking). At the onset of therapeutic services a detailed clinical intake session is held to collect pertinent information about a future client. Identifying risk and protective factors at this point for a client will ensure a smooth beginning to therapy and help a clinician properly conceptualize a treatment plan. Rivaux et al. (2006) found that a positive relationship exists between time in treatment, such as individual or family counseling, and positive treatment outcomes, such as avoiding recidivism.

The purpose of this study is to examine the risk factors associated with reoffending for youth who are already a part of the juvenile justice system. This study will also examine the protective factors that foster resiliency and buffer against reoffending for youth who are involved with the juvenile justice system.
CHAPTER III

STUDY ONE

Linking Risk Factors and Recidivism Rates in Court-referred Male Juvenile Offenders

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Abstract

Juvenile justice research has historically been used to identify adolescent risk factors that lead to offending. This prospective study examines factors associated with subsequent recidivism. Clinical intake information was gathered from 118 court-referred male juvenile offenders between the ages of 12 and 17 years of age. In this sample 75 individuals (64%) did not recidivate at 6 months and 43 individuals (36%) did recidivate. This study found that a male youth is four times more likely to recidivate if he has friends involved with the court system, three times more likely if a family member has been arrested, three times more likely if he lacks extracurricular activities, three times more likely if he uses drugs, and two times more likely if he earns worse than a “C” GPA. Identifying risk factors at the beginning of a therapeutic intervention can foster a guided plan during therapy and potentially prevent recidivism.

Keywords: juvenile offending, risk factors, recidivism
Linking Risk Factors and Recidivism Rates in Court-referred Male Juvenile Offenders

Adolescent delinquent behavior remains a widespread societal issue in the United States with rates for arrests, status offenses, and violent crime increasing significantly (Palermo, 2009). Though much research has been devoted to risk factors related to juvenile delinquency, there is little research related to individual risk factors and recidivism (Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber & Petechuk, 2003). Adolescents will undoubtedly face some type of risk in their lives involving factors that cut across several environments and these risk factors are predominantly found in their home, school, and community (Christle, Jolivette, & Nelson, 2005; Loeber & Farrington, 2000). When present, risk factors increase the likelihood of offending (Fagan, Van Horn, Hawkins, & Arthur, 2007). For those already engaged in the juvenile justice system identifying factors that put the youth at risk for reoffending becomes imperative. Understanding a client’s risk factor or factors associated with recidivism has potential to aid in more efficacious, individualized treatment planning.

Previous researchers have defined risk factors as those conditions present in an adolescent’s life that contribute to a higher likelihood of negative outcomes (Carr & Vandiver, 2001; Jessor, Van Den Bos, Vanderryn, Costa & Turbin, 1995). Alternately defined, risk factors are conditions that increase the probability of a young person becoming involved in delinquency. Risk factors may include individual substance use, substance use by a family member, large numbers of siblings in the household and poor school performance, (Carr & Vandiver, 2001; Lerner & Galambos, 1998). Risk factors may also include relationships with peers who engage in risky behaviors, and having parents or family members involved with the court system (Feinberg, Ridenour, & Greenberg, 2007; Palermo, 2009). Additionally, the lack of positive influences is considered a risk factor for recidivism. Lacking support outside the family in the
form of a mentor, coach, minister, or positive role model often leads to a higher likelihood of reoffending (Wasserman et al., 2003). Finally, a lack of involvement in extracurricular activities has been found to positively correlate with an increase in reoffending (Linville and Huebner, 2005).

Carr and Vandiver (2001) identified individual substance use as a significant risk factor for offending and reoffending. Adolescents that abuse alcohol or other illicit drugs have been studied often historically. Several studies produced results that predicted future delinquent behavior in adolescent populations that abuse these substances. For example, Hart, O’Toole, Price-Sharps, and Shaffer (2007) point out the positive relationship between juvenile offenders and illegal substance use. Denning and Homel (2008) conducted a study in Australia and also found that adolescents were likely to recidivate if they used drugs. While a difficulty exists in discerning whether the substance use caused the delinquency, or the delinquency caused the substance use, this relationship is worth exploring.

Carr and Vandiver (2001) also indicated that juvenile offenders that are exposed to substance use by a sibling or parent are more likely to recidivate. The presence of familial substance use has been found to be a life stressor for youth and may lead to reoffending. Researchers have demonstrated that youth are likely to imitate parents, parental figures, and siblings if there is substance use in the home (Carr and Vandiver, 2001). Having alcohol or drug use present in the home also makes those illegal substances accessible to the youth that are present. Furthermore, youth are typically unsupervised if family members are using alcohol or illegal substances (Feinberg et al., 2007). Life stress, accessibility of the substances, and a lack of supervision are all products of familial substance use and put a juvenile offender at risk for recidivating.
Research indicates that a large number of children in a household will greatly increase the risk of delinquency for adolescents in that family (Wasserman et al., 2003; Burton & Marshall, 2005). The association between a large number of siblings in the household and delinquency is the result of reduced parental supervision in larger families. Research by Wasserman et al. (2003) indicated that with a larger number of siblings in the home, there is less parental supervision and a greater likelihood of negative familial experiences as a result. Mulder et al. (2010) reported that homes lacking positive parental supervision and support are likely to create opportunities for delinquent behavior and could lead an adolescent offender to recidivate. In general, this risk factor is a major concern for individuals that have four or more siblings present in the home.

Poor academic performance further predicts delinquency and is often the first stepping stone for an adolescent that is moving towards delinquency (Carr & Vandiver, 2001; Hart et al., 2007; Denning & Homel, 2008). Academic problems, such as a low grade point average or struggling to pass courses, often lead to behavioral problems in school. These behavioral problems frequently result in disciplinary practices such as detention or suspension. Further exacerbating the issue, these disciplinary practices routinely remove the student from extracurricular activities and the structure of an academic institution. Removing a student from these environments often does more harm than good for the student (Christle et al., 2005). A majority of research on academic performance has indicated that individuals that make below a “C” average in school are more likely to be at risk for recidivism compared to those students that maintain a “C” average or better (Hart et al., 2007; Denning & Homel, 2008).

Peer interactions play an important role in an adolescent’s development. One of the most influential factors leading to antisocial behavior for adolescents is an association with delinquent
peers (Christle et al., 2005; Denning and Homel, 2008). These peer relationships may exist within a youth’s community, school, or home. Elliot and Menard (1996) found that having friends who are delinquent increases the probability of engaging in delinquent behavior. Regarding peer influences, several studies have found that exposure to delinquent peers increases the likelihood of offending (Fagan et al., 2007). Adolescents are likely to imitate behaviors that are modeled by their peer groups. If an adolescent is exposed to antisocial peers engaging in illegal activity, adolescents will be likely to demonstrate similar behavior (Elliot & Menard, 1996).

Having a parent incarcerated or involved with the court system is an additional risk factor for adolescents. Fagan et al. (2007) studied the influences of parent criminality on adolescents and found that this risk factor significantly predicts antisocial behavior. Within the family, the parent-child relationship is often described as the most appreciable determinant for healthy adolescent development. The absence of this relationship contributes to unhealthy development and is considered a risk factor. Adolescents with parents involved in the court systems also experience stress within their family environment. Mulder et al. (2010) evaluated a population of juvenile offenders in The Netherlands and found that typically antisocial public behavior and private family problems were key predictors for adolescents that recidivated within the juvenile court system. Exposure to this familial stress has been associated with later criminal behavior and repeat offenses in the juvenile population (Carr & Vandiver, 2001; Feinberg et al., 2007; Burton and Marshall, 2005).

An additional suggested precursor to antisocial behavior in an adolescent’s life may be lacking a variety of positive influences. Previous research has demonstrated that lacking support outside the family in the form of a mentor, coach, minister, or positive role model often leads to
a higher likelihood of reoffending (Wasserman et al., 2003). Gould and Carson (2010) linked positive outcomes for young athletes that had a strong sense of rapport built with a coach. Their research demonstrated that youth that favored their coach displayed an attachment to their community, development emotional regulation, pro-social norms, and a better awareness of life skills (Gould and Carson, 2010). The lack of this positive factor is a risk for juvenile offenders.

Mulder et al. (2010) defined antisocial behavior as withdrawing from or avoiding extracurricular activities such as organizations or athletic teams. Linville and Huebner (2005) also found a positive relationship between a youth offender lacking extracurricular activities and an increase in reoffending. Furthermore, while an adolescent is not in school and therefore lacking supervision, the risk for engaging in criminal activity proportionately increases (Wasserman et al., 2003). Researchers have found a positive link between engaging in extracurricular activities and avoiding recidivism (Gould and Carson, 2010). However, the lack of this positive factor puts juvenile offenders at risk for recidivating.

The purpose of the current study is to examine the relative risks of the identified factors present in a population of court-referred male youth. Specifically, this prospective study aims to identify those factors that lead adolescent males to recidivate. The risk factors related to recidivism assessed in this paper include: personal substance use, family substance use, a large number of siblings in the home, poor academic achievement, a peer group involved with the court system, a family member involved with the court system, a lack of extracurricular activities, and a lack of a positive role model. By examining the relative risks of these identified factors, a more complete perspective can be developed, thus better informing policy and treatment planning.
METHOD

Participants in this study include 118 male juvenile offenders from 12 to 17 years of age ($M = 14.9$) living in a midsize city in the Southeast United States. With respect to race/ethnicity, 68% of the sample was African American, 28% Caucasian, and 4% Hispanic. The youth offenders had been charged with crimes spanning the delinquent behavior continuum from Status offense to Felony offenses. These participants had been detained and placed on probation for at least one of the following offenses: violation of probation, criminal mischief, criminal trespass, terroristic threats, shoplifting, marijuana possession, unauthorized use of vehicle, theft by taking, carrying a weapon, and assault. After gathering information from the clinical interview, public records were reviewed six months later to evaluate which youth had reoffended and which youth had not reoffended.

Among the questionnaires an “Individual Client Questionnaire” is used one-on-one with the perspective client and the clinician. Further, a “Parent Questionnaire” is used for the client’s parent and the clinician. An “Intake Questionnaire” is also used while the client and parent are both present with the clinician. The coded items from the intake interview packet include specific questions to address risk factors. The coded items from the JCAP intake interview packet include specific questions to address protective factor which include: (1) *Do you use drugs, alcohol or cigarettes regularly?* (Individual Client Questionnaire); (2) *Does anyone in the family regularly use, or have a history of regular use of street drugs, such as pot or cocaine?* (Parent Questionnaire), (3) *Names, Relation, and Ages of other individuals living in the home?* (Intake Questionnaire), (4) *Overall academic grade received?* (Individual Client Questionnaire), (5) *Client’s friends who have prior experience with juvenile or adult court system* (Parent Questionnaire), and (6) *Other family members who have prior experiences with juvenile or adult*
court system? (Intake Questionnaire), (7) Who do you consider your biggest support outside of your family? (Individual Client Questionnaire), and (8) Is the client currently involved in any activities outside of school? (Parent Questionnaire) Total protective factor scores were collected for each participant.

The presence or absence of each risk factor was individually recorded from the intake questionnaires to a Risk Factors Checklist (see Table 1.1). A score of “1” indicated the presence of a factor and a score of “0” indicated the absence of a factor. Further, recidivism rates were gathered for each youth involved in this study. Six months later, court records were examined to determine recidivism rates. Each individual risk factor was considered for all participants. A binary logistic regression was used to establish odds ratios for the individual risk factors with the likelihood of recidivism.

RESULTS

The purpose of the current study was to gain a more complete understanding of the risk factors that contribute to recidivism in male juvenile offenders. Out of the total sample, 75 individuals (64%) did not recidivate at 6 months and 43 individuals (36%) did recidivate. Individual risk factor scores all yielded independent results. When asked about personal alcohol or drug use, 75 individuals (64%) denied using those substances and 43 (36%) individuals admitted to using those substances. When asked about a member of their family using alcohol or drugs, 79 (67%) individuals denied the presence of drugs in their home and 39 (33%) said that there was a presence of drugs in their household. In this sample, 26 (22%) of the individuals had four or more siblings living in the home and 92 (78%) had less than four siblings living in the home. In regards to current grade point average, 61 (52%) individuals were making better than a “C” average and 57 (48%) were making worse than a “C” average. In this sample, 71 (60%)
individuals admitted to associating with individuals that had been involved in the juvenile court system and 47 (40%) individuals denied having friends that had been arrested. Further, 77 (65%) individuals reported having family members that had been involved with the juvenile or adult court systems, and 41 (34%) denied having family members arrested. In this sample, 93 (79%) individuals admitted to lacking a system of support outside their family and 25 (21%) individuals admitted to having an outside system of support. Finally, 77 (65%) did not have any type of extracurricular activities and 41 (35%) did engage in extracurricular activities.

The mean total risk factors score for the male population is 4.12 with a range from 0-8. The mean for the group who recidivated was 5.40 and the mean for the group who did not recidivate was 3.39 (t= .756, p< .01). The following risk factors were found to be predictors of future recidivism based on odds ratios: 1) individual alcohol or drug use, 2) having worse than a “C” average GPA, 3) having friends involved with the court system, 4) having family members involved in the court system, and 5) lacking extracurricular activities (see Table 1.2). There were several potential risk factors that did not predict recidivism in this sample. In this study family alcohol or drug use, having more than four siblings in the home, and lacking support outside the family did not predict future recidivism (see Table 1.2). Our results suggest that youth who report individual alcohol or drug use are 2.5 times more likely to recidivate than youth who reported not using alcohol or drugs. Additionally, our results suggest that an individual’s GPA is less than a “C” average is 2.4 more likely to recidivate compared with youth who have better than a “C” average. Our results additionally suggest that a juvenile male offender who has friends or members of their peer group involved in the juvenile or adult court system is 3.9 times more likely to recidivate compared to an individual that does not have friends in the juvenile court system. Further, our results suggest that a juvenile male offender who has family members
involved in the juvenile or adult court system is 2.7 times more likely to recidivate compared to an individual that does not have family members in the juvenile court system. Finally, our results also suggest that someone who is not involved with extracurricular activities such as athletic teams or academic clubs is 2.7 times more likely to recidivate compared to someone who is involved in extracurricular activities. Overall, the endorsement of any of these five risk factors appears to increase the likelihood that a youth will reoffend over the course of the next six months.

DISCUSSION

Previous research has identified several factors that are associated with recidivism. In the present study, the relative risk of such factors was examined. In this investigation we found strong associations between several presenting risk factors and the likelihood that these court-referred youth will later recidivate. Specifically, there were indications that an adolescent male offender is likely to recidivate if he uses alcohol or drugs, if he reported earning less than a “C” average in school, if he has friends involved with the court system, if a family member has been arrested, and if he reports a lack of extracurricular activities.

Our results suggest that a court-referred youth using drugs or alcohol is three times more likely to recidivate compared to a court-referred youth who is not using alcohol or drugs. Previous research has indicated that using alcohol or drugs is a risk factor for recidivism. (Carr and Vandiver, 2001). This study confirms that assertion and identifies individual drug use as a risk factor that is likely to predict delinquent behavior.

Further, our results indicate that if a court-referred youth reported making below a “C” average in school that they were two times more likely to recidivate compared to a court-referred youth that reported making above a “C” average in school. Previous research has stated that
academic problems such as a low grade point average, often leads to a disinterest and behavioral
problems in school (Denning & Homel, 2008). Research has also linked these academic
problems to future recidivism as attitudes to school become more negative (Hart et al., 2007).
Findings in our study further demonstrate that poor academic performance puts adolescent
offenders at risk for reoffending.

Deviant peers, in this case friends who are involved with the court system, emerged as an
important relative risk factor (Denning and Homel, 2008). In this sample of male adolescent
offenders, those who have friends involved in the court system are four times more likely to
recidivate compared to a youth that does not have friends in the juvenile court system. Prior
research has indicated a positive relationship between reoffending and having friends that are
also offenders (Christle et al., 2005). Findings in this study support the assertion that a juvenile’s
peer group is important in influencing decisions and repeating the behavior of that peer group.

Additionally our results suggest that court refereed male offenders that have family
members involved in the juvenile court system are three times more likely to recidivate than
those males that do not have family members involved in the court system. There is great value
in having a strong sense of familial support in which family members set a positive example by
avoiding involvement with the legal system. Lacking familial support and a positive example of
behavior within the family has been explicitly measured in previous studies as a risk factor
(Fagan et al., 2007). Consistent with previous findings, this study indicates that juvenile
offenders that have family members involved in the legal system are likely to recidivate.

Our results also suggest that someone who is not involved with extracurricular activities
such as athletic teams or academic clubs is three times more likely to recidivate compared to
someone who is involved in extracurricular activities. Typically, when adolescents first get into
trouble, they are removed from extracurricular activities at their schools. Unfortunately, some behavioral interventions may have unintended consequences. Further, if a juvenile offender is expelled from their school and sent to an alternative school, after school clubs or organizations are often not options. Findings in this study suggest that lacking extracurricular activities is a risk factor for recidivism. Overall, the presence of these five risk factors serves as an indicator of the possibility that a male juvenile offender will recidivate.

This study has several limitations. By investigating only one gender there are rich observations and associations that have not been established. Another limitation in this study is that the data evaluated for determining recidivism rates only provided a “yes” or a “no” at six months after the conclusion of treatment. In subsequent studies more comprehensive data might be studied in an effort to expand upon these findings relative to recidivism. For example, one could argue that recidivating via probation violation could be less serious than recidivating via assault. Further, checking for recidivism at different points in time would be useful in determining which risk factors lead to short-term recidivism or long-term recidivism.

The current study provides useful information for clinicians working with adolescent male offenders and for clinicians working with this population. For success in therapy, clinicians should focus on addressing the identified risk factors in order to help clients avoid reoffending. The present study also presents many options for future exploration. For example, the client intake questionnaires can be grouped together by repeat offenders and non-repeat offenders to observe whether one group presents with more risk factors. In conclusion, by identifying the factors that contribute to delinquency, clinicians can strive to effectively treat the male juvenile offender population and prevent recidivism. Further, treatment options can be identified at the
onset of therapy so that clinicians can help clients avoid recidivism from the start of the therapeutic relationship.
Table 1.1

Sample Risk Factors Checklist

<table>
<thead>
<tr>
<th>Risk Factors Checklist</th>
<th>Yes = 1, No = 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use drugs, alcohol or cigarettes regularly?</td>
<td></td>
</tr>
<tr>
<td>Does anyone in the family regularly use or have a history of</td>
<td></td>
</tr>
<tr>
<td>regular use of street drugs, such as pot or cocaine?</td>
<td></td>
</tr>
<tr>
<td>Are there more than 4 siblings living in the home?</td>
<td></td>
</tr>
<tr>
<td>Is your grade point average below a “C” level?</td>
<td></td>
</tr>
<tr>
<td>Does the client have friends that are involved in the juvenile or</td>
<td></td>
</tr>
<tr>
<td>adult court system?</td>
<td></td>
</tr>
<tr>
<td>Does the client have other family members who are involved in</td>
<td></td>
</tr>
<tr>
<td>the juvenile or adult court system?</td>
<td></td>
</tr>
<tr>
<td>Do you have support outside the family?</td>
<td></td>
</tr>
<tr>
<td>Is the client involved in any activities outside of school?</td>
<td></td>
</tr>
</tbody>
</table>

* Individual Client Questionnaire
** Parent Questionnaire
*** Intake Questionnaire
Table 1.2

*Summary of Logistic Regression Analysis for Risk Factors Predicting Recidivism in the observed population (n = 118).*

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>B</th>
<th>SE B</th>
<th>e^B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Drug Use</td>
<td>.93</td>
<td>.49</td>
<td>2.53</td>
</tr>
<tr>
<td>Drug use in Family</td>
<td>.74</td>
<td>.51</td>
<td>2.09</td>
</tr>
<tr>
<td>Four or More Siblings</td>
<td>.42</td>
<td>.57</td>
<td>1.53</td>
</tr>
<tr>
<td>Below “C” Average</td>
<td>.89</td>
<td>.47</td>
<td>2.44</td>
</tr>
<tr>
<td>Friends Arrested</td>
<td>1.35</td>
<td>.51</td>
<td>3.86</td>
</tr>
<tr>
<td>Family Arrested</td>
<td>1.00</td>
<td>.54</td>
<td>2.73</td>
</tr>
<tr>
<td>Lack of Support</td>
<td>.46</td>
<td>.65</td>
<td>1.59</td>
</tr>
<tr>
<td>Lack Extracurricular Activities</td>
<td>1.00</td>
<td>3.68</td>
<td>2.72</td>
</tr>
<tr>
<td>Constant</td>
<td>-4.40</td>
<td>1.01</td>
<td>.012</td>
</tr>
</tbody>
</table>

*Note: e^B = exponentiated B or Odds Ratio.*
CHAPTER IV
STUDY TWO

Protective Factors and Avoiding Recidivism in the
Juvenile Counseling and Assessment Program

Andrew M. Mantini

University of Georgia
Abstract

Juvenile justice research has historically been used to only identify adolescent risk factors and how they influence recidivism. The purpose of this study is to examine the manner in which protective factors for court-referred youth influence rates of recidivism. Clinical intake information was gathered from 228 court-referred juvenile offenders (Female = 103, Male = 125) between the ages of 12 and 17 years of age. In this sample 137 individuals (60%) did not recidivate at six months and 91 individuals (40%) did recidivate. This study found several protective factors that increase the likelihood of avoiding future recidivism in the JCAP population. Differences between female and male participants were also evaluated. Identifying protective factors at the beginning of a therapeutic intervention can foster a guided plan during therapy and potentially prevent recidivism. Implications for clinical practice will also be discussed.

INDEX WORDS: Juvenile, Offending, Protective factors, Recidivism, Predicting
Adolescent delinquent behavior remains a widespread societal issue in the United States with rates for arrests, status offenses, and violent crime increasing significantly (Palermo, 2009). Though much research has been devoted to risk factors related to juvenile delinquency, there is a paucity of research that focuses on the identification of individual protective factors and how they influence recidivism (Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber & Petechuk, 2003). Adolescents will undoubtedly face some type of risk in their lives involving factors that are predominantly found in their home, school, and community (Christle, Jolivette, & Nelson, 2005; Loeber & Farrington, 2000). When present, these risk factors increase the likelihood of offending (Fagan, Van Horn, Hawkins, & Arthur, 2007). For those already engaged in the juvenile justice system identifying factors that put the youth at risk for reoffending is a substantive process. Conversely, identifying protective factors that prevent juvenile offenders from reengaging in criminal activity may prove to be more beneficial in preventing future offenses. Understanding a client’s potential protection from recidivism could aid in the development of more efficacious and individualized treatment planning.

While many aspects of juvenile offending have been studied, there is a pressing need to continue evaluating the factors that predict reoffending and the protective factors that foster recidivism avoidance. In 2000, Palermo (2009) cited that over 2.4 million juveniles were arrested in the United States. Of that sample, about 100,000 of the arrests were for serious crimes including aggravated assault, rape, and homicide (Palermo, 2009). Furthermore, Moffit and Caspi (2001) have noted that small portions of the offending population are classified as “repeat offenders” and they are responsible for a majority of the crimes committed. It is vital for
Counseling Psychologists that work with this population to not only identify practical treatment methods with an offending population, but to also identify repeat offenders.

As practitioners, members of the Juvenile Counseling and Assessment Program (JCAP) provide court ordered counseling for adolescents involved with the juvenile justice system (Calhoun, Glaser, & Bartolomucci, 2001). While a majority of studies until this point have focused solely on identifying risk factors that lead to recidivism, analyzing a client’s presenting protective factors may be helpful for understanding if a client is likely to recidivate within the juvenile court system. For JCAP clinicians, there is great value in identifying protective factors for the purpose of planning strength-based treatment interventions to help court-referred youth focus on the positive features in their lives. Masters-level and doctoral-level JCAP clinician-in-training continually work to determine the protective factors that buffer against an individual’s chances of engaging in antisocial or delinquent behavior. The purpose of this study is to identify protective factors that guard against reoffending for JCAP youth who are involved with the juvenile justice system. This study also will identify gender differences between males and females in this sample.

Burton and Marshall (2005) wrote that protective factors buffer the influence of risk, decrease the likelihood of engaging in problem behaviors, and often promote successful adolescent development. Additionally, Miller (2006) proposed that protective factors, opposed to risk factors, are more influential for mitigating risk factors and further antisocial or criminal behavior. The positive influences of protective factors cut across an individual's social, emotional, economic, and educational experiences (Bynner, 2002). Protective factors are further defined as factors expected to decrease problem behavior for high-risk youth (Beam et al., 2002). These are important factors for consideration as they have the potential to improve adolescents’
chances of avoiding criminal behavior. Simply put, protective factors shield high risk individuals from negative outcomes (Carr & Vandiver, 2001). The more protective factors that remain present in an adolescent’s life, the more likely that individual will successfully progress throughout adolescence.

Protective factors are an important area of investigation for Counseling Psychologists studying juvenile delinquency as they help to explain why some individuals who are high risk for offending do not engage in such activity. Miller (2006) wrote that previous research that has focused on risk factors has produced an over-prediction of risk and has created an unwarranted focus on the prevention of only risk factors and not the encouragement of protective factors. However, there is current research that encourages effective methods and interventions for promoting the presence of protective factors for decreasing an individual's involvement in criminal activity (Burton & Marshall, 2005, Feinberg et al., 2007). Research has found that there are adolescents who have a high number of risk factors but do not engage in delinquent activity because the presence of protective factors prevents delinquent involvement (Miller, 2006).

Protective factors and risk factors are often dichotomous in nature. For example, a juvenile offender that is protected by a strong sense of familial support may also be considered “at risk” if that system disintegrates. While the focus of this paper is on protective factors that encourage offenders to avoid reoffending, it is also imperative to briefly describe the influence that risk factors have in leading to recidivism. Previous researchers have defined risk factors as those conditions present in an adolescent’s life that contribute to a higher likelihood of negative outcomes (Carr & Vandiver, 2001; Jessor, Van Den Bos, Vanderryn, 1995). Alternately defined, risk factors are conditions that increase the probability of a young person becoming involved in delinquency (Costa & Turbin, 1995). Stressful life experiences also increase the probability that
risk factors will negatively influence an adolescent and lead to antisocial or illegal behavior (Carr & Vandiver, 2001). It is vital to point out that the absence, or purposeful avoidance, of those risk factors has also been associated with a lower likelihood of recidivism for juvenile offenders. Therefore, the absence of risk factors is analogous to protective factors in most cases. Furthermore, there are several positive factors that require purposeful dedication that protect juvenile offenders from recidivating. Protective factors that will be assessed in this paper include avoiding individual alcohol or substance use, having a family that avoids alcohol or substance use, having less than four siblings in the household, making above a “C” average in school, avoiding a delinquent peer group, having a family that avoids the court system, having support outside the family in the form of a mentor, coach, minister, and being involved with extracurricular activities.

Avoiding individual alcohol use or drug use has been found to buffer against antisocial behavior and recidivism (Burton & Marshall, 2005). Without the negative consequences associated with individual substance use, a juvenile offender is more likely to focus on positive behavior and activities that are not linked with delinquent behavior. Carr and Vandiver (2001) explicitly identified individual substance use as predictor for antisocial behavior offending, and reoffending. Additionally, substance abuse has been found to predict future delinquent behavior in the adolescent population. Mauricio, Little, Chassin, Knight, Piquero, Losoya, Vargas-Chanes (2008) noted that substance use or abuse was highly correlated with not only a first offense, but for reoffenders as well. These researchers further highlighted alcohol use and marijuana use among the substances most used in their sample of juvenile offenders. Rivaux, Springer, Bohman, Wagner, and Gil (2006) also found that at-risk youth were more likely to offend and re-offend if they admitted use of alcohol or other drugs. While these researchers studied several
factors that predict, they found that individual substance use was the strongest indicator of recidivism as it was determined to contribute to stressful life events that subsequently lead to reoffending (Rivaux et al., 2006). As prior research has demonstrated that individual alcohol or substance use often leads to reoffending, it is important to point out that avoiding substance use often protects an individual from reoffending. No differentiation has been found throughout previous studies in whether alcohol use, substance use (e.g., marijuana or cocaine), or tobacco use contributing most significantly to recidivism (Rivaux et al., 2006). To maintain consistency throughout this paper, any use of alcohol, substance, or tobacco has been grouped under the umbrella of “substance use.”

Additionally, having a family system in place in which parents and siblings avoid alcohol and illegal substance use has been found to be associated with a higher likelihood of that youth avoiding recidivism (Feinberg et al., 2007). Previous studies have demonstrated that juvenile offenders that are not exposed to substance use in the home are less likely to engage in antisocial behavior. Along the same note, Carr and Vandiver (2001) indicated that juvenile offenders that are exposed to substance use by a sibling or parent are more likely to recidivate. The presence of familial substance use has been found to be a life stressor for youth. Researchers have demonstrated that youth are likely to imitate parents, parental figures, and siblings if there is substance use in the home (Carr and Vandiver, 2001). Having alcohol or drug use present in the home also makes those illegal substances accessible to the youth that are present. With a higher likelihood of exposure to these substances, it is also likely that the youth in the home will also use those substances and engage in antisocial behavior. Carr and Vandiver (2001) stated that while no specific distinctions have been made about whether parental substance use or sibling substance use contributes more to a juvenile offender using substances, the overall presence of
substances in the home is typically identified as a significant risk factor. With these facts in mind, it is logical to conclude that the absence, or purposeful avoidance, of family substance use should be noted as a protective factor for a court-referred youth.

Research indicates that a large number of children in a household will greatly increase the risk of delinquency for adolescents in that family (Burton & Marshall, 2005). The association between a large number of siblings in the household and delinquency is the result of reduced parental supervision in larger families. In general, this risk factor is a major concern for individuals that have four or more siblings present in the home. A previous study by Wasserman et al., (2003) indicated that with a larger number of siblings in the home, there is considerably less parental supervision and a greater likelihood of negative familial experiences as a result. With less supervision, juvenile offenders are less likely to engage in positive activities.

While having more than four siblings in the household was highlighted as a risk factor, having less than four siblings in the household is a protective factor (Wasserman et al., 2003). A previous study by Mulder et al. (2010) noted that youth that have a low number of siblings often have a high level of parental supervision and family cohesion which commonly protects against any type of antisocial behavior.

Making good grades in school is a protective factor that encourages juvenile offenders to avoid recidivism. Attaining below average grades in school is often the first stepping stone for an adolescent that is moving towards recidivism (Carr & Vandiver, 2001; Hart et al., 2007). A majority of research on juvenile offenders’ academic performance has indicated that juvenile offenders that make below a “C” average in school are more likely to be at-risk for recidivism compared to those students that maintain a “C” average or better (Hart et al., 2007). Even though it is possible to make below a “C” average and still earn a passing grade, research has shown that
making below a “C” average correlates positively with recidivism (Denning & Homel, 2008). Academic problems, such as a low grade point average or struggling to pass courses, often lead to behavioral problems in school (Hart et al., 2007). These behavioral problems frequently result in disciplinary practices such as detention or suspension where an individual is removed from their classroom or the school environment. Placing a student away from a standardized and supportive environment often leads to antisocial behavior for that student (Hart et al., 2007). Further exacerbating the issue, these disciplinary practices routinely remove the student from extracurricular activities and the structure of an academic institution. Removing a student from these environments often does more harm than good for the student (Christle et al., 2005). While an adolescent is not in school and therefore lacking supervision, the risk for engaging in criminal activity proportionately increases. As previously stated, making a “C” average or worse in school is often associated with behavioral problems at school and a higher likelihood for recidivating. However, making better than a “C” average in school has been found to be a protective factor that helps juvenile offenders avoid antisocial behavior (Hart et al., 2007). It has been typically found that the effort, attention, and ability to earn above a “C” average in school have been found to correlate positively with recidivism (Denning & Homel, 2008).

Quality peer relationships are also an important protective factor for adolescents that are at risk for reoffending. Close friends offer support in times of crisis and minimize risk factors when they are present. In addition, Beam et al. (2002) stated that adolescents who have warm, supportive people in their lives have better affective outcomes. On the other end of this spectrum, one of the most influential factors leading to antisocial behavior for adolescents is an association with delinquent peers (Christle et al., 2005). Elliot and Menard (1996) found that having friends who are delinquent increases the probability of engaging in delinquent behavior.
Regarding the importance of peer influences, several studies have found that exposure to delinquent peers and peers that have been involved with the juvenile court system increases the likelihood of offending for that individual (Fagan et al., 2007). If an adolescent is exposed to antisocial peers engaging in illegal activity, adolescents will be likely to demonstrate similar behavior (Elliot & Menard, 1996). Previous research indicates that adolescence is a time of particular psychological vulnerability to the risks associated with feelings of social isolation from peers (Hall-Lande, Eisenberg, Chrestenson, & Neumark-Sztainer, 2007). Feelings of inclusion and social connectedness that result from pro-social peers have been found to promote healthy outcomes in adolescents. Adolescents that report close and meaningful relationships with their peers concordantly report high levels of motivation, self-worth, and academic performance (Hall-Lande, et al., 2007). Further, juveniles with pro-social peers are more likely to resist involvement in delinquent behavior (Guo, Hill, & Hawkins, 2002). The benefits of positive peer networks contribute greatly as protective factors and minimize risk factors while contributing to healthy development.

An additional protective factor is having a family system that avoids the adult court system or the juvenile court system. Having a parent incarcerated or involved with the court system is a risk factor for adolescents. Fagan et al. (2007) studied the influences of parent criminality on adolescents and found that this risk factor significantly predicts antisocial behavior. Within the family, the parent-child relationship is often described as the most appreciable determinant for healthy adolescent development. The absence of this relationship contributes to unhealthy development and is considered a risk factor. Mulder et al. (2010) evaluated a population of juvenile offenders in The Netherlands and found that typically antisocial public behavior and private family problems were key predictors for adolescents that
recidivated within the juvenile court system. Adolescents with parents involved in the court systems also experience stress within their family environment. Exposure to this familial stress has been proven to predict later criminal behavior and repeat offenses in the adolescents in the family (Carr & Vandiver, 2001; Feinberg et al., 2007). Burton and Marshall (2005) wrote that the stress of having a parent or sibling involved with the adult court system or juvenile court system often leads to delinquent behavior due to a lack of supervision, or exposure to the justice system. Previous research has found no significant difference in the prediction of antisocial behavior based on whether the parents of a juvenile offender are involved with the court system, or whether siblings of a juvenile offender are involved in the juvenile court system. Therefore, simply having a family involved with the juvenile court system would be a risk factor for recidivism. Simoes et al. (2008) identified familial support as a key protective factor in encouraging youth to avoid reoffending. Further, these researchers wrote that this type of support becomes increasingly difficult to encounter when parents are incarcerated or involved in the adult court system. Therefore, engaging in positive familial support is a protective factor that increases the likelihood that a youth offender will reoffend.

Past researchers have emphasized the importance of non-parental “very important persons” or role models in adolescents’ lives. It is monumentally important for adolescents to be positively influenced by a coach, teacher, or mentor. Gould and Carson (2010) linked positive outcomes for young athletes that had a strong sense of rapport built with a coach. Their research demonstrated that youth that favored their coach displayed an attachment to their community, development emotional regulation, pro-social norms, and a better awareness of life skills (Gould and Carson, 2010). These findings overall revealed youth involved in sports that had positive rapport with their coaches were more emotionally aware and healthy compared to those youth
that did not participate in sports. Gould et al. (2012) reported that youth that form strong relationships with athletic coaches tend to avoid risky behavior due to a perceived level of caring from that coach. Overall, these researchers found that the more a coach is able to demonstrate caring for their youth, the more open those youth will be to engage in positive psychosocial development and the less likely they will be to engage in unhealthy activities (Gould et al., 2012).

Previous research also suggests that youth from under-privileged backgrounds in particular should work to form meaningful relationships with positive role models outside of their home when the opportunity is possible. Carr and Vandiver (2001) found that adolescents from high risk backgrounds are more likely to avoid risk behavior if they develop relationships with supportive adults such as ministers, teachers, and neighbors throughout their communities. Mentors provide juveniles with either the support that their parents do not provide or added support above and beyond that of parents and peers (Beam, Gil-Rivas, Chen, & Greenberger, 2002). Burton and Marshall (2005) found that an adolescent’s behavior greatly depends on the perceived characteristics of their very important person. If the role model demonstrates positive characteristics, then an adolescent will pick up on those positive behavior traits and likely replicate them. Looking up to a role model also encourages adolescents to avoid risky situations and antisocial behavior.

Many researchers have highlighted adolescents’ successful participation in extracurricular activities, after school clubs, and athletic teams as protective factors (Carr & Vandiver, 2001). Mulder et al. (2010) associated antisocial behavior with withdrawing from or avoiding extracurricular activities such as after school organizations or athletic teams. Linville and Huebner (2005) also found a positive relationship between a youth offender lacking
extracurricular activities and an increase in reoffending. Furthermore, while an adolescent is not in school and therefore lacking supervision, the risk for engaging in criminal activity proportionately increases (Wasserman et al., 2003). Researchers have found a positive link between engaging in extracurricular activities and avoiding recidivism (Gould and Carson, 2010). Involvement in extracurricular activities provides a protective influence for at risk youth. Research indicates that adolescents should be encouraged to participate in extracurricular activities by their peer groups and parents. Linville and Huebner (2004) reported high academic achievement and low rates of risky behavior, such as drug use and gang affiliation, are associated with extracurricular activity involvement. The time commitment required for extracurricular activities contributes to this protective factor because teams, organizations, and clubs provide positive peer support and positive adult role models. Gould and Carson (2010) found that those youth involved in sports and arts scored higher on initiative and overall personal satisfaction when measuring youth satisfaction from extracurricular activities. Additionally, the opportunity to participate in extracurricular activities decreases an adolescent's availability to engage in delinquent behavior (Burton & Marshall, 2005). Adolescents involved in extracurricular activities also have the opportunity to establish positive peer supports. In addition to building friendships, adolescents also find the opportunity to build relationships with very important individuals or mentors aside from their everyday peer group.

Another type of protective factor for youth is involvement in athletic teams and sports. Prior research from Gould and Carson (2010) has highlighted the idea that experience in sports plays an important role in personal and life skills development of youth. Petitpas and Champagne (2000) reported that involvement with athletic programs provides adolescents with proper time management skills and the support to encourage development in social competence. Further,
Gould, Flett, and Lauer (2012) measured the relationship between the psychosocial developments of under-privileged youth that are involved in sports. These researchers found that youth involved in sports most often perceived teamwork and social skills, physical skills, and initiative as the skills they derived from their sports experience (Gould et al., 2012). Further, involvement with athletic teams decreases the chance that adolescents will develop destructive behaviors (Burton & Marshall, 2005). An added benefit to involvement in athletic teams is the requirement that a student maintain a high grade point average. Studies conducted on violent behavior and academic abilities have found that juveniles with high grades were less likely to be involved in violent behavior (Blum, Ireland, & Blum, 2003). The benefits of extracurricular activities protect adolescents from engaging in antisocial behavior and encourage the pursuit of high academic achievements.

A limited number of researchers have investigated specifically how protective factors influence recidivism rates for adolescent offenders. There continues to be a striking need to create measures of recidivism prediction in order to discourage risk factors and foster the engagement of protective factors. Miller (2006) wrote that a comprehensive self-report measure that assesses risk factors, along with protective strengths, is needed for more efficient, and possibly more effective, treatment management of offenders. Of the research that has been conducted on predicting recidivism, Moffit and Caspi (2001) wrote that a small sample of juvenile offenders is responsible for a majority of the crimes committed by the juvenile population. Additionally, Moffit and Caspi (2001) found that as juvenile offenders get older, the seriousness of their offenses and the rate of their offenses also subsequently increase. Their findings indicate the pressing need to identify meaningful interventions to curb not only juvenile offending, but to impede a progression towards more serious offending. Denning and Homel
(2008) conducted a study in Australia and found that adolescents were likely to recidivate if they used drugs, had delinquent peer influences, and they did not perform well in school. These researchers also found that recidivism rates dropped considerably when community based interventions, such as family therapy, were used with the offending population. Denning & Homel (2008) also comparatively evaluated a large sample of offenders that did not receive therapeutic services. When the risk factors were not identified, or there was a lack of community interventions implemented, recidivism rates increased (Denning & Homel, 2008). At this point, many available studies that measure recidivism and risk factors use an international population.

Prior research findings also demonstrate the important role of community based therapeutic programs for addressing present psychopathology and preventing recidivism in adolescent males. Mulder, Brand, Bullens, and Van Marle (2010) wrote that the most effective types of treatment to prevent recidivism were multi-systemic and focused on addressing problems in a juvenile offender’s home, school, and family. Mulder et al. (2010) also evaluated a population of juvenile offenders in The Netherlands and found that typically antisocial public behavior and private family problems were key predictors for adolescents that recidivated within the juvenile court system. Mulder et al. (2010) and defined antisocial behavior as withdrawing from or avoiding extracurricular activities such as organizations or athletic teams. Linville and Huebner (2005) also found a positive relationship between a youth offender lacking extracurricular activities and an increase in reoffending. An additional suggested precursor to this antisocial behavior may be a lack of mentor or positive role model. Mulder et al. (2010) also reported that juvenile offenders that were diagnosed with axis I psychopathology at the time of treatment were more likely to recidivate. Further, these researchers found that homes lacking positive parental supervision and support are likely to recidivate.
In order to identify offenders that were likely recidivate, Miller (2006) created the Inventory of Offender Risk, Needs, and Strengths (IORNS). This measure had two major purposes. First, the IORNS was created to provide a time-efficient and easily administered measure related to criminal behavior. Second, the IORNS was created to develop a comprehensive measure containing indexes, scales, and subscales for specificity in interpretation such that utility for offender risk assessment, treatment, and management would be available (Miller, 2006). Throughout this research, Miller found that subjects that scored significantly higher on their Overall Risk score than the mean of the population were more likely to recidivate. This research also revealed that offenders that were sent back to prison scored significantly lower on the Protective Strengths Index (Miller, 2006). Overall, these results support the assertion that the presence of risk factors lead to recidivism and the presence of protective factors mitigate the likelihood of recidivism.

Risler, Sutphen, and Shields (2000) also studied risk factors and found that there were four predominant factors that predicted recidivism in a juvenile offending population. After assessing individual at the time of their first offense with a First Offender Risk Assessment Index (FORAI), a longitudinal study was completed and four years later the researchers examined recidivism rates for those youth who were assessed (Risler et al, 2000). They found that a youth’s age at first referral, family’s history of criminal involvement, school functioning, and seriousness of the referring offense significantly contributed to the prediction of recidivism in youth (Risler et al, 2000). Specifically, these researchers discovered that youth that offend at a younger age were more likely to recidivate. Further, they also found that if a youth’s family was also involved with the juvenile court system, then that youth was more likely to recidivate. They also found that if a youth was making poor grades in school they were likely to recidivate. Last,
they found that youth that were referred for more serious offenses, especially violent offenses were the individuals that had a higher rate of recidivism.

Past research has further focused on recidivism by evaluating the personality traits of youth offenders. Taylor, Kemper, Loney, and Kistner (2009) measured personality traits by giving the Millon Adolescent Clinical Inventory (MACI) to a group of male juvenile offenders. These researchers found that male juvenile offenders classified as anxious/impulsive were less likely to recidivate than most other groups and had fewer charges after their release from detention. Conversely, these researchers also found that offenders in their population that were classified into the psychopathology group recidivated at a rate of almost 50% (Taylor et al., 2009). These researchers hoped to devise a system of prediction for reoffending for their population in hopes of controlling criminal behavior. While this study provided a valuable base for identifying personality characteristics that lead to adult recidivism, they lacked the consideration of personal and environmental variables that could lead to recidivism. Further, this type of classification system does not take into account the personality characteristics that may buffer against future recidivism.

Several previous studies have highlighted the differences between females and males when risk factors are considered. Further, previous studies have separately evaluated rates of recidivism for female and male juvenile offenders. However, there is a considerable gap in the research that has been collected in regards to how protective factors influence rates of recidivism for males and females. Several researchers have reported that males commit more serious delinquency, and therefore most of the research and studies are completed with a predominantly male sample population (Fagan et al., 2007). While it is true that higher rates of offending and recidivism are reported for males, there is a striking need to identify relevant protective factors
for each gender in order to tailor specific strength-based interventions after an original offense occurs.

Fagan et al. (2007) found that males were nearly twice as likely to engage in serious delinquent activities. The same researchers reported that all of the males in their sample reported higher exposure to all risk factors and less exposure to protective factors. However, specific risk and protective factors were not listed. It is also important to note that Fagan et al. (2007) found no significant gender differences in the association between exposure to peer drug use and delinquent behavior. Overall, these researchers reported minimal gender differences in their findings and did not report a significant gender difference in regards to protective factors.

Hart et al., (2007) also conducted a study in which protective factors were evaluated for a group of juvenile offenders. Among their primary goals for their examination, these researchers hoped to identify gender differences in their sample. Hart et al. (2007) reported that for males and females in their sample that protective factors including extracurricular activities, an aggressive response to shame, parental responsiveness, and parental demandingness significantly decreased the likelihood of recidivism for both genders. In regards to specific differences between males and females, Hart et al. (2007) found that having a caring adult at school was a significant predictor of avoiding recidivism.

Minor, Wells, and Angel (2008) also evaluated gender differences in predicting recidivism for male and female offenders. Overall, they found that males were twice as likely to recidivate compared to the females in their sample (Minor et al., 2008). These researchers also found that the predictors of recidivism among males were inadequate in predicting research in females. They also found that male offenders that had been charged at young age and those offenders that had been abused in their lives were more likely to offend. However, the same was
not true for females in their sample. Minor et al. (2008) did not report the specific factors that contributed to the differences in recidivism rates, but they advocated for organizations to tailor specific interventions to males and females instead of tailoring interventions to juvenile offenders as on distinct group.

The Juvenile Counseling and Assessment Program (JCAP) is a community based intervention that was created to address the issues of juvenile delinquency, to contribute to the body of literature related to delinquency, and to provide a service oriented training ground for graduate students who will assume professional positions working with these youth. JCAP works to address the psychological, emotional, and educational needs of court-referred youth and their families through a collaborative partnership between the Athens-Clarke County Juvenile Court, the Department of Juvenile Justice, the Gainesville Regional Youth Detention Center, and the Department of Counseling and Human Development Services in the College of Education at the University of Georgia. Thus, counseling faculty, graduate students, community members, and juvenile court system personnel come together in a mutual effort to address the unique mental health needs of an underserved population (Calhoun et al., 2001). Understanding protective factors is an integral part of assessing and treating JCAP clients.

Each year JCAP provides approximately 350 juvenile offenders with therapeutic services. These youth represent males and females of diverse racial/ethnic and socioeconomic groups, ranging in age from 9-17 years. JCAP clients attend any one of the public, private or alternative schools in the community or may be residing in a regional youth detention facility. The degree of offenses committed by these youth also varies from status offenses (e.g., truancy, curfew violations) to felonies (e.g., aggravated child molestation, theft by taking). At the onset of therapeutic services a detailed clinical intake session is held to collect pertinent information
about a future client. Identifying risk and protective factors at this point for a client will ensure a smooth beginning to therapy and help a clinician properly conceptualize a case. Rivaux et al. (2006) found that a positive relationship exists between time in treatment, such as individual or family counseling, and positive treatment outcomes, such as avoiding recidivism.

The purpose of this study is to examine the protective factors that buffer against reoffending for youth who are involved with the juvenile justice system. This study also will identify gender differences between relevant protective factors for males and females in this sample.

**METHOD**

Subjects for this study include 228 juvenile offenders ($N = 228$), 103 female and 125 male, from 12 to 17 years of age ($M = 14.7$) living in a midsize city in the Southeast United States. With respect to race/ethnicity of the total sample, 72% was African American, 21% Caucasian, and 7% Hispanic. The youth offenders in this sample had been charged with crimes spanning the delinquent behavior continuum from Status offense to Felony offenses. These participants had been detained and placed on probation for at least one of the following offenses: violation of probation, criminal mischief, criminal trespass, terroristic threats, shoplifting, marijuana possession, unauthorized use of vehicle, theft by taking, carrying a weapon, and assault. After gathering information from the clinical interview, public records were reviewed six months later to evaluate which youth had reoffended and which youth had not reoffended within that time period.

Each JCAP therapeutic relationship begins with a clinical intake session. At this meeting, the client verbally answers intake questions and completes behavioral self-report assessments with a trained JCAP clinician. Clients and their guardians also complete critical items on several
intake questionnaires via a structured interview with a trained JCAP clinician. Among the questionnaires an “Individual Client Questionnaire” is used one-on-one with the perspective client and the clinician. Further, a “Parent Questionnaire” is used for the client’s parent and the clinician. An “Intake Questionnaire” is also used while the client and parent are both present with the clinician.

The purpose of each intake questionnaire is to gain therapeutic information and to provide a rapport building opportunity for the clinician and future client. One of the main aspects of JCAP is to contribute to the body of research and intake packets are retained for those purposes. On the clinical intake questionnaires, there are several questions directly related to present protective factors for the adolescent offenders. For this study, those critical items will be examined and coded to determine the presence of protective factors in a JCAP client’s life.

The coded items from the JCAP intake interview packet include specific questions to address protective factor which include: (1) Do you use drugs, alcohol or cigarettes regularly? (Individual Client Questionnaire); (2) Does anyone in the family regularly use, or have a history of regular use of street drugs, such as pot or cocaine? (Parent Questionnaire), (3) Names, Relation, and Ages of other individuals living in the home? (Intake Questionnaire), (4) Overall academic grade received? (Individual Client Questionnaire), (5) Client’s friends who have prior experience with juvenile or adult court system (Parent Questionnaire), and (6) Other family members who have prior experiences with juvenile or adult court system? (Intake Questionnaire), (7) Who do you consider your biggest support outside of your family? (Individual Client Questionnaire), and (8) Is the client currently involved in any activities outside of school? (Parent Questionnaire) Total protective factor scores were collected for each participant.
For this study, clinical intake reports and client folders will be examined to identify answers to each critical question. A point will then be marked for each individual the total protective factors score. The presence or absence of each protective factor was individually recorded from the intake questionnaires to a Protective Factors Checklist (see Table 2.1). A score of “1” indicated the presence of a factor and a score of “0” indicated the absence of a factor. Each file contains a possible score of zero through eight for the protective factors score.

Further, recidivism rates will be gathered for each youth involved in this study. Six months after the date of their intake appointment, court records were examined through the Juvenile Tracking System to determine recidivism rates. Each individual protective factor will be considered for all participants. A binary logistic regression will then be used to establish odds ratios for the individual protective factors that predict the likelihood of no recidivism at six months. Furthermore, to investigate gender differences a binary logistic regression will be used to identify odds ratios for individual protective factors that predict the likelihood of no recidivism for the female sample in this population. A binary logistic regression will also be used to identify odds ratios for individual protective factors with the likelihood of no recidivism for the male sample in this population. In total, three binary logistic regression analyses will be completed.

The Behavioral Assessment Scale for Children, Second Edition, Self-Report of Personality (BASC-2 SRP) is also given to JCAP clients at the time of their intake. In this study, scores from the BASC-2 SRP clinical scales will be compared to individual protective factors for the studied populations. To make these comparisons, standard stepwise multiple regression analyses will be used to determine how much variance several BASC-2 SRP scales can explain in specific protective factors. One analysis will include the dependent variable of avoiding
*individual alcohol or drug use* with the independent variables being the *Sensation Seeking scale* and the *Social Stress scale*. Another analysis will include the dependent variable of *making above a “C” average* with the independent variables of *Attitude to School scale* and the *Attitude to Teachers scale*. The final analysis will include the dependent variable of *engagement in extracurricular activities* with the independent variables of the *Sense of Inadequacy scale*, the *Self Esteem scale*, and the *Self Reliance scale*.

According to Reynolds and Kamphaus (2002), the *Sensation Seeking scale* measures how much an individual engages in risky behaviors and the *Social Stress scale* measures how well an individual believes they can establish and maintain relationships with others. The *Attitude to School* and *Attitude to Teachers* scales measure attitudes towards school, school personnel, and an overall level of satisfaction with the school experience. The *Sense of Inadequacy scale* measures perceived feelings of social insufficiency and how these feelings compare to others of the same age. The *Self Esteem scale* measures self-image and the *Self-Reliance scale* measures the ability of the respondent to be confident in his/her ability to make decisions, solve problems, and/or be dependable.
RESULTS

The purpose of the current study was to gain a more complete understanding of the protective factors that affect JCAP clients. Further, the purpose of this study was to investigate how each protective factor guards against recidivism. As the relationship is dichotomous between the presence of risk factors and protective factors, as an individual’s total risk declines, their protective factors will increase. The mean protective factors score for the total population is 3.84 with a range from 0-8. The mean protective factor score is 3.99 for the female sample and 3.72 for the male sample.

Out of the total sample, 137 individuals (60%) did not recidivate at six months and 91 individuals (40%) did recidivate at six months. In the female sample, 63 females (61%) did not recidivate at six months and 40 females (39%) did recidivate at six months. In the male sample, 74 males (59%) did not recidivate at six months and 51 males (41%) did recidivate at six months. The difference between the total protective factors score for the female and male populations is not significant (t= 1.35, p< 0.1).

In regards to differences between mean protective factor scores for the group who recidivated at six months and the group that did not recidivate at six months, there are several comparisons to make. In the total population, the protective factors score mean for the group who recidivated at six months is 3.41 and the mean protective factors score for the group who did not recidivate at six months is 4.13 (t= 7.54, p< 0.1). Further, in the female population, the mean protective factor score for the group who recidivated at six months is 3.68 and the mean protective factor score for the group who did not recidivate at six months is 4.20 (t= 7.56, p< .01). Additionally, in the male population, the mean protective factor score for the group who
recidivated at six months is 3.17 and the mean protective factor score for the group who did not recidivate at six months is 4.10 (t= 5.56, p< .01).

Individual protective factor scores all yielded independent results for the total sample. When asked about personal alcohol or drug use, 79 (35%) individuals admitted to using those substances and 149 individuals (65%) denied using those substances. When asked about a member of their family using alcohol or drugs, 76 (33%) said that there was a presence of drugs in their household and 152 (67%) individuals denied the presence of drugs in their home. In the total sample, 57 (25%) of the individuals had four or more siblings living in the home and 171 (75%) had less than four siblings living in the home. In regards to current grade point average, 97 (42%) were making worse than a “C” average and 131 (58%) individuals were making better than a “C” average. In the total sample, 142 (62%) individuals admitted to associating with individuals that had been involved in the juvenile court system and 86 (40%) individuals denied having friends that had been arrested. Further, 154 (68%) individuals reported having family members that had been involved with the juvenile or adult court systems, and 74 (32%) denied having family members arrested. In this sample, 181 (79%) individuals admitted to lacking a system of support outside their family and 47 (21%) individuals admitted to having an outside system of support. Finally, 171 (75%) did not have any type of extracurricular activities and 57 (25%) did engage in extracurricular activities.

Individual protective factor scores all yielded independent results for the female sample of the population. When asked about personal alcohol or drug use, 30 (29%) females admitted to using those substances and 73 females (71%) denied using those substances. When asked about a member of their family using alcohol or drugs, 33 (32%) said that there was a presence of drugs in their household and 70 (68%) females denied the presence of drugs in their home. 27 (26%) of
the females had four or more siblings living in the home and 76 (74%) had less than four siblings living in the home. In regards to current grade point average, 36 (35%) were making worse than a “C” average and 67 (65%) females were making better than a “C” average. In the female sample, 61 (59%) admitted to associating with individuals that had been involved in the juvenile court system and 42 (41%) females denied having friends that had been arrested. Further, 69 (67%) females reported having family members that had been involved with the juvenile or adult court systems, and 34 (33%) denied having family members arrested. In this sample, 81 (79%) females admitted to lacking a system of support outside their family and 22 (21%) females admitted to having an outside system of support. Finally, 83 (81%) did not have any type of extracurricular activities and 20 (19%) did engage in extracurricular activities.

Individual protective factor scores all yielded independent results for the male sample. When asked about personal alcohol or drug use, 49 (39%) males admitted to using those substances and 76 individuals (61%) denied using those substances. When asked about a member of their family using alcohol or drugs, 43 (34%) said that there was a presence of drugs in their household and 82 (66%) males denied the presence of drugs in their home. 30 (24%) of the males had four or more siblings living in the home and 95 (76%) had less than four siblings living in the home. In regards to current grade point average, 61 (49%) were making worse than a “C” average and 64 (51%) males were making better than a “C” average. In the male sample, 81 (65%) individuals admitted to associating with individuals that had been involved in the juvenile court system and 44 (35%) males denied having friends that had been arrested. Further, 85 (68%) males reported having family members that had been involved with the juvenile or adult court systems, and 40 (32%) denied having family members arrested. In this sample, 100 (80%) males admitted to lacking a system of support outside their family and 25 (20%) males
admitted to having an outside system of support. Finally, 88 (70%) did not have any type of extracurricular activities and 37 (30%) did engage in extracurricular activities.

There are several comparisons to be made based on protective factors predicting no recidivism at six months. The following protective factors were found to be predictors of no recidivism at six months for the total population based on odds ratios: 1) avoiding individual drug or alcohol use, 2) family members avoiding alcohol or drug use, 3) having better than a “C” average GPA, and 4) having friends that avoid the court system (see Table 5).

A series of stepwise multiple regressions were run to test for the amount of variance that could be explained in several protective factors compared with scales on the BASC-2-SRP (see Tables, 5 – 7). Most results from these analyses indicated no significant correlations between the protective factors and the scales on the BASC-2-SRP. However, the results did indicate a correlation between lacking extracurricular activities and the BASC-2-SRP scale of Sense of Inadequacy ($r = .08$). This score indicates that a majority of respondents reported lacking extracurricular activities and additionally reported a high score on the Sense of Inadequacy scale.

DISCUSSION

Findings from the current study suggest that there is a strong relationship between protective factors and rates of recidivism in the JCAP client population. Previous research has identified several factors that are associated with recidivism. In this investigation there were strong associations found between presenting protective factors and the likelihood that the JCAP youth will not recidivate. Due to the inverse relationship of the risk factors and protective factors, and the fact that respondent’s choices were coded as “yes” or “no,” it likely that the risk factors that predict recidivism will be the same protective factors that predict no recidivism. In this study, the focus centered on a strength-based approach, and only protective factors were
evaluated. Specifically, it was found that in the total population avoiding individual drug or alcohol use, exposure to family members that avoid alcohol or drug use, having better than a “C” average GPA, and having friends that avoid the court system are all predictors of avoiding recidivism six months after an initial charge based on odds ratios. It was also found that in the female JCAP population having family members that avoid alcohol or drug use, having better than a “C” average GPA, and having friends that avoid the court system are predictors of no recidivism based on odds ratios. It was also found that in the male JCAP population avoiding individual drug or alcohol use, family members avoiding alcohol or drug use, having friends that avoid the court system, having a family that avoids the court system, and involvement in extracurricular activities are predictors of no recidivism based on odds ratios.

These results suggest that a JCAP youth that avoids drugs or alcohol is two times more likely to not recidivate compared to a JCAP youth who uses alcohol or drugs. Further, in the male JCAP population, a youth that avoids drugs or alcohol is three times more likely to not recidivate compared to a JCAP male youth that uses drugs or alcohol. This protective factor of avoiding individual alcohol or drug use was not predictive for avoiding recidivism in the female JCAP population.

In this study, a JCAP youth that has family members that avoid alcohol or drug use, is four times more likely to not recidivate compared to a JCAP youth that does have family members using alcohol or drugs. Further, in the female JCAP population, a youth that has family members that avoid alcohol or drugs is nine times more likely to recidivate compared to a female JCAP client that has family members using alcohol or drugs. In the male JCAP population, a youth that has family members avoid using alcohol or drugs is two times more likely to not recidivate compared to a male JCAP client that has family members using alcohol or drugs.
Additionally, in this study it was found that making better than a “C” average in school is a predictor for not recidivating in the future. In the total JCAP population, a youth that makes above a “C” average is two times more likely to avoid recidivism compared to a JCAP youth that makes a “C” average or worse. In the female JCAP population, a youth that makes better than a “C” average is four times more likely to not recidivate compared to a female JCAP youth that makes a “C” average or worse. This factor was not predictive of avoiding recidivism specifically in the male population.

In this study it was found that a JCAP youth that has a peer group that is not involved in the court system is two times more likely to recidivate compared to a JCAP youth that does have friend that have been arrested or are involved in the court system. In the female JCAP population, a youth that has friends that are not involved in the court system is three times more likely to not recidivate compared to a female JCAP client that has friends involved in the court system. Further, in the male JCAP population, a youth that does not have friends involved in the court system is two times more likely to recidivate compared to a male JCAP client that has friends involved in the court system.

Additionally these results suggest that male JCAP offenders that have do not have family members involved in the juvenile court system are two times more likely to not recidivate than those males that have family members involved in the court system. Having familial support and a positive example of behavior within the family has been explicitly measured in previous studies as a protective factor (Fagan et al., 2007). These results also suggest that male JCAP offenders are two times more likely to not recidivate if they are involved in extracurricular activities compared to male JCAP offenders that lack extracurricular activities. Gould and Carson (2010) wrote that youth involved in extracurricular activities had higher rates of personal
satisfaction and tended to avoid delinquent behaviors. This study confirms involvement in extracurricular activities as protective factor in the male population, but this factor was not indicative of avoiding recidivism for the female population. Overall, the protective factors of having less than four siblings in the home and having support outside the family were not found to be predictive of avoiding recidivism in this sample of JCAP offenders.

This study has several limitations. The sample size could be increased to provide results that are applicable to a variety of treatment populations. Another limitation in this study is that the data evaluated for determining recidivism rates only provided a “yes” or a “no” at six months after the conclusion of treatment. In subsequent studies more comprehensive data might be studied in an effort to expand upon these findings relative to recidivism. For example, one could argue that recidivating via probation violation could be less serious than recidivating via assault. Further, checking for recidivism at different points in time would be useful in determining which protective factors prevent short-term recidivism or long-term recidivism. For example, tracking rates of recidivism at one month, three months, six months, and nine months may provide a more recognizable pattern for identifying patterns of reoffending. Concordantly, this study could be improved by tracking recidivism rates monthly over a longer period of time. It may be useful, and would provide a pattern of recidivism, to chart monthly rates rather than using a one-time only measurement.

Another limitation is that the many of the factors discussed in the paper were only considered as “yes” or “no” answers while several answers exists on a continuum between those two choices. For example, the question “Do you avoid drugs, alcohol or cigarettes?” could lead to several answers for different clients. While some reporters endorsed tobacco use, others indicated marijuana use in response to the above question; however, the dichotomous nature of
the Protective Factors Checklist does not take into account the type of answer provided. Furthermore, the study could have been improved by noting the differences between occasional substance experimentation, substance abuse, and substance dependence. As stated earlier, this dichotomous question does not allow for full range continuum of answers to be recorded. Additionally, the self-reported nature of this data is a limitation in that some reporters may not have provided truthful information during their intake assessment. While it may not be ideal, this study relied on the client to be forthcoming with information and the clinician to gather truthful responses to each question.

The current study provides useful information for clinicians working with adolescent male offenders and for clinicians working with this population. For success in therapy, clinicians should focus on addressing the identified risk factors in order to help clients avoid reoffending. The present study also presents many options for future exploration. For example, the client intake questionnaires can be grouped together by repeat offenders and non-repeat offenders to observe whether one group presents with more risk factors. In conclusion, by identifying the factors that contribute to delinquency, clinicians can strive to effectively treat the male juvenile offender population and prevent recidivism. Further, treatment options can be identified at the onset of therapy so that clinicians can help clients avoid recidivism from the start of the therapeutic relationship.
<table>
<thead>
<tr>
<th><strong>Protective Factors Checklist</strong></th>
<th><strong>Yes = 1, No = 0</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you avoid drugs, alcohol or cigarettes?*</td>
<td></td>
</tr>
<tr>
<td>Does the family avoid regular use of street drugs, such as pot or cocaine?**</td>
<td></td>
</tr>
<tr>
<td>Are there less than 4 siblings living in the home?***</td>
<td></td>
</tr>
<tr>
<td>Is your grade point average above a “C” level?*</td>
<td></td>
</tr>
<tr>
<td>Do you have friends that avoid the juvenile or adult court system?**</td>
<td></td>
</tr>
<tr>
<td>Do family members avoid the juvenile or adult court system?**</td>
<td></td>
</tr>
<tr>
<td>Do you have support outside the family?*</td>
<td></td>
</tr>
<tr>
<td>Is the client involved in any activities outside of school?**</td>
<td></td>
</tr>
</tbody>
</table>

* Individual Client Questionnaire  
** Parent Questionnaire  
*** Intake Questionnaire
Table 2.2

Summary of Logistic Regression Analysis for Protective Factors Predicting No Recidivism in the Observed Total Population (n = 228).

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>B</th>
<th>SE B</th>
<th>e^B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Use Avoidance</td>
<td>.69</td>
<td>.55</td>
<td>1.99</td>
</tr>
<tr>
<td>Family Drug Use Avoidance</td>
<td>1.37</td>
<td>.54</td>
<td>3.94</td>
</tr>
<tr>
<td>Less than Four Siblings</td>
<td>.39</td>
<td>.53</td>
<td>1.48</td>
</tr>
<tr>
<td>Above “C” Average</td>
<td>.67</td>
<td>.51</td>
<td>1.96</td>
</tr>
<tr>
<td>Friends Not Arrested</td>
<td>.89</td>
<td>.50</td>
<td>2.43</td>
</tr>
<tr>
<td>Family Not Arrested</td>
<td>.47</td>
<td>.53</td>
<td>1.59</td>
</tr>
<tr>
<td>Support Outside of Family</td>
<td>.05</td>
<td>.55</td>
<td>1.05</td>
</tr>
<tr>
<td>Involvement in Extracurricular Activities</td>
<td>.36</td>
<td>.54</td>
<td>1.43</td>
</tr>
<tr>
<td>Constant</td>
<td>-6.14</td>
<td>2.00</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Note: e^B = exponentiated B or Odds Ratio.
Table 2.3

Summary of Logistic Regression Analysis for Protective Factors Predicting No Recidivism in the Observed Female Population (n = 103).

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>B</th>
<th>SE B</th>
<th>e^B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Use Avoidance</td>
<td>.03</td>
<td>.87</td>
<td>1.03</td>
</tr>
<tr>
<td>Family Drug Use Avoidance</td>
<td>2.17</td>
<td>.79</td>
<td>8.73</td>
</tr>
<tr>
<td>Less than Four Siblings</td>
<td>.39</td>
<td>.77</td>
<td>1.48</td>
</tr>
<tr>
<td>Above “C” Average</td>
<td>1.27</td>
<td>.74</td>
<td>3.58</td>
</tr>
<tr>
<td>Friends Not Arrested</td>
<td>.99</td>
<td>.75</td>
<td>2.70</td>
</tr>
<tr>
<td>Family Not Arrested</td>
<td>-.07</td>
<td>.78</td>
<td>.93</td>
</tr>
<tr>
<td>Support Outside of Family</td>
<td>-.06</td>
<td>.79</td>
<td>.95</td>
</tr>
<tr>
<td>Involvement in Extracurricular Activities</td>
<td>-.17</td>
<td>.82</td>
<td>.84</td>
</tr>
<tr>
<td>Constant</td>
<td>-3.94</td>
<td>2.86</td>
<td>.02</td>
</tr>
</tbody>
</table>

Note: e^B = exponentiated B or Odds Ratio.
Table 2.4

*Summary of Logistic Regression Analysis for Protective Factors Predicting No Recidivism in the Observed Male Population (n = 125).*

<table>
<thead>
<tr>
<th>Protective Factor</th>
<th>B</th>
<th>SE B</th>
<th>e^B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Use Avoidance</td>
<td>.97</td>
<td>.78</td>
<td>2.60</td>
</tr>
<tr>
<td>Family Drug Use Avoidance</td>
<td>.91</td>
<td>.82</td>
<td>2.49</td>
</tr>
<tr>
<td>Less than Four Siblings</td>
<td>.13</td>
<td>.79</td>
<td>1.14</td>
</tr>
<tr>
<td>Above “C” Average</td>
<td>.14</td>
<td>.73</td>
<td>1.15</td>
</tr>
<tr>
<td>Friends Not Arrested</td>
<td>.71</td>
<td>.70</td>
<td>2.04</td>
</tr>
<tr>
<td>Family Not Arrested</td>
<td>.83</td>
<td>.79</td>
<td>2.29</td>
</tr>
<tr>
<td>Support Outside of Family</td>
<td>-.05</td>
<td>.84</td>
<td>.95</td>
</tr>
<tr>
<td>Involvement in Extracurricular Activities</td>
<td>.68</td>
<td>.80</td>
<td>1.98</td>
</tr>
<tr>
<td>Constant</td>
<td>-9.39</td>
<td>3.26</td>
<td>.00</td>
</tr>
</tbody>
</table>

*Note:* $e^B$ = exponentiated $B$ or Odds Ratio.
Table 2.5

Means, Standard Deviations, and Intercorrelations for the Protective Factor of Making Better than a “C” Average, and BASC-2-SRP Scales in the Total Population

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making a “C” Average or Worse</td>
<td>.43</td>
<td>.49</td>
<td>.04</td>
<td>.04</td>
</tr>
<tr>
<td>Predictor Variable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Attitude to School</td>
<td>51.72</td>
<td>11.01</td>
<td>-</td>
<td>.51</td>
</tr>
<tr>
<td>2. Attitude to Teachers</td>
<td>55.49</td>
<td>12.19</td>
<td>.51</td>
<td>-</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01
Table 2.6

*Means, Standard Deviations, and Intercorrelations for the Protective Factor of Avoiding Individual Alcohol or Drug Use, and BASC-2-SRP Scales in the Total Population*

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Alcohol or Drug Use</td>
<td>.35</td>
<td>.48</td>
<td>.06</td>
<td>.06</td>
</tr>
<tr>
<td>Predictor Variable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Sensation Seeking</td>
<td>50.44</td>
<td>9.22</td>
<td>-</td>
<td>.03</td>
</tr>
<tr>
<td>2. Social Stress</td>
<td>50.09</td>
<td>10.98</td>
<td>.03</td>
<td>-</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01
Table 2.7

Means, Standard Deviations, and Intercorrelations for the Protective Factor of Involvement in Extracurricular Activities, and BASC-2-SRP Scales in the Total Population

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacking Extracurricular Activities</td>
<td>.75</td>
<td>.43</td>
<td>.08</td>
<td>-.06</td>
<td>-.05</td>
</tr>
<tr>
<td>Predictor Variable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Sense of Inadequacy</td>
<td>54.47</td>
<td>11.93</td>
<td>-</td>
<td>-.57</td>
<td>-.29</td>
</tr>
<tr>
<td>2. Self-Esteem</td>
<td>51.89</td>
<td>9.35</td>
<td>-.57</td>
<td>-</td>
<td>.36</td>
</tr>
<tr>
<td>3. Self-Reliance</td>
<td>46.10</td>
<td>10.23</td>
<td>-.29</td>
<td>.36</td>
<td>-</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01
CHAPTER V
SUMMARY, CONCLUSIONS, AND IMPLICATIONS

Statement of the Problem

This dissertation was written to investigate the factors that predict the likelihood of future offenses once an individual is involved in the juvenile justice system. Identifying the predictive factors that are associated with the juvenile justice system is an established practice within the field of Counseling Psychology. The risk factors that contribute to reoffending and the protective factors that lead to avoiding recidivism make this topic germane to the field because many clinicians work with an offending population. Making this topic even more applicable to the field is the high number of juvenile arrests in the United States (Palermo, 2009). Repeat offenders continue to make up a large percentage of the overall offending population and they continue to commit a majority of the crimes (Moffit and Caspi, 2001). It is vital for clinicians that work with this population to identify effective treatment methods to prevent one time offenders from becoming repeat offenders.

In addition to identifying effective treatment methods with offending adolescents, it is paramount to classify risk and protective factors because adolescents will undoubtedly encounter some type of risk in his or her life that leads to offending (Christle, Jolivette, & Nelson, 2005). Several individual risk factors and protective factors have been determined to indicate the likelihood of engaging in, or avoiding, future antisocial behavior (Carr & Vandiver, 2001). Primarily found across contextual environments including an adolescent’s home, school, and community, risk and protective factors predict the likelihood of offending (Miller, 2006). By concurrently studying risk factors and protective factors, clinicians can help this population
avoid detrimental influences and identify positive alternatives. Prime organizations to perform this difficult task are community-oriented programs that serve local court-referred youth.

There are few programs that exemplify this purpose greater than the Juvenile Counseling and Assessment Program. For JCAP clinicians, there is considerable time spent identifying risk for the purpose determining the factors that tend to increase an individual’s chances of engaging in antisocial or delinquent behavior. At the same time, JCAP clinicians have adopted a strength-based approach to treatment that requires the consideration of protective factors in order to encourage youth to avoid further interactions with the juvenile court system (Calhoun et al., 2001). While contributing to the established research in the field, there are also practical aspects of this dissertation that can be applied in clinical settings to influence treatment approaches.

**Statement of Procedures**

In Study One, risk factors associated with recidivism were evaluated using clinical intake information from 118 court-referred male juvenile offenders. This study found that 75 individuals (64%) did not recidivate at six months and 43 individuals (36%) did recidivate six months after their initial JCAP intake. This study also found that a male youth is four times more likely to recidivate if he has friends involved with the court system, three times more likely if a family member has been arrested, three times more likely if he lacks extracurricular activities, three times more likely if he uses alcohol drugs, and two times more likely if he earns worse than a “C” GPA.

In Study Two, protective factors that influence rates of recidivism were evaluated using clinical intake information from 228 court-referred juvenile males and females. Contrasted with the approach of studying risk factors in Study One, Study Two used a strength-based approach that focused on the presenting protective factors. This study found that 137 individuals (60%) did
not recidivate at six months and 91 individuals (40%) did recidivate. This study additionally found several protective factors that predict future recidivism avoidance in the JCAP population. Gender differences in this sample were also evaluated.

**Research Hypotheses**

In Study One it was hypothesized that a logistic regression will yield predictive relationships between recidivism and personal substance use, family substance use, a large number of siblings in the home, poor academic achievement, a peer group involved with the court system, a family member involved with the court system, a lack of extracurricular activities, and a lack of a positive role model for males involved in the juvenile justice system. It was also hypothesized that analysis will yield no predictive relationships between recidivism and the examined risk factors.

In Study Two it was hypothesized that the logistic regression will yield predictive relationships between avoiding recidivism and avoiding personal drug use, a family that avoids drug use, a low number of siblings in the home, high academic achievement, a pro-social peer group, involvement in extracurricular activities, and the presence of a positive role model for males and females involved with JCAP. It was also hypothesized that analysis will yield no predictive relationships between avoiding recidivism and the examined protective factors. Further, it was hypothesized that there will be predictive relationships between protective factors and Clinical Scales on the BASC-2-SRP for males and females involved with JCAP. It is also hypothesized that analysis will yield not predictive relationships between protective factors and BASC-2-SRP Clinical Scales.
Conclusions

The results of this dissertation provide support the importance of evaluating risk and protective factors at the onset of therapeutic relationships in order to determine and influence recidivism rates. By considering the results of this dissertation, clinicians may identify risk factors at the beginning of therapy can help lead an at-risk adolescent away from recidivism. Addressing each pertinent risk factor through treatment planning and multi-faceted interventions, will allow JCAP clinicians to help individuals avoid reoffending. Furthermore, with the goal of reducing recidivism, clinicians may also adopt a strength-based model in their therapeutic interventions that focus on an adolescent’s presenting protective factors as demonstrated in Study Two. By utilizing the available strengths present for an individual in therapy, JCAP clinicians can help foster resiliency and teach to individuals to avoid recidivism based on their available positive attributes.

The results of each study will be discussed below. Each study provided valuable insight regarding areas of focus for clinical interventions in JCAP and other offending populations. In Study One, this dissertation found that male clients who report individual alcohol or drug use are 2.5 times more likely to recidivate than those youth who reported not using alcohol or drugs. During the clinical intake, if a male client reports alcohol or drug use, this negative risk factor should be addressed throughout treatment. While the admission of alcohol or drug use does not equate to a substance abuse problem, this risk factor should be considered for an area of focus during clinical interactions. The results of Study One also suggest that male clients with a GPA that is less than a “C” average is 2.4 more likely to recidivate compared with youth who have better than a “C” average. This indicates that JCAP clinicians should focus on this factor during treatment in order to enable at-risk male clients to improve their GPAs. Results of Study One
additionally suggest that a juvenile male offender who has friends or members of their peer group involved in the juvenile or adult court system is 3.9 times more likely to recidivate compared to an individual that does not have friends in the juvenile court system. As this is the strongest indicator of recidivism in Study One, this issue should be identified early in treatment so that appropriate interventions may be implemented.

Further, results of Study One suggest that a juvenile male offender who has family members involved in the juvenile or adult court system is 2.7 times more likely to recidivate compared to an individual that does not have family members in the juvenile court system. Enabling male clients to avoid the detrimental patterns of family members is a useful practice in treatment. Finally, results of Study One also suggest that male clients who are not involved with extracurricular activities such as athletic teams or academic clubs are 2.7 times more likely to recidivate compared to male clients who are not involved in extracurricular activities. Overall, the endorsement of any of these five risk factors in Study One appears to increase the likelihood that male clients will reoffend over the first six months after their JCAP intake.

In Study Two, it was determined that a JCAP client that does not use alcohol or drugs is 2.0 times more likely to not recidivate compared to a JCAP client that uses alcohol or drugs. Focusing on alcohol and drug use prevention and abstinence may be a beneficial approach in treatment. The results of this study also suggest that a JCAP client that is not exposed to familial alcohol or drug use is 3.9 times more likely to not recidivate at six months compared to a JCAP client that is exposed to familial alcohol or drug use. Addressing family alcohol and drug use may be a useful intervention for the JCAP population. These results further suggest that a JCAP client that makes better than a “C” average is 2.0 times more likely to not recidivate at six months compared to a JCAP client that makes a “C” average or worse. Encouraging clients to
engage in academically productive activities and focusing academic achievement would be a valuable approach in treatment. Additionally, these results suggest that a JCAP client that has friends that are not involved in the court system is 2.4 times more likely to not recidivate compared to a JCAP client that does have friends involved in the court system. Planning treatment interventions that focus on avoiding negative peer groups and engaging in positive community involvement may lead to avoiding recidivism.

Several protective factors were found to be predictors of avoiding recidivism at six months for the female population based on odds ratios. Those protective factors include family members avoiding alcohol or drug use, having better than a “C” average GPA, and having friends that avoid the court system. These results suggest that a female JCAP client that is not exposed to familial alcohol or drug use is 8.7 times more likely to not recidivate at six months compared to a female JCAP client that is exposed to familial alcohol or drug use. This strength may be emphasized in treatment to enable clients to focus on available positive characteristics. These results further suggest that a female JCAP client that makes better than a “C” average is 3.6 times more likely to not recidivate at six months compared to a female JCAP client that makes a “C” average or worse. Encouraging interest in academic achievement may enable a client to avoid recidivism. Additionally, these results suggest that a female JCAP client that has friends that are not involved in the court system is 2.7 times more likely to not recidivate compared to a female JCAP client that does have friends involved in the court system. Promoting involvement with positive peers may contribute to avoiding recidivism in the future.

There were also several protective factors that were found to be predictors of no recidivism at six months for a male population based on odds ratios. Those protective factors include avoiding individual drug or alcohol use, family members avoiding alcohol or drug use,
having friends that avoid the court system, having a family that avoids the court system, and involvement in extracurricular activities. The results of this study suggest that a male JCAP client that does not use alcohol or drugs is 2.6 times more likely to avoid recidivism at six months compared to a male JCAP client that uses alcohol or drugs. Based on these results, building skills that encourage clients to avoid drugs and alcohol may prove advantageous for subsequently helping clients avoid recidivism. These results further suggest that a male JCAP client that does not have family members that use alcohol or drugs is 2.5 times more likely to not recidivate at six months compared to a male JCAP client that has family members that use alcohol or drugs. Identifying this strength may be useful in encouraging JCAP clients to avoid recidivism. Additionally, these results suggest that a male JCAP client that has friends that are not involved in the court system is 2.0 times more likely to not recidivate compared to a male JCAP client that does have friends involved in the court system. Focusing on this positive attribute in treatment would allow clients to engage in additional positive behavior. These results also suggest that a male JCAP client that has family members that avoid the court systems is 2.3 times more likely to not recidivate compared to a male JCAP client that has family members involved with the court system. Identifying positive family members and encouraging social behavior in treatment may lead to clients avoiding recidivism. Finally, these results indicate that a male JCAP client that is involved in extracurricular activities is 1.9 times more likely to avoid recidivism at six months compared to a male JCAP client that is not involved in extracurricular activities. Encouraging involvement in extracurricular activities and athletic teams may be a positive attribute that allows youth to resist recidivism.
Implications

The studies incorporated in this dissertation highlight several findings that are salient for both clinical practitioners and future researchers. Perhaps the most critical of these is the importance of identifying risk and protective factors for the purpose of planning specific treatment interventions that allow youth to avoid recidivism. By encouraging clients to avoid risk factors and pursue protective factors, more favorable outcomes are achieved in treatment and the cycle of reoffending is broken. Planning interventions aimed at specifically addressing each factor in treatment provides an opportunity to gather clinician and client efforts towards preventing future offending. Furthermore, by addressing risk and protective factors that cut across several contexts including the family, school, and community environments ensures that the treatments would be effective.

The outcomes of this study provide an opportunity to evaluate relevant risk and protective factors in hopes of encouraging adolescents to avoid recidivism. While being mindful of each differing client factor, there is a potential to focus on the risk factors that lead to recidivism and the protective factors that promote avoiding recidivism. These factors may be identified at the onset of therapy through a focused questionnaire on risk and protective factors. After locating relevant factors, these can be addressed individually throughout applied therapeutic interventions. For example, this study has indicated that those youth exposed to a peer group that is involved in the court system is likely to engage in recidivism within six months from their initial offense. After identifying this risk factor, planned interventions to address an individual’s involvement with their peer group may be implemented.

Study Two also yields important clinical implications for creating a system of strength based approaches. In regards to treatment planning, interventions that highlight an individual’s
strengths may help to increase avoidance from recidivism while concurrently enabling an individual to use their strengths in a productive manner. If JCAP clinicians are able to implement a system of strength-based approaches, the counseling process may be beneficial to clients in that the interventions used focus on already established positive characteristics. Furthermore, while the trend of positive psychology continues to gain traction, finding germane approaches that focus on strengths is becoming an established practice. While producing effective results, focusing on positive attributes also contributes to a strong therapeutic alliance.

In regards to specific gender differences found in Study Two, there are several treatment implications to consider. Study Two indicated that males that abstain from alcohol or drugs often do recidivate. While this factor was predictive for males, it was not for females. Study Two also indicated that males that are involved in extracurricular activities are likely to avoid recidivism, but this factor was not predictive for females. Study Two further demonstrated that familial drug avoidance is indicative for avoiding recidivism in the female population, but not for the male population. Lastly, achieving higher than a “C” average grade point average is associated with a higher likelihood of avoiding recidivism in the female population, but it was not indicative for the male population. These gender differences may be used throughout treatment to tailor specific interventions for male and female client.

Study Two also provides incentive for JCAP clinicians to contribute towards instilling resiliency in clients. As described throughout this dissertation, factors that contribute towards building resiliency allow juvenile offenders to avoid recidivism. After being involved with the juvenile court system, each individual will likely experience an environmental factor that will put them at risk for reoffending. While faced with this adversity, resilient individuals will be less
likely to engage in recidivism. A strength-based approach will allow the skills that build resiliency to be imparted and practiced.

While the aim of minimizing recidivism is complex and multifaceted, there are useful approaches being utilized to intervene with an at-risk population. Encouraging juvenile offenders to minimize risk factors, and focusing on the benefits of protective factors may lead to a lower likelihood of reoffending. This approach may not prove to be effective for all juvenile offenders, but a concerted effort that guides therapy and provides a meaningful change may be enough to eliminate negative outcomes and provide hope in an otherwise dire situation.

**Recommendations for Further Research**

With regard to each study in this dissertation, there are several recommendations for future studies that may provide additional useful information. This may include the addition of concerted therapeutic efforts to increase recidivism avoidance and the effect size of those efforts. For example, a set of therapeutic interventions could be used in session to focus on characteristics that increase skills associated with avoiding recidivism. After implementing those approaches into a treatment plan, rates of recidivism could be evaluated to assess the effectiveness of those measures.

In addition, further research could explore whether singular factors are more influential for predicting recidivism, or if a specific combination of factors is more likely to increase the potential for recidivism. For example, it may be advantageous to evaluate the prediction potential of individual substance use compared to family substance use, peer substance use, and individual substance use. A limitation of this study is that several factors could be converted to scales in regards to severity. For example, alcohol and substance use is a broad question that could
produce many varied responses beyond “yes” or “no.” One possibility would be to create a scale that assesses the frequency of use and differentiates between the types of substance that are used.

Another recommendation for further research would be to investigate the concept of resiliency further. While there were aspects of resiliency that were addressed and utilized throughout this dissertation, a more thorough understanding of resiliency and the characteristics of individuals described as resilient is still needed. Previous research has identified resilient individuals as those people who excel after facing significant adversity. In JCAP, clinicians often work with individuals who have experienced hardships and difficult times. While aspects of resiliency have been studied in the past, identifying key character traits of JCAP clients that promote resiliency may prove to be the most successful approach to preventing recidivism.
REFERENCES


Developmental Psychology, 31, 923-933.


APPENDIX A

JCAP MODEL